

March 24, 2017

Volume 61, Issue 12

AHCA Faces House Vote *WHA continues to weigh in*

Late breaking news: Following publication of The Valued Voice today, WHA learned House Republican leaders canceled today's planned vote on the American Health Care Act (H.R. 1628), legislation to repeal and replace parts of the Affordable Care Act (ACA). According to the American Hospital Association, the prospects of future congressional action addressing the ACA are uncertain at this time.

After imposing substantive modifications, the U.S. House delayed their vote on the American Health Care Act (AHCA) bill, originally scheduled March 23. As of the time of this writing, the bill was expected to be voted on today (March 24).

On March 20 and throughout the week, several substantive changes to the bill were announced in attempts to earn the votes of some House members. And on March 23, the Congressional Budget Office (CBO) released a new score for the bill, taking into account some but not all of the changes to the bill that were still being negotiated that night. However, the latest CBO score still projects the bill will result in an additional 24 million uninsured by 2026. *(continued on page 6)*

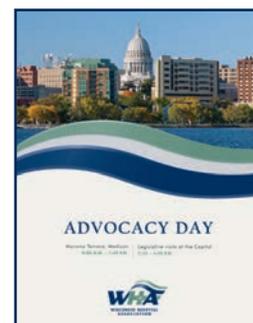
WHA Advocacy Day Legislative Leadership Panel Confirmed *Almost 750 registered already and counting!*



Scott Fitzgerald

Robin Vos

The Wisconsin Hospital Association is pleased to announce a stellar legislative panel is confirmed for 2017 Advocacy Day. Confirmed panelists include the Republican and Democratic leaders in both the State Senate and State Assembly: Sen. Scott Fitzgerald (R-Juneau), Sen. Jen Shilling (D-La Crosse), Rep. Robin Vos (R-Rochester) and Rep. Peter Barca (D-Kenosha).



Jennifer Shilling

Peter Barca

Sen. Fitzgerald is the Senate Majority Leader, the most powerful position in the Wisconsin State Senate. Sen. Shilling serves as the Senate Minority Leader and leads the Democrats in that Chamber. On the Assembly side, Rep. Vos serves as the Speaker, the most powerful position in the State Assembly while Rep. Barca leads the Democrats as the Minority Leader. As always, the panel provides attendees in-depth insight into the issues facing health care in our state—and there is a lot to talk about in 2017.

Advocacy Day's confirmed luncheon keynote is Gov. Scott Walker. Amy Walter will be the morning keynote. She is currently national editor of the *Cook Political Report*, former political director of ABC News, and is a regular panelist on NBC's *Meet The Press*, PBS' *Washington Week*, and Fox News' *Special Report with Bret Bair*. She also provides political analysis every Monday evening for the *PBS NewsHour*. *(continued on page 2)*

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WHA strongly believes the afternoon's legislative meetings are the most important part of the day, and encourages attendees to register for Advocacy Day with a legislative visit. To prepare attendees for their meetings, WHA schedules all meetings, provides an issues briefing at Advocacy Day and an optional pre-event webinar on legislative visits.

Assemble your hospital contingent for 2017 Advocacy Day set for April 19, 2017 at the Monona Terrace in Madison. Registration is open at: www.cvent.com/d/svqylc. For Advocacy Day questions, contact Jenny Boese at 608-268-1816 or jboese@wha.org. For registration questions, contact Kayla Chatterton at kchatterton@wha.org or 608-274-1820.

2017 WI Hospitals State PAC & Conduit Kick-off Breakfast, April 19 Contribute \$250 or more to attend

The Wisconsin Hospitals State PAC & Conduit fundraising campaign broke all records in 2016 by raising a total of \$306,000. Thank you to the over 350 individual contributors for your support. You can help start the 2017 fundraising campaign off strong by contributing a minimum of \$250 by April 19. By doing so you will be invited to attend the campaign's special kick-off event the morning of Advocacy Day. A full breakfast will be served, and attendees will hear from a special guest. Contribute today by logging onto www.whconduit.com or by calling Jenny Boese directly at 608-268-1816 or Nora Statsick at 608-239-4535.

WHA Testifies in Favor of Bill to Increase Access to Dental Services

The Wisconsin Hospital Association, together with Children's Hospital of Wisconsin, Ascension-Columbia St. Mary's and the Children's Health Alliance of Wisconsin, testified March 22 before the Assembly Health Committee in favor of Assembly Bill 146 (<http://docs.legis.wisconsin.gov/2017/related/proposals/ab146.pdf>). Assembly Bill 146 expands the settings in which dental hygienists are allowed to provide preventive oral health care and education without dentist supervision. The bill is co-authored by Rep. Kathy Bernier (R-Lake Hallie) and Sen. Sheila Harsdorf (R-River Falls) and has 60 additional legislative co-sponsors.



WHA's VP Policy Development Laura Rose (far right) testifies with Children's Hospital and Ascension-Columbia St Mary's to support legislation increasing access to dental hygiene care.

Dental hygienists are currently allowed to independently practice in schools, dental schools and local public health departments. If AB 146 is enacted, dental hygienists will be able to independently provide dental hygiene services in hospitals, outpatient medical clinics, nursing homes, community-based residential facilities, hospices, prisons and jails, and through home health agencies, nonprofit dental care programs serving low-income persons, and charitable institutions.

Laura Rose, WHA vice president of policy development, told the Committee data from the WHA Information Center (WHAIC) shows that in 2015, there were 33,113 hospital emergency department (ED) visits for preventable dental conditions. In addition, there were 8,274 ED visits that same year where preventable dental conditions were not the primary presenting condition, but appeared in the ED patient record. When these two figures are combined, there were 41,387 ED patients in 2015 with a primary or secondary diagnosis of a preventable dental condition. Further, Rose cited 2015 WHAIC data showing that 56 percent of dental-related ED visits were paid for by Medicaid. She added that

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Wisconsin's Medicaid reimbursement rates, which are the second lowest in the country, have created a "hidden health care tax" for Wisconsin families and businesses by shifting Medicaid costs onto private payers of health care.

One of the potential outcomes of this legislation will be the integration of dental hygiene into primary health care visits, especially for young children from birth to age three. Matt Crespin of the Children's Health Alliance of Wisconsin told the Committee that incorporating a dental hygienist into the medical team in a physician's office will reduce disease by allowing the hygienist to begin interacting with children and families as early as six months of age. Bill Solberg, director of community services for Ascension-Columbia St. Mary's, noted the importance of integrating oral health and primary care. Solberg stated medical research has demonstrated the connection of oral health to overall physical health. Heart disease and diabetes are conditions that are exacerbated by inflammation and infection from periodontal gum disease. Further, according to Solberg, pregnant women are more likely to have oral infections related to pregnancy, and oral infection increases the possibility of premature delivery. Pam Fraser of Children's Hospital cited national data that up to 79 percent of dental ED visits could be diverted to community settings if appropriate oral health care is available.

WHA expects the Committee to vote on the bill March 29 and expects swift action on it in both houses of the Legislature yet this spring.

WCMEW Discusses Legislative Initiatives, Key Workforce Issues

Five new residency programs will launch July 1 and four others will expand, thanks to a WHA-championed graduate medical education (GME) grant program administered by the Department of Health Services (DHS).

Linda McCart, DHS policy chief, told members of the Wisconsin Council on Medical Education and Workforce (WCMEW) at their March 21 meeting at WHA headquarters that the new programs focus on priority shortage areas. New and expanding programs are listed below.

New residency programs starting in July, 2017:

- Gundersen Lutheran Medical Foundation -- Family Medicine
- The Monroe Clinic, Inc. -- Family Medicine
- The Medical College of Wisconsin, Department of Psychiatry, North Central Campus
- The Medical College of Wisconsin, Department of Psychiatry, VA and Green Bay Campus
- The Board of Regents, UW School of Medicine and Public Health, General Surgery Residency Program

Two current programs were expanded:

- Medical College of Wisconsin Affiliated Hospitals, General Surgery Resident Training Program
- UW Department of Family Medicine and Community Health, Family Medicine

In addition, continuation grants for existing programs that were expanded previously were given to:

- Medical College of Wisconsin Affiliated Hospitals, Fox Valley Family Medicine Residency Program
- UW Hospitals and Clinics, Psychiatry Residency Training Program

"The best indicator of where a physician will practice is where they complete their residency," according to WCMEW Chair and WHA Chief Medical Officer Chuck Shabino, MD. "The GME grants have helped launch many new residency programs in Wisconsin for much-needed residencies in rural areas. We know by creating in-state residency programs we will be better able to compete with other states to keep our physicians here after they complete their residency programs."

George Quinn, executive director for WCMEW, also discussed two WHA priority health care workforce legislative proposals being introduced in the 2017 legislative session. Both proposals are meant to

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address shortages of health care workers in rural areas of Wisconsin. The first bill appropriates \$750,000 per year in grant funds to hospitals and clinics to support clinical training opportunities for advanced practice clinicians.

The second bill appropriates \$250,000 per year to distribute grants to hospitals, health systems and educational entities that form health care education and training consortia for allied health professionals. The funds, which require an equal match from the recipient, may be used for curriculum and faculty development, tuition reimbursement, or clinical site or simulation expenses.

Shabino and Matthew Stanford, WHA general counsel, discussed WHA's "Physician Engagement and Retention Toolkit," a publication created as a WHA member benefit to help hospitals and health systems further identify and evaluate their internal strategies for retaining physicians. The toolkit is available to WHA members and was a product of work by the WHA Physician Leaders Council throughout 2016.

Kara Traxler, Wisconsin Collaborative for Rural GME, provided an update on the Wisconsin Northern & Central Graduate Medical Education (WiNC GME) Collaborative. WiNC has held several planning meetings and has concluded the consortium will have a dual purpose: 1) GME administration and sponsorship and 2) regional workforce development.

Traxler also reported on a meeting with representatives of the Centers for Medicare and Medicaid Services (CMS), who were invited to Wisconsin to hear about GME activities and to gain insights into challenges in developing rural GME.

Partners of WHA Donates \$2.13 million & 1.39 million Volunteer Hours in 2016



Partners of WHA, Inc., the non-profit, volunteer service organization affiliated with WHA, raised and donated over \$2.13 million to hospitals throughout the state for needed equipment and other capital projects in 2016. This was accomplished through more than 530 separate fundraising activities conducted by local Partners groups in 2016.

In addition, Partners members volunteered 1.39 million hours of service to Wisconsin hospitals in 2016, as reported by Mary Licht, current president of Partners of WHA. The financial value of a volunteer's time has been estimated nationally at \$23.56 per hour, based on an April 2016 report from Independent Sector in Washington, D.C. At that rate, the Partners volunteers donated a total value of \$32.7 million in time and services to Wisconsin hospitals and health systems during 2016.

Partners of WHA awarded over \$450,000 through 450 scholarships to both traditional and non-traditional students seeking health care-related degrees in 2016. Over 400 community health education projects were also planned and implemented by local Partners of WHA groups in 2016.

Partners of WHA is comprised of nearly 10,000 volunteers and auxiliaries at 66 Wisconsin hospitals. Founded in 1951 as Wisconsin Hospital Association Auxiliaries, Partners emphasizes volunteer service and participation in grassroots advocacy, public policy and community health education, and health career programs for Wisconsin hospitals. Additionally, Partners promotes leadership development by offering resources and educational seminars to local hospital volunteer and auxiliary groups, and shares information on successful community health education initiatives, advocacy and fundraising activities and trends on volunteerism through a variety of channels, including its annual fall convention and quarterly newsletter, *Reaching Out*.

If you are interested in your hospital's volunteer and/or auxiliary group becoming part of the statewide Partners of WHA organization, visit www.partnersofwha.org or contact Jennifer Frank, WHA's liaison to Partners, at 608-274-1820 or jfrank@wha.org.

Grassroots Spotlight

Rep. Amy Loudenbeck meets with Hospital Leaders in Beloit to Discuss Medicaid Payment, AHCA



Rep. Amy Loudenbeck (R-Clinton), a member of the state's Joint Finance Committee, met with hospital leaders from Aurora Health Care and Beloit



Pictured, l to r: Dr. Ken Klein; Lisa Just; Kyle O'Brien, WHA; Rep. Amy Loudenbeck; Andrew Hanus; Tim McKeveitt; Tom Cawley; Sharon Cox

Health System March 20 during a WHA HEAT Roundtable at Beloit Memorial Hospital. During the meeting, hospital leaders discussed the impact of Wisconsin's low Medicaid reimbursement rates for Wisconsin hospitals, which amounts to \$1 billion in uncovered costs statewide and millions of dollars in losses for hospitals in Rep. Loudenbeck's district.

Beloit Health System CEO Tim McKeveitt discussed the Medicaid surplus that exists in the state's current biennium, amounting to over \$300 million, which is being swept into the general fund and not being used to increase Wisconsin's low Medicaid payment rates for hospitals. McKeveitt asked Loudenbeck to use these funds to increase provider reimbursement rates, including the Medicaid Disproportionate Share Hospital (DSH) program.

Hospital leaders also discussed the potential impacts of Congressional action to repeal and replace the Affordable Care Act, via the American Health Care Act and its impact on the state Republican plan for coverage passed in the 2013-15 biennial budget. Leaders from both Beloit and Aurora commended the "Wisconsin Model" for coverage, but said the bill currently before Congress conflicts with the Wisconsin Model. They raised concerns with changes to subsidies in the American Health Care Act that will, according to several analyses, increase premium costs for low-income individuals and result in additional uncompensated care for Wisconsin hospitals.

2017 Wisconsin Rural Stroke Conference: April 20

Join the American Heart Association and the Wisconsin Office of Rural Health for the annual Wisconsin Rural Stroke Conference April 20. This conference is aimed at helping rural hospitals close the treatment gap in rapid diagnosis of stroke care and to implement continuous quality improvement practices.

Registration is free. Details, registration and the agenda can be found at <http://worh.org/events>. For questions, contact Kathryn Miller at the Wisconsin Office of Rural Health at kmiller9@wisc.edu.

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None of the changes to the bill have fixed the inequities for states like Wisconsin. WHA has been vocal in its priority that the coverage gains achieved here through Gov. Scott Walker's "Wisconsin Model" must be sustained. See *Wisconsin Health News* article here: <https://wisconsinhealthnews.com/2017/03/23/wha-concerned-republican-federal-health-reform-bill>.

WHA President/CEO Eric Borgerding appeared on WisconsinEye March 22 to discuss the AHCA. Borgerding described the latest developments with the AHCA and emphasized WHA's concerns with the current version of the bill for Wisconsin (www.wiseye.org/Video-Archive/Event-Detail/evhdid/11403).

Wisconsin expanded coverage to about 130,000 childless adults, without receiving higher federal funding like many other states did. At the same time, Wisconsin reduced Medicaid eligibility for about 60,000 adults in 2014, relying on income-based subsidies being available for low-income Wisconsinites to obtain private coverage.

Under the bill, Wisconsin could receive an estimated \$70 million in "safety net" funding. But under Wisconsin's model for coverage, Wisconsin is spending about \$280 million in state dollars for a population group for which other states get full federal funding.

"Wisconsin (is) being penalized for rejecting Obamacare in a bill that repeals Obamacare," said Borgerding.

Following up to his WisEye interview, Borgerding sent a letter to Gov. Scott Walker outlining WHA's concerns that the Wisconsin Model of coverage is not recognized and that the AHCA "perpetuates the ACA's inequities."

While the bill allows states that had expanded Medicaid to keep their expansion and the higher federal dollars that go with it through 2020 and even further for some recipients, a new amendment this week prevents new states from expanding their programs and receiving the same federal funding.

By contrast, in his letter to Walker, Borgerding indicates WHA's support for a proposal put forth by the Republican governors from Ohio, Michigan, Nevada and Arkansas. They have suggested that states should be allowed to expand coverage to a level below the Obama Administration's definition and still receive enhanced federal funding.

"This approach essentially redefines the Obamacare standard of 'expansion' and finally recognizes and equitably funds the Medicaid expansion Wisconsin implemented when we added some 130,000 childless adults below 100 percent FPL to our program," Borgerding wrote.

In other provisions, one new amendment to the bill this week would repeal the "essential health benefits" requirement imposed by the ACA that requires insurance plans to include certain minimum benefits. Proponents of this provision believe this will allow insurers to offer more affordable coverage, but it also raises concerns about whether the coverage purchased will be sufficient.

Other amendments to the bill throughout the week attempt to address some concerns particularly for older Americans. One change increases the inflationary factor for the per capita allotment for the elderly and disabled populations. This was a partial nod to the concerns raised by the CBO that the federal funding for Medicaid would fall short of keeping pace with cost growth. This is a positive step, as this is the population group with the highest per capita spending in the program.

As of the time of this writing, the House is continuing its discussions with the bill set to go to the Floor today, March 24. If passed, the AHCA will then go to the Senate where we expect more opposition, but also opportunities to affect change.