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**EDUCATIONAL EVENTS**

**Starting January 2019**  
*Health Care Workforce Resilience*  
 Free Member Webinar Series

**March 15, 2019**  
*Physician Leadership Development Conference*  
 Kohler, WI

**April 17, 2019**  
*Advocacy Day*  
 Madison, WI

**SAVE THE DATE: ADVOCACY DAY 2019**



In no time it will be the New Year, so mark your calendars now for WHA’s premier event, Advocacy Day, to be held **Wednesday, April 17, 2019** at the Monona Terrace in Madison.

This must-attend event draws more than 1,000 health care advocates from across the state. With much at stake for health care in Wisconsin’s

upcoming legislative session, this year’s program, and your participation in the legislative meetings, will be especially important. Bring a friend and join us for a day of learning, networking, and advocacy. There is no cost to attend this event; however, registration is required. We’ll be sending information about our keynote speaker and how to register soon, so stay tuned for more updates!

**LAME DUCK LEGISLATION GOES TO GOVERNOR’S DESK**

**Amendment improves legislation, but concerns remain**

The Wisconsin Legislature passed sweeping changes to legislative oversight of the Medicaid program in lame duck legislation passed in the early morning hours of Wednesday, December 5. As covered in [last week’s Valued Voice](#), the original legislation would have required the state’s budget writing committee to hold hearings on any changes to provider reimbursement rates, Medicaid State Plan Amendments, or Medicaid waivers that have an impact of \$1 million or more. Proposals under that threshold would have also gone before the committee in a process known as passive review, where the committee has 14 days to review items, and any member may request a full hearing on such items.

WHA worked with more than 30 other Wisconsin health care groups in sending a [letter expressing concerns](#) about the legislation, which was introduced and voted on over the course of only three business days with little opportunity for stakeholder input or public review. WHA also actively engaged multiple lawmakers in the Assembly and Senate December 3 and 4 to build support for changes to the legislation. Ultimately, senators introduced an amendment to trigger only a passive review for provider rate changes, Medicaid State Plan Amendments, and Medicaid waivers with a fiscal impact of over \$7.5 million.

While this amendment improved the legislation, WHA is actively working to understand its full impact. Concerns also remain over a provision in the legislation that put a requirement in state statutes for Medicaid to disenroll able-bodied childless adults between 50-100% of the federal poverty level if they fail to pay a monthly \$8 premium. WHA had been working with lawmakers even before the legislation was introduced on alternative ramifications for Medicaid members who have unpaid premiums and will continue to work with lawmakers on this in the upcoming legislative session.

Contact WHA’s Director of Federal and State Relations [Jon Hoelter](#) or Senior VP of Government Relations [Kyle O’Brien](#) for more information.

# WHA PHYSICIAN LEADERS COUNCIL ADVANCES REGULATORY RELIEF AGENDA

Physician leaders discussed and endorsed the WHA Physician Regulatory Burden Reduction Work Plan at the WHA Physician Leaders Council December meeting. The Work Plan will be advanced for final review by the WHA Board in early 2019.

Led by the WHA Physician Leaders Council, WHA gathered information throughout 2018 from the Council, the WHA Board, individual member chief medical officers and other member leaders, and partner organizations to identify key regulatory and practice burdens for physicians and potential areas for future action by WHA to address those burdens.



The Work Plan identifies key state advocacy, federal advocacy, and educational strategies focused on reducing physician regulatory and practice burden. With further guidance from the Physician Leaders Council and WHA members, the strategies contained in the Work Plan will guide WHA's goals and activities aimed at reducing physician burden over the upcoming years.

Examples of key targets in the Work Plan for WHA advocacy and education efforts focusing on reducing physician burden include:

- Advance team-based care reforms to remove physician signature and oversight requirements for advanced practice clinicians that provide little quality assurance.
- Continue to pursue policies that will provide payment for physician-provided services not currently reimbursed by Medicaid in areas such as telemedicine, care coordination, and consultation services.
- Continue to engage in CMS' "patients over paperwork" agenda by making recommendations to reduce burdensome, duplicative, and outdated federal regulations impacting physician practice.
- Seek to work with electronic health record (EHR) vendor partners to advocate for the simplification of CMS measures and regulations that increase the cost and complexity of EHR systems.
- Build upon existing WHA education and resources to help chief medical officers, other physician leaders, and their organizations identify strategies to limit physician burden caused by care delivery, payment, and regulatory change.

## Physician Leader Advocacy Engagement Opportunities

Following a discussion of the upcoming 2019-2020 Legislative session, the Council also discussed upcoming opportunities for physician leaders to personally impact public policy affecting physicians and care delivery.

"WHA's Advocacy Day on April 17, 2019, in Madison is a great opportunity for physician leaders to bring their teams to Madison to hear about key public policy issues impacting health care and to directly engage in public policy advocacy," said Kari Hofer, WHA Vice President of Advocacy.

By joining hundreds of other WHA member advocates visiting their elected officials, Advocacy Day gives physician leaders an opportunity to participate in meetings with legislators and help share a common advocacy message.

Hofer also encouraged physician leaders to sign up to be a part of WHA's Hospitals Education & Advocacy Team (HEAT) network. The HEAT network is a WHA contact list of individuals that WHA will alert when key state and federal public policy issues arise and provides easy-to-use templates for HEAT members to send a brief email to their elected officials.

Those personal contacts with elected officials can make a key difference, said Hofer, and the HEAT network was created to help make it easy for individuals quickly, and with a common message, directly influence key public policy decisions in Wisconsin and with Wisconsin's Congressional delegation.

To learn more or to sign up for HEAT, contact [Kari Hofer](#) or click [here](#).

## WHA OPPOSES DEPARTMENT OF HOMELAND SECURITY “PUBLIC CHARGE” PROPOSED RULE CHANGE

### Could lead to loss of insurance coverage, more uncompensated care for hospitals

The Wisconsin Hospital Association (WHA) sent a [comment letter](#) Monday in response to the Department of Homeland Security’s proposed rule, “Inadmissibility on Public Charge Grounds.” The proposed rule would add Medicaid to the list of public benefits that would be considered in determining whether an immigrant is eligible to enter the U.S. or make changes to his or her immigration status. In its letter to the Department of Homeland Security, WHA noted that while it does not typically comment on immigration policy, the proposed rule could have adverse consequences for public health and hospital financial stability.



At the heart of the proposed rule is a longstanding immigration policy that immigrants coming to the U.S. should be able to support themselves and should not be dependent on government benefits. However, the new proposal from the Department of Homeland Security diverges from prior policy by expanding the list of benefits considered in determining whether an immigrant would be determined a public charge to include Medicaid, housing assistance, and Supplemental Nutrition Assistance (or FoodShare in Wisconsin). It would also change the definition of what is considered a public charge from someone who is “primarily dependent” on government assistance to someone who “receives one or more” government benefits for 12 months or more in a 36-month period.

Of particular concern, is that the proposal would be applied to immigrants already in the U.S. This means an immigrant could be faced with the decision of forgoing Medicaid benefits he or she is legally entitled to due to concerns it would hurt his or her immigration standing. WHA noted that the Department of Homeland Security itself recognized the consequences of this action could lead to more cases of uncompensated care and worse health outcomes as patients delay care until ultimately seeking it in a hospital emergency room. With 285,000 individuals in Wisconsin who are either immigrants themselves or have family members who are immigrants, the proposed rule could impact a large population. While it is targeted specifically at immigrants entering the U.S. or already in the U.S., confusion over complex state and federal Medicaid and immigration policies could lead to family members forgoing Medicaid as well as subsidized insurance on the ACA exchange for fear that either would jeopardize the ability of their loved ones to stay in the U.S.

In addition to these concerns, WHA also recommended the Department of Homeland Security immigration policy recognize the important contribution new immigrants play in filling our state’s unmet health care workforce needs. With Wisconsin currently having more jobs open than workers, and the demand for health care jobs projected to increase by 30% over the next 12 years, more workers will be needed to fill entry-level jobs. These jobs fill important needs to ensure the higher skilled health care positions can focus more of their time on direct, specialized, patient care. They also often become pipelines into higher skilled positions as workers are exposed to and pursue careers that pay better and are more fulfilling.

For more information, contact WHA’s Director of Federal and State Relations, [Jon Hoelter](#).

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## WHA URGES WI CONGRESSIONAL DELEGATION TO REMOVE MEDICARE TELEHEALTH RESTRICTIONS

In an [issue paper](#) sent earlier this week, WHA asked Wisconsin’s Congressional delegation to expand access to telehealth services for Medicare beneficiaries by eliminating a federal statute that prohibits Medicare from paying for telehealth services if the patient is located in an urban area or at home.

As stated in the letter, telehealth creates opportunities for more timely and local care for patients and can also reduce travel time and burden for physicians serving patients in multiple communities. Further, studies show that by reducing avoidable health care utilization, including expensive emergency room visits and hospital admissions, telehealth can help to reduce health care costs.

Eliminating the statutory prohibition on Medicare paying for telehealth services delivered to patients located in urban areas or at home would be consistent with recent efforts of both Congress and the Centers for Medicare & Medicaid Services (CMS) to expand Medicare access to telehealth services, as explained in the letter.

The letter was drafted based on input provided by WHA members at meetings of WHA’s Telemedicine Work Group. The Work Group has been assisting and will continue to assist WHA in developing its telehealth advocacy agenda, which is broadly aimed at expanding access to telehealth services by facilitating sustainable telehealth reimbursement within Medicare, Medicaid, and commercial insurance, and by removing regulatory barriers that unnecessarily impede the delivery of health care services via telehealth.

For more information, contact [Andrew Brenton](#), WHA Assistant General Counsel, at 608-274-1820.

## COMPLIMENTARY WEBINAR SERIES FOCUSES ON BUILDING CARE PROVIDER RESILIENCE

Every member of your care team can benefit from participating in the free monthly webinar series focused on building workplace resilience for busy and stressed health care professionals. Each monthly session includes engaging and evidence-based content, is delivered in bite-sized doses, and shares practical tools and strategies immediately applicable for all members of the health care team, regardless of role. The first session, Prevalence and Severity of Burnout: Workforce Resilience as Care Quality, is scheduled for January 8, so encourage your team to [register today](#).



Each live session will be recorded and available on-demand, allowing you to view them at your convenience, but pre-registration is required. Each session is also approved for 1.0 *AMA PRA Category 1 Credit*<sup>™</sup> and 1.0 Nursing credit hour for those who participate in the live webinar or view the recording within 30 days. [View the full list of series topics and dates and register now](#).

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## FAST FACTS FROM THE WHA INFORMATION CENTER: PREPARE FOR THE HAZARDS OF WINTER



With the snow starting to fall, many people are getting ready to get outside for some winter fun! When you get outside, be careful, bundle up and stay safe.

According to the WHA Information Center, there were 11,204 emergency room visits to Wisconsin hospitals last winter. In addition to frostbite and exposure to the cold, some of those emergency room visits included:

- 8,287 falls due to ice and snow
- 988 visits related to downhill skiing, cross-country skiing, snowboarding, sledding and tubing
- 134 visits related to ice skating

For additional information to stay safe and healthy in the winter, visit the [CDC website](#).