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IN THIS ISSUE

Governor Declares New Public Health Emergency, Indoor Mask Requirement.....	1
WHA Launches New COVID-19 Smart Behaviors PSA.....	1
WHA Urges Congress to Boost Financial Relief to Hospitals, Include Health Care Priorities in Upcoming COVID Package	2
WHA's 100th Anniversary Values Award	3
Governor's Prescription Drug Task Force Hears from Consumers and Drug Manufacturers	3
WHA 2020 Nominating and Awards Committee Seeking Nominations	4
WHA Shared Services Program/ Primary Resources/WHA Financial Solutions.....	5

EDUCATIONAL EVENTS

August 4, 2020
Improving Employee Engagement through Fiscal Wellness in a Post COVID-19 World
 Webinar

August 6, 2020
Post-acute transitions in a pandemic: How COVID-19 disrupts hospital discharge strategy
 Webinar

August 10, 2020
Understanding How Overnight Telehealth Hospitalists are Improving Satisfaction and Generating Revenue in Critical Access Hospitals
 Webinar

Governor Declares New Public Health Emergency, Indoor Mask Requirement

Citing a significant rise in the number of COVID-19 cases this month, Governor Tony Evers today declared a new statewide public health emergency, which stays in effect for the next 60 days unless revoked by the Governor or by a joint resolution of the Wisconsin State Legislature. The action is [Executive Order #82](#). The declaration triggers certain state statutes granting the Governor special authority to issue orders that help protect the public.

The Governor simultaneously announced the first action under that authority: [a statewide face coverings order](#) that will take effect on August 1 and last until September 28, 2020. The order, with certain exceptions, requires all individuals age five or older to wear a face covering when indoors or in an enclosed space, which the order defines as including outdoor bars and restaurants, public transit and taxis and outdoor

(continued on page 2)

WHA Launches New COVID-19 Smart Behaviors PSA

Continuing with efforts to help educate the public on behaviors that can help slow the spread of COVID-19 in Wisconsin, WHA launched a new digital public service announcement (PSA) on its social media platforms July 27. The animated and closed-captioned video highlights three areas where public behavior can make a difference: wearing a mask when appropriate, washing hands regularly and maintaining smart social distancing.



Click to watch the new PSA.

You can view the PSA [here](#). All members are encouraged to further spread the message by sharing from WHA's [Facebook](#), [Twitter](#) and [LinkedIn](#) pages.

"The public embracing these three behaviors can make a difference in how COVID-19 spreads in Wisconsin," WHA President and CEO Eric Borgerding said. "We're pleased that WHA has been able to play a key role in encouraging the public to be proactive as a way to not only protect everyone's health, but also to help our state's economy get through the pandemic."

The animated PSA is the fifth in a series that WHA has produced and promoted since COVID-19 began to affect the United States. Other spots include a [television PSA](#) currently airing statewide through August 2, and another statewide spot featuring former Governor and U.S. Health and Human Services Secretary [Tommy Thompson](#).

park structures. The order notes that the statewide action supersedes any local face coverings order that is less restrictive. The order also discourages individuals from using N95 masks “and other medical grade supplies” as face coverings, so that limited supplies of important personal protective equipment can be conserved.

“For weeks now, WHA and a host of other organizations have been urging the public to wash hands, maintain social distancing and wear a mask when appropriate to help stop the spread of COVID-19,” WHA President and CEO Eric Borgerding said. “We continue to urge the public to embrace these strategies.”

WHA Urges Congress to Boost Financial Relief to Hospitals, Include Health Care Priorities in Upcoming COVID Package

In a July 29 [letter](#) to Wisconsin’s congressional delegation, WHA President and CEO Eric Borgerding urged Wisconsin’s federal lawmakers to push for Wisconsin health care priorities to be included in the COVID package being negotiated between the U.S. House and Senate.



While the U.S. House passed a \$3 trillion COVID relief package in May – the Health and Economic Recovery Omnibus Emergency Solutions, or HEROES Act – the U.S. Senate waited until earlier this week to introduce a \$1 trillion COVID relief package, the HEALS (Health, Economic Assistance, Liability Protection and Schools) Act. With the two houses far apart on the total level of spending, it is unclear how long it might take for a compromise package to develop that both chambers can approve.

WHA outlined a number of priorities important to keeping Wisconsin’s health care system strong throughout this pandemic, chief among them being needed financial relief for Wisconsin hospitals and health systems. Of the \$115 billion allocated nationally to health care providers from the federal Provider Relief fund, Wisconsin hospitals and health systems appear to have received only about \$1 billion thus far, despite collectively experiencing more than \$2.5 billion in lost revenue due to COVID. WHA is calling on Congress to appropriate an additional \$100 billion, with particular consideration being given to hospitals that have “fallen through the cracks,” according to the letter, as they have yet to receive any special distributions such as “hot spot” or rural funding that were targets of previous federal disbursements.

Borgerding also called on federal lawmakers to increase the federal matching rate (FMAP) for the state’s Medicaid program, noting that 90,000 Wisconsinites have joined BadgerCare since the start of the pandemic, and about 230,000 total are expected to join by this time next year. “Wisconsin hospitals and health systems will face a significant decrease in reimbursement as more people switch from commercial insurance to Medicaid, which pays only about 67% of the cost to provide its services in Wisconsin,” Borgerding noted, while adding that the additional federal funding will help ensure states like Wisconsin have the resources needed to keep Medicaid fully funded during a time where the health care system is needed more than ever. “The prospect of further provider cuts from the state as it deals with budgetary pressures would create significant stresses on the health care system,” Borgerding said.

In addition to financial relief, Borgerding noted the positive gains health care has made in expanding telehealth services during COVID. [WHA is supporting the Protecting Access to Post-COVID-19 Telehealth Act of 2020](#), which has been introduced by a bipartisan coalition of federal lawmakers and would permanently extend many of the expanded telehealth options under Medicare. Borgerding called on Wisconsin’s delegation to push for adding this legislation to the COVID relief package. “Put simply, patients will not want to go back in time to the days when telehealth wasn’t an option for many of the services they have the convenience of receiving via telehealth today,” Borgerding said.

WHA activated its HEAT network of grassroots hospital leaders and advocates urging them to contact their federal lawmakers in support of these and other priorities laid out in the letter, such as more support for behavioral health care, fair treatment for critical access hospitals that received Paycheck Protection Program loans, and a temporary pause of federal rules that contain cuts to hospitals or add to hospitals regulatory burden. WHA will continue to advocate for these priorities with federal lawmakers as negotiations continue between the House and Senate. For more information, please contact WHA Director of Federal and State Relations [Jon Hoelter](#).

WHA's 100th Anniversary Values Award

WHA is proud to celebrate 100 years of advocating, advancing and leading on behalf of hospitals and health systems so they can provide high-quality, affordable and accessible health care for Wisconsin families and communities.

In honor of its 100 years, WHA is offering the opportunity to a member hospital to apply for the “WHA 100th Anniversary Values” award. This award is based on the values of WHA – Advocacy, Integrity, Foresight, Relationships and Leadership.

WHA is Committed to the Following Values:

ADVOCACY – achieving excellence by being responsive, knowledgeable, influential, impactful and relevant.

INTEGRITY – honoring the trust of our members and partners by practicing wise stewardship of resources and influence.

FORESIGHT – anticipating, understanding and responding to the rapid pace of health care change and industry transformation.

RELATIONSHIPS – appreciating the value of strategic partnerships to advance our agenda and those priorities shared with key partners.

LEADERSHIP – striving to be the most proactive, respected and difference-making voice in health care policy and advocacy.



Application Information

Any Wisconsin Hospital Association hospital member can apply for the Award. A total of three awards will be granted. Award applications must be received by WHA by **August 21, 2020**.

Award Selection Process

Applications will be reviewed (blinded review) by select employees of WHA representing various departments and job functions. Winners will be notified the week of September 14. Award winners will receive an engraved crystal award presented in person by WHA President and CEO Eric Borgerding, and recognition in WHA's *The Valued Voice* newsletter and on the WHA website.

[Click here](#) for more information and to access the award nomination.

Governor's Prescription Drug Task Force Hears from Consumers and Drug Manufacturers

Governor Tony Evers' Task Force on Reducing Prescription Drug Prices has spent the past several meetings hearing from stakeholders in the drug supply chain, as well as drug consumers. At its two-day meeting held on July 21 and 22, pharmaceutical manufacturers had the opportunity to offer their views on factors impacting drug prices.

Both Pfizer and PhRMA (Pharmaceutical Research and Manufacturers of America) cited rebates paid to Pharmacy Benefit Managers (PBMs) as a factor that increases drug prices to the consumer. Pfizer asserted that PBMs require rebates from manufacturers to gain placement of a specific drug on the PBM formulary (the list of drugs for which the health plan will reimburse the health plan member). Policy options suggested by the manufacturers include eliminating contracting via rebates, mandating a fee for PBM services rather than a percentage of the drug's retail price, and paying for outcomes (value-based purchasing).

The second day of the meeting focused on consumer concerns with high drug prices. The nonprofit Northwest Prescription Drug Consortium, serving Washington and Oregon, offers several programs aimed at reducing prescription drug prices. The Consortium operates a PBM, and drug discount card and voucher programs. Their PBM model reduces “spread” (the difference between what the PBM charges a health plan and the amount they reimburse pharmacy) and passes through 100% of all rebates and fees to the pharmacy. The PBM charges fixed administrative fees, performs annual market checks and adheres to strict auditing standards. The voucher programs provide payment on a temporary basis for prescription drugs which are needed by patients upon discharge from a correctional facility or state-operated hospital. The discount card program allows consumers to gain access to brand name drugs at a nominal fee. In 2019, almost 300,000 prescriptions were filled using this discount card. The Consortium aims to increase bargaining power by getting more states to join the Consortium.

(continued on page 4)

(Governor's Prescription Drug Task Force . . . Continued from page 3)

AARP, the American Diabetes Association, and Vivent Health shared the perspectives of consumers. AARP discussed the impact of high drug prices on senior citizens, who are high utilizers of prescription medication, and the American Diabetes Association described how the high cost of insulin impedes access to this life-saving drug for one in four diabetics. Vivent Health, which serves people with AIDS, reviewed how the 340B program enables access to expensive AIDS medications for these consumers and allows it to operate dental clinics in Madison and Green Bay, keep behavioral health services accessible in smaller Wisconsin communities, and double the capacity of its food pantry. Peggy Tighe, an attorney involved in state and federal level legislative activity which challenges discriminatory drug pricing practices by PBMs, echoed Vivent's comments about the benefits of the 340B program to consumers.

On July 24, after the task force met, President Trump issued several Executive Orders on prescription drug pricing. Some of these orders are directed at issues discussed by the Task Force. Specifically, one of the orders would require federally qualified health centers (FQHCs) receiving 340B drug discounts to pass on the 340B discounts to patients with high cost-sharing for insulin or Epi-Pens. Because federal HHS rulemaking power over the 340B program is very limited, the order's impact on FQHCs may also be limited. The other orders would:

- Tie Medicare payment for outpatient drugs to international prices.
- Pass drug maker rebates on to patients in Medicare Part D. However, last summer the White House pulled the regulation after the Congressional Budget Office estimated the price tag at \$177 billion from 2020-2029 and also raise premiums for Medicare beneficiaries.
- Permit Individuals to get their drugs imported from other countries. This order contemplates that the FDA would set up a system allowing safe importation from systems that have comparable regulatory regimes to that of the FDA's.

Contact WHA Vice President of Policy Development [Laura Rose](#) for additional information on the Governor's Task Force.

WHA 2020 Nominating and Awards Committee Seeking Nominations

WHA is now accepting nominations for its annual Distinguished Service Award and Trustee Award. These important awards recognize those who display leadership, dedication and professionalism to their community or the Association.

You now have an opportunity to nominate someone in your region, your hospital, or on your Board of Directors who deserves such an honor.



- **Distinguished Service Award** is presented to a senior health care executive who has made an exemplary commitment to WHA, his/her hospital, and the communities he/she serves.
- **Trustee Award** honors a trustee of a WHA member organization who has made an exemplary commitment to his/her community and to the organization on whose board he/she serves.

Administrators, trustees, senior managers, nurse leaders, volunteers and others are encouraged to nominate someone to receive one of these honors. Information and award criteria can be found on the [WHA website](#).

The Nominating committee will also make recommendations on new WHA Board members. WHA members interested in being considered for, or wish to submit a candidate for, an At-Large WHA Board seat or the Chair-Elect position should contact either WHA President [Eric Borgerding](#) or WHA Nominating Committee Chair [Diamond Boatwright](#).

Please submit nominations for both the awards and WHA Board of Directors no later than Thursday, August 20.

WHA Shared Services Program/Primary Resources/WHA Financial Solutions

Originally called the WHA Shared Services Program (WHASSP), then transitioning through the names Primary Resources and WHA Financial Solutions, WHASSP was formed by WHA in 1981 to close existing gaps in the marketplace and help WHA better serve its members.

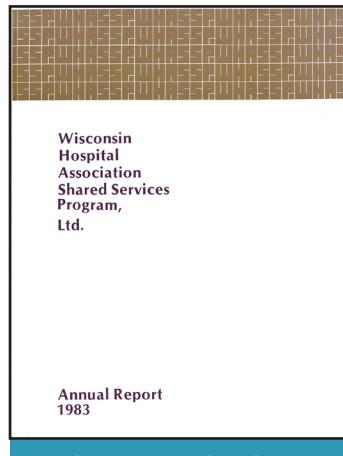
In the early 1980s WHASSP instituted programs in the areas of management engineering, hospital rate-setting commission legal assistance and Medicare payment maximization. WHASSP offered a number of programs tailored to member needs that provided both economic and technical benefits hospitals weren't receiving before or for which they were paying premium prices.

By the late 1980s, WHASSP had become a full-service program provider offering employee benefits, retirement services, insurance coverage, management services and information products.

Today the employee benefits, retirement services and insurance offerings that once were provided by WHA Financial Solutions are made available through WHA's Premier Partner, LMC Insurance & Risk Management. For more information, see their [website](#).



WHA Shared Services Staff in 1982: Don Rebholz, Director, Hospital Administrative Services; Jane Karls, Shared Services Assistant; and Mike Shoys, Vice President, Programs/WHASSP.



See the 1983 WHA Shared Services Annual Report.



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