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WHA, Health Care Leaders Visit Capitol Hill Feb. 8

On Feb. 8, WHA joined the Rural Wisconsin Health Cooperative (RWHC) with a group of a dozen rural hospital leaders to urge Wisconsin's Congressional leaders on Capitol Hill to support Wisconsin's rural health care priorities. Joining the group were Brian Stephens, president and CEO of Door County Medical Center; Mike Schafer, CEO of Spooner Health; Bob Van Meeteren, president and CEO of Reedsburg Area Medical Center; Pauline Cass, director of pharmacy at Stoughton Health; Michelle Abey, chief financial officer of Stoughton Health; John Eich, director of Wisconsin's Office of Rural Health; Nicole Thill, executive director of the North Central WI Area Health Education Center; Mike Milligan, chief strategy officer of Legato Healthcare Marketing; Nathan Franklin, director of external affairs at Bellin Gundersen Health System; Brad Wolters, director of federal government relations at Marshfield Clinic Health System; Jeremy Levin, director of advocacy at RWHC; and Jon Hoelter, vice president of federal and state relations at WHA.



WHA and health care leaders in DC Feb. 8, 2023.

The group met with the offices of Wisconsin's Congressional delegation, urging them to support [continued regulatory flexibilities](#) that have helped Wisconsin's health care system respond to the challenges that began with the COVID-19 pandemic and still continue. In particular, the rural hospital leaders advocated for a continued waiver of the 96-hour rule, which requires critical access hospitals (CAHs) to both certify a patient expected to be discharged within 96 hours of an admission as a condition of payment and requires a CAH to have an annual average patient length of stay (ALOS) of 96 hours as a Medicare condition of participation. As hospitals continue to face difficulties finding open hospital or nursing home beds to transfer patients to, this has led to an increase in the ALOS, which continues to exceed 96 hours for many CAHs. One of the benefits of this waiver has been that CAHs have increased their ability to care for patients of higher acuity; those who previously may have been transferred hundreds of miles away can often now receive the care they need at the rural hospital in their own community, staying close to their family and friends.

The rural hospital leaders also urged support of continuing the waiver for the three-day nursing home stay. This waiver has helped hospitals get patients to the most appropriate care setting sooner, by waiving the requirement that a patient must spend three in-patient nights in the hospital before Medicare will pay for a nursing home stay. This, in turn, has helped free up hospital beds to care for patients who truly need hospital care.

The COVID-19 public health emergency (PHE) has been a test case where hospitals have shown they can safely operate with these waivers and improve patient care and operational efficiency in the process. However, with the [Biden administration announcing the end of the PHE on May 11](#), both of these flexibilities are set to expire.

Hospital leaders also emphasized the need for new strategies to accelerate the growth of the health care workforce, which is not keeping up with demand for care. Wisconsin's Area Health Education Centers (AHECs) have served as a link between high schools and hospitals by helping youth get exposed to and interested in health care careers at an early age. However, recent changes in how the federal Health Resources and Services Administration (HRSA) funds the AHECs have reduced their ability to focus their work on high school students. The hospital leaders advocated for HRSA refocusing more AHEC funding to support linking high school students to health care careers.

Lastly, the group of hospital leaders advocated for continued protection of the [340B discount drug program](#). The program has been a vital tool for hospitals to guard against skyrocketing drug costs by allowing them to obtain certain outpatient drugs at a discount. Hospitals have used these savings to provide important services in their communities, such as free or discounted dental or health care clinics, behavioral health care services that operate at a loss, and remote dispensing sites that allow seniors to get prescriptions filled in their own communities instead of having to drive long distances.

Unfortunately, more than 20 drug companies have stopped providing these discounts for drugs dispensed at community pharmacies that contract with hospitals. This has drastically increased prescription drug costs for these 340B hospitals. Though HRSA, which oversees the program, has tried to compel drug companies to provide these discounts, drug manufacturers have responded by filing several lawsuits. The courts have decided some of these lawsuits in favor of drug companies and others in favor of providers, so it will take time for the entire litigation process, including appeals, to play out.

Contact [Jon Hoelter](#) with questions.

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