

Vol. 11, Issue 19

Tuesday, November 7, 2023

WHA Visits Washington, DC Urging Congress to Protect Rural Health Care

WHA and leaders from hospitals and health systems across the state traveled to Washington, D.C., to meet with Wisconsin's congressional delegation on Oct. 18.

Those participating included Luke Beirl of Hayward Medical Center, Charlie Forbush of Western Wisconsin Health, Tony Curry of Aurora Health Care, Brad Wolters of Marshfield Clinic Health System, Jeremy Levin of the Rural Wisconsin Health Cooperative and Jon Hoelter of WHA. While hospitals have been dealing with a variety of challenges recently, the group focused on issues impacting rural hospital workforce recruitment and care delivery as well as site-neutral payment threats that could impact all hospitals.



Pictured, L to R: Tony Curry, Jeremy Levin, Sen. Ron Johnson, Charlie Forbush, Luke Beirl, Jon Hoelter

The group urged Wisconsin's Congressional delegation to help protect existing <u>Health Professional Shortage Areas (HPSAs)</u> in Wisconsin. Specifically, they asked the delegation members to request that the Health Resources and Services Administration (HRSA) continue their pause of withdrawing HPSAs in Wisconsin, given the inordinately high number of HPSAs at risk of being withdrawn. As covered in a <u>previous edition of *The Valued Voice*</u>, HRSA had paused their plans to withdraw HPSAs in 2022, but announced earlier this year that they will begin withdrawing HPSAs in 2024. Wisconsin still has around 25 hospitals located in areas at risk of losing their HPSAs which would also jeopardize the HPSA benefits like loan forgiveness and access to Conrad 30 J-1 Visa Waivers, among other things, if these sites do not find alternative ways to keep their HPSA.

As a related issue, WHA's group of hospital leaders urged the Congressional delegation to <u>protect rural health clinics</u> (which themselves must operate in a HPSA). WHA has been trying to build support for legislation that would restore uncapped cost-based funding for RHCs after Congress passed omnibus legislation in 2020 that cut payments to hospital-based RHCs. Additionally, the group advocated for the <u>RHC Burden Reduction Act</u> – legislation that would, among other things:

• Allow behavioral health care to be considered primary care so that RHCs could expand behavioral health care services.

- Allow RHCs to contract with rather than employ advanced practice providers so that RHCs can better utilize the available workforce.
- Eliminate the defined labs RHCs must offer to better align with community needs and services already offered.



WHA and hospital representatives meet with U.S. Rep. Mike Gallagher (third from left)

Lastly, the group <u>pushed back against site-neutral payment policies</u> that have seen movement in the House and Senate in recent weeks. In the House, HR5378, the Lower Costs More Transparency Act, would impose site-neutral payment cuts for drug administration services delivered at off-campus hospital outpatient departments (HOPDs). Likewise, in the Senate, S. 2840, the Bipartisan Primary Care and Health Workforce Act, would eliminate the ability of hospitals to bill facility fees.

WHA explained that both bills could have significantly adverse impacts on hospitals and patients. For instance, the House legislation could lead to hospitals needing to bring back certain types of cancer care to a hospital's main campus to avoid Medicare losses they would otherwise receive at off-campus HOPDs, potentially reducing access to care and creating care bottlenecks. The Senate legislation could lead to situations where hospitals get no reimbursement for care delivered in their facilities in instances where the physicians are not employed by the hospital and are the only entity allowed to submit a bill.

While the House legislation had been brought to the House floor under a suspension calendar that requires the support of twothirds of members to pass, it was ultimately pulled from the calendar due to opposition from several members of Congress, particularly Democrats on the House Ways & Means Committee such as Wisconsin Congresswoman Gwen Moore. The Senate legislation passed the Senate HELP Committee but is ultimately not expected to move forward in its current form. WHA urged Wisconsin's Congressional delegation members to be vigilant and oppose bringing these site-neutral payment policies to the House or Senate floor in any legislative packages that might develop.

Contact WHA Vice President of Federal and State Relations Jon Hoelter with questions.

Other Articles in this Issue

- <u>New Leaders Elected to WHA Board of Directors</u>
- <u>Registration Now Open: 2024 Physician Leadership Development Conference</u>
- Legislation Introduced to Help Grow More Physicians for WI
- WHA Visits Washington, DC Urging Congress to Protect Rural Health Care
- WHA Announces Quality & Patient Safety Awards
- President's Column: Wisconsin Hospitals Committed to Affordable, Quality Care
- New Data Shows Wisconsin Hospitals Facing Significant Financial Challenges
- Health Care 'Middlemen' Prevent Free Market Dynamics from Working