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The Valued Voice Newsletter Refresh

Same timely physician, legislative and educational information. New, optimized format.

WHA's *The Valued Voice* and *The Valued Voice - Physician Edition* newsletters are getting a makeover to improve the reader experience. Starting on April 21, rather than each *The Valued Voice - Physician Edition* headline linking to a single pdf document, links in the email newsletter subscribers receive will drive to dedicated pages for each featured story.

With each story contained on a single page, readers will no longer have to navigate multiple document pages to access the "continued" portions of stories broken up due to their length. And each story page will also include a full table of contents for that week's issue for ease of navigation.



The screenshot shows the newsletter interface for "THE VALUED VOICE Physician Edition". At the top, it says "Vol. 10, Issue 6" and "Tuesday, March 15, 2022". Below this is a "Click here to view past issues" link. The main content area is titled "IN THIS ISSUE" and lists several articles: "WHA Advocacy Results in Changes to Costly MEB and Physician Assistant Rules", "New Physician Assistant Licensure Rules Simplified, as Recommended by WHA", "Senate Concurs in Legislation Making Threats of Violence to Health Care Workers a Felony", "WHA Urges CMS to Improve Prior Authorization and Other Insurer Issues in Proposed Medicare Advantage Rule", "WHA Council on Workforce Development Discusses Strategies to Grow Faster and Bounce Back from Pandemic", "Advocacy Day Speakers and Agenda Confirmed", and "REMINDER: Wisconsin Hospitals State PAC & Conduit 2022 Kick-off". To the right of these articles is a featured article titled "WHA Advocacy Results in Changes to Costly MEB and Physician Assistant Rules" with a sub-headline "MEB shelves current iteration of chaperone rule following \$55M cost estimate". The article text discusses the Feb. 16 Medical Examining Board (MEB) meeting and the Department of Safety and Professional Services (DSPS) staff's economic impact analysis of a draft proposed Medical Examining Board rule. It mentions that the rule would result in additional workforce costs of \$55 million annually in Wisconsin. The article also includes a quote from WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk.

The new presentation of *The Valued Voice Physician Edition* newsletter stories also makes social sharing from the page simple and will allow WHA to better assess reader engagement with the content delivered to members and subscribers each week.

Questions about *The Valued Voice* or *The Valued Voice - Physician Edition* newsletters can be directed to WHA Vice President of Communications [Kelly Lietz](#).

WHA Applauds Speaker Vos, Majority Leader LeMahieu and Gov. Evers for Passing and Enacting AB 960 into Law

Gov. Tony Evers on March 23 signed into law Assembly Bill 960, which was led by Speaker Robin Vos (R-Rochester), Senate Majority Leader Devin LeMahieu (R-Oostburg), Rep. Gae Magnafici (R-Dresser) and Sen. Van Wanggaard (R-Racine), making threats of violence towards a health care worker a Class H felony. The effective date of the new law, [2021 Act 209](#), is March 25, 2022.

“Health care workers are better protected under this new law,” said WHA President and CEO Eric Borgerding. “WHA’s members across the state express appreciation to Speaker Vos and Senate Majority Leader LeMahieu for authoring this important law and making passage of Assembly Bill 960 a priority at the end of session.”

“WHA is also grateful to Gov. Evers for signing Assembly Bill 960 into law, showing health care workers that they are vital to our state and important to protect,” continued Borgerding.

WHA recently published the [2022 edition of its annual workforce report](#), which reveals that 13 out of the 17 positions surveyed had higher hospital vacancy rates in 2021 than in 2020. WHA’s report noted that seven of these positions had vacancy rates exceeding 10%.

“Threats against health care workers cause hospital staff to choose between caring for patients in the hospital or leaving the hospital altogether,” said Borgerding. “With significant workforce challenges in Wisconsin hospitals, we cannot afford to lose providers because they fear threats in the workplace. This new law will send a strong message to the public that threats against health care workers are taken seriously and not tolerated in Wisconsin.”

Acts of Violence Against Health Care Workers is Now a Felony in Wisconsin

Understanding and communicating Act 209 provisions

WHA has created resources and learning opportunities to help members interpret and promulgate the stipulations of Act 209, recently signed into law, which makes threats and acts of violence against health care workers a Class H felony.

WHA’s legislative act summary of new [Act 209](#) can be accessed by WHA members through the [Legal Resources](#) section of the [WHA Member Portal](#), or directly by clicking [here](#). The written summary available to WHA members details key elements of the new law and highlights other potentially applicable criminal laws that could be applied in special cases of battery, harassment or intimidation against health care workers.

WHA will also hold a webinar for WHA members on Thursday, March 31 from 12:00 – 12:45 p.m. to review details of the new law, including WHA’s efforts to promote the law to deter violence and threats against health care workers. The webinar will also outline who is protected, what actions are prohibited, how the new law compares with current law and how it can be applied by law enforcement. Entitled *Review of Act 209—New Felony Penalties for Violence and Threats Against Health Care Workers*, the webinar is offered to WHA members at no cost, but pre-registration is required. More information on the webinar, including registration, is available [here](#).

In addition, as specified by Act 209, the Wisconsin Department of Justice has posted [model language](#) that health care facilities may post at its entrances alerting persons to the penalties under this section.

Questions about the new law can be directed to WHA General Counsel [Matthew Stanford](#).

WHA Cautions Medical Examining Board – New Chaperone Proposal Still Costly

Board forms committee to get stakeholder input

Changes to a new chaperone rule proposed by the Medical Examining Board (MEB) are not going to be enough to mitigate the more than \$55 million economic impact of that rule on Wisconsin physicians and the facilities where they work. That was the message that WHA and the Wisconsin Medical Society delivered to the Medical Examining Board (MEB) in a [joint letter](#) to MEB Chair Sheldon Wasserman.

WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk and Wisconsin Medical Society (WisMed) Chief Policy and Advocacy Officer Mark Grapentine shared their concerns in a joint letter to MEB based on their review of a new draft rule posted with the agenda for the MEB's March meeting. "Upon initial analysis of the new draft language, we do not believe that the changes will significantly reduce the \$55 million in annual implementation and compliance costs of the October 20, 2021, rule identified by the Department of Safety and Professional Services," the joint WHA-WisMed letter stated.

During discussion at the March 16 meeting, Zenk commented on both the economic impact and the workforce impact of the current proposal, noting, "The people we need to fulfill chaperone duties are where we're experiencing some of the greatest shortages and the greatest competition—entry-level professionals like medical assistants and techs." Zenk added, "The implementation of this rule will require hiring additional staff, and when those staff can't be found, will impact patient access and physician workflow."

WHA and the Medical Society also reiterated in the letter the offer made in WHA's Nov. 15, 2021, letter (see [story in March 3 edition](#) of *The Valued Voice*) to work with the Department of Safety and Professional Services and MEB, as well as other stakeholders to help craft a rule that will meet the shared goal of MEB to appropriately identify and discipline physicians with patterns of practice that violate Wisconsin statutes and rules of conduct for Wisconsin physicians.

MEB's decision, after discussion and consideration of points made by WHA, WisMed and MEB members, was to form a committee of MEB members to work with the Wisconsin Medical Society, WHA and other stakeholders to, as the WHA/WisMed letter notes, "... help aid the Board's work toward ultimately advancing a revised rule through the rulemaking process."

WHA's Advocacy Day Gives Voice to Wisconsin Hospitals

Nearly 1,000 hospital supporters gather to promote good health care policy

Nearly 1,000 hospital and health system leaders, frontline workers, supporters, volunteers and stakeholders attended WHA's 2022 Advocacy Day, held virtually on March 23, to learn from industry experts, receive updates on significant WHA initiatives and engage directly with elected leaders on issues of critical importance to health care providers and the patients they serve.



WHA President and CEO

Eric Borgerding welcomed attendees in a [recorded message](#) that was both reflective and optimistic. "Throughout two long years of COVID, Wisconsin hospitals and health systems have persevered and made WHA so proud to be your voice and advocate," Borgerding said, recalling that Wisconsin's health care workers had been tested like never before. "You adapted and stepped up to every new challenge with courage and professionalism, and saved thousands of lives in doing so," he added.

While audience members are undoubtedly anxious to put COVID in the rearview mirror, Borgerding cautioned, "We can't do that just yet, because there are so many opportunities to emerge stronger and better. And together, we will do just that."

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(WHA's Advocacy Day Gives Voice to Wisconsin Hospitals . . . continued from page 3)

As emcee of the event, WHA Board Chair and Prairie Ridge Health CEO John Russell greeted attendees with praise for their resilience. "We coordinated, we collaborated, we tested and we vaccinated, all while caring for more patients than any of us would have previously believed we could handle," Russell recalled, adding, "I am proud to call myself one of the health care workers in the state of Wisconsin."

Borgerding presented WHA's Advocacy All-Star Award to Advocate Aurora Health President and CEO Jim Skogsbergh and recognized Rep. Evan Goyke as the 2022 WHA Advocate of the year.



Gov. Evers praised hospitals and their workers for going above and beyond in their roles during the state's greatest public health crisis before announcing the signing of two important pieces of bipartisan legislation for Wisconsin hospitals and the patients they serve. Assembly Bill 960 protects Wisconsin health care workers and their families from threats and acts of violence, while Assembly Bill 679 permanently enables hospitals to deliver inpatient-level care in a patient's home.

WHA Senior Vice President of Government Relations Kyle O'Brien hosted a legislative panel discussion focused on the vital role Wisconsin hospitals and health systems play in their communities (*see story on page 6*). Participants included Wisconsin State Sen. Joan Ballweg (R-Markesan), Wisconsin State Sen. LaTonya Johnson (D-Milwaukee), Rep. Tony Kurtz (R-Wonewoc) and Rep. Evan Goyke (D-Milwaukee).

The event's keynote discussion featured former U.S. Food and Drug Administration Commissioner Dr. Scott Gottlieb and WHA's Borgerding in an hour-long exchange focused on lessons learned from the COVID-19 pandemic and strategies that can be employed now to strengthen the state's and the nation's public health preparedness (*see story below*).

Following the morning gathering, hospital representatives met virtually with their state senators and representatives. They thanked lawmakers for enacting public policies that help Wisconsin hospitals, providers, staff and their patients, including critical Medicaid funding, removing regulatory barriers for innovative care delivery models and protecting health care workers from acts and threats of violence. Other key priorities highlighted included workforce challenges and hospitals' important role in serving their communities.

Dr. Scott Gottlieb Discusses Pandemic Response, Preparedness with WHA's Borgerding in Advocacy Day Keynote

Dr. Scott Gottlieb, physician, former commissioner of the U.S. Food & Drug Administration and frequent contributor on national news programs, including CNBC's *Squawk Box* and CBS's *Face the Nation*, joined WHA President and CEO Eric Borgerding for a moderated discussion, the keynote presentation at WHA's 2022 virtual Advocacy Day program. The keynote presentation was sponsored by Quarles & Brady, LLP, and Sarah Coyne, partner with the firm, introduced the segment. Gottlieb and Borgerding discussed various facets of the U.S. response to the COVID-19 global pandemic and lessons learned for future pandemic preparedness.

Borgerding began the conversation on the topic of the collection and sharing of data and information as a fundamental element of pandemic preparedness and response. Gottlieb shared his perspective on the critical breakdown of data and information sharing between the U.S. Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (HHS) in the early months of the pandemic and discussed the dynamic between the two agencies.

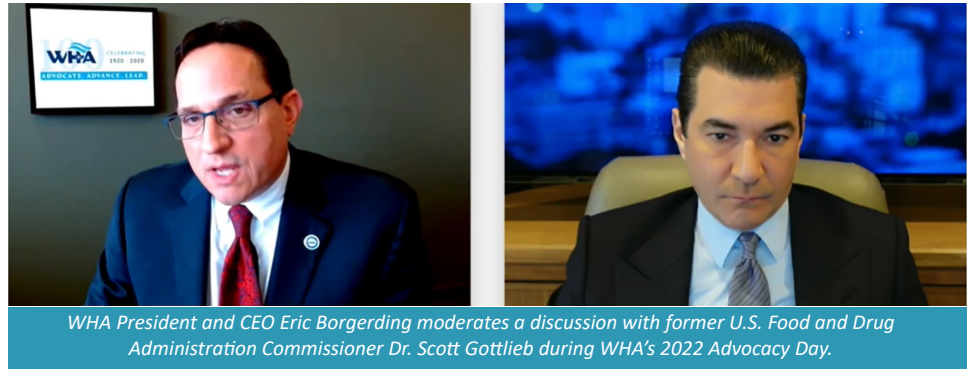
"The lack of good information and near real-time analysis was at the root cause of a lot of the early problems," said Gottlieb. "I think a lot of people were surprised at the CDC's lack of capacity to collect bottom-line data that could inform real-time decision making," Gottlieb continued.

Gottlieb explained how the CDC's use of modeling in reporting hospitalization data created a misrepresentation of the situation and led HHS to develop a new reporting system for acquiring real-time data directly from hospitals. Gottlieb provided examples of the CDC's structural, cultural and operational challenges as justification for the agency's inability to collect real-time data at the time.

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(Dr. Scott Gottlieb Discusses Pandemic Response, Preparedness with WHA's Borgerding in Advocacy Day Keynote . . . continued from page 4)

Borgerding asked Gottlieb about the March 2020 directive to hospitals across the country to stop elective and non-emergent procedures. Was it the right decision, given the data available at the time? Gottlieb did not think the directive was the right decision, nationally, although he agreed it was necessary for parts of the nation who were overrun by COVID-19 patients at the time, like New York City.



"Other parts of the country did not have much spread or none. But we did not know where the virus was and wasn't. We were blind during the first wave," said Gottlieb. "We did not need to shut hospitals and commercial activity in Montana, and was probably true of Wisconsin. The wave came later," he continued.

According to Gottlieb, diagnostic testing needed to be more widespread earlier on in the pandemic to better inform where the virus was and where it was not.

Exploring linkages between the health crisis and national security, Borgerding asked Gottlieb about global cooperation in the pandemic response and public health preparedness. Gottlieb compared public health preparedness to national security in the terms of infrastructure investment, such as testing, vaccines and hospital capacity. He reflected on the reluctance to share information between nations, using South Africa's discovery of the Omicron variant and the global economic isolation that followed as an example of a disincentive to do so. As countries exhibit unwillingness to collaborate, Gottlieb called for the U.S. to do more of its own monitoring and data collection.

"I think we are going to need to do much more active monitoring around the world, and that is going to mean collecting data—looking for indications of outbreaks, trying to intercept data where you can get early information about potential pathogens," said Gottlieb. "We cannot be solely dependent upon on multi-lateral commitments and the good graces of other nations, especially as we've conditioned other nations that if they do the right thing, divulge information early, they're going to get punished for it," he added.

Referencing shifting sentiment toward the health care industry following an outpouring of support early in the pandemic, Borgerding asked, "How do we gain trust for our patients, for the public to listen to public health officials, for our staff that have been demoralized and defeated by disinformed patients, and for our health systems, hospitals, doctors, public health officials and institutions in general?" Gottlieb said of regaining public trust, "I think the one missing ingredient from the public health establishment was enough humility to be candid about what we knew and didn't know and admit when we were wrong." He recounted how the CDC's guidance on masking left the public feeling confused and misled. He attributed the confusion to the agency's reluctance to deliver complex, but accurate messages on "what [masks] will do and what they won't do."

Borgerding concluded the 60-minute discussion with a focus on lessons learned from the pandemic and Gottlieb's thoughts on President Biden's COVID proposals. Gottlieb said he was encouraged by the plan the Biden administration has laid out. "Conceptually, they are looking at public health preparedness through that national security lens," he related. "They are looking at trying to build core capacities and invest, rather than just put out individual fires."

As for lessons learned, Gottlieb called for "an honest after-action report," but recognized that the current environment is too polarized and "emotions are still raw" for that to happen just yet.

A full recording of the discussion between Borgerding and Gottlieb is available for viewing for registered Advocacy Day attendees through the [LeaderPass](#) event platform until April 7.

Lawmakers Discuss Health Care Workforce, Insurance Related Challenges During Legislative Panel

A bipartisan panel of the Wisconsin State Legislature's budget-writing Joint Finance Committee (JFC) joined WHA's 2022 virtual Advocacy Day for a discussion of this session's top legislative issues that impacted health care. Lawmakers discussed the enactment of the last biennial budget, which made Medicaid Disproportionate Share Hospital (DSH) funding permanent, as well as workforce and insurance-related challenges.

Rep. Tony Kurtz (R-Wonewoc) credited his GOP colleagues on the Joint Finance Committee for writing a budget that put Wisconsin in the best position for health care and credited WHA and its members for voicing their support for the budget given its inclusion of the permanent increase for DSH payments.

"It goes back to advocacy," said Kurtz. "To make the DSH payments a permanent line item in the budget was a huge reason why you and your members went to the governor and said this was something we support, we need," said Kurtz, discussing the budget passed by Republicans in the Legislature and Gov. Evers' decision to veto the budget or sign it into law.



Rep. Evan Goyke (D-Milwaukee) said Gov. Evers deserves credit for coming up with a budget that set a benchmark that included key priorities for both parties, giving Republicans a target for developing their own budget.

"I don't believe my Republican colleagues had their budget crafted before they saw Governor Evers' budget; I believe they responded to his budget. So, in that sense, Governor Evers set the mark," said Goyke. He also said Evers deserved credit for ultimately signing the budget that went through the Legislature.

The discussion then shifted to the health care workforce shortage and whether one of the challenges was people sitting on the sidelines unwilling to work. Sen. LaTonya Johnson (D-Milwaukee) said she doesn't think the problem is people sitting on the sidelines so much as it is a demographics issue.

"We have to remember, for every three people who retire, we only have one person to take their place," said Johnson. She said the pandemic really highlighted the importance of health care and noted she supports programs like loan forgiveness, funding for more nurse educators and other strategies that create a pipeline to fill the void.

Sen. Joan Ballweg (R-Markesan) said she thinks Wisconsin needs to streamline regulations and provide more flexibility, noting that she heard from a constituent recently complaining about state licensure barriers. "I had a local gentleman talk to me last weekend who had a daughter that could not get her RN license done online, and so she got a license in Arizona instead," said Ballweg. She said she supports efforts to streamline licensure and increase the use of telehealth.

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Rep. Kurtz said he's also heard about workforce concerns from constituents, including some who have shifted careers during the pandemic. He relayed the stories of emergency room and operating room nurses who recently became CDL truck drivers and dispatchers. "These people, they got burnt out, and they literally had a change of career," said Kurtz. He said he's also heard from retirees who left the workforce because they were looking at their 401ks and pensions and decided now was the right time. He thinks legislators are grappling with what incentives they can provide to get these folks back into the workforce.

WHA Senior Vice President of Government Relations Kyle O'Brien, who moderated the panel, said that the health care workforce discussion was a great reminder of the proactive work the Legislature has done to partner with WHA and its members to create better educational pathways as well as the successful graduate medical education grant programs the Legislature has funded.

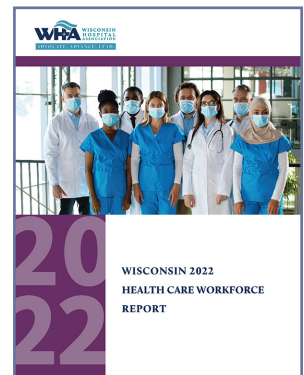
In addition to these issues, the panel also discussed several proposed bills this session that address insurer practices impacting care delivery and access to patient care. Rep. Kurtz highlighted how proud he was to work with WHA on Koreen's Law, legislation to restrict the practice of insurer-mandated "white bagging." He said it was important to educate his colleagues who were not aware of the difficulties this practice was causing for patients, which leads patients to spend hours on the phone to get special authorization for life-saving medications.

Rep. Goyke agreed that this was an important issue. He said he looks forward to working on it more next session, noting that it faced opposition from the insurance industry. He described the practice by insurers as creating a nightmare for many patients. "What was missing from their side was one story from one patient that benefitted from this practice," said Goyke.

WHA Report: Wisconsin's Health Care Workforce Reached Tipping Point in 2021

An aging workforce combined with a spike in worker departures associated with nationwide employment disruption dubbed the "Great Resignation" created unprecedented levels of vacancy rates in health care professions in 2021, according to WHA's [2022 Health Care Workforce Report](#).

Increasing pressure on the state's health care workforce driven by retirements within health care fields at the same time demand for health care by an aging population is rising—a trend referred to as the "Silver Tsunami"—has long been cited in WHA's annual Health Care Workforce Report as a cause for concern as the state seeks to maximize worker availability, longevity and success within the industry. Burnout among health care workers resulting from successive surges of COVID-19 cases over the past two years and escalating demand for delayed health care services has intensified a growing health care workforce shortage in the state.



Added to the stress placed upon hospital staff as they responded to unprecedented demand for health care services in 2021 driven by COVID-19 and pent-up demand for delayed care were pressures to fill gaps in the state's public health response and to accommodate systemic failures in the continuum of care. Hospital and health system staff were called upon to educate their communities about COVID-19 spread and ways to avoid infection, administer COVID-19 vaccines and conduct COVID-19 testing. And as they creatively adapted their physical spaces to treat COVID and non-COVID patients alike, their capacity to do so was challenged by an inability of nursing homes to accept patients no longer requiring hospital-level care. At one point in 2021, WHA estimates that 600 patients were occupying hospital beds in Wisconsin awaiting admission to a nursing home or other long-term care facility.

The combination of the Silver Tsunami, the Great Resignation and a persistent pandemic that pushed hospital occupancy to its limit resulted in an increase in vacancies in 13 of 17 professions tracked in WHA's Health Care Workforce Report, with seven positions registering double-digit vacancy rates. Registered nurse vacancy rates were the highest they've been since 2005, leading WHA to note, "The nursing shortage has arrived."

Vacancy rates, according to the report, are highest for frontline clinical and technical staff and lower in professions with a longer runway to practice, apart from occupational and physical therapists, where vacancy rates rose sharply.

WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk observed, "Our health care workforce has shouldered an enormous professional, mental and emotional burden over the course of the COVID-19 pandemic. They are understandably drained. They have cared for us through extremely challenging circumstances and at a time when their own ranks were depleted

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by illness and burnout. Wisconsin's health care workers now more than ever deserve our understanding and commitment as we together seek to fill gaps between workforce supply and demand in order to maintain our state's high-quality care."

"Addressing the health care workforce shortage that has been building in Wisconsin and which has been exacerbated by COVID-19 will require a concerted and sustained strategy involving health care organizations, educators and policymakers that encourages, supports and advances health care workers in their pursuit of fulfilling and meaningful careers," said WHA President and CEO Eric Borgerding in response to the 2022 Health Care Workforce Report data.

As the state's health care industry seeks to attract new workers and build new capacity from within, it must also adapt to the expectations of a new, younger workforce, WHA notes, recommending collaboration among health care stakeholders in support of organizational, public and payer policies that achieve the following:

1. Build public-private partnerships to "Grow Our Own" Wisconsin health care workforce;
2. Promote rapid innovations to retain and recruit workers to Wisconsin's health care workforce;
3. Break down barriers to top-of-skill practice;
4. Further bolster acceptance and efficient utilization of telemedicine and technology;
5. Reduce regulatory burden and increase regulatory flexibility; and,
6. Support care in the best setting—inpatient, outpatient or post-acute.

Preparation for the inevitable next global health emergency demands that the state also take stock of its public health infrastructure and address payer practices that impede efficient and effective health care delivery.

Download the full Wisconsin 2022 Health Care Workforce Report [here](#). Questions about the report can be directed to [Ann Zenk](#).

WHA Voices Support for Easing Licensure Delays at Assembly Informational Hearing

WHA voiced support for the Wisconsin Legislature and State Department of Safety and Professional Services partnering to ease licensure delays at an informational hearing held by the Assembly Committee on Regulatory Licensing Reform on March 16.

On the same day that WHA released its 18th annual [Wisconsin Health Care Workforce Report](#), WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk highlighted in [written testimony](#) to the committee the past proactive work WHA has done in partnership with the Legislature to grow our health care workforce. Specifically, WHA's testimony highlighted the physician residency and advanced practice training grants which will have created 136 new physician residency training positions and 40 more advanced practice and allied health professional clinical training opportunities by 2023.

WHA also recognized the importance of the Interstate Medical Licensure Compact, the enhanced Nurse Licensure Compact and 2021 Wisconsin Act 10—all of which have made it easier for health care professionals in good standing from other states to obtain licensure in Wisconsin. Another innovative approach passed by the Legislature recently and signed by Gov. Tony Evers last week as 2021 Act 158 creates an expedited pathway for returning military medics, corpsmen and medical technicians to begin using their skills in the civilian world while they complete the training and education requirements for state licensure.

Despite all these successful and innovative efforts, WHA continues to hear from members facing long wait times for licensure, typically from individuals ineligible for one of the various streamlined pathways. In its written testimony, WHA noted the positive relationship it has developed with Wisconsin Department of Safety and Professional Services (DSPS) and its work to get delayed licenses "unstuck." WHA also voiced its support for the Legislature and DSPS continuing to work to improve the process and look at innovative ideas such as a probationary license for Wisconsin residents who newly complete their training and pass their exams, similar to 2021 Act 10.

In addition to WHA, the committee heard from other groups such as the Wisconsin Institute for Law and Liberty, psychologists, social workers, occupational therapists, physical therapists and other health care providers, who all provided their own examples of delays health care professionals in their fields have faced and echoed the need to find innovative methods to expedite licensure for qualified applicants in health care fields.

Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.

DHS to Study Wisconsin's Long-Term Care System

The Wisconsin Department of Health Services (DHS) is planning to engage an independent organization to study Wisconsin's long-term care. DHS recently briefed WHA on the study.

WHA expects a key issue in the study to be the current system's inability to place a substantial number of patients who are ready to be discharged from hospitals but need post-acute care services. WHA will be providing input.

Policymakers must consider how DHS can better target the substantial reimbursement and funding increases nursing homes have received and may receive in the future, which, despite being substantial, did not help to avoid a backlog of hospital patients waiting for a post-acute care placement under current reimbursement methodology.

During the height of the surge, more than 600 patients each day remained in hospitals waiting for a nursing home bed, which was more than one out of every 10 hospital beds occupied by someone who did not need to be in the hospital.

WHA anticipates the study will look beyond and in addition to funding to consider long overdue structural and regulatory reforms that would support improved access to post-acute care for patients and preserve hospital capacity for patients needing hospital care.

WHA President and CEO Eric Borgerding observed that weaknesses in the long-term care system existed prior to the pandemic and continue, affecting access to all levels of care. "We look forward to working with DHS on this crucial examination of the issues," he said.

Buprenorphine X-Waiver Training Webinars

Registration is open for buprenorphine x-waiver training webinars sponsored by the Wisconsin Society of Addiction Medicine and the Wisconsin Department of Health Services. These webinars are part of an effort to expand prescribing of buprenorphine, a medication used to treat opioid use disorder. These courses are open to MDs, DOs, NPs, and PAs. Registration is required. There is no registration fee. The American Society of Addiction Medicine's 4-hour on-demand training course must be completed prior to attending any of the live virtual trainings listed below.

- [Monday, April 25, 2022](#): 12:30 p.m. to 5:00 p.m.
- Monday, June 6, 2022: Time to be announced
- [Friday, June 17, 2022](#): 8:00 a.m. to 12:30 p.m.
- [Friday, August 12, 2022](#): 8:00 a.m. to 12:30 p.m.

Visit the [Wisconsin Society of Addiction Medicine's website](#) for more information on these webinars.

Visit the Wisconsin Department of Health Services' website – [Resources for Professionals](#) – for additional resources for prescribers, including additional information about becoming a buprenorphine waived practitioner to treat opioid use disorder.