

WHA and Members Back in D.C. Pushing for Continued Regulatory Flexibility and Support of Vital Hospital Priorities

The Wisconsin Hospital Association and leaders from hospitals and health systems from across the state traveled to Washington, D.C., to meet with Wisconsin's congressional delegation on April 25.

Those participating included David Hartberg of Vernon Memorial Healthcare, Gordy Lewis of Burnett Medical Center, Tom McCawley of Beloit Health System, Deb Rudquist of Amery Hospital and Clinic, John Russell of Prairie Ridge Health, Mike Schafer of Spooner Health, Carina Marquez-Oberhoffner of Gundersen Health System, Tony Curry of Advocate Health, Brad Wolters and Melissa Breen of Marshfield Clinic Health System, Jeremy Levin of the Rural Wisconsin Health Cooperative, Bill McCollough of Partners of WHA as well as Eric Borgerding and Jon Hoelter of WHA.

Among the main discussion topics WHA advocated for were [continuing the 96-hour rule and nursing home 3-day-stay-rule regulatory flexibilities](#) made possible by the public health emergency (PHE), continued [support of the 340B Prescription Drug Discount Program](#), and concerns about [proposed site-neutral Medicare payments](#).



WHA and health care leaders meet with Sen. Tammy Balwin (center) during their April visit to Washington, D.C.

WHA's group of hospital advocates thanked Wisconsin's congressional delegation members for extending waivers at the end of the last Congress that would allow Medicare to continue covering telehealth and the Hospital at Home program through 2024. While this has been extremely beneficial, WHA members warned the congressional delegation that they will lose access to other important regulatory flexibilities on May 11 if Congress does not act before then.

In particular, Critical Access Hospitals adapted by necessity during COVID by keeping patients they normally would have transferred to a tertiary hospital due to the strained health system capacity. This has allowed them to care for patients closer to home but has also increased their average length of stay over the 96-hour limit. Additionally, the waiver of the Medicare three-day stay rule has allowed hospitals to transfer patients to a nursing home directly from their emergency departments or once they have stabilized—something they will no longer be able to do when the PHE expires May 11.



WHA and health care leaders meet with Rep. Derrick Van Orden (center) during their April visit to Washington, D.C.

"COVID has essentially been a giant pilot program for regulatory relief and reform and has proven in a rapid way how we can make common sense changes to the ways we deliver and staff health care," said WHA President and CEO Eric Borgerding. "While COVID is no longer the threat it once was, the reality is hospitals are still reeling from the altered landscape COVID created. Health care delivery has changed immensely in just three years, let alone the 30 years since these rules were created. "It's time to cut this three-decade-old red tape, and the pandemic proved it can and should be done."

The group of hospital leaders also urged Wisconsin's congressional delegation to keep up its strong support of the 340B prescription drug discount program. They shared examples of how the program allows them to stretch scarce federal resources by maintaining important programs that serve their community, despite such programs running a deficit for their hospital or health system. Unfortunately, PhRMA's actions to deny discounts at community pharmacies hospitals contract with has led to massive price increases for prescription drugs hospitals purchase. WHA's leaders also pushed back against [false claims from PhRMA's new "coalition"](#) that is aiming to further eat away at the program.

Finally, WHA's hospital leaders urged members of Wisconsin's congressional delegation to reject site-neutral payment cuts that were being proposed by the [House Energy & Commerce Committee](#). These proposed cuts fail to recognize that the current payment structure is designed to cover a portion of the higher costs hospitals face for running emergency rooms 24/7/365 as well as the higher regulatory standard hospital-based clinics must meet. Additionally, a recent [study by KNG Health](#) showed that hospital outpatient departments see poorer, sicker patients with much more complex care needs. The proposed cuts would threaten hospitals' ability to provide the safety-net services their communities rely on - particularly given the continued financial challenges hospitals are facing.

"I want to thank everyone who joined us for this very important trip to meet with our federal officials," said Borgerding. "Our health care system continues to face not only challenges in the form of how we provide the care that is desperately needed—but also in terms of misguided policy ideas coming out of Washington. These visits with our lawmakers are critical. They allow them to hear firsthand about the unique challenges our hospitals and health systems face so they can push for federal policies to give us the support we will need to continue delivering some of the best quality and value health care in our nation."

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