

Sen. Dianne Hesselbein Joins WHA's Public Policy Council

WHA staff discuss mental health recommendations, federal advocacy

Ranking Senate Health Committee member Sen. Dianne Hesselbein (D-Middleton) joined the Wisconsin Hospital Association's Public Policy Council during a meeting held on Aug. 30.

Hesselbein heard from members of the council about areas of concern, in particular legislation that would create unnecessary state-level requirements for hospitals to report on payer-specific negotiated rates.

"Our staff have spent many, many hours to comply with existing federal price transparency regulations," said CEO of Spooner Health Mike Schafer. "These federal price regulations are onerous and costly for us to comply with. The idea that now we need even more regulation at the state level—it truly feels like a solution in search of a problem."



Sen. Dianne Hesselbein speaking at WHA's Public Policy Council meeting Aug. 30.

Sen. Hesselbein asked how many sponsors are on the legislation. Less than 20% of the state Legislature signed onto the bill. WHA commented that many hospital members made calls to their elected officials asking them to oppose this unnecessary legislation and every additional lawmaker we talk to is surprised to learn about the information that is already available to patients, which is a sign of the high compliance rate by Wisconsin hospitals federal transparency rules.

Members went on to describe how hospitals are currently assisting patients that are looking to get pricing information or information about the hospital's charity care policies. Hospitals encourage patients to contact hospital financial counselors who will assist patients in pricing information, along with financial assistance programs that they may be eligible for rather than solely relying on online price transparency tools. For instance, a patient that has insurance coverage but makes less than 200% of the federal poverty line is likely eligible for some sort of financial assistance at a Wisconsin hospital.

Additionally, council members discussed the confusion that can be created for patients when they search for prices online rather than first going through their health insurance company. If a patient receives services outside their network because they perceived that it would be less expensive, insurers typically do not apply those costs to patient deductibles, causing the patient to pay even more for their health care. In Wisconsin, 95% percent of patients receiving care in a hospital are covered by a managed care contract.

Aurora Health Care's Director of State Government Relations Andrew Hanus discussed the contrast between what he has observed firsthand between the medical liability environments in Wisconsin compared to Illinois, touting that Wisconsin's current cap on non-economic damages has helped recruit more providers to Wisconsin. "Wisconsin's existing balanced medical liability system is important to protect," said Hanus.

President and CEO of Reedsburg Area Medical Center Bob Van Meeteren echoed these comments. He discussed their recruitment efforts with brand new physicians coming out of residency, particularly those in obstetrics/gynecology and psychiatry to his rural community. "We have shortages in physicians that we've talked about for years," said Van Meeteren. "We've had success recruiting new residents here, in part because of our medical liability system. Physicians can go anywhere in the country, so when we can tell them that we have a system that protects patients without dragging providers through frivolous litigation, it is a deciding factor for these physicians."

WHA Mental Health and Addiction Care Forum Develops Public Policy Recommendations, Lawmakers Asking for New Ideas

In the last two months, WHA has received requests from multiple state lawmakers to put forward ideas that will improve access to mental health care and reform Wisconsin's multi-stakeholder emergency detention system. For more than a decade, WHA's behavioral health forum continues to meet and develop ideas that will reduce regulatory burden, improve care coordination and reduce barriers to access.

WHA's General Counsel and lead mental health policy staff Matthew Stanford first reviewed the accomplishments that WHA has worked on in partnership with a bipartisan group of lawmakers in the last decade. "Some of the most meaningful reforms to our mental health statutes emanated from the work of WHA's mental health forum and WHA's advocacy efforts with the state Legislature," said Stanford. Some of these accomplishments include aligning Wisconsin's mental health records law with federal law, frequently referred to as HIPAA Harmonization, providing liability protections for providers who believe a patient is a danger to themselves or others and advocating for additional investments, like those in the most recent state budget that provided over \$30 million in new Medicaid reimbursement increases for inpatient behavioral health services provided in a general medical-surgical hospital.

During the meeting, Stanford outlined the interwoven roles of various stakeholders within the emergency detention (e.g. Chapter 51) process and how each of these roles impact their perspectives on public policy changes. Stanford also provided a review of reforms that were given to the Department of Health Services earlier this year.

Stanford said that WHA is now pursuing statutory changes that will accomplish some of these reforms, including cutting back on the onerous regulations established for substance use clinics under DHS 75 and also directing the state to pursue an IMD waiver from the federal government for patients on Medicaid fee-for-service.

For additional comments or questions about these recommendations, contact WHA's General Counsel [Matthew Stanford](#).

WHA's Federal Advocacy Focuses on Site-Neutral, 340B Proposals

WHA Vice President of Federal and State Relations Jon Hoelter provided the history of site-neutral proposals that would pay certain hospital outpatient departments the same as if a service is provided in a physician office. Hoelter stated that federal policymakers who propose these policies fail to recognize the added costs associated with delivering services in a regulated hospital setting. Additionally, hospital settings have additional burdens, like caring for anyone who walks through their doors at any time of day, along with treating patients on Medicaid and Medicare when these government programs reimburse hospitals far below the actual cost of care.

Hoelter also described a 2018 letter, led by U.S. Sen. Ron Johnson and signed onto by nearly all members of the Wisconsin Congressional delegation at that time, that expressed concerns with Centers for Medicare & Medicaid Services (CMS) pursuing a site-neutral policy. In the letter, federal lawmakers from Wisconsin recognized that Wisconsin had both high quality and some of the lowest cost per Medicare beneficiary. "We urge CMS to focus its efforts to control costs and reform Medicare's antiquated payment system by rewarding, rather than penalizing, states like Wisconsin that have high marks on quality and value."

Highlighting a recent trip WHA made to Washington, DC to ask lawmakers to oppose site-neutral payments, Hoelter noted that Wisconsin Congresswoman Gwen Moore, who signed the 2018 letter in support of hospitals, questioned the current site-neutral proposals during a July 26 House Ways and Means Committee Markup. Rep. Moore highlighted the fact that hospitals already do not receive adequate payment under Medicare and wondered how these cuts to hospitals would impact those undergoing cancer

treatments, noting that she is a cancer survivor herself who benefited from the treatments these types of hospital settings provide. Moore also joined her colleagues in voting against a proposal that would bring site-neutral payments to drug administration services at off-campus hospital outpatient departments.

In addition to site-neutral payments, Hoelter highlighted the continued advocacy work WHA is doing to protect the 340B prescription drug program. He updated the council on [WHA's response to the Senate request for information on how to strengthen the 340B program](#). Hoelter also provided a preview of an upcoming fly-in to Washington, DC where WHA will be promoting ways for Congress to protect access to rural health care.

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