

## Please Support Continued Regulatory Flexibility

Federal health care regulatory flexibilities have been a lifeline for patients and hospitals by allowing innovations in health care delivery.

With the public health emergency slated to end May 11, Congress must pass legislation creating a glide path that extends vital waivers, for:

- Nursing home 3-day rule
- CAH 96-hour rule

### WHA Ask:

*Please work to extend these key hospital regulatory flexibilities before the public health emergency expires.*

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# Permanent Regulatory Flexibility Needed

## Important Health Care Innovation in Danger of Ending



### Highlights

- With the Biden Administration’s Announcement that the PHE will end on May 11, critical hospital flexibilities are in danger of ending.
- Hospitals greatly appreciate the 2-year extension of Medicare telehealth and Hospital at Home flexibilities – but Congress still has work to do.

### Wisconsin Hospitals Need Your Help to Keep Health Care Innovations from COVID

The Public Health Emergency has essentially been a pilot program for regulatory reform. Many Wisconsinites witnessed the impact of health care innovations made possible by the PHE that took off during COVID, expanding the reach of our health care workforce and helping them provide more convenient care options for patients.

The Biden Administration has announced May 11 for the end date of the Public Health Emergency. Fortunately, Congress has extended some key PHE flexibilities through 2024.


- **Telehealth** – Congress extended the COVID-19 Medicare telehealth flexibilities through the end of 2024. 
- **Acute Care Hospital at Home** – Congress extended waivers that will allow this innovative program to continue through the end of 2024. 

### Without Action by Congress, Other Key Flexibilities are in danger of Expiring


While the worst challenges of COVID-19 are hopefully in the past, Wisconsin hospitals continue to be aided by regulatory flexibilities that are helping them through a very challenging financial environment, a persistent workforce shortage, and a lack of quality post-acute care options that is putting a huge strain on patient capacity.

*WHA needs your help to build support for maintaining two important PHE flexibilities that are currently set to expire.*



- **Nursing home 3-day stay rule waiver** – CMS normally requires patients to have a 3-day hospital stay prior to Medicare covering a nursing home stay. The waiver of this rule has helped hospitals free up space for patients who need hospital care by transitioning patients to a more appropriate care setting in a nursing home sooner. When the PHE ends, this waiver is expected to only be available for hospitals participating in Advanced ACOs. 



- **Critical Access Hospital (CAH) 96-hour rule** – CMS normally requires physicians admitting patients into a CAH to certify the patient is expected to be discharged within 96 hours. The annual average length-of-stay (ALOS) for CAHs must be under 96 hours as well. Many hospitals cannot currently meet this due to very tight health care system capacity. 

*Please work to extend these key hospital regulatory flexibilities before the PHE expires!*