

## WHA Updates Board on Latest State and Federal Advocacy Efforts, 2023 Goals

In his President's Report at the Oct. 26 Board of Directors meeting in Madison, WHA President and CEO Eric Borgerding provided a year-to-date update on WHA's annual goals, pointing out key areas of focus, including advocacy efforts related to workforce and payer issues, the upcoming statewide campaign to address the health care workforce shortage and a progress update on the Wisconsin Hospitals State PAC & Conduit annual fundraising campaign.



WHA's Oct. 26, 2023 Board of Directors meeting.

WHA Vice President of External Affairs Kari Hofer provided an update on the workforce promotion campaign to the board highlighting progress made on the creative development and fundraising, and outlined plans for the next few months, looking ahead to a January 2024 launch. The campaign themed "So Many Options" will seek to get young people (middle and high school-aged individuals) interested in health care careers. The campaign will include digital advertising featuring real Wisconsin health care workers sharing their career journey. Ads will link to a career resource website with information on the variety of health care career options, educational pathways and more.

WHA Vice President of Education and Marketing Leigh Ann Larson shared details on the upcoming 2024 Physician Leadership Development Conference, March 15-16 in Kohler. Larson also reviewed how the conference has evolved over the years in content, attendance and sponsorship. The upcoming conference has an engaging agenda, including a presentation and discussion on Artificial Intelligence in Healthcare. [Registration](#) is now open.

WHA Senior Vice President of Finance and COO Brian Potter walked through 2023 budget and year-end projections. Potter presented the proposed Association budget for 2024, which was then approved by the board.

### **Bylaws Updates**

The Board unanimously approved updates to WHA's bylaws to:

- Extend board of director term limits from up to two terms to up to three terms,
- Extend the term of the past officer director positions by one year to match the terms of other director types,
- Simplify the board structure by moving from six director types to four director types, and
- Address no-longer-applicable provisions such as COVID-related term extensions.

The amendments were the culmination of work throughout 2023 to help ensure WHA's board membership continues to reflect WHA's diverse membership into the future.

## **State Advocacy Update**

WHA Senior Vice President of Government Relations Kyle O'Brien provided an overview of the comprehensive advocacy plan WHA is deploying to stop legislation creating new state-level regulations on top of existing federal price transparency regulations. O'Brien discussed an extensive on-the-ground campaign to engage lawmakers with their district hospitals while providing a hands-on demonstration with member price estimator and transparency tools. Nearly a dozen state lawmakers have already met with their district hospitals, while dozens more have spoken by phone with individual hospital leaders to discuss concerns with this legislation. O'Brien said WHA plans to continue this very effective strategy.

"Every lawmaker we meet with is surprised to see the amount of information that is already available to patients," said O'Brien. "While the other side continues to make claims of noncompliance and 'ignoring the law,' we have been able to effectively counter these false claims by showing lawmakers how we work with patients that want pricing information."

Several WHA Board members testified on Senate Bill 328 before the Senate Health Committee on Oct. 4, along with [WHA President and CEO Eric Borgerding](#) and SVP Finance and COO Brian Potter. Borgerding thanked these board members and the many other hospital and health system staff members who committed time to prepare and [come testify before the Committee](#).

"We know that there are a lot of pressures on you right now with all of the challenges hospitals are trying to manage just to deliver care to patients," said Borgerding. "But your engagement and participation in this process has been critical to our success thus far."

Two board members who testified at the hearing said they were surprised at the amount of misinformation being used by proponents of this legislation to paint an inaccurate picture of hospital compliance with federal regulations. One board member also said that he was surprised to see that nearly everyone that testified in favor of adding more state-level regulations on hospitals came from out-of-state; only two people from Wisconsin businesses testified in support of the bill. Meanwhile WHA's testimony was delivered by a dozen hospital leaders and patient financial counselors who actually work with patients *in Wisconsin*.

O'Brien also said that many of the questions posed by lawmakers on the Committee ([see Oct. 12 edition of \*The Valued Voice for committee hearing coverage\*](#)) during the hearing were centered around the role of insurance companies in assisting patients with pricing information. Even though federal price transparency regulations exist for hospitals, insurance companies and self-funded employers, Senate Bill 328 only applies to hospitals. While lawmakers questioned the need for this bill in the first place when existing federal regulations and enforcement already exists, they were very clear that insurers and self-funded employers should not be exempt from any proposals being considered by state lawmakers.

WHA is working proactively on several pieces of legislation that are making their way through the legislative process. Just last week, two WHA priorities were circulated by lawmakers including one proposal that reforms our state-sponsored graduate medical education expansion grant program, as reported on in last week's [The Valued Voice](#) newsletter.

Additionally, O'Brien updated the board on WHA-led legislation that was circulated on Oct. 27 by a group of Republican lawmakers that would direct the Wisconsin Department of Health Services to pursue a Medicaid waiver to the existing federal IMD exclusion.

Both pieces of legislation are expected to receive committee action, and possibly floor votes, in at least one chamber of the Legislature before the end of the year, said O'Brien.

## **Federal Advocacy Update**

WHA Vice President of Federal and State Relations Jon Hoelter discussed the recent [trip to Washington, D.C.](#) advocating for the protection of existing Health Professional Shortage Areas (HPSAs), reforming funding and regulations for RHCs, and against cuts to site neutral payments.

Hoelter provided an update on where things stand with site-neutral payment policies in Washington, DC. 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.

While the House legislation had been brought to the House floor in September under a suspension calendar that requires the support of two-thirds 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. Hoelter said our message of the adverse impact this would have on hospital operations which could impact care delivery has been well received, but Wisconsin lawmakers have also said the committees are using the savings they would recognize from these site-neutral cuts to pay for other health care priorities like funding community health centers. For this reason, WHA will be keeping up its advocacy efforts and is being especially watchful of any omnibus packages that might attempt to include site-neutral provisions.

Hoelter also provided a brief update on efforts to bolster rural health care. WHA has been urging our congressional delegation to help protect existing [Health Professional Shortage Areas \(HPSAs\)](#) in Wisconsin by asking the Health Resources and Services Administration (HRSA) to continue their pause of withdrawing HPSAs in Wisconsin, given the inordinately high number of HPSAs at risk of being withdrawn. 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. Hoelter also offered that WHA can help connect WHA members to the state Office of Primary Care at the Wisconsin Department of Health Services, which can help hospitals and health systems look into alternative ways to keep HPSA benefits.

As a related issue, WHA is also supporting efforts to [protect rural health clinics](#) (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, it is advocating for the [RHC Burden Reduction Act](#) – legislation that would, among other things, allow behavioral health care to be considered primary care. RHCs must have no more than 51% of their services be primary care, and behavioral health care is treated as a specialty service, which restricts their ability to expand behavioral health care. The legislation would also ease up regulations related to contracting with advanced practice providers and defining the lab services RHCs must offer.

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