

WHA CEO Borgerding Joins Wisconsin Health News Panel to Discuss the Fall Elections' Potential Impact on Health Care

WHA President and CEO Eric Borgerding joined a [Wisconsin Health News panel](#) in Madison earlier this week to discuss the upcoming fall elections and what potential outcomes could mean for health care in Wisconsin. The panel, which also included Sen. Pat Testin (R-Stevens Point), Sen. LaTonya Johnson (D-Milwaukee), John Nygren, executive director of the Wisconsin Association of Health Plans, and Brad Wolters, director of federal government relations for Marshfield Clinic Health System, addressed several critical issues poised to influence the state's health care landscape.



L to R: Sen. LaTonya Johnson, Sen. Pat Testin, Eric Borgerding, John Nygren, Brad Wolters.

One of the primary topics was the future of the Affordable Care Act (ACA). In reference to the Republican Party's 2024 Platform release earlier this week ahead of the Republican National Convention in Milwaukee, Borgerding said, "I think it's notable that the ACA was not mentioned when for years Republicans called for its repeal and replace."

The panelists agreed that under either a Trump or Biden administration, the ACA is not going away, and that renewing the enhanced tax credits used for purchasing insurance in the marketplace, which are set to expire on Dec. 31, 2025, will be an early priority no matter the elections' outcome.

The panel addressed the challenges faced by hospitals and health systems in securing adequate reimbursement for health care services provided. With costs rising and reimbursement rates lagging, there is growing concern about the financial viability of hospitals, especially after the closing of two hospitals in Eau Claire and Chippewa Falls.

"Having hospitals close is serious. Having our health systems take on those additional burdens is serious. These hospitals are 24/7/365 days a year," said Sen. Johnson. "They are our last stop effort when it comes to saving lives, but the fact that so many are operating in the red – it is a concern, and I think not enough is being done," Sen. Johnson added.

Sen. Testin noted the need for health care funding in the state to help improve access for rural residents. He said, "Anything that we can do to get relief from the federal government so it provides flexibility on some of these federal programs that get administered through the state allows us to get creative and work with our stakeholders, both at the state-level and within the private sector to hopefully provide the best results for our patients, which is ultimately the end goal – to ensure that we have healthy communities, healthy people in our state."

Borgerding thanked Sen. Johnson and Sen. Testin for their focus on reimbursement and emphasized the burden placed on hospitals due to challenging payer mix issues, which Borgerding called out as a major contributing factor to Wisconsin's recent hospital closures.

"We often tie Medicaid reimbursement to expanding Medicaid coverage," said Borgerding. "I don't know that those have to always be connected. There are ways to improve payer mix and reimbursement for payer mix that may not rely on one another," Borgerding continued.

In response to an audience question about hospitals losing revenue to ambulatory surgical centers, Borgerding underscored the impact of payer mix on hospital margins and suggested policymakers look at the problem differently.

He said, "Do we change payer mix by putting more people on Medicaid? Or do we improve the impacts of payer mix by improving reimbursement for those patients who a lot of other health care providers simply will not see? That is what is causing a lot of pressure on hospitals right now."

Private equity-backed medical centers contribute to hospital payer mix challenges as they compete for procedures, such as orthopedics, that help hospitals subsidize Medicaid and Medicare losses.

"Anyone who thinks we have a free market in health care where we have health care providers with 70-75% of their customers are reimbursing them 65% of cost, 74% of cost; that has a very perverse and skewing effect on the so-called free market in health care," said Borgerding.

Borgerding called for "leveling the reimbursement playing field" by improving Medicaid reimbursement. "There are ways to do this, and it's something we really hope to take a strong look at next the legislative session," he concluded.

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