PPE REPORT FOR SOUTHERN DISTRICT SPRING 2022 MEETING

Permanent Regulatory Flexibility Needed

The COVID pandemic forced change and resulted in a number of innovations in health care delivery, including telehealth, "Hospital at Home," CAH waivers, and EMTALA waivers.

Telehealth – Telehealth is the delivery of health care services remotely by means of telecommunications technology. Prior to the COVID waivers, Medicare only reimbursed telehealth for patients located in a rural, health professional shortage area who traveled to a health care facility to receive telehealth. The COVID waivers provided the potential of telehealth, which expanded availability of services and led to more convenient care options for patients and practitioners.

Hospital at Home – CMS began a program called the "Acute Hospital Care at Home" program during COVID. It allows patients to receive an inpatient level of care for certain approved services in the comfort of their own home and has been tremendously popular.

EMTALA Waivers – These allow hospitals to offer drive-up testing, vaccination, and labs, providing a more convenient option for patients, while also minimizing exposure of sick people to other hospital patients.

CAH Waivers – Critical Access Hospitals were heavily relied on during COVID. Many had to exceed their CMS-imposed 25-bed limit, and some saw their average length of stay go beyond 96 hours due to the inability to find open beds to transfer patients in need of a higher level of care. CAHs should be able to keep these flexibilities to deal with surges in demand because of COVID, influenza, or other outbreaks.

Without Action by Congress, Patients will Lose Access to these Care Innovations. The Consolidated Appropriations Act, 2022 included a 151-day glide-path after the federal public health emergency expires for Congress to develop a more permanent telehealth policy. Unfortunately, it did not include a similar glide path for any other flexibilities.

Congress recently passed a 151-day "glide path" after the PHE expires for Congress to act on telehealth, but it does not cover these other important programs.

HEALTHCARE WORKFORCE

One of the top three issues facing hospital and health system leadership continues to be a healthcare workforce. As Dr Gottlieb explained during Advocacy Day, the COVID pandemic exposed the fragile nature of our health care system, including an inadequate public health infrastructure to support COVID testing and vaccination, and collapse of the long-term care system. Hospitals and health systems stepped up to fill gaps, often creating their own public testing and vaccination sites, and expanding post-acute care capacity. But every health care worker pulled into one of these roles was one less position supporting patients in need of hospital care.

WHA has made public policies that expand educational resources and better utilize our current healthcare workforce.

**WHA partnered with Wisconsin's two medical schools to advance a new matching-grant program for hospitals and health systems interested in expanding Graduate Medical Education capacity in their community, creating eight new residency programs and providing funding to expand nine existing residency programs – in total, providing residency training opportunities for 151 new physicians in Wisconsin who would have otherwise likely trained in another state.

**WHA also developed proposals providing resources for rural hospitals looking to increase training capacity for advanced practice clinicians and allied health professionals in rural communities.

**WHA provided public policy leadership in areas of regulatory reform related to team-based care.

Considerations are also at the federal level: federal health care loan repayment programs that promote health care careers such as the National Health Service Corp and Nurse Corp programs, or increasing federal regulatory flexibility for hospitals and health care providers so we can do more with the workforce we have.

(Wisconsin's hospitals and health systems are burdened with significant levels of regulatory compliance from federal and state agencies. Recent data has shown that averages size hospitals dedicate 59 full time equivalent positions, a quarter of which are providers like physicians and nurses, to regulatory compliance. The cost of this regulatory compliance is about $1,200 for every patient admission. WHA provides leadership to members and policymakers by identifying regulations that are either duplicative or unnecessary, creating adding more work for health care providers and more cost to patients seeking care in Wisconsin hospitals.)

Reimbursement & Coverage

Two out of three patients receiving care at a Wisconsin hospital are covered by either Medicare or Medicaid (BadgerCare). Both the federal Medicare and state-administered Medicaid programs underfund Wisconsin hospitals, causing a cost-shift onto everyone else who receives care at a hospital. This underfunding and resulting cost-shift has been called a "Hidden Health Care Tax" by Wisconsin businesses. Between Medicare and Medicaid, the government programs underfund Wisconsin hospitals by $3 billion a year – for hospital services alone.

Starting in 2013, Wisconsin lawmakers created and increased funding to the Medicaid Disproportionate Share Hospital (DSH) program, an important hospital supplemental payment that helps offset Medicaid's below-cost reimbursement and helps improve access to care for everyone. In 2017, the legislature also created a similar program called the Rural Critical Care (RCC) supplement program that provides similar assistance to 27 rural Wisconsin hospitals.

ADVOCACY DAY 2022

While addressing almost 1000 virtual attendees at Advocacy Day 2022, Gov. Tony Evers signed two important pieces of bipartisan legislation for Wisconsin hospitals and the patients they serve.

Assembly Bill 960 protects Wisconsin health care workers and their families from threats and acts of violence, the legislation had passed both chambers of the Legislature on a voice vote in early March. Healthcare workers are better protected under this new law.

The second bill signed by Gov. Evers, Assembly Bill 679, permanently enables hospitals to deliver in-patient level care in a patient's home. The legislation was a continuation of current authority provided to hospitals that was to expire without legislative action.