



# Your 2011 Legislative Update & How You Can Have An Impact

*Presented by:* Jennifer Boese,  
VP-External Relations/Member Advocacy  
Wisconsin Hospital Association

*A Valued Voice*

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## *Today's Overview*

- Health reform
- Deficit/debt ceiling negotiations
- State budget
- Making your voice heard

*A Valued Voice*

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## Health Care Reform The Road Divided:

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**Wisconsin Governor: Scott Walker**

- First elected GOP Governor since 1998

**WI State Legislature: 38 new legislators!**

- State Assembly: Republican Majority 60/38/1
- State Senate: Republican Majority 19/14

**U.S. Senate: Democrats control 53\*/47/**

*GOP gains 6 seats*

**U.S. House: Republicans Control 242/193**

*GOP gains 63 seats*

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**Wisconsin Congressional Delegation**



**Republicans (6)**

**Sen. Ron Johnson**

- Rep. Paul Ryan
- Rep. Tom Petri
- Rep. Jim Sensenbrenner

**Rep. Reed Ribble**  
**Rep. Sean Duffy**



**Democrats (4)**

- Sen. Herb Kohl
- Rep. Ron Kind
- Rep. Tammy Baldwin
- Rep. Gwen Moore

*\* Bold denotes newly elected in Nov. 2010*

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**Federal: Wisconsin Congressional Delegation**

- U.S. House Repeals Health Care Reform (245-189)
- *"Full repeal is a critical advancement toward true health care reform...But repeal is not an end - it is a beginning. As chairman of the House Budget Committee, I will work with my colleagues to provide vigorous oversight of this law - and shine a light on its costly consequences."* Cong. Paul Ryan
- *"I truly do believe that the passing of Obamacare is the single greatest assault on our freedom in my lifetime."* Sen. Ron Johnson
- U.S. Senate Repeal Vote Fails (rejected 47-51)
- *"The fight to repeal the patients' rights in the healthcare reform law is behind us. Points have been made, the votes have been counted and like the majority of the American people, the Senate has decide that the law of the land is better than the broken system it replaced."* Sen. Harry Reid

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### Health Reform: In The Courts

- Florida Lawsuit
  - Individual mandate central
  - Half the states, including WI, joined this lawsuit
  - Judge Vinson rules individual mandate violates Commerce clause, cannot be severed, invalidates all of health reform
  - Is under appeal
- Virginia Lawsuits (2 decided differently at district)
  - Individual mandate
  - Both heard by Appeals Court

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### Health Care: Wisconsin Attributes

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### What do we know about WI?

1. Low rate of uninsured (#2 nationally)
2. High levels of physician/hospital integration
3. Levels of HIT adoption
4. Ranked #1 in Nation for quality (AHRQ)
5. Low per capita Medicare spending

**Wisconsin is a high "value" state**

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“If we could make the rest of the nation practice the way that Green Bay does, we would have higher quality and significantly lower costs...”

- Peter Orszag  
then Obama Administration Budget Chief  
06-11-2009

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Affordable Care Act:  
What's in it?

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### 6 Key Reform Themes

1. Expanding Coverage - 32 Million in 2014
2. Financing New Coverage - \$1 Trillion
3. Insurance Reform – dozens of reforms
4. Delivery System Reforms
5. Adequate Access – Infrastructure & Workforce
6. Improving Quality

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## Coverage - Nationally

### 32 Million new individuals covered – 2014

- Estimated 16 million under expanded Medicaid
  - Extends to non-elderly parents, children, childless adults
  - Up to 133% federal poverty level (\$14,404 for individual; \$29,327 for family of 4 in 2009)
- Estimated 16 million under new subsidized insurance exchanges

Total of 94% of legal population will have coverage

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## Coverage – WI Impact

- Wisconsin already has second lowest rate of uninsured, per Doyle Administration
- 98% of WI residents have access to coverage (Doyle Administration)
- BadgerCare programs = appx. 1.1 million individuals
- Estimate: 125,000 of Wisconsinites will be newly covered

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## Coverage

### Health Insurance Exchange (2014)

“Small companies and individuals who don’t have insurance through work will be able to purchase insurance through newly created marketplaces, known as insurance exchanges, created and regulated by states. ... Think of it as an Orbitz or Travelocity for health care plans.”  
- USA Today



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## Coverage

### Health Insurance Exchange (2014)

- Exchanges will be set up by states unless they elect not to, then Feds will provide for Exchange in that state
- For U.S. Citizens, legal immigrants
- Small business with up to 100 employees can purchase through Exchange
- Plans in Exchanges required to offer standard set of benefits (yet to be determined by Feds, then states)

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## Coverage - 2014

- Premium subsidies provided to families incomes 100-400% of FPL (\$29,327-\$88,200 family of 4)
  - Subsidies will be offered on a sliding scale basis and will limit the cost of the premium to between 2% of income for those up to 133% of the poverty level and 9.5 % of income for those between 300-400% of the poverty level
- Cost-sharing subsidies for those with incomes between 100-400% to limit out-of-pocket expenses.

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## Coverage - 2014

### WHA Guiding Principles On Exchanges:

- Continue pluralist insurance marketplace (employer-sponsored, government)
- Exchange governance structure should be politically insulated and publicly accountable
- Focus on cost-effectiveness (not on rate-setting)
- Offer broad access, reward & measure quality
- Make personal responsibility & prudent use of health care services a priority

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## Coverage - 2014

### Wisconsin's Exchange Implementation:

- How will it move forward?
- Wisconsin to receive \$38 million under "Early Innovator" grant → Doyle applied for, Walker accepts
- Walker creates Office of Free Market Health Care, developing an Exchange

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### Individual Insurance Required (mandate) 2014

- Citizens, legal residents required to get minimum health insurance coverage
- Penalty on individuals without insurance, phased in (2014-2016)
- Tax credits available to help offset cost for individuals with:
  - incomes from 133%-400% of FPL; or
  - employer-sponsor premiums exceed 9.5% of income OR benefit is less than 60% of benefit cost

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### Employers (mid-large)

- Not required to offer coverage
- Free Rider "assessment" -- employers with 50+ employees and do not provide coverage, assess a fee for each employee who receives premium tax credit.

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### Employers (small)

- Not required to offer coverage
- Small business subsidies to help them provide coverage if they have:
  - 25 employees or less
  - average annual per-employee wages are less than \$50,000
  - contribute 50% of premium

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### Paying for Coverage - \$1 billion

\$500 billion Medicare cuts over ten years:

- Hospitals (approximately \$155 billion) – market-basket cuts/"productivity" reductions (2010 on), HAI cuts (2011), readmissions cuts (2012)
- Home health – market-basket cuts, productivity cuts, rebase of payments (2010 on)
- Long Term Care/Hospice/Labs – productivity cuts (2010 on)
- Medicare Advantage – reduction of 14% "overpayment" to these plans (2012)

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### Paying for Coverage – WI Impact

Medicare Cuts in Health Reform

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Loss of approx. **\$2.6 billion** for WI hospitals over 10 years

*Payment reductions have already started*

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### Important But Unanswered Questions:

- What will reduced Medicare reimbursements mean for hospitals, physicians, health systems?
- Will the individual mandate be enough to force everyone to buy coverage? Important to have everyone in to reduce risk in pool
- Will employers continue providing coverage?
- What impact will lawsuits have on moving forward?

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### Insurance Reforms 2010

- Creation of high risk pools (June 21, 10)
  - o For individuals with pre-existing condition
  - o Have had no coverage for previous six months
  - o Sunsets 2014 when exchanges start; \$5 billion
- Parent's coverage extends to dependent kids under age 26 (Sept.23, 10)
- No pre-existing exclusion for kids under 19 (Sept. 23, 10)
- Prohibit lifetime benefit limits (Sept. 23, 10)
- Create reinsurance program for early retirees (June 21, 2010)
  - o Ages 55-64 and their families
  - o Pays participating employer-sponsored plans 80% of cost between \$15,000-\$90,000 of benefits
  - o Sunsets 2014 when exchanges start

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### Insurance Reforms 2011, Beyond

- Guarantee issue (Jan. 1, 14)
- Prohibition/pre-existing conditions (Jan. 1, 14)
- Guarantee renewability (Jan. 1, 14)
- Fair premium rating (Jan. 1, 14)
  - o Applies to individual and small group market
  - o Premiums can vary only on 5 factors

**Many questions remain on these provisions as well as what their impact will be.**

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## Delivery System Reforms

- Accountable Care Organizations (2012)
- Value-Based Purchasing (2013)
- Bundling Pilots (2013)
- CMS Center for Innovation (2011)
- Geographic Variation
  - *IOM study, recommendations in 2012*
- Medical Homes Demonstrations (2011)

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### Medicare Shared Savings Accountable Care Organization (ACO) Program

**Effective date:**  
• By January 1, 2012 the Secretary must establish the program

**Impact:**  
• \$4.9 billion in shared savings between ACOs and the Medicare program nationwide over ten years

#### Medicare Shared Savings Program

- Groups of providers and suppliers can apply to be recognized as ACOs
- ACOs must act as the primary care provider for at least 5,000 Medicare fee-for-service beneficiaries and agree to do so for at least three years
- Share in savings achieved for the Medicare program
- Hospitals can take the lead in establishing ACOs
- ACOs may include:
  - group practice arrangements;
  - networks of individual physician practices;
  - partnerships or joint venture arrangements between hospitals and practitioners;
  - other groups of providers and suppliers; and
  - hospitals employing practitioners.

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## Workforce and Access

- Workforce Advisory Committee (2010)
- 10% Medicare bonus payment for primary care (2011-15)
- Medicaid bonus payments for primary care (2013-14)
- *Redistribution* of unused residency slots nationally
- New \$ for FQHC expansion - \$11 Billion (2011)
- Variety of loans/scholarships/grants (2010)

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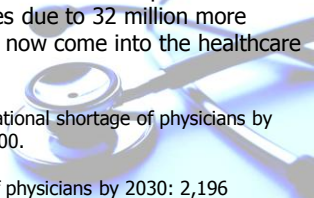
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## Workforce and Access - WI

- All of these provisions are good, but will not nearly be enough to address anticipated healthcare shortages due to 32 million more individuals who will now come into the healthcare system.
  - Analyses put the national shortage of physicians by 2030 of over 150,000.
  - Wisconsin deficit of physicians by 2030: 2,196



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## Quality

- National quality improvement strategy
- Comparative effectiveness research
- Patient safety research center
- Movement towards payment for quality vs. volume
- Hospital Acquired Conditions
- Hospital Readmissions

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## Hospital Acquired Conditions

- HHS required to report to Congress on the current hospital-acquired conditions program (2012)
- Prior to 2015, Secretary of HHS will calculate and share (confidentially) with hospitals their respective hospital-acquired condition rates.
- Starting 2015—Hospitals in top (worst) quartile receive 1% less on Medicare reimbursement (ie: 99%).
- Report on Hospital Compare website after hospitals review and correct information.

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## Hospital Readmissions

- Decreased Medicare payments for PPS hospitals with higher-than-expected readmission rates (2013). CAHs are exempt.
- Based on 30-day readmissions measured for:
  - Heart attack –Heart failure –Pneumonia
- Based inpatient payment for hospitals with actual readmission rates higher than their expected readmission rates will be reduced by an adjusted factor.
- Max reduction will be 1% in 2013, 2% 2014, and 3% by 2015 and beyond.
- Secretary of HHS may expand list to COPD, cardiac and vascular surgical procedures, others (2015).

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## Health Reform Take Aways

- Significant time of uncertainty with health care law, but it is still the law of the land.
- Significant time of change in health care.
- Very different political views on health reform law. Will be an issue in 2012.
- Wisconsin already a leader in providing high health care **value** (ie: high quality, cost efficient care).
- Wisconsin already a leader in expanding coverage
- Wisconsin hospitals, while positioned well for many provisions under health reform, will face continued and increased Medicare/Medicaid payment pressures.

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## Debt Ceiling Deal: What does it do?

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## Deficit Reduction

- Multiple proposals put forth
- Most include hospital Medicare and Medicaid cuts
- Everyone agrees current path unsustainable
- No one agrees on how to address
- Democrats – no cuts to entitlement programs, raise taxes/revenues
- Republicans – no tax increases, Tea Party complication
- Hospitals...aggressive grassroots campaign against cuts

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## Federal Debt Deal

### Phase 1

- Raises debt ceiling by \$900 billion (\$400 billion now; \$500 billion in Sept)
- Enacts cuts of \$917 billion over 10 years through spending caps
- Medicare, Medicaid not cut; defense spending cut (estimates of \$350 billion)

### Phase 2

- Creation of 12-member, bipartisan committee to find \$1.5 trillion by Nov. 23.
  - May include any types cuts (ie: Medicare, Medicaid etc)
- Up/down vote by Congress on committee recommendations (by Dec. 23).
  - Recommendations pass or BBA passes - president may request debt ceiling increase (\$1.5 trillion)
  - Recommendations fail or Congress does not send BBA to states by end of the year, automatic across-the-board spending cuts totaling \$1.2 trillion go into effect and president can request debt ceiling increase \$1.2 trillion.
- Across-the-board cuts:
  - Cuts apply to both mandatory, discretionary spending programs starting 2013
  - Medicaid would not be subject to the cuts
  - Medicare provider payments subject to cuts no more than 2% (2013-2021).
  - Cuts split 50/50 between defense and domestic (starts in 2013)

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## Federal Debt Ceiling and Deficit Reduction Negotiations WHA Launches Full-Scale Grassroots/Media Campaign

- HEAT Action Alert campaign launches
- In-District Meetings with Members of Congress, hospital CEOs
- Multiple CEO letters to editor placed in papers statewide
- Brenton letter to Wisconsin Delegation on debt negotiations
- Wisconsin Hospitals Issue Advocacy Council launches radio campaign in targeted markets
- Inpatient Prospective Payment System rule – Dear Colleague letter

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**• HEAT alert launches**

- 1,000 contacts (emails and phone calls) *and counting...*
- 16% response rate by individual/46% by contact
- Work with hospitals on their individual efforts
- Hospitals direct their advocates to action center
- Provide grassroots toolkit to members (sample letter to editor, issue paper, HEAT alert)
- Send social media resources to members (WHIAC ad, AHA videos)
- Work to engage others into complementary grassroots efforts (nursing home associations, primary care physicians, RWHC, nurses association, others)

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**In-District Meetings: Congress, Hospital CEOs**

Rep. Duffy at Aspirus Wausau (July 1, 2011)  
 Rep. Petri at Agnesian Fond du Lac (July 18)  
 Rep. Duffy at St. Joe's Marshfield (July 22)  
 Rep. Kind at Mayo-Eau Claire (July 29)  
 Sen. Johnson at St. Elizabeth's Appleton (Aug. 9)  
 Rep. Ribble at St. Mary's Green Bay (Aug. 12)





**"Please help me keep our promise to rural hospitals. They cannot afford to sacrifice much more than they already have."**  
 Rep. Duffy letter to Speaker Boehner

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**Arbitrary cuts endanger access to health care**





**CEOs in newspapers statewide**

- Op-eds, letters to editor placed in every district
- Sandy Anderson letter in Baraboo News Republic, ran 7/17
- Mike Wallace letter in Fort Daily Union, ran 7/18
- Joint letter from Brian Kief/Jeff Martin in Marshfield News Herald, ran 7/17
- Joan Coffman letter in Chippewa Herald, ran 7/17
- Duane Erwin letter in Wausau Daily Herald, ran 7/17
- Therese Pandl op-ed in Green Bay Press Gazette, ran 7/18
- Bill Petasnick letter in Milwaukee Journal Sentinel, ran 7/23
- Ken Buser letter in Racine Journal Times, ran 7/25
- Mark Herzog letter in Manitowoc Herald Times, ran 7/28
- Dean Gruner letter in Appleton Post Crescent, ran 7/29
- Letters have led to radio interviews
- Mike Wallace interviewed on WFAW radio station on 7/28

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## State Budget

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## Medicaid and State Budget

### Some quick context ...

- States across the country, facing similar in budget shortfalls, are slashing MA enrollment and provider payments
- In Wisconsin:
  - MA enrollment nearly 1.2 million
  - Projected SFY 12 cost = \$6.9 billion
  - ARRA enhanced MA match disappearing July 1<sup>st</sup>
  - Projected \$1.8 billion MA deficit in 2011-13 biennium

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## 2011-13 Biennial Budget

### **Governor Walker Proposal:**

**Provided \$1.3 billion to backfill \$1.8 billion MA deficit**

***Legislature: added another \$100 million to Medicaid***

**No across-the-board provider payment cuts**

**Result: inpatient and outpatient rates actually increasing**

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## 2011-13 Biennial Budget

**Governor Walker Proposal: Cease hospital MA payments for Medicare "dual eligibles"**

*Legislature: deletes provision but indicates 70% of payments reimbursable through Medicare*

**Governor Walker Proposal: MA reforms (\$200 million GPR savings) approved via "passive review"**

*Legislature: require DHS to report quarterly on MA enrollment, spending and impact of reforms*

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## 2011-13 Biennial Budget

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## Medicaid and State Budget

### **WHA Medicaid Reengineering Group**

**Six meetings (14 hours worth) over two months**

1. Eligibility and Enrollment - Includes cost sharing, private coverage options, improving verification, reducing income limits
2. Pay-for-Performance - Appropriate measures and payment methodology for new P4P in 2012 and 2013
3. Care Coordination - Implementing care management strategies through Medicaid managed care (75% of Medicaid) and in FFS through health homes.
3. Benefit Options

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## Looking Ahead

### Legislature adjourned until Sept. 13 ...

#### - Recalls – general elections on Aug. 9 and Aug. 16

- Aug. 9 – Sens. Kapanke, Hopper, Harsdorf, Cowles, Olsen, Darling
- Aug. 16 – Sens. Holperin, Hansen, Wirch

#### - MA Reform Process

#### - WI Health Insurance Exchange development

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## The Power of Grassroots

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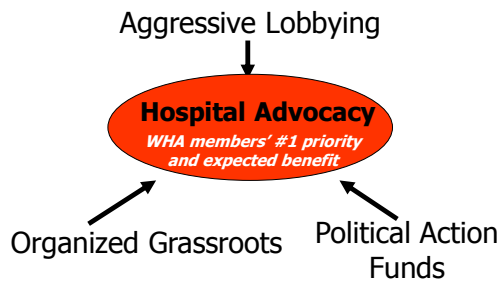
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## "3-Legged Stool"



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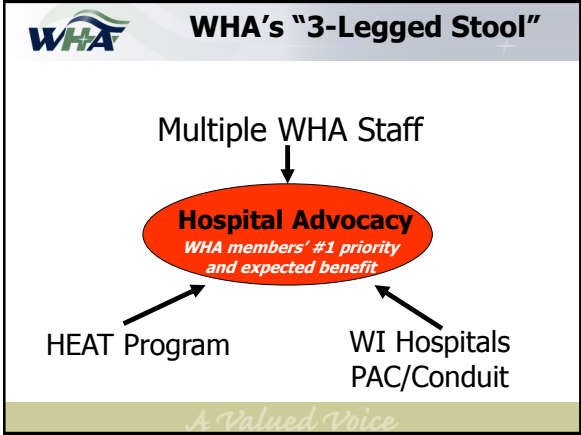
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**Leg 1: Lobbying**

**WHA's lobbyists are on the frontlines every day for your hospital, your patients and your communities on issues like...**

*A Valued Voice*

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- 
- Leg 1: Lobbying**
- WHA focuses on a wide variety of issues for our members:**
- Medicaid**                      **Hospital Financing**
  - Medical Liability**            **Quality and Safety**
  - Tax Exemptions**              **Community Benefits**
  - Healthcare Workforce**      **Transparency**
  - Economic Impact of Hospitals**
  - Electronic Health Records**
- A Valued Voice*

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## Leg 2: Political Action Funds

### Elections Have Consequences.

Through the **Wisconsin Hospitals PAC & Wisconsin Hospitals Conduit** individuals can support candidates for office who understand Wisconsin's hospitals and their communities.

**2011 Goal: \$250,000**

**YTD: \$130,000**

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## Leg 3 - Grassroots (HEAT)



As lobbyists talk with legislators about issues, legislators must also hear the same things from their constituents.

HEAT is how WHA connects hospitals to issues. The program is free.

<http://votervoice.net/groups/wiha>

### Hospitals Education & Advocacy Team

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## Value To YOU

- Timely information on legislation impacting you, your hospital
- Insight into the political dynamics on issues
- Tools to become educated and to speak up:
  - ...*Grassroots Action Center*
  - ...*Capitol Connection newsletter*,
  - ...*HEAT Grassroots Handbook*
  - ...*Invite-only webinars*
- **Opportunity to make a difference!** Join HEAT program (free) <http://www.wha.org/speakUp/heat.aspx>

*A Valued Voice*

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## Why Be Engaged At All?

"We in America do not have government by the majority. We have government by the majority *who participate.*"

Thomas Jefferson

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Statistics show that the vast majority of constituents...

**Always**

**Occasionally**

**Never**

contact their legislators?

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**Never**

*A Valued Voice*

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**Consider The Implication:**

Last session **1,720** bills were introduced in the Wisconsin Legislature.

Legislators deal with thousands of issues, so if your legislators never hear from you, their assumption is that you're okay with those issues.

**Remember, to a legislator,  
silence means everything is okay.**

*A Valued Voice*

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**Insight from the Capitol:**

How does grassroots impact the process?

- Raises issue visibility
- Helps educate legislators
- Provides legislators with a viable (*and supported*) solution
- Can generate significant *bi-partisan* co-sponsorship
- Alleviate concerns
- Solidify support
- Build momentum all the way to final passage

*A Valued Voice*

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**Insight from the Capitol:**

How and why do grassroots affect legislators?

- Visibility creates urgency
- Increased visibility creates increased urgency
- Legislators want to be helpful and part of a solution
- The more contacts they receive, the more urgent the problem, the more helpful 'their' solution can be
- Grassroots supports/reinforces WHA staff in the trenches

*A Valued Voice*

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### If you were a legislator, which would influence you the most?

- Form letter
- Personalized letter
- Email
- Telephone call
- Form postcard
- Faxed letter
- Personal visit
- Petition

*A Valued Voice*

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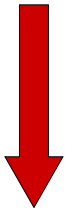
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Most influence



Least influence

- **Personal visit**
- Telephone call
- Personalized letter/fax
- Personalized email
- Form letter
- Form postcard
- Petition

*A Valued Voice*

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### Why?

**Expertise + Trust = *Credibility***

*Amy Showalter*



Now you just need to get to know your legislators, their staff better

- You know hospitals
- You know healthcare
- You know your community
- WHA, HEAT will help you know the issues

*A Valued Voice*

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## Opportunities for Face-To-Face Meetings

- Invite legislators to visit hospital
- CEO-Legislator "shadow days" at hospitals
- In-district listening sessions
- Attend other community events where legislators are
- DC Hill Day
- WHA Advocacy Day

Grassroots All-Star Tip:  
All-stars *actively* look for ways/opportunities to meet with elected officials

*A Valued Voice*

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### Insight from the Capitol:

Personal meetings with legislators are powerful!

- Establish and grow relationships
- Can provide first-hand examples and details of issue impact on the legislator's district!
- Establish trust and credibility
- YOU become the legislators 'go to' resource
- CAH assessment example: In-district meetings

*A Valued Voice*

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## WHA Advocacy Day



750 hospital leaders, employees, trustees and volunteers come to Madison each year for this event and meet with their legislators.

*A Valued Voice*

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**Insight from the Capitol:**

The power of Advocacy Day events

- Legislative Panel
- Governor's Address
- Capitol Visits
- 800 attendees generate serious **Volume!!!**
- Legislators consistently and repeatedly recall the high levels of awareness, interest, and involvement generated by Advocacy Day attendees.
- *"I can't believe the turnout WHA gets at Advocacy Day!"*

*A Valued Voice*

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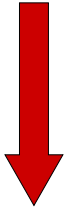
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**Most influence**



**Least influence**

- Personal visit
- Telephone call
- Personalized letter/fax
- Personalized email
- Form letter
- Form postcard
- Petition

*A Valued Voice*

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Several reports done by the Congressional Management Foundation interviewed Congressional staff to gauge views on constituent contacts and to find out what grassroots contacts work best.

**Provide Personal, District Specific Information**

The study showed legislative offices said it was "very helpful" or "helpful" when a constituent provided the reasoning behind their support **(89%)**, the constituent's perspective on how the issue impacts the district **(94%)**, and the constituent's personal story related to the issue **(68%)**.

*A Valued Voice*

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### Use Personalized Messages

Staff also reported their offices responded to **100%** of individualized letters but to only **24%** of form postcards.

*A Valued Voice*

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### Tips on Writing

You are uniquely qualified to provide the healthcare perspective.

Follow these tips to have the most influence in your correspondence.

- ✓ Be clear & concise (1 page letter)
- ✓ Write to your own legislator
- ✓ State that you are a constituent
- ✓ Tell how the issue impacts YOU, your community, your hospital
- ✓ Always personalize your correspondence
- ✓ Never threaten
- ✓ Always include your HOME address

*A Valued Voice*

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The screenshot shows the WHA Wisconsin Hospital Association, Inc. Grassroots Action Center website. It features a navigation menu with 'Home', 'About Us', and 'Resources'. The main content area includes a 'Grassroots Action Center' heading, a note about required fields (marked in red in the original image), and a 'USER PROFILE' section with a 'User Information' form. The form has fields for 'Prefix', 'First Name', 'Last Name', and 'Suffix'. The 'First Name' field contains 'Jenny' and the 'Last Name' field contains 'Boese'.

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*"Human beings want to make a difference somewhere, someplace for someone or something. Health care advocacy is a unique opportunity for those called to serve this higher purpose."*

*St. Joseph's Hospital, Chippewa Falls*

*A Valued Voice*

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