



2021 STATE LEGISLATIVE AGENDA





COVID-19 Pandemic Resources

The number of confirmed COVID-19 cases in the U.S. continues to rise, illustrating the widespread threat still posed by the virus. With over 1.5 million global coronavirus deaths, more than 20,000 of those deaths have been in Illinois, Iowa and Wisconsin. In the Midwest, health care providers and communities continue to face the realities of exhaustion, financial burdens and emotional toll from these complex and challenging conditions.

As one of the nation's largest nonprofit and nondenominational health systems, UnityPoint Health plays an important role in providing safe, reliable and high-quality care. Through a multitude of services from behavioral health, primary and

specialty care in clinics, hospitals, community-based settings and in the home, fighting the COVID-19 pandemic will remain a critical priority in serving communities and the 1.2 million patients the system cares for each year.

UnityPoint Health advocates for and supports efforts that enable health care providers to most effectively respond to the COVID-19 pandemic. This includes flexibilities in both workforce and telehealth, as well as COVID-19 vaccine management and distribution. As the landscape of the COVID-19 pandemic continues to evolve, so too, will the advocacy and policy focus of UnityPoint Health.

POLICY RECOMMENDATIONS:

- Support policies which allows licensure requirements that encourage qualified professionals to practice in multiple locations, specifically in COVID-19 hotspots where workforce shortages are a critical concern.
- Support waivers which permit additional flexibilities and services that allow innovative and safe access to quality care during the COVID-19 pandemic. Endorse an equitable ramp-down period for waivers upon conclusion of the public health emergency.
- Support provider-based input and continued prioritization of the efficient and effective distribution of vaccines, treatments, testing supplies, PPE and other COVID-related equipment.
- Support streamlining COVID-19 pandemic data reporting, including minimizing other reporting duties, to enable resources to focus on direct care.

Workforce Resiliency

Since the onset of the COVID-19 pandemic, the health care workforce has faced significant levels of exhaustion, stress and tragedy, yet remains focused and dedicated to providing exceptional care.

UnityPoint Health embodies a strong culture that values people and their well-being as top priorities. This includes advocating for behavioral health platforms and services that keep the system's health care family nurtured and strong.

POLICY RECOMMENDATIONS:

- Support behavioral health initiatives for health care workers that foster support, personal growth, inclusion and belonging.
- Support solutions that deliver a path of recovery from the mental and physical trauma inflicted by the COVID-19 pandemic.



Telehealth

Telehealth has made a difference for many patients by providing safe access to high-quality care. Since the beginning of the COVID-19 pandemic, telehealth visits at UnityPoint Health have increased by 2,499 percent and include settings such as homes, clinics, hospitals, nursing homes and more. For UnityPoint Clinic, virtual care has demonstrated cost savings by getting patients to the right level of care at the right time. With a 96 percent average patient satisfaction rate, access to telehealth services is evolving from a nicety to a necessity. As a health care delivery tool, telehealth is now an option patients will continue to desire and expect. Telehealth technology maintains the quality of care for patients, makes practicing in urban and rural areas more attractive, and provides added financial sustainability for health systems and the services they provide.

POLICY RECOMMENDATIONS:

- Support policies which allow permanent flexibilities and expansion of telehealth services to ensure continued access to safe and effective care during and after the public health emergency.
- Support legislation that creates broadband infrastructure investment, deployment and innovation to close the gap that disproportionately impacts low-income families and rural residents.





Nurse Staffing Ratio Requirements

There are continued legislative efforts underway to impose nurse-staffing ratio requirements in hospitals throughout Illinois. Legislation was proposed in 2020 that would require mandatory increased nurse-staffing/patient ratios and significant penalties associated with any compliance failures. **Currently, only one other state in the country - California - imposed similar staffing ratios over 20 years ago, and no other states have followed suit.**

The COVID-19 pandemic has shown the need for flexibility in nurse staffing and the necessity for nurses to be allowed flexibility to respond to their ever-changing environments. Illinois hospitals are already required to staff nurses on the basis of acuity, which is a clinically proven and effective model for care delivery and patient satisfaction.

Hospitals need the flexibility to align and deploy resources in the most clinically appropriate manner to meet the unique, diverse and dynamic needs of patients. UnityPoint Health makes informed staffing decisions based on what is in the best interest of patients, nursing staff and the community. A “one-size-fits all” staffing approach inhibits the ability to adapt to patient acuity, diversity of need and a wide-variety of quickly changing patient needs.

UnityPoint Health believes in providing high-quality, patient-centered care by allowing nurses the flexibility they need to do the work they were trained to perform. UnityPoint Health continues to adapt to the changing health care delivery landscape, ensuring that quality care and patient satisfaction remain its highest priorities.

POLICY RECOMMENDATIONS: Strengthen nurse staffing by acuity law.

- Each hospital should create a nursing committee, tasked with producing a hospital-wide staffing plan.
- Provide a mechanism for nurses to report variations from the staffing plan with respect to the assignment of nursing personnel and for a process for such complaints to be reviewed and addressed.
- Prohibit any retaliation for any employee who expresses a concern or complaint regarding a violation of the staffing plan.
- Require the Illinois Department of Public Health (IDPH) to notify a hospital of any complaints regarding an alleged violation and authorize the IDPH to take meaningful action to assure compliance.

Telehealth Parity

At the onset of the COVID-19 pandemic, Illinois Governor J.B. Pritzker issued an executive order expanding access to telehealth services in the state of Illinois in response to his disaster proclamation arising out of the president's COVID-19 Emergency Declaration. Pursuant to the order, the Governor mandated that all health insurance issuers regulated by the Illinois Department of Insurance cover the cost of all telehealth services - including

the use of telehealth to deliver behavioral health services - rendered by in-network providers to deliver any clinically appropriate and medically necessary covered services to health plan members.

The executive order is expected to last for the duration of the COVID-19 pandemic; however, **UnityPoint Health supports making coverage and parity permanent through state legislation.**

LEGISLATIVE REQUEST: Enact telehealth coverage and payment parity legislation.

- Provide full coverage and payment parity with in-person services, in both the Medicaid and private insurance programs in Illinois.
- Ensure that telehealth would be reimbursed at the same rate as in-person care.

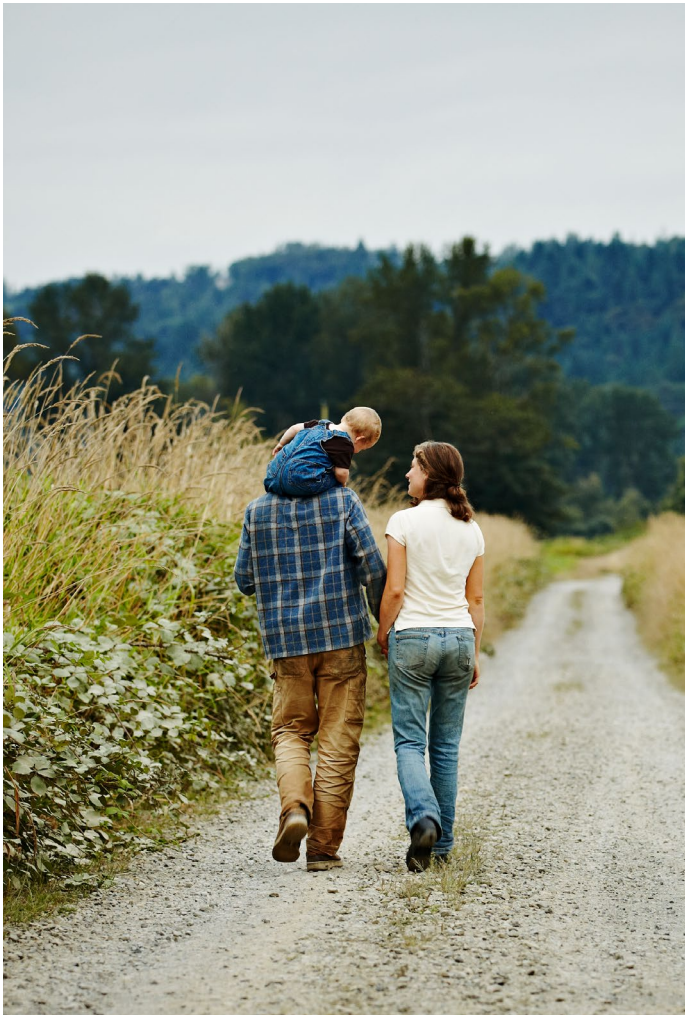
Enhanced Nurse Licensure Compact

Prior to the COVID-19 pandemic, legislation was introduced to allow multistate licensure of both Registered Nurses (RN) and Licensed Practical Nurses (LPN) by a "home state" where they are originally licensed. Governor Pritzker, through an executive order, has allowed the Illinois Department of Financial and Professional Regulation (IDFPR) to provide temporary nurse compact licensure during the duration of the

COVID-19 pandemic, so that nurses can work across state lines to respond to COVID-19 surges. **UnityPoint Health supports legislation that would make the nurse licensure compact permanent in Illinois, joining 31 states that are already compact members, including all states bordering Illinois (except for Indiana, which has pending compact legislation).**

LEGISLATIVE REQUEST: Enact enhanced nurse licensure compact legislation.

- Allow for recognition of an accredited foreign pre-licensure RN or LPN program.
- Require compact nursing participants to successfully complete the national licensing exam, illustrate active/unencumbered licensure, submit an FBI criminal background check and provide evidence of a valid social security number.
- Stipulate that any compact-member state is authorized to revoke, suspend or place on probation the multistate privileges of any nurse licensed under the compact. Other compact-member states shall be promptly notified of any such actions.
- Allow nurses from out-of-state and foreign jurisdictions to continue to apply for single-state licensures.
- Provide a "grandfather" provision for current holders of multistate licensure with various stipulations.



Hospital and Healthcare Transformation

In May 2020, the Illinois General Assembly passed legislation appropriating \$150 million annually, for three fiscal years, to help hospitals transform in underserved areas of the state. The legislation provides that the legislature must pass further legislation to provide for the distribution methodology of the funding, which has not yet occurred. The Illinois Department of Healthcare and Family Services (HFS) has contracted with the University of Illinois-Chicago (UIC) to provide an analysis of health care inequities throughout the

state, as well as to identify the social determinants of health that are leading to vast disparities in health care outcomes and life expectancies throughout the state. This data will be used as a roadmap for the allocation of the hospital transformation funds in the identified communities.

UnityPoint Health supports hospital transformation efforts that seek to ensure equitable support of greater access to care for the state’s most vulnerable populations.

LEGISLATIVE REQUEST: Enact legislation that provides for equitable distribution of hospital transformation funds.

- Hospital transformation should seek to prioritize hospitals and health care systems focusing on the integration of physical and behavioral health outcomes for vulnerable populations.
- Prenatal and delivery service enhancements for mothers in the Medicaid program should be considered as a priority of hospital transformation, investing in vulnerable children populations.
- Telehealth Medicaid rate enhancement and service expansion should be considered as a part of hospital transformation to provide health care access to rural communities.



Behavioral Health

One in five Iowans live with some form of a behavioral health condition. Of those, approximately 130,000 are living with a chronic or other form of Serious Mental Illness (SMI) daily. Additionally, the COVID-19 pandemic has had a devastating impact on the health and well-being of patients, families and front-line health care workers. Beyond its devastating physical effects, the COVID-19 pandemic has unleashed a mental health crisis marked by anxiety, depression, post-traumatic stress disorder and even suicide.

In 2018 and 2019, landmark legislation was passed by the Iowa Legislature and signed into law by Governor Reynolds that achieved significant progress in expanding vital community-based and

crisis services to meet the needs of Iowa adults and children. While these bills are an important achievement in advancing behavioral health care for Iowans, the state and providers remain challenged in serving the comprehensive needs of patients and families dealing with a behavioral health diagnosis. Collaborative efforts between the legislature, providers and payers are vital to allow us to continue to make progress in 2021.

As the largest provider of inpatient, outpatient and community-based behavioral health services in Iowa, UnityPoint Health is dedicated to working with lawmakers, providers and community stakeholders to formulate additional bipartisan solutions to meet the needs of Iowans.

LEGISLATIVE REQUEST: Identify and appropriate adequate, equitable and sustainable funding for adult and children’s behavioral health systems in Iowa.



Certificate of Need (CON)

Iowa is a national leader in providing high-value health care, with recent rankings such as:

- Fourth in the nation for overall ranking and seventh in the nation for access and affordability in the 2020 "Scorecard on State Health System Performance" by The Commonwealth Fund.
- Fourth in the nation in the "Best States for Health Care 2020" by MoneyRates.
- Eighth in the nation for "States with the Best Health Care Systems" in 2020 by WalletHub, based on measures comparing cost, accessibility and outcomes.

These national rankings not only reflect Iowa's providers and their delivery of high-quality care but may be attributed in part to Iowa's CON program. This process requires health care providers and organizations to apply to a Governor-appointed board, who then determines if a community need exists for new or expanded facilities and services or major medical equipment. **Iowa is one of 35 states maintaining effective oversight of health care services through a CON process.**

POLICY RECOMMENDATION: Support the continuation of the CON process as a tested means to ensure that only needed services are developed in Iowa. CON benefits Iowans by ensuring accessible, cost-effective and high-quality care for patients.



Emergency Medical Services (EMS)

EMS is a longstanding system that provides lifesaving care for individuals suffering from injuries due to motor vehicle collisions, natural disasters, physical trauma and violence, and illnesses and emergent medical conditions such as heart attacks, strokes and seizures. The National Association of Emergency Medical Technicians (NAEMT) has reported that, nationally, EMS services respond to 37 million calls for emergency medical assistance each year. **Yet, in contrast to law enforcement and fire protection, EMS does not receive recognition and support as an essential service.**

State statutes implementing EMS as an essential service offer the advantages of ensuring a minimum capability across the state, providing the flexibility to tailor the provision of EMS systems to local circumstances and supporting voluntary improvement and appropriate funding streams over time. **As the largest health care provider in Iowa, UnityPoint Health recognizes the importance of EMS services to patients and communities across the state.** In addition to the EMS services provided by UnityPoint Health urban and suburban-based hospitals, eight of 17 UnityPoint Health Iowa-based Critical Access Hospitals provide lifesaving EMS services, predominately in rural areas of the state.

LEGISLATIVE REQUEST: Enact legislation, such as Iowa Senate File 2283 (88th General Assembly), that would allow counties the flexibility to designate emergency services as an essential service without a special election and end the five-year sunset on such a declaration.



Health Care Workforce and Medical Liability Reform

While Iowa is recognized as one of the nation’s top states for high-quality care, hospitals, clinics and health care organizations across the state continue to face shortages of primary and specialty care physicians and providers essential in meeting the mental and physical health care needs of Iowans. This shortfall is the result of a combination of factors, including the burden of a call schedule, the cost of professional liability insurance and the possibility of having to practice defensive medicine. Increasingly, many physicians and health care providers are choosing to stop practicing medicine,

abandon high-risk parts of their practices or move their practices to other states. Recognizing the importance of attracting and retaining a robust health care workforce, 34 states have enacted medical liability reforms that promote fairness in the civil justice system and support increased access to high-quality care and services.

UnityPoint Health understands that the state’s medical liability system represents a delicate and complicated interplay between insurers, health care providers, lawmakers and patients.

LEGISLATIVE REQUEST: Modify the state’s medical malpractice liability statute to include a reasonable cap on noneconomic damages for medical malpractice liability cases.



Telehealth Payment Parity

Building upon legislation passed by the Iowa Legislature in 2015 that formalized telehealth coverage under Medicaid and expanded in 2018 to include commercial insurance plans, **UnityPoint Health is requesting further modernization of state law to require that telehealth services be reimbursed at the same rate as in-person health**

care services. This modernization would make permanent state and federal COVID-19 flexibilities that support payment parity for health care providers and has expanded access to high-quality health care to Iowans, particularly those living in medically underserved and rural communities.

LEGISLATIVE REQUEST: Support and enact legislative modifications which would apply to contracts between insurers and health care providers in the state after January 1, 2022, including the following:

- Under health plan participation agreements, the plan should be required to reimburse the treating or consulting health care provider for the diagnosis, consultation or treatment of an enrollee or subscriber appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan is responsible for reimbursement for the same service through in-person diagnosis, consultation or treatment. Restrictions based on originating and distance sites should be prohibited.
- Health plans and providers can continue to negotiate reimbursement rates under their participation agreements. However, services that are the same, as determined by the provider's description of the service on the claim, must be reimbursed at the same rate whether provided in-person or through telehealth.
- Health plans should be prohibited from establishing narrow networking for telehealth services, meaning that coverage shall not be limited only to services delivered by select third-party corporate telehealth providers.
- Health plans may charge a deductible, copayment or coinsurance for a health care service delivered through telehealth if it does not exceed the deductible, copayment or coinsurance applicable to a service delivered through an in-person consultation or contact.

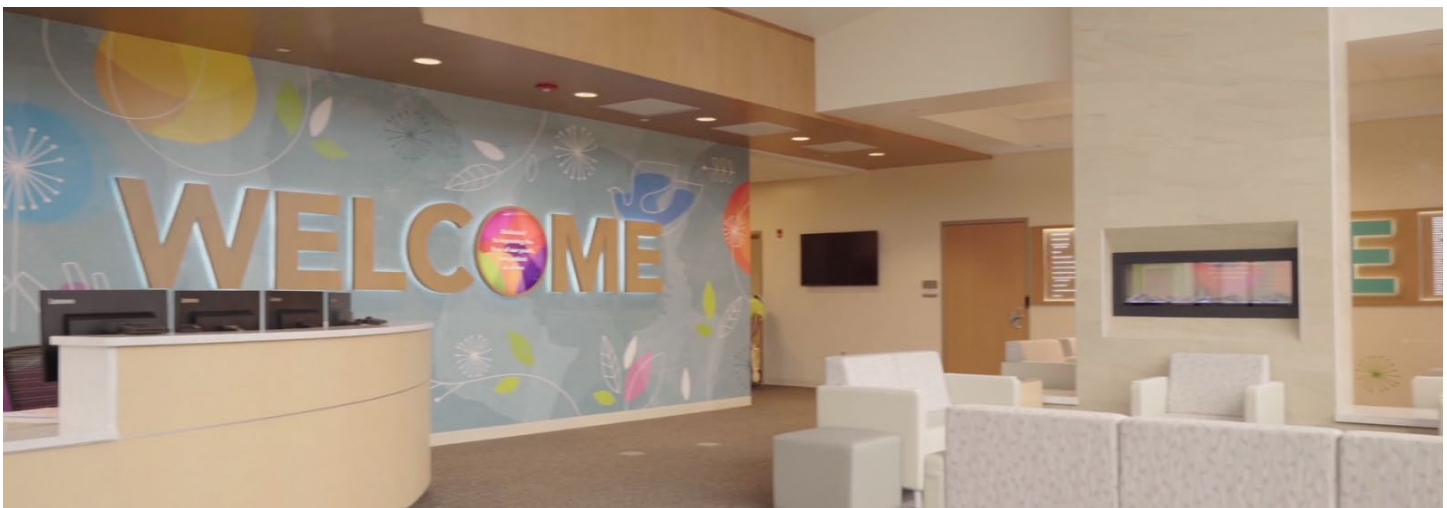


Medicaid Disproportionate Share Hospital (DSH) Funding

BadgerCare Plus provides medical coverage for roughly one in five Wisconsinites. When BadgerCare Plus members receive necessary hospital services, safety-net hospitals are reimbursed at roughly 65 percent of costs. To help close this funding gap, Wisconsin established the Disproportionate Share Hospital (DSH) program, which targets supplemental payments to hospitals that provide a disproportionate share of services to Medicaid and low-income patients.

Historically, **UnityPoint Health - Meriter** has been the recipient of Medicaid DSH funds and is proud to be able to serve all residents within its community. The DSH program is particularly impactful to enable continued services to the community's most vulnerable residents. Crucial community services supported through DHS funding include infant and maternal health, behavioral health and trauma care.

LEGISLATIVE REQUEST: Support appropriations measures to close the Medicaid funding gap for DSH hospitals. This would include increasing the state share of payment, in addition to the federal matching funds, for DSH hospitals, as well as maintaining the current maximum fiscal year cap for a single hospital.



Behavioral Health and Suicide Prevention Resources

There was a 40 percent increase in Wisconsin's suicide rate from 2000 to 2017, which culminated in a record number of suicides in 2017. Suicide was the second leading cause of death among 10- to 19-year-olds from 2013 to 2017. In 2018, 21.2 percent of high school students in Dane County reported having suicide ideations. With recent COVID-19 pandemic isolation and economic downturn, residents may be subject to heightened pressures that negatively impact mental well-being.

UnityPoint Health - Meriter has had a long-standing history of caring for children and youth in need of mental health services. In October 2019, Meriter expanded services in its Child and Adolescent Psychiatry Hospital for youth ages six to 18 with ten additional beds (30 beds in total), as well as

outpatient services. Despite the increased capacity, the demand for services exists now more than ever.

Currently, the COVID-19 pandemic has highlighted the need for a comprehensive system of behavioral health services and support. As a health care provider offering both adult and youth behavioral health services, Meriter supports a proactive and comprehensive approach to target and assist at-risk persons of all ages. **UnityPoint Health - Meriter generally supports the recommendations of the 2019 Speaker's Task Force on Suicide Prevention and was encouraged by the passage of 2019 Wisconsin Act 83 to provide grants to high schools to either establish or support ongoing peer-to-peer suicide prevention programs.**

LEGISLATIVE REQUEST: Enact the remaining Task Force policy recommendations and ensure adequate funding to support timely implementation.



Birth Disparities Elimination

Babies born with low or very low birthweight are more likely than babies of normal weight to have health problems, require specialized medical care in a neonatal intensive care unit and be associated with higher death rates in the first year of life. In Dane County, the percentage of Black low birthweight babies is 12.6 percent - more than double the rate of White, non-Hispanic births. In addition, Wisconsin babies born to Black mothers suffer among the highest rates of infant mortality in the United States.

UnityPoint Health - Meriter supports the goal of the Dane County Health Council partners to eliminate disparities in low birthweight babies born to Black women. Among the interventions which have been shown to improve birth outcomes is the use of community health workers. Community health workers serve as a liaison between health and social services agencies and the community to facilitate access to services and to improve the quality and cultural competence of service delivery.

LEGISLATIVE REQUEST: Support Medicaid reimbursement for community health workers serving targeted communities.


UW Health Relationship

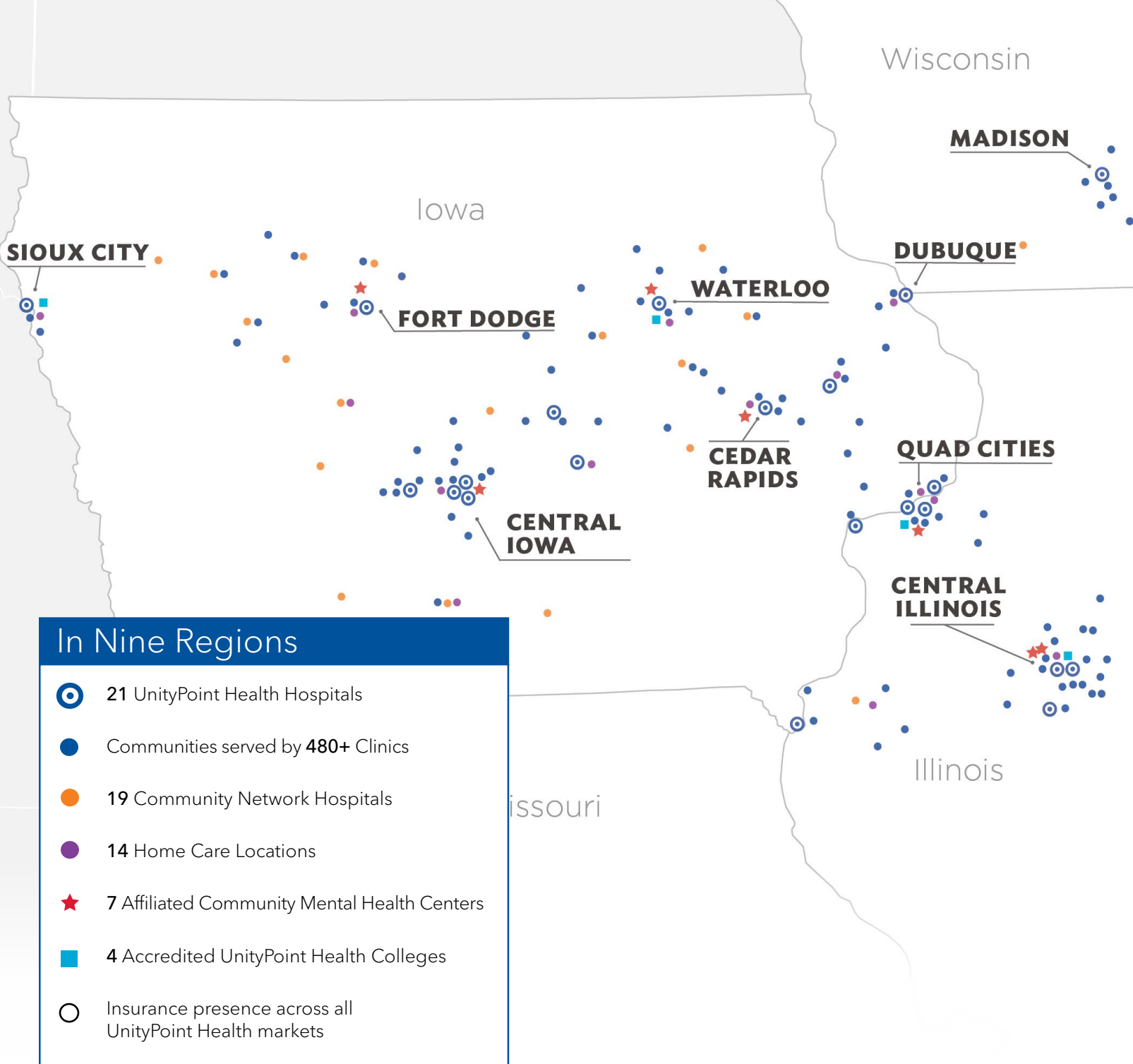
UnityPoint Health - Meriter is a senior affiliate of UnityPoint Health and provides high-quality care to residents in Madison, Dane County and the surrounding communities. Additionally, UnityPoint Health - Meriter has a joint operating agreement with UW Health, the state's largest

academic medical center. While the two remain separate entities, an aligned strategy, finances and clinical operations create a unified system, with a collaborative focus on state issues impacting communities collectively served.



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