



UnityPoint Health



2020 STATE LEGISLATIVE AGENDA





Dear Executive and Legislative Leaders and Community Members,

Thank you for your continued support of UnityPoint Health. Last year, our providers and health care system continued their award-winning work to deliver high quality and accessible care to our patients and consumers in the Heartland. At the same time, our strategic leaders identified and explored national and local health care trends and developed plans to prepare our communities for the transformation of health care over the next decade.

This exploration brought considerable clarity to our 2020 priorities: we must be completely focused on our 1.2 million patients and the needs of our communities throughout Iowa, western Illinois and southern Wisconsin.

From our perspective, we see vibrant urban communities as well as rural communities which serve as the agricultural backbone of our tri-state area. In our agenda this year, we give special focus to our rural communities. We seek to link these communities to urban health care resources in a meaningful and seamless way. For example, we intend to open a rural access center to help connect rural communities to telehealth and obstetrics care. We propose changes to telehealth reimbursement, and support opportunities for rural hospitals to transition their operating model. And you'll see a considerable focus on workforce issues, particularly around how we can collaborate to support the training and development of family practice doctors, to help fill the shortage of obstetrics resources across Iowa.

Most importantly, we know what matters most to our patients. They expect high-quality outcomes and convenient access to care, plus transparency around how much services cost – and we are committed to all three. That's why we are tackling the issue of price transparency. We intend to publish information regarding our pricing in varied formats by the end of the year and ask that insurers do the same. We look forward to playing our part in giving clear and discernable pricing information to our patients and communities. We ask for your help, and the help of all health care stakeholders in doing that.

In 2020, we have one goal in mind: delivering outstanding health care. People in our communities deserve easier, more personal care, and together, we can make that happen.



A stylized, handwritten signature in black ink, appearing to read 'Kevin Vermeer'.

Kevin Vermeer
Chief Executive Officer, UnityPoint Health

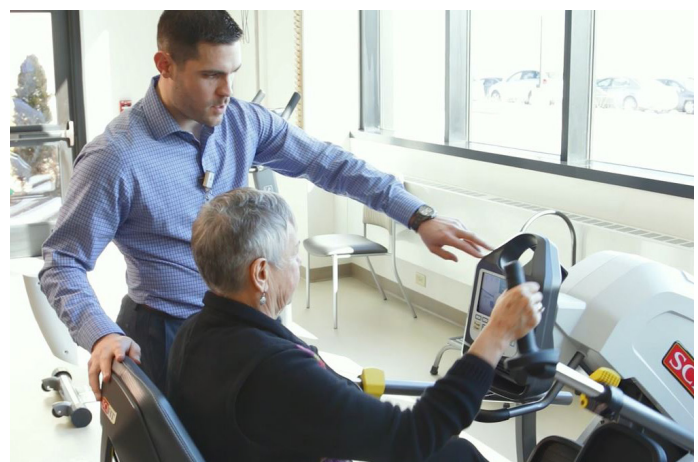
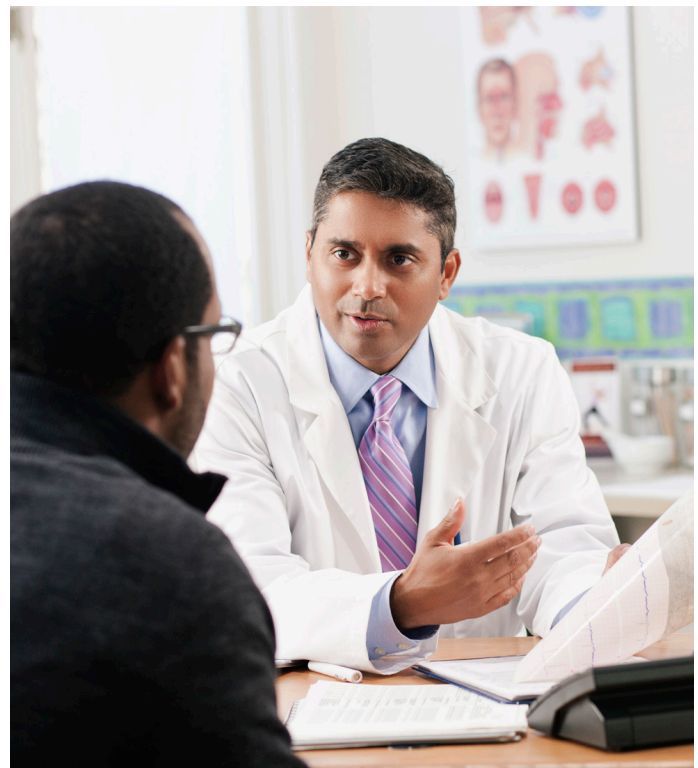
Price Transparency in Health Care

Starting in 2021, a new federal rule requires each hospital operating within the United States to establish and make public a yearly list of the hospital's standard charges – including gross charges, discounted cash prices, payer-specific negotiated charges, and de-identified minimum and maximum negotiated charges – for items and services. Additionally, hospitals must provide pricing information about 300 of the hospital's most common “shoppable services” in a consumer-friendly manner.

UnityPoint Health intends to comply with this rule.

Policy Recommendations:

- Support state-level companion policies that provide patients and consumers with pricing information from health plans and health insurance issuers to further inform their decision-making.
- Support policies that require group health plans and health insurance issuers, in the individual and group markets, to disclose cost-sharing information upon request to a participant, beneficiary, or enrollee, including an estimate of such individual's cost-sharing liability for covered items or services furnished by a health care provider. Furthermore, policies should require health plans and health insurance issuers to disclose in-network provider-negotiated rates, and historical out-of-network rates allowed for a particular policy.





Nurse Staffing Ratio Requirements

There are legislative efforts underway to impose nurse staffing ratio requirements in hospitals throughout Illinois. The proposed legislation would mandate increased nurse/patient ratios and impose significant penalties associated with any compliance failures. **Currently, only one other state – California – has imposed similar mandatory staffing ratios.**

Illinois hospitals are required to staff nurses based on patient acuity, which is a clinically proven, effective model for ultimate care delivery and patient satisfaction.

UnityPoint Health is in the process of modernizing and adapting to the changing health care continuum in order to better serve our communities. In partnership with nurses, hospitals need the flexibility to align and deploy resources in the most clinically-appropriate manner to meet the unique, diverse and dynamic needs of our patients. In doing this, UnityPoint Health makes informed staffing decisions based on what is in the best interest of the patient, the nurse, and the community. A “one-size-fits-all” staffing approach inhibits our ability to adapt to patient acuity, diversity of need, and the 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 our highest priorities.

Policy Recommendations:

Strengthen the 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 a process for such complaints to be reviewed and addressed.
- Prohibit any retaliation for an 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 IDPH to take meaningful action to assure compliance.



Hospital Assessment Program

The Illinois Hospital Assessment Program (HAP) was originally passed in state law in 2003 to help hospitals offset the low cost of Medicaid reimbursement that was causing financial strain on hospitals with significant Medicaid percentages and volumes. Under the Illinois HAP, the State imposes a tax on each hospital in Illinois, then leverages federal Medicaid matching funds and re-distributes those funds back to hospitals after the federal match is applied. The HAP provides significant funds to individual hospitals and health systems based on a variety of factors.

The HAP is codified in an Illinois state statute and through a State Plan Amendment (SPA) with the federal Centers for Medicare & Medicaid Services (CMS). Since its inception, the HAP has had

“sunset clauses” in state law, meaning that it ends on certain dates, so that it must be re-visited/re-authorized by the Illinois General Assembly. Each time the Illinois HAP is revisited, hospitals’ taxes and revenues change, meaning that hospitals and health systems either gain or lose based upon their previous financial positions within the HAP.

The current Illinois HAP sunsets in state law on June 30, 2020 and must be reauthorized by the Illinois General Assembly during the 2020 Spring Session.

UnityPoint Health is partnering with its state legislative delegation to make sure the hospital industry works towards an equitable HAP redesign that ensures access to care for the state’s most vulnerable patients.

Policy Recommendations:

The Illinois HAP redesign must provide equitable distribution that incentivizes hospitals to provide care to the state’s most vulnerable populations in the Medicaid program. The HAP should:

- Ensure hospitals receive increased resources to deal with the increasing volume of behavioral health needs.
- Provide increased resources allocated towards labor and delivery services, as half of Illinois births are paid for under the Medicaid program.
- Ensure that hospitals with high volumes of Medicaid beneficiaries receive adequate distribution, to ensure that health care access for large patient populations are not compromised.



Integrated Health Homes

The proposed Integrated Health Home (IHH) model is a fully integrated form of care coordination for all members of the Illinois Medicaid program. IHHs will coordinate physical, behavioral, and social health care for its members, either as a single entity or through collaborative agreements with multiple entities. Additionally, IHHs will be responsible for care coordination for members, focusing on addressing both the physical and behavioral health needs of patients in the Medicaid program.

Currently, the Illinois Department of Healthcare and Family Services (HFS) is in the process of developing two State Plan Amendments (SPAs) for IHHs to meet the needs of Illinois' diverse Medicaid adult and children populations.

UnityPoint Health continues to serve as a major provider of inpatient, outpatient and community-based behavioral health care services. In addition to the UnityPoint Health – Robert Young Center, a leading Community Mental Health Center (CMHC) in the Quad Cities, in 2019 UnityPoint Health and two CMHCs in the Peoria area, the Human Services Center and the Tazwood Center for Wellness, partnered to form UnityPlace, a new non-profit organization dedicated to meeting the growing behavioral health care needs of the Peoria and Tri-County area.

UnityPoint Health seeks to partner with HFS as it unveils its IHHs. As a leader in behavioral health care, UnityPoint Health and its three Illinois-based CMHCs are uniquely positioned to provide quality care coordination to patients in need of both physical and behavioral health services.

Policy Recommendations:

In establishing IHHs, the State should prioritize existing quality provider networks that have both physical and behavioral health networks already in place:

- The State should provide adequate reimbursement to IHH participants so that true care coordination can take place for the most vulnerable populations.
- Providers should have the opportunity to enter value-based payment models that measure health outcomes.



Medicaid Managed Care

In 2011, the Illinois General Assembly passed a law ensuring that at least 50 percent of Illinois Medicaid recipients – currently, 3.1 million Illinoisans – would transition from a fee-for-service to a managed care model by January 1, 2014. Currently, about 75 percent of Illinois Medicaid recipients are in Medicaid managed care.

Under the Illinois Medicaid managed care model, managed care organizations (MCO) are paid capitated rates to care for Medicaid beneficiaries. The purpose of the transition was to ensure that Medicaid beneficiaries were receiving care coordination, resulting in better health outcomes for vulnerable populations and lower Medicaid

liability for the State of Illinois.

Though well intended, bureaucratic hurdles have hindered the Medicaid managed care program, resulting in large denial rates and cumbersome administrative burdens on hospitals pursuing claims for services rendered to Medicaid beneficiaries.

UnityPoint Health strongly believes in care coordination models that emphasize patient health as the primary focus. UnityPoint Health seeks to work with its legislative delegation to provide further oversight of the managed care program to ensure proper reimbursement is made, and patient access is not compromised.

Policy Recommendations:

The Illinois General Assembly should provide increased statutory Medicaid managed care oversight to ensure hospitals are paid for services rendered to Medicaid beneficiaries.

- HFS should form an official Medicaid Managed Care Oversight Committee, consisting of hospital providers throughout Illinois, to submit policy recommendations and legislative remedies as needed.
- Among other financially-focused duties, the Medicaid Managed Care Oversight Committee should ensure that MCOs are providing the care coordination duties they are paid to perform by the State.



Access to Maternal Health Services for Rural Communities

Since 2000, 34 Iowa hospitals have closed maternity and birthing centers and 48 of Iowa's 99 counties have no county-level access to delivery options.

New and expecting moms living in rural communities face unique challenges throughout their pregnancies and need investment from the State of Iowa to ensure access to high-quality maternal health services.

Legislative Requests:

- A \$2 million annual appropriation for three years is requested to sustain existing Iowa family practice residencies that focus on caring for rural populations.
- A \$1 million annual appropriation for three years is requested to invest in maternal health services located in population epicenters. These funds would specifically build out programming through telehealth infrastructure, provide transportation services from rural communities to maternity and birthing centers for delivery, and support providers' clinical rotations for prenatal care in rural communities. Qualifying maternity and birthing centers may apply for these funds through a new grant application process.

Behavioral Health

One in five Iowans live with some form of a behavioral health condition. Of those, nearly 37,000 are living with a form of Serious Mental Illness (SMI) daily. 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 related 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 will continue to be challenged in serving the needs of patients and families dealing with a behavioral health diagnosis and will need collaborative efforts between the legislature, providers and payers to continue to make progress in 2020.

One of the largest outstanding challenges in this area for Iowa is the inability for health professionals in hospitals and clinics to find long-term placement for patients with a long-term SMI. **As the largest provider of physical health care and inpatient 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 Requests:

- Identify and enact sustainable funding for the adult and children's behavioral health systems to ensure full development and implementation of programs, services and supports passed by the Iowa Legislature in 2018 and 2019.
- Ensure current funding streams provided to the Iowa Mental Health and Disability Services (MHDS) regions are being used efficiently and effectively across all regions, including a primary focus on funding all core and core plus services.

Certificate of Need (CON) Law

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

- 5th in the nation for health care access and affordability on the 2019 "Scorecard on State Health System Performance" by The Commonwealth Fund.
- 8th in the nation in the "Best States for Healthcare in 2019" category by *U.S. News & World Report*.
- 10th in the nation for "States with the Best Health Care Systems" 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 Certificate of Need (CON) process. 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 high-quality, accessible, cost-effective care for patients.

Emergency Medical Services

Emergency Medical Services (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, seven of 17 UnityPoint Health Iowa-based Critical Access Hospitals provide lifesaving EMS services, predominately in rural areas of the state.

Legislative Requests:

- Support and enact legislation such as Iowa House File 558/Iowa Senate File 472 to designate EMS as an essential service under state law, which would ensure communities are provided with appropriate emergent medical attention in the same manner as police and fire protection.
- Enact legislation that would allow individual cities and counties the flexibility to designate emergency services as an essential service for its geographic area, as well as provide funding to pay for these services in their geographic area.





Health Care Data Sharing

UnityPoint Health is committed to the creation of a statewide system that allows for the appropriate sharing of health care data between insurers, providers and the government. This is important to continue to improve the health of Iowa's communities and operate under value-based contracts with payers. To that end, UnityPoint Health is an active participant in a statewide committee established by the current administration, known as the Data Sharing Steering Committee. This ad hoc committee is made up of member representatives from all sectors of the health care industry including the Office of the Governor of Iowa, Iowa Department of Human Services (DHS), Iowa Department of Public Health (IDPH), Iowa Medicaid Enterprise (IME), MercyOne, The Iowa Clinic, UnityPoint Health, University of Iowa Hospitals & Clinics and Wellmark Blue Cross and Blue Shield.

This committee is assessing health care data sharing needs in the state and will be making recommendations to the executive and legislative branches. **Given the evolving formation of integrated delivery systems, Iowa's health care providers need a data source that includes all sectors of health care expenditures.** UnityPoint Health values participation in this group as it creates a unique opportunity for Iowa and key

stakeholders to work on long-term, sustainable and cost-effective solutions for health care data sharing across the state.

Key principles UnityPoint Health supports through this group include:

- Contributors of the data with ethical and legal responsibility to the patients generating the data should be key decision-makers on governance, use and sharing requirements, and the perspectives of patients themselves should be valued.
- Iowa law should not mandate submission of data to third parties who benefit financially from data contributed by providers, and costs to share data should be proportional to the value derived from the data sharing.
- Solutions must comply with privacy laws and protect a provider's proprietary information.
- Solutions should advance care coordination, promote innovations in health care delivery, improve patient outcomes and lower the administrative cost of care. All of these goals benefit from continuous, real-time sharing of information.

UnityPoint Health appreciates the continued work of the Iowa Legislature in supporting this multi-year effort.



Medicaid Managed Care

Following legislation passed by the Iowa Legislature and signed into law in 2015, the majority of Iowa Medicaid recipients – currently 635,000 Iowans – transitioned from a fee-for-service to a managed care model on April 1, 2016. As of July 2019, nearly 92 percent of Iowa Medicaid recipients are in Medicaid managed care.

UnityPoint Health continues to work through the transition of the State of Iowa's Medicaid program, moving from primarily a fee-for-service system to a managed care system. While efforts focus both on communication and advocacy with both managed care organizations (MCOs) and the Iowa DHS, UnityPoint Health continues to support proposals that mandate extensive oversight for the implementation of the Medicaid managed care program. Further, UnityPoint Health encourages the Iowa DHS to exercise its oversight function and implement the uniform process requirements set forth by the Iowa Legislature in 2019.

UnityPoint Health strongly believes in care coordination models that emphasize patient health as the primary focus. UnityPoint Health seeks to work with its legislative delegation to provide further oversight of the managed care program to ensure proper reimbursement is made and patient access is not compromised.

Policy Recommendation:

The Iowa Legislature should provide increased Medicaid managed care oversight to ensure hospitals, primary and specialty care clinics, home care agencies and community-based providers are paid for services rendered to Medicaid beneficiaries.



Sustaining the Health Care Workforce

One of the top health care workforce initiatives of UnityPoint Health in 2020 is maintaining a robust roster of family practice physicians, nurse practitioners and other providers that are trained in obstetrics and gynecology to meet the prenatal, labor and delivery and post-delivery health care needs of Iowa families. As referenced earlier in this agenda, **UnityPoint Health is seeking funding from the State to assist in maintaining existing family practice residency programs. Such support is desperately needed as Iowa is facing a shortage of OB practitioners, which has reached a crisis level.** The American College of Obstetrics and Gynecology (ACOG) underscored this trend with its prediction of a shortage of between 9,000 and 14,000 obstetricians in the United States over the next 20 years.

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 fear of being sued. The fear of catastrophic losses – along with extended statute of limitations and liability premiums that are cost-prohibitive for all but the busiest practice – are reasons some OB/GYNs are opting out of obstetric practice and many medical students are choosing not to enter obstetric practice at all. Further, seventy-seven percent of ACOG fellows have been sued. **UnityPoint Health understands that the state's medical liability system represents a delicate and complicated interplay between insurers, physicians, lawmakers, and patients.**

Legislative Request:

Modify the state's medical malpractice liability statute to include a reasonable cap on non-economic damages for medical malpractice liability cases, without exception.



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.**

Legislative Request:

Support and enact legislative modifications which should apply to contracts between insurers and health care providers in the state after January 1, 2021:

- 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.
- 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.

WISCONSIN PRIORITIES



Prioritizing Resources for Suicide Prevention

The 40 percent increase in Wisconsin's suicide rate from 2010 to 2017 has been widely reported and culminated in a record number of suicides in 2017. In 2018 in Dane County, 21.2 percent of high school students reported having suicide ideations. In response, the Speaker's Task Force on Suicide Prevention was created in 2019. The Task Force released an interim report and policy recommendations. As a health care provider, **UnityPoint Health supports a proactive and comprehensive approach to target and assist at-risk individuals.**

Legislative Request:

Enact the Task Force policy recommendations and assure adequate funding to support timely implementation.



Facilitating Timely Access to Behavioral Health Services

Wisconsin has a behavioral health treatment gap, which represents the difference between residents in need of behavioral health services and those receiving services. In 2017, the Wisconsin Department of Health Services (DHS) estimated this gap to be 54 percent for adults. In 2018 in Dane County, 62.6 percent of high school students who reported depression were not receiving behavioral health services. To increase the number of behavioral health providers and decrease wait time for services, **UnityPoint Health supports the goal of the Dane County Health Council partners to expand the Wisconsin Medicaid provider network.**

Policy Recommendation:

Encourage a more robust provider network for BadgerCare Quartz HMO members to receive timely behavioral health care. UnityPoint Health further recommends the Legislature work with the Dane County Health Council to develop this policy.



Championing Diabetes Care and Prevention

Diabetes prevention strategies target a chronic condition that has been increasing in prevalence and is associated with a significant health burden from its complications. This national epidemic has not escaped Wisconsin. Roughly 9 percent of adult Wisconsinites have diabetes. Nationally, it is estimated that another 33.9 percent of adults have prediabetes, although 22 percent have not received a diagnosis. In Wisconsin, diabetes disproportionately impacts individuals with lower income and education levels, as well as ethnic and racial minorities. The disease burden for diabetes is significant, with average medical expenditures among individuals with diagnosed diabetes about 2.3 times higher than expenditures for individuals without diabetes.

UnityPoint Health supports efforts that target diabetes prevention. In Dane County, the age-adjusted hospitalization rate due to diabetes is 12.8 hospitalizations per 10,000 population. Of particular significance: while the overall age-adjusted death rate due to diabetes (14.2 deaths per 100,000) is lower than state and national averages, the rate for Black residents (37.6 per 100,000) and Hispanic residents (36.7 per 100,000) is significantly higher.

Legislative Request:

Enact Senate Bill 217/Assembly Bill 238 to require the DHS, in consultation with the Department of Employee Trust Funds, to develop and implement a diabetes care and prevention plan to reduce incidence of diabetes, improve diabetic care, and control complications associated with diabetes.

Policy Recommendation:

Assuming DHS is mandated to develop and implement a diabetes care and prevention plan, encourage DHS to:

- Include stakeholder input, particularly patients and providers.
- Include strategies that reduce or eliminate health outcome disparities for racial and ethnic populations.
- Use pre-existing metrics for tracking plan progress, when possible, to reduce the administrative burden on providers and community agencies.

Clarifying Prompt-Pay Discounts

Nationally, hospitals and other health care providers commonly offer patients a discount for cost-sharing obligations paid in a timely way. Discounts are an effective method to encourage patients to pay bills promptly and reduce provider collection costs. In short, prompt-pay discount arrangements benefit both patients and providers. Current Wisconsin law is inconsistent with federal law and creates confusion regarding when health care providers may offer prompt-pay discounts. **UnityPoint Health supports advocacy efforts by UW Health and the Wisconsin Hospital Association to align Wisconsin law to federal requirements.**

Policy Recommendation:

Consider a legislative solution to clarify state law authorizing prompt-pay discounts and eliminate potential inconsistencies between state and federal law.

Eliminating Birth Disparities

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 12.5 percent – more than double the rate of White, non-Hispanic births. In addition, Wisconsin babies born to Black mothers suffer the highest rates of infant mortality in the U.S.

UnityPoint Health 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 doulas. Doulas are trained non-medical companions who support the mother during pregnancy and childbirth.

Legislative Request:

Develop a doula reimbursement pilot program in targeted communities and establish accompanying doula training grants.



Promoting Access to Quality Health Care Services

As knowledge of genetics and genomics has rapidly expanded in recent years, patients and health care providers turn to genetic counselors to translate genetic data and understand the implications of genetic testing results. At UnityPoint Health – Meriter, four genetic counselors in the Center for Perinatal Care support approximately 2,100 families annually as they navigate the complexities of prenatal testing and diagnosis. These counselors are among the more than 100 genetic counselors in Wisconsin certified by the American Board of Genetic Counseling, holding advanced degrees and having relevant clinical experience.

Currently, 22 states have licensure laws for genetic counselors. Wisconsin has no legal standard for who may use the title of genetic counselor. **UnityPoint Health supports licensure for genetic counselors to ensure providers of genetic counseling services have appropriate training and credentials, so individuals receive proper information and care.**

Legislative Request:

Enact Senate Bill 620/Assembly Bill 686 to establish state licensure for genetic counselors.



Embedding Licensure Flexibility

UnityPoint Health supports licensure requirements that encourage qualified professionals to practice in **Wisconsin**. Just last year, Wisconsin permanently adopted the Interstate Medical Licensure Compact. Since its initial enactment, more than 400 physicians have used this streamlined process to benefit Wisconsin patients. Similarly, the Physical Therapy Licensure Compact would further promote access to quality health care services. This compact has been legislatively approved in 26 states, with 16 states already actively issuing and accepting compact privileges.

Legislative Request:

Enact Senate Bill 390/Assembly Bill 438 to ratify the Physical Therapy Licensure Compact.

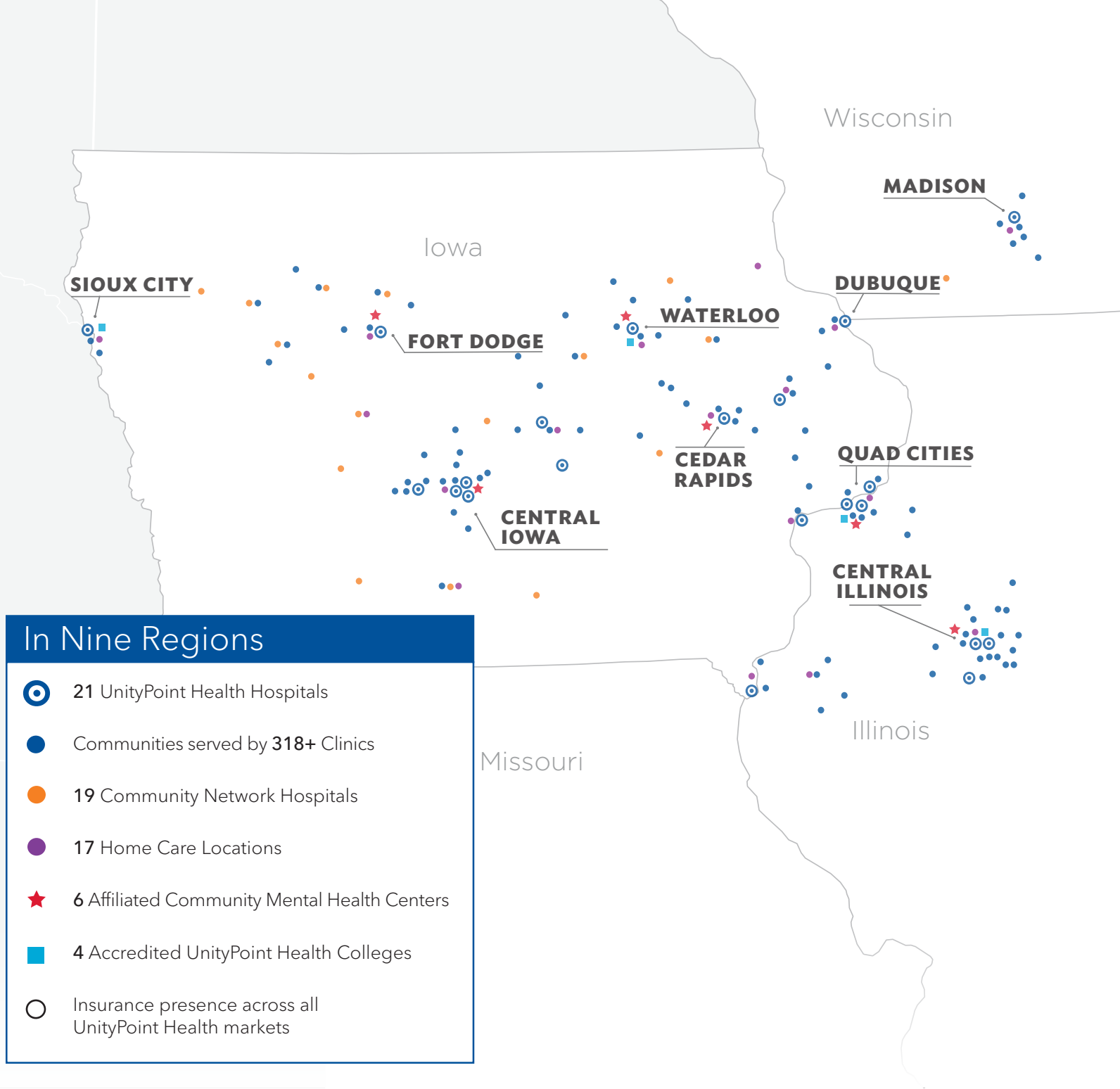
Promoting Top of Licensure Practice

The Wisconsin Hospital Association has reported that the state needs 100 new physicians a year. Enabling other health care professionals to perform duties at top of licensure permits more efficient use of our physicians. To promote access to health care services and care coordination, **UnityPoint Health supports team-based care and facilitating health care professionals performing at the highest level of their license.** Emergency Medical Services (EMS) and advanced directives exemplify areas that could benefit from a broader, team-based approach.

Legislative Requests:

- Enact Senate Bill 434/Assembly Bill 427 to add conditions under which an emergency medical services practitioner may act – upon delegation by a health care provider – without violating the scope of the EMS practitioner's license.
- Enact Senate Bill 254/Assembly Bill 287 to authorize physician assistants and advanced practice registered nurses to participate in certifications for advance directives and findings of incapacity related to powers of attorney for health care.





For more information, contact:



Sabra Rosener, JD
Vice President,
Government & External Affairs

(515) 205-1206
sabra.rosener@unitypoint.org



UnityPoint Health

1776 West Lakes Parkway, Suite 400
West Des Moines, IA 50266

unitypoint.org/govaffairs