**ACT NOW:** *Ask your state legislators to sign onto a bill revising DHS 133— (Legislative Reference Bureau) LRB-5046 and LRB-2570*

State Senator Joan Ballweg and State Representative Donna Rozar are circulating legislation, Co-Sponsorship of LRB-5046 and LRB-2570, relating to modifying administrative rules related to home health agencies which makes modest but impactful updates to DHS 133. The bill was brought to Sen. Ballweg and Rep. Rozar by WiAHC following a series of member-led workgroup meetings to propose revisions to DHS 133, the state administrative rule chapter regulation home health agencies.

**BACKGROUND:**

The bill brings some of Wisconsin’s administrative rules in line with federal regulations and continues an emergency regulatory allowance made by DHS during the COVID-19 pandemic, as follows:

**Updates to Match Federal Code**

1. **Eliminate DHS 133.05 (2) regarding Professional Advisory Bodies in its entirety.**
	* LRB-5046 and LRB-2570 brings Wisconsin in line with recent federal updates to eliminate the Professional Advisory Body but maintain the Governing Body.
	* Current administrative rule requires each home health agency to establish a Professional Advisory Body, which is required to annually review and make recommendations concerning an agency’s operations.
	* Home health agencies also have a Governing Body, as required in DHS 133.05 (1), which governs operations.
	* Professional Advisory Bodies are redundant and unnecessary, which is why there were eliminated at the federal level.
2. **Allow for 120 hours to develop a plan of care under DHS 133.20 (1)**
	* LRB-5046 and LRB-2570 allows Wisconsin’s home health agencies to streamline the administrative work needed for home health agencies to admit new patients by adhering to one timeline of 120 hours.
	* Federal law allows 120 hours for home health agencies to develop a plan of care in order for agencies to meet additional federal admittance requirements.
	* State rules require agencies to develop plans of care in 72 hours.
	* 120 hours provides home health agencies and other health care providers necessary time to develop comprehensive plans of care.

**Maintain regulatory allowance made for COVID-19**

1. **Allow supervisory visits required under DHS 133.18 to be done in person or via telehealth.**
	* LRB-5046 and LRB-2570 allows supervisory to continue to be provided in person or by telehealth, as first allowed by DHS during the pandemic.
	* Supervisory visits are required no less than every two weeks during a patient’s term of care to ensure a plan of care being properly administered.
	* Registered nurses are able to perform more supervisory visits in a day by cutting down on travel time between homes. This is especially helpful in rural areas.
	* Supervisory visits are not the same as routine plan of care visits, which are provided in person. LRB-5046 and LRB-2570 does not change that.

**WHAT YOU CAN DO TO HELP:**

The bill is currently circulating for Cosponsorship, meaning legislators can sign onto the bill prior to its official introduction in the legislature. A large, bipartisan list of cosponsors can aid in the bill’s chance of success in passing and becoming law. E-mail or call your state legislators today and ask them to cosponsor LRB-5046 and LRB-2570 utilizing the above talking points By November 1. Be sure to explain how these changes will positively impact your agency and patients.

If you don’t know who your state legislators are, or do not have their contact information, simply [CLICK HERE](http://maps.legis.wisconsin.gov/?single=y&lat=&lon=&address=) and type your home address in the upper right corner text box. Remember to contact both your state senator and state representative.

If you have any questions on this WiAHC *Advocacy Action Alert* request or would like additional information on the issue, please contact WiAHC at tim@hovenconsulting.com or 414-305-2011.