



TODD NOVAK

STATE REPRESENTATIVE • 51ST ASSEMBLY DISTRICT

(608) 266-7502
Toll-Free: (888) 534-0051
Rep.Novak@legis.wi.gov

P.O. Box 8953
Madison, WI 53708-8953

DATE: Thursday, June 10th, 2021

RE: Testimony on Assembly Bill 390

TO: The Assembly Committee on State Affairs

FROM: State Representative Todd Novak

Thank you, Chairman Swearingen, and members of the Assembly Committee on State Affairs for holding this public hearing on Assembly Bill 390 (AB390), which directs the Governor to provide grants from the federal American Rescue Plan Act (ARPA) to the Memorial Hospital of Lafayette County in Darlington, for emergency medical services across the state, and for the city of Reedsburg community center.

In an earlier proposal put forward by the Governor a series of funding opportunities were identified. Under the Governor's proposal those projects would have been paid for using state tax dollars that were available as a result of increased federal funding. Under AB390 the Governor would instead be directed to use federal funds available through ARPA. The nonpartisan Legislative Fiscal Bureau estimates that approximately \$750 million of the first ARPA tranche and the full amount of the second ARPA tranche remains unallocated.

The Memorial Hospital of Lafayette County (MHLC) in Darlington was built nearly 70 years ago. Its current infrastructure is aging and in some instances failing. Specifically, the HVAC system, boiler, electrical systems, and the roof are all examples of items that need to be updated. Over the years the building has been renovated with the most recent expansion occurring in 2014. At this point in time a replacement facility is being discussed as the best path forward to address the health needs of the surrounding communities.

The United States Treasury Department has released guidance related to the use of Coronavirus State and Local Fiscal Recovery Funds. Support for public health expenditures and addressing the negative economic impacts caused by the public health emergency were listed as categories for the allowable use of funds. Specific references included support for vulnerable populations to access medical or public health services, supporting the public response through the enhancement of healthcare capacity, capital investments in public facilities, and providing for ventilation improvements in key settings like healthcare facilities. Industries suffering negative economic impacts from the pandemic are also specifically referenced.

Rural communities are often considered to be vulnerable health populations because of their proximity to care along with other factors. MHLC notes that closing their facility would result in an even higher risk to individuals in the area suffering negative health outcomes. Updating the hospital's capacity would have significant benefits. The U.S. Centers for Disease Control and Prevention (CDC) states that the spread of COVID-19 occurs by the transmission of viral droplets. Their guidance instructs individuals to avoid poorly ventilated indoor spaces. The building's HVAC system has specifically been cited by MHLC as an area needing improvement. Finally, many hospitals suffered negative economic impacts during the

pandemic when they had to cease elective medical procedures and focus solely on responding to the public health emergency. It's clear that funds available through ARPA would go a long way toward improving conditions at MHLC.

This legislative proposal also provides an additional \$11 million through the existing Funding Assistance Program (FAP) funding formula that would significantly bolster government support for our emergency medical services. This money would be able to be used for a variety of expenses, including medical equipment and tools, safety devices, radios, and classroom training aids. Our first responders have been invaluable throughout this pandemic. This funding increase should help them respond to the negative economic impacts from the pandemic.

Finally, this proposal provides the city of Reedsburg community center with a \$400,000 grant that will help modernize their HVAC system, restrooms, and provide for additional upgrades. The community center will be available for a variety of public programming following the upgrades.

The federal government has provided substantial flexibility to jurisdictions in order to meet local needs. This committee has an opportunity to advance projects that will benefit areas hardest-hit by the crisis. The hospital in Darlington will positively benefit communities in southwest Wisconsin, the funding for emergency medical services will benefit communities across the entire state, and the funding for the community center in Reedsburg will provide for much needed updates.

Thank you for your consideration of AB390.



June 9, 2021

The Honorable Todd Novak
State Representative — 51st Assembly District
310 North - PO Box 8953
Madison, WI 53708-8952

Dear Representative Novak.

On behalf of Memorial Hospital of Lafayette County, I want to express my thanks to you, Representatives Kurtz and Tranel, for co-sponsoring and introducing 2021 Assembly Bill 390, which, if passed, will direct Governor Tony Evers to award several grants from moneys the governor accepts from the federal government pursuant to the federal American Rescue Plan Act of 2021.

As written, Bill 390 would direct the governor to award a \$4,000,000 grant to Memorial Hospital of Lafayette County (MHLC), the state's only remaining county-owned, Critical Access Hospital, for a replacement facility planning expansion and construction. In addition, Bill 390 directs the governor to award \$5,500,000 in grants in fiscal year 2021-22 and another \$5,500,000 in grants in fiscal year 2022-23 to support emergency medical services, which will significantly and positively impact Lafayette County's newly formed and critically important EMS department.

MHLC has been serving the residents of Lafayette County since 1952. The current facility exists today because of the Hospital Survey and Construction Act enacted on July 13, 1946, commonly known as the Hill-Burton Act. The original section of our facility was built in 1952. The facility underwent renovations and expansions in 1983, 1993, 1997, 2003, and 2014. The fact remains that MHLC was constructed to accommodate healthcare during a different era. The infrastructure, everything from our HVAC system to our boiler, electrical systems, our roof, for example, are aged and, in some cases, failing.

Although our inpatient rooms are private, we can only provide one bathroom per two rooms, which is not ideal for any patient at any time and certainly not during a pandemic. For those patients hospitalized requiring therapy in their room, space is limiting on many fronts. Our nursing staff and the care they provide are excellent; their stations, however, are inefficient compared to today's highest standards for nursing, infection prevention, and patient safety.

As the COVID-19 pandemic has taught us all, every hospital must be prepared to provide life-saving care, and our emergency department is always ready, and they are second to none. At the same time, the MHLC ER is another primary consideration for our decision to bring a comprehensive and responsible hospital replacement plan forward.

In addition to our failing and vulnerable physical plant, technology has changed dramatically over the decades. From year to year, we must always ensure that we stay in step with healthcare innovation to advance privacy and safety. There was no way for our founders to foresee what is required today where health care technology is concerned. It's not a luxury; it's necessary.

The MHLC staff find many ways to work around the facility's deficiencies, including lack of storage, break rooms, and workstations. Our current footprint cannot appropriately accommodate these vital and proper advancements for patient care and protecting our staff.

Before COVID-19, MHLC underwent a comprehensive facility study which revealed what we knew and confirmed, and that being large portions of the facility are now in "poor" or "fair" condition. It must be noted the state of the facility is related directly to its age and not a lack of maintenance.

Already challenged to expand services due to our health facility infrastructure issues, COVID-19 exacerbated our situation several ways. Simply put, the design of our building made keeping infectious and clean patients separated nearly impossible. Other difficulties that will be addressed by constructing a replacement hospital include infection control and building security, including:

- Personal Protective Equipment (PPE) must be worn by all staff members who enter a patient's room with an infectious condition. At MHLC, our staff must put on and take off their PPE in public access hallways just outside patient rooms.
- A designated, safe, and monitored area will be provided for staff donning and doffing PPE in a newly designed hospital.
- MHLC does not have a single negative pressure inpatient room, an essential component of infectious disease management. A replacement facility will allow us to design inpatient rooms to accommodate this critically important feature.
- Our current footprint only has space for one nurses' station, making it extraordinarily difficult for nurses assigned to care for infectious patients, separating themselves from those caring for non-infectious patients. Additionally, the location of the nurses' station is furthest away from inpatient rooms reserved for contagious patients. As a result, nurses cannot monitor or observe infectious patients from outside their rooms, increasing staff exposure to COVID. With a new design that meets today's inpatient standards, stations will be located closer to patient rooms. There will be more than one to service every inpatient room and improve workflow, efficiency, and, most importantly, safety for our staff and patients.
- MHLC does not have the technology infrastructure that permits us to adjust a patient's IV therapies remotely, which is another critical factor that helps decrease staff exposure. Plans for the replacement facility include this vital technology infrastructure upgrade.
- MHLC was instrumental in providing our community with COVID-19 vaccinations. In our current facility, we did not have a large enough area to administer vaccinations without disrupting operations in other patient care areas. Our replacement facility plans include bringing our Darlington Primary Care clinic to the campus, affording us the space to meet our patients' current and future needs.
- COVID-19 mandated that we accommodate critical public health guidelines, including physical distancing in every area open to the public, patients, and families. Our inadequate and small spaces, including our cafeteria, operations offices, and waiting rooms, made physical distancing problematic. Patients were instructed to stay in their cars until they could safely enter our facilities, a difficult challenge during Wisconsin's winter weather. Preliminary space planning of the replacement facility would remedy these conditions.
- MHLC performs hundreds of surgeries each year. With only one operating room (OR), our surgeons, staff, and patients faced undue risk should a surgical patient test positive for COVID-19. Increasing the number of ORs will eliminate the risk of having only OR out of commission due to infection risk.

- At the start of the pandemic and until recently, MHLC had to keep the hospital building and clinic on lockdown to limit access to the public for their safety and well-being and protect vaccine supplies. These extreme measures required significant increases in staffing hours and stress for those responsible for ensuring they could meet all necessary safety and security measures. MHLC is a 24/7/365 operation. Without a pandemic, our inefficiencies and facility challenges add stress to our caregivers. During this pandemic, our facility issues have taken an incalculable toll on them. Thankfully, our staff is resilient—our reality is that our facility is not.

The above information represents only a sampling of the vulnerabilities and risks that MHLC encountered during this ongoing pandemic.

While we understand that a replacement facility will not prevent a global health crisis from impacting our community, we know with certainty that it will help to ensure we are wholly equipped and prepared to respond, and that the facility challenges we face today will not follow us into our future.

The funding provision in Bill 390 will help us deliver on our promise to provide exceptional patient care in an environment that is safe for our physicians, nurses, and all those who provide direct and indirect patient care. The provision for emergency medical services will also provide us with a much-needed infusion of financial support for our first, county-owned EMS department, which directly responds to Lafayette County on the verge of losing this service altogether. This service is ready to go live on July 1, 2021.

Lastly, I thank you for hearing the testimony of Molly Weigel, COO, regarding the economic impact MHLC has on the county, including higher-paying jobs, and from Dr. Martin Cleary. Dr. Cleary is a highly regarded physician who recently received a Rural Ambassador Award and will share with members of the Assembly how critically important he and MHLC medical staff members believe a replacement hospital to be for the future of our community.

Again, I sincerely thank each of you for taking the time to consider how Bill 390 will significantly and positively impact the future of Memorial Hospital of Lafayette County, as well as the nearly 150 employees whom we feel blessed to have working on behalf of over 16,600 residents.

With gratitude,



Kathy Kuepers, RN
Chief Executive Officer
Memorial Hospital of Lafayette County