



CODY HORLACHER

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P.O. Box 8952
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Date: January 28th, 2015

To: Assembly Committee on Colleges and Universities

From: Representative Cody Horlacher

Re: Assembly Bill 625-the 2015-17 Authorized State Building Program, providing a grant for the construction of a medical school campus in the city of Jefferson, granting bonding authority, and making appropriations.

Chairman Murphy and Committee Members,

Thank you for holding a public hearing on AB 625, creating an Osteopathic Medical College in the State of Wisconsin. This is a big idea, this affects healthcare, education, and the economy. This would be the first new medical school in Wisconsin in over 100 years. The College would be built in Jefferson, WI after many months of collaboration between the city, county, and community. This project is funded first with remaining Building Project funds and any remaining balance needed would be secured through the state bonding process. This unique private-public partnership is built on an unprecedented 3 to 1 match with private donations required before the state provides any funding. The focus behind this has been to create competition in the marketplace, reexamine the model for educating medical students, and to educate Wisconsin students who can return to the communities they grew up in to raise their families.

In talking with many of my colleagues in both houses we identified various reasons why this effort is critical to folks representing the entire state. Sen. Tom Tiffany let me know that constituents of the 12th Senate District are in need of primary care doctors. Those in Northern Wisconsin especially recognize the dire need for primary care and he supports this bill as a step toward addressing the needs of the people of his district. Creating opportunities for students to study in a field that focuses on primary care is important for all residents of Wisconsin and those in rural areas are especially in need of these vital resources.

It is important to note that this location is uniquely situated to allow for economic growth throughout the region and the state. We look for projects like this one to help not only the local economy but grow the state. This college will be an economic driver, creating jobs not only during construction but throughout the life of the project and the college. We have an opportunity to address both the shortage of primary care doctors in the state and drive economic development while creating good-paying jobs and opportunities in various medical-related careers for an area that has been one of the hardest hit in the state in terms of job loss.

I am excited about this project and I believe it will benefit the entire State of Wisconsin. We

have a shortage of primary care physicians in this state that is only going to become worse as our population ages. This new college will help to alleviate those needs in some of the highest need areas both rural and urban alike.

I ask for your support of AB 625. This legislation is just one step in the right direction to address the shortage of primary care doctors across our state. Thank you for your time and I welcome any questions you may have.

**Hearing by the Assembly Colleges and Universities Committee
AB-625**

In support of The College of Osteopathic Medicine

**Overview of Remarks by Jennifer Kidon DeKrey and Mark E. Lefebvre
Consultants to the College**

The Need—According to the Wisconsin Hospital Association in its 2011 report, *100 New Physicians a Year: An Imperative for Wisconsin*, there is a significant shortage of doctors in our state. The greatest shortfall is in the area of Primary Care physicians. Despite the laudable efforts of the state's two existing medical schools, they have not and cannot produce enough Primary Care doctors to fill the current need, let alone the growing long-term need. The national shortage was underscored by a 2015 report prepared for the Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025*. Another 2015 report, one by the University of Wisconsin School of Medicine and Public Health, *Projection of Physician Supply and Demand in Wisconsin through 2025*, underscores that current efforts are not going to be enough to solve this crisis (please note pages 67-69).

The Idea—Viewed by many nationally as “the historic moment” when Primary Care providers are again becoming the leaders in how medicine is practiced and delivered, due to legislative and financial changes, an urgent demand has been created. In response, there are nearly twenty Osteopathic medical colleges, those graduating D.O.s, in various stages of development, while there are a limited number of new Allopathic medical schools, those graduating M.D.s, being created. The American Osteopathic Association reports on average that 60% of graduates of Osteopathic medical colleges choose to practice Primary Care. Supply meets demand.

The Uniqueness of Osteopathic Medicine—Graduates of Osteopathic Medical Schools and graduates of Allopathic Medical Schools are both fully qualified physicians licensed to perform the full spectrum of medical care. Yet, there is a difference. D.O.s practice a “whole person” approach to medicine. Furthermore, they are noted for their focus on preventive health care and addressing broad population health issues. D.O.s are trained to lead integrated health care teams that include professionals from other health care disciplines. Collaborative practice is at the heart of Osteopathic Medicine. D.O.s are noted for their communication skills, both with their fellow professionals and with patients, families and communities. Many medical educators view D.O.s as the best trained general practice physicians in the country. An essential lesson that we have learned as we have traveled throughout Wisconsin and talked with hundreds of people is that our state may not need more doctors who are M.D.s, but Wisconsin does need more doctors who are D.O.s.

The Scope—The College of Osteopathic Medicine will be a best-in-class institution. Its creation will be driven by a funding consortium with a goal of \$125 million. The consortium model promotes a wide circle of partners ensuring immediate and ongoing philanthropy and support to sustain the college. Additionally, to support the completion of our students' education, a new model for funding medical residencies has been created.

The Timeline—30 months of quiet work have already been done and discussions are ongoing with a wide range of partners. The first class, anticipated to be 160 students, should matriculate no later than August 2018. It should be noted that no established College of Osteopathic Medicine has failed as

accreditation is so rigorous and demand for admission far exceeds availability. Accreditation for *the first new medical school in Wisconsin in 100 years* is now underway with the American Osteopathic Association (AOA). The Commission on Osteopathic College Accreditation (COCA) granted Applicant Status, the first step, on August 7, 2015. Pre-accreditation and Provisional Accreditation are the next steps in a process to be completed within five years. Full accreditation is not conveyed until the first class graduates.

The Location—The College will be sited in Jefferson, Wisconsin. At the equipoise of one of the most significant health care corridors in Wisconsin, Jefferson has the potential to emerge as the State's Primary Care Hub. Jefferson Mayor Dale W. Oppermann is here this morning to talk about his city and the College.

Key Issues—There are a number of key issues identified by the state which the creation of this college will address: statewide and local economic development, statewide and local job creation, educating and retaining the "best and brightest," addressing an identified shortfall of physicians for Wisconsin and providing grassroots health care. The funding model, especially as it relates to the funding of residencies, supported and endowed at the community level, embodies a hometown belief in self-reliance.

Economic impact and job creation are key elements of the college. The Jefferson County Economic Development Consortium has developed a Local and Statewide Economic Impact Analysis which Jefferson County Administrator, Ben Wehmeier, will discuss. As the College anticipates placing graduates in every county in the state, the aggregate impact is huge.

What will the State do?—This is the question that potential private funders are now asking. There is considerable momentum from every corner of the state, as every county will benefit, but there is expectation on the part of philanthropists that the state will demonstrate its support for what many have said is "the biggest idea in the state." Through AB-625, the College has asked the state to consider a \$25 million dollar allocation. In return, the College would commit to match those funds 3 to 1, with the College's portion to be raised BEFORE any state funds are provided. The state dollars would not be needed until the second year of the Biennial Budget. Should all matching funds not be secured, the state would not be obligated in any way.

Leadership—The two people leading the creation of the college are Jennifer Kidon DeKrey, from Jefferson, who was the Chief Financial Officer of the UW Foundation, and Mark E. Lefebvre, from Madison, who was the Vice President for Health and Life Sciences at the UW Foundation. Between them, they have more than 50 years of experience advancing the Health and Life Sciences and Higher Education overall. Together, they and their teams raised and stewarded for impact more than one billion dollars to advance medical education, research and public health in Wisconsin. *They successfully managed previous partnerships with the state, notably, HealthStar, which matched \$117 million in state support with \$824.6 million in private support.* They understand the broad context of education and philanthropy in America. Two-and-one-half years of *pro bono* work have been done by DeKrey and Lefebvre to understand and advance this important idea for the State of Wisconsin. They can be contacted at: Jennifer Kidon DeKrey, 414-828-6867, jldekrey@charter.net and Mark E. Lefebvre, 608-215-6987, markelefebvre@gmail.com

Wisconsin doesn't need a third medical school -- Dr. Robert N. Golden and Dr. John R. Raymond, Sr.



AUGUST 10, 2014 6:00 AM • [DR. ROBERT N. GOLDEN AND DR. JOHN R. RAYMOND, SR.](#)

The Wisconsin Hospital Association noted a looming shortage of primary care physicians in its November 2011 report, "100 New Physicians a Year: An Imperative for Wisconsin."

The report called on the University of Wisconsin School of Medicine and Public Health (founded in 1907) and the Medical College of Wisconsin (founded in 1893) to graduate 100 more physicians each year, especially in primary care and in rural areas of Wisconsin. Both medical schools together graduate nearly 400 new physicians annually.

Following the call to action, our schools have responded decisively. The University of Wisconsin School of Medicine and Public Health has expanded the Wisconsin Academy of Rural Medicine. The Medical College of Wisconsin has created regional campuses in Green Bay and central Wisconsin.

These bold initiatives will add about 60 new doctors per year, with the potential to address the entire gap of 100 per year by graded, responsible growth.

Wisconsin's two medical schools have entered an era of unprecedented cooperation with each other and communities across Wisconsin. These partnerships are based on a clear understanding that we can accomplish more by working together to address the physician shortages, rather than by unnecessarily duplicating efforts and costly infrastructure.

Our efforts haven't ended by filling the pipeline with more medical students. We are finding creative ways to reduce the cost of medical education without compromising on the superior quality of our graduates, who comprise more than half of the physicians in Wisconsin.

We also have obtained funding for a new family medicine residency in Green Bay and a new psychiatry residency program in the Fox Valley and Green Bay, as well as funding for a feasibility study for new residency programs in central Wisconsin — which will be critical for the newly graduated medical doctors to continue their training in areas with physician shortages.

Without these new residency training programs, the new medical school graduates would leave our state with little likelihood of returning.

In contrast, a proposal to develop a new private medical school in Jefferson would create duplicative infrastructure at a cost of at least \$125 million. Further, the proposal would graduate 150 to 160 new doctors each year, far exceeding the projected need. This would create multiple bottlenecks in the state's medical training capacity.

The 160 students per year also would far exceed the capacity of current hospital systems to provide core medical school rotations in fields of pediatrics, psychiatry, and obstetrics and gynecology — several of the areas in which the largest need has been defined. It is likely many of the students from a third medical school would need to leave Wisconsin for core clinical training.

The University of Wisconsin School of Medicine and Public Health and the Medical College of Wisconsin are working creatively to solve the physician shortage and distribution problem in fiscally responsible and innovative ways. For example, we recently received permission from the Liaison Committee for Medical Education, the accrediting body for all M.D.-granting medical schools in the United States, to share community faculty and student rotations on critical clinical rotations.

The \$125 million necessary to open a third medical school could be far better spent on an endowment to fund dozens of residency slots for Wisconsin-trained physicians with a vested interest in the health of the people of the state.



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Thomas J. Boldt
Chief Executive Officer

January 27, 2016

Rep. David Murphy, Chair
Assembly Committee on Colleges & Universities
Room 318 North
State Capitol
P. O. Box 8953
Madison, WI 53708

Dear Mr. Murphy,

Wisconsin is known as a creative and forward thinking state. We've been at the forefront in many areas which have distinguished America and its freedoms and aspirations. One of the most important dimensions of American society, and specifically in Wisconsin, is the availability of high quality medical care. With a growing and aging population that expects personal interaction combined with innovation, new primary care physician capacity is required.

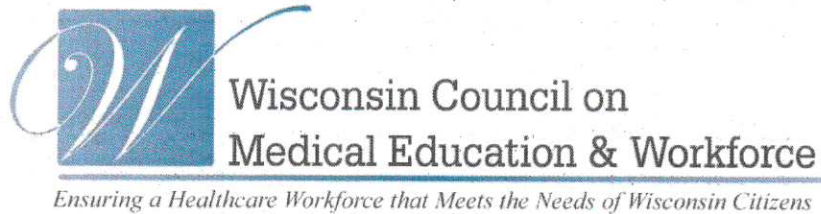
As our state looks to the future, the chronic shortage of highly trained medical doctors continues to grow. A new Osteopathic Medical College would be a great benefit to fill this need for the citizens of our state, particularly in rural areas. As our access to knowledge continues to expand exponentially, this knowledge needs to be brought to bear for the health of Wisconsin's citizens. The model of osteopathic health is growing in popularity throughout our country. Graduates of the Osteopathic Medical School, in cooperation with our other current health care providers, will provide more resources to meet these challenges.

The Jefferson County project is worthy of your due diligence and consideration. We believe in the goals and aspirations of this project and support such a significant step to address the future health care needs of all Wisconsin residents.

Sincerely,

Thomas J. Boldt
Chief Executive Officer

TJB/tw



Representative Dave Murphy
Chair, Assembly Committee on Colleges and Universities
Room 318 North
Wisconsin State Capitol
HAND DELIVERED

January 28th, 2016

RE: Assembly Bill 625

Chairman Murphy and Committee Members,

The Wisconsin Council on Medical Education and Workforce (WCMEW) is a non-profit organization, dedicated to ensuring a sufficient healthcare workforce to meet the needs of Wisconsin citizens now and in the future. With that goal in mind, we are pleased to comment on Assembly Bill 625, which would authorize \$25 million in funding from the State Building Fund to build a new medical school. The funding would be contingent on The College of Osteopathic Medicine, Inc. securing at least \$75,000,000 from nonstate revenue.

CURRENT EFFORTS UNDERWAY

The 2011 report, "100 New Physicians a Year: a Wisconsin Imperative", found that Wisconsin faced a shortage of 2,200 physicians by the year 2030 unless it took action. The report made a number of recommendations. This letter will focus on two:

1. Expand Wisconsin's graduate medical education programs.
2. Increase the number of graduates from Wisconsin medical schools.

The recommendation on expansion of GME programs was placed first in the priorities because it had more "bang for the buck": creating a new GME programs is less expensive than a new medical school, and they provide a higher retention rate for their graduates. Graduates from Wisconsin GME programs have a 50% likelihood of practicing in the state, while medical school graduates are retained at a 38% rate. Expansion of medical school positions without increases in GME slots would likely mean that additional medical school graduates would leave Wisconsin for their GME training and be less likely to return.

Stakeholders in Wisconsin's healthcare workforce have begun to take action on these recommendations:

1. The State of Wisconsin enacted legislation providing \$2.5 million per year to fund new and expanded graduate medical education (GME) programs. This was a targeted approach to help alleviate the projected physician shortfall: nearly 50% of all physicians practice near where they have had their GME experience. In addition, it was felt that the funding provided the best return on investment in that the maximum paid to any organization would be \$750,000, with a maximum of three years of funding. Finally, the funding was also targeted to address shortages in primary care, psychiatry, and general surgery in rural and underserved areas of Wisconsin.

To date, eleven healthcare organizations have received funding, and are creating or expanding GME programs that will ultimately include 73 residents, graduating 28 per year.

2. In 2011, the Medical College of Wisconsin announced plans to open two new campuses, one in Green Bay and one in Wausau, each with plans for 25 graduates per year. Total enrollment for the two campuses would be 200. The curriculum will include clinical experiences in local community clinics. Admission committees for both campuses will include members of the local communities. Both campuses have received accreditation and the Green Bay campus has admitted its first class of 26, with 23 being from Wisconsin.

These were two important steps in beginning to address the projected physician shortage, and they were each, in their own way, very focused and targeted in their approach.

1. Both focused on where the shortages were likely to occur: in rural and underserved areas of Wisconsin. The GME funding is available only to organizations providing training in rural or underserved areas; the two new MCW campuses are in Northern Wisconsin, far from either Madison or Milwaukee.
2. Both placed emphasis on primary care, psychiatry, and general surgery. The GME funding is available only for those specialties; the MCW locations and curricula will produce physicians who are likely to practice in community settings.
3. Both are likely to produce physicians who will ultimately practice in Wisconsin. The GME funding is for Wisconsin residency programs, which have a track record of retaining nearly 50% of their graduates in Wisconsin; the new MCW campuses are admitting a significant percentage of students from Wisconsin, and experience shows that physicians are more likely to practice in locations near the area where they were raised or attended college.

These strategies, because they are targeted, are more likely to address the recommendations outlined in the 2011 report.

AREAS NEEDING FURTHER ATTENTION

While the developments in building out our undergraduate and post-graduate medical education infrastructure are very positive, we also understand that those efforts come with increasing demands on existing clinical resources.

An integral part of physician education and training is exposure to real-life clinical settings, meaning that local healthcare providers and institutions need to make their staff and patients available to students and residents. In addition, both medical students and residents in post-graduate training need the guidance of teachers and preceptors, who in the community setting are practicing physicians. These physicians need to make time available on their schedules for these efforts, and must be trained to be teachers.

The impact on rural providers, having fewer resources than in the urban areas, is more acute. We are already seeing some communities having difficulty in creating the necessary infrastructure as the new GME programs and medical schools ramp up their initiatives.

We are currently developing strategies to address this issue. In the meantime, we urge other stakeholders to be mindful of these issues as they review strategies to strengthen Wisconsin's healthcare workforce.

THANK YOU FOR THE OPPORTUNITY TO COMMENT

Again, we appreciate the opportunity to comment on AB 625, and hope that you take our ideas into account as you deliberate on this issue.

Sincerely,

A handwritten signature in black ink, appearing to read "George Quinn". The signature is fluid and cursive, with the first name "George" written in a larger, more prominent script than the last name "Quinn".

George Quinn
Executive Director
WCMEW

Hearing by the Assembly Colleges and Universities Committee
AB-625

In support of The College of Osteopathic Medicine

Overview of Remarks by City of Jefferson Mayor Dale W. Oppermann

WHY SHOULD THE STATE OF WISCONSIN SUPPORT THE COLLEGE OF OSTEOPATHIC MEDICINE?

In addition to the primary care staffing needs of the State of Wisconsin, there is presently a dearth of Osteopathic training opportunities in the Upper Midwest. Because of this, it is likely that a new College of Osteopathic Medicine will be created somewhere in our region in the future. If not here, likely in Minnesota or Illinois; directing the associated positive economic impact and healthcare benefits there. Why not keep this growth in Wisconsin?

Today, many prospective medical students from Wisconsin *must leave Wisconsin* to follow their career path; not by their choice, but rather by the limited number of opportunities presently available here in the State of Wisconsin. Inevitably many, if not most of those physicians training elsewhere will ultimately establish a practice outside of the State of Wisconsin.

This is a stark example of what many refer to as our State's "Brain Drain," that is, students from Wisconsin who must leave Wisconsin to follow their chosen field of study or career path due to limited opportunities here.

The State of Wisconsin has a long history of investing in higher education for the public good. Millions have been directed to the State's two existing Medical Colleges on an ongoing basis.

This proposal is a one-time request for development of the College only, not operational funding. State funding would be provided only after the College raises the first \$75 million.

WHY IS THIS BENEFICIAL FOR THE ENTIRE STATE OF WISCONSIN?

Educating Osteopathic Physicians in Jefferson could have a positive impact on healthcare in all 72 Counties of Wisconsin, especially in rural and urban areas that are presently underserved. A key goal is to establish at least one endowed residency in every County in Wisconsin. These residencies would also be open to students from the State's two other Medical Schools.

A College of Osteopathic Medicine would provide **perpetual economic benefits** to the entire State of Wisconsin by stimulating growth in the healthcare and associated support industries.

WHY JEFFERSON?

The City of Jefferson became aware of Wisconsin's need for more Primary Care Physicians and a proposal for a College of Osteopathic Medicine a few years ago. After a thorough investigation, we found that the need is real, the concept is sound, and Jefferson is the ideal location -- in a rural setting within key transportation and healthcare corridors.

The people of Jefferson believe in the viability of this College to the extent that they supported the City gifting 100 acres of prime land worth an estimated \$2 million to help build the College. I might add that I have faced re-election since that decision and I was not voted out of office. The people of Jefferson understand why this is a good investment.

When the owners of the Boldt Company, one of Wisconsin's premier construction companies, were approached about this project, they understood the need and the viability of this College to the extent that they have offered the full services of their company to provide all preliminary site work for the College as, "their gift to the people of Wisconsin." What a magnanimous gesture! The Boldt Company understands why this is a good investment for Wisconsin.

Jefferson County has suffered our share of economic setbacks recently, and then some. Over 10% of the jobs lost in Wisconsin in 2015 were from Jefferson County. We have officially been declared "economically distressed."

I understand that many of your home areas are also reeling from job losses; or hopefully on the rebound when it comes to creating and maintaining jobs. So, you can relate to what I'm saying.

I believe that the State of Wisconsin is moving forward, as it has for 168 years. But to continue to do so, in some regards we need to look at reinventing our economy. The plants around us that are closing are, for the most part, antiquated manufacturing facilities.

I think it would serve Wisconsin well if we would consider encouraging intelligence-based and technology-driven businesses here in Wisconsin. This College would help do just that.

SUMMARY COMMENTS

The College of Osteopathic Medicine holds vast potential to help address Wisconsin's current shortage and growing long-term need for Primary Care Physicians; and it will provide significant statewide economic and job creation benefits.

We view the College of Osteopathic Medicine as a "once in 100 year" opportunity to assist in transitioning our economy from one dominated by agricultural and manufacturing activity to one that places a premium on intellectual training, technology and innovation.

Many say that this College is the biggest idea to be proposed in Wisconsin in years. Private donors want to know that the State is supportive before they commit to funding. The people of Jefferson County want to know that the State is there to help reinvigorate the local economy.

Years from now, I hope each of you look back at this moment as a time where you had the opportunity to make one of your most significant and longest-lasting contributions to the quality of life and the people of Wisconsin.



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The Honorable Dave Murphy
Room 318 North
State Capitol
P.O. Box 8953
Madison, Wisconsin 53708

Regarding: AB632 – relating to the 2015-2017 authorized State Building Program, providing a grant for construction of a medical school campus in City of Jefferson, granting bonding authority, and making appropriations

Dear Assemblyman Murphy:

I am writing to express strong support for the AB632 request of \$25 Million dollars to support the establishment of Wisconsin's first osteopathic medical college.

Jefferson County, with 10% of the state's layoffs in the span of a year, acutely recognizes the economic stressors the state is facing. That being said, I strongly believe the founding of this osteopathic institution will help not only Jefferson County, but more importantly counties statewide. With my networking statewide with other county supervisors I have heard many stories about the challenges Wisconsin communities are facing. From the increasing competitiveness of a healthy workforce to the lack of access to primary care physicians in rural and low-income areas, the state of Wisconsin is at a crossroads with building the pipeline of effective healthcare – both from an employer standpoint and from the standpoint of our workforce.

Jefferson County Economic Development Consortium, our local partnership for economic development, has been increasingly focusing on regional economic development. Recognizing that rising tides lift all boats, staff of the JCEDC recently conducted an independent study on the economic impact of establishing an osteopathic medical college in Wisconsin that focused on filling the primary physicians gap projected by the Wisconsin Hospitals Association (77 new primary physicians annually). While the full study includes information on how the establishment of this osteopathic medical school will largely meet the demand for primary physicians, important highlights for the future of Wisconsin from the study include:

- An estimated 3,000+ permanent jobs could be created for Wisconsinites to support this increase in primary care physician jobs filled.
- In addition, community services and businesses would grow to support these newly filled jobs.
- It is estimated there would be a \$520.6M increase in annual economic activity within Wisconsin.
- There would be an approximate increase in the wealth of state by \$338M annually.
- An additional \$300M annually in employee income would be created throughout state for Wisconsinites.

Yet, it is important to recognize also the significant indirect benefits of filling needed primary care positions across the state as well. Lowering employee absenteeism, providing better access to primary preventative care to the state's residents, and elevating the overall health of the state will have ripple effects for generations. I humbly request that the committee pass AB632 and to give full support for this initiative.

Sincerely,

James Schroeder, Chairman
Jefferson County Board of Supervisors



864 Collins Road Ste. 111 | Jefferson, WI 53549 | t: 920.674.8711 | f: 920.674.7575 | www.jcedc.net | info@jcedc.net

The Honorable Dave Murphy
Room 318 North
State Capitol
P.O. Box 8953
Madison, Wisconsin 53708

Regarding: AB632 – relating to the 2015-2017 authorized State Building Program, providing a grant for construction of a medical school campus in City of Jefferson, granting bonding authority, and making appropriations

Dear Assemblyman Murphy:

I am writing to express strong support the request of state funding to support the establishment of the state's first osteopathic medical college in Jefferson, Wisconsin.

While others have covered the local and statewide economic impact study completed by myself at the JCEDC, it is equally important to focus on the wider statewide impact the medical college has the potential to have, in perpetuity, beyond the one-time \$25 Million dollar state request. Studies have shown primary care residents often prefer to remain in the area they trained. With the demonstrable annual shortage of 77 primary care doctors (*that's 77 additional each year*) in Wisconsin, research by the Wisconsin Hospitals Association indicates this is due to projected population growth, aging demographics, and strong pressure to constrain health care costs.

The College of Osteopathic Medicine aims to place endowed positions around the state in underserved primary care areas – essentially creating new jobs where they are needed most. And for each of these positions created additional nurses assistants, hospital staff, and office managers will be needed. Collectively the services and products needed to support these primary care offices; in addition the incomes from these employees will also circulate back into the local economies across the state. It is estimated this annual growth in economic activity will top \$500 Million statewide.

Finally, this investment will not only increase the economic wellbeing of the state. It also has the potential to elevate, through preventative primary care (the hallmark of osteopathic medicine), the health of the workforce and their families statewide. And of course the economic impacts of a healthy workforce extend beyond. We hope and very humbly request the State of Wisconsin to join the true public-private partnership of establishing the state's first osteopathic medical college.

Sincerely,

Genevieve Coady, AICP, PhD
Executive Director, Jefferson County Economic Development Consortium

Hearing by the Assembly Colleges and Universities Committee

AB-625

In support of The College of Osteopathic Medicine

Ben Wehmeier, Jefferson County Administrator

Jefferson County Impact

- The County's economy still maintains a low employment rate, but with several recent developments will see significant amount of layoffs that have been announced for this year. This is due to creating a realignment of the regions economy as it demands new and efficient means to conduct business.
- Jefferson County economic changes include the need to diversify our employment base and transition from being primarily agriculture and manufacturing economy to the greater inclusion towards the knowledge based economy.
- The College of Osteopathic Medicine (TCOM) provides for an opportunity with a greater emphasis on this knowledge based economy and prepares Jefferson County for its place within the I-94 "IQ Corridor."
- **Local Economic Impact*** - 316 permanent jobs would be created in Jefferson County with the development of TCOM. TCOM would result in \$49.4 million in annual economic impact to the County; with an increase in wealth of Jefferson County by \$25.2 million; and an additional \$13.7 million in additional employee income.
- The County has a history in institutions of caring (Bethesda, St Colleta's) for residents across the region and state. TCOM will carry this history forward in a new manner to serve the next generation of state residents.

*Economic Impact Analysis utilized Implan software by Genevieve Coady, PhD, AICP

Statewide Impact

- It is estimated the state recruits 750 physicians on annual basis. The County believes in the concept of TCOM which will first and foremost serve the residents of the State of Wisconsin with great emphasis serving the primary care health needs of those in rural, inner cities and underserved areas of the State.
- The goal of The Osteopathic College of Medicine is to create physician residencies program in all 72 Wisconsin counties with a new model to fund them. These much needed residencies within the state would be available to all schools.
- The College of Osteopathic Medicine would create long lasting, aggregate economic impacts and job creation for the entire State of Wisconsin.
 - The Jefferson County Economic Development Consortium (JCEDC) projects that if enough primary care physicians are produced in Wisconsin to fill the projected 2030 cumulative shortfall of 1,767 physicians; an estimated 3,725 permanent jobs would be created for Wisconsinites.
 - **2022*** – TCOM is estimated to graduate a total of 128 physicians for the state of Wisconsin of which 77 would be primary care.
 - Of the 77 primary physicians created by TCOM, an estimated 162 permanent jobs would be created to support these physicians which would result in an annual economic activity in the state of \$22.7 million; increase in wealth by \$14.7 million; and an additional \$13.7 million in annual income.
 - Of the total 128 physician positions annually created by TCOM, an estimated 270 jobs would be created to support these physician positions which will result in \$37.7 million increase of economic activity; in an increase wealth of \$24.4 million; and an additional \$21.7 million in annual employee income.

- **2030*** - The Economic Impact Analysis estimates that there would be a \$520.6 million dollar increase in annual economic activity within Wisconsin if the state was able to meet the demand for primary care physicians by 2030. There would be an approximate increase in wealth of the state of \$338 million and annual income increase by \$300 million.
- Osteopathic Medical Schools are sustainable. Of the approximately 35 Osteopathic Schools in the United States the vast majority are private. They have demonstrated financial sustainability to their region and respective state with reinforcement of the aggregate economic impacts to the whole.

Jefferson County Contact Info:

James Schroeder, County Board Chair – james@jeffersoncountywi.gov; 920-674-7101

Ben Wehmeier, County Administration – benjaminw@jeffersoncountywi.gov; 920-674-7101

Genevieve Coady, Executive Director JCEDC – genevievec@jcedc.net; 920-674-8710



“Representative government and trial by jury are the heart and lungs of liberty.”

~ John Adams, 1774

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★ THE TEXAS TRIBUNE



Is Texas Building Too Many Medical Schools?

by [Matthew Watkins](#) and [Edgar Walters](#) | Jan. 16, 2016 | [36 Comments](#)



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Photo by John Jordan

The Dell Medical School at the University of Texas at Austin under construction.

Blair Cushing is just the kind of doctor Texas needs.

She’s training to be a family physician, one of the most sought-after types of practitioner in the state. And she wants to work near the

U.S. border with Mexico, one of Texas’ most medically underserved areas.

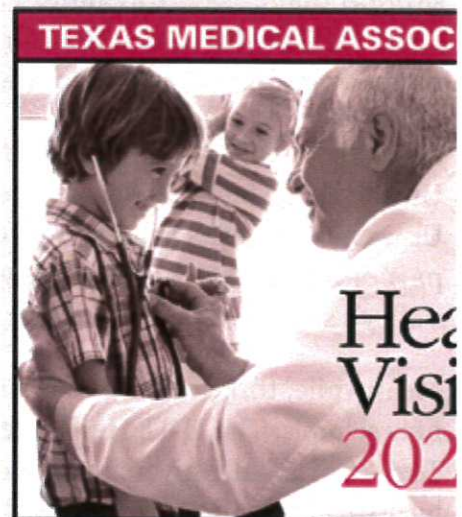
But after graduating from the University of North Texas Health Science Center’s Texas College of Osteopathic Medicine last year, she shipped out to another border state: California. That’s where she found her best residency opportunity. And now she says she probably won’t come back.

Her situation is far from unique. The number of medical

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by [Ross Ramsey](#)
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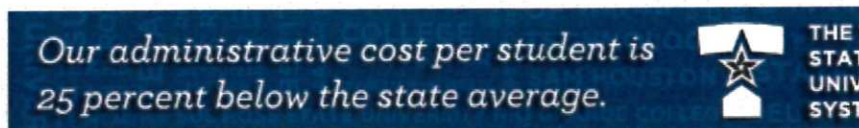
The Brief: Cruz and Trump Continue to Jab in S.C. Encounters

by [Jacob Sanchez](#) and [John Reynolds](#)
3 hours 30 minutes ago | [\(3\)](#)

Money Pours into Texas Politicians' Campaign Accounts

students in Texas has grown quickly in recent years, with classes expanding and an unprecedented number of new medical schools being developed.

But even as it invests tens of millions of dollars in new schools, some state lawmakers warn Texas could end up shooting itself in the foot. Because it does not adequately fund the residency programs needed to keep medical students here, they say, the state is effectively creating an expensive pipeline that will funnel doctors elsewhere.



Some officials are questioning whether Texas has stretched its resources by building so many medical schools so quickly, suggesting it might be time to slow their proliferation.

“I am worried about continuing to expand higher education facilities beyond their ability or the willingness of the state to support them,” said Raymund Paredes, commissioner of the Texas Higher Education Coordinating Board. “I fear that it is a pathway to higher education mediocrity.”

Since 2009, the growth has been frenetic. The Texas Tech University System has opened a school in El Paso. The University of Texas at Austin is building one on the southern part of its campus. And the University of Texas-Rio Grande Valley’s school will enroll its first class this fall.

Meanwhile, three other public universities are actively pursuing new schools. The UNT Health Science Center is partnering with Texas Christian University to open a new school in Fort Worth by 2018. The University of Houston wants one by 2019. And Sam Houston State is exploring the development a school of osteopathic medicine near The Woodlands.

Universities and state legislators have plenty of reasons to want those schools. Their presence on campus — or in a university system — helps build prestige and attract research funding. The schools can also dramatically improve local economies and health care systems.

But in fiscally conservative Texas, it can be hard to find the funds necessary to keep MDs around for their required post-graduate training.

by [Ross Ramsey](#)
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For most specialties, that includes a three-to-seven year residency after four years of medical school. Graduates work at a hospital or clinic, overseen by faculty mentors, to gain experience required for state licensure and board certification.

The average residency slot costs at least \$100,000 per year, according to industry group Teaching Hospitals of Texas. That includes what medical schools pay to hire faculty as well as costs borne by hospitals to pay for a resident's salary, benefits and malpractice insurance.



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That investment is worth it in a state with a severe doctor shortage, said Maureen Milligan, the hospital group's president and CEO. Texas currently lags in its relative number of physicians — 41st among all states, according to the Association of American Medical Colleges — and the state will need more doctors to keep pace with population growth and the turnover that comes with an aging workforce.

“If you have medical school grads and you don't have these residency positions, then you're just really investing in a flow that's going to go somewhere else,” Milligan said. “Our concern is the bulk of the current residency programs are at risk.”

The federal government, through Medicare, is the largest payer for graduate medical education. But the state shoulders some of the costs as well.

Lawmakers last year passed Senate Bill 18, which created a roughly \$300 million endowment to fund graduate medical education starting in 2018.

That measure was intended to make the number of residency slots in Texas greater than the number of medical students graduating — at a ratio of 1.1 residencies for each graduating MD — leaving a few residency slots left over to attract graduates from other states. The idea was to bolster the ranks of doctors practicing in Texas, but as more medical schools come online, churning out more graduates, that ratio will become more expensive to maintain, lawmakers said.

“The more people we graduate, the more it costs to reach our goal,” said bill author and state Sen. **Jane Nelson**, R-Flower

Mound, in a prepared statement.

State Rep. John Zerwas, R-Richmond, a physician and chair of the House Committee on Higher Education, praised Nelson's measure but warned of expanding costs as the number of medical students grows.

"We made a big step this last session to catch up with that, but that's simply all it's doing, is catching up," he said. "If we add to the pipeline more medical students coming in, then we're going to find ourselves back in the same predicament."

In 2014, there were 7,400 medical students in Texas and 7,800 residents, according to the Association of American Medical Colleges.

But the universities appear undeterred. UH has already hired a dean, Stephen Spann, in charge of planning for its medical school. Spann said he understands state leaders' worries, but UH is "far enough along in our exploration and assessment to conclude there is a need for a community-based, primary care-oriented medical school."

Meanwhile, Michael Hicks, executive vice president of clinical affairs at the UNT Health Science Center, said his school understands the need for more residencies. But he said the state also needs more medical schools, and Fort Worth is the biggest city in the country without a school conferring MD degrees. If lawmakers wait until the residency shortage is taken care of to build new schools, it would take decades before both problems are solved, he said.

"We have the capacity to deal with these issues concurrently," he said.

The UNT System has tried and failed for years to get state authorization for a new MD school. Its partnership with the private TCU, which will issue the degrees, allows it to proceed without that approval.

But Zerwas said investing in residency programs instead of opening new medical schools might be a better use of state money.

"There's a limited pot of funds, and as budgets become crunched, one of the favorite places the Legislature will go is to compromise funding to higher education in general, which would include the health-related institutions," he said. "We

need to be thoughtful about the development of more medical schools, as opposed to just the ambitions of a university to have a medical school for whatever prestige that brings them.”

Cushing said her classmates at the UNT System school struggled mightily to find residencies nearby. Many had family ties to Texas but ended up leaving — sometimes separating from their spouses temporarily.

Once they're gone, the chances of doctors coming back are slim. As they complete their residencies, they start building connections and launching their careers. Some start families, and the pressure to stay put when they're done is immense.

Knowing that slots were so limited, Cushing applied to more than 30 programs and went to 18 interviews. Only about a third of them were in Texas. Now, she said, there's a good chance she'll stay in California.

“As much as I have the passion for the social problems of Texans, I also see how it would be far easier to stay put,” she said.

Disclosure: The University of Texas at Austin, Texas Tech University and Sam Houston State University are corporate sponsors of The Texas Tribune. The University of North Texas was a sponsor in 2014, and the University of Houston was a sponsor in 2013. A complete list of Tribune donors and sponsors can be viewed [here](#).

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**School of Medicine
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UNIVERSITY OF WISCONSIN-MADISON

TO: The Honorable Members of the Assembly Committee on Colleges and Universities
FROM: Elizabeth M. Petty, MD
Senior Associate Dean
Professor of Pediatrics
University of Wisconsin School of Medicine and Public Health
DATE: January 28th, 2016
RE: Testimony in Opposition to Assembly Bill 625

On behalf of Dean Robert Golden, who was unable to join us today, and the University of Wisconsin School of Medicine and Public Health (SMPH), as the Senior Associate Dean for the school overseeing our educational programs, I appreciate the opportunity to testify on Assembly Bill 625, legislation to support the construction of a proposed College of Osteopathic Medicine in Jefferson, WI. We echo the thoughtful testimony shared by our colleague at the Medical College of Wisconsin, Dr. John Raymond.

We also applaud and deeply appreciate the thoughtful wisdom of our state leaders in recognizing the important health needs of the citizens of our state, especially those individuals living in underserved rural and urban communities where access to high quality affordable health care and to well-trained physicians is a concern. We are especially grateful for the incredible support we have received from the state to date for medical education, especially to launch effective innovative programs to educate the next generation of physicians who go on to serve the citizens of our state..

At the SMPH, we, along with partners around the state, have built unique pipeline programs and innovative educational opportunities to train future physicians. These new programs at SMPH are still young but they are already showing promising outcomes, as I will discuss further below. With limited statewide resources to expand medical education, we believe that the wisest and most judicious investment of any new resources for medical education would be to support existing programs that have proven value and expansion of programs that are earmarked to optimize the health of citizens and communities in Wisconsin.

We also agree with our partners at MCW that building a new independent medical school in the state is not the optimal solution to addressing the real and projected health care shortages in our state. Increasing graduate training opportunities to accommodate our larger class size at both existing medical schools is essential if we want to create opportunities for our graduates to launch their careers as physicians within our state. If state funding becomes available, SMPH and MCW could partner with the state to expand these successful ongoing programs.

At the SMPH we remain deeply committed to improving the health of the citizens of Wisconsin through the development and implementation of innovative educational programs focused on addressing the needs of underserved communities in our state. The majority of the students we admit to our school are residents from around the state of Wisconsin.

With generous support from the state over the past ten years we have been able to create unique immersive educational programs throughout the state, through the Wisconsin Academy of Rural Medicine (WARM) and the Training in Urban Medicine and Public Health (TRIUMPH) programs, to

increase the number of our graduates who can help address underserved parts of the state. With support from the state we, in collaboration with other statewide graduate medical education stakeholders, also launched the Wisconsin Rural Physician Residency Assistance Program (WRPRAP) for rural residency training tracks in needed areas such as primary care, general surgery, and psychiatry to train physicians to work in rural communities. In addition, we have worked closely with statewide Area Health Education Centers to promote health care careers to students starting in middle school and with statewide campus partners developed a pipeline program for college students interested in becoming physicians that serve urban and rural disadvantaged populations within our state, thus feeding our WARM, TRIUMPH, and WRPRAP programs.

The WARM program admitted its first class of 5 students in 2007 with the specific goal of educating medical students to address the health needs of rural Wisconsin. WARM begins with the admissions process and continues through the entire four years of medical school. Since 2014 we have enrolled 26 new students per year into WARM, the vast majority (over 90%) Wisconsin residents. These students complete the majority of their clinical training in rural settings around central hubs of education in LaCrosse, Marshfield, and Green Bay. As of May 2015, 75 WARM students have graduated from the SMPH. Approximately 2/3 of them have entered primary care residencies and 55% have stayed in WI for their residency training - this is significant, as students from Wisconsin who complete both medical school and residency training in Wisconsin are much more likely to remain here in clinical practice. Since August of 2015, six WARM students have completed their residency and fellowship training and five of the six (83%) are practicing in rural communities across Wisconsin, one is practicing right across the border in Duluth, MN.

The SMPH also created an urban counterpart to WARM, the Training in Urban Medicine and Public Health (TRIUMPH) program in 2007. We recently expanded the full TRIUMPH program from 8 to 16 students in both the 3rd and 4th years of training. This two year program selects students during their second year of medical school. 83% of TRIUMPH program graduates to date have entered primary care residencies and all have selected training programs that address underserved urban concerns, with 57% choosing Milwaukee.

The WRPRAP program for rural residencies addresses an urgent need to expand graduate medical education opportunities in underserved rural areas of Wisconsin. There has been laudable growth in the number of rural residency training track opportunities since its inception in 2010, most in primary care areas, as well as in general surgery and psychiatry. There is room for more expansion to improve access to health care across our state. With MCW, we have been doing a good job increasing the number of medical students in our state, but there is a current bottle neck in the residency training pipeline for physicians, especially for our medical student graduates who want to remain in Wisconsin and practice here as physicians. Additional state investment in this program will only increase this statewide benefit.

Again, we are very grateful for the generous support we have received over the years to increase our class size and build our statewide campus presence and educational opportunities, especially our WARM and TRIUMPH programs. With dedicated sustained funding we have the potential to make these programs a model in this state and across the nation.

Thank you for considering my comments. I am happy to answer any questions.