

WISCONSIN HOSPITAL ASSOCIATION, INC.



Date: February 4, 2016

To: Assembly Committee on Mining and Rural Development

From: Kyle O'Brien, Senior Vice President Government Relations

Subject: WHA Supports AB 797 –WI Rural Physician Residency Assistance Program Funding

The Wisconsin Hospital Association (WHA) supports Assembly Bill 797, legislation that would provide an additional \$250,000 in one-time funding to the Wisconsin Rural Physician Residency Assistance Program (WRPRAP). The bill would provide \$250,000 in general fund dollars in addition to funding already allocated to WRPRAP from the Critical Access Hospital (CAH) Assessment.

Currently, the CAH Assessment funds an annual appropriation to WRPRAP of \$750,000. The additional funding in AB 797 would be provided for one fiscal year, beginning July 1, 2016.

During the 2013-15 biennial budget, Governor Walker and the state legislature made an unprecedented state commitment to Graduate Medical Education (GME) funding. The budget bill included a WHA-led initiative to invest \$5 million in additional GME training opportunities, with financial match requirements for hospital and health system program sponsors. This example of a partnership between the state of Wisconsin and WHA member hospitals has led to impressive results. In a little over two years, the program has already provided funding to establish seven new residency programs serving 34 Wisconsin counties and training 73 new physicians. In fact, the new GME program has been so successful that it may require a reallocation of this funding in the next state budget to ensure that the seven newly created residency programs can expand into the future.

According to WHA's widely cited *100 New Physicians a Year: An Imperative for Wisconsin*, state funding to support residency programs continues to be a wise investment to keep Wisconsin-trained physicians in this state. The data in WHA's *100 Physicians Report* shows that a medical student from Wisconsin that is educated in this state and also does their residency in Wisconsin has an 86% likelihood of staying to practice here. If the student is from another state, the likelihood that the physician practices here is still an astounding 70%.

The *100 New Physicians a Year* report was originally authored because of a physician shortage being experienced in all parts of Wisconsin, both urban and rural. That report found that by the year 2030, Wisconsin will need to educate and train an additional 2,000 physicians to practice in our state – resulting in 100 new physicians every year from 2011 to 2030.

More physician specialists in the areas of family medicine, internal medicine, general surgery, pediatrics and psychiatry are all needed to replace the aging physician workforce in our state. The GME program funded by Governor Walker in the 2013-15 state budget and supported by the state legislature targeted these specialties to help meet our state's current and future physician workforce needs.

We have attached a copy of the *100 Physicians Report* for members of the Committee. Please contact Kyle O'Brien at kobrien@wha.org or by phone at (608) 274-1820 with any questions.



STATE REPRESENTATIVE

KATHY BERNIER

February 5, 2016

Assembly Committee on Mining and Rural Development – Testimony on Assembly Bill 797

Chairman Kulp and committee members,

Thank you for scheduling Assembly Bill 797 for public hearing. Please accept my written testimony in favor of the bill.

I'm proud to co-author Assembly Bill 797 with Representative Brooks as part of the Rural Wisconsin Initiative. The bill increases program funding by \$250,000 and will allow the program to maintain its current service base while expanding residency programs for doctors pursuing obstetrics and gynecology specialties.

As we all are acutely aware, health care access is a significant concern in rural communities. As our state's average age increases, exacerbated by retirement of the baby boom generation, health care access concerns are sure to increase as well. Many current, and soon to be, retirees will face tough decisions when it comes to where to retire. The choices can be difficult – stay in Wisconsin, nearer to children and grandchildren or, move where access to affordable health care is plentiful and viewed as a top priority.

In 2010, the Wisconsin Legislature aimed to make rural health care access a priority and established the Wisconsin Rural Physician Residency Assistance Program. The goal of the program is to fund medical residency opportunities in rural Wisconsin communities, with the understanding that a physician would be more likely to practice medicine in a setting similar to the one where they received their training.

In 2015, the program awarded nearly \$600,000 in grants to rural hospitals, and provided financial aid to 77 of the state's 83 rural physician residency and fellowship positions (93%). Assembly Bill 797 builds on this success and targets our underserved rural senior population.

Again, thank you Mr. Chairman and committee members for your interest in this bill and for holding this hearing. Assembly Bill 797 recognizes and addresses a well-documented need in rural health care. I hope you will give it your full support.

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TOM TIFFANY

STATE SENATOR • 12TH SENATE DISTRICT

Testimony on Assembly Bill 797

Assembly Committee on Mining and Rural Development

February 4, 2016

I would like to thank Chairman Kulp and members of this committee for hearing Assembly Bill 797 (AB 797) today.

This bill is a part of the Rural Wisconsin Initiative that aims to provide focus and leadership to the discussion about how to expand the opportunities in rural Wisconsin. Access to quality healthcare is an important issue to rural Wisconsin. As the baby boom generation retires, this access will only become more important. With this in mind, the Wisconsin Rural Physician Residency Assistance Program was created in 2010. This program funds residency opportunities in rural Wisconsin, with the understanding that the physician would be more likely to practice medicine in a setting similar to the one where they received their training.

In 2015, the program awarded \$600,000 in grants to rural hospitals, and had a hand in funding 93% of the state's rural physician residency fellowship positions. Assembly Bill 797 would increase the program funding by \$250,000 to allow the program to maintain its current service base and expand opportunity for doctors pursuing specialty areas of medicine.

I would like to thank Representative Ed Brooks for his work on this bill. I also would again like to thank the Chairman and members of this committee for hearing Assembly Bill 797 today, and I ask for your support of this bill.

Tom Tiffany
Wisconsin State Senator
12th Senate District



EDWARD BROOKS

STATE REPRESENTATIVE

Testimony – Assembly Bill 797
Assembly Committee on Mining and Rural Development

February 4th, 2016

Chairman Kulp and Members,

As an advocate for rural communities, I know there are many advantages to living life in a less crowded, less condensed community. Open spaces are important, but when medical care is necessary, we all want to be able to see the doctor as quickly as possible.

A few years ago, legislators from both sides of the aisle, including myself, Representative Danou, and Representative Milroy, came together to support the creation of the Wisconsin Rural Physician Residency Assistance Program (WRPRAP). Since 2010, WRPRAP has been working to ensure that quality physicians train and remain in rural Wisconsin. The program funds residency opportunities in rural communities, with the understanding that a physician is more likely to practice medicine in a setting similar to the one where they received their training.

In 2015, the program awarded nearly \$600,000 in grants to rural hospitals, and had a hand in funding 77 of the state's 83 rural physician residency and fellowship positions (93%).

With the impending retirement of the baby boom generation, health care access will increase in importance for a large segment of the population, many of whom will be seeking an ideal place to spend their retirement years.

AB 797 increases program funding by \$250,000. This increase will allow the program to maintain its current service base, while expanding to provide even more residency programs in rural Wisconsin. I know that one of WRPRAP's goals is to establish OB-GYN residencies throughout Northern Wisconsin, and this funding could go a long way toward making that goal a reality. I will accept questions at this time.



TO: Members of the Assembly Committee on Mining and Urban Development

FROM: Robert N. Golden, M.D.
Dean, University of Wisconsin School of Medicine and Public Health

DATE: February 4, 2016

RE: Support for AB 797 – Wisconsin Rural Physicians Residency Program

Chairman Kulp and members of the committee: thank you for the opportunity to testify in support of AB 797, which would provide a one-time funding increase to the Wisconsin Rural Physicians Residency Assistance Program, or WRPRAP.

This program was established in 2010 with state funding to help address physician shortages in underserved areas of the state. Its primary aim is to expand opportunities and prepare new physicians for practice in rural areas of our state. We are pleased and proud to provide administrative support and leadership for this program, which is a wonderful statewide collaboration. WRPRAP awards competitive grants to develop new and expand existing sites for rural Graduate Medical Education, or GME, which is also referred to as residency training.

Grant awards include Wisconsin residency programs in family medicine, general surgery, internal medicine, pediatrics, psychiatry, and others. The GME experiences occur in communities with populations of less than 20,000.

We have enjoyed partnerships with Aurora Health Care in Elkhorn, the Baraboo Rural Training Track, the Monroe Clinic, and Gundersen Health System, among others. There has been significant growth in the number of communities engaged in offering rotations and in the number of resident rotations occurring each year.

As of July 2016, with support from WRPRAP, residency programs across the state have added ten positions and three more are under development.

We also participate in the Wisconsin Collaborative for Rural GME, which is another statewide effort. This program provides ongoing assessments, data, and technical analysis for rural sites interested in developing new GME opportunities.

We are very grateful for your support in retaining the funding for these activities in the most recent biennial budget, a total of \$750,000. That funding was briefly threatened as a kind of collateral damage during the difficult challenge of balancing the budget, but you recognized the incredible importance of this program and protected it. Thank you!

Assembly Bill 797 would award \$250,000 in one-time funding. This investment could help overcome limitations in providing rural OB/GYN services. Thirty percent of the counties in

Wisconsin do not have any practicing obstetricians to provide maternity services. This funding will support the development of a UW OB/GYN rural residency track training program, which would be the first in the country, and will help us expand the pipeline of rural based obstetricians.

We are enthusiastic to explore further opportunities to address the health care needs of our rural communities. In the 2014-2015 funding cycles, WRPRAP was simply unable to fund all requests at the level they deserved -- and requests for funding have been increasing each year. We are grateful for our current WRPRAP funding, and for this new one-time increase. Total funding will not currently meet the state's needs and, as a result, we will provide awards at levels lower than requested in order to fund largest number of applicant programs. We look forward to working with you through this funding process -- and into the future -- to determine more ways we can expand access to health care for our underserved rural and urban areas of the state.

Thank you again for the opportunity to testify. I would be happy to answer any questions.



Wisconsin Rural Physician Residency Assistance Program

Wisconsin Rural Physician Residency Assistance Program (WRPRAP) is a resource assisting health programs to expand opportunities and prepare new physicians to practice in rural areas.

A state-funded program administered by the University of Wisconsin since 2010, WRPRAP collaborates with statewide partners and competitively awards grants to develop new and existing sites for rural GME.

Grant eligibility includes Wisconsin residency programs in family medicine, general surgery, internal medicine, obstetrics, pediatrics and psychiatry, and involves GME experiences in communities with a population less than 20,000, at least 15 miles from a community population of 20,000 or more.

Past and Present Projects

Aurora Health Care (Elkhorn, WI)

2012 – 2017

- Designed 3-year curriculum for metro and rural sites
- Created Aurora Lakeland Rural Training Track to extend Aurora Family Medicine Residency Program
- Planning to recruit first resident to start 2017

Baraboo Rural Training Track (Baraboo, WI)

2012 – 2017

- Implemented online program for primary and acute care residency education
- Received funding for curriculum development

Monroe Clinic (Monroe, WI)

2012 – 2017

- Created hospitalist and emergency medicine fellowship program
- Implemented new rural residency program
- Received funding to facilitate first phase of Rural Family Medicine Curriculum on Women's Health

UW Dept. of Surgery (Madison, WI)

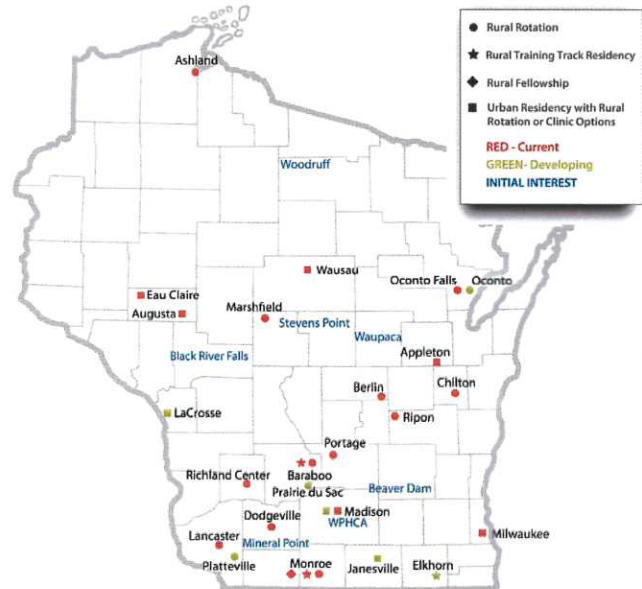
2013 – 2015

- Established new rural general surgery residency track
- Matched first resident in 2015

Gundersen Health System (La Crosse, WI)

2013 – 2017

- Designed new residency program curriculum
- Started new Family Medicine Residency Program
- Enhancing curriculum and rural faculty development



Active Sites for Rural GME

Wisconsin Collaborative for Rural GME (November 2015)

Wisconsin Collaborative for Rural GME (Statewide)

2013 – 2017

- Provides ongoing assessments, data analysis and technical assistance for rural sites interested in developing or expanding GME opportunities
- Developing partnerships with academic and community organizations in northwest Wisconsin

UW Dept. of Obstetrics & Gynecology (Madison, WI)

2015 – 2017

- Developing new rural OB/Gyn residency track
- Planning to recruit first resident to start 2017

2014 - 2015 Grant Funding

- Wisconsin Collaborative for Rural GME: \$160,427
Continuing Rural GME Outreach, Training and TA
- UW Dept. of OB/Gynecology: \$145,462
New Rural Residency Track
- Aurora Health Care: \$140,165
RTT Development
- Divine Savior Healthcare: \$86,311
Resident Rotations
- Gundersen Health System: \$58,224
Curriculum Development

TOTAL = \$590,589



TO: Assembly Committee on Mining and Rural Development
Representative Kulp, Chair

FROM: Jeremy Levin, MHA, Director of Advocacy

DATE: February 4, 2016

RE: SUPPORT Rural Wisconsin Initiative

The Rural Wisconsin Health Cooperative (RWHC), owned and operated by forty rural community hospitals, thanks you for this opportunity to share our thoughts on the seven bills that comprise the Rural Wisconsin Initiative. RWHC thanks the 21 lawmakers who have authored this effort.

RWHC has long supported cross-sector collaboration and realizes the need to improve more than just community health status, and that is why we wholeheartedly support the Rural Wisconsin Initiative. Some of our member hospitals have taken to community initiatives aimed at retaining a younger workforce by collaborating with high schools and tech schools to make sure students will have the skills needed to match the jobs available and other members have worked with employers in the area to make sure there is adequate child care available to entice young families to their communities and the jobs available.

AB793

Attracting and retaining good teachers is a challenge for rural schools. Health care has faced similar workforce challenges and one tool to attract health care workers have been loan forgiveness programs; these should be tried to attract new teachers, too. Such a program could help new teachers decide where to settle and where to teach, just as health care loan forgiveness programs are tied to practice. It would also encourage students interested in teaching to come back to their hometowns after their educations are complete, rural health education programs, such as the Wisconsin Academy Rural Medicine, seek a rural background to also gauge chance to practice in rural areas.

AB794

This bill requires the Higher Educational Aids Board to make student loan reimbursement payments on behalf of rural county residents. These "rural opportunity zones" will look to incentivize young people looking to relocate after finishing their post-secondary education. Currently, the demographics of rural areas skew older than more urban and suburban areas in the state; likewise, rural health care providers reflect these demographics and as they retire, good health care jobs will be available.

AB795

RWHC believes that the \$500,000 increase in Youth Apprenticeship program is another valuable tool for students. The program is designed for high school students who want hands-on learning in an occupational area



with classroom instruction. The funds go to rural schools, tech colleges and businesses that are working together to equip students with the skills they will need to succeed in their local industries.

AB796

The increase in the Apprenticeship Completion Award program, which partially reimburses eligible apprentices, sponsors and employers for certain costs of related instruction, will continue to support “on the job” training. Health care has had a long history in apprenticeship learning across different health provider professionals. This can support other health care focused entities like the Wisconsin Area Health Education Centers (AHEC) that seeks to improve access to quality health care by developing community-based health professions training programs and enhancing health education resources across the state by allowing students to experience firsthand the challenges, opportunities and rewards of health professions.

AB797

This bill supports the Wisconsin Rural Physician Residency Assistance Program (WRPRAP), which has successfully drawn physicians to rural communities. In 2011, RWHC Proposed the Wisconsin Rural Training Track Collaborative to the WRPRAP for start-up funding. In just three years these funds have made it possible to grow from the Collaborative’s initial eight organizations interested in developing and sustaining rural graduate medical education (GME) funding, to 28 hospitals, clinics, and residencies investigating and developing rural GME, and that number is growing. The new bill would propose an increase of WRPRAP funding by \$250,000, to strengthen residency programs for doctors pursuing obstetrics and gynecology specialties.

AB798

We support enhanced funding for rural broadband expansion grants. In 2007, RWHC Information Technology Network (ITN) incorporated as a 501(c)3 organization dedicated to providing member hospitals with shared health information services. In 2013, RWHC ITN became one of the first networks in the country to be designated as a Healthcare Connect Fund (HCF) Consortium, helping 29 hospitals and nearly 70 sites apply for broadband funding through the new FCC HCF subsidy program.

AB799

The purposed Rural STEM (science, technology, engineering and math) Grant legislation will help small school districts in rural Wisconsin communities start, expand, and maintain STEM education programs. These education programs help to shape students’ interests and prepare them to pursue the high wage, high demand careers that are involved in advance manufacturing that can be found in rural areas.

Thank you again for this opportunity to comment on and express our support for the Rural Wisconsin Initiative. We encourage the Committee to act on these bills so that they might become law and more can be done to help rural areas and the health care providers that serve these areas of Wisconsin.