



Joy Goeben

STATE REPRESENTATIVE • 5th ASSEMBLY DISTRICT

Testimony before the Assembly Committee on Regulatory Licensing Reform

Representative Joy Goeben

April 12, 2023

Hello, Chairman Sortwell and fellow members of this committee. Thank you for allowing me to testify on Assembly Bill 144. It is an important piece of legislation that will help streamline the process of credentialing and licensing of certain healthcare professionals, and allow trained professionals to efficiently enter the workforce sooner.

Wisconsin is dealing with a workforce crisis. It is a crisis that has been looming for decades, but is now upon us. This crisis impacts all professional licenses throughout Wisconsin, but is particularly problematic in our healthcare professions. These professions require extensive education and training, lasting years, and costing thousands of dollars. These professionals represent an important part of Wisconsin's economy, and with demand for these high-skilled jobs growing, there is a need to efficiently get these professionals working.

The issue is highlighted by the delays in approval of licenses as DSPS works through its process. Sometimes, highly qualified professionals wait for months to be approved. Though DSPS is improving, and these delays are shortened, it is not sufficient to meet the needs of employers and citizens in Wisconsin. An unacceptable number of doctors, nurses, therapists, chiropractors, and so many others are being prevented from working even though they have completed their required education and training. Because of the delays, Wisconsin is losing professionals trained here to other states. We cannot afford to let this go on any longer.

This legislation will streamline the transition from training and education to gainfully employed professional. Instead of waiting weeks and months for approval of a license, these highly trained professionals can begin working immediately upon completing their training and education, and after submitting the required application to DSPS.

This provisional licensee will, as is usual today, be under the supervision of the applicable governing board(s), and the employer, who has vetted and hired the professional. And the education and training has been passed by expert faculty at colleges and universities. Many times, too, there are licensing exams that need to be taken and passed. None of this will change. And of course, DSPS will have the final say, and will continue its role in ensuring that the applicant has all of the proper credentials.

This legislation is not meant to disparage the very important work that DSPS does to "dot all the Is and cross all the Ts." Rather, this legislation will allow highly educated and trained professionals, who will ultimately be granted their license, to get to work immediately. This legislation allows DSPS to take the time that it needs to process the applications of these professionals without interference.

I hope you support this legislation. It will help alleviate a crisis in Wisconsin's healthcare profession by letting highly qualified people get to work immediately. In turn, the entire state will benefit as these qualified and talented people stay in Wisconsin. Thank you for your time and consideration.



April 12, 2023

TO: Assembly Committee on Regulatory Licensing Reform
FROM: Mike Tierney, Legislative Liaison, Department of Safety and Professional Services
RE: Assembly Bill 144 - Preliminary health care credentials granted to previously unlicensed individuals

Good afternoon,

Thank you for the opportunity to provide written testimony for informational purposes on Assembly Bill 144.

First, I should note that Wisconsin has turned a corner on licensure over the past year. The fact is that in 2021 we issued more credentials than had ever been issued before in the history of the department. In 2022, thanks to modernization, process and procedure changes, and the hard work of staff, we surpassed the 2021 total.

As of May of last year, licensure software was modernized for all professions impacted by this legislation. On May 1 of this year, we are adding other business and trades credentials to the modern licensure platform.

When I began at the department, many had been experiencing extended licensure timelines for several years. Those timelines went up year after year after year during the Walker Administration. And that trend continued through 2021 despite DPS issuing more credentials than ever before. These extended timelines were due to increases in application volume, stagnant staffing levels, and antiquated software. In 2022 – because the Governor authorized temporary positions with federal funds and our efforts to modernize IT infrastructure - we have not only stopped that trend but reversed it, cutting overall licensure timeframes.

Today, a person who receives the education and training necessary to enter a profession can go online, create an application for permanent licensure, submit it, and then upload documentation as necessary. At this point, the receipt of the statute and rule exam results or national exam results are typically the last requirement to be met to issue a permanent credential. If an application does not require legal review or has been qualified via pre-determination, then we receive their statute and rule exam score and/or their national exam score and we issue the credential.

Under this bill, the two main criteria for issuing the preliminary health care credential are completion of education and training and the receipt of exam scores. Under current law, when a person has a clean application and has reached the point in the application process where these items have been met, we are issuing the permanent credential.

Why would someone want, or need, a preliminary credential as proposed in this legislation when they've met the requirements for the permanent?

The issue is that this legislation creates a preliminary credential process that employers may push that will cause resources to be diverted from processing and issuing permanent credentials. This will increase permanent licensure timeframes as this bill does not provide additional staffing for the additional processing required.

If we are to maintain the licensure timelines we have improved and are constantly seeking to make better, current staffing levels are not sufficient to address an entirely new credential type across the occupations covered in the bill.

If an individual has previously applied for determination under s. 111.335(4)(f) in a timely manner, that would eliminate the need for a legal review because they would have either been qualified or disqualified. If they have been disqualified, then no application for the preliminary credential under this bill should be advanced. However, the bill is written in such a way that it appears all applications will be forwarded. That would place the provider in the position of effectively taking steps to put the credential in place and, arguably, creating a property right for the credential holder who was not legally qualified to hold it in the first place.

Even if a background check produces results that create significant red flags, providers may very well still forward applications to the department rather than declining to do so to avoid the potential for litigation under Wisconsin's Fair Employment Act. This will place the department and respective boards in the position of not issuing a credential when their prospective employer has taken a statutory step to approve.

There is a substantial difference between a background check and a legal review.

When a person applies for a credential, part of the process is to have them make declarations. This includes stating whether they have convictions or pending charges. A yes response triggers the need for the completion of a form listing pending charges and convictions, and the provision of police reports, AODA statements if applicable, court documents, and the payment of an \$8 fee for a background check. This is done so that our legal staff can review the nature of the offense and make a determination if it is related to the job duties of the profession and would therefore preclude licensure under Wisconsin law.

Under the bill, the health care provider would be attesting to licensure solely based on what is seen in a background check. The department does not solely rely on a background check, but reviews police reports, AODA assessments, and applicant statements to obtain a far clearer picture of the seriousness of the conviction and if it could potentially pose a risk to clients and patients in the future.

An actual example may better illustrate the point. An individual applied for an RN credential. The individual had the requisite training and had passed exams. Her prospective employer had completed a background check and the single OWI on her record was not a concern to the employer and they thought she could just be fully credentialed. When our staff obtained police reports, AODA assessment documents, and the personal statement of the RN applicant, the picture we were provided was far different. Although this person had only been caught once, the AODA assessment and her reported daily intake of alcohol was a significant red flag. She had reported being sober only twice in the last six months. The reported level of alcohol consumption raised doubts as to whether this person would ever

be completely sober at work if licensed. Under current law, persons with these issues are going to be denied or issued a credential that is extremely limited in nature with monitoring requirements in place.

Again, we are making progress and strides to make Wisconsin a leader in issuing credentials quickly, efficiently and appropriately without sacrificing public health or safety. The role of the department and boards as both licensure authorities and regulators are vital. While we strive to work with applicants, our priority is the public.

We have increased transparency in the process of licensure in LicenseE which enables individuals to see what they need to provide and when documentation was provided. We are working to provide applicants with a clear, concise, easily understood path to licensure in the profession of their choice. The reality is that if a person reviews the website for their occupation on LicenseE, completes forms correctly and has them ready to go, they are going to get their credential more quickly than ever before.

The department simply asks that you support the budget requests that are already before the Joint Committee on Finance.

Thank you.



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TO: Assembly Committee on Regulatory Licensing Reform

**FROM: Ann Zenk, SVP Workforce & Clinical Practice
Jon Hoelter, VP Federal & State Relations**

DATE: April 12, 2023

RE: WHA Testimony in Support of AB 144; Relating to: preliminary health care credentials granted to previously unlicensed individuals.

Chairman Sortwell, and members of the Committee on Regulatory Licensing Reform, thank you for holding a hearing on AB 144, relating to: preliminary health care credentials granted to previously unlicensed individuals. The Wisconsin Hospital Association represents more than 135 hospitals and integrated health systems across the state, from small, rural, Critical Access Hospitals to large, urban academic medical centers, and everything in between.

While our members may differ greatly in the size of the community they serve, one consistent challenge they all face is how to meet the ever-increasing demand for health care services in an environment where every sector is experiencing a workforce shortage. Just yesterday, I had the privilege of providing a briefing for legislators and staff on our 2023 workforce report which highlighted the scale of the challenge our hospitals face:

While staffing at hospitals continues to rise, it is not keeping pace with demand as approximately 10,000 positions remain vacant in Wisconsin hospitals across the state. In fact, vacancy rates have increased for all 17 health care positions that we track – and nearly doubled overall from 5.3% in 2020 to 9.9% in 2021. Even worse, demographics are working against health care, as the highest utilizers of health care are those aged 65 and older who are also retiring from the healthcare workforce. It will be seven years from now when the last baby boomers turn 65, meaning that we have yet to experience the full impact of the baby boom generation on the demand for health care and, thus, our health care workforce.

Fortunately, we have had great partners in the Wisconsin Legislature and the Evers Administration. When faced with long backlogs in licensure for out-of-state health care workers, largely stemming from challenges surrounding the COVID-19 pandemic, the legislature passed and Governor Evers signed 2021 Act 10. This legislation allowed health care professionals licensed and in good standing from another state to begin practicing immediately while they waited for DSPS to process their license.

I'm proud to report that this legislation has been a tremendous success, helping us to recruit and staff up to better meet health care demand. Whereas we previously had hospitals report that they missed out on hiring a qualified health care professional because another state beat Wisconsin to the punch in issuing them a license, Wisconsin is now seen as a model for other states to emulate.

In fact, this legislation has worked so well, that our hospitals began wondering if we could duplicate this innovative process for new graduates. As many of you know, there tends to be bi-annual licensure backlogs when new classes graduate both at the beginning of summer and end of the year. The Department of Safety and Professional Services (DSPS) has made significant efforts to alleviate these challenges under the Evers Administration, partly by implementing a new, and long overdue, electronic licensure system. Despite this forward-thinking measure, licensure backlogs still remain – backlogs that could be greatly reduced by duplicating the 2021 Act 10 fast-track process for new graduates.

AB 144 would do just that, by allowing new graduates of health care training programs that have passed their required national exam and cleared a criminal background check to begin practicing immediately if they have attested to completing everything required for licensure and also have an employer offer them a job. The employer would also have to attest to the fact that the prospective employee has met all requirements for licensure, to the best of their knowledge.

We are optimistic that this reform will greatly reduce the number of people contacting their legislators to gain DSPS's assistance with fast-tracking their applications – a process which currently requires DSPS's licensure staff to interrupt their normal workflow to divert attention to such applications. Additionally, it will reduce the time crunch DSPS staff find themselves in when a glut of new graduates apply for licensure and need to obtain it quickly to meet hiring deadlines.

It is important to note that safeguards would remain in this process. DSPS would still be in charge of verifying that all the information applicants and third parties have submitted is accurate, and they would remain responsible for issuing them a permanent license once they deem an application to be complete. Health care employers would also be responsible for attesting to the fact that they believe a new graduate is fit to practice. Fortunately, hospitals and health systems already undergo a rigorous credentialing process for new applicants prior to offering them a job. They also partner the new employee with an experienced peer when they start working.

As impactful as we believe this legislation will be, it is not a panacea for all the challenges DSPS faces. WHA appreciates the work DSPS is doing to improve licensure backlogs, particularly in meeting with our members to better understand and troubleshoot current licensure challenges. We believe the current workforce challenge is an all-hands-on-deck moment for policy makers. In addition to passing this reform, and other bills that were recommended by the Legislative Council Study Committee on Occupational Licensure, we encourage the legislature to work closely with DSPS to analyze their budget request and allocate staff or other resources that will right-size the agency and enable it to better accomplish the important work it is entrusted with.

Thank you for the opportunity to speak in support of this important legislation. I urge you to support Assembly Bill 144 so we can build on the positive reforms Governor Evers and the Legislature have already begun, and help sustain and expand the workforce hospitals and health systems need to meet growing demand for care.



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**Assembly Committee on Regulatory Licensing Reform
Testimony provided in Support of AB144
Leigh Larson, MS
April 12, 2023**

Chair Sortwell and Committee members,

Thank you for holding a public hearing on Assembly Bill 144. My name is Leigh Larson. I am the Director of Graduate Medical Education and Medical Staff Administration for UW Health. I have been in my current role for almost nine years.

I am here today to speak in support of AB 144 because it would provide a mechanism to efficiently credential our health care professionals moving from education to their first Wisconsin license; thereby allowing them to begin serving patients more quickly.

Legislation passed in 2021 allows health care professionals licensed in another state to immediately practice in Wisconsin while they seek approval of their regular license. While this has been a very helpful option, many of our new health care professionals are not covered under this provision as they are coming out of training programs and applying for their first Wisconsin license. In 2022, out of 220 newly hired resident and fellow physicians at UW Health, only 20 qualified for a temporary license under 2021 Act 10. Other health care occupations are similarly challenged.

Most of our health care professionals begin work with us during the summer leading to a small window of time during which they all need to be licensed. Resident and fellow physicians have start dates based on their specialty that are consistent nationwide, all within a few weeks of each other in June and July. Incorporating a temporary license option for those coming out of training would allow them to start on-time, ensuring timeliness and continuity of patient care. As one physician completes training and leaves, another takes their place providing seamless coverage and care for our patients. Delays in licensing for any of our health care professionals cause a gap in the care team which may lead to delays for patients in accessing care.

Health care is a very regulated industry and those of us involved in the credentialing of our workforce take these regulations by the State and agencies such as CMS and the Joint Commission very seriously. We already complete the credentialing requirements in AB 144 attested to by the employer as part of the previously mentioned regulatory requirements. In my department at UW Health, I am not aware of any physician denied a license by DSPS in my tenure, so the risk to patient safety should be very low.

Furthermore, I believe Assembly Bill 144 stands to benefit the backlog at DSPS. Though there will be some additional work to grant a temporary license, the new temporary license will allow staff at DSPS to spread out the more in-depth work needed to issue regular licenses. The temporary license would drastically reduce the many contacts to DSPS that applicants and employers make checking on the status of their regular license. This saves work and stress for all involved. Most importantly, ensuring timely licensing provides better access to health care for residents of Wisconsin.

For these reasons, I ask for your support and encourage you to advance Assembly Bill 144 out of committee. Thank you for your time and attention today. I would be happy to take questions from committee members at this time.

Assembly Committee on Regulatory Licensing Reform

2023 Assembly Bill 144

Preliminary health care credentials granted to previously unlicensed individuals

April 12th, 2023

Chair Sortwell and members of the Assembly Committee on Regulatory Licensing Reform. SSM Health would like to thank the committee for the opportunity to submit written testimony in support of Assembly Bill 144, which would create a temporary preliminary health care license for new graduates while they go through the process of obtaining their permanent Wisconsin license. We appreciate the bill's authors for bringing this piece of legislation forward, and the work of the 2022 Legislative Council Study Committee on Occupational Licenses.

SSM Health is a Catholic, not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated health care delivery system. The organization's more than 40,000 employees and physicians, including approximately 14,500 in Wisconsin, are committed to providing exceptional health care services and revealing God's healing presence to everyone they serve. Our footprint in the state includes seven hospitals, ten post-acute care facilities, and more than 85 physician offices and other outpatient care sites.

As an employer of credentialed health care providers in the state, we engage in the professional licensing process often and have appreciated the work and communication from the Department of Safety and Professional Services (DSPS) in this space. In fact, it is our experience that in recent months DSPS leadership has invested in both proactive and reactive communications with stakeholders. An example of this is the "listening sessions" they have hosted with health systems in the state and the incorporation of thoughtful feedback directly into their operations.

We have also been pleased with the temporary licensing process created by 2021 Act 10 and thank the Legislature and Governor Evers for providing this expedited process for well-qualified candidates. While we are grateful for Department's effort, we also think that some of the licensing reforms included in the study committee's package would benefit the applicants, employers, and industries impacted by delays our organization has encountered in the licensing process.

One of those proposals is now AB 144, and we believe that creating this preliminary credential for new graduates would help get new employees to the point where they can start working in the role they were hired for – and want to do – more efficiently. SSM Health has strong partnerships with academic centers, and we want to help build a pipeline for Wisconsin graduates in the healthcare field to stay in the state. Even still we have witnessed cases where a new graduate has had their start date postponed because of delays with their licensing. There can be a wide array of reasons that contribute to interruptions in the licensing process, but we hope creating the temporary license process laid out in this bill – similar to those in 2021 Act 10 – will alleviate some of the setbacks that are more clerical in nature.

We also recognize the fact that the Department has requested more resources to help meet the workload from an increasing demand for licensure. With that in mind, we encourage the bill authors and DSPS to work together on understanding and coming to an agreement on any potential changes

in processes, department flexibilities, or resources that may be needed to ensure the reform in this legislation can be accomplished in a sustainable manner.

In a time where there are workforce shortages, especially in rural areas of Wisconsin, we want to make it easier for high-quality, skilled workers to provide essential frontline care for the communities we serve. We hope this can build off other helpful changes that have been made and look forward to working with the Legislature and the Department to make Wisconsin a best-in-class state for licensing.

Thank you again for the opportunity to provide comments in support of Assembly Bill 144. If you have any questions, please feel free to reach out to SSM Health's Director of Government Affairs, Ben Van Pelt, at benjamin.vanpelt@ssmhealth.com.



Wisconsin Society of Radiologic Technologists

4/12/23

Dear Chairperson Representative Sortwell, Vice Chair Representative Gustafson, and all members of the Assembly Committee on Regulatory Licensing Reform,

Please accept this testimony for the hearing on Assembly Bill 144 from the Wisconsin Society of Radiologic Technologists. Thank you for this opportunity to offer input on this important legislation.

The Wisconsin Society of Radiologic Technologists (WSRT) is the professional organization of radiologic technologists in the state of Wisconsin, and an affiliate of the American Society of Radiologic Technologists. Radiologic Technologists are the gatekeepers of Standard of Care diagnostic imaging by providing optimum medical image quality for patients, at the lowest possible radiation exposure. The Wisconsin legislature recognized that there is a clear public health and safety benefit to licensing radiologic technologists by passing 2009 Wisconsin Act 106, enacted on February 4, 2010. Radiologic licensure ensures the trusting patient population of Wisconsin that the administration of diagnostic x-ray radiation is performed by qualified personnel in all health care settings.

The WSRT is in strong support of the provisions of AB 144. The radiologic technologists of Wisconsin rely on the Department of Safety and Professional Services (DSPS) to process license applications on a timely basis to be part of the health care workforce. The WSRT is cognizant of the challenges experienced by applicants experiencing significant delays in receiving their licenses. It is not clear as to why some requests were in the system for weeks, and up to months in some cases. Queries about applications were difficult to resolve and often went unanswered. At the time of this hearing, there are over 250 radiologic technology students at the Wisconsin Association of Educators in Radiologic Technology's Spring Symposium in the Dells preparing to take their registry exam. Wisconsin's robust system of hospital-based and technical schools' programs graduate approximately 350 - 400 radiologic technologists each year. Within two months, most of these individuals will be credentialed, having taken their registry exam. AB 144 would allow these individuals to begin working to fill the great number of openings available in our state by granting them a preliminary credential. It is appreciated that AB 144 upholds the principles of the Chapter 462, created by the licensure law, and ensures that properly vetted personnel are employed in the field. Health care employers in Wisconsin would be very pleased to see the provisions of AB 144 enacted to enable qualified personnel to work in all licensed health care roles. It would facilitate recent graduates who may choose to move to Wisconsin to fill those positions. We thank this committee and the legislators who introduced and cosponsored this good-sense legislation for the promotion of quality and safe patient care in Wisconsin by credentialed and licensed individuals.

Respectfully submitted,

Sandra Helinski MBA RT (R), QM, MR,
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