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Testimony in Support of Assembly Bill 954 *Assembly Committee on Health, Aging and Long-Term Care* January 17, 2024

Chairman Moses and members of the committee, thank you for holding a public hearing on Assembly Bill (AB) 954.

Wisconsin, like many other states across the country, is facing a physician shortage. According to our state Department of Health Services, 33 out of 72 counties have been officially designated as Health Professional Shortage Areas (HPSAs), meaning the shortage of primary care physicians in these areas has led to the inability to meet the needs of their residents. As our elderly population continues to grow and life expectancy increases, the situation will only worsen.

By 2030, the country as a whole will face a shortage of over 120,000 physicians. That year, nearly 40% of American physicians will reach retirement age. To combat our own state's shortage, Wisconsin will need to acquire 2,000 more physicians.

So, what can we do to recruit more physicians to our state and help solve this issue? We need to eliminate barriers to employment for already fully-licensed physicians. Right now, Wisconsin has a redundant residency requirement. In order to practice in Wisconsin, fully-licensed physicians who have been trained in a foreign country must complete a residency in the United States. This, paired with a cap on the number of available residencies they must compete for with U.S. and international medical students limits fully-licensed, foreign-trained doctors from even attempting to get past this barrier.

AB 954 is crucial to our health care workforce because it will eliminate this redundant residency. These doctors have already gone through the training in their home country, sometimes having practiced for many years. Importantly, these doctors must have an offer of employment in Wisconsin to pass by the requirement.

Thank you again for this opportunity to testify in support of AB 954. I'd be happy to answer any questions committee members may have.



CORY TOMCZYK

STATE SENATOR • 29TH SENATE DISTRICT

AB 954

Assembly Committee on Health, Aging, and Long-Term Care

Wednesday, January 17, 2024

According to the Wisconsin Department of Health Services, 33 out of 72 counties¹ have been officially designated as Health Professional Shortage Areas (HPSAs). This designation applies only to areas with a severe shortage of primary care physicians, meaning they are unable to meet the needs of their residents. This shortage is projected to worsen as Wisconsin will need 2,000 more physicians by 2030.

The limit on available residencies applies to U.S. and international medical students alike, but the even bigger problem is that fully licensed physicians from other countries must complete a residency in the United States in order to practice in Wisconsin, competing for already limited slots with recent medical school graduates to complete training that is often very redundant.

As employers struggle to recruit and retain specialized healthcare workers, legal immigrants play a critical role in helping to address labor shortages. With an increase in demand for multilingual and culturally competent employees, internationally trained healthcare professionals are uniquely positioned to provide support across all healthcare settings. In Wisconsin specifically, 22.5% of all immigrants with professional and doctorate level medical degrees are employed in positions that do not require their level of education.² Many of these highly skilled immigrants could reduce the physician shortage but Wisconsin's redundant residency training requirements bar them from doing so.

AB 954 would remove that redundant residency training requirement, allowing internationally licensed physicians and physician assistants to begin practicing in the U.S. without years-long delays **as long as they have received an offer of employment here in Wisconsin**. Not only would this begin to decrease the physician shortage immediately upon implementation instead of kicking the can further down the road, we would see long-term increases in licensed physicians via increased availability for the residency spots that already exist. By reducing barriers to practice, Wisconsin can enhance its physician supply, benefiting physicians and patients alike.

I will be working on an amendment with Rep. Callahan to clear up some questions from a stakeholder that should be ready soon.

¹ <https://www.dhs.wisconsin.gov/publications/p0/p00460.pdf>

² https://www.americanimmigrationcouncil.org/sites/default/files/growing_demand_healthcare_workers_wisconsin.pdf

Testimony for Wisconsin AB 954, International Medical Graduates

Chris Jones

Cicero Action

Dear Chairman and Honorable Committee Members:

Thank you for giving me an opportunity to support Assembly Bill 954, authored by Representative Callahan and Senator Tomczyk.

My name is Chris Jones and I'm a Senior Fellow and Vice President for Healthcare for Cicero Action, a nonprofit that advocates for entrepreneurial solutions to public policy problems across the country.

America in general, and Wisconsin in particular, face a large and growing physician shortage. The effects of the shortage are most acute to rural residents right now. According to the Wisconsin Department of Health Services 2019 data,¹ 33 counties had shortages of primary care physicians, including 7 counties needing 10 or more new physicians to bring their numbers above "shortage" level.

Wisconsin's physician shortage will grow to more than 2,000 by 2030, and while this will still impact the rural areas of Wisconsin the most, it will soon affect most of the state; nearly one-third of Wisconsin physicians are over 60 years old.

AB 954 offers an immediate solution: Wisconsin can allow high-quality physicians who have completed a residency abroad and subsequently have practiced medicine without incident for a few years to practice medicine in the state.

Under current law, that internationally trained physician would have to re-do their residency here in the United States to practice. Balanced Budget Acts of 1997 and 1999 capped Graduate Medical Education funding for residencies which constrains the number of residency slots. Requiring well-trained already practicing physicians to fight for already limited spots does not make sense.

AB 954 offers Wisconsin a low-cost, safe, and effective way to solve this problem. The bill is simple. The Medical Examining Board may grant to an internationally trained physician a provisional license to practice medicine and surgery in Wisconsin if the following are met:

1. The applicant has an offer of employment as a physician in this state.

¹ ([Number of Primary Care Physicians FTEs Needed to Remove Shortages for the Resident Population \(wisconsin.gov\)](https://www.wisconsin.gov/population/primary-care-physicians))

2. The applicant has been granted a medical doctorate or a substantially similar degree by an international medical program.
3. The applicant has completed a residency program or a postgraduate medical training program that is substantially like a residency program.
4. The applicant has practiced as a fully licensed physician in his or her country of practice for at least 5 years after completing a residency program or a postgraduate medical training program that is substantially like a residency program.
5. The applicant has been in good standing with the medical licensing or regulatory agency of his or her country of practice for the 5 years preceding the application and does not have any pending disciplinary action before the medical licensing or regulatory agency.
6. The applicant has passed all steps of the United States Medical Licensing Examination administered by the National Board of Medical Examiners and the Federation of State Medical Boards, or their successor organizations.
7. The applicant has or will have prior to working as a physician in this state, a federal immigration status and employment authorization that enables the applicant to work as a physician in this state.
8. The applicant possesses basic fluency in the English language.

The Wisconsin Medical Examining Board will still have the authority to ensure that only highly qualified physicians are licensed, but the world's best doctors will no longer be denied from practicing in Wisconsin because of bureaucratic barriers.

AB 954 creates a necessary tweak to current law to help improve access to health care for Wisconsin residents and alleviate workloads for physicians who are leaving medicine at a pace faster than we can replace.

Thank you all for your time. I am happy to answer any questions you might have.



WISCONSIN ACADEMY
of
PHYSICIAN ASSISTANTS

To: Chairperson Moses
Members, Assembly Committee on Health, Aging and Long-Term Care

From: Stephanie Ludtke, PA-C, Legislative & Governmental Affairs Committee Co-Chair
Irum, Ziauddin, PA-C, Legislative & Governmental Affairs Committee Co-Chair

Date: January 17, 2024

Re: 2023 Assembly Bill 954, relating to provisional licenses
to practice medicine and surgery for internationally trained physicians and
physician assistants and granting rule-making authority.

2023 Assembly Bill (AB) 954 would provide a path for graduates of certain foreign-educated physicians or physician assistants to practice in Wisconsin. The Wisconsin Academy of Physician Assistants generally supports initiatives to expand access to care in Wisconsin and to help make Wisconsin attract more health care professionals to practice here. On behalf of the Wisconsin Academy of Physician Assistants, we respectfully request you support AB 954.

Under AB 954, physician assistants who are graduates of qualified foreign physician assistant or physician associate programs could be eligible to practice in Wisconsin, provided they meet all other qualifications to practice in Wisconsin.

Under current law, physician assistants, with few exceptions, must graduate from a physician assistant or physician associate program accredited by the Accreditation Review Commission on Education for Physician Assistants. To allow graduates of a qualified foreign physician assistant or physician associate program to practice in Wisconsin, AB 954 would allow the Physician Assistant Affiliated Credentialing Board – via rulemaking – to designate a foreign physician assistant or physician associate program as “substantially equivalent” to an educational program accredited by the Accreditation Review Commission on Education for Physician Assistants. All other requirements to practice in Wisconsin would remain the same for a foreign graduate, that is, the graduate would have to pass the national accreditation examination required of domestic graduates, as well as be required to speak English fluently, be lawfully admitted to work as a physician assistant in the United States, and that the applicant be in good standing with the licensing or regulatory institution in their country.

Empowering the Physician Assistant Affiliated Credentialing Board to determine which foreign programs are substantially equivalent to domestic programs would help ensure the quality of education, the quality of care, and the level of patient safety would continue to meet the standards set in Wisconsin. And requiring that this be done via rulemaking would ensure appropriate legislative oversight of which foreign programs are deemed substantially equivalent to domestic programs.

Physician assistants, whether educated domestically or in a qualified foreign program, would continue to practice as part of healthcare teams alongside other providers, such as physicians. Physician assistants have long served to expand access to care, particularly in rural Wisconsin, and allowing foreign educated

physician assistants – provided they, too, pass the national accreditation examination – could also help Wisconsin address its looming shortage of primary care physicians.

If have any questions after today's hearing, please feel free to contact R.J. Pirlot of the Hamilton Consulting Group at 608-258-9506.

Assembly Committee on Health, Aging and Long-Term Care
Written Testimony Provided by Robert N. Golden, MD
Dean, UW School of Medicine and Public Health
Wednesday, January 17, 2024
Re: Opposition to Assembly Bill 954

Dear Chairperson Moses and Members of the Committee:

Thank you for the opportunity to submit written comments outlining our opposition to Assembly Bill 954 (AB954) related to granting provisional licenses to practice medicine and surgery for internationally trained physicians and physician assistants. I will limit my comments to the impact the bill would have on physician training because that is my personal area of expertise but we also have reservations about this bill's impact on developing a strong PA workforce in Wisconsin.

On a positive note, I would like to thank the authors of AB954 who I believe are looking for innovative ways to address the serious shortage of physicians in our state. I am grateful to Rep. Callahan and Sen. Tomczyk and the cosponsors who signed onto the bill for their acknowledgment of the growing shortage of physicians which will erode the strong healthcare system Wisconsin patients have enjoyed for decades. However, I write today to express my opposition to AB954 because the execution of this legislation will have little to no impact on the physician shortage and could potentially expose patients to undue harm.

The heart of my objection is the bill's elimination of the requirement of residency training in an accredited program in our country, which is the single most important component of preparation for independent practice as a physician. The quality of residency training programs varies enormously around the world. Unfortunately, there is no objective, independent means of assessing the many international residency programs that would ensure their graduates are held to a standard that is acceptable to our national standards. The United States Medical Licensing Examination (USMLE) is referenced as an authority in this regard, but it is important to note the USMLE exam is designed to assess the adequacy of success as a *medical student* and preparation for residency training. It is not meant to assess the adequacy of an individual's *residency* training and preparation for independent practice. We contend some poorly trained graduates of inadequate residency programs could pass the USMLE with intense, focused book study, but doing so would not document their ability to successfully treat patients and interact with professional colleagues. This critical information is gleaned over many years by the direct supervision of residents by qualified faculty physicians who are committed to maintaining quality in our workforce. Faculty physicians take their role as mentors and educators very seriously because they are dedicated to patient care and safety in a way that sets our level of care apart from others.

My comments are not meant to disparage our international colleagues who hope to practice medicine in Wisconsin. We continue to welcome physicians from around the world as staff at our academic medical center after they have completed residency training at an ACGME-accredited program. In fact, I contend those international clinicians would be among the first to state there is significant variability in how residents are trained and supervised in other countries, and the residency training they received in our country has played a critical role in their success. Therefore, I hope you see fit to join me in opposing AB954.

Thank you for your consideration. Questions or comments regarding my testimony can be directed to me via our Director of Government Affairs, Connie Schulze at cschulze@uwhealth.org.