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STATE SENATOR • 29TH SENATE DISTRICT

SB 900

Senate Committee on Health
Wednesday, February 14, 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.

SB 900 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.

Attached is a document that outlines the changes made in Senate Substitute Amendment 1.

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

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

Senate Substitute Amendment 1 to SB 900

Section 2

- The board will be able to suspend a license if the licensee is no longer at a qualified employer as defined in the bill.

Section 6a

- We further defined the qualifying employer:
 - “The applicant has an offer for full-time employment as a physician in this state from a federally qualified health center, as defined in s. 253.075 (1) (e), a community health center, as defined in s. 250.15 (1) (a), a hospital, as defined in s. 50.33 (2), an ambulatory surgical center, as defined in 42 CFR 416.2, or any other health care facility approved by the board.”

Section 6 (dm)

- The applicant has to have practiced in at least one of the last five years in their home country.

Section 6 (em)

- Added “or another evaluation entity approved by the board” to make it flexible for future needs.

Section 7

- Making sure the licensee is regularly letting the board know, or upon the board’s request, they are employed at a qualified employer until their temporary license transitions to full licensure.

Section 8

- Rulemaking authority to define “substantially similar”.

Senate Amendment 1 to Senate Substitute Amendment 1

- This amendment removes physician assistants from the bill and makes the bill ONLY apply to physicians.
- **Section 9** is removed because it was only necessary in statute for physician assistants.



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Testimony in Support of Senate Bill 900

Senate Committee on Health

February 14, 2024

Madame Chair and members of the committee, thank you for holding a public hearing on Senate Bill (SB) 900.

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.

SB 900 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.

The substitute amendment addresses concerns identified through the public hearing in the Assembly and through conversations with the medical community. It ensures the Medical Examining Board has the ability to determine what “substantially similar” means when it comes to experience and training. It also tightens up the language around what is a qualified employer. Under the substitute, the licensee must regularly let the board know they are employed at a qualified employer, until their temporary license transitions to full licensure. Finally, the applicant has to have practiced at least one in the last five years in their home country.

The amendment to the substitute amendment removes physician assistants from the effects of the legislation.

Thank you again for hearing SB 900. I hope to have your support moving forward.

Chris Jones

Cicero Action

Dear Chairman and Honorable Committee Members:

Thank you for giving me an opportunity to support Senate Bill 900, authored by Senator Tomczyk and Representative Callahan.

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

America in general, and Wisconsin in particular, faces 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.

SB 900 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.

SB 900 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 ([Number of Primary Care Physicians FTEs Needed to Remove Shortages for the Resident Population \(wisconsin.gov\)](#))

1. The applicant has an offer of employment as a physician in this state.
2. The employment offer is from a federally qualified health center, a community health center, a hospital, an ambulatory surgical center, or any other health care facility approved by the board.
3. The applicant has been granted a medical doctorate or a substantially similar degree by an international medical program.
4. The applicant has completed a residency program or a postgraduate medical training program that is substantially like a residency program.
5. 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.
6. The applicant has practiced continuously as a physician in his or her country of practice for at least one out of the 5 years immediately preceding the date that the applicant submits an application for a provisional license.
7. 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.
8. 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.
9. 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.
10. 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.

SB 900 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.