



## WISCONSIN LEGISLATIVE COUNCIL

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### HEALTH CARE ACCESS

Marshfield Clinic  
Laird Center, Froehlke Auditorium  
Marshfield, WI

October 1, 2010  
11:00 a.m. - 3:30 p.m.

[The following is a summary of the October 1, 2010 meeting of the Special Committee on Health Care Access. The file copy of this summary has appended to it a copy of each document prepared for or submitted to the committee during the meeting. A digital recording of the meeting is available on our Web site at <http://www.legis.state.wi.us/lc>.]

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#### **Call to Order and Roll Call; and Approval of the Minutes of the August 24, 2010 Meeting**

Chair Kessler called the meeting to order. The roll was called and it was determined that a quorum was present. Chair Kessler gave opening remarks and thanked Marshfield Clinic for hosting today's hearing.

The minutes of the August 24, 2010 meeting were approved by voice vote.

COMMITTEE MEMBERS PRESENT: Rep. Fred Kessler, Chair; Sen. Luther Olsen, Vice-Chair; Reps. John Townsend and Amy Sue Vruwink; and Public Members Sandy Anderson, Terry Brandenburg, Mary Lu Gerke, Ted A. Kay, Nathan Luedke, Greg Nycz, Roberta Riportella, Robert Schmidt, Sheldon Wasserman, and Earnestine Willis.

COMMITTEE MEMBER EXCUSED: Public Member Curt Gielow.

COUNCIL STAFF PRESENT: Richard Sweet, Senior Staff Attorney, and Heidi Frechette, Staff Attorney.

APPEARANCES:

Robert Phillips, M.D., Marshfield Clinic; Erik Stratman, M.D., Marshfield Clinic; Michael J. Kryda, M.D., Ministry St. Joseph's Hospital; Judith Warmuth, Vice-President for Workforce, Wisconsin Hospital Association; Kenneth J. Kurt, D.O., Wisconsin College of Osteopathic Medicine; Jean Durch, Chippewa County Department of Public Health, Wisconsin Association of Local Health Departments and Boards, Wisconsin Public Health Association; Christine Hovell, Jackson County Public Health Manager and Health Officer; Richard Thoun, Eau Claire City-County Health Department; Jen Rombalski, Buffalo County Health Officer; Nancy Rublee, Price County Health & Human Services, Department of Public Health; and Gary Martin, D.D.S., independent general dentist.

### Public Hearing

[Note: PowerPoint presentations and other documents referred to by the speakers are posted on the committee's Internet site at:

<http://www.legis.state.wi.us/lc/committees/study/2010/ACCESS/index.html>.]

**Dr. Robert Phillips** welcomed the committee to Marshfield Clinic and introduced **Dr. Erik Stratman**. Dr. Stratman noted that the Wisconsin Academy for Rural Medicine (WARM) has the first class that is entering its final year. He noted that 65 residents and fellows are sponsored by either Marshfield Clinic or St. Joseph's Hospital. He added that the Centers for Medicare and Medicaid Services (CMS) cap how many residents they can sponsor at the hospital but that Marshfield Clinic and St. Joseph's expand beyond this cap number without reimbursement from the federal government.

Dr. Stratman went on to note the potential of telemedicine. He also suggested that the dental residency program could be expanded by eliminating a barrier in ch. 447, Stats. He added that when 2009 Wisconsin Act 190 was passed, which expanded use of residencies, Marshfield Clinic needed to be at the table.

**Dr. Michael Kryda**, the Chief Executive Officer of Ministry St. Joseph's Hospital, suggested that there are four ways in which the state could increase supply and retention of physicians: (1) develop and expand residency rotations; (2) increase residency slots; (3) create a generous loan forgiveness program; and (4) expand medical education. With respect to loan forgiveness, he noted that most new physician graduates enter residency training with debts from undergraduate education and medical school ranging between \$75,000 and \$150,000, and possibly more. With respect to the idea of creating a third medical school, he stated that this would be a significant expenditure and would take time to implement. He added that increasing the number of students will not help unless there is a good retention policy. In response to a question, he stated that the quickest retention policy to implement is use of scholarships and loan forgiveness.

**Judy Warmuth**, Vice-President for Workforce of the Wisconsin Hospital Association, had concerns about the current and future shortage of physicians, but also had similar concerns about shortages of physician assistants, advanced nurse practitioners, nurse faculty, and nurse leaders. She noted that there are available slots for nurses who wish to obtain a graduate degree, but it is hard for a

registered nurse to leave the workforce to obtain more education for a job that will not pay any more than the current job. She added that there is a need for a strategic plan to identify health care workforce needs. She also noted that there are three existing physician assistant programs, with one more coming on line that will add about 20 slots.

Ms. Warmuth suggested that what needed to be done was to: (1) increase the number of physician assistants and master's prepared nurses; (2) assure that new and existing programs provide the opportunity for clinical experience in rural and urban care delivery models; (3) encourage current employees and new graduates to practice in Wisconsin; (4) offer support for bachelor's-prepared nurses to obtain a master's degree; and (5) require a workforce survey for all health professionals at the time of license application and assure the capacity to use survey data to forecast workforce supply and demand.

**Dr. Kenneth Kurt** described the history of osteopathic medicine, which was developed 130 years ago. He stated that there is a strong emphasis on the inter-relationship of the body's nerves, muscles, bones, and organs, and that osteopathic medicine is the fastest growing health care profession. He compared the educational background of doctors of osteopathy (D.O.s) and medical doctors (M.D.s). He added that approximately 65% of practicing osteopathic physicians specialize in primary care areas such as pediatrics, family practice, obstetrics and gynecology, and internal medicine. He added that there is a goal of opening an osteopathic college of medicine in Wisconsin; currently there are 28 such colleges in the United States. A section 501 (c) 3. organization has been created for this purpose and various sites are being explored. Potential sites have included Milwaukee and the surrounding area, Racine, Marshfield, and Green Bay.

**Jean Durch**, Chippewa County Health Officer, stated that between 1990 and the current time, Wisconsin has had a lower health ranking among the various states. She stated that two measures that have consistently weighed on Wisconsin's overall ranking is the prevalence of binge drinking and the low per-capita funding; Wisconsin ranked last among the 50 states in those two categories. She added that the state's investment in public health financing ranks very low. She stated that the public health community asks the committee to support strategies that can fix the problems with our current system of funding public health through a combination of: (1) assuring that public health professionals receive comparable reimbursement service for services provided; (2) increasing Wisconsin's competitive advantage in applying for funding; and (3) eliminating unnecessary regulation to better manage available resources. She added that state funding should be provided to local health departments to strengthen community health through improved assessment, planning, and evaluation.

**Christine Hovell**, Jackson County Public Health Officer, stated that due to increasing demands on, and shrinking dollars from, the property tax levy, it has become difficult to maintain infrastructure in many local health agencies and to satisfy state mandates and core public health functions, such as communicable disease surveillance and investigation, human health hazard investigation, and nursing programs. A decrease in maternal and child health funding has resulted in a decrease in home visitation programs and in preventive resources for families through public health. She noted that the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and the Wisconsin Public Health Association (WPHA) support the provision of state funding for standardized community health assessment and improvement planning within local health departments and a requirement that a portion of funding be allowed to directly address community health improvement planning priorities and public health mandates. She added that the organizations are not suggesting statutory changes, just funding changes.

Sandy Anderson suggested that in Green County, Ohio, public/private councils were established to look for grants to fund public health. Mr. Luedke added that the public health system is efficient and that Wisconsin is last in the country in terms of state per capita funding for public health. He added that public health prevents and manages chronic diseases.

**Richard Thouné**, Eau Claire County Health Officer, noted that every local health department is mandated to investigate communicable diseases. When the incidence of these diseases goes up, there is a need to shift resources. However, the state should share in the cost of an increase in investigating communicable diseases. He also noted that his agency is finding it difficult to fill public health nurse vacancies.

**Jen Rombalski**, Buffalo County Health Officer, noted that it is often necessary to take a cut in pay and hours in order to work in public health. She described the turnover rate among public health nurses, with the average stay at her agency being one year and three months. She added that pay is a big issue. She also mentioned that there may need to be a merger of local health departments because of accreditation issues. She suggested tuition incentives for nurses to get their master's degrees and incentives for local health agencies to merge.

**Nancy Rublee**, Price County Public Health Hygienist, stated that health departments are efficient and that public health often acts as a conduit to community health centers. She suggested the following: (1) consistent, stable, equitable public health funding that covers the costs of programs in rural Wisconsin; (2) policy and regulatory decisions that support using the existing workforce to its full potential; (3) consideration of a model mid-level dental provider for Wisconsin that would increase production through community health centers; (4) supporting the mission and efforts of organizations such as Area Health Education Centers and the Wisconsin Academy for Rural Medicine in mentoring students that will return to rural areas; (5) supporting the incorporation of incentives for primary care providers working in rural underserved areas; and (6) increasing reimbursement for the provision Medicaid dental services. She also suggested allowing dental hygienists to practice within the scope of their license in any setting. She added that teledentistry has put oral health cameras in Head Start centers.

**Dr. Gary Martin, D.D.S.**, stated that dentists are being underpaid by Medicaid and are being reimbursed at 39% of charges, which is less than their overhead costs. He added that dentists need to be reimbursed on an equal basis, since federally qualified health centers receive reimbursement for dental services at a higher rate than dentists in private practice.

### **Plans for Future Meetings**

The committee will hold its next meeting at 10:00 a.m. on *Friday, October 22, 2010, at Isaac Coggs Heritage Health Center, 8200 West Silver Spring Drive, Milwaukee.*

### **Adjournment**

The meeting was adjourned at 3:30 p.m.

RNS:jb;ksm