

Please Support Growing WI's Health Care Workforce

- Congress must probe practices by nurse contract staffing agencies that have exacerbated health care workforce challenges.
- Congress should consider expanding access to foreign-born health care providers to provide immediate workforce relief.
- Congress should continue efforts to increase physician residency (GME) slots. Nearly 9 in 10 Wisconsin students who attend medical school and a residency in WI will stay and practice in WI.

WHA Ask:

Please support The Conrad State 30 and Physician Access Reauthorization Act (S.1810/H.R.3541) and Resident Physician Shortage Reduction Act (S.834/H.R.2256) to help grow Wisconsin's health care workforce.

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Wisconsin's Health Care Workforce Challenge

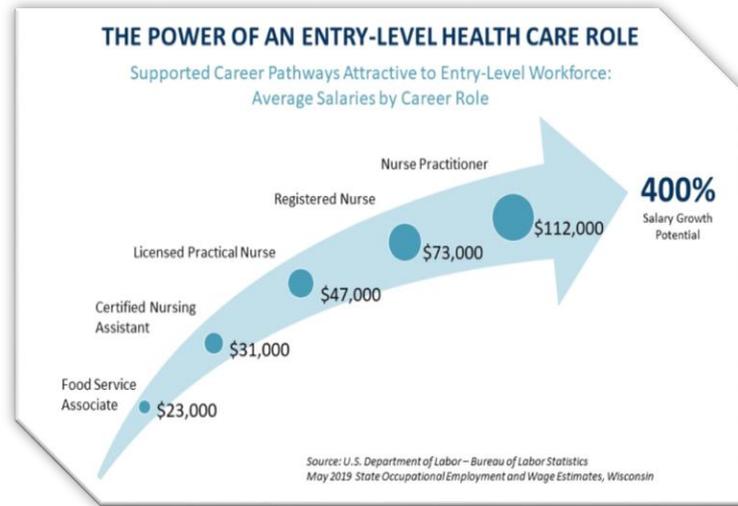
Growing demands on a shrinking pool of workers

Highlights

- Like other sectors of the economy, health care continues to face workforce shortages.
- Both entry-level positions like nursing assistants and advanced practice professions like nurse practitioners and physicians are some of the greatest shortages.
- Nurse contract staffing agencies' practices have exacerbated workforce shortages they are supposed to be alleviating and have driven up costs in the process.

The Health Care Workforce Cannot Grow Fast Enough

Wisconsin has long faced a "silver tsunami" –our age 75+ population keeps growing and requiring more services while at the same time the available workforce shrinks. Even with health care being a great field with growing career potential, and great interest in health care careers, our health care workforce cannot grow fast enough to keep pace with the escalating demands of an aging population.



Contract Nurse Staffing Agencies Have Added to Hospitals' Staffing Challenges

The spikes in COVID cases that occurred in both 2020 and 2021 resulted in severe staffing challenges for hospitals. Unlike ever before, hospitals relied on contract nurse staffing agencies bringing in traveling nurses to fill employment gaps. Unfortunately, the extreme demand for health care labor led to dramatic increases in costs – in some cases rising from \$75 per-hour to \$200 per-hour in the span of 6 months. Additionally, some agencies recruited nurses from one hospital only to deploy them in another hospital in the same community, but at a substantially higher cost and after skimming a hefty profit off the top for the staffing agency.

Congress Should Focus on Short-term and Long-Term Health Workforce Strategies

The COVID-19 pandemic has accelerated the onset of the silver tsunami. Hospitals have seen large numbers of retirements as increasing numbers of the large baby boom generation reach retirement age, and as younger workers become increasingly burnt out on the myriad challenges they face. WHA asks for your support to:

- Help us quickly replenish retirements by expanding access to special immigrant visas for physicians and nurses via programs such as the Conrad 30 J-1 Visa Waiver Program. [S. 1810/H.R. 3541](#) – **the Conrad State 30 and Physician Access Reauthorization Act** by Sens. Klobuchar (D-MN) and Collins (R-ME) and Reps. Schneider (D-IL) and Bacon (R-NE) would expand the number of foreign-born physician slots states could obtain from this program.
- Increase our longer-term physician pipeline with additional graduate medical education (GME) slots. [S. 834/H.R. 2256](#) - **the Resident Physician Shortage Reduction Act of 2021** by Sens. Mendendez (D-N.J.) and Boozman (R-Ark) and Reps. Sewell (D-AL) and Davis (R-IL) would add an additional 2,000 residency slots per year for five years – or an average of 40 per-state per-year.