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June 25, 2024

The Honorable Sara Rodriguez  
Lieutenant Governor, State of Wisconsin  
Room 19 East, State Capitol  
Madison, WI 53702

DELIVERED ELECTRONICALLY

Dear Chair Rodriguez,

The Wisconsin Hospital Association (WHA) and our over 150 members appreciate the formation of the Governor's Task Force on the Healthcare Workforce. Your travels across the state, the diverse membership of the task force, including several strong WHA-member leaders, and the resources provided to the group demonstrate a commitment to discern effective and sustainable solutions to health care workforce and demand challenges that will persist long after the last of the large baby boom generation reaches age 65 in 2030.

WHA also appreciates your thoughtful approach. As you noted during your visit with WHA's Public Policy Council on May 29, 2024, you are soliciting priorities from task force members and from key stakeholders and weighing both benefits and carefully looking for unintended consequences in your analysis of ways to "shore up" the health care industry's workforce.

The concept recommendations considered by the task force at your June meeting state how important it is to "gather the information needed to assess the workforce, identify shortages, and target and evaluate policy solutions." The task force has already had an opportunity to review and reference [WHA's 2024 Wisconsin Health Care Workforce Report](#). WHA's hospital and health system membership is made up of the state's general medical surgical hospitals, critical access hospitals, specialty hospitals providing long-term acute care and psychiatric services, rehab hospitals and VA hospitals. The data submitted by every hospital in the state every year provides the foundation for WHA's yearly workforce report; a report that has become a relied-upon guide for health care employers, educators and public policymakers on how they can best support a health care workforce to meet the needs of Wisconsin. Our 2024 report garnered extensive media coverage, as noted in the appendix to this letter, reflecting the importance of this issue and the quality of the report.

The headline of the 2024 report, as noted on the front page of the Wisconsin State Journal, is that "1 in 10 hospital jobs unfilled." Health care workforce shortages remain critical, although there are signs of stabilization, with nurse vacancy rates only slightly up from the prior year, and vacancy rates in key segments of the workforce, like nursing assistant and respiratory therapy decreasing slightly.

The efforts of hospitals, health care employers, educators and public policymakers are having an impact on the unprecedented workforce shortages hospitals have experienced over the past three years. We must continue to pursue both urgent and long-term sustainable solutions.

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**Working together to more rapidly grow the health care workforce, to protect health care workers from burden and burnout, and to best utilize the strengths and capabilities of the available workforce is essential to sustaining Wisconsin's high quality health care now and in the future.**

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There are multiple examples of public-private partnerships and policy changes helping sustain Wisconsin's health care workforce, including Wisconsin's "super-compact" established by [2021 Wisconsin Act 10](#), Wisconsin Board of Nursing [administrative rule changes](#) implemented by the Department of Safety and Professional Services to expedite new graduate licensure, trimming of COVID-19 and other data requirements to relieve workforce burden, and increased funding and crucial updates to the already-successful ["Grow Our Own" training grants](#) for graduate medical education (GME), advance practice clinician and allied health profession programs.

The challenges are many, but the progress made provides evidence and inspiration to advance further policy changes to support, sustain and grow Wisconsin's health care workforce.

WHA and our members, including those hospital leaders on the Governor's Task Force, agree with and support many of the Concept Recommendations presented to the group for weighting and prioritization on June 6<sup>th</sup>, 2024, but we are also concerned that some of the strategies voiced by task force members or invited presenters are not included in the document discussed in June.

*The Wisconsin Hospital Association urges the task force to add the following recommended proposals to the Concept Recommendations:*

**Recognize escalating labor costs by increasing Medicaid reimbursement for hospitals.**

- ✓ **Continue investing in increased Medicaid reimbursement for Wisconsin hospitals.** Statewide hospital data shows that Wisconsin's Medicaid reimbursement now only covers 62% of cost; a drop of several points in the last year due to increased expenses experienced by hospitals, largely driven by staffing and supply costs. This gap between reimbursement and expenses results in a patient care loss of over \$1.3 billion annually in Wisconsin hospitals from Medicaid patients, and shifts in payer mix, especially the number on people with Medicaid coverage as opposed to commercial insurance, can further widen the gap. Wisconsin's hospitals and health systems are the largest provider of care to Medicaid enrollees in Wisconsin. These serious challenges hit especially hard for Wisconsin's non-profit, safety-net hospitals that are often the sole providers of essential but money-losing services in their communities.

### Support Innovation.

- ✓ Expand on successful investments in grant programs to hospitals and health systems that wish to expand clinical training opportunities. Wisconsin's 2023-2025 biennial budget boosted allied health training grant funding by \$5 million and added registered nurse training as a qualifying profession for this funding. Since the last budget, Wisconsin hospital grant applications for this funding increased 5-fold; hospitals, health system and their partners in education are ready, willing and able to utilize this funding to "Grow Our Own". **WHA asks that the Task Force recommends the permanent reauthorization of this additional \$5 million in the next biennial budget.**

### Recruitment of Faculty.

- ✓ Reduce barriers to training to allow for experienced BSN nurses to have an expanded role in nursing education. Several states, including [Michigan](#), [Iowa](#), and Washington allow bachelor's prepared nurses to be nursing instructors. [Washington State](#) allows registered nurses with a master's degree in a health-related field to be nursing faculty in pre-licensure programs and in RN to BSN programs. **WHA asks that you recommend statutory changes in the upcoming budget to allow bachelor's prepared registered nurses to serve as nursing faculty with appropriate guardrails such as oversight by graduate-prepared nurse faculty and minimum related experience.**

### State Support for Early Pipeline Activities.

- ✓ Bring together government, non-profit and other private sector partners to communicate the value of health care careers to children, college students and adults looking for a new, rewarding career. WHA's health care career promotion paid media campaign and health care professions website, "So Many Options" (<https://www.wihealthcarecareers.com/>), has already had more than 100,000 views including 42,000 views by middle and high school students and their adult influencers by clicking on the paid ads. WHA and our campaign partners provided an up-front investment that has proven its worth, and state funding could help sustain the momentum gained. **WHA, and our major campaign supporter, the Rural Wisconsin Health Cooperative, ask that you recommend \$100,000 in funding to sustain and grow this campaign to communicate the value of health care career opportunities.**

### Reform Insurance Processes that Delay or Deny Care; It's a Workforce Problem.

- ✓ The burden foisted upon providers by insurance company prior authorization requirements and utilization review was well-described at the April 4 Task Force meeting during the Paquette Center presentation, but the burden on the health care workforce and barriers to care extend beyond behavioral health. Insurance company demands result in clinical staff spending hours on the phone just to get patients the care they need. This growing burden is widely and well documented, including [regular surveys by the American Medical Association](#) about the growing negative impact of prior authorization requirements on the physician workforce and patient care. Their most recent study said that physicians and their staff spend on average 14 hours (or nearly two workdays) of every week completing prior authorization for patients. The impacts of insurer prior authorization processes have an even graver impact on patients, resulting in ineffective initial treatments, increased emergency room utilization and hospitalization, and impeded access. **WHA and our members ask that you recommend state policy to stop this excessive use of prior authorization by insurance companies so that we can use the health care workforce we have for patient care, not paperwork.**

*While we support many of the Task Force draft concept recommendations, we do urge caution about the unintended consequences of recommendations that, while well-intended, will divert precious patient-care resources away from the bedside to regulatory compliance and reduce access to care. These include:*

- ✓ The American Hospital Association's [Regulatory Overload Report](#) estimates that the average size hospital allocates 59 full-time-equivalent positions to federal regulatory compliance and 25% of these positions are clinical, taking staff away from patient care. The cost of complying with just federal regulations is \$1,200 for every inpatient hospital admission, according to the same report.

The Concept Recommendations proposed adding staff to further regulate health care facilities and providers. **We implore you stop adding more regulatory burden to hospitals and providers. Instead, we recommend that the Task Force consider ways to reduce government regulatory burden on hospitals and our hospital workforce.**

Wisconsin's high quality health care system is reliant on our exceptional health care workforce. Wisconsin hospitals and health systems, and their partners in state government and education, have a great tradition of collaborating to create solutions for the most difficult issues. Our suggestions are offered in the spirit of this great tradition.

Sincerely,



Ann Zenk, MHA BSN RN  
Senior Vice President Workforce and Clinical Practice  
Wisconsin Hospital Association

cc: Governor Tony Evers  
Co-Chair DHS Secretary-designee Kirsten Johnson  
Co-Chair DWD Secretary-designee Amy Pachacek  
Members, Governor's Task Force on Healthcare Workforce

## Appendix

### WHA 2024 Wisconsin Health Care Workforce Report Media Coverage

#### ONLINE/PRINT COVERAGE:

Wisconsin State Journal: [Nearly 10% of hospital jobs in Wisconsin vacant, report says](#)

Also mentioned in: [La Crosse Tribune](#), [Lake Geneva Regional News](#), [The Chippewa Herald](#), [Kenosha News](#)

Wisconsin Public Radio: [Wisconsin health care staffing vacancies remain high as baby boomers retire](#)

InBusiness Madison: [WHA report shows almost 10% vacancy among state hospital jobs](#)

Wisconsin Health News: [WHA REPORT: HOSPITAL VACANCY RATES REMAIN CRITICAL, STABLE](#)

Wisconsin Examiner: [Report finds continued workforce struggles for hospitals and health care](#)

Also mentioned in: [Wausau Pilot & Review](#)

WisBusiness: [WHA report highlights health care workforce challenges](#)

Also mentioned in: WisBusiness: MON Health Care Report: WHA report highlights health care workforce challenges

WisPolitics: [WHA report highlights health care workforce challenges](#)

WEAU: [Wisconsin Hospital Association releases 2024 workforce report](#)

WKOW: [Annual report: Wisconsin hospitals struggle with healthcare workforce shortages](#)

Also mentioned in: [WAOW](#), [WXOW](#), [WQOW](#), [Health Leaders Magazine](#), [Rama On Healthcare](#)

WMTV: [Wisconsin Hospital Association: Health care workforce growth struggles to keep up with demand](#)

Urban Milwaukee: [State Still Faces Nursing, Healthcare Worker Shortage](#)

States Newsroom: [Report finds continued workforce struggles for hospitals and health care](#)

Public News Service: [Pressure eases, but WI still faces health-care workforce woes](#)

715 Newsroom: [NURSING POSITIONS REMAIN EMPTY](#)

Becker's Hospital Review: [Around 10% of Wisconsin hospital jobs are open, study finds: 5 updates](#)

Lake Geneva Regional News: [WisEye Morning Minute: 2024 WHA Workforce Report Capitol Briefing](#)

Urban Milwaukee: [10% of Wisconsin Hospital Jobs Are Now Unfilled](#)

**BROADCAST COVERAGE:**

WKOW: (3/11/2024 4:33 AM, 5:19 AM, 5:33 AM, 6:14 AM, 6:33 AM, 11:04 AM, 4:42 PM, 5:11 PM, 6:10 PM)

WAOW: (3/11/2024 4:00 PM, 5:14 PM, 6:05 PM) (3/12/2024 5:35 AM, 6:34 AM)

WEAU: (3/11/2024 5:01 PM, 6:01 PM) (3/12/2024 4:33 AM, 5:33 AM, 6:34 AM)

WISC-TV: (3/12/2024 6:16 PM) (3/13/2024 5:04 AM, 6:04 AM)

News Radio 1330: (3/12/2024 5:06 AM, 7:05 AM)

News/Talk 1310 WIBA: (3/11/2024 5:32 PM) (3/12/2024 5:36 AM, 7:05 AM)

WJFW: (3/11/2024 5:15 PM, 6:13 PM, 10:04 PM) (3/12/2024 12:39 AM, 6:36 AM, 8:27 AM)

WREX: (3/11/2024 10:08 PM) (3/12/2024 4:38 AM)

WLAX: (3/11/2024 9:07 PM)

Spectrum News 1: (3/27/2024 5:35 AM, 6:35 AM, 7:35 AM)

WTMJ-AM (Radio): (6/11/2024 1:13 PM, 1:10 PM)