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**TO: Assembly Committee on Health, Aging & Long-Term Care**

**FROM: Ann Zenk, Senior Vice President Workforce & Clinical Practice**

**DATE: November 8, 2023**

**RE: WHA Requests Support for Assembly Bill 618 to Expand Rural Physician Training**

In every one of my nursing roles for the past 40 years I have seen how access to medical care is impacted by the availability of our health care workforce. Patient care is particularly dependent on the availability of an adequately trained physician workforce across all specialties in sufficient numbers to meet the demands of the community they serve. I also witnessed firsthand the rigor and duration of the training required to create these physicians, and the resources necessary to sustain these programs. Hosting a residency program requires significant infrastructure commitments including staffing, residency accreditation, space and training for preceptors and other clinical instructors.

Creating a physician residency training program is a significant commitment by our state's hospitals. While many times training physicians retain employment in the community that provided their residency support, some do not. There is a cost to physician training with, sometimes, no guarantee that the physician will choose to stay in and serve patients in the same community they trained. While this is always a risk, our state's positive practice climate for physicians and the commitment that our hospitals and health systems make to physician training, oftentimes in partnership with the State of Wisconsin, has helped ensure that we are doing everything possible to attract and retain talented physicians in Wisconsin.

For example, in 2013, WHA worked with the Governor and the state legislature to create a grant program that funds and supports graduate medical training program grants to expand Graduate Medical Education (GME) residency slots in rural Wisconsin. Policymakers understood that investing in Graduate Medical Education is an important strategy to recruit and retain physicians that will serve Wisconsin residents. We know that 86% of Wisconsin-born, Wisconsin-educated medical students are likely to stay and practice in Wisconsin if they can do their residency training here. If they can't do their residency in Wisconsin, the likelihood they stay in Wisconsin after residency drops by a full 30 points.

Due to the strong commitment by the Governor and the legislature in 2013 and subsequent state budgets, 39 'Grow Our Own' graduate medical training program grants have formed public-private partnerships that have spurred a \$45 million investment in Wisconsin GME and, as a result, 60 additional physicians for Wisconsin each and every year.

Assembly Bill 618 enhances this successful program and allows Wisconsin hospitals and GME programs to grow even more GME training opportunities. Even with intense efforts to grow our physician workforce, and with new entrants to Wisconsin outnumbering those lost to other states, changes in work patterns and increases in demand could lead to a shortfall of more than 3,000 physicians by 2035.

A few simple changes to the current program, as proposed in Assembly Bill 618, will allow this grant funding to produce even more physicians for rural communities across Wisconsin.

Several current graduate medical education programs have expressed an interest in expanding their training capacity beyond the existing “cap” but are prohibited from doing so. This is due to a statutory limitation created in 2013 originally intended to ensure that as many graduate medical education grant programs could utilize this funding as possible. Today, with nearly a decade of experience, there is a broad distribution of grantees across the state. WHA strongly supports removing the \$225,000 per-hospital cap and allow hospitals to apply for funding that would match their potential to expand training opportunities.

The bill also provides assurances to expansion programs that they would be prioritized to sustain any commitment that a program would make to expand their existing residency program. While many hospitals view the state’s current program as a critical catalyst to expand their existing GME program, some have viewed its potential time-limited support as a barrier and have been hesitant to commit additional resources when future funding may be uncertain.

And finally, authorizing the use of already existing funding for training physician training consortia will allow small rural facilities to share infrastructure, and provide rural residency opportunities that would not otherwise be available.

It is important that the legislature pass these changes now, as the process that a hospital or health system will make internally to expand training capacity requires significant lead time. For instance, DHS offers expansion grant opportunities only once-a-year, in August, because GME program commitments need to be made before January to be included in the application process that medical school graduates undertake to be matched to a GME residency slot in March. Physicians matched in March begin their residencies in July, so the lead time from a grant application to a residency is almost a year. In other words, the earliest that these changes could possibly take effect would be for residency years that begin in July 2025.

WHA thanks Representative Novak, Representative Snyder, Senator Quinn and Senator Tomczyk for putting this important legislation forward. We respectfully request your support of Assembly Bill 618.