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Details:

(FORM UPDATED: 07/12/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on ... Public Health
(AC-PH)

COMMITTEE NOTICES ...

- *Committee Reports* ... CR
- *Executive Sessions* ... ES
- *Public Hearings* ... PH
- *Record of Comm. Proceedings* ... RCP

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- *Appointments* ... Appt
- *Clearinghouse Rules* ... CRule
- *Hearing Records* ... bills and resolutions
  (ab = Assembly Bill) (ar = Assembly Resolution) (ajr = Assembly Joint Resolution)
  (sb = Senate Bill) (sr = Senate Resolution) (sjr = Senate Joint Resolution)
- *Miscellaneous* ... Misc

Vote Record
Committee on Public Health

Date: _____

Moved by: Freese Seconded by: Wasserman

AB 976 as amended SB _____ Clearinghouse Rule _____

AJR _____ SJR _____ Appointment _____

AR _____ SR _____ Other _____

A/S Amdt _____

A/S Amdt _____ to A/S Amdt _____

A/S Sub Amdt _____

A/S Amdt _____ to A/S Sub Amdt _____

A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

Be recommended for:

☒ Passage ☐ Adoption ☐ Confirmation ☐ Concurrence ☐ Indefinite Postponement

☐ Introduction ☐ Rejection ☐ Tabling ☐ Nonconcurrence

Committee Member	Aye	No	Absent	Not Voting
Representative J.A. Hines, Chair	☒	☐	☐	☐
Representative Gregg Underheim	☒	☐	☐	☐
Representative John Townsend	☒	☐	☐	☐
Representative Stephen Freese	☒	☐	☐	☐
Representative Terri McCormick	☒	☐	☐	☐
Representative Sheldon Wasserman	☒	☐	☐	☐
Representative Tamara Grigsby	☒	☐	☐	☐
Representative Charles Benedict	☒	☐	☐	☐
Totals:	____	____	____	____

☐ Motion Carried ☐ Motion Failed

Vote Record
Committee on Public Health

Date: _____

Moved by: Frees Seconded by: Wasserman

AB 976 SB _____ Clearinghouse Rule _____

AJR _____ SJR _____ Appointment _____

AR _____ SR _____ Other _____

A/S Amdt 1

A/S Amdt _____ to A/S Amdt _____

A/S Sub Amdt _____

A/S Amdt _____ to A/S Sub Amdt _____

A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

Be recommended for:

☐ Passage ☒ Adoption ☐ Confirmation ☐ Concurrence ☐ Indefinite Postponement

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Committee Member	Aye	No	Absent	Not Voting
Representative J.A. Hines, Chair	☒	☐	☐	☐
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Representative John Townsend	☒	☐	☐	☐
Representative Stephen Freese	☒	☐	☐	☐
Representative Terri McCormick	☒	☐	☐	☐
Representative Sheldon Wasserman	☒	☐	☐	☐
Representative Tamara Grigsby	☒	☐	☐	☐
Representative Charles Benedict	☒	☐	☐	☐
Totals:	____	____	____	____

☐ Motion Carried ☐ Motion Failed


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Jeff Mursau

STATE REPRESENTATIVE • 36TH ASSEMBLY DISTRICT

TESTIMONY ON AB 976
Rural Doctor Initiative
2/22/06

Representative Jeffery Mursau

Chairperson Hines and members of the Assembly Committee on Public Health:

Access to healthcare is critical to maintaining good public health. However, many Wisconsin residents living in rural areas do not have easy access to a physician. According to a report by the federal Department of Health and Human Services, 20% of the nation's population lives in rural areas yet only 11% of practicing physicians are located in such areas.

I am offering Assembly Bill 976 as a way to improve access to healthcare in rural Wisconsin. AB 976 will provide an incentive to Wisconsin residents enrolled in either the University of Wisconsin Medical School or the Medical College of Wisconsin to practice medicine in a rural part of the state.

Under the bill, a resident medical student may receive up to $3,000 per year in the form of a loan from the Higher Education Aids Board (HEAB). The student is limited to a lifetime cap of $15,000. In exchange for receiving the loan, the recipient must agree to practice medicine in a rural part of Wisconsin for two years. After completing the first year of practice, 25% of the loan is forgiven. After the second year, an additional 25% is forgiven.

For this bill, I have used the US Census Bureau's definition of a rural area. I've included a map to show you specifically which areas are within a metropolitan area and which are considered rural.

I am working on an amendment that will increase the annual loan amount from $3,000 to $8,000 and raise the total cap from $15,000 to $40,000. Students entering the program would have an option of either a $15,000 loan with a two year commitment or a $40,000 loan with a four year commitment. The four year program would have a reimbursement schedule of 10% after year one, 10% after year two, 10% after year three and 20% after the final year. It's my hope that the longer a physician is in a community, the more likely it is that they will settle in that area.

Madison Office: P.O. Box 8953 • Madison, Wisconsin 53708 • Telephone (608) 266-3780 • Fax (608) 282-3636
District Office: 4 Oak Street • Crivitz, Wisconsin 54114 • Rep.Mursau@legis.state.wi.us

Increasing access to healthcare is important for rural Wisconsin. AB 976 will provide rural Wisconsin with better access to physicians. It will also allow our residents to more easily afford medical school.

Thank you for allowing me to testify in favor of AB 976. I welcome any questions you may have.


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Testimony in support of 2005 ASSEMBLY BILL 976
2/22/2006

Chairperson Hines and members of the committee, thank you for the opportunity to testify in support of Representative Mursau's bill, Assembly Bill 976. This Bill addresses a significant need for the citizens of Wisconsin. I am Dr. Byron Crouse, the Associate Dean for Rural and Community Health at the University of Wisconsin School of Medicine and Public Health(UWSMPH) and a Professor of Family Medicine.

Today, there is a geographic shortage and maldistribution of physicians that affects rural Wisconsin. While 33% of Wisconsin citizens live in rural areas, only 11% of physicians have rural practices. This compares unfavorably to national data where 20% of the population lives rural and 9% of physicians have rural practices. Eighty-three percent (60/72) of Wisconsin counties are designated as totally or partially underserved. Seventy-seven percent (77%) of the underserved counties are rural.

Madison (February 2, 2006)------ The number of physician vacancies in Wisconsin has reached unprecedented levels, according to the Wisconsin Office of Rural Health, which has successfully placed nearly 400 physicians in rural and urban areas in the past 25 years. Many of these placements have been in areas designated as Health Professional Shortage Areas (HPSAs). Randy Munson recruiter with the Wisconsin Office of Rural Health Physician Placement Program reports over 300 positions currently open for physicians here in Wisconsin. Roughly half of the job openings are for primary care physicians, which includes family medicine, internal medicine, pediatrics, and obstetrics/gynecology; the balance of which are in a variety of sub-specialty areas such as neurosurgery, orthopedics, and ENT

This shortage of rural physicians is projected to increase. The Wisconsin Hospital Association/Wisconsin Medical Society 2004Task Force on Physician Work Force projected a 15 to 20% growth in the need for physicians in WI by 2015 over existing shortages with rural areas being most vulnerable. As current rural physicians retire and as the population ages, there will be a need for more physicians. Further, the literature shows that rural citizens are generally sicker, poorer, older and more likely to be uninsured.

35 years ago, there was shortage of physicians in primary care and in rural WI.... Tommy Thompson through his legislative initiatives help establish the UW Department of Family Medicine(DFM)... since that time 1000 family physicians have been trained with graduates of the department practicing throughout WI... The DFM embodies the Wisconsin Idea with programs in Milwaukee, Appleton, Wausau, Eau Claire as well as in five sites in Madison.

The growth of the state and the change in the demographics of the citizens of WI and changes in medicine over the past 35 years has resulted in a need for this bill...

Current indebted student debt load now is excess of $130,000 at UW

(Note 10 years ago student debt was less than $55,000)

AAMC (Association of American Medical Colleges) reports "for the past two decades, over 60 percent of medical students are from families with incomes in the top quintile of all American families, while only 20 percent of medical students are from families with incomes in the lowest three quintiles"

- Medical students from lower SES (social economic status) backgrounds are much more likely to ultimately practice in rural and underserved settings.
- Scholarships make medical education available to more students from lower quintiles...

This bill complements other programs:

Rural Health Development Council manages the Loan Forgiveness Program

State and federal funds providing loan forgiveness to about 15 providers each year that are providing care in HPSAs

Wisconsin Academy for Rural Medicine (see attachment)

A new program being developed by the UWSMPH

Will increase the medical school class to 175 (currently 150)

Will select students with an affinity for rural practice

Will develop statewide clinical training sites for the third and fourth year of medical school promoting rural practice

Will focus on preparing students interested in multiple specialties for rural practice

Suggestions:

1) Provide a larger scholarship to help keep student debt lower and remove debt as a barrier to practicing in underserved regions - $10,000 per year up to $40,000 over 4 years
2) Use a simple, inclusive definition of rural

In summary:

I complement Representative Mursau and the co-sponsors of Assembly Bill 976. The challenges to meeting the rural physician work force in Wisconsin is complex and needs multiple initiatives to assure the rural citizens of Wisconsin access to quality, comprehensive health care. Assembly Bill 976 complements educational and other initiatives to this problem. Together we are developing a comprehensive approach to improve the health of rural Wisconsin.

WARM
Wisconsin Academy for Rural Medicine

Proposal to Increase the Supply of Physicians for the Citizens of Rural Wisconsin

BACKGROUND:

There is a geographic shortage and maldistribution of physicians that affects rural Wisconsin. While 33% of Wisconsin citizens live in rural areas, only 11% of physicians have rural practices. This compares unfavorably to national data where 20% of the population lives rural and 9% of physicians have rural practices. Eighty-three percent (60/72) of Wisconsin counties are designated as totally or partially underserved. Seventy-seven percent (77%) of the underserved counties are *rural.* This shortage of rural physicians is projected to increase. As current rural physicians retire and as the population ages, there will be a need for more physicians. Further, the literature shows that rural citizens are generally sicker, poorer, older and more likely to be uninsured.

These Wisconsin healthcare workforce shortages are documented in two recent reports: *Health Care Wisconsin*, a report of the Governor's Health Care Worker Shortage Committee (2002,) and *Who Will Care for Our Patients?: Wisconsin Takes Action to Fight a Growing Physicians Shortage*, sponsored by the Wisconsin Hospital Association and the Wisconsin Medical Society (2004.) In response to theses reports, the Wisconsin Council on Medical Education was established to seek solutions to this problem.

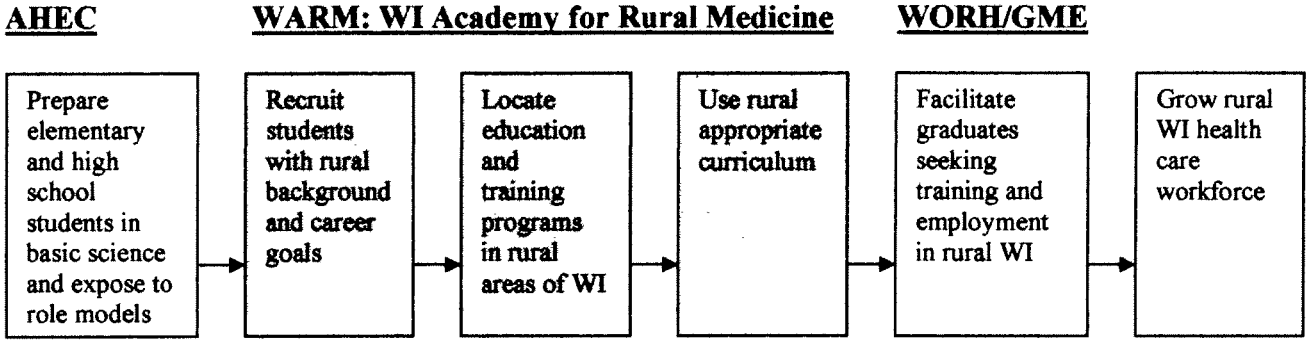
OPPORTUNITIES FOR UWMSPH:

The University of Wisconsin School of Medicine and Public Health *Strategic Plan* (2004-2006) supports enhanced regional relationships and statewide strategies "to reduce health and healthcare disparities in Wisconsin's rural communities." The medical school has successfully implemented a yearlong M4 educational experience at the Milwaukee Clinical Campus and the Longitudinal Rural Rotation (5-6 month rural immersion experience offered during the last 8 weeks of the third and first 16 weeks of the fourth year). There is an opportunity to expand on these concepts.

WISCONSIN ACADEMY for RURAL MEDICINE:

For the past year, a Wisconsin Partnership Fund for a Healthier Future planning grant has funded a state-wide coalition of health systems, providers and communities interested in being part of the solution to the rural healthcare provider shortage and disparities. They have developed an action plan and propose the development of **WARM—the Wisconsin Academy for Rural Medicine**—a "school within the school" at the University of Wisconsin Medical School. WARM will be dedicated to improving the supply of physicians in rural Wisconsin and improving the health of rural Wisconsin communities. This comprehensive rural medical education program proposes to increase the size of the

medical school class (by twenty-five students) and to fill these seats with a targeted admissions process designed to select those students most likely to develop rural medical practices in a variety of specialty areas. These students will participate in a longitudinal educational curriculum designed to prepare them for rural practice by providing extensive clinical training in rural Wisconsin settings. WARM is an evidence-based approach to solving Wisconsin's physician shortage. Yet, the length of the rural clinical experience, the breadth of the proposed WARM program—from UME to GME to CME—and the fact that no other rural program nationally has embraced laying the foundation for work in multiple specialty areas makes WARM unique and innovative. WARM will serve as the **keystone** for a Wisconsin Rural Pipeline for physician manpower development.



Wisconsin Rural Pipeline (adapted from recent IOM report)

HOW WARM WILL WORK:

Targeted Admissions: To guarantee the success of the WARM program the UWSMPH Admissions Committee will be asked to develop a method for identifying students with an affinity for rural practice. Currently, nearly 50% of the medical students come from five metro counties (Milwaukee, Waukesha, Ozaukee, Washington, and Dane) and less than 20% of UWMS medical students indicated hometowns in rural Wisconsin counties on their medical school applications despite 33% of the population being rural. Yet, evidence from successful rural programs nationwide demonstrates a powerful correlation between rural background and experience and future rural medical practice. A dialogue has already begun and members of the current Admissions committee are participating in the development of the WARM admissions process.

WARM Sites: WARM rural training sites will be developed using a regional approach with five students in each "rural learning community". Proposed sites for WARM clinical training in the third and fourth years of medical school will be sponsored by the Marshfield Clinic, Gundersen Lutheran—LaCrosse, and Aurora Bay Care—Green Bay. Each region will be anchored by regional clinical facilities and faculty from some of Wisconsin's major health care systems. Rural community clinics, physicians, public health professionals and communities, in collaboration with these centers, will provide additional and highly relevant training.

Rural Curriculum: WARM will encompass a four year educational experience. During the first two years WARM students will participate in the traditional curriculum in Madison and be required to select at least one elective a semester relevant to common issues in rural practice. WARM students will also participate in monthly Rural Interest Group Meetings and summer externships. During the M3 and M4 years, WARM students will relocate to their assigned regional, rural learning communities. In addition to providing the core clerkships and many electives in the WARM sites, a rural core curriculum will be taught over the course of the four years of training. Added emphasis will be placed on faculty development with the WARM preceptors. Evaluation methods will be the same as those utilized with all UWSMPH students. It is acknowledged that this will require resources and commitment on the part of UWSMPH-based faculty to develop curriculum that is portable, but given the existing distance learning capabilities, the resources of the state-wide campus, and the current dispersion of student experience, this is a challenge which is being addressed. Students will be able to take electives in Madison, other states or in international locations on a limited basis. Population health will be integrated into the rural-based curriculum through collaboration with local health departments.

Regional Student Support Services: Services provided by the Office for Students Affairs, residency search and application support services, financial aid and student health services will need to be coordinated and provided as appropriate in the regional locations.

Funding: Additional planning and program design are needed over the next five years (2005-2010)—Developmental Phase. MERC funding for a Strategic Initiatives Allocation is being sought to fund this phase of WARM development. Efforts are underway to detail the long-term sustaining budget for WARM. It is projected, based on 2005 tuition dollars, that when fully implemented with twenty-five students per year, there will be $2,200,000 in new tuition dollars and a budget can be built around those numbers that can sustain the program. Our community partners will be making considerable "in-kind" contributions to this program in order to sustain the program at this level of funding.

WARM CAN MAKE A DIFFERENCE:

"Medical educators and policy makes can have the greatest impact on the supply and retention of rural primary care physicians by developing programs to increase the number of medical school matriculants with background and career plans that make them most likely to pursue those career goals. Curricular experience and other factors can further increase these outcomes, especially by supporting those already likely to become rural primary care physicians." (Rabinowitz et al. Critical factors for designing programs to increase the supply and retention of rural primary care physicians. *JAMA* 2001;286:1041-1048.)

". . . scientific studies available to health educators and policy makers show there are predictable factors that influence recruitment and retention in rural areas. Policies

should be aimed . . . both selecting the right students and giving them during their formal training the curriculum and the experiences that are needed to succeed . . . in rural settings. (Brooks et al. The roles of nature and nurture in the recruitment and retention of primary care physicians in rural areas: A review of the literature. *Acad Med* 2002;77:790-798.)

". . . medical schools must continue to make efforts to interest their students in careers as rural practitioners. And they must also try to enroll students for whom the advantages of being rural doctors outweigh the problems and who thus will make long-term commitments to rural care..." (Whitcomb, ME. The challenge of providing doctors for rural America. *Acad Med* 2005;80:715-716.)

FOR MORE INFORMATION on WARM:

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Email: bjcrouse@wisc.edu


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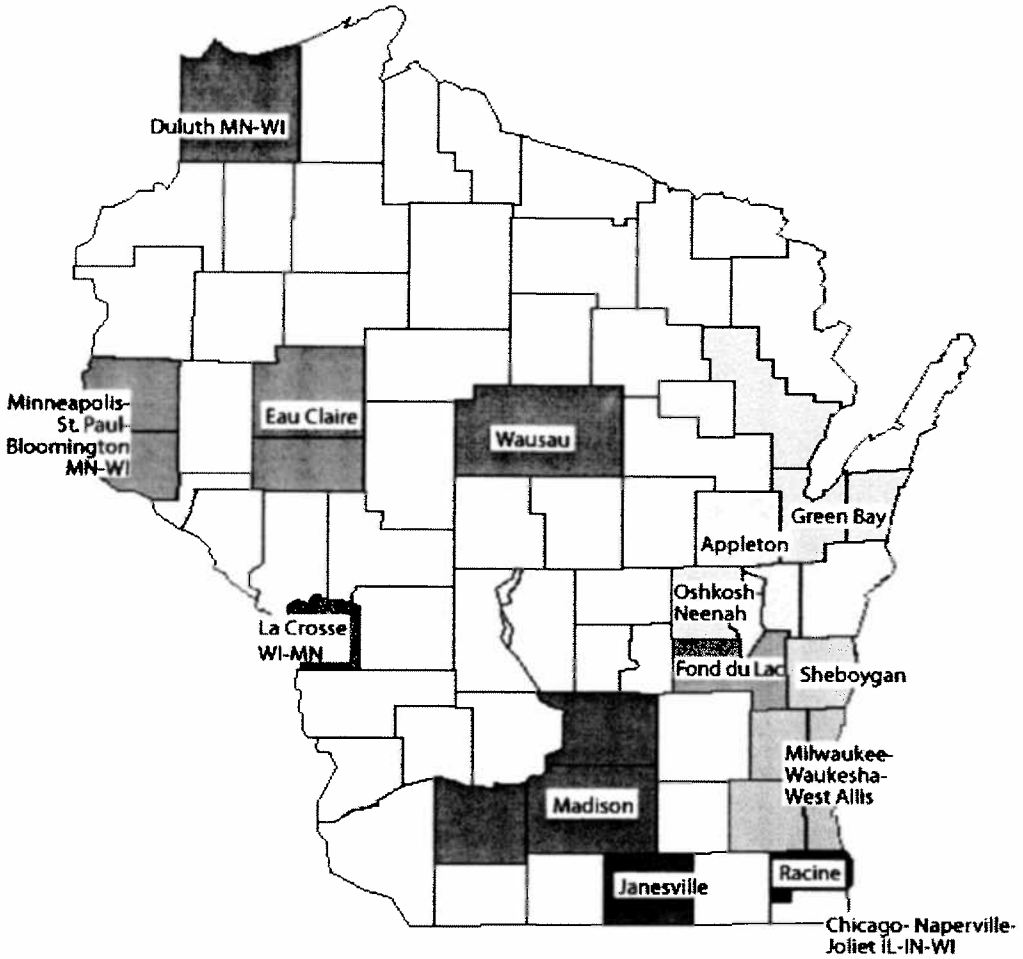
Estimate of costs to attend UW-Madison Medical School

	Med 1 10.5 Months	**Med 2** 12 Months	**Med 3** 12 Months	**Med 4** 12 Months
Tuition	$23,070	$ 23,070	$ 23,070	$23,070
Books	1,320	1,490	1,540	1,040
Room and Board	8,085	9,240	9,240	9,240
Miscellaneous	2,768	3,150	3,150	3,150
Instruments	660			
Travel	1,155	1,320	1,320	1,320
Health Care	1,523	1,740	1,740	1,740
Resident Total	$39,390	$41,320	$41,320	$41,320
Nonresident (Add extra Tuition)	11,790	11,790	11,790	11,790
Nonresident Total	$51,270	$53,200	$53,200	$53,200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