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(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on Colleges and Universities...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

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

* Contents organized for archiving by: Stefanie Rose (LRB) (November 2012)

- Joe Handrick, Madison — WI Occupational Therapy Association
- Marilyn Rinehart, Sun Prairie — Self
- Joanne Ricca, Milwaukee — Wisconsin State AFL-CIO
- Paul Gabriel, Madison — WI Tech College District Boards Association

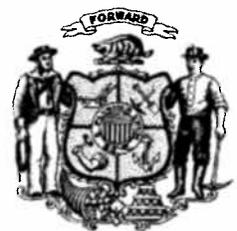
May 4, 2006

Failed to concur pursuant to Senate Joint Resolution 1.

Christian Schneider
Committee Clerk



WISCONSIN STATE LEGISLATURE



WISCONSIN HOSPITAL ASSOCIATION, INC.

September 10, 2004



The Honorable Robin Kreibich
Chair, Assembly Committee on Colleges and Universities
107 West State Capitol
Madison, WI 53708-8952

Dear Representative Kreibich:

Because the Wisconsin Hospital Association is vitally interested in the education of health professionals in Wisconsin, I attended the hearing of your committee on August 31, 2004. I am very concerned about some of the testimony provided at that hearing and wish to clarify points made during an interaction between Representative Marlin Schneider and Wisconsin Technical College System Interim President Daniel Clancy. Representative Schneider asked why the Technical System had not increased the number of students in nursing programs at a faster pace. Mr. Clancy responded that hospitals were unable to accommodate more learners for clinical experience. This statement is inaccurate.

Hospitals throughout Wisconsin have been clear in their willingness to work cooperatively with all of Wisconsin's schools of nursing to increase the number of students enrolled and involved in clinical learning. Hospitals in Wisconsin donate classroom space, laboratory space, and clinical faculty to nursing programs. They also offer tuition reimbursement and loans to employees. We have members that provide paid time to staff to attend classes.

What is true is that there are limits to the number of students that can be present on any single hospital unit at a given time. For most schools of nursing the only time they are interested in student experiences is daytime hours, Monday thru Friday. Hospitals have repeatedly offered evening and weekend experiences to programs, most often to be turned down. . Our members have often expressed to me their frustration when those offers are declined.

As validation of this situation, I will offer an example from the last meeting of the Wisconsin Board of Nursing. At the July 29 meeting of the Board, Bryant & Stratton College presented their curriculum for approval to admit their first class of nursing students. Nursing Board member Jacqueline Johnsrud asked school representatives if they had had trouble finding clinical placements in the crowded Milwaukee market. Nursing Faculty from Bryant & Stratton replied that they had had absolutely no problem

The Honorable Robin Kreibich
September 10, 2004
Page 2

finding clinical opportunities. They further explained that students at Bryant & Stratton are working adults looking for evening and weekend learning experiences that allow them to maintain employment while in school. For that reason, the school had sought clinical learning during those hours and found hospitals very willing and able to accommodate new student groups.

There are adequate hospital clinical learning experiences available for increased nursing school enrolment. Those experiences will be available to schools that are willing to be flexible in the time and day that such experiences are scheduled.

I appreciate the opportunity to provide this information to you and your committee members and wish to repeat the Wisconsin Hospital Association's commitment to the education of health professions. If you have any questions, please feel free to contact me by calling 608-274-1820.

Sincerely,



Judy Warmuth, RN,
Vice President, Workforce Development
Wisconsin Hospital Association

Cc: Daniel Clancy, Interim President, Wisconsin Technical College System

Assembly Committee on Colleges and Universities Members:

Rep. Gottlieb, Vice Chair

Rep. Underheim

Rep. Nass

Rep. Jeskewitz

Rep. Krawczyk

Rep. Towns

Rep. Shilling

Rep. Pocan

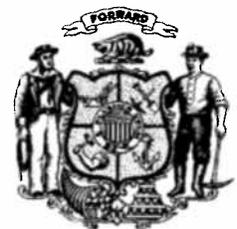
Rep. Balow

Rep. Black

Rep. Schneider



WISCONSIN STATE LEGISLATURE



**Senate Committee on Higher Education and Tourism
Assembly Committee on Colleges and Universities
Joint Meeting, March 2, 2005**

**Testimony
Presented by
Daniel Clancy, President
Wisconsin Technical College System**

Thank you, President Reilly. I would also like to thank Senator Harsdorf and Representative Kreibich for extending an invitation to address both committees on higher education.

President Reilly has spoken to you about the ongoing efforts of the two systems to improve transfer opportunities for technical college students seeking to continue their education in the University of Wisconsin System.

The first five points of the transfer agreement President Reilly described dealt with the concrete steps to improve transfer from the WTCS to the UWS.

The sixth point of the transfer agreement called for creation of a joint committee appointed by the Board of Regents and the Technical College System Board.

This joint Committee on Baccalaureate Expansion was charged with taking a more comprehensive look at cost effective strategies to increase access to baccalaureate education in Wisconsin. I would like to provide an overview and update on the Committee's recommendations and on our plan to implement those recommendations.

When the Legislature established our two Systems in the early 1970s, the mission of the WTCS was to prepare its students for employment in occupations requiring less than a baccalaureate degree. Now, Wisconsin's economy is in transition. We are in the process of moving to a new knowledge-based economy in which success will depend on how well and how quickly we can put what we know to work. A key indicator of the new economy is the percentage of jobs requiring higher education.

You have already discussed how Wisconsin lags behind our neighboring states in terms of the number of residents with a baccalaureate degree. In 2000, Wisconsin ranked only 30th among the states in the percentage of the adult population with a baccalaureate degree and continues to lag far behind our neighboring states of Minnesota and Illinois. Just to match the national average, Wisconsin would need to add more than 72,000 additional college graduates to its population over the next ten years. President Reilly and I believe that as a result of COBE and the ongoing discussions taking place between our two Systems, Wisconsin's higher education institutions are positioned to meet this challenge.

The educational needs of Wisconsin's employers and its workforce are evolving and our postsecondary systems must respond to those needs. Success in today's labor market requires

continuing education and training, not just beyond high school, but over the course of a lifetime. While our technical college graduates readily find good paying jobs, increasingly they need and want access, not just to continuing education, but to baccalaureate education as well. I would like to assure the members of the committees that the WTCS focus remains on preparing our students to begin their careers. At the same time, we need to create more seamless pathways for our graduates into the UW System. We at the technical college system see COBE and implementation of the recommendations that it developed as playing a major role in helping Wisconsin develop the workforce our state will need.

COBE began its deliberations last Spring. The Committee's final report was completed in January 2005. Copies of the final report from COBE and the Executive Summary have been made available to you today.

I would like to point to some features of the COBE effort that have distinguished it from our other work on improving transfer. First, COBE was chaired by Regent Chuck Pruitt and WTCS Board President and Regent Brent Smith and four other Board members were part of the Committee. Second, the Committee included not only active involvement of members of the two governing boards but also System administrators, faculty, and students. Third, the Committee highlighted the need to develop strategies to serve groups that are currently under-represented in higher education—working age adults, students of color, and students from lower income families.

The recommendations from COBE are summarized on the back of the Executive Summary. These 13 recommendations fall in to three broad categories:

- A set of strategies that address some programmatic changes and collaborative ways of delivering instruction. These include new degree options for technical college graduates and additional opportunities for students to access baccalaureate education provided by UWS faculty at technical college campuses. These efforts should be driven by labor market demand. Our goal is to identify programs, degrees, and areas in which to expand services that will meet the needs of the state's employers as well as student demand. Some of the areas discussed include new or expanded programs and degrees in fields such as business, health care, and engineering. These programmatic strategies will be particularly important tools to increase access for place-bound, working adults—people with strong ties to their communities and who are most likely to remain in Wisconsin once they have gotten their baccalaureate degree.
- A second set of strategies that focus on increased outreach, counseling, and advising efforts for high school youth, young adults, and returning students; and
- A commitment to advocate jointly for increased state and federal financial aid to increase access to higher education for students from lower income families.

Finally, the report recommends the establishment of an implementation process to ensure that the two Systems continue to work together on these issues. President Reilly and I have already begun meeting to discuss that process. We have agreed to establish a steering committee

charged with overseeing implementation of the COBE recommendations and we have begun inventorying existing collaborative efforts between the state's technical colleges and UW System institutions.

A key suggestion coming out of COBE was that we should encourage technical colleges and UW campuses to pilot implementation of the recommendations. Our inventory will provide us with some baseline data to evaluate the pilot efforts. One of the key things we want to do by encouraging piloting of the recommendations is to be able to identify what works. That information should help both the WTCS and the UW System to target our resources to encourage further collaboration.

We recognize that none of the recommendations alone will be sufficient by themselves to dramatically increase the number of baccalaureate degree holders in Wisconsin. But, implementation of the proposals as a whole holds promise for increasing access to opportunities for higher education for Wisconsin's residents.

I want to emphasize that these strategies seek to:

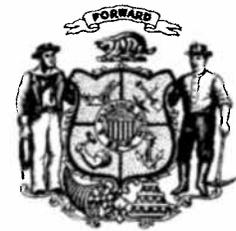
- expand access to diverse populations,
- provide market-driven solutions, and
- build the foundation for long-term commitment between the two Systems to increase access to educational opportunities.

We believe that none of the recommended strategies blurs the missions of the WTCS or the UWS. Instead, each contributes to improving our joint efforts to assist students in accessing the education they will need over their life times. And finally, these strategies focus on meeting the needs of our students, their employers, and the taxpayers of our state in the most cost efficient ways we can identify.

Again, thank you for the opportunity to address you today.



WISCONSIN STATE LEGISLATURE



WISCONSIN HOSPITAL ASSOCIATION, INC.



To: Members of the Assembly Committee on Colleges and Universities

From: Eric Borgerding, Senior Vice President
Judy Warmuth, Vice President

Date: March 21, 2005

RE: Support For AB 246

Achieving and maintaining an adequate healthcare workforce in Wisconsin is a priority of the Wisconsin Hospital Association (WHA). The 2004 Workforce Report, recently released by WHA (see attached), demonstrates that in the next decade, Wisconsin will need many new healthcare workers to fill new positions and to replace retiring workers. The report indicates that 15 of the 30 fastest growing occupations in Wisconsin are in healthcare and that many of those occupations are projected to grow by 50% or more. Positions for Registered Nurses alone are expected to grow by 24, 000 over the next ten years.

Educational institutions in Wisconsin will play a critical role in assuring the creation of this workforce. Because of tight state budgets, simply providing more funding for educational is not the answer. We must pursue all programmatic and administrative options to maximize utilization and shift priorities toward increasing the number of health care professionals coming out of the Wisconsin Technical College System (WTCS).

The WTCS prepares many types of healthcare workers in short term, diploma and degree programs. Historically, the sixteen technical college districts have designed and implemented these program independently. Because of this, a maze of confusion exists for students.

AB 246 is aimed reducing this confusion, removing barriers, enhancing current options and maximizing output. AB 246 requires that admission standards and curriculum be developed for each health occupation, making these two items consistent across all districts in the state.

One may ask; how did we get to a situation where sixteen technical college districts developed unique and different educational programs for the same occupation? While the reasons for this situation are unclear, we do know the result: students are confused about which program to enter, how the programs are different, and perhaps even which program is best. Worse, transfer between programs became more and more complex, and nearly always resulted in loss of credit, retaking courses, additional cost and delay in graduation.

Both here at WHA and in Speaker Gard's Task Force on the WTCS, we heard about the complexities students face with understanding admission requirements, course differences and how dismayed they are to find that transfer among and between districts for the same program is so difficult. With the well documented current and future demand for health care workers in Wisconsin, making it easy for students to apply for, attend and complete an educational program seems to be in everyone's interest. Students move into good paying, family-sustaining jobs, more tax revenue is generated for the state and healthcare employers have an adequate supply of workers to take care of all of us.

Technical college districts argue they need local autonomy to address local needs. But the need for healthcare workers is not isolated or regional in Wisconsin, as evidenced by the fact that more and more healthcare programs are offered in multiple or all districts.

Wisconsin is a mobile society. Students and potential students may move within the state for many reasons: relocation by parents, loss of job, or perhaps, to avoid a technical college waiting list. Students hear and believe that the WTCS is a unified system. However, in many health care programs it is just the opposite.

AB 246 simply requires the WTCS to bring a greater level of standardization, uniformity and efficiency to its important health care programs. **AB 246 DOES NOT DICTATE the manner in which standardization should be achieved, rather it establishes a generous timeline in which the goals must be met.**

Technical colleges argue that AB 246 is not needed, that progress will be made without a legislative mandate. Over the past few years, laudable, but slow, progress has been made in some subject areas. However, we believe that such progress was greatly aided through strong pressure from outside forces, including the Legislature. Historically, each district has held tightly to its "right" to offer unique courses, assign credit and make curricular decisions. AB 246 sets an expectation that the will WTCS complete the work of common curriculum in health care occupations in a timely manner.

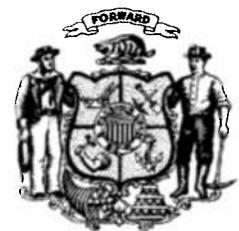
Aligned curriculum makes it easier to understand, transfer and re-enter a program. It is also logical to extend this standardization to the admission process, as AB 246 proposes. High school coursework, entrance exams, admission forms and the level of expected performance, if standardized, would make it easier for potential students to plan for, apply to and attend a WTCS healthcare program.

AB 246 is not about stepping on toes or sending the wrong message. AB 246 is about removing barriers.

AB 246 will simplify the process of joining the health care workforce. AB 246 will make it easier to understand, plan for, apply to, attend, and graduate from health care education programs. AB 246 is about using limited resources in the most efficient way to increase our future healthcare workforce and provide good paying jobs for students and families across Wisconsin.



WISCONSIN STATE LEGISLATURE



Hub, Brad

From: Stephanie Smith/Northcentral Technical College [smith@ntc.edu]
Sent: Monday, March 21, 2005 2:44 PM
To: Kreibich; Ballweg; Underheim; Nass; Jeskewitz; Towns; Lamb; Shilling; Schneider; Black; Boyle; Molepske
Subject: Assembly Bill 246

I am writing to express my strong opposition to Assembly Bill 246 which would mandate uniform curriculum and admissions standards in all Wisconsin Technical College health care occupations programs. For many reasons, this proposal is an unnecessary and counterproductive to the technical colleges' efforts to address health care worker shortages in the communities we serve.

First, there is absolutely no connection between the current shortage of health care workers and admission/curriculum standards. Until very recently, enrollments in Northcentral Technical College's health care programs were limited by facility constraints. With the January 2005 opening of the College's Health Sciences Center, NTC has not only expanded enrollments in its existing health care programs, its is adding additional needed programs. In the last two years, NTC has doubled the number of annual nursing graduates.

Second, technical Colleges already working toward standardized curriculum in health care programs. Of the 30 health care programs offered by technical colleges, 13 already follow uniform curriculum. This fall, a state-wide curriculum was implemented for the nursing assistant (CNA), practical nursing (LPN), and associate degree (ADN) programs. Plans are in place to continue this effort among all other programs. Further, in many cases, admissions standards and curriculum is dictated by the professional licensing and accreditation requirements.

Finally, we at NTC strongly believe that health care curriculum and admission standards should be determined by educators working in conjunction with health care professionals, not by the legislature. Each of NTC's health care programs has an advisory board comprised of local health care employers and professionals. Advisory board members work with NTC faculty and staff to ensure that health care program offerings address and meet changing industry trends as well as local student, employer and community needs.

While well intentioned, Assembly Bill 246 will do nothing to improve access to health care occupations programs offered by Wisconsin's technical colleges. It will simply create another mandate and divert time, attention, and focus from educating the health care workforce.

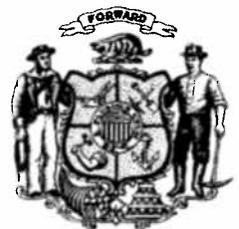
Sincerely,

Stephanie Smith

Stephanie Smith
Executive Director of Community Relations
Northcentral Technical College
1000 W. Campus Drive
Wausau, WI 54401
(715) 675-3331 ext. 4182
smith@ntc.edu



WISCONSIN STATE LEGISLATURE





Daniel Clancy, President
Testimony on AB 246
Assembly Colleges and Universities Committee
March 22, 2005

Chairman Kreibich and members of the committee. Thank you for this opportunity to comment on AB 246, a proposal to mandate uniform curriculum and admission requirements for WTCS Health Occupation programs. The WTCS is a willing partner in legislative efforts to address the state's health care worker shortage, one of the state's most pressing economic and quality of life concerns. However, I believe that AB 246 is unnecessary and will not address the real difficulties in producing more skilled health care workers.

Make no mistake, the WTCS is committed to doing all we can to reduce health care worker shortages, including reallocating limited resources to expand and improve our health occupation programs. This effort has paid off, with significant increases in the number of qualified health care graduates entering the workforce. The technical colleges produce over three times the number of graduates in health occupations than in any other WTCS instructional area. And we don't just produce graduates, we produce skilled health care workers who live and work in Wisconsin.

We need to be clear, however, that the shortage of health care workers will not be addressed with simple solutions. Unfortunately, we all recognize that additional resources are the key to producing more healthcare workers. That's why the colleges have reallocated funding to health occupation programs in the last five years, why private health care employers have contributed in-kind and financial resources to the technical colleges and why the Legislature and the Governor, through the previous biennial budget process, agreed to target existing state funding to expand WTCS health care training and education opportunities.

It is also true that additional public and private resources will have the greatest impact on the health care workforce shortage when we use those resources efficiently. The technical colleges consistently look for ways to make limited resources go farther and statewide curriculum has helped with that effort. Currently, the WTCS has statewide curriculum for the majority of its health occupation programs. These curricula were developed collaboratively by WTCS staff and faculty without a legislative mandate. These collaborative efforts have been in response to employer expectations that our programs meet national standards and that our graduates possess the skills and knowledge they need to succeed in demanding careers.

Daniel Clancy, President

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www.wtcsystem.edu www.witechcolleges.com

In contrast, requiring uniform admissions could create inefficiencies by hindering colleges' ability to maximize the number of WTCS health occupation graduates. Admission requirements are a critical tool the colleges use to ensure every available opening is filled with a qualified individual. In some cases, students need developmental coursework that will help them complete specific program courses. This may be perceived as different admissions standards, when in reality, the colleges are working with students on an individual basis to try to ensure success in a very rigorous set of programs. Local health care employers also make requests for particular admission criteria or coursework depending on the mix of employment opportunities they are addressing.

I am sympathetic to the student who encounters different admissions requirements or who has questions about why a friend was accepted into a health care program that he or she was not. Ideally, every prospective student would be equally qualified and every technical college would have unlimited resources. Even under such a scenario, however, some students will be admitted into health care programs while others will not, and uniform admission standards will not change that. Local demand for specific types of health care graduates, the number of applicants for specific programs, and the variety of health occupation programs available are all factors in college admission decisions.

I believe that existing WTCS processes for developing health care curriculum and establishing health care program admission requirements have contributed to the technical colleges' ability to maximize the number of WTCS health occupation graduates, ensure health care professionals have the necessary skills to succeed in the workplace and reduce the health care worker shortage. In the last four years, we have doubled the number of WTCS health occupation program students and graduates. In 2004, WTCS colleges sent over 11,000 skilled health care workers into the Wisconsin workforce. Ninety-seven percent of our employer partners report they are satisfied or very satisfied with the skills and work attitude of WTCS health occupation program graduates and would hire a technical college graduate again.

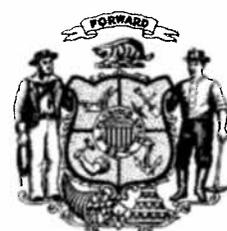
While there is no evidence to suggest that legislatively mandating uniform curriculum or admissions standards will reduce the health care worker shortage, there are other measures that the Legislature could take to help your technical colleges address this statewide problem. In addition to the System's on-going need for additional state funding, I would ask for your support for the recommendations of the Joint UWS/WTCS Committee on Baccalaureate Expansion and the goal of offering more pathways to educational attainment. If successfully implemented, the COBE-recommended strategies will result in attracting new students to many high-skill occupations, including health care.

I would also ask you to consider the creation of a new accountability mechanism that would provide the Legislature with regular information on the status of WTCS health occupation programs and provide a public forum to demonstrate how WTCS public and private partners and resources have worked together to address the state's need for skilled health care workers.

Thank you for the opportunity to address the committee today. I would be happy to answer any questions.



WISCONSIN STATE LEGISLATURE



Testimony Opposing AB 246
Mandating Curriculum and Admissions in WTCS Health Occupation Programs
Before the Assembly Colleges and Universities Committee
March 22, 2005

Wisconsin Technical College District Boards Association
Paul Gabriel, Executive Director

Wisconsin Technical College District Boards have responded to health occupation shortages as their highest priority resulting in dramatic increases in enrollment and graduates. We work diligently to match Wisconsin citizens with careers in a wide range of health occupations, from diagnostic medical sonography, to surgical technician, to 2-year nursing programs, the graduates of which pass the Registered Nursing (RN) examination at a rate equal to or higher than four-year graduates. We maintain these programs in close cooperation with providers based on their needs, national standards, the strict confines of accrediting bodies, and the full range of competencies necessary to pass licensing examinations and to succeed and thrive in demanding careers. We do so with an eye on the bottom line and the best possible stewardship on behalf of taxpayers, despite the lack of any new state investment in the WTCS in recent years.

Curriculum

Statewide curriculum is already in place in the majority of statewide WTCS health occupation programs, including nursing. An increasing number of programs are shared by several districts and, by definition, also have common curriculum. Several other programs are offered in only one district and that curriculum would be the uniform model shared with other districts if the program is ever expanded. The remaining programs without entirely common curriculum must meet the same accreditation and employer standards as all other programs and, for this reason, the curriculum varies very little between districts.

Technical colleges are moving to an optimal level of commonality in those remaining programs as resources and personnel allow. We continue to bring together the faculty and staff, local health care providers, community advisory committee members for each program, and accrediting bodies to work through complex curriculum issues leading to the adoption of common curriculum as appropriate.

The bottom line is that quality curriculum is measured by graduate success in the workplace and by the provider/employer's assessment that graduates are well-trained with the correct competencies and experiences needed for each position. We stand by our graduates as well-trained with the right skill sets and we regularly assess and adjust curriculum to assure this. There is no data to suggest that mandating uniform curriculum in the remaining programs will generate any additional individuals toward meeting health occupation shortages.

Admissions

Mandating uniform statewide admissions is, in fact, counterproductive to the intended goal of expanding the already rapidly growing enrollments in WTCS health occupation programs. The admissions process is inherently local and focuses on effectively utilizing every bit of program capacity. Admissions is the critical tool both to fill every seat with a qualified individual (recruitment), and to assure those students can succeed in demanding programs (retention). With largely place-bound individuals, a very diverse student population that varies greatly across the state, and a wide range of employers with differing needs, local responsiveness and local decision-making in admissions is, and should remain, a hallmark of technical college programs.

Recently, one district lowered a specific entrance requirement in nursing to assure an adequate pool of individuals moving successfully into the program (optimal recruitment). At the same time, the adjoining college district raised a specific admission requirement to assure those in the program stream were able to succeed (optimal retention). By killing local control of admissions, this bill would increase the likelihood of precious seats going empty in each of these districts.

On a given day, an admissions officer works with three candidates interested in entering a WTCS nursing program:

- The carpenter who served as a Navy Corpsman and has maintained his training in the Reserves and as an EMT First Responder in the local community.
- The new high school graduate who has excellent biology and math grades but only minimal chemistry and no physics experience.
- The returning-adult mom who has not worked outside the home for ten years but who formerly worked as a veterinary technician.

Each of these individuals has the capacity to be a great nurse. However, producing uniformly excellent and successful nurses by graduation time and the RN exam requires personalized and carefully-tailored assessment and decisions concerning readiness, not one-size mandates.

The WTCS Responds: Health Occupation Enrollments and Graduates

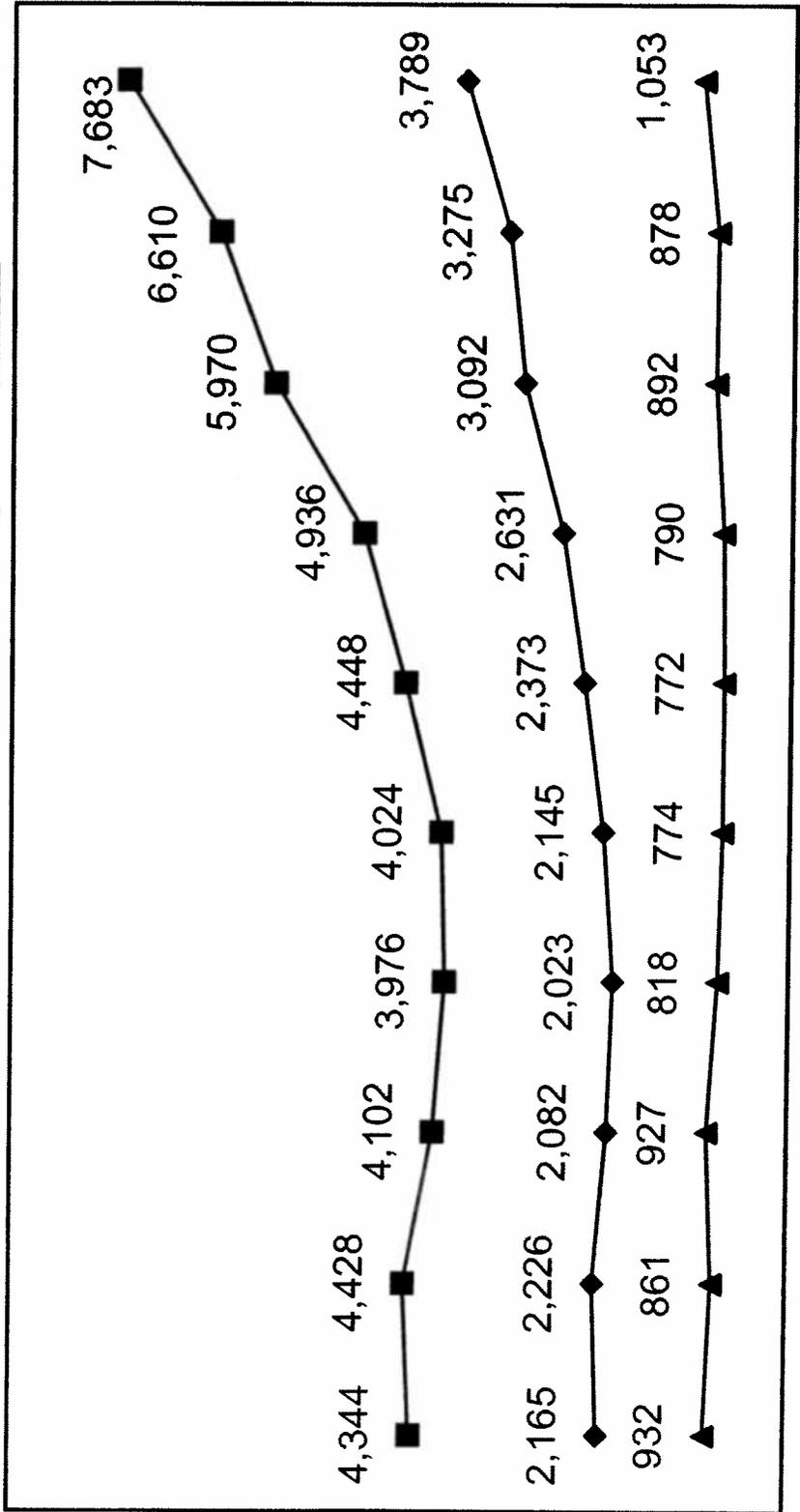
More than any other institutions in higher education, technical colleges constantly terminate, modify, and create new programs to carefully align resources with community needs and with the highest community priorities among many. We are doing this while doing everything possible to limit local tax levies. We are doing this in the face of initiatives to limit local revenue and flexibility by statute and by constitutional formula.

Wisconsin Technical Colleges have dramatically expanded health occupation enrollments, facilities, and graduates. **Nursing graduates have increased 36%** from 772 to 1,063 **between 2000-2004**, with no erosion of extremely high RN exam pass rates. **Total enrollment in all health occupations has increased by more than 50%** in full-time equivalent students in the same period. These increases have been realized without any new state investment in technical colleges and with steadily falling state support as a share of total WTCS funding.

An unfunded mandate to force curricular choices does nothing to improve the responsiveness and flexibility for which the WTCS is well-known, nor does it help us create one additional health occupation professional. An unfunded mandate forcing admissions decisions will, in fact, likely reduce the number of health professionals we train and graduate by removing the flexibility needed to best match applicants and their diverse backgrounds to the available program capacity and workforce needs.

Wisconsin's sixteen technical college district boards respectfully but strongly oppose AB 246. Thank you.

10-543-1 NURSING - ASSOCIATE DEGREE
Offered at All 16 Colleges



1995 1996 1997 1998 1999 2000 2001 2002 2003 2004

—■— Headcount —◆— FTE's —▲— Graduates

Headcount: +3,339
 FTE's: +1,624
 Graduates: +121

HEALTH OCCUPATIONS PROGRAMS: 2000 -- 04
 State Totals

<u>Program Level</u>	<u>2000-01</u>	<u>2001-02</u>	<u>2002-03</u>	<u>2003-04</u>	<u>% Change</u>
10 Associate Degree					
Headcount	8,407	9,876	10,461	13,863	64.9%
FTE's	4,626.84	5,265.01	5,521.43	6,429.24	39.0%
Graduates	1,420	1,522	1,502	1,736	22.3%
30 Short-Term Diploma					
Headcount	4,134	6,097	9,055	14,212	243.8%
FTE's	567.76	812.75	1,307.88	1,539.19	171.1%
Graduates	3,367	5,038	7,386	8,394	149.3%
31 One-Year Diploma					
Headcount	2,770	3,414	3,684	4,843	74.8%
FTE's	1,463.41	1,681.19	1,787.42	2,127.18	45.4%
Graduates	799	871	910	1,208	51.2%
State Total					
Headcount	15,311	19,387	23,200	32,918	115.0%
FTE's	6,658.01	7,758.95	8,616.73	10,095.61	51.6%
Graduates	5,586	7,431	9,798	11,338	103.0%

Double majors are counted twice.

WTCSB
 10-8-04
 JH



WISCONSIN STATE LEGISLATURE





Wisconsin Manufacturers & Commerce

**Wisconsin Manufacturers'
Association • 1911**
**Wisconsin Council
of Safety • 1923**
**Wisconsin State Chamber
of Commerce • 1929**

James S. Haney
President

James A. Buchen
Vice President
Government Relations

James R. Morgan
Vice President
Education and Programs

Michael R. Shoys
Vice President
WMC Service Corp.

To: Chairperson Robin Kreibich
Members of the Assembly Committee on Colleges and
Universities

From: R.J. Pirlo, Director of Legislative Relations

Date: March 22, 2005

Subject: **Support AB 246**, relating to admission standards for, and the
curricula of, health occupation programs offered by technical
colleges.

Rising healthcare costs are a major concern for businesses, big and small, as they strive to stay competitive and create good, family-sustaining jobs. Rising healthcare costs also jeopardize the ability of Wisconsin employers to offer good healthcare benefits to their workers. A shortage of healthcare professionals in Wisconsin is contributing to higher healthcare costs.

Wisconsin's healthcare industry is facing a workforce shortage in nursing personnel, radiology technicians, lab technicians, and surgical technicians, to name a few. It is a classic case of supply and demand that is affecting, today, the cost of health care and, unless addressed, will affect access to health care in the future. With labor costs accounting for 50 to 60 percent of hospital spending, the effects of the healthcare worker shortage are contributing to the rising costs of health care.

While the labor shortage raises troubling questions about access to care in the future, it also means higher healthcare costs today. Faced with surging demand for care, and a limited supply of caregivers, healthcare providers are responding by dramatically increasing salaries to attract and retain needed professionals. Other strategies include increased use of temporary staffing agencies at a cost of two or three times the hourly wage of a full-time employee.

The problem is not a lack of interest in nursing careers or attracting people to the training and education for other health care professions. More people are being drawn to healthcare professions than perhaps ever before, but are unable to obtain the education needed to move into these good jobs.

Wisconsin needs to streamline its healthcare professional education system in order to decrease the number of those on waiting lists to enter educational programs and move more students into rewarding, good-paying jobs. An increase in the supply of healthcare professionals will help meet the growing healthcare demands while alleviating healthcare cost increases associated with healthcare worker shortages.

AB 246 will require technical colleges in Wisconsin have a standard curriculum and admissions standards for their healthcare professional programs. That is, the admissions criteria for each healthcare professional program and the educational curriculum for each healthcare professional program will be uniform

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across Wisconsin. Importantly, the Wisconsin Technical College System will determine these standards, no one else.

Under AB 246:

- Prospective students will better be able to select a program which best suits their interests and abilities.
- Student ability to transfer between programs will be made clearer.
- The Wisconsin Technical College System will have *five years* to implement uniform, consistent admissions standards and curricula, *as the WTCS sees fit*.

Wisconsin Manufacturers & Commerce respectfully requests you support AB 246.



Testimony

State Representative Steve Wieckert

Before the

Assembly Committee on Colleges and Universities

Regarding

AB 246 – Reducing the Healthcare Shortage

March 22, 2005

Dear Mr. Chairman and Committee members thank you for holding this hearing on Assembly Bill 246.

Wisconsin does indeed face a healthcare crisis. It is so expensive that thousands of Wisconsin citizens no longer have any healthcare coverage, in addition high healthcare costs are causing run-away healthcare budgets for our state government and are causing many employees to settle for minimal or no wage increases because employers have to pay extremely high healthcare premiums. In addition the cost of healthcare is such a large cost of doing business in Wisconsin and America it is making our products and services less price-competitive around the world having a retarding effect on a growing economy and potentially causing job losses.

For the last 8 years I have been on the Assembly Insurance and Health Committees. I have tried vigorously to identify specifically what forces are causing healthcare costs to increase and I have attempted to offer solutions. For example, I was the author of SeniorCare, which helps seniors with prescription drug costs. 90,000 seniors in Wisconsin benefit from this program. While at first, drug companies were very reluctant to participate, they now believe it is a successful program and they contribute about \$34,000,000 a year to it.

The purpose of AB 246 is to start to provide a partial solution to one specific cost driver of healthcare. That is the shortage of healthcare professionals. It is surprising to many that we actually have a lot of young people interesting in going into these professions but our educational institutions have long waiting lists of people to get into these programs.

Two of the causes of the healthcare professional shortage are that students applying to these programs at technical colleges experience a barrier to entry due to different admission criteria for the same

healthcare profession at different campuses as well as different course criteria for completing the same program at different campuses.

These inconsistencies can delay a student's graduation by a semester or more, or cause a student to drop out of a program or cause a student to not enter a program due to the distance that they must travel in order to find an institution that accepts the high school course work they have completed for admission.

There are many advantages to standardized admission and program criteria:

1. This initiative will help to reduce the healthcare worker shortage
 2. This will allow credits to transfer more easily between technical college districts
 3. This will allow students to potentially graduate in less time
 4. This will reduce administrative overhead and duplication in the technical college system because each district will not
-

have to develop curriculum for each healthcare program, it will be standardized

5. Under this bill only a deadline is set. The Legislation does not try to micromanage. It does not direct the technical colleges as to what the admission criteria and curriculum should be; it simply sets a goal for the standardization. This is management by objectives not micromanagement.
 6. Districts will still be allowed to offer additional courses for these programs, but only as electives. The burden will be on the districts to convince the students that taking additional course would be valuable.
 7. To a great extent this proposal is modeled after the equalization of the technical college nursing program whose credits transfer quite smoothly
 8. This bill preserves the option of districts to offer remedial programs to bring students up to speed to enter these healthcare programs
 9. Additional graduates may increase the pool of candidates for nursing educators which are badly needed to help our schools expand teaching capacity.
-

10. Having a uniform program criteria for each healthcare specialty will allow program credits transfer more easily to Universities for graduate work and advance certification

There have been a lot of reports on the healthcare worker shortage. A lot of workgroups have been formed and a lot of taskforces have met. Governor McCallum began a taskforce on this and the modification of it is here today.

In the report entitled "Healthcare Wisconsin" – A collaborative agenda for solving Wisconsin's healthcare worker shortage and securing delivery of high-quality healthcare for Wisconsin's citizens. It reports that there is a serious shortage of healthcare workers. Over a 6-year period the healthcare industry will need to grow by 45,000 new jobs while many healthcare professionals will be retiring or leaving the workforce making the shortage even greater.

The report cites that the students graduating from healthcare programs through the technical college and university system "falls

short of meeting the current demand by the healthcare industry for new workers and falls considerably short of future market demand.”

The report cosigned by Dr. Richard Carpenter, President of the Wisconsin Technical College System and Jennifer Alexander of the Department of Workforce Development concludes that under goal A, the recommendation to “Develop mutually agreed upon competency fore each healthcare credentials.”

The report further states and recommends that “There be incentives for and expand articulation agreements within and between higher education sectors – UW and Technical Colleges.”

In addition, the report recommends “...Statewide career laddering for Wisconsin Technical Colleges, UW System and private colleges to provide health program course competencies so students who already have credentials that meet the first set of competencies can move forward to the second set.”

The report also recommends “Develop secondary health occupation certification standards and include them in the new PI34 teaching standards.”

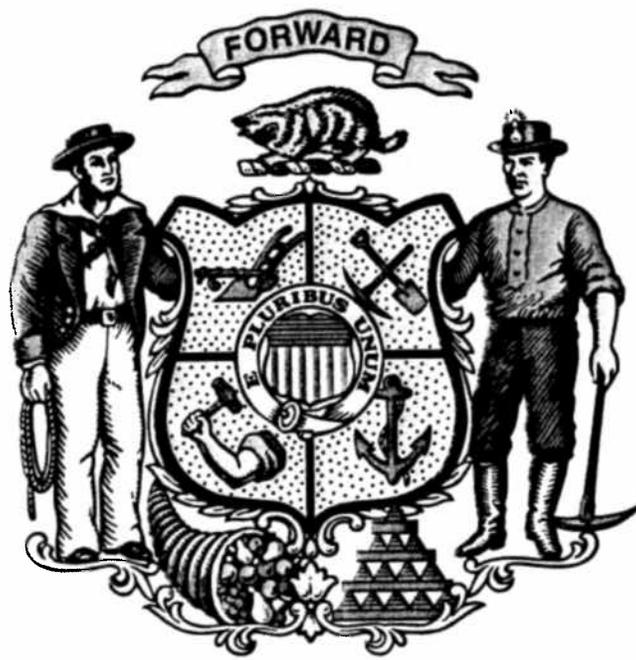
The technical college system is funded by the taxpayer. In my humble opinion, Technical Colleges should be dynamic, responsive organizations that react to the needs of Wisconsin Citizens. In this case I believe that technical colleges should reprioritize their program offerings, eliminate the waiting lists by expanding capacity which will help to reduce the worker shortage and thus reduce healthcare costs and help families throughout Wisconsin. This bill only asks that the technical colleges provide a seamless, predictable admissions and program standards for identical healthcare programs.

I would like to sincerely complement the initiatives by the technical colleges to standardize their nursing programs. It has been a major success producing an increase in nursing graduates.

While the technical colleges think that the goal is basically a good idea and there are sporadic efforts to move in that direction now the decision making authority is very diffuse in the technical college

system. By giving the system a deadline we can move in this direction more rapidly and reduce the healthcare worker shortage.

The technical colleges have been very good about providing a statewide curriculum for nursing it is now time to do for the rest of the healthcare profession programs.



WISCONSIN
TECHNICAL COLLEGE
 SYSTEM

**Statewide Curriculum Start Dates – Health Occupations
 March 2005**

PROGRAM	COLLEGES OFFERING	STATUS of STATEWIDE CURRICULUM
Clinical Laboratory Technician	Blackhawk Shared w/MATC Chippewa Valley Fall 04 Gateway Fall 04 Madison Fall 06 Milwaukee Fall 03 Moraine Park Fall 04 Northcentral Fall 05 Northeast Fall 03 Southwest Fall 06 Waukesha Fall 03 Western Fall 04	Completed 2003 NACLS accreditation needs to be involved
Central Service Technician	Waukesha Fall 03 Western Fall 03	Completed 2003
Community Based Residential Facility Caregiver	Northcentral Fall 03	Completed 2003 DHFS Mandated
Dental Assistant	Blackhawk Fall 05 Fox Valley Fall 04 Gateway Fall 04 Northeast Fall 04 Western Fall 04	Completed 2003 ADA accreditation needs to be involved
Dental Assistant Short Term	Chippewa Valley Fall 04 Lakeshore Fall 04 Madison Fall 04 Milwaukee Fall 04 Southwest Fall 04 Waukesha Fall 05	Completed 2003 ADA accreditation needs to be involved
Dental Hygienist	Blackhawk Shared w/WCTC Chippewa Fall 06 Fox Valley Fall 04 Gateway Fall 05 Lakeshore Fall 05 Madison Fall 06 Milwaukee Fall 06 Northcentral Fall 05 Northeast Fall 05 Waukesha Fall 05 Western Fall 04	Completed 2003 ADA accreditation needs to be involved
Dental Technician	Milwaukee Fall 04	Completed 2004

PROGRAM	COLLEGES OFFERING		STATUS of STATEWIDE CURRICULUM
Medical Assistant	Blackhawk Chippewa Valley Fox Valley Gateway Lakeshore Madison Mid-State Milwaukee Moraine Park Nicolet Northcentral Northeast Southwest Waukesha Western Indianhead	Fall 05 Fall 04 Spring 05 Fall 05 Fall 04 Fall 06 Fall 06 Fall 04 Fall 05 Fall 05 Fall 05 Fall 04 Fall 04 Fall 04 Fall 04 Fall 04	Completed 2003 AMA accreditation needs to be involved
Medical Coding Specialist	Fox Valley Gateway Madison Milwaukee Moraine Park Nicole Northcentral Southwest Waukesha	Fall 04 Fall 03 Fall 04 Fall 04 Fall 04 Fall 04 Fall 04 Fall 04 Fall 04	Completed 2004 COA-AHIMA accreditation recommended
Medical Coding Specialist Advanced	Madison	Fall 04	Completed 2004
Medication Assistant	Blackhawk Chippewa Valley Gateway Madison Mid-State Moraine Park Nicole Northcentral Northeast Indianhead	Fall 04 Fall 04 Fall 04 Fall 04 Fall 04 Fall 04 Fall 04 Fall 04 Fall 04	Completed 2004 DHFS Mandated

PROGRAM	COLLEGES OFFERING		STATUS of STATEWIDE CURRICULUM
Nursing-Associate Degree	Blackhawk Chippewa Valley Fox Valley Gateway Lakeshore Madison Mid-State Milwaukee Moraine Park Nicolet Northcentral Northeast Southwest Waukesha Western Indianhead	Fall 04 Fall 04	Completed 2003 NLN accreditation needs to be involved
Nursing Assistant	Blackhawk Chippewa Valley Fox Valley Gateway Lakeshore Madison Mid-State Milwaukee Moraine Park Nicolet Northcentral Northeast Southwest Waukesha Western Indianhead	Fall 04 Fall 04	Completed 2003 DHFS approves for nursing homes
Practical Nursing	Blackhawk Chippewa Valley Fox Valley Gateway Lakeshore Madison Mid-State Milwaukee Moraine Park Nicolet Northcentral Northeast Southwest Waukesha Western Indianhead	Fall 04 Fall 04	Completed 2003 NLN accreditation needs to be involved

PROGRAM	COLLEGES OFFERING	STATUS of STATEWIDE CURRICULUM
Anesthesia Technology	Milwaukee Fall 04	
Cardiovascular Technician	Milwaukee <i>(Single program – however, the curriculum is not posted on curriculumbank.org yet)</i> Fall 04	
Chiropractic Technician	Moraine Park Fall 04	Single program
Diagnostic Medical Sonography	Chippewa Northcentral Northeast Fall 05 Fall 05 Fall 05	Completed 2004
Educational Interpreter Technologist	Gateway Northcentral Fall 04 Fall 04	Completed 2004
Electroneurodiagnostic Technology (ENDT)	Milwaukee Moraine Park Northcentral Waukesha Western Fall 05 Fall 05 Fall 05 Fall 05 Fall 05	Program is based at WWTC (Western) and shared with the other districts
Health Unit Coordinator	Blackhawk Gateway Lakeshore Mid State Milwaukee Southwest Waukesha Fall 04 Fall 05 Fall 04 Spring 05 Fall 04 Fall 04 Yes	Completed 2004
Health Unit Coordinator 1-Year	Western Spring 05	Completed 2004
Interpreter Technician	Blackhawk Gateway Milwaukee Fall 04 Fall 04 Fall 04	Completed 2004
Nuclear Medicine Technologist	Moraine Park Fall 05	Completed 2004
Opticianry Science	Milwaukee Fall 04	Completed 2004
Optometric Technician	Madison Fall 04	Completed 2004

PROGRAM	COLLEGES OFFERING		STATUS of STATEWIDE CURRICULUM
Pharmacy Technician	Blackhawk Chippewa Valley Gateway Fox Valley Lakeshore Mid-State Milwaukee Moraine Park Nicolet Northeast Southwest Waukesha Western	Fall 05 Fall 05	To be completed 2005
Pharmacy Technician Community	Madison Milwaukee	Fall 05 Fall 05	To be completed 2005
Radiography	Blackhawk Chippewa Valley Gateway Lakeshore Madison Milwaukee Moraine Park Nicolet Northcentral Northeast Southwest Waukesha Western	Fall 06 Fall 05 Fall 05 Spring 06 Fall 07 Fall 05 Fall 04 Fall 05 Fall 05 Fall 04 Spring 06 Spring 06 Fall 04	Completed 04
Radiation Therapist	Moraine Park	Fall 05	Completed 2004
Speech Language Pathologist Asst	Northeast	No longer offering this program as of Fall 2004	Program suspended for 3 years
Surgical Technologist	Chippewa Valley Lakeshore Madison Mid State Nicolet Northcentral Northeast Western	Fall 04 Fall 04 Fall 05 Fall 06 Fall 05 Fall 05 Fall 05 Fall 05 or 06	Completed 2004
Surgical Technology	Gateway Milwaukee Moraine Park Waukesha	Fall 05 Fall 05 Fall 05 Fall 05	2 year program- core of one year completed in 2004

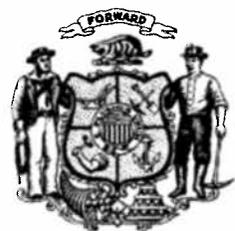
PROGRAM	COLLEGES OFFERING	STATUS of STATEWIDE CURRICULUM
Health Information Technology	Chippewa Valley Fall 05 Gateway Fall 04 Milwaukee Fall 04 Moraine Park Fall 04 Northeast Fall 06 Western Fall 04	Will be complete in 2005
Renal Dialysis Technician	Gateway Fall 05 Milwaukee GTC & MATC share	04-05
Respiratory Care Practitioner	Madison Spring 06 Mid State Spring 06 Milwaukee Spring 06 Northeast Fall 08 Western Shared MATC	04-05 To be completed 2005 COARC accreditation needs to be involved
Occupational Therapy Assistant	Blackhawk Fox Valley Gateway Madison Milwaukee Western Indianhead	Under Discussion for 04-05 AOTA accreditation needs to be involved
Plebotomy	Blackhawk Spring 06 Mid State Spring 06 Milwaukee Fall 05 Waukesha Fall 05 Western Spring 05	Under discussion for 05
Physical Therapist Assistant	Blackhawk Gateway Madison Milwaukee Northeast Waukesha Shared statewide Western	Under Discussion for 04-05

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Surgical Technology (AAS) remains without statewide curriculum and the 4 colleges do not have standard curriculum; similar, but not the same.



WISCONSIN STATE LEGISLATURE



Hospital Workforce Report



A report by the Wisconsin Hospital Association

Hospital Workforce Report

December 2004

A report by the Wisconsin Hospital Association

Executive Summary

High quality, accessible and affordable health care is critically important to the residents of Wisconsin. The ability to provide that care is dependent on attracting, training, and maintaining an adequate workforce. It is unlikely that an adequate health care workforce will exist in the future unless both immediate and sustained actions are initiated today.

Wisconsin has an aging population with increasing health care needs and a small number of 18 year olds entering the workforce. Finding new workers, increasing the capacity to train new recruits, and ensuring the successful work life of existing workers are all issues that must be addressed.

In an era where health care costs are an increasing consideration for employers, consumers and health care providers, it is also important to recognize the impact that workforce shortages have on cost.

Current Situation

Recruiting and maintaining the workforce necessary to deliver patient care is a major concern for hospital administrators. Positions in some occupations are in very short supply, while others are easier to fill. Experienced employees with specialized skills are less available, and they are harder to recruit on a statewide basis. Filling physician vacancies remains challenging for many hospitals, as noted in WHA's Physician Task Force Report issued in March 2004. Obvious solutions to staffing, such as the use of temporary staff, bonuses, salary increases and richer benefit packages are options, but they drive up the cost of health care.

Future Situation

While the current situation is problematic, the future could be much more alarming. The number of people between the ages of 54 and 65 is growing six times faster than the rest of the population according to U.S. census data (*Wisconsin State Journal, September 30, 2004*). The aging of Wisconsin's population delivers a one-two punch to the health care industry. Key positions in many hospitals are filled by older employees, who will retire soon. In addition to seeing knowledgeable and experienced employees retire, hospitals will be recruiting from a pool of applicants that is not large enough to fill all the vacant positions.

This reality will necessitate the use of new strategies to ensure that there is access to care. Wisconsin schools that educate health care workers have increased their capacity. But these enrollment increases are not sufficient to create the number of workers needed in the future. Long waiting lists still exist and interested learners are still being turned away. Complicating this is the fact that faculty members in these educational settings are reaching retirement age, creating vacancies in the faculty today that are hard to fill, which will turn into a woefully inadequate situation in the future.

What Needs to be Done?

1. *Continue efforts to create interest in health care careers.*
2. *Interest new audiences in health care careers.*
3. *Expand capacity.*
4. *Encourage new educational strategies.*
5. *Create and develop faculty.*
6. *Obtain and retain funding.*
7. *Support new entrants into the health care workforce.*

Finding a viable, long-lasting solution to ensuring an adequate health care workforce will require collaboration among health care providers, educators at all levels, university and technical college administrators, and state government officials.

Introduction

High quality, accessible and affordable health care is important to the residents of Wisconsin. The ability to provide that care is hinged on attracting, training, and maintaining an adequate workforce. There is concern that the current health care workforce may not be adequate to meet today's demand, and an even greater concern that the educational and clinical communities are not positioned to meet future demand.

Wisconsin's population is aging at a dramatic rate. While Wisconsin's total population is expected to increase nearly 20 percent from 2000 to 2030, its retirement-aged population (65 or older) will climb more than 30 percent to 1.3 million persons. This older population creates two issues. First, older people use more health care services as they deal with chronic illness and the aging process itself. Second, this population includes many people who are employed in health care. If these workers retire before replacements enter the workforce, Wisconsin's capacity to provide the additional care required by the population will be seriously diminished.

The issue of rising health care cost makes the workforce issue much more complex. Affordable, accessible health care is dependent upon having personnel available to provide it to patients when it is needed. Cost awareness is a critical part of the health care workforce picture.

This report summarizes data on the current health care workforce and the projected future needs. It also offers recommendations for those who train and hire members of this workforce.

The Current Workforce Situation

The health services industry is the second largest employer in Wisconsin, with a total of 222,760 people employed in health care related occupations. Wisconsin hospitals employ 103,900 workers, 47 percent of the total employees in the industry.

Today hospitals are pressed to keep positions filled. A review of newspaper classified ads, or the number of on-line health care job sites reveals many open positions and job opportunities for those in health care. Hospitals carefully track open positions created by resignations, retirements and the creation of new jobs. Keeping vacancy rates low for key positions, such as registered nurses, is always a challenge. More than 30,000 nurses work in Wisconsin hospitals. The currently reported vacancy rate of 6.2 percent means that nearly 2,000 positions are vacant. For other positions, the growth outstrips the availability of individuals prepared to fill them, which is the situation for pharmacists and medical coders. Even one unfilled position in a key occupation can seriously hinder a hospital's ability to help patients.

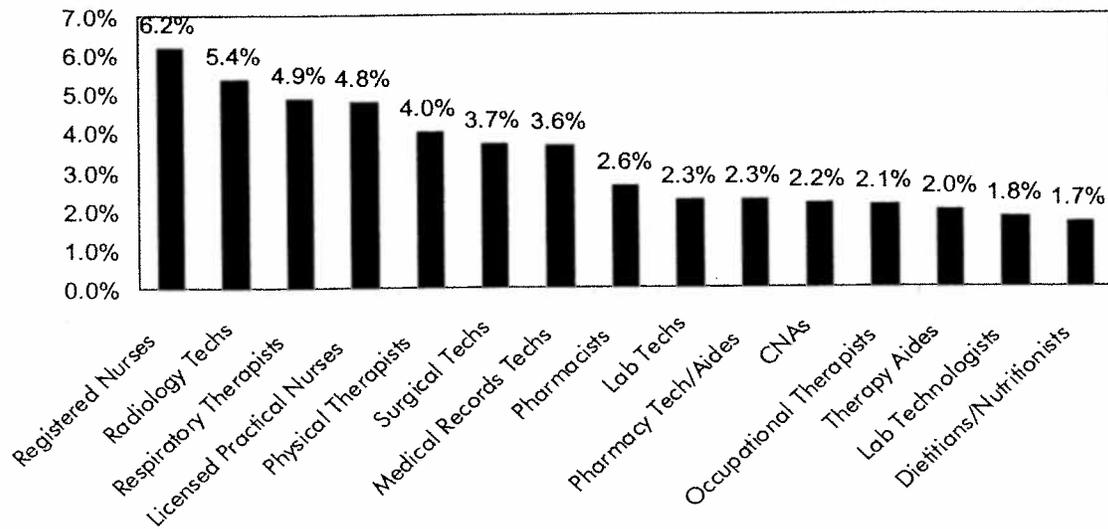
The Wisconsin Hospital Association monitors position vacancy rates. Rates for 2003 are displayed on page 3.

For the patient, a vacant position can result in care being delayed, a transfer to another hospital, or the inability to access care. Adding to the problem is that today, some critical positions are already difficult to fill. These positions include:

- Registered nurses with experience and special skills in intensive care, emergency care and surgery
- Surgical Technologists
- Physical Therapists
- Pharmacists
- Laboratory technologists and technicians
- Medical imaging and ultrasonography technicians
- Medical coders

Vacancy Rates for Selected Wisconsin Hospital Professions Statewide

Source: 2003 WHA Hospital Personnel Survey



On a recent survey, hospital leaders told WHA that next to reimbursement issues, workforce is the issue "most likely to keep them up at night." With good reason. Vacant positions reduce a hospital's ability to respond to the health care needs of their communities and add stress to the work environment. The following factors contribute to growing concerns about the health care workforce:

- A downward trend in enrollments in health care education programs, such as nursing, which have only recently experienced a reversal.
- An aging health care workforce that faces significant retirements and the related loss of experience and expertise in the workplace.
- The growing demand for health care services from a maturing Wisconsin population.
- Advances in technology that are creating focused workforce needs in areas like medical imaging and information management.

Age of the Health Care Workforce

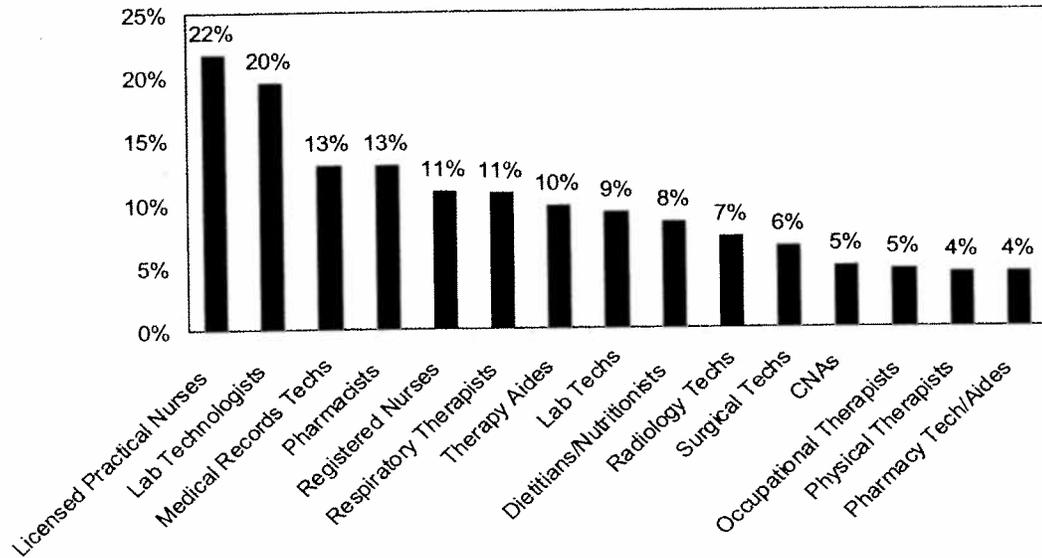
While it is widely known that Wisconsin is home to an aging population, it is also a fact that today's health care workers are already relatively old and retiring at a rate that will exacerbate future shortages. As an example, in 2000 the average Wisconsin resident was 36.3 years old while the average registered nurse was 44.7 years old.

The age of the health care workforce is of concern for two reasons. With age, workers increase the risk of personal injury associated with lifting, and are less physically able to tolerate long periods of standing and shift rotations. Secondly, these workers will soon retire. In an environment that already struggles with vacancies, the problem will grow dramatically as the number of younger workers available to replace retiring staff is far below what is needed. The number of Wisconsin hospital workers over 55 years of age by position is shown in the graph on page 4.

Wisconsin hospitals are systematically assessing potential retirements. There are anecdotal reports by hospitals where all or nearly all of the members of a single department may become eligible for retirement at the same time. Hospitals are making accommodations for their more experienced, often older, employees to stay in place to ensure they have the expertise to train the "next" generation of workers. This has required that they address issues related to ergonomics, job description, and incentives for the more senior employees to stay in the workforce.

Health Professionals at Least 55 Years Old in Wisconsin Hospitals

Source: 2003 WHA Hospital Personnel Survey

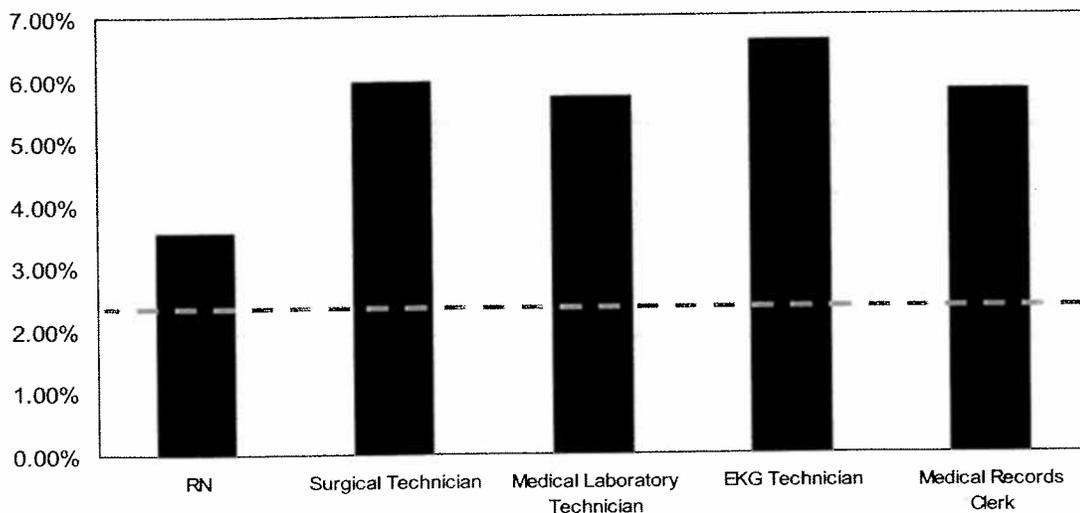


Health Care Costs and the Workforce

Costs are a critical factor in today's health care environment. In 2003, 50 percent of hospitals' operating costs were directly related to personnel expenses. Workforce shortages have a direct and negative impact on costs. If staff cannot be hired locally, temporary staff acquired through staffing agencies may be necessary, an extremely expensive solution to a staffing shortage in any department. Competition for employees will increase dramatically as demand for services increases faster than the supply of workers available to provide them. As a result, health care providers may be forced to offer bonuses, higher salaries and increased benefit structures to continue to provide the same level of services in the communities they serve. All are costly solutions that must be funded by patient revenue, and they will have a profound impact on insurance rates.

2002-2003 Salary Change Compared to CPI

Source: WSHHRA 2004 First Quarter Survey



Educational solutions to workforce shortages also have an impact on health care costs. If hospitals are asked to contribute to educational expenses directly or indirectly, those contributions must also be funded by consumers of health care. If hospitals cannot fund these efforts, most likely the cost of expanding and enriching educational opportunities in health occupations will be borne by the taxpayers in Wisconsin. Wisconsin's taxpayers and the political environment make that an unpopular strategy.

The Future Workforce Situation

The magnitude of the health care workforce shortage becomes more serious as the future comes into focus. The Wisconsin Department of Workforce Development (DWD) creates 10-year labor projections. Most recently published in 2004 for the period of 2002 thru 2010, DWD's data indicates that by 2012 health care will be the industry with the largest number of jobs. The predicted addition of 67,430 health care positions reflects a 30 percent growth in jobs over the 10-year period compared to only a 13 percent growth for Wisconsin jobs overall during the same time frame.

Most New Positions

DWD indicates that two of the ten occupations adding the most new positions in those 10 years are in health care (registered nurse and nursing aides/orderlies). Registered nurses alone are expected to have 2,430 new jobs created per year for the next 10 years, which will leave Wisconsin with a net deficit because currently fewer than 1,800 new nurses join the workforce each year. Registered nurses are predicted to become the fourth largest occupational group in the state with 61,130 full time equivalent positions by 2012.

Fastest Growing Occupations

While nursing will create the most new jobs, other health occupations, while not as large in sheer number as the nursing workforce, are expected to surpass the nursing rate of growth. Fifteen of the 30 fastest growing occupations are in health care. Four are expected to grow at rates greater than 50 percent; 12 at rates exceeding 40 percent. These figures indicate that large numbers of new health care workers will need to be found to meet care needs for the next 10 years. Individual occupational growth rates for those occupations are shown in the chart below.

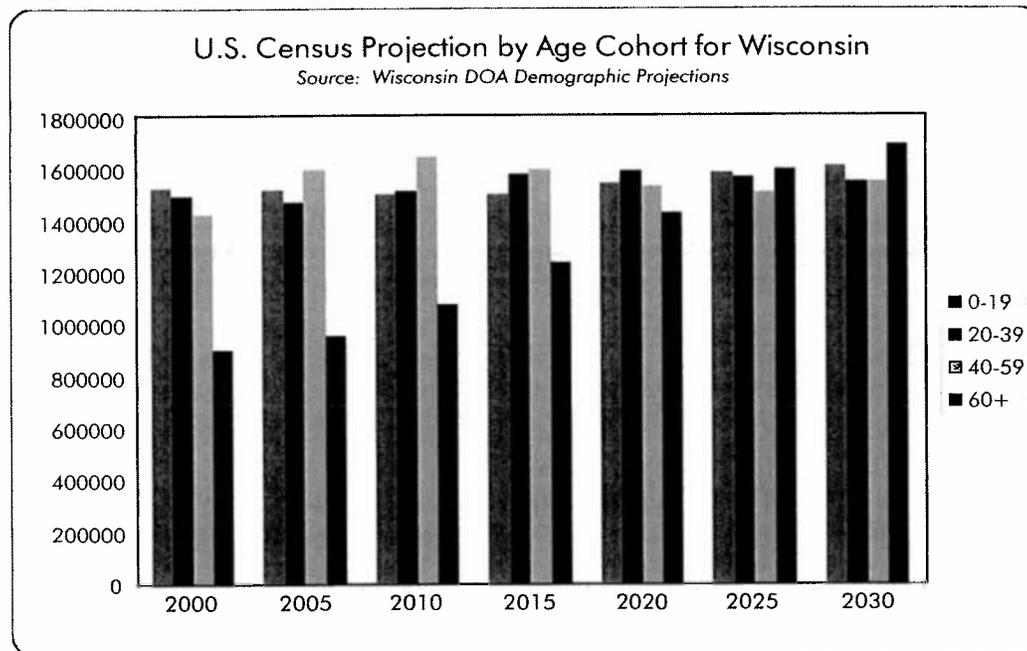


These alarming growth rates in health care occupations serve as an early warning that there is much work to be done to ensure that an adequate workforce exists to staff Wisconsin hospitals in the near future.

The physician workforce is of special concern. A joint task force of the Wisconsin Hospital Association and the Wisconsin Medical Society predicts a conservative 13 percent shortage of physicians by 2015. It takes more than 10 years to educate a physician, so even if steps are taken today to increase the number of physicians, the impact won't be felt for over a decade.

Advancing Age Brings More Demand for Health Care

As people get older, they consume and demand more health care than a younger population. Wisconsin residents over the age of 60 are the most rapidly growing segment of population as shown by the U.S. Census Bureau data below.



Wisconsin's 2003 Annual Survey of Hospitals indicates that people over the age of 55 constitute 22 percent of the population but account for 31 percent of all hospital discharges and consume 51 percent of the inpatient days. When these statistics are examined in light of population growth, it is easy to see that health care use by older Wisconsin residents will grow at a dramatic rate.

What Efforts Are Underway?

Training more people—faster—for health care occupations has been the focus of much attention by both educational and health care institutions. Wisconsin hospitals are doing an impressive job of:

- Encouraging school age children to consider health careers
- Offering incentives such as tuition reimbursement and flexible scheduling for incumbent workers to pursue educational opportunities
- Bringing educational opportunities to the facility, neighborhood, and community
- Becoming involved in local technical college boards, workforce boards, and informing local political leaders of the workforce issues
- Communicating with their employees, their patients and their communities about the issue
- Encouraging local educational institutions to increase the number and size of their training programs
- Offering numerous scholarships

- Contributing resources to local educational institutions, such as classroom space, lab facilities and encouraging employees who possess a master's degree to teach

These efforts have had the intended impact on training. In addition, local workforce boards are responsible for assisting displaced workers into new careers. All 11 of the Wisconsin Boards have started to fund initiatives that offer health care career options to displaced workers. Technical schools, private schools and university programs have all increased enrollments. Educational programs have expanded the choice of classes to include non-traditional hours and formats so that people who hold full-time jobs can earn college credits. Cooperative and creative arrangements between hospitals and educational facilities have resulted in small scale implementation of innovative ideas and the implementation of new programs.

What Is WHA Doing About The Issue?

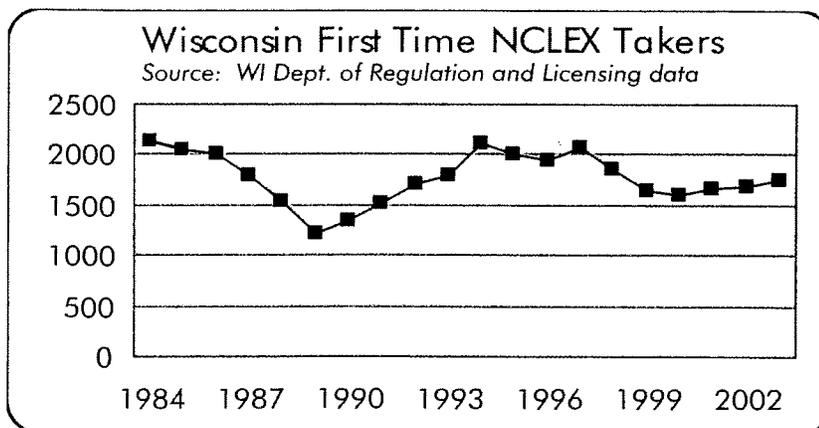
The Wisconsin Hospital Association has been educating the legislature, state government and the public so they understand the nature of the workforce shortage and recognize that a shortage of health care workers is a threat to the health care safety net that hospitals provide in their communities.

The time to fix a health care workforce shortage is now, not when the crisis is at hand. WHA has:

- Worked to improve credit transfer between the Wisconsin Technical College System and the University of Wisconsin System. New transfer agreements are in place and progress continues to be made.
- Helped plan and promote the Healthcare Apprenticeship Program that trains health care workers through a combination of on-line technical college coursework and supervised on-the-job experience.
- Focused attention on the waiting lists of qualified and interested students unable to begin educational programs because of school limitations.
- Brought critical leaders together to develop solutions to physician workforce issues.
- Developed with the Wisconsin Society of Healthcare Human Resource Administration a best practices workshop, creating a forum for organizations to share what is working and learn from each other.
- Initiated a free job posting service that is published in both print and on-line formats.
- Participated in ongoing work at the Department of Workforce Development, keeping health care issues in the forefront and encouraging progress toward solutions.

Is It Enough?

Despite the efforts made to date, and the progress made, the issues are not resolved. As an example, the DWD report indicates that more than 2,400 new registered nurses per year will be required to meet the 2012 prediction. The number of nurses taking the RN licensure exam for Wisconsin in 2004 was 1,755, which is not adequate to meet the projected demand, nor does it even return Wisconsin to the level of RNs that were in Wisconsin in the 1990s.



Current efforts will not . . .

- Result in an adequate workforce by 2010, the year that the first members of the baby-boom turn 65 and retire.
- Allow enough potential learners on waiting lists into educational programs.
- Create the faculty needed to staff educational programs and support clinical experiences for students.
- Increase the size of the physician workforce to allow medical access for all Wisconsin residents.

What Needs to be Done?

1. **Continue efforts to create interest in health care careers.** The number of youthful members of society entering the workforce is small, and they have many career options. It is important to make health care careers visible, available and attractive. Youth at every level of education need to be introduced to health careers. In addition, individuals who are seeking a second career and workers who have been displaced from other industries must be targeted and recruited for health care occupations.
2. **Interest new audiences in health care careers.** Health care has never attracted minority populations, and it does not reflect the current demographics of the state. To find adequate numbers of individuals to fill coming vacancies and meet Wisconsin's health care needs will require that the growing Hispanic, Hmong, Native American and Black members of society be recruited into the workforce.
3. **Expand capacity.** The current educational system does not have the capacity to meet future needs in the health care industry. As an example, there are not as many nurses graduating now as there were in the 1990s. Medical school enrollments and graduations have been stable for more than 10 years while all population and health care service utilization figures have increased. Additional capacity is necessary to create a health care workforce and to allow those in the profession to pursue the additional education necessary to maintain and increase knowledge and skill.
4. **Encourage new educational strategies.** Even with additional capacity in existing programs, the needs of some potential students will not be met. Those working full time, living in non-urban communities, and those with other family obligations need more options for weekend, evening, on-line, and/or video-conference learning. Technology now offers a range of learning possibilities, but more will be needed in the future.
5. **Create and develop faculty.** Members of the faculty for educating health care professionals are older than the aging workforce. Technical school nursing faculty average 57 years of age and university nursing faculty are not far behind. Incentives to enter a teaching career, flexible educational paths to advanced degrees and creative use of practicing experts will all be necessary in the future.
6. **Obtain and retain funding.** The State of Wisconsin's budget problems cannot be ignored, however, it is important that no current funding be lost and that additional possibilities be explored. Clinical education will always be expensive because unlike other professions, it requires laboratory facilities and time in a clinical setting.
7. **Support new entrants into the health care workforce.** The transition to the work environment is a critical time for new professionals. It is important that that transition is successful and that health care employees, once they are in their profession, do not become disillusioned with health care work or the work environment. Strong orientation programs, peer support, guidance and support are critical elements of successful entry programs.

Summary

The first step in solving the health care workforce shortage has been taken—the public, the legislature and students are aware of the opportunities that health care offers. Cooperation among stakeholders has led to good progress, but much remains to be done. It is critical to maintain and accelerate efforts to grow the Wisconsin health care workforce to ensure that health care remains affordable and accessible to the residents of the Badger State.

Sources

The Wisconsin Taxpayer June 2004, Vol. 72. No 6. A Service of the Wisconsin Taxpayer Alliance.

Wisconsin Department of Workforce Development, Office of Economic Advisors, Labor Market Information. Available at http://www.dwd.state.wi.us/oea/longterm_projections.htm

Bureau of Health Information, 2000 Nursing Workforce Survey. Available at <http://www.dhfs.state.wi.us/provider/pdf/01nurseworkforcesurvey.pdf>

Department of Administration. Demographic projections. Available at <http://www.doa.state.wi.us/>.

Wisconsin 2003 Annual Survey of Hospitals. Available from WHA Information Center

NCLEX data obtained from the Wisconsin Department of Regulation and Licensing

WSHHRA 2004 First Quarter Survey results, RSM McGladrey, Inc.



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