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Details:

(FORM UPDATED: 07/12/2010)

**WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS**

2007-08

(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)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution)
 - (**ajr** = Assembly Joint Resolution)
 - (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

Vote Record Committee on Public Health

Date: 2/13/09

Moved by: _____ Seconded by: _____

AB 731 _____ 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

As amended
Committee Member

	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Representative J.A. Hines, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Leah Vukmir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Joan Ballweg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Terry Moulton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Lee Nerison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Charles Benedict	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Sheldon Wasserman	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Marlin Schneider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Spencer Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: _____ _____ _____ _____

Motion Carried

Motion Failed

Vote Record Committee on Public Health

Date: 2/13/08

Moved by: Ballweg

Seconded by: Nerison

AB 731 SB _____ Clearinghouse Rule _____
 AJR _____ SJR _____ Appointment _____
 AR _____ SR _____ Other _____

A/S Amdt _____
 A/S Amdt _____ to A/S Amdt _____
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- 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Leah Vukmir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Joan Ballweg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Representative Charles Benedict	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Representative Marlin Schneider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Spencer Black	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>8</u>	_____	<u>0</u>	_____



Jim Doyle
Governor

Celia M. Jackson
Secretary

**WISCONSIN DEPARTMENT OF
REGULATION & LICENSING**



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Committee on Public Health
Representative J.A. Hines, Chairperson

Statement of Greg Weber, R.Ph., Wisconsin Pharmacy Examining Board
2007 Assembly Bill 731: Relating to Remote Dispensing by Pharmacists

Room 328, Northwest, State Capital, Wednesday, January 30, 2008, 9:00 A.M.

Chairperson Hines and members of the Committee, my name is Greg Weber. I serve as vice chair of the Wisconsin Pharmacy Examining Board. Thank you for the opportunity to appear on behalf of the Board. The Board supports 2007 Assembly Bill 731. Under current law, no pharmacist may dispense a prescribed drug or device from a location that is not licensed by the Wisconsin Pharmacy Examining Board as a pharmacy. Remote dispensing can act as an integral part of the patient prescription drug delivery system in underserved portions of Wisconsin. Using remote dispensing a pharmacy may partner with a rural health clinic or other health care provider to assist in performing certain dispensing functions under the supervision of a pharmacist. Remote dispensing addresses:

1. A shortage of pharmacists in Wisconsin.
2. Patient access in areas where a delay in care could impact health.
3. The creation of new business models to respond to changing health care delivery needs.
4. Fully utilizes the concept of "central fill" whereby a pharmacy may contract with another pharmacy to perform dispensing functions in concert with other health care providers.

Remote dispensing entails a pharmacy maintaining a supply of non patient specific packaged drugs at a location other than a pharmacy, and a pharmacist acts in concert with another health care provider, and/or a mechanical dispensing machine, to do all dispensing tasks necessary to prepare a drug for transfer to the patient. These dispensing functions include patient medication profile review, insurance adjudication, packaging, labeling, counseling, and final transfer of the drug to the patient.

Assembly Bill 731 would allow the Board for a period of two years to review and approve proposals on a case by case basis for pharmacists to dispense at locations not licensed as a pharmacy. Administrative rulemaking would be required by the Board for permanent implementation of regulatory guidelines for remote dispensing beyond the two year implementation date of AB 731.

Thank you for the opportunity to appear today.



WISCONSIN HOSPITAL ASSOCIATION, INC.



To: Chairman Hines and members of the Public Health Committee.
From: Judy Warmuth, Vice President for Workforce
Wisconsin Hospital Association
Date: January 30, 2008
RE: Testimony in Support of AB 731

Chairman Hines and members of the Committee,

I am Judy Warmuth, Vice President for Workforce at the Wisconsin Hospital Association. I am here in on behalf of WHA and the Rural Wisconsin Health Cooperative to testify in support of AB 731.

For the last several years, pharmacist positions have topped the list of 'most difficult to hire' positions in Wisconsin hospitals. In 2006, the Wisconsin Hospital Association published "Building a Health Care Workforce for Wisconsin's Future" which highlighted the current and future pharmacist shortage. Not only is there a shortage, but the situation is especially critical in rural Wisconsin where it is exceptionally difficult to attract new pharmacy graduates to work.

A necessary solution to such a shortage is to increase the number of practitioners. But it is a costly solution that will take many years to implement. While it is important for Wisconsin to increase the supply of pharmacists, it is also important that this not be the only answer.

Other solutions include creating new types of workers, finding new ways to do the work, and creating employment opportunities specific to rural health needs. These solutions perhaps, can be implemented much quicker and with less cost. They will also improve service, and access to care.

AB 731 which allows remote dispensing is a perfect winning example. We all want patients to be able to have prescriptions filled safely, and at a time and place that is convenient. We also want patients to have access to accurate information and education... no matter where in Wisconsin they live or seek health care. The strategy of recruiting more pharmacists and creating more pharmacies to address the needs of smaller facilities is increasingly difficult to achieve because of both a shortage a pharmacists and the cost involved.

When creating new solutions to health care workforce and access challenges, it is important that access to information and knowledge, and quality of delivery are not compromised. AB 731 is this type of solution.

I wish to thank the Pharmacy Examining Board for their interest in finding ways to assure quality of care while improving access for Wisconsin residents. I would ask the committee to vote enthusiastically in support of AB 731.

Building a Health Care Workforce for Wisconsin's Future:

*A Progress Report on Hospital Need and Program Capacity
for Five Key Health Care Occupations in Wisconsin*



A report by the Wisconsin Hospital Association

Building a Health Care Workforce for Wisconsin's Future:

*A Progress Report on Hospital Need
and Program Capacity for Five Key
Health Care Occupations in Wisconsin*

October 2006

A report by the Wisconsin Hospital Association

Executive Summary

The Wisconsin Hospital Association has successfully raised awareness of current and future health care workforce shortage issues. In this report, WHA reviews the current status of five key occupations that remain difficult to fill in hospitals; reports on the response by education programs and institutions; and outlines efforts needed to meet future workforce needs.

Workforce projections indicate that many workers will be needed for both replacement and new positions. Those predictions, added to current difficulties in recruiting for and filling some vacant health care positions, indicate that increasing school capacity is critically necessary to ensure an adequate workforce. This report points out the following challenges to maintaining a sufficient workforce:

1. The greatest challenge facing the delivery of health care in Wisconsin is the ability to increase the number of pharmacists that are being educated in Wisconsin.
2. The capacity to educate physicians, registered nurses, and physical therapists must likewise be increased, or demand will not be met in the future.
3. The availability of radiologic technologists must be carefully monitored.
4. Attention must be paid to the distribution of all health professionals.

Open dialogue must be maintained between health care employers and the educational programs that create the health care workforce. Both are critical participants in this conversation.

Introduction

Over the past few years, the Wisconsin Hospital Association has successfully raised awareness of current and future health care workforce shortage issues. Early on, the Association identified the need for changes in how potential health care professionals were recruited to, admitted into, and graduated from the educational system. As a result of these concerns, WHA has worked closely with educational institutions to encourage and foster changes that will expand and accelerate our educational facilities' ability to meet health care industry workforce needs in Wisconsin.

This, the fourth Wisconsin Hospital Association report on the health care workforce:

- Reviews the current situation in five occupations;
- Reports on the response by educational programs and institutions; and,
- Identifies work that remains to be done.

Current projections by the Wisconsin Department of Workforce Development (DWD) indicate that hospitals, nursing homes, and ambulatory care facilities, when combined, are the second largest employment sector in Wisconsin. Over 200,000 people work in health care facilities in Wisconsin. By 2012, the number employed in this sector is projected to be over 290,000, and will make it the largest employer sector. This growth of more than 30 percent is the largest for any occupational group in Wisconsin and will lead to serious shortages in many health care positions.

In this report, WHA addresses five occupations that hospitals today identify as the most difficult to fill or are at risk for future shortages. Those occupations are:

- Pharmacist
- Physical Therapist
- Radiologic Technologist
- Physician
- Registered Nurse

Pharmacists

Several factors have combined to create an increased demand for pharmacists in Wisconsin. The aging of the workforce and of Wisconsin's population are two factors, but the most important factor has probably been the amazing increase in the utilization of prescription medications in this country. According to the Kaiser Foundation, from 1994 to 2005, the number of prescriptions purchased increased 71% (from 2.1 billion to 3.6 billion), compared to a U.S. population growth of 9%. The average number of retail prescriptions per capita increased from 7.9 in 1994 to 12.3 in 2005. Dispensing is only one component of a pharmacist's workload, and other components, such as educating patients, addressing other health professionals, and monitoring benefit reimbursement systems, have grown at the same rate.

Like many other professions, the availability of pharmacists is not solely a question of the number of practitioners, but also of their work habits. New graduates today are often most interested in jobs that allow flexibility in scheduling. More professionals are interested in part-time positions. Similar to other professions, a significant number of Wisconsin pharmacists are older and interested in working fewer hours as a prelude to retirement. Health care, with its evening and weekend schedules, is a perfect fit for part-time work, and in fact needs employees who are interested in and want part-time work to fill a seven day/24 hour schedule. Unfortunately, the fact that pharmacists, already in short supply, are working fewer hours amplifies an already difficult staffing situation.

The only school in Wisconsin that prepares pharmacists is the University of Wisconsin-Madison. In 2005, the Department of Regulation and Licensing reported 6,214 pharmacists licensed in Wisconsin. In June of 2004, the UW granted 139 PharmD degrees. The number of students admitted in the pharmacy program has remained stable since 2001, even though the number of applications has been growing for a decade.

The increasing amount of work, pharmacists less interested in working longer hours, and lack of increase in the number of pharmacists being educated in Wisconsin have combined to create a difficult situation. It is increasingly difficult to fill pharmacist positions in hospitals. Because most hospitals employ a relatively small number of pharmacists, a single vacancy can create a crisis in coverage. Some WHA member hospitals report that it can take up to a year to recruit a pharmacist, making this one of the most difficult positions for hospitals to fill today.

It is critical that Wisconsin take action to increase the number of pharmacists in practice before it becomes nearly impossible to meet demand. Improving the supply of pharmacists available to work in Wisconsin hospitals can be addressed in a variety of ways. The two most obvious possibilities would be increasing class size in the UW Madison School of Pharmacy and opening or creating a new Pharmacy program at another Wisconsin educational institution. There are many more interested applicants than can be admitted to the current single program, so a potential pool exists. It is important that both of these options be pursued. The demographics of Wisconsin residents and medication utilization practices make it clear that the need for pharmacists is not short-term and that it requires more pharmacists than the current environment can provide. During the time it takes for these options to be explored, endorsed and implemented, other opportunities must be investigated.

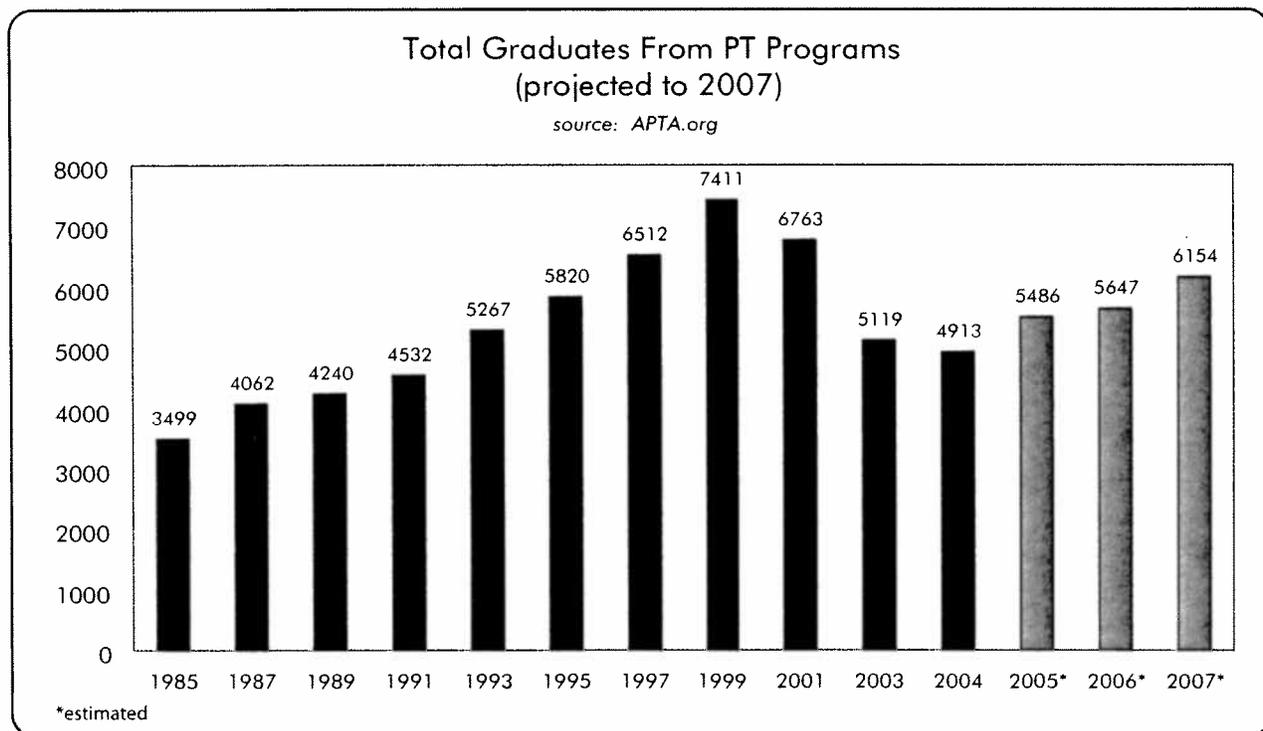
- Most graduates of the UW program remain in Wisconsin to practice, but could more be recruited to Wisconsin practices?
- Could hospitals be more successful in recruiting graduates who currently move into other types of pharmacy positions?
- New graduates are more abundant in states that have multiple programs, so recruitment opportunities must be explored that would attract those new graduates.

Physical Therapists

Physical therapist positions, along with pharmacist positions, are the most difficult to fill in Wisconsin hospitals. Several factors contribute to this situation. Several years ago the federal budget reduced payment for physical therapy services. As a result of that change, fewer PT services were utilized, student interest fell off, and enrollments declined. While the federal government has reversed that action, current graduation rates still reflect that downturn.

Recently, however, interest in the occupation is returning with a corresponding increase in class size. Results of that growth will not be reflected in the workforce for several years. Also, most programs in Wisconsin are moving toward a Doctorate in Physical Therapy. These programs require more credit hours and take longer to complete. There is a one-time drop off in graduations as that change is implemented. Longer programs are more expensive for students. Longer, more costly programs are not as attractive to students looking to enter the workforce quickly. Still, all programs report significant student interest in this occupation, as the employment outlook is positive for graduates.

The American Physical Therapist Association anticipates graduations to grow over the next years. The Association predicts the following number of graduations in the country:



The Department of Regulation and Licensing reports that there are 4,763 physical therapists licensed in Wisconsin. Currently there are five Wisconsin programs that graduate physical therapists: Carroll College, Concordia, Marquette University, University of Wisconsin-La Crosse and University of Wisconsin-Madison. These programs currently graduate about 180 physical therapists per year. The University of Wisconsin-Milwaukee has created a new site to prepare these professionals and has, this year, admitted 24 students to that new program.

These programs have intensive clinical requirements and hospitals are a major source of those experiences. Michele Thorman, president of the Wisconsin Physical Therapy Association, indicates that the Association understands that hospitals are having difficulty filling PT positions, especially in rural areas. The Association feels that the shortage will lessen as more new graduates emerge from Wisconsin programs. Thorman recommends that hospitals communicate with schools that are preparing physical therapists to discuss clinical work sites,

clinical experiences and clinical preceptorships to assure that clinical opportunities are available for students. Action steps to assure an adequate supply of physical therapists include:

- Creating interest in physical therapy careers. This occupation does not have the issue with waiting lists that some other health care occupations do. Recruitment is necessary to create the interest required to grow programs.
- Encouraging and supporting incumbent employees who wish to become physical therapists.
- Communicating workforce needs and supporting capacity increases in Wisconsin schools.

The demand for additional educational capacity for physical therapists is not as clear as with pharmacists. Wisconsin has several educational programs with a new site recently accepting its first students. While it is currently very difficult to recruit and hire physical therapists, student interest, an increase in enrollments and a new education program create optimism that this difficulty can be resolved.

Radiologic Technologists

Wisconsin has 21 programs that prepare radiographers. Ten are located within the Wisconsin Technical College System, with an additional 11 programs residing within health care facilities. These programs rely heavily on clinical experience because students must complete a specific number of procedures to fulfill their clinical education.

Local technical college districts have been very responsive to the demand for these professionals. Technical college programs tripled their enrollment and doubled their graduations between 1996 and 2005. Program size is stable at the current time. Data from the WHA personnel survey and communication with members indicates that the vacancy rate for radiologic technologists appears to have peaked in 2002 and that those positions are relatively easy to fill at this time. Positions for specialty technologists are more difficult to fill. It is still important to monitor the number of students enrolled, the graduation rates, and vacancy data. WHA and the Wisconsin Technical College System regularly share information and communicate on these needs.

Physicians

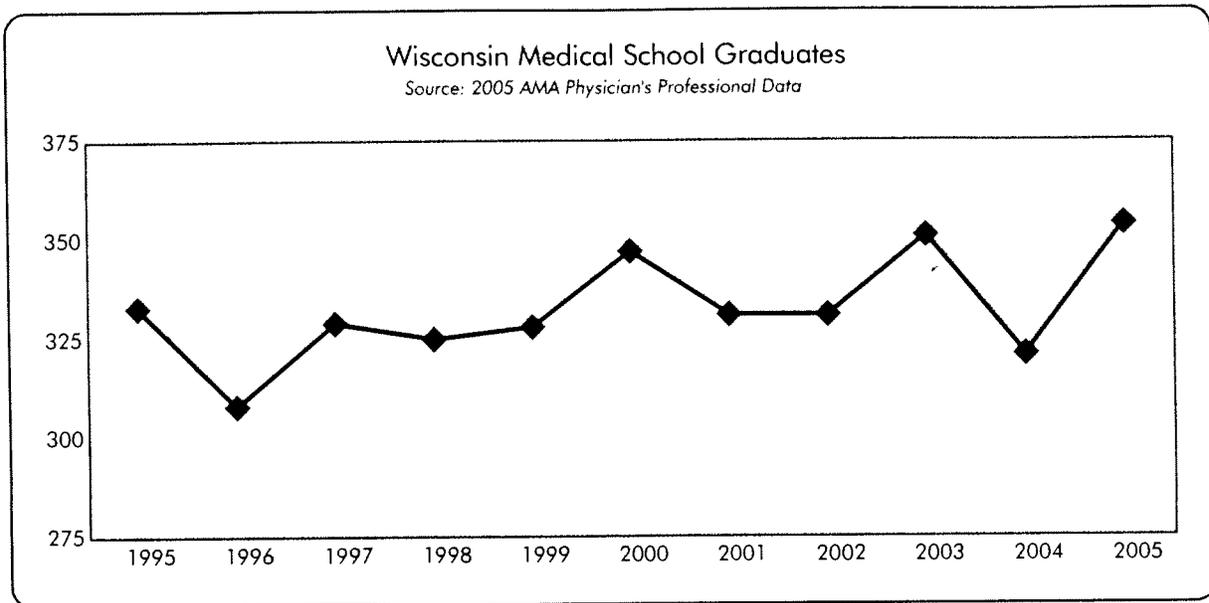
With 22,030 licensed physicians, Wisconsin, when viewed as a whole, appears to have an adequate supply of physicians. When viewed more locally, however, it becomes clear that the distribution of physicians is unequal, with some areas having an adequate supply of physicians and some being seriously short of physicians. Most hospitals in Wisconsin report routinely being in a position of recruiting physicians. Today hospitals include physicians in their list of difficult to fill positions. Rural and inner city areas report the most difficulty with recruitment. Those areas most frequently recruit primary care practitioners, although some specialties are routinely needed and these positions are even more difficult to fill.

Wisconsin Schools of Radiologic Technology

Aurora Sinai Samaritan Medical Center Campus, Milwaukee
Bellin Hospital, Green Bay
Blackhawk Technical College, Janesville
Chippewa Valley Technical College, Eau Claire
Columbia St. Mary's Hospital, Milwaukee
Froedtert Memorial Lutheran Hospital, Milwaukee
Gateway Technical College, Burlington Campus
Lakeshore Technical College, Cleveland
Madison Area Technical College, Madison
Mercy Medical Center/Affinity Health System, Oshkosh
Milwaukee Area Technical College, Milwaukee
Moraine Park Technical College, Fond du Lac
Northcentral Technical College, Wausau
Northeast Wisconsin Technical College, Green Bay
Saint Joseph's Hospital, Marshfield
St. Luke's Medical Center, Milwaukee
Theda Clark Medical Center, Neenah
University of Wisconsin Hospital and Clinics, Madison
Western Technical College, La Crosse
Wheaton Franciscan Healthcare/All Saints, Racine
Wheaton Franciscan Healthcare/St Joseph's, Milwaukee

Source: Wisconsin Society of Radiologic Technologists Web site (www.wsrtnet)

Wisconsin has two medical schools, the University of Wisconsin-Madison and the Medical College of Wisconsin. Enrollment in those programs has been relatively stable over the last 10 years.



In 2004, the Wisconsin Hospital Association outlined Wisconsin's current and future physician shortage issues in "Who Will Care for Our Patients" (found at www.wha.org/physicianshortage3-04.pdf). Increased demands for care from an aging population, an aging physician population, no growth in the number of physicians being prepared, and younger physicians who are less interested in long hours combine to create a future scenario without adequate numbers of physicians to serve Wisconsin's population. In 2006, The Association of American Medical Colleges (AAMC) issued a position statement on the physician workforce which agreed with WHA's projection. The AAMC position recommended that enrollment in U.S. medical schools should be increased by 30 percent to meet future demand.

Most recently, UW-Madison developed an initiative to create a group of medical school graduates more likely to practice in rural Wisconsin. This initiative is modeled after programs in other states that recruit and admit into medical school students from small towns and rural locations that have a commitment to practice in these areas upon graduation. This new program, the Wisconsin Academy for Rural Medicine (WARM), has a goal of increasing the medical school enrollment by 25 students. This program has an excellent chance of impacting the shortage of physicians within specific geographic regions of the state and will be watched by WHA with interest. Preparation of physicians is a more than 10-year process, so the success of the program will not be apparent for many years.

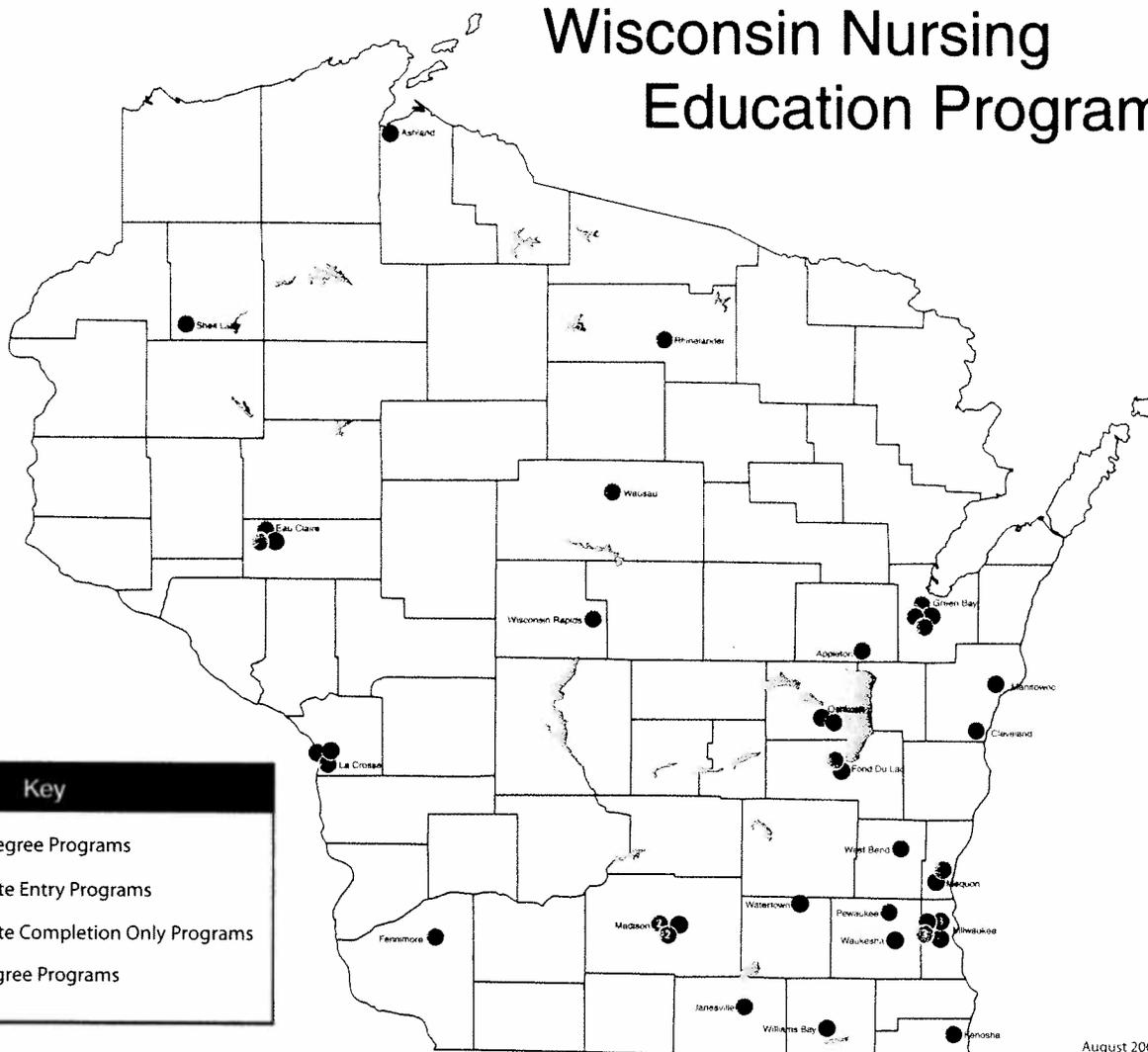
Registered Nurses

When WHA introduced its workforce initiative in 2003, registered nurse positions were categorized as the most difficult to fill. Today, other occupations occupy that 'difficult to fill' category, but the future holds serious shortage issues, so the registered nurse remains high on the list of occupations that are being closely monitored.

Wisconsin is fortunate to have over 30 nursing programs within its borders. These schools are located in all areas of the state, with an associate degree program offered in every technical college district. Programs also exist that are free of geographic location. Excelsior College grants an entry level AD in nursing but does not provide instruction, offering only a clinical competency-testing site in Wisconsin. Several programs located outside of Wisconsin offer online instruction with the learner negotiating clinical experience locally.

The number of nursing programs in Wisconsin is growing. Carroll College in Waukesha and Maranatha Baptist

Wisconsin Nursing Education Programs



August 2006

Bible College in Watertown are new bachelor's level programs. Bryant & Stratton Career College in Milwaukee and Herzing Institute in Madison have opened new associate degree programs. Northland College in Ashland, Silver Lake College in Manitowoc and Aurora University have all recently opened degree completion programs for RNs seeking a bachelor's degree.

Enrollments Declined in the 1990s

Nursing school enrollments declined in the 1990s for a variety of reasons. Most notable at the time was a decline in the number (however briefly) of nurses employed by hospitals as both inpatient days and hospital utilization declined. Those hospital trends began to reverse in 1996, but nursing school enrollments lagged as students worried about finding jobs. Nursing still attracts more women than men, but with the broad array of education and career opportunities available to women today that were not as accessible in the past, fewer women are entering nursing.

Interest in Nursing Careers Returns

Recently, nursing has experienced a new wave of interest, as the health care industry is perceived as offering more job security than other segments of Wisconsin's economy. While other industries have suffered economic setbacks, health care has continued to offer a challenging and rewarding career, good benefits, and secure employment. This has generated an amazing level of new interest, which has led to long waiting lists filled with increasingly qualified applicants to programs that had, in the past, seen declining enrollments.

People who are embarking on a second career and displaced workers are finding nursing an attractive career option. This is particularly true in the Wisconsin Technical College System where the average graduate is over the age of 30. Interest in nursing from this group is good news from both a recruitment perspective and for the fact that mature workers bring many positive attributes to the workforce. The downside is that they will practice fewer years after graduation than the traditional post-high school student and thus have a smaller impact on overall workforce supply.

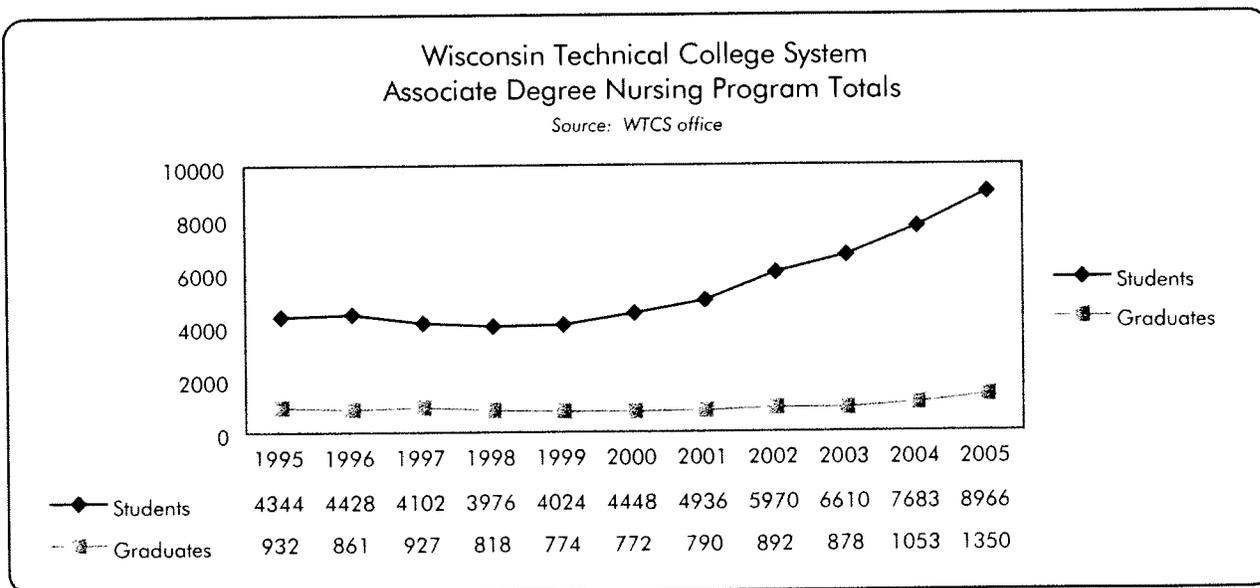
School Capacity has Increased to Meet Student Interest and Market Demand

Capturing the data necessary to document either an increase or decrease in the capacity at a nursing school is not as straightforward as it might appear. The number of students entering a program may be counted at the first entry point or upon entry into the first nursing course, depending when the student is actually "accepted" into the program. The number of students completing a program may be defined by a time period, those that complete in the normally defined period, and those that finish on a given date, regardless of when they entered the program. Even with those limitations, it is clear that Wisconsin's nursing programs have responded with impressive efforts to increase enrollment and graduations, often despite decreased or flat funding.

Associate Degree Programs Expand; Graduation Numbers Grow More Slowly

The 16 Wisconsin Technical College Districts have expanded admissions rather dramatically in the recent past. Programs have used a wide variety of methods to achieve growth. Some have grown with increased tax-based support, but much of the growth has come from cooperative strategies among schools, and with employers, such as hospitals. The Wisconsin Technical College System has reallocated program dollars to nursing and other health careers and special segregated funds have been created during the State of Wisconsin budget process for growth.

Enrollments and graduations for an 11-year period are shown in the table below. While the number of students enrolled has risen rather dramatically, the number of graduates has grown more slowly, for two reasons. The first is that movement through a program is taking longer than two years and graduations are thus delayed. The second is that a number of students who are admitted fail to complete the program, either deciding not to continue, or failing to meet program requirements.



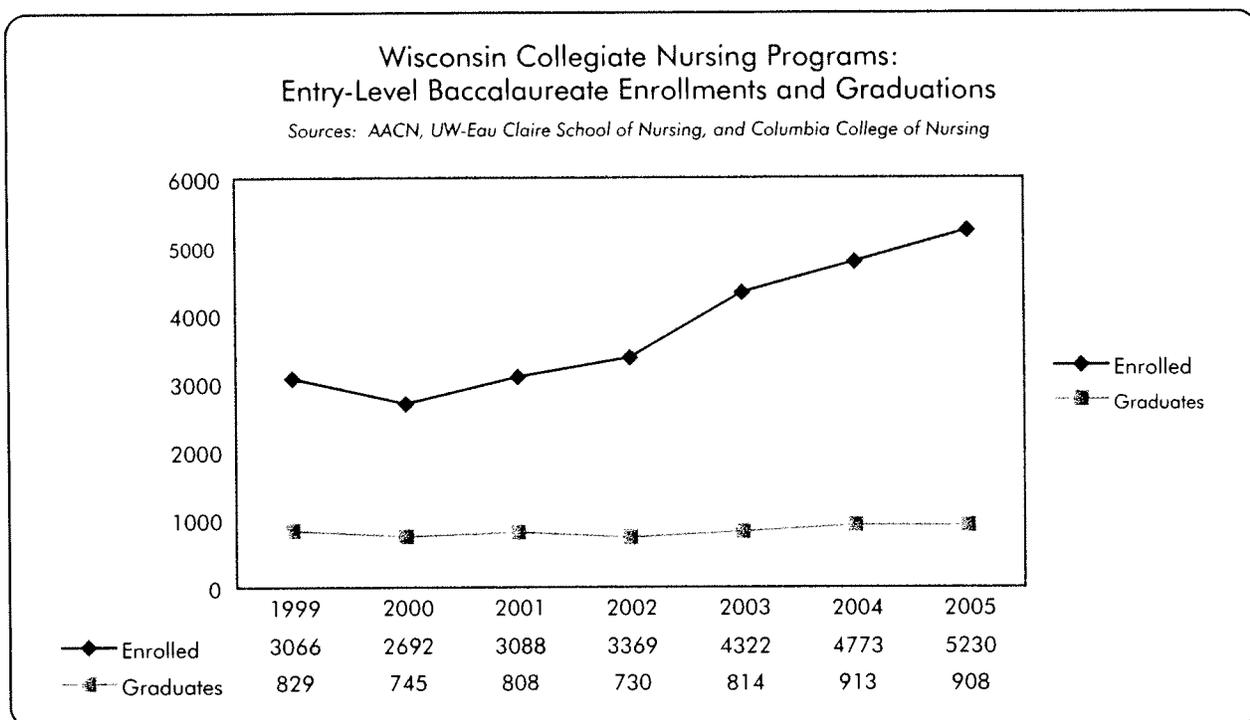
All districts reported individuals on a waiting list for the associate degree in nursing. Numbers by district ranged from 6 to 592 with a system-wide total of 2,952 names as of November 2004. The waiting list should be cautiously interpreted as some students may be taking preparatory classes, and some may have enrolled in

other programs by this time. The technical college system accepts all qualified applicants and places potential students on a list based on the date their application was accepted. A number of variables, including faculty, clinical slots available, and laboratory capacity determine the number of students accepted.

Cardinal Stritch University is the only other associate degree program with graduates. Enrollment in this program has grown from 69 in the 2000/2001 school year to 284 in 2003.

Collegiate Schools of Nursing

The American Association of Collegiate Schools of Nursing (AACN) collects and maintains data on baccalaureate and higher degree programs in nursing. Data on enrollments and graduations, for the private and public baccalaureate programs in Wisconsin as reported to AACN, are displayed below. The data reported below is from entry-level baccalaureate programs only. Note that the graduation rate for these programs has not increased; however, these programs require up to four years from entry to completion, so increases would not yet be expected.



In fall of 2005, Wisconsin baccalaureate programs reported 2,855 applications that met admission criteria for 1,437 actual admissions.

University of Wisconsin. Four UW campuses (Madison, Milwaukee, Eau Claire, Oshkosh) offer entry-level programs in nursing at multiple locations. UW programs have all increased their enrollments, some dramatically. This growth has been accomplished through the use of a variety of strategies; including the use of grants, fund reallocation, and cooperative programming with technical districts and through the generosity of hospitals and health systems.

All campuses report that they have denied admission to qualified applicants. The UW System admits students based on several factors, including grade point average, with the most qualified students admitted first.

Private Colleges and Universities. Wisconsin has 11 private institutions (Alverno College, Bellin College of Nursing, Carroll College, Columbia College, Concordia University, Edgewood College, Marian College, Maranatha Baptist Bible College, Marquette University, Milwaukee School of Engineering, Viterbo University) that prepare nurses to enter the profession at the baccalaureate level. All of these programs report increasing

enrollment between fall 2001 and fall 2005. Because these schools are not tax supported, they are somewhat more flexible in their ability to grow programs. Private colleges were the last group of nursing programs to turn away qualified learners. But, today all report denying admission or delaying admission to future semesters for qualified applicants.

Wisconsin private schools report an impressive number of clinical affiliations and employ many creative strategies for educating registered nurses. At the same time, recruitment of faculty has become more and more difficult. This is, for some schools at least, the limiting factor for enrollment.

Barriers to Additional Growth

- **More nursing faculty are needed.** Availability of nurse faculty at both the masters and doctoral level is already a limiting factor. In areas of the state where nurses with the appropriate credentials are available, they may not be interested in teaching, as other employment options may offer better pay. The nurse faculty age is higher than that of the average nurse, with a large number of retirements predicted in the near future. Given the time and effort required to attain a doctoral degree, and the fact that nurses enter and leave doctoral preparation later in their career than other professions, it will take many years to resolve this shortage.
- **Creativity and flexibility in clinical experience scheduling is critical.** The current problem is the limited ability to add clinical experiences within the traditional model of one clinical instructor with a group of students on day shifts in acute care settings. Additional clinical options for nursing students will require creative use of both clinical opportunities and teaching staff. New sites, new times, and new patient populations will need to be utilized to achieve further program growth. All of these options take more effort and organizational time to plan and implement. Using staff as preceptors is also more time consuming for faculty.

Newer strategies for clinical learning include the use of human simulators, simulated patient encounters, and the use of "patient actors." These methods have been tested and employed in training occupations, such as airline pilots, who learn first in an alternative environment and later practice in 'real' situations.

- **Waiting lists remain long.** While much interest has been created among potential learners, a large number of people who have not been accommodated in programs remain on waiting lists or simply hope that they will eventually be admitted to nursing programs. They won't wait forever. Future health professionals are being discouraged by the long wait and/or the risk of never achieving admission. Action must be taken, or all of the great recruitment efforts made to date will be lost as interested students give up and enter other occupations.
- **Funding increases unlikely.** Funding at UW campuses and at the Technical Colleges is complex, and public funding of both programs has been the focus of much taxpayer attention. Given concern about the tax load in Wisconsin and the preferences of both the Legislature and the taxpaying public, it seems unlikely that these programs will receive money for growth within the current funding models.

Where Are We Today?

First, all of the nursing programs in Wisconsin are to be congratulated and thanked for their efforts to increase enrollments and grow the nursing workforce. Much effort has been put forth on this endeavor, which has hopefully caused a permanent turn in interest, enrollment, and graduations. There is much interest in nursing as a career, and there are more students enrolled in programs now than there have been for many years.

The fact that there are new programs being developed to prepare nurses is exciting and encouraging news. These new programs may allow access for students on waiting lists or to those who were qualified, but were denied admission.

Faculty availability, redesign of clinical experiences, and funding must be addressed to continue current recruitment and training levels in the face of retirements and to allow program expansion to meet projected workforce needs.

It is imperative that Wisconsin secures an adequate supply of registered nurses. Those who have made progress in increasing enrollments and improving the graduation rate are to be commended. We have, however, only started to move towards solutions that will begin to address what could become Wisconsin's worst nursing workforce crisis.

- All avenues for additional funding must be explored and exploited.
- Strategies to increase the number of individuals qualified to teach nursing must be found and utilized.
- Interested potential students must be accommodated.
- New ways of structuring clinical learning must be developed and implemented.

Summary and Recommendations

Health care is a rapidly growing employer in Wisconsin. Workforce projections indicate that many new workers will be needed for both replacement and new positions. Those predictions added to current difficulties in recruiting for and filling some vacant health care positions indicate that increasing school capacity is critically necessary to ensure an adequate workforce.

This document has reported on five key health occupations. While progress has been made and many educational programs have increased capacity dramatically, the future ability to meet demand is unclear. It is critical that efforts continue, and specifically, that the following be done:

1. The capacity to educate pharmacists in Wisconsin must be increased immediately. The current system does not meet today's demand and clearly will not meet future demand. This is today's biggest health care workforce recruitment challenge.
2. The capacity to educate physicians must be expanded. While the University of Wisconsin-Madison Medical School plans to increase class size, the scope of the increase does not meet the needs projected by WHA or by the Association of American Medical Colleges.
3. The capacity to educate registered nurses must be increased. Wisconsin schools have made great strides, however, as the large number of nurses in the "boomer" group begin to retire after 2010, an even larger number of new nurses will be needed to both replace them and to meet increased demand.
4. Programs that educate physical therapists must be carefully monitored and evaluated. There appears to be significant interest among students in enrolling in physical therapy programs, a new program is about to open and some programs have room for expansion. If these factors do not quickly resolve current difficulty in recruitment, growth in capacity will be necessary.
5. Availability of radiologic technologists must be carefully monitored. Schools have demonstrated their ability to increase capacity to meet workforce needs. The flexibility to add further to supply when the professionals are needed is critical.
6. Attention must be paid to the distribution of all health professionals. Creating strategies that keep our graduates in Wisconsin and, perhaps more importantly, practicing in the geographic areas of greatest need are critical to the future.
7. Open dialogue must be maintained between health care employers and the educational programs that create the health care workforce. Both parties are critical to the conversation. These educational programs are lengthy and expensive. Accurate and early estimates of demand from employers, and timely responses from educational systems can attain and maintain the workforce Wisconsin needs.

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TESTIMONY BEFORE THE ASSEMBLY PUBLIC HEALTH COMMITTEE
Wednesday, January 30, 2008
Gary S. Plank Pharm.D.
Corporate Director of Pharmacy Services
Marshfield Clinic

Good morning Chairman Hines and members of the Assembly Committee on Public Health. I am Gary Plank PharmD, Corporate Director of Pharmacy Services, Marshfield Clinic. I am here to speak in support of AB731-Remote Dispensing by Pharmacists Legislation on behalf of the Marshfield Clinic System.

Marshfield Clinic, an integrated outpatient health care system, has 42 (soon to be 47) centers spread over approximately 40,000 square miles in North Central Wisconsin, providing high-quality health care, medical research, and undergraduate and graduate medical education to Wisconsin citizens. Marshfield Clinic provides care for all individuals who access our system regardless of their ability to pay. Marshfield Clinic's health policy agenda for 2007/09 State Biennium and Legislative Sessions is focusing on access to health care, quality, and cost containment.

Marshfield Clinic recognizes that 80% of health care costs nationally are attributable to 20% of the population and directed to the care of chronic diseases (coronary artery disease, diabetes mellitus, and chronic obstructive pulmonary disease). Marshfield Clinic, through our participation in the Centers for Medicaid and Medicare Services Physician Group Practice Demonstration Project, is marshalling our integrated electronic medical record, chronic disease care management teams, and clinical decision support strategies to improve the quality of care of all patients who access our system with chronic diseases and, in the process, reduce health care costs.

Marshfield Clinic is also a National leader in Telehealth. The Marshfield Clinic TeleHealth Network (MCTN) was initiated in December of 1997 with a 1997 Rural Telemedicine Grant from the Office of Rural Health Policy. In 2000, MCTN received an additional grant from the Office for the Advancement of TeleHealth, HRSA, to continue to expand its original program and move out into the community with access to needed services via TeleHealth.

Marshfield Clinic's experience in TeleHealth support of Pharmacy practice began in 2002. At that time Marshfield Clinic Oncology Services expanded to the community of Wisconsin Rapids. Because of the difficulties associated with recruiting and retaining Pharmacists with specialized training and experience in Oncology, the decision was made to provide Pharmacist support to the Wisconsin Rapids Oncology practice using TeleHealth technology. As Oncology services have expanded, so has Marshfield Clinic's use of TeleHealth to support the Pharmacy practice. We currently have 5 Pharmacists supervising chemotherapy production and supporting Oncology care at 8 Marshfield Clinic Oncology practice sites (3 by TeleHealth link).

Just over a year ago, as a result of the closing of their only local pharmacy, the Mercer Town Board approached Marshfield Clinic asking how we might assist the residents of their community in gaining access to their prescription medications from our Marshfield Clinic Mercer Center. Utilizing TeleHealth technology we were able to provide Pharmacist Supported Physician Dispensing at this center, temporarily filling this void for pharmacy services. As a result of the very positive results achieved in Mercer, Pharmacist Supported Physician Dispensing has been expanded to the Marshfield Clinic Radisson Center.

AB 731 will allow Wisconsin pharmacists to provide much needed access to high quality patient focused pharmacy services for residents located in rural as well as urban parts of our state. This will assure that the drug therapies prescribed for these people, including those to treat chronic diseases, will be readily available despite potential barriers such as long distance to travel to a pharmacy, rising gas prices, and the uncertainty of weather.

Nation wide, the Pharmaceutical Industry estimates that anywhere from 20% to 30% of prescriptions that are written for patients are never filled, or filled but never taken. The implications of patients not filling their prescriptions may have a substantial impact on their health and lead to more costly health care for untreated or poorly treated acute and chronic conditions.

Much attention is given to the high cost of prescription medications and the potential for cost to provide a barrier to compliance with prescribed drug regimens. In rural and otherwise underserved communities (including many urban areas in the state), access to prescription pharmaceutical treatments vital to immediate patient health, preventative therapies and chronic disease management are hindered by geographically remote pharmacy locations (problems made worse in Wisconsin by rising gas prices and the uncertainty of the weather) and/or difficulties in recruiting pharmacists.

By allowing the remote supervision of prescription dispensing by pharmacists, AB731 will certainly aid in reduction of barriers to access to these much needed therapies and products. The long-term benefit of this increased level of access will not only improve patients' lives, but could prove to be a vital link in controlling health care costs.

Marshfield Clinic actively supports AB731 and looks forward to sharing our experience in collaboration with the Wisconsin Pharmacy Examining Board to develop remote dispensing policy that improves access to pharmaceuticals while assuring the safety of the residents of Wisconsin.

I would be happy to answer any questions you may have.

Sincerely,

Gary S. Plank, Pharm.D.



MARSHFIELD CLINIC

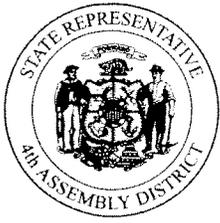
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Phil Montgomery

Serving the Communities of Allouez, Ashwaubenon, De Pere and Green Bay

Testimony of Representative Phil Montgomery Assembly Committee on Public Health Assembly Bill 731

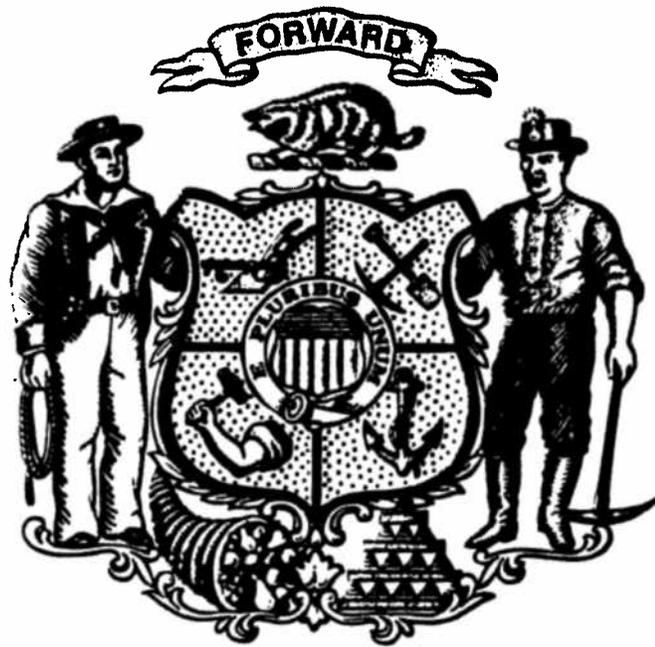
Good morning Chairperson Hines and committee members, I appreciate the opportunity to submit testimony in support of Assembly Bill 731, relating to remote dispensing by pharmacists and authorizing the exercise of rule-making powers.

Under the direct management and supervision of a licensed Wisconsin pharmacist, medications could be dispensed at remote locations including nursing homes or HMO's. All legal requirements associated with traditional dispensing, including the storage, packaging, and distribution of medications, would remain. Under this type of system, machines known as automated distribution systems (ADMS) could be used to dispense a prescribed drug.

Currently, physicians and certain other licensed health care providers are permitted by state statutes to perform dispensing functions and can use remote dispensing systems, yet licensed pharmacists are not permitted to dispense prescriptions using a remote system.

In order to enhance patient care in rural or underserved urban areas, this legislation will level the playing field for pharmacists to oversee remote dispensing as is currently allowed for Wisconsin physicians, and address the increasing pharmacist shortage by enabling the use of automation and dispensing efficiencies.

Thank you for your consideration.



To: Members of the Wisconsin State Assembly Committee on Public Health
From: Susan Sutter, Chair, Pharmacy Society of Wisconsin's Board of Directors
Re: Testimony in Support of Assembly Bill 731, Remote Dispensing Legislation

Good morning chairman Hines and members of the Assembly Committee on Public Health. My name is Sue Sutter and I am the Board Chair of the Pharmacy Society of Wisconsin and I am here on behalf of PSW to support Assembly Bill 731.

My husband and I own and operate three independent pharmacy locations in the Dodge County area. We have heard from patients and health care professionals about the need for this legislation. As the former Chair of the Wisconsin Pharmacy Examining Board (PEB) I have been involved in the development of this legislation for a long time and it is rewarding for me to be here today.

Current Law Needs to Change

Current law already permits physician dispensing to occur and the Pharmacy Examining Board has seen this practice happening more frequently. Physicians and certain other licensed health care providers are permitted by state statutes to perform dispensing functions and they can use remote dispensing systems. Ironically, under current Wisconsin law, no pharmacist may dispense a prescribed drug or device from a location that is not licensed by the PEB as a pharmacy. This bill will level the playing field.

The primary reasons for pursuing a remote dispensing change are:

- 1) To enhance patient care in rural or underserved urban areas;
- 2) To enable pharmacists to oversee remote dispensing systems as are currently allowed to Wisconsin physicians; and,
- 3) To address the increasing pharmacist shortage by enabling the use of automation and dispensing efficiencies.

PSW believes that remote dispensing should only occur under the direct supervision of a pharmacist and each patient who receives a medication from a remote location should receive a consultation from a licensed Wisconsin pharmacist as they would if they were dispensed the medication in a licensed Wisconsin pharmacy.

What is remote dispensing?

Remote dispensing, by definition, would allow a pharmacist to dispense prescription medications at a location not licensed as a pharmacy.

Through such a system, and under the direct management and supervision of a licensed Wisconsin pharmacist, medications could be dispensed through the use of an automated system or other collaborative practice arrangements with practitioners that perform the medication

packaging and labeling functions associated with dispensing. All legal requirements associated with traditional dispensing, including the storage, packaging, and distribution of medications would remain.

The Pharmacy Society of Wisconsin Supports a Remote Dispensing system that will do the following:

- **Require licensed pharmacists.** Any form of remote dispensing must include the involvement of a licensed Wisconsin pharmacist. Patient consultation must be a priority in any policy consideration.
- **Specify systems' locations.** Require that remote dispensing systems shall only be located in health care facilities or at locations which incorporate the services of a Wisconsin-licensed health care professional who has prescribing authority.

In addition to these recommendations, PSW also suggests the PEB, through their rule-making authority give serious consideration to the handling of stored or unused prescription drugs at remote locations. Security issues must be addressed by PEB policy. Who will have access to machines used to dispense prescriptions at remote locations? Who will be charged with developing security criteria at a facility using a technician or physician dispensing system?

We look forward to working with members of the PEB in the development of a remote dispensing policy that ensures access and safety.

Thank you again for this opportunity.