

Fiscal Estimate Narratives

UWS 5/7/2017

LRB Number	17-2446/1	Introduction Number	SB-154	Estimate Type	Original
Description prohibiting performance of and funding or providing property for abortions and other services by certain employees and entities					

Assumptions Used in Arriving at Fiscal Estimate

This bill prohibits an employee of the University of Wisconsin (UW) System or the University of Wisconsin Hospitals and Clinics Authority from, while in the scope of his or her employment, performing or assisting in the performance of an abortion; performing services at a private entity, other than a hospital, where abortions are performed; or training or receiving training in performing abortions, unless the training occurs at a hospital. The bill also prohibits the UW System and the UW Hospitals and Clinics Authority from assisting, assigning, extending liability protections for, and entering a contract, agreement, or memorandum of understanding that makes arrangements for employees to perform or assist in performing an abortion; perform services at a private entity, other than a hospital, where abortions are performed; or train or receive training in performing abortions, unless the training occurs at a hospital.

This bill may result in the OB/GYN residency training program at UW Hospital losing its national accreditation. The national accreditation organization for residency training programs, the Accreditation Council for Graduate Medical Education (ACGME), requires that OB/GYN residency programs provide the option for training in abortion procedures. If that option is not available, a program receives a citation, and if the deficiency is not corrected, it loses its accreditation.

Without accreditation, there will be a notable decline in graduates seeking OB/GYN residency training, and without residents, academically oriented OB/GYN faculty will leave. Replacement of academically oriented faculty will be challenging without an accredited residency program. The financial impact on the UW School of Medicine and Public Health would be significant. The loss of the academically oriented faculty would result in the loss of approximately \$4M in annual extramural grants and clinical trials receipts. The costs to the industry to replace this resource would also be significant. The search, recruitment, and start-up support for a new cohort of 22 private practice OB/GYN physicians would approximate \$3,300,000.

Another consequence of the loss of the accredited OB/GYN residency training program will be the loss of a pipeline of future OB/GYN physicians practicing in Wisconsin. The single greatest predictor of where a physician will practice is the state in which they complete their residencies. The loss of the UW Health OB/GYN residency training program will significantly diminish the pipeline for new OB/GYN practitioners in the state, leading to increased costs for the state's health systems that would need to recruit out of state OB/GYN physicians rather than in-state residency graduates.

In addition, the loss of the residency training program and its impact on the OB/GYN department's national reputation, and the resulting fiscal impact would spread to other areas and departments. Without a strong OB/GYN education and research program, residents and faculty in areas that interact with OB/GYN would have diminished interest in coming to or staying at UW-Madison, increasing the cost of recruitment and retention efforts. For example, a wide range of residents in other fields interact with OB/GYN residents and academic faculty in the course of completing their own broad range of training experience, including anesthesiology residents, pathology residents, and pediatric residents.

Faculty and students in the family nurse practitioner (FNP) program may also be affected. FNP students engage in clinical rotations and training at outpatient sites. This bill would result in loss of such clinical sites and lead to costs associated with finding replacements sites for clinical rotations and training. FNP's are educated and credentialed to provide care in outpatient settings. If required to move to hospital settings, there will be significant costs associated with credentialing faculty and students for hospital settings.

Long-Range Fiscal Implications