

Fiscal Estimate Narratives

UWS 4/25/2017

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| LRB Number | 17-1813/2 | Introduction Number | SB-165 | Estimate Type | Original |
| Description grants for education and training of allied health professionals and making an appropriation | | | | | |

Assumptions Used in Arriving at Fiscal Estimate

Senate Bill 165

This bill requires the Department of Health Services to distribute grants to hospitals, health systems, and educational entities that form health care education and training consortia for allied health professionals. Allied Health professionals are defined as any health care provider other than a physician, registered nurse, dentist, pharmacist, or chiropractor. The bill indicates that preference for grants will be given to rural entities.

The bill limits the amount granted per consortium to \$125,000 per fiscal year, and limits the total funding for the grant program to \$250,000 per year in the 2017-2019 biennium. The bill also requires a grant recipient to match the awarded funds. The grants may be used for the following:

- o curriculum and faculty development
- o tuition reimbursement
- o clinical site/simulation expenses

Participation in the grant program is voluntary. Therefore, any fiscal impact would be determined by participation in the grant program and would most likely be restricted to the match requirement. However, if institutions apply, examples of costs could be estimated for the proposed uses of the grant.

Tuition across allied health programs varies; however, a total average cost of in-state tuition for a sample of programs (occupational therapy, physician assistant, physical therapy) is estimated at \$46,000 for multi-year programs. With a limit of \$125,000 per consortium, this would only fully support about 2-3 students if the grant funds were used for tuition reimbursement.

Additionally, the funds could support faculty or curricular development. As demand for health programs increases (some health programs at UW-La Crosse for example have 600 applicants for 45 slots, 200 applicants for 20 slots or 400 applicants for 19 slots depending on the program), there is an increased need to recruit and retain qualified faculty/staff to teach at these highly sought after programs. Funds could be used for programs to entice clinicians to train for work in academics and potentially retain them post-degree. The cost of such a program is estimated to be a minimum of \$50,000 per year per clinician. Depending on the area, there are also national associations that offer regular workshops or forums for basic professional development. For example, the Physician Assistant Education Association (PAEA) has biannual workshops and educational forums with an estimated cost of ~\$3000/person/year.

This grant could also be used for clinical site and simulation expenses. Some current degree programs within UW have existing partnerships for this training. One example includes Gunderson and Mayo at UW-La Crosse for clinical rotations and internships for students in Occupational Therapy, Physical Therapy and Physician Assistant which cost about \$20,000 per year. Additionally, UW-Madison has an option for its PA program through wisPACT which allows it to partner with UW Marathon County for students from the area wishing to complete rotations within their own communities. The partnership includes training space, access to a regional coordinator (at 0.50FTE, salary w/ fringe is ~\$43,500), and on-site faculty that rotate through the site with one additional part-time faculty to assist with the increased needs (.6 FTE faculty salary w/fringe is ~\$120,000). Given the amount proposed for this new grant program, institutions applying would probably need to rely on such existing relationships as costs to expand into new sites and partnerships would need to provide similar space, technology, infrastructure, and administrative capabilities.

Long-Range Fiscal Implications