



STATE REPRESENTATIVE
DANIEL RIEMER

WISCONSIN STATE ASSEMBLY

7th DISTRICT

Testimony on Assembly Bill 598

Assembly Committee on Colleges and Universities

December 12, 2017

Chairman Murphy and members of the committee, thank you for taking the time to hear and consider Assembly Bill 598, a bill that would help free and charitable clinics recruit and retain physicians, dentists and other health care professionals.

Free and charitable clinics provide needed healthcare for a population of people in the State of Wisconsin who have nowhere else to go for basic and preventative healthcare. This bill will help free and charitable clinics recruit and retain the professionals that will serve the healthcare needs of this population.

Under current law, the State of Wisconsin provides funding for loan forgiveness programs to doctors, dentists, and certain other health care professionals who agree to practice in eligible practice areas. As designated by current law, an eligible practice area means a primary care shortage area, a mental health shortage area, an American Indian reservation or trust lands of an American Indian tribe. This bill adds free and charitable clinics to the list of eligible practice areas.

In doing so, this bill does something very simple: it makes physicians and dentists who agree to practice in free and charitable clinics eligible to participate in an educational loan assistance program administered by the Board of Regents of the UW-System. It also makes other health care professionals - nurse practitioners, nurse-midwives, physician assistants, and dental hygienists - eligible to participate in an educational loan assistance program also administered by the Board of Regents.

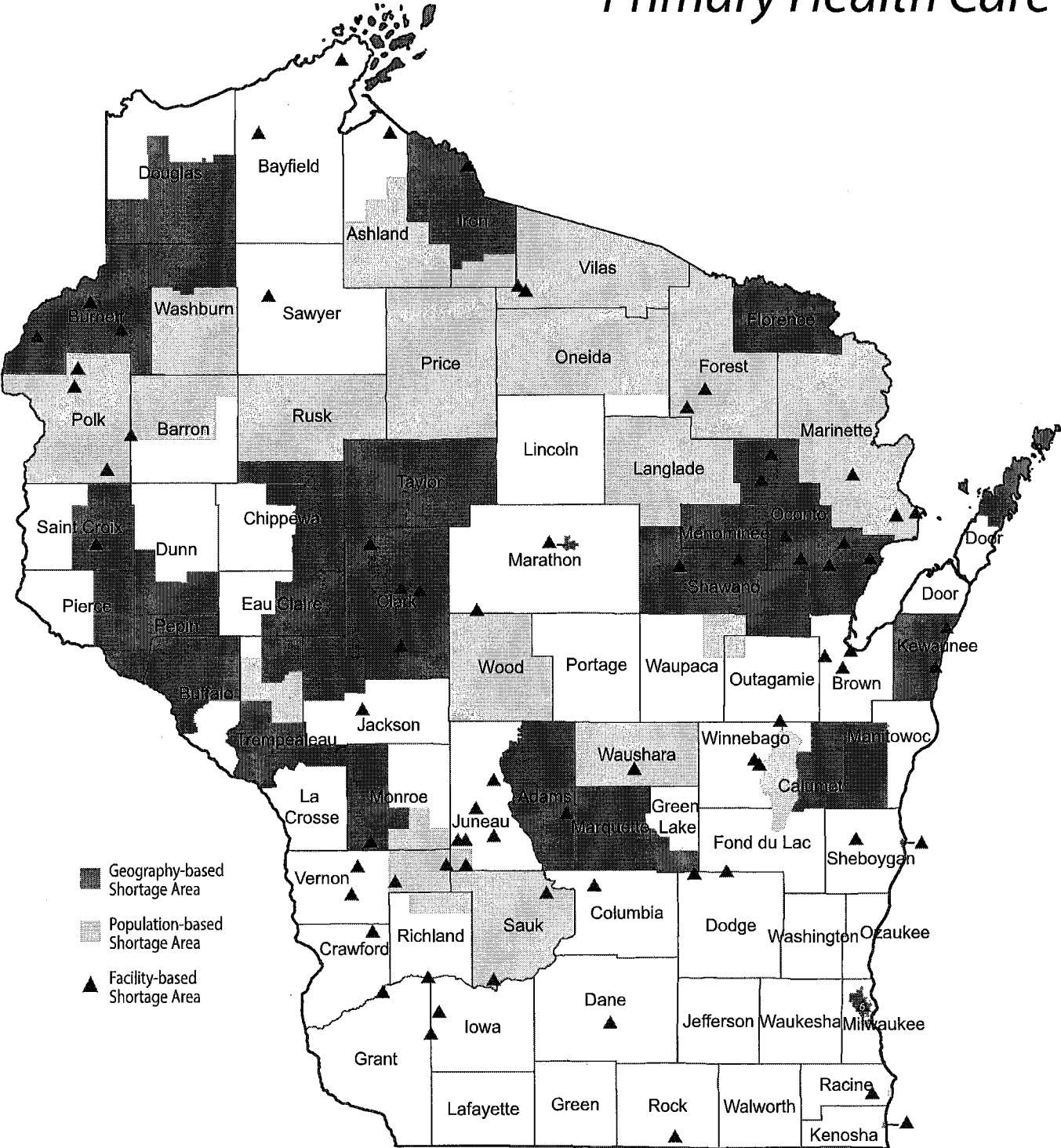
Free and charitable clinics are a safety-net health care provider for 85,000 Wisconsinites each year. There are over 80 free and charitable clinics in Wisconsin serving over 50 counties, covering both urban and rural communities throughout our state.

Assembly Bill 598 is a bipartisan bill that was worked on with input from the Wisconsin Office of Rural Health, the office at UW System that administers our educational loan forgiveness programs. With their input, they are supportive of this bill, along with the Wisconsin Free and Charitable Clinic Association and the Wisconsin Dental Association. I hope we can count on your support as well.

Thank you for your time and the opportunity to talk about this needed bill. I welcome any questions you may have.

Health Professional Shortage Areas

Primary Health Care



To determine if a specific location has a HPSA designation, visit [HPSA Find](#).



Source: Health Resources and Services Administration, Geospatial Data Warehouse, June 2017.

Health Professional Shortage Areas

Dental Health Care

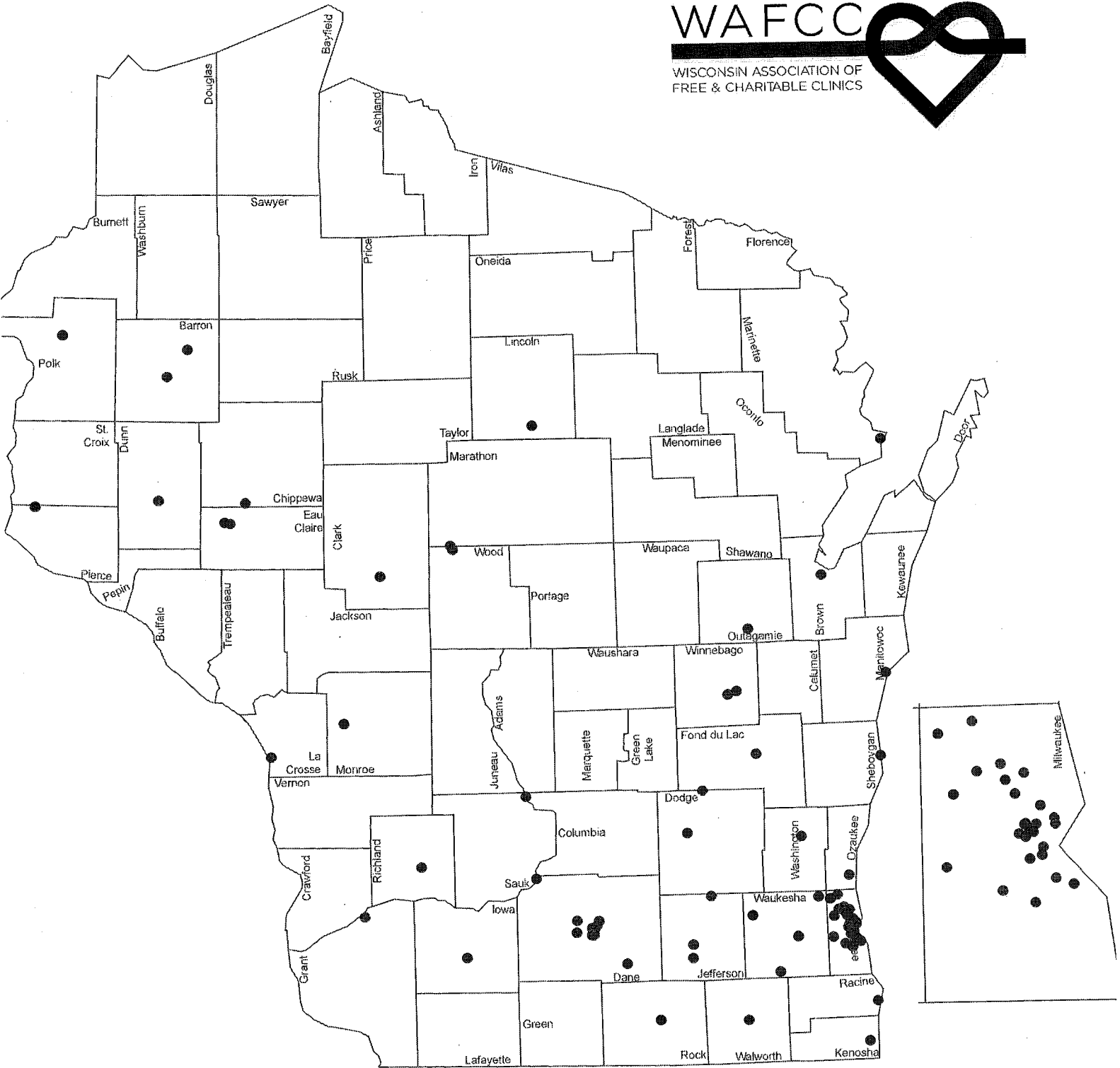
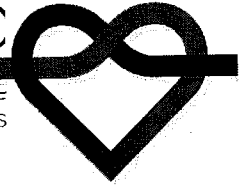


To determine if a specific location has a HPSA designation, visit [HPSA Find](#).

Source: Health Resources and Services Administration, Geospatial Data Warehouse, June 2017.

WAFCC

WISCONSIN ASSOCIATION OF
FREE & CHARITABLE CLINICS



● Free and Charitable Clinics



December 11, 2017

Representative David Murphy
The Committee on Colleges and Universities
Wisconsin State Assembly

Dear Chairman Murphy and Committee Members,

The Wisconsin Office of Rural Health manages the Health Professions Loan Assistance Program in Wisconsin, which provides loan repayment for primary care providers working in underserved areas of the state (both urban and rural). It is a competitive application process, so not everyone who applies receives an award. Qualified applicants are physicians, physician assistants, nurse practitioners, certified nurse midwives, dentists, and dental hygienists.

As the program currently stands, a qualified applicant must work full time in a federally-designated shortage area for healthcare professionals, or work for a Federally Qualified Health Center (FQHC). The proposed bill before you would add Free and Charitable Clinics to that list of qualifying sites.

The bill requests no new money from the state or federal government. Any additional applicants would be judged on equal footing with the existing applicants, and the most deserving receive the loan repayment awards.

The only addition would be extra work by our office to administer to more applicants, but we believe that would be minimal for two reasons – first, that the program infrastructure already exists, and tucking another eligibility in is less burdensome than creating a new program. Secondly, we don't expect a large pool of applicants from Free and Charitable Clinics. Our program mandates that applicants must be working full-time for 50 weeks/year, and it is very unusual for providers to volunteer to that extent, or that the clinic's business model allows them to pay providers.

We applaud the authors and sponsors of this bill for considering the healthcare needs of the underserved residents of Wisconsin, and in creating common-sense improvements to existing legislation to address unforeseen gaps.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Eich', written over a horizontal line.

John Eich, Director
Wisconsin Office of Rural Health

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December 12, 2017

Assembly Committee on Colleges and Universities
Testimony RE: AB 598
Matt Rossetto, Director of Government Services

Dear Chairman Murphy and Committee Members,

Thank you for the opportunity to testify in favor of Assembly Bill 598. We are grateful to Representatives Kleefisch and Riemer for introducing this legislation, and the Wisconsin Dental Association enthusiastically supports the bill.

Due to a number of factors, particularly poor Medicaid reimbursement rates, too many Wisconsinites find themselves relying on safety net clinics for care. We are all too aware of the difficulty in attracting dentists to work or volunteer at these facilities, but we believe that this legislation would certainly help.

Under this bill, a dentist that practiced at least 32 hours per week for three years in a free and charitable clinic would be eligible for up to \$50,000 in loan assistance.

Medical education is incredibly expensive, and dental school is no exception.

- The average Marquette University School of Dentistry (MUSOD) student debt at graduation was **\$235,076** as of the 2015-2016 class
- Starting a dental practice or purchasing an existing one can cost hundreds of thousands of additional dollars, **sometimes nearing \$1 million**
- Marquette has recently increased its class sizes to 100 students per class
- 83% of students who were Wisconsin residents at the time of enrollment remain to practice in Wisconsin. Over 15% of out-of-state students also stay here to practice

In order to help increase access to care, as well as to keep qualified dentists living and working in Wisconsin, we urge your support for AB 598.



December 12, 2017

Re: Public Hearing Comments – AB598 a bill to expand HPLAP to the Free and Charitable Clinic entity

Thank you Representative Murphy, Representative Tranel and the Committee on Colleges and Universities for your time and consideration of AB598.

My name is Dr. Katherine Gaulke. I am the founder and Executive Director of the Wisconsin Association of Free and Charitable Clinics, Inc. (WAFCC). At most recent count, there are 91 free and charitable clinics (FCCs) in Wisconsin. In 2016, FCCs provided lifesaving care to over 89,000 patients through 250,000 patient visits. This quality care is provided by over 1,660 volunteer licensed providers. Clearly, free and charitable clinics are a significant and important component of the Wisconsin safety net.

A little history on why WAFCC and FCCs are requesting to have the HPLAP expanded. In 2016, the waiver allowing FCCs to bill Medicaid for care by volunteer providers that were not Medicaid certified was removed. The impact of this was that FCCs looking to expand and/or offer care to Medicaid populations would have to Medicaid certify their volunteer providers. This has had two negative impacts:

- 1) more difficult to recruit volunteer providers and
- 2) disproportionately impacts HPSA designations, as volunteer providers now show in the provider figuring; when in reality the provider is only seeing Medicaid patients once a month when they volunteer at the FCC

Furthermore, as more FCCs look at their community needs assessments and the care gaps of their communities, some are looking to expand their service offerings to dental or mental health – with some even looking to accept Medicaid for these services. In these needs assessments, the FCC frequently becomes aware that in order to service the anticipated demand for these services, they would need to hire a fulltime provider in addition to utilizing volunteers.

The WAFCC whole heartedly supports the expansions of the Wisconsin HPLAP to the free and charitable clinic entity; as has been done in Ohio. FCCs being able to offer loan forgiveness to health professionals, in particular dentists and psychiatrists, will allow FCCs to better fill the health resource gaps in our communities and recruit high quality providers. It is our hope that through the HPLAP expansion more providers will settle in our communities and continue to offer care post-HPLAP years of services.

The Wisconsin Safety Net is comprised of free and charitable clinics (FCCs)- represented by WAFCC, federally qualified health centers (FQHCs)- represented by WPHCA, and rural health centers- represented by RHC. FCCs distinguish themselves from other safety net organizations in that majority of care is provided by volunteer licensed providers. We are communities caring for communities – in that WAFCC and FCCs are not appropriated funds by the federal or state

government. We are funded by the generosity of our local health systems, community members and organizations, along with grants. For every \$1 donated to an FCC \$7-\$10 of care or medications is given.

Below are the generally accepted definitions for safety net providers. AB598 would add free clinics and charitable clinics to Wisconsin HPLAP eligibility.

- **Free Clinic:** The nonprofit (501c3 tax-exempt) clinic provides all goods and services at no charge directly to uninsured and/or underserved patients. "Services" include medical, dental, mental health/behavioral health, and/or medications. Clinic may request or suggest donations. Clinic does not bill any third-party payers, including Medicaid, Medicare, or commercial insurers. Clinic may be bricks-and-mortar clinic or mobile unit. Represented by WAFCC.
- **Charitable Clinic:** The nonprofit (501c3 tax-exempt) clinic provides goods and/or services for a fee directly to uninsured and/or underserved patients. "Services" include medical, dental, mental health/behavioral health, and/or medications. Clinic may use a flat fee or sliding fee scale. Payment from the patient is expected at the time of service, and may or may not be waived if the patient has no ability to pay. Clinic may bill patients but does not bill any third-party payers, including Medicaid, Medicare, or commercial insurers. Clinic may be bricks-and-mortar clinic or mobile unit. Represented by WAFCC.
- **Charitable Hybrid Clinic:** The nonprofit (501c3 tax-exempt) clinic is a free clinic or charitable clinic as defined above, except that it also bills one or more third-party payers, such as Medicaid, Medicare, or commercial insurers. Represented by WAFCC.
- **Free/Charitable Pharmacy:** The licensed pharmacy dispenses free or low-cost medications directly to uninsured and underserved patients. Represented by WAFCC.
- **Referral Network/Clinic Without Walls:** The organization collaborates with volunteer clinicians, safety net clinics, hospitals, and others to match care donated by providers with eligible uninsured and underserved patients. The organization coordinates the donated care for patients referred to the program, but the organization itself does not directly deliver any healthcare services. Represented by WAFCC.
- **Federally Designated Clinic:** The clinic has been designated as a Federally-Qualified Health Center (FQHC) and qualifies for funding under Section 330 of the Public Health Service Act (PHS). They serve an underserved area or population and offer a sliding fee scale for comprehensive services. They are represented by Wisconsin Primary Health Care Association (WPHCA).
- **FQHC Look-Alike:** All elements of an FQHC without the FQHC designation, however, this is an official designation from the federal government. They are represented by WPHCA.
- **Rural Health Clinic:** The clinic has been designated as a Rural Health Clinic, represented by the Wisconsin Office of Rural Health

Thank you again, Representative Murphy, Representative Tranel and the Committee on Colleges and Universities, for allowing my testimony today. Please do not hesitate to contact me should you have any questions – WAFCCDirector@gmail.com or (262) 949-2971.

Sincerely,



Katherine R. Gaulke, PhD
WAFCC Executive Director