



TODD NOVAK

STATE REPRESENTATIVE • 51ST ASSEMBLY DISTRICT

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P.O. Box 8953
Madison, WI 53708-8953

DATE: Wednesday, November 8th, 2023
RE: Testimony on Assembly Bill 618
TO: Assembly Committee on Health, Aging and Long-Term Care
FROM: State Representative Todd Novak

Thank you Chairman Moses and members of the Assembly Committee on Health, Aging and Long-Term Care for holding a public hearing on Assembly Bill 618 (AB 618) relating to expanding Graduate Medical Training (GMT) grants.

The GMT program is a grant program that is administered through the Department of Health Services (DHS) to provide rural clinics and hospitals assistance in operating residency training programs such as “Grow Your Own” program or the Graduate Medical Education (GME) program. These programs allow recent medical school graduates the opportunity to continue their training and practice medicine in Wisconsin.

GMT programs are vital to ensuring that rural healthcare facilities have the doctors they need to serve their community, especially during a time when providers throughout the state are struggling with a medical professional shortage.

This legislation builds on the progress we made in the state budget this session to expand the GMT program. In the budget, we increased funding over the biennium for the program. This was the first time in several sessions that we were able to increase funding for the GMT program.

To follow up on our work, Senator Quinn and I authored AB 618. AB 618 will remove an arbitrary and outdated annual limit on total grant awards for an individual training program so that successful programs, will not be capped at the number of residents they can receive assistance for.

This past spring, I toured SSM Health Monroe Hospital in my district. SSM, Monroe currently receives GMT funding for their Graduate Medical Education (GME) program. I learned that nearly 90% of Monroe’s GME participants continue to practice in Wisconsin, and 65% are practicing in a rural community, like Monroe.



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These improvements made in AB 618 will help ensure our current GMT programs in the state are in the best position to remain successful and encourage new programs to open up and train even more future physicians who will be highly likely to stay here and practice in Wisconsin. Wisconsin's GME program is a proven way to assist with the healthcare provider shortage our state is facing.

It also opens up eligibility for certain funds to consortia, which will be able to assist and oversee training programs in the most rural parts of our state. It also removes the requirement for successful programs to continuously reapply for the grant as long as they remain eligible for funding – ensuring that successful applicants can depend on funding in future years.

Historically, the GMT program has been underutilized. Many healthcare systems cite their concern with making a long-term commitment to expand residency capacity without assurances that they will be prioritized for future rounds of GMT funding. We recognize that this is a valid concern and have taken measures in this bill to eliminate this concern.

By removing the grant cap, we can ensure that eligible health care systems are able to fully commit to these programs long-term, knowing that they will receive some support for their investment.

The change proposed in AB 618 does not guarantee future funding for programs but provides them added assurances that if funding is available their program will be prioritized. Additionally, the changes still ensure that successful grant applicants meet all the program requirements and allows DHS to withhold future funding if a program does not meet program requirements.

It is crucial that we continue to invest in rural healthcare while successfully training and retaining young healthcare professionals. We are all well aware of the current shortage of Doctors and medical professionals in Wisconsin's healthcare system, particularly in our rural areas. The expansion of the GMT program not only supports our healthcare systems but ensures our doctors stay in Wisconsin for the long-term future.

Thank you for your consideration.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Assembly Committee on Health, Aging, and Long-Term Care

FROM: Deb Standridge, Deputy Director
HJ Waukau, Legislative Director

DATE: November 8, 2023

RE: AB 618 relating to: expanding graduate medical training grants and making an appropriation

The Department of Health Services (DHS) would like to submit testimony in support Assembly Bill 618 (AB 618) regarding expanding graduate medical training (GMT) grants and making an appropriation. Under current law, DHS distributes grants to rural hospitals to establish GMT programs in a given specialty and to hospitals with existing GMT programs in a specialty to support the addition of new positions in the program. Current law also includes a non-exhaustive list of specialties in which a GMT program may specialize in order to be eligible for a grant, and includes a cap of \$225,000 that DHS may distribute to a participating program in a fiscal year. AB 618 would remove the cap that a participating hospital may receive in a fiscal year, remove the list of non-exhaustive specialties for a hospital GMT program, and create a new grant program for GMT consortia that DHS may award up to \$375,000 annually. AB 416 would also remove the requirements for existing GMT programs and newly created GMT consortia to reapply for funding on an annual basis provided participating programs continue to meet eligibility criteria established by DHS, maintain an accredited GMT program, and still wish to receive grant funding. DHS would also have to give preference in awarding grants to GMT consortia that oversee, support, and administer GMT programs at rural hospitals that have limited access to federal GMT funding from the federal Centers for Medicare and Medicaid Services (CMS).

In partnership with multiple health care organizations DHS launched the current GMT program in 2013. The development of the program was spurred by the extreme shortage of physicians in Wisconsin, particularly in rural areas. Recent research documents large disparities between rural and urban death rates from chronic illnesses with a tripling among those in rural areas from 1999-2019.¹ Recent analysis by the American Medical Association shows an individual physician generates on average \$2 million in economic activity in Wisconsin.² Additional research shows that Wisconsin students who attend in-state medical schools and complete a Wisconsin residency program have an 86% likelihood of staying in Wisconsin to practice.³ These data points emphasize the success and benefits of programs and funding designed to help Wisconsin grow its own health care workforce.

The current GMT program is designed to improve access to quality care by increasing the number of physicians practicing in rural areas of the state. It is split into two different grants, program development (under Wis. Stat. 146.63), and residency expansion grants (Wis. Stat. 146.64). Program development grants are 100 percent GPR-funded while residency expansion grants have FED match at the standard

¹ Cross SH, Califf RM, Warrach HJ. Rural-Urban Disparities in Mortality in the US from 1999 to 2019. *JAMA*. 2021; 325(22): 2312-2314. doi: 10.1001/jam.2021.5334.

² "Economic Impact Study," American Medical Association, last accessed November 4, 2023, <https://www.physicianseconomicimpact.org/>.

³ Schragger, S. *Rural Health in Wisconsin – Looking to the Future*. Wisconsin Medical Journal, 2018, Vol. 117 (5).

federal medical assistance percentage (FMAP) rate. In 2018, Wisconsin Medicaid was awarded a continuous CMS approval to claim FMAP for GMT residency expansion grants. However, per the currently approved state plan amendment (SPA), there is a per hospital cap on how much funding may be allocated per resident per state fiscal year, as well as a net per hospital annual maximum payment. As of June 2023, the program has supported the development of 15 new GMT programs which have created 140 new residency positions. And the program has supported the expansion of eight existing accredited GMT programs that increased capacity by 32 positions.

As a part of the 2023-25 biennial budget (2023 Act 19), Governor Evers approved a \$1.88 million increase (\$0.73 million GPR) in grants paid to hospitals to fund the creation of newly accredited graduate medical training programs. It also created an addition of positions to existing programs in hospitals serving rural or underserved communities and increased the time limit on grants for new training programs for rural hospitals from three years, to five years. AB 618 would build on these provisions, and, along with removing the fiscal cap to facilitate use of the current \$6.0 million surplus in the GMT appropriation, would allow for enhanced efforts to grow Wisconsin's physician workforce.

Overall DHS supports the provisions of AB 618. Along with removing current fiscal caps, the bill modifies the existing GMT program to allow any hospital that receives a grant in a given year to continue to receive funds annually or until the hospital notifies DHS that it no longer meets the grant criteria, no longer operates a GMT program, or no longer wishes to receive the grant. While DHS has treated existing grants as ongoing, AB 618 would eliminate the requirement for annual applications and renewals. Additionally, and per the current SPA, DHS would not be able to draw down additional federal funding for grants awarded under consortia programs. All funding for consortia GMT grants would remain 100% GPR funded.

DHS thanks the Committee for the opportunity to provide testimony in support of AB 618 and would be happy to address any follow-up from Committee members.



ADVOCATE. ADVANCE. LEAD.

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TO: Assembly Committee on Health, Aging & Long-Term Care

FROM: Ann Zenk, Senior Vice President Workforce & Clinical Practice

DATE: November 8, 2023

RE: WHA Requests Support for Assembly Bill 618 to Expand Rural Physician Training

In every one of my nursing roles for the past 40 years I have seen how access to medical care is impacted by the availability of our health care workforce. Patient care is particularly dependent on the availability of an adequately trained physician workforce across all specialties in sufficient numbers to meet the demands of the community they serve. I also witnessed firsthand the rigor and duration of the training required to create these physicians, and the resources necessary to sustain these programs. Hosting a residency program requires significant infrastructure commitments including staffing, residency accreditation, space and training for preceptors and other clinical instructors.

Creating a physician residency training program is a significant commitment by our state's hospitals. While many times training physicians retain employment in the community that provided their residency support, some do not. There is a cost to physician training with, sometimes, no guarantee that the physician will choose to stay in and serve patients in the same community they trained. While this is always a risk, our state's positive practice climate for physicians and the commitment that our hospitals and health systems make to physician training, oftentimes in partnership with the State of Wisconsin, has helped ensure that we are doing everything possible to attract and retain talented physicians in Wisconsin.

For example, in 2013, WHA worked with the Governor and the state legislature to create a grant program that funds and supports graduate medical training program grants to expand Graduate Medical Education (GME) residency slots in rural Wisconsin. Policymakers understood that investing in Graduate Medical Education is an important strategy to recruit and retain physicians that will serve Wisconsin residents. We know that 86% of Wisconsin-born, Wisconsin-educated medical students are likely to stay and practice in Wisconsin if they can do their residency training here. If they can't do their residency in Wisconsin, the likelihood they stay in Wisconsin after residency drops by a full 30 points.

Due to the strong commitment by the Governor and the legislature in 2013 and subsequent state budgets, 39 'Grow Our Own' graduate medical training program grants have formed public-private partnerships that have spurred a \$45 million investment in Wisconsin GME and, as a result, 60 additional physicians for Wisconsin each and every year.

Assembly Bill 618 enhances this successful program and allows Wisconsin hospitals and GME programs to grow even more GME training opportunities. Even with intense efforts to grow our physician workforce, and with new entrants to Wisconsin outnumbering those lost to other states, changes in work patterns and increases in demand could lead to a shortfall of more than 3,000 physicians by 2035.

A few simple changes to the current program, as proposed in Assembly Bill 618, will allow this grant funding to produce even more physicians for rural communities across Wisconsin.

Several current graduate medical education programs have expressed an interest in expanding their training capacity beyond the existing “cap” but are prohibited from doing so. This is due to a statutory limitation created in 2013 originally intended to ensure that as many graduate medical education grant programs could utilize this funding as possible. Today, with nearly a decade of experience, there is a broad distribution of grantees across the state. WHA strongly supports removing the \$225,000 per-hospital cap and allow hospitals to apply for funding that would match their potential to expand training opportunities.

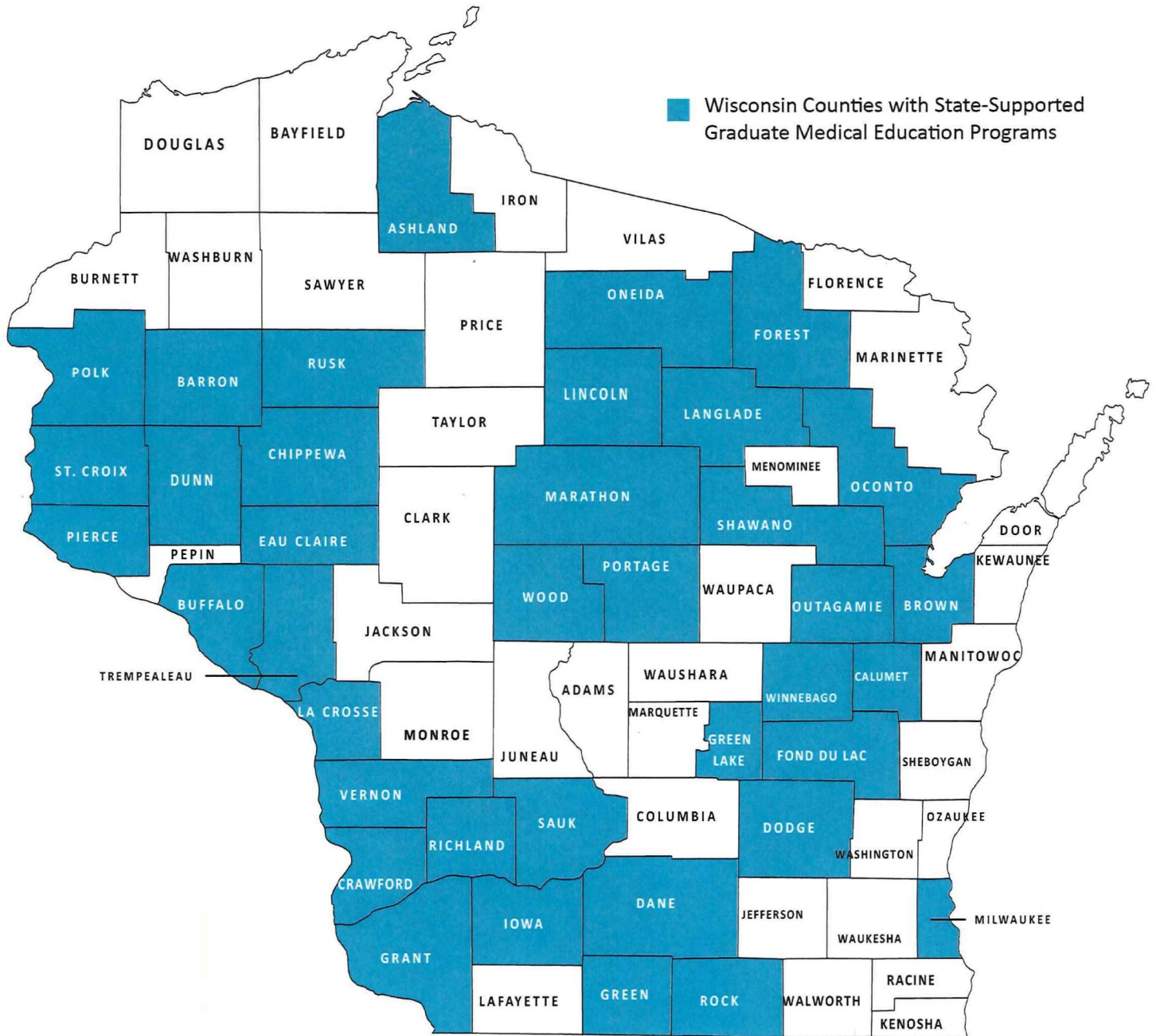
The bill also provides assurances to expansion programs that they would be prioritized to sustain any commitment that a program would make to expand their existing residency program. While many hospitals view the state’s current program as a critical catalyst to expand their existing GME program, some have viewed its potential time-limited support as a barrier and have been hesitant to commit additional resources when future funding may be uncertain.

And finally, authorizing the use of already existing funding for training physician training consortia will allow small rural facilities to share infrastructure, and provide rural residency opportunities that would not otherwise be available.

It is important that the legislature pass these changes now, as the process that a hospital or health system will make internally to expand training capacity requires significant lead time. For instance, DHS offers expansion grant opportunities only once-a-year, in August, because GME program commitments need to be made before January to be included in the application process that medical school graduates undertake to be matched to a GME residency slot in March. Physicians matched in March begin their residencies in July, so the lead time from a grant application to a residency is almost a year. In other words, the earliest that these changes could possibly take effect would be for residency years that begin in July 2025.

WHA thanks Representative Novak, Representative Snyder, Senator Quinn and Senator Tomczyk for putting this important legislation forward. We respectfully request your support of Assembly Bill 618.

GME Residency Training Grantees in Wisconsin



GME Residency Training Grants

NEW GME PROGRAM GRANTS - 2013 to Present

- Gundersen Medical Foundation - Family Medicine
- SSM Monroe Clinic - Family Medicine
- MCW-Wausau/Central WI - Psychiatry
- MCW-Green Bay/Northeast WI - Psychiatry
- Mayo Clinic health System - Family Medicine
- HealthPartners - Family Medicine
- Ascension Saint Michael's, Stevens Point - Family Medicine
- HSHS St. Mary's, Green Bay - Family Medicine
- MCW Department of Psychiatry - Fellowship, Addiction Psychiatry
- MCW Child & Adolescent Psychiatric Fellowship
- Mayo Clinic Health System NW Wisconsin Rural Psychiatric Track
- The New Dermatology Fellowship
- Marshfield Clinic Health System Anesthesia Residency

GME EXPANSION GRANTS - 2013 to Present

- UW Hospitals and Clinics - Psychiatry (initial and continuation grants)
- St. Mary's Hospital/UW - Family Medicine (initial and continuation grants)
- ThedaCare Regional Medical Center/MCW Fox Valley - Family Medicine (initial and continuation)
- Gundersen Medical Foundation – Family Medicine
- SSM Monroe Clinic - Family Medicine
- Gundersen Medical Foundation - General Surgery
- UW Hospitals and Clinics - General Surgery (initial and continuation grants)
- MCW Department of Surgery - General Surgery
- UW Hospitals and Clinics - Fellowship, Addiction Medicine (initial and continuation grants)
- UW Health Obstetrics and Gynecology Rural Track Residency
- SSM Monroe Clinic - Rural Emergency Medicine



TO: Assembly Committee on Health, Aging and Long-Term Care
Clint P. Moses, Chair

FROM: Joseph Kilsdonk, AuD, Executive Director
Wisconsin Northern & Central GME Consortium

DATE: November 8, 2023

RE: Support of AB 618 for GME Training Expansion Grants

I am writing on behalf of the Wisconsin Northern & Central (WiNC) Graduate Medical Education (GME) Consortium to express our support for AB 618 which will provide programmatic changes to current GME funding grants and a create mechanism for consortia in underserved areas to engage in GME programming as a strategy for developing and retaining a community based physician workforce and help meet the patient care needs of Wisconsin.

WiNC was founded in 2019 by hospitals and health systems located in the northern most 37 counties in WI. Of those counties, 27 are designated health profession shortage areas for primary care and behavioral health.

WiNC members include health systems such as;

- Ascension Health
- Tamarack Health (Ashland & Hayward Memorial Hospitals)
- Aspirus Health System
- Hospital Sisters Health System
- Mosaic Family Medicine (and their affiliated ThedaCare hospital)
- North Central Health Care
- Prevea Health

WiNC membership is also supported by the Rural Wisconsin Healthcare Cooperative and Wisconsin Collaborative for Rural Graduate Medical Education. WiNC and its members have benefited from DHS GME expansion grants and as such, supports the programmatic changes to the existing grant structure proposed in AB 618.

The Consortium was created to help community based and rural hospitals and clinics train more doctors. The Consortium does this by functioning independently to meet rural and community needs in establishing new GME programs and expanding existing ones. WiNC is not tied to any one hospital or health system.



The Consortium’s “train and retain” strategy is to grow doctors locally and regionally to meet Wisconsin community needs. As such, the Consortium partners with both Wisconsin medical schools; Medical College of Wisconsin (MCW) and University of Wisconsin School of Medicine and Public Health (UWSMPH). Several years ago, both Wisconsin medical schools created rural training tracks and / or regional campuses for community based student placements. Their students serve as part of the pipeline to the Consortium’s GME Residency Programs (medical students must complete an accredited GME residency program in order to become fully licensed to practice medicine).

In 2019 WiNC began sponsoring 16 family medicine residents at Prevea / HSHS hospitals in Eau Claire. Currently WiNC sponsors 77 residents and 1 fellow in six different programs. WiNC’s programs include:

- Prevea/HSHS MCW Family Medicine Residency in Green Bay
- Mosaic Fox Valley Family Medicine Residency in Appleton with partners Ascension and ThedaCare
- Aspirus and Wausau Hospital Family Medicine Residency in Wausau WI
- Central Wisconsin MCW Psychiatry Residency in Wausau and the surrounding counties
- Prevea / HSHS Family Medicine Residency in Eau Claire, Chippewa Falls and Augusta
- And the Ashland / Hayward Family Medicine Emergency Room Fellowship in Ashland WI.

As a sponsor of accredited GME programs consortia are required to maintain the same level of academic oversight and infrastructure found in much larger and urban hospitals and university based academic medical centers. This places a burden on the consortia’s smaller hospitals and rural health systems to fund and maintain GME infrastructure and oversight. All of the Consortium hospitals are contributing financial and in-kind resources to fund the GME residency training programs. In addition, the members are also making above and beyond financial and in-kind contributions to the Consortium to help develop, grow, and maintain the required academic infrastructure for accreditation.

Over the last three years, WiNC has graduated 25 new physicians, of those 15 (60%) have stayed in Wisconsin to practice with seven (47%) going to non-WiNC member Wisconsin sites. In other words, the Consortium is not only covering costs of training to assist with their own system and regional community needs, but the Consortium is also helping cover the costs to train doctors for practice throughout Wisconsin. Starting in June of 2024, WiNC is on pace to graduate 27 new physicians annually.

Without this ability to Sponsor GME Programs, the pipeline to “Train and Retain” doctors breaks down.

The creation of a grant to support consortia Graduate Medical Education will ensure that academic and financial burdens are not disproportionately carried by any one health system or community and will ensure that the “recruit locally, train locally, and retain locally” strategy for developing and retaining physicians in Wisconsin won’t break down and will continue a process for providing robust primary care physician resources throughout Wisconsin.

Thank you for providing the WiNC Consortium the opportunity to share our support for AB 618. The Consortium respectfully requests the Committee to act on this bill to support growth of our rural physician workforce to help meet the patient care needs of Wisconsin.



TO: Assembly Committee on Health, Aging and Long-Term Care
Representative Clint P. Moses, Chair

FROM: Lori Rodefled, MS
Director of Rural GME Development
Wisconsin Collaborative for Rural GME

DATE: November 8, 2023

RE: Support of AB 618 for GME Training Expansion Grants

On behalf of the Wisconsin Collaborative for Graduate Medical Education (WCRGME), a program of the Rural Wisconsin Health Cooperative (RWHC), I am writing to express support for AB 618 which will allow for programmatic improvements to the GME Training Expansion Grant Program. More than 20 rural residency programs, over 35 rural hospital sites, and several organizational partners are engaged in the efforts of WCRGME to grow the number of physicians who will practice in rural Wisconsin communities. To date, we have seen success in these efforts with the latest data survey showing 65% of residents trained in rural programs are now working in rural communities and over 70% remain in Wisconsin after the completion of their residency training.

While the GME grant programs have provided a needed boost to our physician workforce creating over 100 new residency positions, there is significant work remaining to create the physician workforce needed in rural Wisconsin communities. In 2021, the Wisconsin Council for Medical Education and Workforce (WCMEW) reported there will be an anticipated shortage of over 3,000 physicians by 2035 with over 1,000 of those positions being in the primary care specialties. Making programmatic changes to the GME Expansion Grant Program will provide the infrastructure needed for a strong grant program by allowing for programs to expand further, provide stable funding, and allow for consortia support. These efforts will provide an additional boost in the number of physicians practicing in rural Wisconsin.

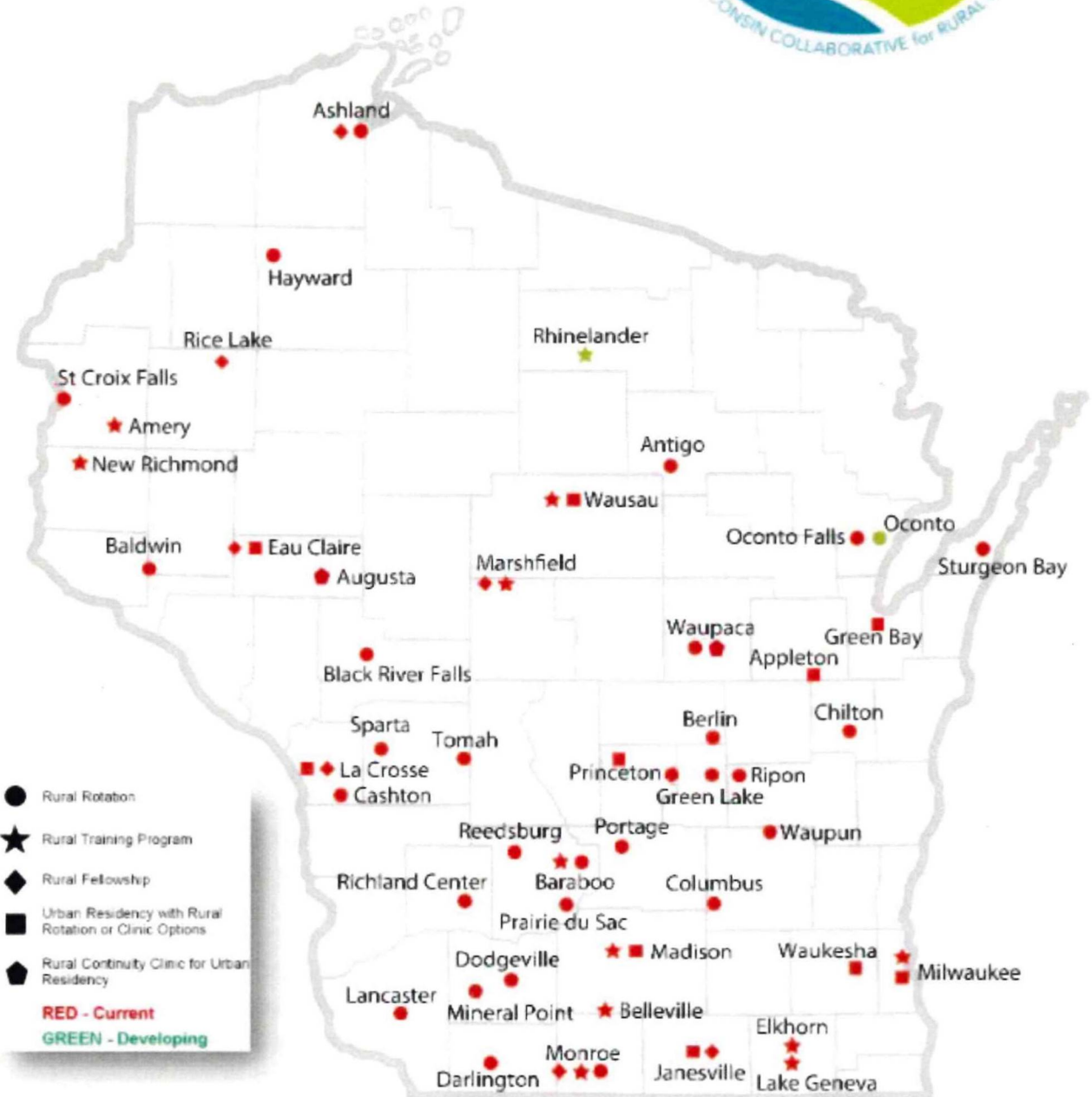
Over the past two years, WCRGME partners have expressed concerns that the current caps limit the ability of successful programs to grow further. This is at a time when some programs are receiving up to 300 applicants for one position and the programs have capacity to add additional resident positions. Our partners have identified the current structure creates financial uncertainty for both programs and applicants as the hospital needs to reapply for grant funding with the risk of a potential funding loss or reduction in positions.

Another key change needed to impact growth of our physician workforce is the ability to support funding for consortia like the Wisconsin Northern GME Consortium (WiNC) who provide sponsorship for both new and existing GME programs. Without an entity available to support residency training in the northern portion of the state, there is limited capacity for smaller rural hospitals to add new GME programs as their funding models are less robust than large academic medical centers. Modifying the current grant program to include consortia will provide necessary infrastructure and support that will ultimately support further growth of GME in parts of our state that need it the most.

Thank you again for this opportunity to express support for AB 618 on behalf of the Wisconsin Collaborative for Rural GME and Rural Wisconsin Health Cooperative. We encourage the Committee to act on this bill to support growth of our rural physician workforce.

WCRGME Partner Directory

October 2023



- Rural Rotation
- ★ Rural Training Program
- ◆ Rural Fellowship
- Urban Residency with Rural Rotation or Clinic Options
- ◼ Rural Continuity Clinic for Urban Residency
- RED - Current
- GREEN - Developing

Assembly Committee on Health, Aging and Long-Term Care

2023 Assembly Bill 618

Expanding Graduate Medical Training Grants

November 8th, 2023

Good morning, Chair Moses and members of the Assembly Committee on Health, Aging and Long-Term Care. My name is Dr. Eli Burks and I serve as the Family Medicine Residency Director at SSM Health Monroe Hospital here in Wisconsin. I am joined today by Dr. Darren Pipp who is SSM Health Monroe's Chief Medical Officer. On behalf of SSM Health we would like to thank the committee for the opportunity to testify in support of Assembly Bill 618, which would expand and make important changes to the graduate medical education training grant program at the Department of Health Services (DHS). We appreciate the bill's authors for bringing this important piece of legislation forward, and the members of this committee who signed onto the bill as co-sponsors.

SSM Health is a Catholic, not-for-profit health system that serves four states across the Midwest and employs approximately 14,500 employees and physicians in Wisconsin. Our footprint in the state includes seven hospitals, ten post-acute care facilities, and more than 85 physician offices and other outpatient care sites. SSM Health operates a long-standing and successful rural family medicine GME residency program at our hospital in Monroe, Wisconsin. We also partner with other entities on these vital training programs and resident rotations at our hospitals in Ripon, Madison, Waupun, and the longest continuously operating Rural Training Track in state with our partnership in a family medicine rural residency program at SSM Health St. Clare Hospital – Baraboo, which opened in 1996.

Health care is being confronted with a very serious workforce problem both in Wisconsin and across the country. Staffing shortages are a top concern for our organization; hospitals and clinics throughout the state are facing workforce pipeline challenges and as an industry our ability to recruit and retain employees is increasingly difficult.

These issues need to be addressed. One proven way to help grow and retain our skilled health care workforce is through Graduate Medical Education (GME) training programs. These GME programs, or residency training programs, are the formal medical education that a medical student receives after completing med school. These types of programs are often expensive to get off the ground and operational, and resource intensive to keep running. Fortunately, programs in the State of Wisconsin have been supported for a decade by the "Grow Your Own Grants" at DHS. The grant is focused on promoting the creation of new programs and further expanding existing programs. In the time the grant program has been in operation there have been nearly 100 residency slots created in Wisconsin.

Furthermore, where a resident completes their medical training often impacts where they end up practicing. Around 70% of Wisconsin educated and trained physicians will end up staying in the state to continue their careers. Without a Wisconsin residency program, that percentage drops to 38%. However, if that same student was born in Wisconsin, educated here, and completes their residency training here, they have an 86% chance to practice in the state.

In our program's case at SSM Health Monroe Hospital, nearly 90% of our graduates are practicing in Wisconsin. Adding to that, of those individuals, nearly 65% are practicing in a rural community. Our program has retained residents who are still practicing in a rural setting right in Monroe, but also has

(OVER)

graduates currently practicing all over Wisconsin including in Marinette, Portage, and Whitewater. This is also true on a statewide level as the Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME) found through their recent data survey that 65% of 2022 residency program graduates remained in rural practice.

The changes proposed in AB 618 are sensible, will help further strengthen the GME program landscape in Wisconsin, and benefit the efforts to grow our health care workforce. Removing the per hospital, or per program, cap the state will allow for successful GME programs to pursue additional support to grow and train even more physicians. In Monroe's case, we currently have state support for three residents per year, but if this bill passes it would allow us to consider adding more slots. The bill additionally provides some on-going assurance to successful programs like ours who have invested so much in this training.

Although it will not have a direct impact on our program or organization, it is important to note that AB 618 would also allow for consortia to apply for a portion of the grant dollars. This would help support GME programs in the most rural parts of state. As we have seen firsthand, these programs are crucial to determining where physicians spend their career. Training in rural settings begets practicing in rural settings and we hope the program will continue to find success in this.

SSM Health is committed to helping train the health care workforce of the future and we are appreciative of the investments made by the State of Wisconsin in this space. We hope that through this bill we will continue to see that investment grow and the successful "Grow Your Own Grants" further strengthened.

Thank you again for the opportunity to provide comments in support of Assembly Bill 618. We would be happy to answer any questions you may have, otherwise if you have additional inquiries after this hearing, please feel free to reach out to SSM Health's Director of Government Affairs, Ben Van Pelt, at benjamin.vanpelt@ssmhealth.com.

Support & Grow Wisconsin's GME Residencies



Scan to learn more.

Wisconsin is projected to have a shortfall of more than 3,000 physicians by 2035.

With a physician's runway to practice 12 years or more, the Wisconsin Hospital Association and the legislature recognized the urgent need for more physician training in Wisconsin, and created GME 'Grow Our Own Grants' with 2013 Wisconsin Act 20.

But the current statute creates unnecessary limits on the number of GME residents supported and insufficiently addresses the unique barriers faced by rural hospitals. Specifically, the current limit of \$225,000 per hospital per fiscal year prevents programs from expanding above three spots or entirely filling the pipeline for residencies that take longer than three years.

The Grow Our Own Equation



Data shows that if you put a Wisconsin student through a Wisconsin medical school and place them in a Wisconsin residency, there's an 86% chance that new physician will stay in Wisconsin to practice.

GME Defined

Graduate Medical Education (GME)/Residency is the medical training that occurs after receiving a M.D. (Doctor of Medicine) or D.O. (Doctor of Osteopathic Medicine) degree, typically three to seven years at teaching hospitals and their associated ambulatory settings.

'Grow Our Own Grants' Work

154 New GME residency slots

\$45M investment in Wisconsin GME as a result of partnerships created by 39 grants

60 New Wisconsin physicians each and every year

Wisconsin's Rural Hospitals Face Unique Challenges

in starting and sustaining GME programs:



Sustainability

A rural hospital may only be able to provide opportunities for 1-2 residents each year. Creating infrastructure for that is not sustainable or efficient.



Wide Geographical Area

Each rural hospital's service area may cover a wide geography creating travel requirements that urban and suburban areas don't face.



Limited Access to Funding

Many rural hospitals are critical access hospitals that have limited or no access to federal GME funding.



Help Grow More Physicians for Wisconsin by

- ✓ Allowing hospitals who are willing and able to expand above three grant-supported residencies to do so by eliminating the \$225,000 limit.
- ✓ Supporting rural hospital GME consortiums that provide shared GME infrastructure.