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**Sent:** Wednesday, November 10, 2010 7:58 AM

**To:** Rep.Kessler; Sen.Olsen; Sweet, Richard; Frechette, Heidi

**Cc:** Jeremy Levin; jwarmuth@wha.org

**Subject:**

Dear Representative Kessler and Senator Olsen,

Recommendations to Legislative Council Health Care Access Study Committee from  
Sandy Anderson

I. First Do No Harm—Assure Efficient State Services

- Assure preservation of core capacity related to workforce development in the Wisconsin Department of Health Services, Department of Regulation & Licensing, and Department of Workforce Development whom work with health care providers to accomplish HPSA designation, licensing and workforce data collection and forecasting.
- Protect the funding generated by the CAH Assessment that goes to the UW Department of Family Medicine from the CAH Assessment to develop new and expanded training opportunities for medical residents in rural Wisconsin. Support these monies being used to form collaboration among rural communities to expand on the success of the single Rural Training Track model currently left in Wisconsin (Baraboo).

II. Recommend Legislative Changes that Would Take Little or no GPR

- Workforce survey for all health professions at time of license application **and** assure capacity to use data to forecast our workforce supply and demand.

There was a Nurse Workforce Survey requirement in 2009 WI Act 28 (Budget Bill). DRL and DWD worked together to collect, disseminate and forecast information on Wisconsin's nursing workforce. This should be expanded to all health professions and collected biennially.

- Increase reciprocal recognition of license for experienced health professionals. An ARRA Multi-State Task Force (WI, IL, IN, IA, KS, MI, MN, MO, NE, SD) is seeking a collaborative process to develop an interstate licensure portability program.

This could follow a simplification process that DRL took of obtaining a Wisconsin license for physicians already licensed in Minnesota.

- Look to maximize health professional training and competency in providing patient care. Look to enhance team concept in providing care.

The Dental Examining Board is exploring written collaboration between dentist and dental hygienist, this follows the model of collaborative agreements already used between advance practice nurses and physicians.

- Look to consolidate all licensure and certification of health professionals into DRL. Also, look to simplify process of obtaining a WI license.

Examples of benefits, Certified Nurse Assistants licensed in Iowa are needed in southwest WI, but haven't been unable to readily gain certification by DHS.

- Enable the licensure of foreign-trained professionals until we can grow our own.

Make sure all health professions allow for this flexibility.

### III. Recommend Legislative Changes that would take New GPR or other Revenue to Implement

- Expand number of graduates of our two medical schools **or** develop a third medical school.

The committee took comments from an organization wishing to explore the construction of a 3<sup>rd</sup> medical school. The State could provide incentives, such as bonding authority with a matching grant, similar to 2009 WI 361, which provided \$10 Million in borrowing for match for construction of a rural "dental education outreach facility."

The State could also look to provide MCW with addition funds to equalize their tuition to that of the UW for all accepted applicants

The State could also look to provide student incentive grants for financially needy students who commit to practice in a rural or urban shortage area.

- Incentives to increase the proportion of medical students at WI medical schools who had the majority of their K-12 education in an area currently classified as a HPSA or MUA as they are substantially more likely to return to such communities to practice.

Develop or expand tuition credits, grant and loan forgiveness programs.

- Grants for BSN prepared nurses to get Master's degree.

Assure that faculty nursing positions can compete financially with the field as a whole.

- Look to streamline and end fragmentation in public health services

Review Wisconsin statutes and look to best practices from other states and NCSL to stretch limited resources