



ROB SUMMERFIELD

STATE REPRESENTATIVE • 67th ASSEMBLY DISTRICT

Assembly Bill 720

Relating to: practice of certain skilled health services by military medical personnel

Thursday, January 6, 2022

Assembly Committee on Health

Thank you Chairman Sanfelippo for holding a public hearing on Assembly Bill 720 today and thank you to the members of the committee for taking my testimony.

Wisconsin's strong military heritage proves that our citizens are ready and willing to fight for our freedoms and defend our country. For this, we should be ready and willing to have their backs when they return home. One way that Wisconsin can show our appreciation to those who have served is by providing a clear pathway to employment upon return.

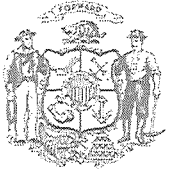
With approximately 3,000 service members returning to Wisconsin annually from active duty, there are many veterans seeking employment upon return. Service members with healthcare military occupation specialties can have a difficult time transferring their military healthcare experience into civilian healthcare employment. With the job availability in healthcare rapidly increasing, now is a crucial time to create a straightforward path towards helping our veterans obtain jobs within this field.

In hopes of addressing the challenges for both veterans and the medical field, a Wisconsin non-profit that helps veterans find employment in the healthcare field developed the Wisconsin Military Medics & Corpsmen (Wis-MAC) program. This program functions as a pathway for veteran clinical care providers and practitioners to work in their field under supervision while they obtain appropriate education and licensure in the State of Wisconsin. This bill would create this program within the Wisconsin Department of Safety and Profession Services. The passage of this bill would make Wisconsin just the second state in the country to offer this program, making it a much more attractive state for veterans with military healthcare experience.

The amendment to this bill comes in response to the public hearing in the Senate. The Department of Safety and Profession Services (DSPS) requested an amendment that would allow the program to start in 2022 and allow for rule making and form development. This allows the department to implement the program as quickly and effectively as possible.

The healthcare field is facing many shortages and it is important that we are able to take advantage of the medical training that our military personnel receives. We also should do everything we can to create an easier pathway to employment for our veterans when they return home from selflessly serving our country.

Thank you again for the opportunity to present my testimony and for your consideration of Assembly Bill 720.



ANDRÉ JACQUE

STATE SENATOR • 1ST SENATE DISTRICT

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Madison, WI 53707-7882

*Testimony before the Assembly Committee on Health
State Senator André Jacque
January 6, 2022*

Chairman Sanfelippo and Colleagues,

Thank you for the opportunity to testify before you today in support of Assembly Bill 720, the Heroes for Healthcare legislation. I am pleased to have Rep. Summerfield join me in bringing this bill forward as part of a very bi-partisan list of 30 co-sponsors.

Annually over 200,000 U.S. military service members will separate from active duty. Healthcare holds promise as a target industry with jobs for transitioning military veterans given healthcare's high number of job openings due to growth in the healthcare industry and retirements. According to the Wisconsin Department of Veterans Affairs, approximately 3,000 military service members return annually to Wisconsin, a majority to their communities of entrance.

Transitioning service members and veterans with healthcare military occupation specialties (MOS) face difficulty with their training and experience not translating into civilian healthcare employment. Unfortunately, many are unemployed, underemployed or not working in healthcare. To address this workforce challenge Heroes for Healthcare, a Wisconsin non-profit that assists Veterans in finding healthcare employment developed the Wisconsin Military Medics & Corpsmen (Wis-MAC) program, modeled after the award winning State of Virginia Military Medics and Corpsmen Program. My staff and I, Rep. Sinicki, the DVA and numerous healthcare stakeholders and postsecondary institutions were actively involved in the development of this legislation.

Under current state law, a recent military medical personnel member must obtain a license prior to practicing certain skilled health services, taking away their ability to immediately apply their military training and experience to civilian life. This legislation will reverse that, enabling those who recently served as an army medic, a navy or coast guard corpsman, or an air force aerospace medical technician in the U.S. armed forces to practice particular services under appropriate supervision and a memorandum of understanding while they seek the required education and credentials of their role. As is carried out with great success in Virginia, personnel will be able to continue using their experience to build their career in a safe setting.

Thank you for your consideration of AB 720.

The American Legion,
Department of Wisconsin
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wilegion.org



Founded on four pillars:

- Veterans Affairs & Rehabilitation
- National Security
 - Americanism
- Children & Youth

The mission of The American Legion, Department of Wisconsin is to provide service to veterans, their families and their communities.

Mr. Chair and members of the Committee,

Thank you for holding this hearing on AB-720 relating to the practice of certain skilled health services by military medical personnel. I also want to thank the authors and their staffs for the work they have put into this important proposal.

The American Legion is the largest Veterans Service Organization in the Nation. In Wisconsin, we have over 50,000 members. We have just over a century of advocating for veterans and service members.

Several Wisconsin communities are considered health care deserts. This is true on both the rural and urban areas of the state. The pandemic magnified this issue of inadequate health care. The industry has been experiencing a shortage of certified workers for several years.

Policy makers at both the national and state level have been searching for solutions to address this shortage. One partial solution is currently being funded, the expansion of broadband to underserved areas. This will permit patient and provider to consult remotely. This does not address the credentialed employee shortage however.

Wisconsin has made several policy changes to address the credentialed healthcare worker issue. Wisconsin 2019 ACT 143 was a major step in the right direction. It provided that military members former military members and their spouses holding credentials from another state can receive Credentials in Wisconsin providing they meet certain requirements. The changes to the Administrative Code are either nearing completion or are complete.

AB-720 expands the concept, that military veterans have skills we need and can use. The bill sets conditions under which experienced military veterans can demonstrate skills develop a contract with an employer and use those skills while obtaining the proper Wisconsin credentials.

This is a proven program. This legislation is modeled after current law in the Commonwealth of Virginia. They have seen an increase in military medical personal staying in that state.

When implemented this legislation will not be a cure all for the issue, but it is a step in the right direction. It will provide another pool of potential employees for the industry. It will be a recruiting tool for Wisconsin. It will recognize that these veterans have skills for Wisconsin a give them an opportunity to use high quality skills to support their families cash when it is needed most.

We thank you for your consideration of this issue and urge you to recommend to the Senate adoption.

Respectfully Submitted,

Paul Fisk
Legislative Chair
The American Legion, Department of Wisconsin

**NATIONAL EXECUTIVE COMMITTEE
OF
THE AMERICAN LEGION
October 6-7, 2021
Indianapolis, Indiana**

**Resolution No. 15: Department of Defense Issuance for Military Credentialing Programs
Origin: Veterans Employment & Education Commission
Submitted by: Veterans Employment & Education Commission**

WHEREAS, Military credentialing programs allow veterans and transitioning servicemembers to be recognized for their training while serving in the United States Armed Forces through transferability of military certifications to civilian occupational licenses and certifications; and

WHEREAS, Each service branch implements military-to-civilian credentialing programs differently which creates inconsistencies; and

WHEREAS, The Department of Defense (DoD) does not currently have a Department of Defense issuance that standardizes military credentialing programs for all armed service branches under the Department of Defense; and

WHEREAS, DoD's military credentialing program suffers from nonuniformity among the credentialing programs of the service branches and inconsistencies in funding and information; now, therefore, be it

RESOLVED, By the National Executive Committee of The American Legion in regular meeting assembled in Indianapolis, Indiana, on October 6-7, 2021, That the Department of Defense eliminate obstacles to servicemembers seeking to transfer military credential to civilian certification by creating consistency and uniformity for military credentialing programs across military branches by publishing a Department of Defense issuance to set a baseline for requirements for all service branches.



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NATIONAL

Navy Hero to Earn Medal for 1942 Surgery at Sea

February 19, 2005 · 12:00 AM ET
Heard on All Things Considered

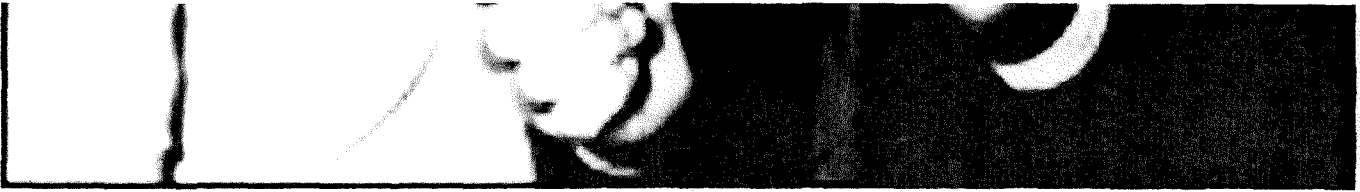


JENNIFER LUDDEN

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Lipes and his late wife show off kitchen utensils similar to the ones he used during his historic submarine appendectomy.

Wheeler B. Lipes Collection



Artist John Falter's rendition of the operation aboard USS Seadragon. Titled *Submarine Appendectomy*, it was originally published in *Esquire* magazine, July 1943.

Nebraska State Historical Society

In Sept. 1942, as the Japanese forces continued to hold the South Pacific, the USS Seadragon entered the enemy waters of the South China Sea. Aboard the Navy submarine, Seaman 1st Class Darrell Rector was suffering from stomach pains, but with no doctor on board, he had turned to Pharmacist's Mate Wheeler B. Lipes for help.

Lipes, whose only medical experience was three years as a hospital lab technician, immediately recognized Rector's symptoms as those of acute appendicitis. If his appendix wasn't removed, Rector would die.

Beneath the sea, Lipes set up a surgical unit. He prepared common kitchen instruments to work as medical equipment -- spoons for retractors and a tea strainer lined with gauze as an anesthesia mask. With no formal surgical training, Lipes performed an emergency appendectomy -- the first major surgery aboard a submarine. Rector survived, but died two years later in the sinking of the USS Tang.

Although the historic surgery became firmly established in Navy lore, Lipes -- now 84 - - never received any official recognition for his feat. But on Sunday, Feb. 20, over 60 years after the submarine surgery, Lipes will be awarded the Navy Commendation Medal for saving a fellow crewman's life.

Article continues after sponsor message

A Pulitzer-Worthy Story

Four months after the successful surgery, *Chicago Daily News* reporter George Weller told Lipes' story. Below is his article, which won a Pulitzer Prize for distinguished reporting in 1942.

"Doc" Lipes Commandeers a Submarine Officers' Wardroom

Somewhere in Australia -- "They are giving him ether now," was what they said back in the aft torpedo rooms.

"He's gone under, and they're ready to cut him open," the crew whispered, sitting on their pipe bunks cramped between torpedoes.

One man went forward and put his arm quietly around the shoulder of another man who was handling the bow diving planes.

"Keep her steady, Jake," he said. "They've just made the first cut. They're feeling around for it now."

"They" were a little group of anxious-faced men with their arms thrust into reversed white pajama coats. Gauze bandages hid all their expressions except the tensivity in their eyes.

"It" was an acute appendix inside Dean Rector of Chautauqua, Kansas. The stabling pains had become unendurable the day before, which was Rector's first birthday at sea. He was nineteen years old.

The big depth gauge that looks like a factory clock and stands beside the "Christmas tree" of red and green gauges regulating the flooding chambers showed where they were. They were below the surface. And above them were enemy waters crossed and recrossed by whirring propellers of Japanese destroyers and transports.

The nearest naval surgeon competent to operate on the nineteen-year-old seaman was thousands of miles and many days away. There was just one way to prevent the appendix from bursting, and that was for the crew to operate upon their shipmate themselves.

And that's what they did; they operated upon him. It was probably one of the largest operations in number of participants that ever occurred.

"He says he's ready to take his chance," the gobs whispered from bulkhead to bulkhead.

"That guy's regular" – the word traveled from bow planes to propeller and back again.

They "kept her steady."

The chief surgeon was a twenty-three-year-old pharmacist's mate wearing a blue blouse with white-taped collar and squashy white duck cap. His name was Wheeler B. Lipes. He came from Newcastle near Roanoke, Virginia, and had taken the Navy hospital course in San Diego, thereafter serving three years in the naval hospital at Philadelphia, where his wife lives.

Lipes' specialty as laboratory technician was in operating a machine that registers heartbeats. He was classified as an electrocardiographer. But he had seen Navy doctors take out one or two appendixes and thought he could do it. Under the sea, he was given his first chance to operate.

There was difficulty about the ether. When below the surface the pressure inside a boat is above the atmospheric pressure. More ether is absorbed under pressure. The submariners did not know how long their operation would last.

They did not know how long it would take to find the appendix. They did not know whether there would be enough ether to keep the patient under throughout the operation.

They didn't want the patient waking up before they were finished.

They decided to operate on the table in the officers' wardroom. In the newest and roomiest American submarine the wardroom is approximately the size of a Pullman – car drawing room. It is flanked by bench seats attached to the wall, and a table occupies the whole room – you enter with knees already crooked to sit down. The only way anyone can be upright in the wardrooms is by kneeling.

The operating room was just long enough so that the patient's head and feet reached the two ends without hanging over.

First they got out a medical and read up on the appendix, while Rector, his face pale with pain. Lay in the narrow bunk. It was probably the most democratic surgical operation ever performed.

Everybody from boxplane man to the cook in the galley knew his role.

The cook provided the ether mask. It was an inverted tea strainer. They covered it with gauze.

The twenty-three-year-old "surgeon" had, as his staff of fellow "physicians," all men his senior in age and rank. His anesthetist was Communications Officer Lieutenant Franz Hoskins of Tacoma, Washington.

Before they carried Rector to the wardroom, the submarine Captain, Lieutenant Commander W.B. Ferrall of Pittsburgh, asked Lipes as the "surgeon" to have a talk with the patient.

"Look, Dean, I never did anything like this before," Lipes said. "Your don't have much chance to pull through, anyhow. What do you say?"

"I know just how it is, Doc."

"It was the first time in his life that anybody had called Lipes "Doc." But there was in him, added to the steadiness that goes with a submariner's profession, a new calmness.

The operating staff adjusted gauze masks while members of the engineroom crew pulled tight their reversed pajama coats over their extended arms. The tools were laid out. They were far from perfect or complete for a major operation. The scalpel has no handle.

But submariners are used to "rigging" things. The medicine chest had plenty of hemostats, which are small pincers used for closing blood vessels. The machinist "rigged" a handle for the scalpel from a hemostat.

When you are going to have an operation, you must have some kind of antiseptic agent. Rummaging in the medicine chest, they found sulfanilamide tablets and ground them to powder. One thing was lacking: there was no means of holding open the wound after the incision had been made. Surgical tools used to this are called "muscular retractors." What would they use for retractors? There was nothing in the medicine chest that gave the answer, so they went as usual to the cook's galley.

In the galley they found tablespoons made of Monel metal. They bent these at right angles and had their retractors.

Sterilizers? They went to one of the greasy copper-colored torpedoes waiting beside the tubes. They milked alcohol from the torpedo mechanism and used it as well as boiling water.

The light in the wardroom seemed insufficient; operating rooms always have big lamps. So they brought one of the big floods used for night loadings and rigged it inside the wardroom's sloping ceiling.

The moment for the operation had come. Rector, very pale and stripped, stretched himself out on the wardroom's sloping ceiling.

The moment for the operation had come. Rector, very pale and stripped, stretched himself out on the wardroom table under the glare of the lamps.

Rubber gloves dipped in torpedo alcohol were drawn upon the youthful "Doc's" hands. The fingers were too long. The rubber ends dribbled limply over.

"You look like Mickey Mouse, Doc," said one onlooker.

Lipes grinned behind the gauze.

Rector on the wardroom table wet his lips, glancing a side look at the tea-strainer ether mask.

With his superior officers as his subordinates, Lipes looked into their eyes, nodded and Hoskins put the tea mask down over Rector's face. No words were spoken;

Hoskins already knew from the look that he should watch Rector's eye pupils dilate.

The twenty-three-year-old surgeon following the ancient hand rule, put his little finger on Rector's subsiding umbilicus, his thumb on the point of the hipbone, and, by dropping his index finger straight down, found the point where he intended to cut. At his side stood Lieutenant Norvell Ward of Indian Head, Maryland, who was his assistant surgeon.

"I chose him for his coolness and dependability," said the Doc afterward of his superior officer. "He acted as my third and fourth hands."

Lieutenant ward's job was to place tablespoons in Rector's side as Lipes cut through successive layers of muscles.

Engineering Officer Lieutenant S. Manning of Cheraw, South Carolina, took the job which in a normal operating room is known as "circulating nurse." His job was to see that packets of sterile dressings kept coming and that the torpedo alcohol and boiling water arrived regularly from the galley.

They had what is called an "instrument passer" in chief Yeoman H.F. Wieg of Sheldon, North Dakota, whose job was to keep the tablespoons coming and coming clean.

Submarine Skipper Ferrall too had his part. They made him "recorder." It was his job to keep count of the sponges that went into Rector. A double count of the tablespoons used as retractors was kept: one by the Skipper and one by the cook, who was himself passing them out from the galley.

It took Lipes in his flap-finger rubber globes nearly twenty minutes to find the appendix.

"I have tried one side of the caecum," he whispered after the first minutes. "Now, I'm trying the other."

Whispered bulletins seeped back into the engine room and the crews' quarters.

"The Doc has tried one side of something and now is trying the other side."

At that moment the last can of ether went dry. They lifted up Rector and carried him into the bunk of Lieutenant Charles K. Miller of Williamsport, Pennsylvania. Lieutenant Miller alone had had control of the ship as diving officer during the operation.

It was half an hour after the last tablespoon had been withdrawn that Rector opened his eyes. His first words were, "I'm still in there pitching."

By that time the sweat-drenched officers were hanging up their pajamas to dry. It had taken the amateurs about two and a half hours for an operation ordinarily requiring forty-five minutes.

"It wasn't one of those 'snappy valve' appendixes," murmured Lipes apologetically as he felt the first handclasps upon his shoulders.

Within a few hours, the bow and stern planesmen, who, under Lieutenant Miller's direction, had kept the submarine from varying more than half a degree vertically in 150 minutes below the stormy sea, came around to receive Rector's winks of thanks. Rector's only remark was, "Gee, I wish Earl was here to see this job." His brother Earl, a seaman on the Navy submarine tender Pigeon, is among the list of missing at Corregidor, probably captured.

When the submarine surfaced that night, the ether-drunk submarine crewmen found themselves grabbing the sides of the conning tower and swaying unsteadily on their feet. Thirteen days later Rector, fully recovered, was at his battle station, manning the phones. In a bottle vibrating on the submarine's shelves was the prize exhibit of surgeon Lipes – the first appendix ever known to have been removed below enemy waters.

Reprinted from the *Chicago Daily News*, Dec. 14, 1942.

Related NPR Stories

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Nuclear Submarine Celebrates 50th Anniversary Jan. 16, 2005

After more search, Lipes finally whispered, "I think I've got it. It's curled way into the blind gut."

Lipes was using the classical McBurney's incision. Now was the time when his shipmate's life was completely in his hands.

"Two more spoons." They passed the word to Lieutenant Ward.

"Two spoons at 14.45 hours [2:45 p.m.]," wrote Skipper Ferrall on his note pad.

"More flashlights. And another battle lantern," demanded Lipes.

The patient's face, lathered with white petrolatum, began to grimace.

"Give him more ether," ordered the Doc.

Hoskins looked doubtfully at the original five pounds of ether now shrunk to hardly three quarters of one can, but once again the tea strainer was soaked in ether. The fumes mounted up, thickening the wardroom air and making the operating staff giddy.

"Want those blowers speeded up?" the Captain asked the Doc.

The blowers began to whirl louder.

Suddenly came the moment when the Doc reached out his hand, pointing toward the needle threaded with twenty-day chromic catgut.

One by one the sponges came out. One by one the tablespoons bent into right angles were withdrawn and returned to the galley. At the end it was the skipper who nudged Lipes and pointed to the tally of bent tablespoons. One was missing. Lipes reaches into the incision for the last time and withdrew the wishboned spoon and closed the incision.

They even had the tool ready to cut off the thread. It was a pair of fingernail scissors, well scalded in water and torpedo juice.



January 6, 2022

To: Chair Sanfelippo
Members of the Assembly Committee on Health
From: Wisconsin Primary Health Care Association
RE: In support of Assembly Bill 720, Creating the Wis-Mac Program for Military Medics and
Corpsmen to Serve in Healthcare Settings

Chair Sanfelippo and Members of the Assembly Committee on Health,

The Wisconsin Primary Health Care Association (WPHCA), the member association for Wisconsin's 17 Federally Qualified Health Centers (Community Health Centers), is writing to share our strong support for Assembly Bill 720 (AB 720). This legislation relating to the practice of certain skilled health services by military medical personnel would create the Wis-Mac program. WPHCA is strongly supportive of AB 720 and the opportunities it would provide for veterans, patients, and health care entities across Wisconsin.

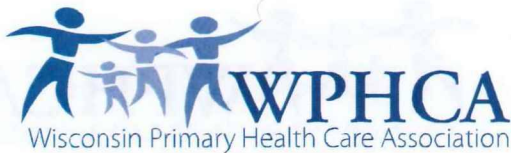
In 2020, across nearly 200 Wisconsin service locations, Community Health Centers served nearly 300,000 patients, providing primary care, dental, behavioral health, and other preventative services for Wisconsinites who are often missed by the traditional health care system – regardless of a patient's ability to pay. Wisconsin Community Health Centers provide care at nearly 200 sites, serving residents from every single Wisconsin county. One such Community Health Center, Bridge Community Health Clinic, which serves rural residents in the Wausau area, was closely involved in coordination and development of this important legislation.

The bipartisan bill aims to create a common-sense solution to enhance workforce pathways for veterans in Wisconsin's health care fields. This legislation was developed in consultation with professional boards, the Wisconsin Department of Veterans Affairs, and the Wisconsin Department of Safety of Professional Services. AB 720 is modeled after successful programs already implemented in Virginia and nationally across Veterans Affairs facilities.

Today, veterans returning to civilian life do not have a pathway to seamlessly apply their military health care skills in civilian clinical practice settings. This may result in veterans leaving the health care field altogether, or exacerbate delays in providing much-needed patient care. AB 720 would create a state program to allow military medics and corpsmen with valuable health care experience to provide care at local Wisconsin Community Health Centers, along with hospitals and other facilities, while they pursue permanent licensure. Veterans would practice under the supervision of a qualified clinical professional, such as a physician, who will "retain responsibility for the care of the patient."

The legislation also provides safeguards for ensuring quality patient care, such as submitting documentation on the veteran's scope of temporary practice and a timeline for securing their permanent traditional license, whether that be for nursing or a related field. Veterans must also be discharged within the previous 12 months.

At a time when our state's health care workforce is already stretched responding to the COVID-19 pandemic, it is more important than ever to use every tool available to maintain qualified professionals in



the health care field. Availability of a pathway for permanent practice would also be a powerful recruitment tool for clinics across the state.

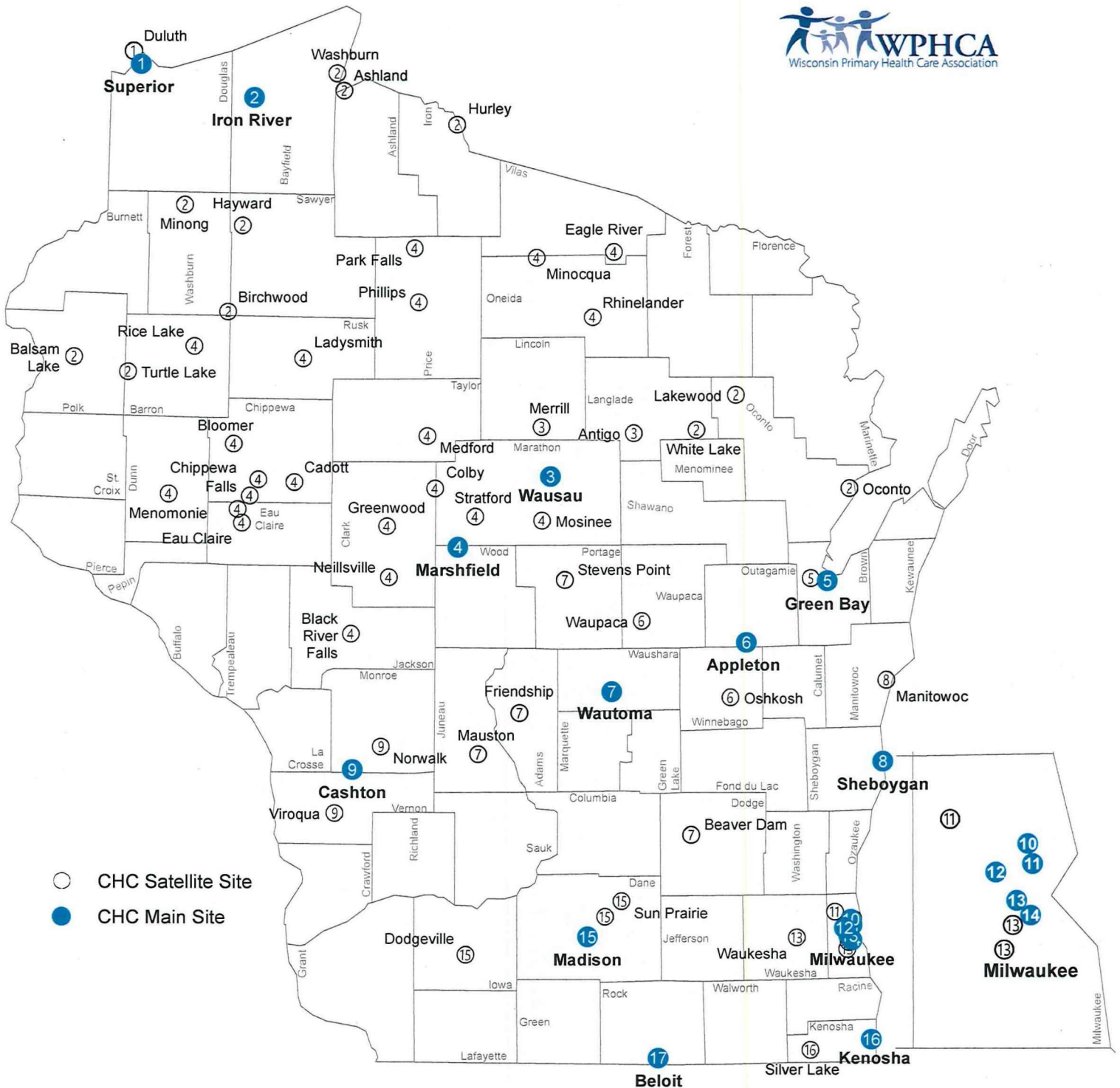
On behalf of Wisconsin's Community Health Centers, thank you for the consideration of our comments and scheduling a hearing for AB 720. We are optimistic that the legislation will pass this session, and appreciate your commitment to addressing workforce challenges expeditiously. We are available for any questions you may have on the legislation or its impacts for our state's health care workforce.

Sincerely,

Richelle Andrae

Richelle Andrae
Government Relations Specialist
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Wisconsin Community Health Centers 2020



- CHC Satellite Site
- CHC Main Site

- 1 Lake Superior Community Health Center
- 2 NorthLakes Community Clinic
- 3 Bridge Community Health Clinic
- 4 Family Health Center of Marshfield
- 5 N.E.W. Community Clinic
- 6 Partnership Community Health Center
- 7 Family Health La Clinica
- 8 Lakeshore Community Health Care
- 9 Scenic Bluffs Community Health Centers

- 10 Outreach Community Health Centers
- 11 Milwaukee Health Services, Inc.
- 12 Progressive Community Health Centers
- 13 Sixteenth Street Community Health Centers
- 14 Gerald L. Ignace Indian Community Health Center
- 15 Access Community Health Centers
- 16 Kenosha Community Health Center
- 17 Community Health Systems



January 6, 2022

Representative Joe Sanfelippo
Chair, Assembly Committee on Health
Room 314 North
State Capitol
PO Box 8953
Madison, WI 53708

RE: Wisconsin Nurses Association Support of AB 720 and SB 688. Relating to: practice of certain skilled health services by military medical personnel and granting rule-making authority.

Dear Chairperson Sanfelippo and Members of the Assembly Committee on Health,

On behalf of the members of the Wisconsin Nurses Association I want to thank you for holding this hearing. My name is Gina Dennik-Champion, I am a RN and the Executive Director of the Wisconsin Nurses Association. I am here today to testify in support of AB 720. Our members appreciate you, Co-Chairperson Summerfield and Senator Jacque for your sponsorship of this legislation. We also thank the Committee members who signed on as co-sponsors.

As you know Wisconsin's health care delivery systems are overwhelmed with the numbers of Wisconsinites needing care for treatment of COVID and patients with severe exacerbations of their chronic diseases. These patients are requiring hospitalization, skilled nursing care, home care, and primary care services. Wisconsin is also experiencing a shortage of health care professionals and other workers which is impacting the capacity to deliver care. WNA supports access to equitable, economical, safe, quality, ethical, and innovative healthcare for all. Nurses are reporting concerns about the ability to meet these standards which is resulting in physical exhaustion and psychological stress, which by the way includes verbal abuse and threats by patients and family members. Many have left nursing because patient care demands have exceeded their ability to provide safe care. The nurses that continue to practice are receiving some relief through the utilization of travel nurses, closing of units, and deploying nurses from one practice setting to another. However, nurses continue to care for high numbers of patients.

WNA applauds the innovative strategies that are found in AB 720. Allowing health care employers to hire former military medics, corpsmen, and aerospace medical technicians to utilize their training and skill sets to provide patient care supports nursing care delivery. Wisconsin has registered nurses who began their career in the military in the above-named roles and speak highly of the skills these trained individuals can bring to the care setting.

WNA also supports the approach to developing this program through utilization of the Department of Veterans Affairs, Board of Nursing and Medical Examining Board to identify scopes of practice. The bill also requires a signed memorandum of understanding regarding scope of practice between the employer and employee, and supervision requirements.

WNA also supports the requirement in the legislation that employment is contingent upon gaining a license within the agreed upon timeline as a licensed practical nurse, registered nurse, medical doctor, podiatrist, physician assistant, anesthesiologist assistant, respiratory care practitioner, or perfusionist.

I thank you Chairperson Sanfelippo, for holding this hearing and for the Committee member's interest. WNA request that AB 720 be voted on as soon as possible, our healthcare workforce and patients are waiting. I would be more than happy to answer any questions.

Sincerely,



Gina Dennik-Champion, MSN, RN, MSHA
WNA Executive Director
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GUNDERSEN HEALTH SYSTEM®

January 6, 2021

Representative Joe Sanfelippo, Chair

Room 314 North
State Capitol
PO Box 8953
Madison WI 53708

Representative Rob Summerfield, Vice-Chair

Room 125 West
State Capitol
PO Box 8953
Madison, WI 53708

Re: Support for Assembly Bill 720

Dear Chair Sanfelippo, Vice-Chair Summerfield, and members of the Assembly Committee on Health:

Thank you for allowing me to be here today. My name is Theresa Braudt and I am a registered nurse. I am blessed and proud to serve as the Administrator of Gundersen Boscobel Area Hospital and Clinic, my hometown healthcare organization, where I have worked for nearly 18 years.

Gundersen Boscobel Area Hospital and Clinics is located in Boscobel, and is an affiliate of Gundersen Health System located in La Crosse. Boscobel is a rural southwestern community nestled along the Wisconsin River in Grant County. We are approximately 70 miles south of La Crosse and 75 miles southwest of Madison. Gundersen Boscobel is a non-profit rural healthcare organization comprised of a 25-bed critical access hospital, and 3 Family Medicine Clinics, and has 165 employees who provide care delivery for a service area of approximately 15,000 people. Gundersen Boscobel's purpose is to enhance the health and well-being of our communities and enrich every life we touch.

I appreciate the opportunity to provide testimony on AB 720. As the Administrator of my hometown healthcare organization, I am extremely passionate about providing optimal patient care delivery to our family, friends, neighbors, and communities that we serve. It can be difficult to recruit to the rural setting and with the current workforce shortages in healthcare, AB 720 will help to create a pathway for returning military medics, corpsmen, and medical technicians to apply their skills gained in active service to healthcare settings in Wisconsin. This program will help to address workforce shortage in entry and mid-level healthcare positions. Current workforce shortages create additional strain on healthcare employees and increased staff burnout.

As the proud mother of a daughter currently serving US Navy, I am motivated and eager for this bill to be passed. My daughter, Kayla currently deployed on the USS Pearl Harbor as part of the 11th Military Expedition Unit, has served her country for nearly 15 years as Hospital Corpsman. Her future plan is to return home with the hopes of providing healthcare to her hometown community. Currently, when medically trained service members and veterans' transition to civilian life, their military healthcare training and hands-on patient care experience do not easily translate into comparable practice requirements in civilian healthcare settings. As a result, many veterans and service members are left unemployed, underemployed, or leave the healthcare field altogether. This program would help to create a pathway for her to do so. This law is common sense and would create a win – win scenario. It would help to address workforce shortages, difficulty in recruitment, and assist our active military personnel who have experience and familiarity of healthcare, transition into the civilian healthcare setting under the supervision of a clinician, while they work toward a civilian licensure in Wisconsin. Healthcare shortages have only worsened throughout the pandemic, and AB 720 is an important tool to make sure that Wisconsinites have the access to high quality care they need and deserve.

In summary, I am asking for your support of AB 720 which will assist with healthcare shortages and create a pathway for military medical personnel to transition into the civilian healthcare setting. Please encourage your colleagues to take this bill to the full senate and assembly as it will help bring this award-winning program to Wisconsin and allow service members and veterans to continue their healthcare careers and help address the workforce shortage in healthcare. As a healthcare administrator, registered nurse, and a proud mother, I thank you for your time. I would be happy to answer any questions.



TO: Assembly Committee on Health
Representative Joe Sanfelippo, Chair

FROM: Jeremy Levin, MHA,
Director of Advocacy

DATE: January 6, 2022

RE: SUPPORT Assembly Bill 720--Create Wisconsin Military Medics & Corpsmen Program

The Rural Wisconsin Health Cooperative (RWHC), owned and operated by forty-five rural community hospitals, thanks you for this opportunity to share our support on Assembly Bill 720, which creates a pathway for returning military medics, corpsmen, and medical technicians to more easily work in the Wisconsin healthcare system while pursuing a full license. RWHC thanks the 30 lawmakers whom make up the strong bipartisan list of legislators who believe that there is not only a need for their military healthcare training, but that Wisconsin needs to find a way to better integrate them into the civilian healthcare system.

Workforce shortages in rural healthcare settings have only worsened throughout the pandemic, Senate Bill 688, while not a panacea, is one important tool to help make sure that all Wisconsinites have the access to high quality care they need and deserve. By creating a pathway to allow medical personnel to work under a qualified supervising clinicians, while they work toward a civilian licensure, this bill could have an immediate positive affect on the shortage of healthcare workers. It would also make Wisconsin an attractive state for veterans and service members with healthcare experience. The legislation is modeled after successful programs in both Virginia and Veteran's Administration healthcare settings across the U.S.

According to the recent Wisconsin Hospital Association annual reports on the healthcare workforce, there is a well-documented shortage of healthcare workers in Wisconsin both in entry and mid-level healthcare positions, where the Wisconsin Military Medics & Corpsmen Program (Wis-MAC) can offer the most assistance. The veterans hired in healthcare with the assistance of the Wis-MAC program will also directly contribute to, and feel at home in, the rural communities they are working, as rural Wisconsin tends to have a higher percentage of veterans in their communities.

Thank you again for this opportunity to express our support for the Assembly Bill 720. We encourage the Committee to act on the bill so that they might become law and more can be done to help rural areas and veterans.



VETERANS OF FOREIGN WARS.

Wisconsin

January 6, 2022

Chairman Sanfelippo and Members of the Assembly Committee on Health,

My name is Jason Dean and with me today I have fellow veteran, and fellow member of the state legislative committee for the VFW of Wisconsin, Angela Thomsen. On behalf of State Commander Cory Geisler and our over 26,000 members statewide, we express our support for AB 720 and thank its authors, Senator Andre Jacque, and Representative Rob Summerfield for bringing this bill forward.

Military medical personnel possess education and skills that directly transfer to the civilian healthcare system. This extensive and intense training is specifically designed to prepare them to provide healthcare in a chaotic combat environment. Yet, when these servicemembers return home, and seek employment in the healthcare sector, they are told that their training and experience "doesn't really count" and they must undergo similar (often redundant) required education and training as their civilian counterparts.

Military servicemembers transitioning into the civilian job force face the daunting task of translating their military education, training, and experience, into terms that civilian employers can understand. Add into the mix factors such as establishing a new residence, planning the logistics of a physical move and family relocation, and the veteran is often overwhelmed. AB 720 would alleviate some of this stress by providing a direct path to licensing when a veteran is seeking employment in the medical field. Additionally, with the shortage of healthcare providers nationwide, our ability to provide timely and effective medical care is in jeopardy. AB 720 would provide an additional tool to our healthcare industry in addressing this shortage, especially when it comes to taking care of the needs of our aging population.

AB 720 is poised to positively impact both the veteran and civilian communities. The VFW of Wisconsin is pleased to support this legislation and requests this committee to further its passage into law.

Thank you,

Jason Dean and Angela Thompsen- VFW of Wisconsin State Legislative Committee

Dr David P. Zapencki, DNP, MSN/Ed, CNE, CCRN-K, RN
December 12th, 2021

Re: Act to amend nursing practice act of the State of Wisconsin in consideration of newly discharged military medics and corpsmen.

To whom it may concern,

Although I cannot attend the planned hearing on the referenced matter scheduled for December 14th, 2021, I would like to submit this letter expressing my support for these needed changes which would allow newly discharged military medics and corpsmen to transition to civilian positions and work to the level of their military training. This would benefit the veteran by allowing them to continue in their chosen field and to work with dignity and honor while pursuing civilian degrees/certifications. Hospitals would benefit by utilizing these dedicated professionals in positions that have been negatively impacted by shortages of qualified medical personnel. The community at large would also reap the benefits of having increased access to healthcare with shorter wait times.

I myself would have found such a program to be very helpful after my separation from the service. A little background about me: I served as a US Navy Hospital Corpsman for eight years with the specialty of Field Medical Combat Specialist (NEC 8404). Most people are unaware that Navy Corpsmen with this designation and training serve with the United States Marine Corps as combat medics, that the Marines have no medically trained personnel of their own. The medical service that these corpsmen provide to their Marines includes routine care such as holding "sick call" and vaccinations on up to emergency care for war wounds while under enemy fire. Obviously when I received my Honorable Discharge after completion of my service there was no equivalent civilian job for me to obtain. At the time, I inquired about even working as a nursing assistant but this was not allowed without taking the complete NA course as no credit would be given for my advanced training and experience. This would have required attending school full-time which I could not do at that point having a family to support. So, this drove me away from the medical field for an extended period. If there would have been a program where I could have continued to work in the medical field while attending college I would have jumped at the chance!

Obviously I eventually returned to my calling (nursing) and acquired the needed degrees and certifications all the way up to the doctoral level and I now help others achieve their dream of becoming a nurse. Looking back, I wish that there had been help along the way, which this process promises to provide. I applaud those who are working to make this legislation a reality and commend everyone involved for their clarity and vision. I feel that we are only beginning to realize the many benefits that our communities will experience if this important legislation becomes a reality.

Please feel free to reach out with any questions you may have for me.

Dr. David P. Zapencki, DNP
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Chairman Sanfelippo:

Thank you Chairman Sanfelippo, Vice Chair Summerfeld and all the members of the committee on health for holding today's hearing on AB 720.

My name is Jarvis Racine and I am the VP of Strategic Partnerships and Government Affairs for Herzing University. For those of you unfamiliar with Herzing, we are a Wisconsin based, private non-profit Institution and a member of WAICU. We have three Wisconsin campuses in Madison, Brookfield and Kenosha and over 80% of our students involved in healthcare related fields. We have seen firsthand the frustration and disbelief our Veterans as they try to translate their military training into the civilian education system which causes so many of them to leave the field. This bill is a positive step in the right direction!

My objective today is to provide you with some insight from an educational institution's perspective. When we talk about transfer credits, or lack thereof, the first focus is often on the University systems. However, we take our direction on transfer credits from **ACE, the American Council on Education**. This organization is the gold standard for the translation of training into college credit. They are the ones review military curriculum found on a service members educational transcript, better know as a **JST/Joint Services Transcript** and they recommend the equivalent civilian credits. This review is done on a course by course basis and often there is a disconnect between the JST's course description and its' learning objectives versus is what is included in the curriculum at the educational institution. ACE does not provide a block credit for a **MOS (Military Occupational Safety Code)**. This is the direction I would like to see in the future and would make it easier on everyone and create some consistency in the awarding of transfer credits. Since ACE makes recommendations, some institutions like Herzing are moving in this direction and choosing to award a block transfer credits based on a MOS.

The secondary issue is related to our institutional accreditation. The UW system, WTCS and WAICU member schools are all accredited by the Higher Learning Commission. HLC requires that institutions must ensure the quality of the program for which it awards a degree and as such has a 25% requirement which means that a minimum of 30 of the 120 credits earned at