

May 23, 2017

Re: Senate Bill 161, An Act to create 20.435 (1) (fk) and 146.615 of the statutes; Relating to: training grants for advanced practice clinicians and making an appropriation. (FE)

Dear Senator Marklein and Members of the Senate Committee on Revenue, Financial Institutions and Rural Issues,

I am writing in support of Senate Bill 161, related to grants for training advance practice clinicians in rural Wisconsin. If enacted this bill would increase the number of quality clinical placements for advance practice students, the number of advance practice graduates who intend to work in rural settings, and ultimately could help meet the health care needs of traditionally underserved populations in rural Wisconsin.

I am a board certified geriatric nurse practitioner with Monroe Clinic. I live and practice in Green County, Wisconsin. I am also a Clinical Assistant Professor with the Doctor of Nursing Practice Program at UW Madison—School of Nursing, where I am the population lead for the Adult-Gerontology Primary Care Nurse Practitioner track, the largest of five advance practice nursing specialty tracks that UW Madison offers. The views I am about to express are my own and do not represent the views of the University of Wisconsin—Madison, the University of Wisconsin—Madison School of Nursing, or Monroe Clinic.

According data from the US Department of Health and Human Services from 2012, approximately 50% of nurse practitioners in the U.S. provide primary care, compared to less than 30% of physicians. We know that the primary care workforce is unevenly distributed geographically in Wisconsin, with rural areas facing significant shortages of primary care providers. Currently, only 16% of nurse practitioners practice in rural settings, and to meet future health care needs, we will need more significantly more nurse practitioners in rural areas.

Providing quality clinical placement opportunities for advance practice nursing students in rural areas is critical to achieving this goal. Students are unlikely to choose to practice in a rural area if they've never had the exposure to that environment.

The Commission on Collegiate Nursing Education requires advance practice nursing students to have a minimum of 500 clinical hours in advanced practice, caring for patients in their specialty population. Nursing students seeking additional leadership preparation through a Doctor of Nursing Practice degree must complete 1,000 clinical hours. Our goals for this required clinical experience are twofold: 1) to prepare our students to provide high quality care in their future practice and 2) to reduce the shortage of primary care in rural areas by providing a positive exposure to rural practice.

Clinical professors like me oversee each student's progression through their required clinical rotations; however, we rely heavily on clinicians in practice who serve as onsite clinical preceptors. These advanced practice clinical preceptors are integral to high quality clinical education, the growth and development of our students, and the success of their future clinical practices.

In my role as a population lead and clinical professor, I've traveled across Wisconsin to recruit and retain skilled clinical preceptors for our students. At UW-Madison, we require our students to rotate through both urban and rural clinical placements. I've been responsible for placing about 80 students in clinical rotations over the past 3 years. I've had hundreds of conversations with preceptors, agencies, and healthcare organizations about the benefits and barriers to serving as clinical preceptors. Unfortunately, it is increasingly difficult to recruit and retain advance practice preceptors for several reasons:

- Clinical preceptors serve on a voluntary basis without compensation and with limited recognition.
- Quality mentoring of students takes time and the preceptor's productivity can be reduced. Some practice models do not allow for decreased productivity, even if for a good cause.
- Inadequate preparation for a mentoring/coaching role.
- Increasing competition between nursing schools for limited clinical sites.
- Preceptor burnout.

These barriers are compounded in rural settings where resources—from the support staff to the physical space available—may be more limited. In a busy rural clinical, there is less ability to absorb lost productivity associated with teaching a student. Often, providers in these clinics

complete their administrative duties well into the evening to compensate for their lost time during the day.

Most of the students in our program work as registered nurses while pursuing advanced practice education. This is not uncommon for many graduate nursing programs, especially for nurses who have an option for tuition reimbursement through their employer. Smaller healthcare systems may not have the same tuition reimbursement programs available. As a consequence, nurses who live and work in rural areas may hesitate to enroll in a graduate nursing program due to travel or the cost of the graduate program. Sometimes we find willing organizations with highly skilled preceptors who would welcome a mentoring opportunity, but we lack housing opportunities for students who would need to travel great distances to complete the rotation. The number, quality and accessibility of clinical sites are major factors in the number of students a nursing program is able to enroll.

In a recent national study of nurse practitioner students, most students who intended to work in rural locations were also focused on primary care. The factors influencing their future career goals included having faculty and preceptors who supported clinical experiences in rural areas, and whether the student lived in a rural area (Budd, Wolf & Haas, 2015). I actively seek out rural experiences for our advance practice students, especially because many of our students have primarily worked in urban areas.

I have found that many of our graduates who have been exposed to rural healthcare, do continue to practice in counties with a great need for skilled, competent providers. The need for advance practice nurses in rural Wisconsin will continue to grow as the demand for quality health care increases. This bill will increase the number of high quality preceptors and subsequently the number of students who have the opportunity to fall in love with rural healthcare.

Respectfully,



Sarah Endicott, DNP, APNP, GNP-BC

918 1st Street

New Glarus, WI 53574

STATE REPRESENTATIVE
DEBRA KOLSTE

44TH DISTRICT



WISCONSIN STATE ASSEMBLY

To: Senate Committee on Revenue, Financial Institutions and Rural Issues

From: Representative Debra Kolste

Re: Testimony on Senate Bill 161

Date: May 24, 2017

Chairman Marklein, Vice-Chair LeMahieu, and fellow committee members, thank you for holding a public hearing today on Senate Bill 161. I appreciate the opportunity to testify before you regarding the merits of this legislation and the positive impact it would have on rural communities.

SB 161 will help support the education and training of advanced practice clinicians, such as physician assistants and nurse practitioner, in rural communities. With primary care provider shortages more prominent in rural communities, these provider types are critical to providing quality primary health care.

Creating these training opportunities in rural hospitals take time, money, and a significant buy-in from hospital leadership and the community. This bill would help address part of the financial equation and the required match from hospitals ensures that there will be buy-in on their end.

Perhaps most importantly, this bill would give aspiring advanced practice clinicians the opportunity to hone the skills needed to practice in a rural community long-term. Having even just a portion of your clinical training take place in a rural community exposes you to the unique challenges of the area and allows you to build rapport with patients prior to becoming a practicing clinician.

With that, I ask you to please consider the passage of SB 161 and thank you again for allowing me to testify today.

A handwritten signature in cursive script that reads "Deb".

Debra Kolste



Romaine Quinn

STATE REPRESENTATIVE • 75th ASSEMBLY DISTRICT

5/24/2017

Senate Committee on Revenue, Financial Institutions, and Rural Issues

Chairperson Marklein and members of the committee:

Thank you for inviting me before you to discuss Assembly Bill 227, which creates a \$750,000 grant program to train advanced practice clinicians. The Department of Health Services will be able to give out up to 15 grants of up to \$50,000 from this pot of money, and must give preference to APC training programs that include a rural component – those that train APCs in rural hospitals and clinics. This bill is part of the Rural Wisconsin Initiative, whose members are searching for strong policy solutions to the issues and challenges unique to our areas.

Rural Wisconsin is facing a demographic crisis. By 2035, 29 Wisconsin counties will have a population that is more than 27% elderly (above 65 years old). Another 11 counties will have an elderly population of between 24 and 27%. This problem is compounded by the fact that young residents are increasingly moving out to larger cities with better health care options.

With technology increasingly offering the ability to work from anywhere, many of these young people may be looking for ways to move back home. But if they do not have access to the same quality of health care they have in urban areas, they'll think twice.

Advanced Practice Clinicians are a crucial part of any hospital's medical team. These are the specialists who run x-rays, help administer anesthesia, help deliver babies, and guide patients through their care. Today, Wisconsin faces a 10% vacancy rate for these specialists.

Doctors and nurses who train in rural Wisconsin are much more likely to stay in rural areas. By encouraging rural hospitals to partner with area educational institutions to form training programs for APCs, we can tap into a motivated labor market to train new APCs. Giving young people a visible career path in their local areas, we can start to push back on the aging population crisis we are facing. When we have a strong health care infrastructure, younger residents are more likely to stay in their hometowns. Working together, we can help stem the tide of young people leaving home, and help to rebuild vibrant rural communities.



PATRICK TESTIN

STATE SENATOR

DATE: May 24th, 2017
RE: **Testimony on 2017 SB 161 and AB 227**
TO: The Senate Committee on Revenue, Financial Institutions, and Rural Issues
FROM: Senator Patrick Testin

Chairperson Marklein and members of the committee, thank you for today's hearing and for accepting this testimony on behalf of Senate Bill 161 (SB 161), which creates a 750,000 dollar annual training grant program for advanced practice clinicians. This legislation is part of the Rural Wisconsin Initiative. When the initiative was started last year by Representatives Brooks, Quinn, and Tranel, its intent was to provide focus and leadership to the discussion of how we can build our future in rural Wisconsin. I am thankful that my testimony today can be a part of that larger discussion.

Over the last 50 years, the population has trended away from rural areas and toward urban and suburban locations. This shift establishes a vicious cycle. Businesses leave areas where they cannot find customers or employees, which in turn causes ensuing generations to leave when the time comes for them to enter the job market. The shrinking population then leads to a decline in available resources and services.

In today's increasingly interconnected world, where someone lives should be less of a hindrance to employment than ever before. This is good news for rural areas. However, to stabilize and grow our population, we must first preserve then further develop access to resources like health care. This bill works to ensure that rural Wisconsinites have access to well trained, front line medical professionals.

Advanced Practice Clinicians, such as Physician Assistants and Advanced Practice Nurses, play a critical role in the health care team. Unfortunately, we are facing shortages of these workers in rural areas – including vacancy rates of over 10% in Wisconsin hospitals. To address this need, this bill encourages rural hospitals to partner with area educational institutions to form training programs for Advanced Practice Clinicians.

The grant program created by SB 161 provides 750,000 dollars annually for the creation of clinical training infrastructures in rural communities. This investment would apply to support clinical training preceptors, tuition assistance for students, required materials, and stipends for reasonable living expenses – for when a student relocates into a rural community for their training experience.

This bill is a healthy shot in the arm for rural communities, and I hope you'll join me in supporting it. Thank you for your consideration.



WISCONSIN ACADEMY
of
PHYSICIAN ASSISTANTS

To: Chairperson Howard Marklein
Members, Senate Committee on Revenue, Financial Institutions and Rural
Issues
From: Tara Streit, PA-C
Date: May 24, 2017
Subject: Support for SB 161 - Advanced Practice Clinician Grants

My name is Tara Streit. I am a physician assistant and I currently practice in the Department of Emergency Medicine at University Hospital here in Madison. On behalf of the Wisconsin Academy of Physician Assistants, I am here to testify in support of Senate Bill 161.

Advanced Practice Clinicians (APCs), such as the over 2,000 PAs like me in Wisconsin, play a crucial role in rural hospitals and clinics because patients in rural areas rely on APCs as a primary care access point. PAs provide a full range of medical care to patients including: taking histories, ordering and interpreting tests, diagnosing, establishing treatment plans, making referrals and writing prescriptions. We practice in every medical setting, including specialty care and surgery.

However, there is an increasing shortage in APCs in rural areas. Over 80 percent of Wisconsin counties have hospital vacancies for APCs that exceed 10 percent. As the communications and student liaison chair of the Wisconsin Academy of Physician Assistants, I frequently travel to all five PA schools here in Wisconsin and I often hear about difficulties associated with identifying enough preceptor sites in Wisconsin. SB 161, introduced by Sen. Testin and Reps. Quinn, Kolste, Brooks and Tranel, will help address this problem by providing new, needed resources for APCs to train in rural areas. The grant matching program would incentivize new clinical rotation programs to be established in rural communities that primarily rely on APCs for health care.

I ask that you support SB 161 to help ensure that physician assistants can provide the best health care possible to Wisconsin residents in all parts of the state, particularly the rural parts, which are too often underserved.

Thank you for your time. I'd be happy to attempt to answer any questions you may have.



TO: Senator Howard Marklein, Chairperson and Members of the Senate
Committee on Revenue, Financial Institutions and Rural Issues

FROM: Gina Dennik-Champion, MSN, RN, MSHA,
Executive Director Wisconsin Nurses Association

DATE: May 24, 2017

RE: WNA support of SB 161 and the Companion Bill AB 227 – Relating to training
grants for Advanced Practice Clinicians and making an appropriation.

Chairperson Marklein, thank you for holding a hearing on of SB 161 which addresses training grants for hospitals and clinics willing to provide preceptor opportunities for Advanced Practice Clinicians. I also want to thank the members of this committee for listening to my testimony. In addition, the Wisconsin Nurses Association wants to share our appreciation to Representative Romaine Quinn for sponsoring the Companion Bill AB 227. My name is Gina Dennik-Champion and I am the Executive Director for the Wisconsin Nurses Association (WNA). WNA is the professional association for any registered and advanced practice nurse in Wisconsin. WNA finds advanced practice nurses (APN) as health care practitioners that contribute to achieving the goals of enhancing the patient experience, improving population health and reducing health care costs in Wisconsin. We find the on-site and hands-on clinical experience for undergraduate and graduate level nursing students as the preferred method for transferring knowledge to practice. WNA appreciates and thanks all of the Wisconsin health organizations who have opened their doors and provided the staff to support the educational experience for nursing students.

The population of Wisconsin is seeing an increase in the number of individuals aged 65 years and older. In 2010 11.4 percent of the population was 65 years and older with projections indicating a little less than 24 percent by 2040. The aging population will require more health care as the number of chronic diseases will increase with each individual. The management of the health of this population will require efficient and effective services ranging from prevention to acute care. These services need to be delivered by a highly competent primary care and acute care clinicians like advanced practice nurses. Advanced Practice Nurses are registered nurses who have graduated from an accredited nursing program with a master's degree or higher as one of the following: Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist or Nurse Practitioner. APN practice is based on advanced clinical knowledge and skills focusing on direct care of individuals, greater responsibility, autonomy, and accountability for the provision of care, health promotion and maintenance, management of patient conditions, and the use and prescription of pharmacological interventions.

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According to the Wisconsin 2016 Registered Nurse Workforce Survey which is completed by every RN as part of the license renewal process, there are 4,395 advanced practice nurses working in Wisconsin. They comprise 5.9 percent of the RN workforce and their average age is 46. There has been an 18.6 percent increase since 2014. The increase in the number of APNs is found to be proportional across all regions of Wisconsin. We can say that in most situations APNs return to their community after graduation. Some may try to arrange for their precepted practicum experience to take place in the health care organization located in their community. Others would consider locating to a rural community for their practicum experience if the incentives described in SB 161 were available.

On a different note, but worth mentioning is that current APN workforce percentage of 5.9 percent falls below the national norm of 10.4 percent. The contributing factors related to this needs to be further explored.

The following chart and table provide an overview of the Wisconsin APRN workforce.

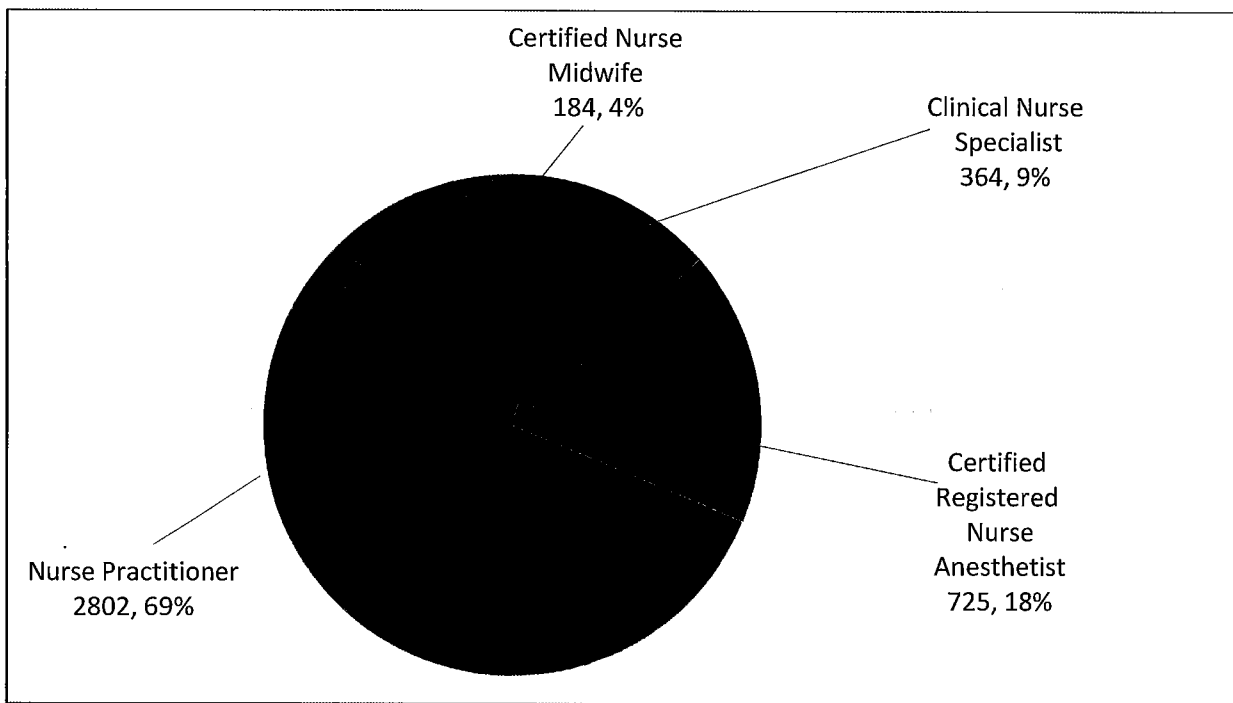


Chart 1. The number and percent of APNs by practice role.

There are 2,802 Nurse Practitioners, they are the most prevalent APN provider and are located throughout Wisconsin. They work in primary, acute and long term care settings. Certified Registered Nurse Anesthetists of which there are 725 deliver anesthesia services throughout Wisconsin with a high percentage working in the rural areas. The 364 Clinical Nurse Specialists provide clinical expertise in the hospital setting that include, oncology, wound, pediatrics and older adult care. The 184 Certified Nurse Midwives provides health care services to women and families during pregnancy and after delivery.

Specialization	n	%
Family	920	20.4
Women's Health	583	12.9
Certified Nurse Midwife	111	2.5
Pediatric	468	10.4
Adult	971	21.5
Geriatric	618	13.7
Mental Health	392	8.7

Table 1. APN Role and Practice Specialization in Primary Care

Table 1. describes the various populations that APNs focus their education, training and national board certification upon graduation. The Clinical Nurse Specialists and Nurse Practitioners who are preparing for a role as a family or adult practitioner are now being educated in geriatric/gerontological healthcare. This is to meet the needs of the increasing older adult population.

The Wisconsin Nurses Association supports SB 161 and AB 227 as it provides an opportunity for growing the APN workforce. WNA is aware of the demands for accommodating placement of APN nursing students. Precepting can create unintended consequences for the sponsoring organization and the preceptor. Demands for timely patient access, clinician productivity and clinical performance are very important measures as they contribute to the viability and reputation of the organization. The provision of grant awards offered through the Department of Health Services demonstrates Wisconsin's commitment to supporting a healthy Wisconsin.

WNA would be remiss if we did not address an important educational crisis taking place in our schools of nursing. The faculty shortage is here. The findings of the 2016 RN Workforce Survey note that of the 2,690 RNs reporting they are nurse educators only 1,025 or 62 percent are working. The average age of Wisconsin's nursing faculty is almost 51. Of the current nurse faculty workforce 25 percent report that they will be leaving this role within four years and 50 percent in nine or less years. The American Association of Colleges of Nursing report of 2016 noted that in 2015 Wisconsin had 27 vacancies for nurse faculty. This shortage will have serious impact on capacity of colleges to produce advanced practice nurses. Health care organizations willing to accommodate precepting requests for APN nursing students may not be an issue if our Wisconsin nursing programs do not have the number of faculty needed to educate. We need to address this situation as soon as possible.

Thank you, Chairperson Marklein and Members of this Senate Committee for hearing my testimony. It is our desire that SB 161 be voted out of Committee without haste.

I would like to point out that on page 2. of the proposal line 17, the last word should be "anesthetist" not "anesthesiologist".

Please let me know if you have any questions.

WISCONSIN HOSPITAL ASSOCIATION, INC.



Date: May 25, 2017
To: Senate Committee on Revenue, Financial Institutions and Rural Issues
From: Kyle O'Brien, Senior Vice President Government Relations
Re: WHA Support of SB 161 – Expanding Access to APC Clinical Training Programs

On behalf of nearly 140 hospitals and health systems in our state, the Wisconsin Hospital Association appreciates the opportunity to testify in support of Senate Bill 161. The legislation before you was crafted in cooperation with the staff and members of the Wisconsin Hospital Association, an organization that has represented the core of Wisconsin's health care delivery system since 1920 and has been a leading voice on health care policy.

Wisconsin's hospitals and health systems are critical components of the state's economy. When asked by employers what factors are most important when determining where to locate or expand their business, access to high quality health care consistently ranks in the top two or three infrastructure investments. Wisconsin is home to some of the highest quality health care in the country, which does not come by chance and is a result of dedicated hospital leaders, physicians and staff but also public policy that supports high quality health care.

Today, you are hearing a bill that is part of a package of legislation which has received national attention among other hospital associations across the country as a unique focus on improving access to high quality health care in rural America. We applaud the authors for developing this legislation and we applaud Chairman Marklein and members of the Committee for hearing these bills today.

Senate Bill 161 provides grant funding to support the creation of new advanced practice clinician (advanced practice nurse and physician assistant) training opportunities in rural communities, modeled after a successful initiative put forward by Governor Walker in the 2013-15 biennial budget to support physician residency programs. This matching grants program has created seven new physician residency program, training nearly 80 new physicians in 34 – mostly rural – Wisconsin counties. This grant program has spurred a \$22 million investment (public and private) into graduate medical education in this state.

According to *WHA's 2016 Workforce Report*, hospital staff vacancy rates for advanced practice clinicians continue to climb – with nurse practitioners and physician assistant vacancy rates at 11.2% and 10.8%, respectively. This is the highest vacancy rate since at least 2009, which is the result of a strengthened economy and more staff retirements but also an increase in the utility of these roles on the patient care team. Many of our hospital and health system members are using advanced practice clinicians in innovative roles, like advanced practice nurse prescriber hospitalists, to meet the needs of patients in Wisconsin's rural communities.

Senate Bill 161 creates a matching financial incentive for a hospital or clinic in a rural community to offer clinical training and support for advanced practice clinicians, defined in the bill as advanced practice nurses and physician assistants. We know from research done with physician residency programs that a provider who trains in an area is more likely to practice in that area. The legislation not only provides matching grant funds for the cost of clinical rotations, but also provides incentives for students to train in rural communities (e.g. tuition forgiveness, travel costs, reasonable living expenses) – with a matching contribution from a sponsoring organization.

WHA encourages the Committee to support passage of Senate Bill 161 and appreciates the bipartisan focus this bill has provided on an important segment of Wisconsin's rural health care workforce.

Wisconsin Counties with State-Supported Graduate Medical Education Programs

