



# ROB STAFSHOLT

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**TO: Senate Committee on Sporting Heritage, Small Business and Rural Issues**  
**FROM: Senator Rob Stafsholt**  
**DATE: February 24, 2022**  
**SUBJECT: Testimony in Favor of Senate Bill 872**

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Thank you, Vice Chair Petrowski and fellow members of the Senate Committee on Sporting Heritage, Small Business and Rural Issues, for allowing me to testify in favor of Senate Bill 872.

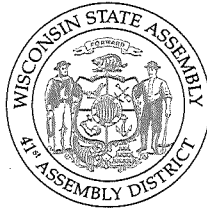
Even before the Covid-19 pandemic, Wisconsin's rural areas and underserved areas suffered from a lack of care providers in healthcare. The quality is there, but the numbers of care providers are dwindling. The reasons for labor shortages are many, across all healthcare fields. Our goal is to specifically address, with Senate Bill 872, the rural pharmacy area.

One potential solution to address the shared goal of improved access and improved community outcomes would be to incentivize graduates from Wisconsin's schools of Pharmacy to serve in rural/underserved communities upon graduation.

Senate Bill 872 would create a small, simple, pilot grant program administered by the Higher Educational Aids Board for graduates to offset the cost of higher education with a commitment to practice in rural/underserved communities for three years.

This innovative program will encourage more people to practice in our rural/underserved communities.

Thank you, members. I ask for your support and would be happy to discuss this bill.



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# ALEX A. DALLMAN

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STATE REPRESENTATIVE • 41<sup>ST</sup> ASSEMBLY DISTRICT

## Testimony in favor of Senate Bill 872

*Senate Committee on Sporting Heritage, Small Business and Rural Issues*

February 24<sup>th</sup>, 2022

Thank you, Chairman Stafsholt and committee members, for allowing me to submit testimony in favor of Senate Bill 872, relating to creating a rural pharmacy practice grant program administered by the Higher Educational Aids Board. I would also like to thank Chairman Stafsholt for his leadership on this legislation.

Senate Bill 872 would create a small pilot grant program administered by the Higher Educational Aids Board for graduates to offset the cost of higher education with a commitment to practice in rural communities over three years.

Currently, the average amount of debt that a student accrues from a School of Pharmacy is approximately \$180,000. This program would provide ten students up to \$45,000 per year for two years if they commit to serve in an underserved area for three years after graduation.

It is important to note that two-thirds of Wisconsin's counties have areas that are considered medically underserved and often times, a pharmacist is the highest trained healthcare professional in our rural communities. For those of us that live in rural communities, we have seen a decrease in access to quality healthcare because the number of healthcare providers are shrinking. This bill will specifically work to alleviate the growing healthcare gap in our rural communities.

Thank you again, Chairman Stafsholt, for the opportunity to submit testimony to the committee today and my office would be more than happy to follow up with any questions that you may have.

To: Senate Committee on Sporting Heritage, Small Business and Rural Issues  
From: Erik Jorvig, Dean of the Concordia School of Pharmacy  
Date: 2/24/2022  
RE: SB 872: Creating a Rural Pharmacy Practice Grant Program

Members of the Senate Committee on Sporting Heritage, Small Business and Rural Issues,

My name is Dr. Erik Jorvig and I am Dean of the Concordia University School of Pharmacy. Thank you for the opportunity to speak in favor of SB872 to help support access for rural pharmacy services. Pharmacists remain the most accessible healthcare provider especially for our rural communities. In many rural communities, a pharmacist may be the only accessible healthcare provider available within a reasonable driving distance. Pharmacists are highly trained and imminently capable health care providers. Especially as seen during the current pandemic, pharmacists are ready and willing to provide quality healthcare services to their communities on a variety of issues including immunization delivery, medication management, chronic disease management and prevention, among others. Coupled with the recent passage of the pharmacist provider status in 2021 Act 98 legislation, pharmacists are more than ever capable of positively affecting the healthcare outlook for rural communities.

The main difficulty for rural communities has been enticing pharmacy graduates to explore rural pharmacy as a career option. Many pharmacy graduates, even those originating from rural areas, choose to relocate to urban settings with the impression of more pharmacy job opportunities, higher pay and more career advancement. This is despite the pressing need for pharmacy services of the rural communities from which they come.

This bill creates an affordable incentive system to offset the departure of these highly skilled graduates to urban settings. With graduation debt in excess of \$180,000, the ability to apply for a grant post-graduation can be a great incentive for these pharmacy graduates to reconsider returning to their rural origin to provide care and reconnect with those communities. Quality provision of healthcare by pharmacists is known to decrease overall healthcare costs, by decreasing medication related waste, duplication and adverse events, while increasing overall quality of care. This healthcare cost savings can be anticipated to offset the initial cost of this program. In that way, everyone wins: the rural communities have increased quality of care and access; the pharmacy graduates have a financial incentive to choose rural pharmacy practice and the state of Wisconsin can achieve those goals through minimal initial cost.

Thank you again for the opportunity to express my support for SB872.

Sincerely,  
Erik Jorvig



To: Senate Committee on Sporting Heritage, Small Business and Rural Issues  
From: Melissa Theesfeld, Assistant Dean of Clinical Affairs at Concordia School of Pharmacy  
Date: 2/24/2022  
RE: SB 872: Creating a Rural Pharmacy Practice Grant Program

Chairperson Stafsholt and Members of the Committee,

Thank you for the opportunity to testify today in support of Senate Bill 872. My name is Melissa Theesfeld. I am a pharmacist and am here today representing Concordia University School of Pharmacy, where I serve as the Assistant Dean for Clinical Affairs. In this role, I am responsible for organizing all of the clinical rotations that students complete as part of Concordia's Doctor of Pharmacy program. I work with health systems, pharmacies, and pharmacists across the state of Wisconsin so that our students experience pharmacy practice in diverse settings.

One unique aspect of Concordia's Doctor of Pharmacy program is our Underserved Pathway. Students who are interested in careers serving underserved patients in rural or urban areas can apply for this Pathway during their second year of pharmacy school. If they are selected, the students then take a series of elective courses and experiential rotations that have a dedicated focus on this patient population. In the classroom, students learn about social determinants of health, healthcare barriers, stereotypes, and cultural awareness. We teach students how to interact compassionately with diverse and underserved patient populations so that they develop an appreciation for the social, interpersonal, and individual differences that can influence how patients use medications to treat illnesses.

Students in the Underserved Pathway also complete experiential rotations at underserved sites. These rotations may take place at hospitals, community pharmacies, or in clinics that are caring for underserved patients. We use the Health Resources and Service Administration (HRSA) definition of "medically underserved area" to classify our experiential sites as underserved and highlight these offerings to students in our database. In recent years, our Concordia pharmacy students have completed rotations at rural, underserved pharmacies such as Amery Hospital, Hometown Pharmacy in Eagle River, Lakeshore Community Health Center in Sheboygan, Sniteman Pharmacy in Neilsville, the Stockbridge Munsee Health Center in Bowler, and Vernon Memorial Healthcare in Virocqua.

Even though our students have great rotation experiences in rural areas of Wisconsin when they are in pharmacy school, it can be challenging to get them to take jobs in these areas after graduation. Almost every month, I field telephone calls from pharmacists in rural parts of the state who planning to retire and who want to talk with current or former students that may be interested in taking over their practice and caring for their patients. Even just last night, a very quick search yielded pharmacist positions available in Richland Center, Eau Claire, Webster, and Beaver Dam. As someone who went to high school in Rhineland, I can understand the appeal that a high-paying job in a more urban area has to a young, 20-something professional coming out of a doctoral program.

The proposed rural pharmacy grant program would help incentivize pharmacists to practice in the high-need, rural areas of Wisconsin and create better health outcomes for these rural communities. Two-thirds of Wisconsin counties have areas that are considered medically underserved and there is a lot of opportunity for pharmacists to help fill this need. Similar loan forgiveness programs are already in place for physicians and dentists in Wisconsin. Pharmacists are an equally critical part of the health care team and are often more accessible to patients living in rural communities. We aren't just dispensing medications anymore. Pharmacists are monitoring patients' blood pressure readings, providing immunizations, recommending smoking cessation products, performing blood glucose and cholesterol checks, screening for strep throat, and administering injectable medications. We work collaboratively with physicians, PAs, nurse practitioners, and other health care professionals to ensure that patients are getting the care that they need, no matter where they live.

In addition to my role at Concordia, I am also currently serve as the Board Chair for the Pharmacy Society of Wisconsin (PSW). PSW is Wisconsin's only professional organization for pharmacists and pharmacy technicians and they have also provided written testimony in support of this bill. One of PSW's goals is to always keep patients' best interests at the forefront of our work and decision-making. This bill is an excellent example of a program that keeps patients living in rural areas healthy.

On behalf of the students, faculty, and alumni of Concordia University School of Pharmacy, I want to reiterate our support of Senate Bill 872. Thank you for your time.

Sincerely,

Melissa Theesfeld



# SB 872: RURAL PHARMACY GRANTS

## TAKING ACTION ON RURAL PHARMACY

Wisconsin's health care systems play a valuable role in the economic impact of their communities. The federal Agency for Healthcare Research and Quality recently ranked Wisconsin first in the Midwest for our healthcare quality and among the best in the nation.<sup>6</sup> Access to quality care in all areas of the state should remain a priority as many look to Wisconsin as a top provider of world renowned care.

**Providing incentives for pharmacists in rural communities will make Wisconsin a continued leader and add economic viability to their communities.**



To address this critical need SB 872: related to creating a rural pharmacy practice grant program administered by the Higher Educational Aids Board would incentivize graduates from Wisconsin's three Schools of Pharmacy to serve in rural communities.

Currently, the average amount of student debt from a School of Pharmacy is approximately \$180,000. To offset the cost of tuition and encourage students to attend a School of Pharmacy in-state, this program would provide 10 students up to \$45,000/year, for two years, if they commit to serve in one of the designated medically underserved areas for three years after their graduation from pharmacy school.

The Rural Pharmacy Coalition thanks you for your attention to this growing concern. We envision Wisconsin as a leader in the nation for providing access to healthcare in our rural communities. Wisconsin must work towards quality healthcare to be provided in all regions of the state. We look forward to working with you further on this pressing issue.

\$900,000, incentivizing 10 pharmacists over two years

Potential to serve 1,000,000 patients many who are on Medicaid with chronic conditions

If each rural pharmacist addresses medication management issues in just 50 Medicaid patients each year this investment pays for itself.

1 "Pharmacies: Improving Health, Reducing Costs". National Association of Chain Drug Stores, Inc. 2011  
2Ibid.  
3"Extended Pharmacists Provider Status FAQ". Pharmacy Society of Wisconsin.  
4"Pharmacies: Improving Health, Reducing Costs". National Association of Chain Drug Stores, Inc. 2011  
5 "Improving Medication Adherence and Healthcare Outcomes Through a Retail Pharmacy Chain." JCOMP. October 2015.  
6 "Healthy Hospitals Healthy Communities". Wisconsin Hospitals Association. 2020.



# MORE ABOUT THE NEED FOR SB 872

The COVID-19 pandemic has highlighted the need for increased access to primary care services across the state. In Wisconsin, rural towns and cities are more likely to be designated as medically underserved areas by the Health Resources and Service Administration (HRSA).

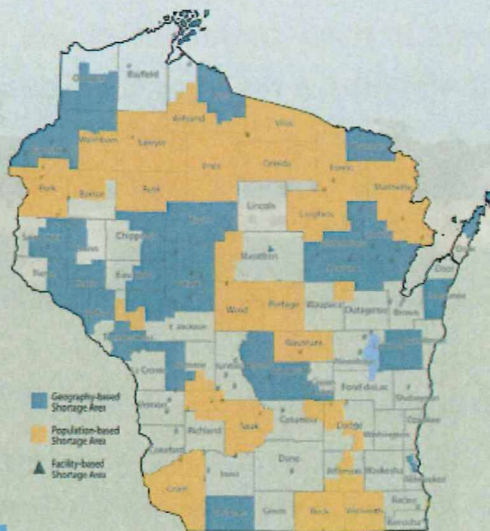
Pharmacists are typically located closer to most Americans than primary care providers. Due to financial pressures, a disproportional number of pharmacists choose to work in urban or suburban settings.

This misallocation of pharmacists is a problem, and addressing it will increase access and improve healthcare outcomes in rural Wisconsin.

Incentivizing pharmacists to practice in high-need rural areas can improve the delivery and effectiveness of primary care, creating better health outcomes for our rural communities.

## Health Professional Shortage Areas

Primary Health Care



## WI Rural Healthcare Shortage

2/3s of Wisconsin counties have areas considered medically underserved.

18% of Americans live more than 10 miles from the closest hospital.

In rural communities, a pharmacist is often the most accessible, highest trained healthcare professional.<sup>1</sup>

## Closing the Gap

- Since the supply of qualified primary care providers has decreased, pharmacists have played an important role as front line healthcare professionals for many rural communities.
- Pharmacists are a critical part of a patient's medical care plan, often conducting regular blood pressure and glucose checks for patients and collaborating with their other healthcare providers on appointments.
- If managed properly, costs associated with issues like hypertension and diabetes can be reduced in these settings.<sup>2</sup>
- In Wisconsin, pharmacists are able to: immunize patients, perform any clinical task delegated to them by a physician under a collaborative practice agreement, and administer injectable medications.<sup>3</sup>

## Healthcare Costs

Poor medication management can lead to **\$290 billion per year** of wasted healthcare spending.<sup>4</sup>

## Cost Benefits of Pharmacist-Involved Care

- Pharmacists can reduce health costs up to \$1,800 per patient per year
- Fewer sick days for employers
- Reduction in average cost per cardiovascular event by 13%
- **Pharmacists interventions with chronic conditions save an average of \$1,000 per patient per year.**<sup>5</sup>