

WHA Urges Assembly Health Committee to Enhance Support to Rural Physician Training

Assembly Bill 618 lifts unnecessary restrictions on “Grow Our Own” GME grants

The Assembly Committee on Health, Aging and Long-Term Care heard [testimony](#) from WHA and several others, including Department of Health Services (DHS) Deputy Secretary Deb Standridge, all in support of Assembly Bill 618 (AB 618) introduced by Reps. Novak and Snyder, and Sens. Quinn and Tomczyk. WHA worked with the Governor and the state Legislature in 2013 to create a “Grow Our Own” grant program that funds and supports expansion of graduate medical education (GME) residency slots in rural Wisconsin.

In her testimony to the Assembly Committee, WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk noted, “Policymakers understood in 2013 that [investing in GME is an important strategy](#) to recruit and retain physicians that will serve Wisconsin communities.” She added, “If physicians can’t do their residency in Wisconsin, the likelihood they stay in Wisconsin after residency drops by a full 30 points.”

Zenk’s testimony also outlined the success of the program due to the strong commitment by the Governor and the Legislature in 2013 and subsequent state budgets: [39 “Grow Our Own” graduate medical training program grants](#) have formed public-private partnerships that have spurred a \$45 million investment in Wisconsin GME and, as a result, 60 additional physicians for Wisconsin each and every year.



Joseph Kilsdonk and Ann Zenk testify before the Assembly Health Committee in support of AB 618 to enhance rural physician training.

DHS Deputy Secretary Standridge also recognized the importance of the grant program, noting “I remember well from my time as a hospital and health system leader the challenge of recruiting physicians to our northern Wisconsin hospitals... In fact, my former colleague Ann Zenk and I worked very hard together to find physicians to provide care and access for our communities.”

WHA, the Wisconsin Collaborative for Rural GME, and the Family Medicine Residency at SSM Health Monroe Hospital explained to committee members how the legislation will allow this grant funding to produce even more physicians for rural communities across Wisconsin. Zenk noted, “Several of our current graduate medical education programs have the ability and interest to expand their training capacity but are prohibited from doing so by the current \$225,000 limit,” and urged, “Removing the \$225,000 per-hospital cap and allowing hospitals to apply for funding that would match their potential to expand training opportunities will help make use of already-budgeted funds to their full potential.”

Zenk also pointed out the importance of a component of the bill that provides assurances to expansion programs that they would be prioritized to sustain any grant commitment without the need to reapply as long as they continue meet grant requirements and

still wish to participate in the GME expansion grant program. DHS added their support in their testimony: “While DHS has treated existing grants as ongoing, AB 618 would eliminate the requirement for annual applications and renewals.”

Zenk briefly addressed how authorizing the use of already existing funding for physician training consortia will support rural residency opportunities that would not otherwise be available. Executive Director of the Wisconsin Northern & Central Consortium for Graduate Medical Education (WiNC) Joseph Kilsdonk testified with Zenk and provided the committee with a more detailed explanation of how WiNC functions to provide shared infrastructure to rural GME programs, and the importance of consortium support to these “train and retain” programs.

All who testified urged the Legislature to pass these changes now to allow the impact of these changes on physician training opportunities to be felt as soon as possible.

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