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TO: Senate Committee on Licensing, Constitution and Federalism

**FROM: Ann Zenk, SVP Workforce & Clinical Practice
Jon Hoelter, VP Federal and State Relations**

DATE: May 25, 2023

RE: WHA Testimony in Support of SB 158, SB 193, and SB 194: Legislation to Improve Licensure Process for Health Care Professionals

Chair Jacque, and members of the Committee on Licensing, Constitution and Federalism, thank you for holding a hearing on SB 158, relating to: preliminary health care credentials granted to previously unlicensed individuals; SB 193, relating to: renewal dates and continuing education requirements for certain credentials issued by the Department of Safety and Professional Services and credentialing boards; and SB 194, relating to: practice of certain professions by credential holders from other states. The Wisconsin Hospital Association represents more than 135 hospitals and integrated health systems across the state, from small, rural, Critical Access Hospitals to large, urban academic medical centers, and everything in between.

While our members may differ greatly in the size of the community they serve, one consistent challenge they all face is how to meet the ever-increasing demand for health care services in an environment where every sector is experiencing a workforce shortage. As the baby boom generation ages, the number of available workers in Wisconsin and across the nation is shrinking for all industries, but for health care, an aging population also means an increase in health care demand.

While staffing at hospitals continues to rise, it is not keeping pace with demand as approximately 10,000 positions remain vacant in Wisconsin hospitals across the state. In fact, vacancy rates increased for all 17 health care positions that we track – and nearly doubled overall from 5.3% in 2020 to 9.9% in 2021. Even worse, demographics are working against health care, as the highest utilizers of health care are those aged 65 and older who are also retiring from the healthcare workforce. It will be seven years from now when the last baby boomers turn 65, and the ‘Silver Tsunami’ of retirements will begin to recede, but the impact of increased demand on the healthcare workforce will persist for another decade or more; we have yet to experience the full impact of the baby boom generation on the demand for health care and, thus, our health care workforce.

Fortunately, we have had great partners in the Wisconsin Legislature and the Evers Administration. When faced with long backlogs in licensure for out-of-state health care workers, largely stemming from challenges surrounding the COVID-19 pandemic, the legislature passed and Governor Evers signed 2021 Act 10. This legislation allowed health care professionals licensed and in good standing from another state to begin practicing immediately while they waited for DSPS to process their license.

I’m proud to report that this legislation has been a tremendous success, helping us to recruit and staff up to better meet health care demand. Whereas we previously had hospitals report that they missed out on hiring a qualified health care professional because another state beat Wisconsin to the punch in issuing them a license, Wisconsin is now seen as a model for other states to emulate.

In fact, this legislation has worked so well that our hospitals began wondering if we could duplicate this innovative process for new graduates. As many of you know, there tends to be bi-annual licensure backlogs when new classes graduate both at the beginning of summer and end of the year. The Department of Safety and Professional Services (DSPS) has made efforts to alleviate these challenges under the Evers Administration, partly by implementing a new, and long overdue, electronic licensure system. Despite this forward-thinking measure, licensure backlogs still remain, especially when a high volume of applications arrive during graduation season. These backlogs could be greatly reduced by modeling a fast-track process for new graduates on the process already implement for Wisconsin 2021 Act 10.

SB 158 would do just that, by allowing new graduates of health care training programs that have passed their required national exam and cleared a criminal background check to begin practicing immediately if they have attested to completing everything required for licensure and also have an employer offer them a job. The employer would also have to provide an attestation that the prospective employee has met all requirements for licensure, to the best of their knowledge. New graduate licensure requirements --- graduation, passing a national licensure exam and a caregiver background check --- are components that health care employers already have processes in place to verify.

We are optimistic that this reform will greatly reduce the number of people contacting their legislators to gain DSPS's assistance with fast-tracking their applications – a process which currently requires DSPS's licensure staff to interrupt their normal workflow to divert attention to such applications. Additionally, it will reduce the time crunch DSPS staff find themselves in when a bolus of new graduates apply for licensure and need to obtain it quickly to meet hiring deadlines.

It is important to note that safeguards would remain in this process. DSPS would still be in charge of verifying that all the information applicants and third parties have submitted is accurate, and they would remain responsible for issuing them a permanent license once they deem an application to be complete. Health care employers would be responsible for attesting to the fact that they believe a new graduate is fit to practice. Fortunately, hospitals and health systems already undergo a rigorous credentialing process for new applicants prior to offering them a job, and partner the new employee with an experienced peer when they start working.

Like SB 158, SB 193 and SB 194 were ideas that originated in the Legislative Council Study Committee on Occupational Licensure. WHA was privileged to serve on this committee along with legislators and members of the public, and equally pleased to see the committee unanimously recommend SB 193 and SB 194 for introduction. SB 193 will safely extend renewal timeframes from 2 to 4 years to ease the renewal burden on providers while also giving DSPS the flexibility to determine when renewals will occur and better load-level the work of the department. DSPS will be able to look at the number of renewals and the complexity of the profession's renewal process, and divide the work to break down current bottlenecks.

SB 194 builds on the previously mentioned 2021 Act 10, which allowed health care practitioners licensed and in good standing from another state to begin practicing immediately while DSPS processes their full licensure application. WHA supports the provisions in SB 194 that correct the unintended exclusion of radiographers and other health care professions from being eligible for this streamlined process.

Thank you for the opportunity to speak in support of these important proposals. We urge you to support them so we can build on the positive, bipartisan reforms Governor Evers and the Legislature have already begun and help grow and sustain the workforce hospitals and health systems need to meet growing demand for care.