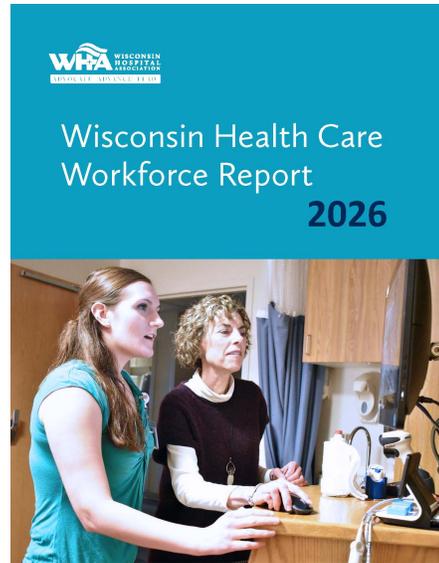


Wisconsin's Health Care Workforce is Growing, But Not Fast Enough to Meet Rising Demand

WHA's 2026 report calls for action on payer and government red tape, training pathways and care bottlenecks caused by outdated state laws



The Wisconsin Hospital Association (WHA) released its annual **Wisconsin Health Care Workforce Report** on Feb. 24, revealing a workforce that is growing but struggling to keep pace with surging demand driven by Wisconsin's aging population and a shrinking labor pool.

The report shows hospital employment has increased 23% over the last decade, and vacancy rates have improved from a pandemic peak of 10% in 2022 to 7.2% in 2024. Yet, these gains still leave Wisconsin hospitals with vacancy rates more than double pre-pandemic levels, and demographic trends suggest the pressure will only intensify.

"Wisconsin hospitals have made real progress in hiring and retention, but we're in a race against time," said Ann Zenk, WHA senior vice president of workforce and clinical practice. "Health care demand is projected to rise 10 percent by 2040 while our working-age population continues to shrink. We're growing the workforce, but not fast enough to meet the needs of an aging population."

Wisconsin's working-age population has been declining since 2010 and is projected to continue shrinking through 2050. Meanwhile, residents 65 and older, who use health care at more than twice the rate of working-age adults and five times the rate of those younger than 16, represent the fastest-growing segment of the population. Ninety-three percent of adults 65 and older have at least one chronic condition, and 79% have two or more. WHA's 2026 report notes, "With many Wisconsinites already experiencing chronic conditions, especially in the fastest growing Wisconsin age group, those above 65, an increase in health care demand is unavoidable."

While these demographic trends cannot be reversed, many of the pressures on Wisconsin's health care workforce can be fixed. Administrative and payer requirements increasingly pull providers away from patients exacerbating the workforce strain. The payer and regulatory burden getting between health care teams and the patients they care for is a correctable cause that must be addressed with greater urgency and, very intentionally, tops the list of this year's WHA Wisconsin Health Care Workforce recommendations.

As cited in the report, in the 2024 American Medical Association Prior Authorization Physician Survey, 9 in 10 physicians reported that prior authorization "somewhat or significantly" increased physician burnout. Ninety-three percent of physicians said the process delays care and 82% of physicians reported that prior authorization leads to treatment abandonment.

According to the American Hospital Association, the average-size hospital dedicates 59 full-time staff to regulatory compliance, one-in-four of whom are doctors or nurses who could otherwise be providing direct patient care. Relieving doctors, nurses, health care teams, and support staff from unnecessary regulatory and payer burden can help address gaps with a workforce that can't grow fast enough.

Capacity challenges also compound workforce pressures. In 2002, Wisconsin had 46,000 nursing home beds. In 2024 that number is just 26,000, despite the elderly Medicaid population nearly doubling. Wisconsin is also only one of a small handful of states that greatly restricts the ability of family members to help their incapacitated loved one access care in a proper post-acute care setting, causing unnecessary delays in discharge. **The result: hundreds of patients are stuck in hospitals daily, waiting for the post-acute care they need.**

Physician shortages also remain a concern. WHA reports that even with a turnover rate of 5%, lower than their allied health and nursing teammates, a survey of Wisconsin hospitals and health systems noted an overall vacancy rate for physicians employed by respondents of more than 15%. This is despite concerted effort over the past decade to "Grow Our Own" through a Wisconsin Department of Health Services graduate medical education training grant program that builds increased Wisconsin training capacity and now graduates 86 additional grant-support physicians each and every year.

WHA's 2026 report calls for immediate and sustained action across multiple fronts. Key recommendations include:

- **Break down barriers to entering and remaining in the health care workforce.** Reduce legal, regulatory and payer barriers that delay or deny care, ensure new requirements provide clear benefit relative to administrative burden and support workplace culture and workforce well-being.
- **Expand accessible and achievable education and career pathways.** Increase early career exposure, strengthen partnerships with technical colleges and universities, expand apprenticeships and employer-based training programs and increase funding for "Grow Our Own" initiatives.
- **Support practice, policy and payment reforms that help teams reach their full potential.** Encourage innovative care models supported by technology, including telehealth monitoring, recovery at home and hospital at home programs; identify opportunities to integrate emerging technologies such as artificial intelligence; and update state law to support patient and family decision-making to relieve bottlenecks in post-acute care settings.

"Wisconsin's hospitals and health systems are investing significant resources into our state's healthcare workforce," said WHA President and CEO Kyle O'Brien. "At the same time, hospitals are faced with lagging reimbursement and growing red tape from government and private insurance companies, using precious human resources that should be used at the bedside rather than for unnecessary payer bureaucracy."

For the complete list of detailed recommendations, read WHA's 2026 Workforce Report [here](#).

View the Infographic [here](#).

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EDUCATION EVENTS

Mar. 12, 2026

Spring 2026 Annual Survey Training

Mar. 13, 2026

2026 Physician Leadership Development Conference

Mar. 16, 2026

Wisconsin Rural Health and Substance Use Clinical Support (RHeSUS) Program Offerings