



NANCY VANDERMEER

STATE REPRESENTATIVE • 70TH ASSEMBLY DISTRICT

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Mixed Messages from Governor's Office on Patient Access to Healthcare Providers

Prior to the Thanksgiving holiday, Governor Evers signed [Senate Bill 74](#) into law and also vetoed [Assembly Bill 76](#). Senate Bill 74 re-authorized the state of Wisconsin's participation in the Interstate Medical Licensure Compact and Assembly Bill 76 aligned the training hours for Certified Nursing Assistants (CNAs) with the minimum federal requirements as required for Medicare and Medicaid. Both of the proposals make it easier for patients to have access to qualified, professional healthcare providers that meet adequate professional standards. In addition, both of the pieces of legislation aid in the recruitment of qualified professionals to provide care and especially provide benefit to healthcare providers looking to hire workers in the more rural and less densely populated parts of our state where it's simply more difficult to recruit and attract qualified professionals.

Removing bureaucratic burdens in order to make it easier for patients to see and have access to care close to home, while not compromising quality of care standards, should be a top priority for us in the legislature. It's one of my top priorities when I think about rural development and rural healthcare, and it's something that I've had the chance to work directly on quite a bit. That's why the governor's decision to sign Senate Bill 74 into law and veto Assembly Bill 76 is especially puzzling to me.

As previously mentioned, Senate Bill 74 re-authorizes Wisconsin's participation in the Interstate Medical Licensure Compact. I authored the original legislation that entered Wisconsin into the Interstate Medical Licensure Compact in 2015 and now, 29 states across the country participate in the compact, a voluntary process for expediting physician licensure across state lines. When the compact was signed into law, it included a sunset after five years to trigger legislative review of Wisconsin's participation in the compact. The goal of the sunset was not to terminate Wisconsin's participation, but to review the benefits and re-evaluate the need to continue Wisconsin's participation in this interstate agreement. Senate Bill 74, the Compact Re-Authorization Act, addresses and removes the sunset clause in the original legislation.

Healthcare providers, professionals, and stakeholders from around the state appeared in Madison for public hearings on the legislation and submitted written comments, lauding the compact and emphasizing the immense impact the compact has by allowing them to provide access to quality care for patients. That's something that's critically important to individuals and families throughout the 70th district, and something that's critically important to me as well. I'm glad we got the bill signed. On the contrary, Assembly Bill 76, which would also increase access to care, was vetoed. Again, this is especially puzzling to me for a number of reasons including the juxtaposition of also signing the compact re-authorization legislation into law. There are a number of reasons for this but let me try to hit the high points.

First, it's important to understand that federal law requires CNAs to have a minimum of 75 hours of instructional training with 16 hours of clinical training to meet Medicare and Medicaid requirements. Currently, Wisconsin requires 120 hours of classroom instruction and 32 hours of clinical training. This



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creates a disadvantage for our senior and long-term care providers as it relates to recruiting employees because the surrounding states of Michigan, Minnesota, and Iowa use the federal standard. I've heard it directly from employers in the district. This legislation was a top priority for them.

Next, it's not a secret that our state's population is aging. The existing demand to get more trained professionals into the field to provide care is only going to grow. Compensation is always an important recruitment component in any profession, but barriers to entry are too. In order to address the compensation component, in addition to a \$30 million increase and approximate 7% reimbursement rate increase for nursing homes and senior care facilities that the legislature included in this session's biennial budget, we increased funding for Personal Care Workers by \$37 million, which includes an increase in the current hourly wage rate from \$16.73 to \$18.24 an hour.

Finally, both of these pieces of legislation were voted out of the legislature on a bipartisan basis and with wide support among healthcare stakeholders throughout the state. I think it's worth noting that locally, Assembly Bill 76 was publicly supported by the Mayo Clinic and LeadingAge Wisconsin, whose non-profit membership includes Wisconsin nursing homes, facilities for the developmentally disabled, independent and assisted living facilities, and community service agencies across the state and in the 70th Assembly District.

I'm of the opinion that if the federal standard is good enough for three of our neighboring states, and we don't need to spend taxpayer money on it, that we should probably give it a try. I wish Governor Evers would have agreed.

Nancy VanderMeer represents the 70th Wisconsin State Assembly District, which includes portions of Monroe, Jackson, Portage and Wood counties.