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We Need More Doctors in Rural Wisconsin

By Representative Calvin Callahan

America, and Wisconsin in particular, faces a large and growing physician shortage. There are <u>105</u> federal shortage areas for primary care across 71 of Wisconsin's 72 counties, and it is <u>estimated</u> that our state will have a shortage of <u>more than 2,000</u> physicians by 2030. In my district around Lincoln County, I already have constituents who must drive hours to see a specialist for appointments. Wait times for routine check-ups can be weeks. The healthcare system is already difficult to navigate, and a provider shortage will only make it harder to access medical care, especially in our rural communities.

I introduced a bill this session to address the physician shortage by removing a legislative barrier for qualified physicians to practice in Wisconsin. <u>AB 656</u> will permit doctors who complete their residency in countries such as Australia, Switzerland, and The United Kingdom, as well as doctors with high-quality medical residencies recognized by top accrediting bodies in other countries to practice medicine in Wisconsin without repeating training they already have.

Under current law, doctors from around the world, even the leaders in their field, are barred from practicing medicine in most states unless they repeat a yearslong hospital "residency" in the United States. Residency is an important but notoriously grueling part of a physician's career, meant to allow recent medical school graduates to practice their new skills and learn from experienced physicians. This hands-on experience is necessary for someone who has never practiced medicine, but that shouldn't extend to doctors with years of practice in their fields.

Plus, the lack of residency slots available in the United States is a significant contributor to the physician shortage. The federal government put a cap on funding for residencies, limiting the number of positions available each year. In 2021 more than 9,000 medical school graduates were not matched to residency programs. Requiring experienced international physicians to repeat their residencies takes up one of these coveted spots that could have gone to an American-trained graduate.

Wisconsin cannot afford to create thousands of additional residency slots, but the state can change the law to recognize high-quality international residency programs. AB 656 would accomplish this by removing the duplicative training requirements for physicians whose training satisfies the standards of professional safety, competence, and conduct set by the state's Medical Examining Board. Doctors who completed residency in countries with similar medical practices to the United States, such as Australia and Singapore, would be able to apply to work and take the relevant examinations in Wisconsin without spending years repeating training. This seemingly simple change would quickly add to the number of available physicians in the state.



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The Medical Examining Board will still maintain its important gatekeeping function as it will continue to only license physicians who meet or exceed the state's high standards. The only difference is that the Board will base those decisions on the quality of the training rather than merely looking at the location of that training. And healthcare providers like hospitals would only hire doctors who demonstrate that they meet the care standards that Wisconsin patients have come to expect.

The legislature needs to get ahead of the looming physician shortage. This is an issue that will affect all our constituents, but especially those in rural communities. We should not prevent a willing and capable physician from treating our neighbors based solely on where they completed their medical training.

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The 35th Assembly District includes all of Lincoln County and portions of Langlade, Marathon, Oneida, and Shawano Counties.