



Governor's Task Force on the Healthcare Workforce Report

2024



Contents

Letter to Wisconsin Governor Tony Evers	1
Executive summary	3
Recommendations	5
Education and training	5
Recruitment and retention.....	8
Regulatory policy	10
The Task Force on the Healthcare Workforce	12
Members.....	12
Task force process	13
Timeline	14
Focus areas.....	14
Outcomes of task force prioritization.....	14
Current status of Wisconsin’s healthcare workforce	15
Shared challenges	15
Behavioral health	17
Nursing	20
Direct care	22
Allied health	25
Other healthcare professions	28
Appendix A: Full List of Recommendations	34
Education and training	34
Recruitment and retention.....	51
Regulatory policy	60
Appendix B: Acknowledgements	68
Sources.....	69

Letter to Wisconsin Governor Tony Evers

August 19, 2024

The Honorable Governor Tony Evers
State of Wisconsin
115 East, State Capitol
Madison, WI 53708

Dear Governor Evers:

On January 29, 2024, you signed Executive Order #220 creating the Governor's Task Force on the Healthcare Workforce and tasked our administration to lead the way in developing meaningful, long-term solutions to our state's healthcare workforce challenges—an issue that has only worsened in the wake of the coronavirus pandemic. Today, the members of the Governor's Task Force on the Healthcare Workforce are pleased to present the following report detailing the process and recommendations to address the charges in Executive Order #220.

As you know, the future of Wisconsin's healthcare system depends on the dedication and compassion of those working on the frontlines in our hospitals, nursing homes, and in emergency medical services. These workers are the frontlines of defense in helping to ensure positive healthcare outcomes for patients throughout our state, support our residents, and deliver quality care. Wisconsinites rely on them to be there when we need them the most, to help not only us live healthy lives, but future generations as well. As the task force's work began in earnest, we identified critical issues involving healthcare recruitment and retention, education, and regulation that must be addressed. The task force meetings that have been held over the last six months have reinforced what needs to be done in the next legislative session and the coming years to both strengthen and support Wisconsin's healthcare workforce for future generations.

These recommendations are the work of healthcare providers, educators, policymakers, and community partners providing actionable strategies to ensure our healthcare workforce is resilient, well-supported, and equipped to meet the evolving needs of our population. At your direction, we have worked to prepare this report, which is the culmination of months of analysis, collaborative discussions, and dedicated efforts from a diverse group of partners united by a common goal: to build a workforce prepared to meet the needs of a 21st-century economy and ensure that we are doing everything in our power to support our healthcare heroes.

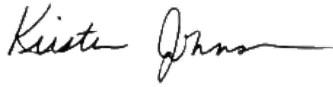
These recommendations will help to move Wisconsin forward with sustainable solutions to retain, attract, and train talented workers to address our state's workforce challenges. On

behalf of the entire task force, we extend our deepest gratitude for the opportunity to serve as representatives focusing on solutions to the greatest challenges facing Wisconsin's healthcare workforce.

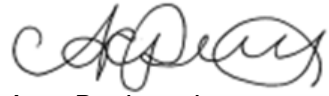
Sincerely,



Sara Rodriguez
Lieutenant Governor
Chair



Kirsten Johnson
Secretary
Dept. of Health Services
Co-vice chair



Amy Pechacek
Secretary
Dept. of Workforce Development
Co-vice chair

Executive summary

Healthcare workers make sacrifices every day to keep our families, friends, loved ones, and neighbors safe and healthy, often going above and beyond in difficult conditions and risking their health and well-being on the frontlines of health crises. Wisconsin's healthcare industry continues to face significant challenges filling jobs, with historically low unemployment rates, high workforce participation rates, and a shrinking labor pool. The COVID-19 pandemic amplified Wisconsin's existing healthcare workforce challenges by placing an unprecedented burden upon the state's healthcare sector.

Challenges finding healthcare workers contribute to delays in care and negatively impact patients' health. People in Wisconsin have the right to get care when and where they need it, but people often struggle to receive appropriate, high-quality, and timely care because of workforce shortages.

The state must continue working to identify potential solutions that support the healthcare industry and everyone our healthcare systems aim to serve. To address long-standing challenges, we must also include efforts to ensure current workers remain in the workforce, target investments to remove barriers to employment, and support initiatives to attract, recruit, and retain talent across Wisconsin.

We must also continue to pursue solutions to ensure the state's healthcare workforce is prepared to meet the needs of our state. In January 2024, Governor Tony Evers established the [Governor's Task Force on the Healthcare Workforce](#) by issuing [Executive Order #220](#). He charged the task force with gathering and analyzing information and producing an advisory action plan for the 2025-27 state budget consideration.

The task force's work plays an important role in helping to advance the growth of Wisconsin's healthcare workforce. It ensures Wisconsin can continue to provide high-quality, accessible healthcare to communities and remain a welcoming home to people seeking sustainable employment in the field of healthcare.

Led by the Office of the Lieutenant Governor with the Wisconsin Department of Health Services (DHS) and Wisconsin Department of Workforce Development (DWD), the task force met six times over six months, bringing together private and public sector leaders to identify policies and investments to continue advancing Wisconsin's healthcare workforce.

The Governor's Task Force on the Healthcare Workforce heard from healthcare experts and leaders, analyzed labor market data, and produced an advisory action plan for the Governor's review and consideration. The plan:

- ▶ Presents a comprehensive analysis of current and future workforce challenges impacting the healthcare sector, including recruitment, retention, and burnout;
- ▶ Explores educational and training pathways to create a more diverse, equitable, and sustainable healthcare workforce;

- ▶ Identifies strategies to improve patient care and alleviate the burden on our healthcare workforce; and
- ▶ Recommends solutions, including new policies and programs, modifications to existing programs, and necessary changes to state statutes related to workforce development, industry innovation, education, and training.

In total, the task force adopted 10 recommendations with 26 action items representing a variety of policy and implementation approaches aimed at addressing issues such as education, training, recruitment, and retention of healthcare workers.

Recommendations

The task force voted on a package of 10 recommendations with 26 associated action items.

Education and training

1. Support faculty who teach health professions.

Expand the faculty workforce to increase schools' capacity to enroll students.

a. Expand incentive programs for health profession educators.

The state does not have enough educators to teach those who want to become healthcare workers. For example, recruiting nurses into faculty roles is challenging because nurse faculty salaries are typically lower than salaries in patient care or other settings. Similarly, institutions of higher education report shortages for allied health and health professions faculty. State sponsored loan repayment programs for faculty may be helpful to incentivize qualified health professionals to serve in these positions. This proposal would expand the [Nurse Educators Program](#) to include other health professions and part-time faculty.

b. Increase compensation for health professions faculty

Faculty salaries are often lower than practitioner salaries, which leads to difficulty recruiting or retaining health professions faculty. To address this, this proposal would increase state support for higher education. Schools could use a portion of additional funding for educator compensation to address the disparity between educator and clinical practitioner salaries for both full- and part-time faculty.

2. Strengthen clinical training and experience.

Expand access to clinical training and other hands-on experiences to help students complete the requirements to pursue healthcare occupations.

a. Support preparation of clinical behavioral health counselors ([Qualified Treatment Trainee Grants](#)).

Supervised clinical experience is required for people seeking licensure as a clinical counselor or clinical social worker. New graduates completing supervised experience for clinical licensure must either identify a licensed clinical professional willing to be their supervisor or find employment that offers supervision. Providing supervision takes time and typically has some impact on the clinical productivity of practicing professionals and their organizations. The Qualified Treatment Trainee Grant Program supports organizations and professionals involved in supervision by covering costs associated with supervision and providing support to people receiving supervision (paid clinical experiences and benefits). This proposal would provide additional state funding to continue this important program at its current level.

b. Support clinical partnerships and preceptors.

Clinical training is an important part of the educational process for most healthcare occupations, yet Wisconsin has a shortage of clinical sites for students. This proposal would direct funding to institutions of higher education to develop or strengthen clinical training partnerships with healthcare employers and professionals. Funds could be used to address organizational and individual losses in productivity associated with clinical training and could include strategies such as preceptor compensation. A preceptor is an experienced clinician who supervises students during clinical training and facilitates the application of theory.

c. Expand experiential learning (simulation).

Institutions of higher education offer simulation labs and other experiential learning tools as a supplement to classroom and clinical experience. This proposal would provide additional funds to help schools expand and sustain simulation labs and help students gain practical experience.

3. Reduce barriers to training.

Address the significant personal and professional costs of education to help Wisconsinites pursue and advance in healthcare careers.

a. Fund wraparound services programs for students.

Some students experience barriers, such as transportation and child care, to completing education and training in healthcare related fields. Wraparound services are designed to support post-secondary students experiencing these barriers. This proposal would support wraparound services programs administered by state higher education partners, which have been successful for Wisconsinites.

b. Train direct care professionals and nurse aides through WisCaregiver Careers.

[WisCaregiver Careers](#) provides funding to long-term care employers to cover certified nurse aide and other direct care professional training costs and recruitment and retention bonuses. Without a plan for continued funding, training costs will revert to employers and workers will no longer receive state-sponsored bonuses. This proposal would sustain and expand state funding for WisCaregiver Careers.

c. Reduce general educational development and high school equivalency diploma (GED/HSED) costs for students.

This proposal would encourage Wisconsinites to complete a certificate of general educational development or high school equivalency diploma by reducing training and/or testing costs. This could expand the pool of qualified applicants for healthcare jobs, which often require a minimum of high school equivalency.

d. Increase training grants for allied health professionals and clinicians.

DHS administers the [Allied Health Professional Education and Training Grant](#) and the [Advanced Practice Clinician Training Grant](#). The programs goals are to increase

training opportunities for allied health positions and to expand the use of physician assistants and advanced practice registered nurses in rural areas. However, state law restricts award amounts and requires a high match rate. Modifying the programs to allow for flexibility and increasing funds to help DHS administer additional grants would help support these critical professions.

4. Expand apprenticeships and other learning opportunities.

Expand apprenticeships and early learning opportunities to help increase the pool of healthcare workers.

a. Provide additional state funding for apprenticeship programs.

Apprenticeships are a work-based learning model to support workers and employers. Wisconsin is a leader in apprenticeships, including for healthcare occupations.

To enhance the worker and employer experience, additional funding would:

- ▶ Increase infrastructure support for [apprenticeship programs](#) to boost interest, understanding, and navigation of healthcare apprenticeships.
- ▶ Increase staffing to boost outreach to employers, build and grow pre-apprenticeship opportunities to train people for registered apprenticeship opportunities, and allow for more nimble policy and program changes.
- ▶ Support and enhance the development of new and existing curriculum.
- ▶ Support information technology processes to help the state respond to the increased demand for pre-apprenticeships, registered apprenticeships, and youth apprenticeships.
- ▶ Incentivize local groups to engage sponsors and bridge youth apprenticeships to registered apprenticeship programs to encourage youth to continue their career pathway as an adult.
- ▶ Support instruction-related costs for youth apprentices to ensure equitable access to youth apprenticeship pathways.
- ▶ Support registered apprentices by covering the costs of any required licenses, certifications, and exams.
- ▶ Support the apprenticeship completion award program.
- ▶ Support on-the-job learning reimbursements to healthcare sector employers to incentivize them to establish new registered apprenticeship programs.

b. Fund Worker Advancement Initiative Grants.

This proposal would support the continuation of the [Worker Advancement Initiative](#), which provides grants to local workforce development boards to help people successfully enter and advance in Wisconsin's healthcare workforce. Examples may include wraparound services such as transportation and child care; sector-based, tailored training programs; and training stipends so participants can afford to attend new skills training. This proposal would invest in training programs with

demonstrated success within the healthcare sector that are not otherwise eligible for federal Workforce Innovation and Opportunity Act reimbursement.

c. Increase student access to health science and dual enrollment.

Increasing awareness of healthcare careers among youth is critical to developing the next generation of the workforce. This proposal would increase funding to boost student access, interest, participation, and credential attainment for health careers. For example, additional funds could support the [Area Health Education Centers program](#) and [HOSA – Future Health Professionals](#), which educate students about healthcare careers. Funds could also strengthen dual enrollment programs to help high school students complete post-secondary coursework and earn certifications and licenses. Targeted state support for youth starting as early as middle school would ensure more students are aware of the variety of healthcare careers available.

Recruitment and retention

5. Increase payer support for recruitment and retention.

Increase funding provided through Medicaid and other payers to help employers boost provider compensation.

a. Expand Medicaid to support healthcare workers and fund workforce initiatives.

Medicaid expansion would save Wisconsin an estimated \$1.6 billion in state funds over two years, and the state could decide how to spend these savings. A portion could be used to fund strategic workforce initiatives, such as Medicaid rate increases to support hospitals and other healthcare employers. Medicaid expansion would also encourage workforce participation among healthcare workers who sometimes limit hours of employment to retain public benefits.

b. Rate increases to strengthen the workforce for people who live in Wisconsin who are elderly or disabled.

This proposal would support rate increases to strengthen the home and community-based services (HCBS) workforce. Higher rates for HCBS can encourage recruitment and retention of direct care professionals and meet the needs of our aging population and those living with disabilities. The HCBS workforce provides services for people who enable them to remain in their homes and communities. The cost of providing HCBS is typically lower than the cost of providing facility-based services (in nursing homes), but wages are typically lower. DHS has developed a [minimum fee schedule](#) for HCBS to facilitate higher wages and help meet the growing need for services.

c. Rate increases to strengthen the behavioral health workforce.

The state's ability to recruit and retain behavioral health providers is influenced by Medicaid and commercial insurance reimbursement rates. Medicaid reimbursement rates typically fall behind Medicare, private insurance, and self-pay

rates. Lower reimbursement rates can translate to lower wages for behavioral health professionals. While the state has made progress in recent years to increase rates, this proposal would support additional Medicaid rate increases for behavioral health services to help employers increase wages and support recruitment and retention of professionals. Other payers, such as commercial insurers, should also increase rates to help recruit and retain behavioral health professionals.

6. Foster recruitment and retention in areas of need.

Encourage health professionals to practice in underserved communities across the state through state-sponsored incentive programs.

a. Expand state incentives for health professionals serving in state-defined shortage areas.

Workforce incentives, such as loan repayments, housing supports, and provider stipends, are a common state strategy to support recruitment and retention of the workforce. This proposal would provide targeted funding to expand state incentive programs for healthcare professionals in underserved communities. Incentive strategies may include expanded student loan repayment and other innovations to enhance recruitment and retention in state-defined areas of need.

7. Support regional innovation.

Invest in regional collaboration to help employers, schools, and other partners address local workforce challenges.

a. Support employer-based workforce development solutions with Provider Innovation Grants.

Funding to support workforce development innovations must be adaptable to meet the unique needs of employers. This proposal would support funding for [Provider Innovation Grants](#), which offer flexible funds to employers to support strategic workforce development initiatives, such as mentorship programs, preceptor bonuses, paid clinical sites, improved scheduling practices, professional development, and social supports to retain their workforce. Funds could also help employers address worker well-being concerns, such as violence prevention, that contribute to high turnover.

b. Support regional collaboration for workforce development through Workforce Innovation Grants.

This proposal would support the continuation of [Workforce Innovation Grants](#) to encourage the development of evidence-based long-term solutions to regional workforce challenges. This helps businesses find qualified workers and assist people in obtaining family-sustaining jobs. This would allocate specific funding to address healthcare industry labor and workforce challenges. It would also provide flexible funding for regional planning and strategic workforce development.

c. Support direct care professionals with health insurance benefits navigation.

This proposal would support direct care professionals by funding navigation services through [Covering Wisconsin](#) to help people understand and sign up for publicly available health insurance and other programs that support health. Providing resources to healthcare and connecting workers with benefits that work for them, and their families, may help with retention in these critical roles. One-in-three direct care professionals receive public insurance coverage, such as Medicaid. Some workers may choose to leave their direct care positions for employment in other sectors or industries where they are offered benefits.

Regulatory policy

8. Support expanded pathways to licensure.

Expand licensure pathways to keep patients safe while encouraging workforce participation among qualified professionals.

a. Authorize Medicaid reimbursement for community-focused providers.

Douglas, community health workers, peer specialists, and other community-focused providers help licensed practitioners operate at the top of their licenses by supporting members of their communities, but Medicaid is not currently authorized to reimburse directly for many of their services. This proposal would authorize Medicaid to pay for community-focused services to increase wages, provide stability, and help alleviate shortages among other providers.

b. Support pathways to licensure for qualified internationally educated professionals.

Internationally educated professionals represent a potential pool of workers to grow the healthcare workforce. Programs (education) and provisions (regulatory) may be established or strengthened to support the recruitment of these professionals into the state in areas of need, including in practitioner roles and in faculty roles. This proposal would provide funding to add legal capacity at the Department of Safety and Professional Services (DSPS) to clarify and expand pathways to practice for qualifying internationally educated or trained health professionals.

c. Ratify and enter into multi-state licensing compacts.

This proposal would encourage the state to ratify and enter into multi-state compacts, which allow professionals to become eligible to practice in other participating states. Compacts can make it easier for healthcare providers to practice across states or to relocate. Wisconsin has ratified several compacts, including those for nursing, medicine, and psychology. Among others, the state has not yet ratified the social work, cosmetology, or dietician compacts.

d. Revise faculty educational requirements.

Wisconsin sets minimum standards for health professions faculty, including for nursing and allied health programs. These standards limit the number of qualified

health professionals who can teach healthcare students. This proposal would seek to review and potentially modify exceptions for faculty educational requirements to help expand the pool of applicants while retaining quality.

9. Strengthen state capacity to support licensure.

Increase support for the state's licensing agency to help health professionals gain the necessary licenses and credentials.

a. Maintain licensing improvements and enhance licensing support for applicants, employers, educators, and other partners.

This proposal would provide DSPS with additional staff positions to improve the licensing process and increase workforce availability within Wisconsin communities. In particular, the establishment of positions to support state occupational regulatory board members' decision making regarding educational requirements may expedite the licensure process for qualified candidates, making board time more efficient. These positions could perform preliminary review of applicants' educational requirements, prepare summary information, and provide expert recommendations to the board.

10. Strengthen workforce monitoring and support.

Invest in workforce monitoring and support to help the state's licensing agency work with medical professionals to sustain workforce participation.

a. Increase healthcare workforce wellness programming to support retention.

Physical, mental, and psychological challenges faced by health professionals can be managed with appropriate treatment. This proposal would fund programs that support professionals facing such challenges to support overall workforce well-being and promote continued practice. In some states, these programs are available for licensed health professionals and supported through licensing fees. In other cases, supports are provided by employers through employee assistance programs or company well-being initiatives.

b. Analyze existing and gather additional data on the healthcare workforce.

Monitoring the healthcare workforce within a state is challenging. Many states use license counts to estimate state-level capacity of health professionals. Unfortunately, not all license holders practice or work within the state, and license information (such as license address) may or may not reflect where a professional is practicing. The collection of supplemental workforce information (whether a professional practices in the state, where their practice is located, their specialty, etc.) at the time of license renewal is a best practice for states to gather the information needed to assess the workforce, identify shortages, and target and evaluate policy solutions. DSPS is poised to champion workforce data collection for Wisconsin's licensed health professionals. This proposal would direct resources to ensure appropriate staffing and expertise to collect this data and transform it into actionable information for Wisconsin.

The Task Force on the Healthcare Workforce

Members



Name	Affiliation
Lieutenant Governor Sara Rodriguez	Chair
Secretary Amy Pechacek	Department of Workforce Development, Co-Vice Chair
Secretary Kirsten Johnson	Department of Health Services, Co-Vice Chair
Rick Abrams	Wisconsin Health Care Association/Wisconsin Center for Assisted Living
Tom Boelter	Forest County Potawatomi Community
Kelly Buchholtz, MSN, MBA/HCM, RN	Mayo Clinic Health System – Northwest Wisconsin
Danielle Cook, MS, CST	Wisconsin Technical College System
Sharon Cox, DNP, MSN, RN	Beloit Health System
Gina Dennik-Champion, MSN, RN, MSHA	Wisconsin Nurses Association
Dr. Amy Domeyer-Klenske	University of Wisconsin (UW)-Madison, Wisconsin Section of American College of Obstetricians and Gynecologists
Dylan Gould, CNA	SEIU Wisconsin
Eric Humphrey	Center for Healthcare Careers of SE Wisconsin, Froedtert ThedaCare Health
Dakota Kaiser, PhD	Bridge Community Health Clinic
Elsbeth Kalendarian, DDS, MPH, PhD	Marquette University School of Dentistry
Thomas W. Kernozek, PhD, FACSM	University of Wisconsin -La Crosse
Shawn Lerch, FACHE	Sauk Prairie Healthcare
Joyce Mallory	Heroes for Healthcare

Name	Affiliation
Wendy Molaska, MD, FAAFP	Wisconsin Medical Society
Barbara Nichols, RN, MS, FAAN	Wisconsin Center for Nursing
Sondra Norder, NHA, HSE, FACHE, JD	St. Paul Elder Services Inc. and LeadingAge Wisconsin
John Raymond Sr., MD, FAHA, FASN, FACP	Medical College of Wisconsin
Heather Schimmers, MBA, BSW, RW	Gundersen Health System (becoming Emplify Health)
Robyn Woolever, MSN, BSN, RN-BC	Children's Wisconsin
Janet Zander, MPA, CSW	Greater Wisconsin Agency on Aging Resources, Inc. and Wisconsin Aging Advocacy Network
Stacey Zellmer	Wisconsin EMS Association

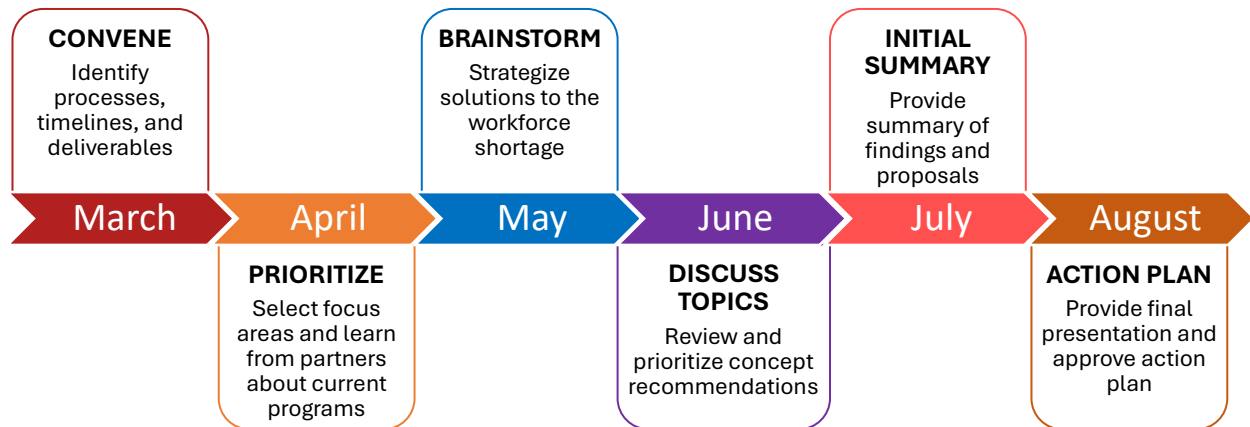
Task force process

The 25-member task force met monthly in public meetings from March to August 2024. Meetings were held in Green Bay, La Crosse, Madison, and Milwaukee and were also available to watch online. Expert briefings and additional resource materials were provided to the task force at each meeting. A complete schedule of the meetings and meeting minutes can be found on the [task force webpage](#). On August 15, 2024, task force members voted to recommend a package of policy proposals to the Governor.

The task force collected comments from members of the public and distributed them to the task force through the following means:

- ▶ A public comment opportunity was noticed on the agenda for every task force meeting.
- ▶ A submit feedback function was available on the task force webpage.
- ▶ Comments were emailed directly to the chair, co-vice chairs and staff

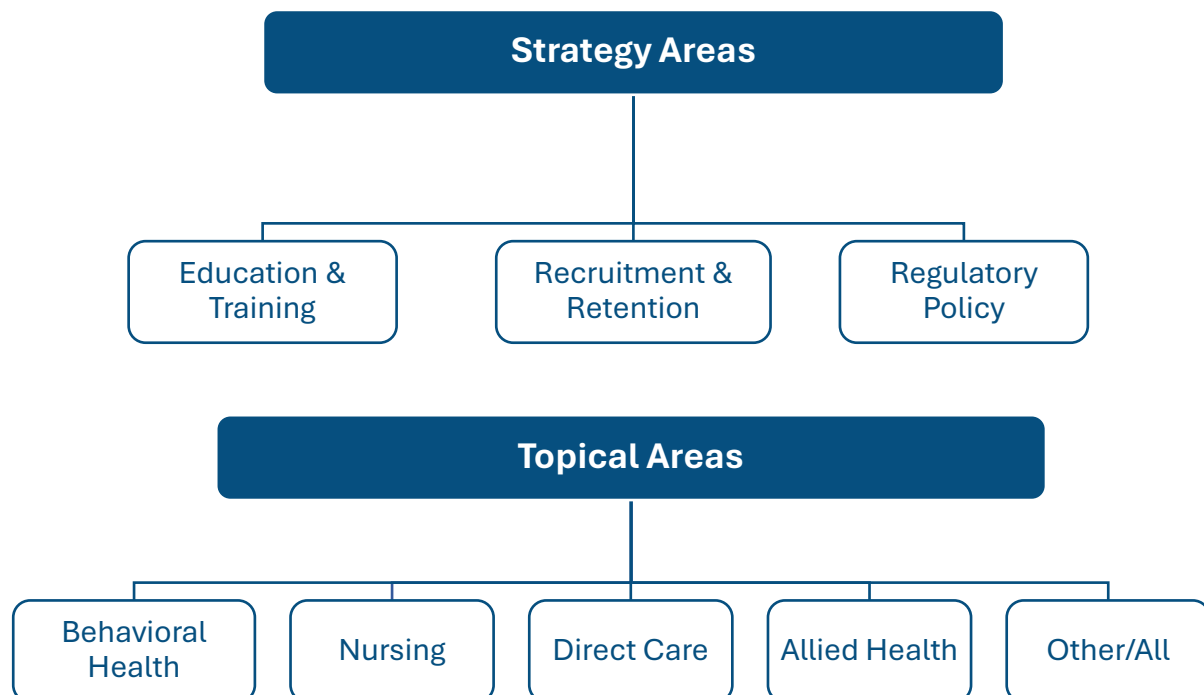
Timeline



Focus areas

Task force members were surveyed to define focus areas. Members voted to advance recommendations across all workforce strategy areas: education and training, recruitment and retention, and regulatory policy. Of healthcare professions, behavioral health, nursing, direct care, and allied health were top ranked. Behavioral health, long-term care, and primary care were the top ranked sectors.

Outcomes of task force prioritization



Current status of Wisconsin's healthcare workforce

Shared challenges

Demographics

- ▶ Wisconsin's aging population has increased demand for healthcare services and reduced the supply of healthcare workers as current professionals retire. The state's population over age 65 is expected to grow by 471,400, or 45%, between 2020 and 2040.¹ Wisconsin is among the nation's 15 oldest states, and nearly one-in-four Wisconsinites will be retirement age by 2030.²
- ▶ Rural areas have critical shortages of health professionals. Out of Wisconsin's 72 counties, 40 are federally designated as mental health shortage areas, 37 as primary care shortage areas, and 34 as dental care shortage areas.³

Cost of living and education

- ▶ The high cost and limited availability of child care, housing, and transportation are a challenge for students and health professionals.
- ▶ The cost of education (including tuition, fees, and personal living expenses) is a burden for those wishing to pursue healthcare careers.
- ▶ Healthcare careers often come with a long and expensive runway to practice, requiring years of education. A survey found student debt among nurses and physicians equaled more than half of their annual salaries, a significant debt-to-income ratio.⁴

Education and training pipeline

- ▶ There are over 250 unique healthcare professions. Early awareness and education on the range of health careers is critical to recruiting the workforce.
- ▶ High school partners note limited school resources make it difficult to offer health science programs. Challenges include a lack of certified instructors and the high cost of paying for dual enrollment opportunities (high school and post-secondary credit).
- ▶ Wisconsin's colleges and universities note challenges with recruiting and retaining healthcare faculty given non-competitive wages and high educational requirements.

Burnout and safety

- ▶ An increasing number of healthcare workers are leaving the field or changing jobs due to concerns about workload and safety. In 2022, 46% of healthcare workers reported feeling burned out often or very often compared to 32% in 2018, and the percent who reported harassment more than doubled, from 6% in 2018 to 13% in 2022.⁵

State investments in the workforce

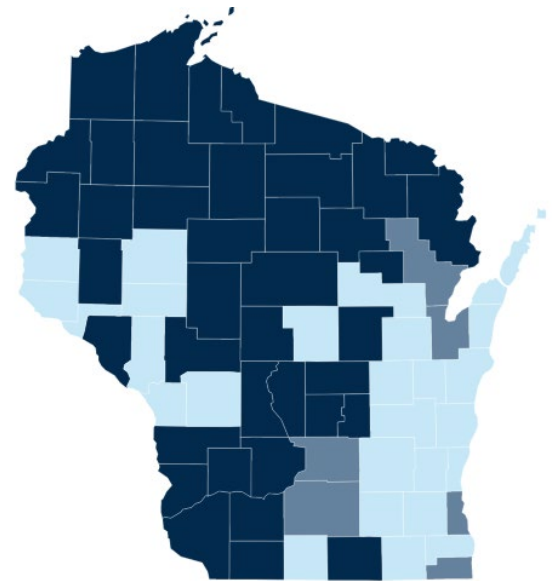
- ▶ In 2024, Governor Evers declared the Year of the Worker and announced new efforts to build a workforce prepared to meet the needs of a 21st-century economy, including creating the Governor's Task Force on the Healthcare Workforce.
- ▶ Since 2019, the Governor secured \$1.2 billion in increases for the long-term care industry to support our aging population, including significant increases for nursing homes, personal care services, home and community-based services, and more.
- ▶ The Governor allocated \$68 million for hospital rate increases as part of the 2023-25 Medicaid budget, starting in 2024.⁶
 - This payment increase will provide much-needed support to help hospitals address workforce shortages and serve Medicaid patients.
 - In total, DHS estimates Medicaid will pay \$3 billion to hospitals in 2024, an average of 87% of the costs associated with serving Medicaid members.
 - DHS estimates that Medicaid payments in 2024 will average 104% of costs for critical access hospitals, 88% of costs for psychiatric hospitals, 85% for rehabilitation hospitals, and 76% for acute care hospitals.
- ▶ The Governor proposed a comprehensive workforce plan in 2023 to meaningfully address the state's workforce challenges. The plan, which has not yet been approved by the legislature, would invest \$160 million in the state's healthcare workforce:
 - \$100 million to continue the successful Workforce Innovation Grant Program for regional organizations to address healthcare workforce challenges;
 - \$22.5 million for Healthcare Innovation Grants, which help employers implement innovative solutions to increase recruitment and retention;
 - \$17 million for Healthcare Opportunity Grants, which help those struggling with employment outcomes since the pandemic;
 - \$10 million for the Nurse Educators Program, which provides incentives for nurse faculty to stay in Wisconsin and teach the next generation of nurses;
 - \$6 million for WisCaregiver Careers, which addresses the shortage of certified nursing assistants by supporting recruitment, training, and retention of people to care for nursing home residents across Wisconsin;
 - \$1.5 million for the Qualified Treatment Trainee Grant Program, which facilitates the licensure of those with graduate degrees in psychology, counseling, social work, or a closely related field;
 - \$1.2 million for Graduate Medical Training Support Grants; and
 - \$936,600 to help develop new healthcare apprenticeship pathways.⁷

Behavioral health

Background

The behavioral health workforce includes psychiatrists, clinical social psychologists, clinical social workers, nurses and advanced practice registered nurses in psychiatry, marriage and family therapists, and others who provide behavioral health services. Approximately half of all people in the U.S. will be diagnosed with a mental disorder or behavioral health issue in their lifetime. However, only half of those will get the treatment they need, due in part to the scarcity of behavioral health professionals.^{8, 9}

The majority of Wisconsin counties (40 out of 72) are federally designated as mental health professional shortage areas, defined as fewer than one psychiatrist per 30,000 residents.¹⁰ The supply is particularly challenging in rural areas and is expected to worsen. Psychiatrists are a key component of the workforce, given their capability to diagnose, treat, and prescribe, and are in particularly short supply. Out of Wisconsin's 72 counties, 20 (28%) had no practicing psychiatrists in 2018, and 55 (76%) faced a significant shortage, defined as fewer than one psychiatrist for every 10,000 residents.¹¹



Source: data.HRSA.gov, April 2024

None of county is shortage area

Part of county is shortage area

Whole county is shortage area



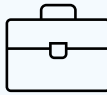
Projected Employment and Wages of Behavioral Health Occupations, Nationwide¹²

Occupation	Projected Growth (2022-2032)	Projected Openings, Annual Average (2022-2032)	Median Annual Wage (2022)	Education Required
Social workers	7%	63,800	\$55,400	Bachelor's degree
Social and human service assistants	9%	47,400	\$38,500	High school diploma or equivalent
Substance abuse, behavioral health disorder, and mental health counselors	18%	42,000	\$49,700	Bachelor's degree
Educational, guidance, and career counselors and advisors	5%	26,600	\$60,100	Master's degree
Psychiatric technicians and aides	9%	15,200	\$37,300	Postsecondary non-degree award
Marriage and family therapists	15%	5,900	\$56,600	Master's degree

Occupation	Projected Growth (2022-2032)	Projected Openings, Annual Average (2022-2032)	Median Annual Wage (2022)	Education Required
Clinical and counseling psychologists	11%	4,100	\$90,100	Doctoral or professional degree
Psychiatrists	7%	1,000	\$226,900	Doctoral or professional degree

Challenges

Behavioral Health Professional Challenges^{13, 14}

Category	Challenges
Financial 	<ul style="list-style-type: none"> ▶ Low wages ▶ Low insurance reimbursement rates ▶ High debt-to-income ratios due to student loan debt
Educational 	<ul style="list-style-type: none"> ▶ Significant educational requirements for entry into workforce ▶ Top heavy workforce with limited advancement opportunities for entry- and middle-skills roles ▶ Shortage of clinical sites and licensed supervisors and preceptors ▶ Lack of training for providers to serve diverse populations
Workplace 	<ul style="list-style-type: none"> ▶ Excessive workloads, which can lead to burnout ▶ Lack of organizational support and high administrative burdens ▶ Challenges with rural practice settings (isolation, resource limitations, and long travel time)

Most occupations in the behavioral health field require a master's degree and a license or credential. As an example, the State of Utah reported 73% of active licensees were in roles that required a master's degree or higher.¹⁵ The average cost of an advanced degree for social workers and similar professions is \$74,840. These workers held an average of \$46,798 in student loan debt.¹⁶ Significant up-front costs are not reflected in salaries, with median annual wages of \$38,520 for social and human service assistants and \$55,400 for social workers.¹⁷ There is also a deficit in the education and training professionals receive on how to appropriately treat specialized or underserved groups. This may contribute to rural shortages as well as shortages in specialized fields such as child, adolescent, and geriatric psychiatrists.¹⁸

The ability to recruit and retain behavioral health providers in Wisconsin is influenced by insurance coverage and reimbursement rates. Lower reimbursement rates can translate to lower wages for providers, which can exacerbate workforce shortages and reduce patient access. In-network, commercial insurers often pay mental health providers less than other physician specialties.¹⁹ As a result, patients often experience challenges finding an available in-network provider. An estimated four-in-ten providers are accepting new patients,²⁰ and many have long wait times for appointments.²¹ Some insurers, including Medicaid, do not cover peer support specialists and services provided by other entry-level behavioral health professionals, compounding the lack of treatment options. Medicaid

reimbursement rates typically fall behind Medicare, private insurance, and self-pay rates, limiting the number of providers able to support Medicaid patients.

The State of Wisconsin also employs behavioral health professionals and other health professionals through the Departments of Corrections, Health Services, and Veterans Affairs. For example, DHS manages seven inpatient facilities providing psychiatric treatment for people referred by county agencies or the court system, with intellectual disabilities, with significant behavioral health needs, and residing in secure treatment centers. The seven DHS facilities employ psychiatric care aides, resident care technicians, psychiatrists, psychologists, and other workers who provide essential services 24/7. Worker vacancy rates at these facilities have risen in recent years, due in part to comparatively low wages. Other challenges include complex clientele and work often requiring nights, weekends, overtime, or on-call rotations. The state continues to pursue compensation increases for healthcare positions with high vacancy and turnover rates at facilities providing essential services to high-need residents.

State investments in behavioral health

- ▶ As part of the Year of Mental Health, Governor Evers proposed over \$500 million in the 2023-25 state budget to address Wisconsin's mental health crisis.
- ▶ While the legislature approved only a fraction of the Governor's proposal, the budget made significant investments to bolster the behavioral health workforce and help Wisconsinites get the mental healthcare they need, including:
 - \$30 million to increase Medicaid rates for hospital behavioral health units;
 - \$30 million to support collaboration between schools and mental health providers;
 - \$7 million for the Medical College of Wisconsin to recruit and train psychiatry and behavioral health residents;
 - \$200,000 to enable farmers and farm family members to access counseling services from mental health providers in their area at no cost; and
 - A 25% increase in funding for county and Tribal veteran services offices, which help veterans connect to mental health resources.²²
- ▶ In 2022, the Governor authorized \$7.6 million in American Rescue Plan Act (ARPA) funds for the Qualified Treatment Trainee Grant Program.
 - The program supports the preparation of clinical behavioral health counselors who are working towards licensure.
 - The investment provided \$5 million for 200 behavioral health employers to hire and supervise trainees and \$2 million in stipends to 200 unpaid trainees.

Nursing

Background

Wisconsin has more than 7,800 licensed practical nurses (LPN) and 87,000 licensed registered nurses (RNs). LPNs work in extended care (37%), ambulatory care (28%), and hospitals (9%). RNs are primarily employed in hospitals (50%) and ambulatory care (24%).²³ In Wisconsin, the average annual LPN salary is \$52,700 (\$4,400 per month) and the RN salary is \$80,900 (\$6,700 per month).²⁴ The salary is even lower for RNs who work in public settings: the average annual salary for governmental public health nurses is \$68,900 (\$5,700 per month). In comparison, travel nurses in Wisconsin earn an average salary of \$9,925 per month.²⁵



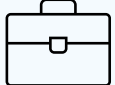
DWD estimates Wisconsin will need an additional 19,000 RNs by 2040, but the state lacks the capacity to train that many new nurses.²⁶ As of a March 2024 report from the Wisconsin Hospital Association, Wisconsin hospitals report vacancy rates of 10% for RNs.²⁷ The nursing workforce continues to be dominated by women, who represent 94% of LPNs and 92% of RNs.²⁸ LPNs are racially and ethnically more diverse than RNs; 85% of LPNs in Wisconsin identify as white, while 93% of RNs identify as white.

Projected Employment of Nurses, Nationwide²⁹

Occupation	Employment, 2022	Projected Employment, 2032	Percent Change	Education Required
Registered nurses	3,172,500	3,349,900	6%	Bachelor's degree
Licensed practical and licensed vocational nurses	655,000	689,900	5%	Postsecondary non-degree award
Nurse practitioners	266,300	384,900	45%	Master's degree

Challenges

Nursing Challenges³⁰

Category	Challenges
Financial 	Better pay and benefits in travel or non-bedside roles ³¹
Educational 	<ul style="list-style-type: none">▶ Budget constraints among higher educational institutions lead to waiting lists for enrollment or low acceptance rates▶ Lack of faculty due to educational requirements and low wages▶ Lack of classroom space, clinical sites, and clinical preceptors▶ High cost of education (tuition, fees, personal expenses, and cost of lost work time and benefits)
Workplace 	<ul style="list-style-type: none">▶ Scheduling challenges (nights, weekends, holidays, on-call shifts)▶ Excessive workload can lead to burnout▶ Workplace violence▶ Limited career advancement opportunities

The COVID-19 pandemic highlighted the importance of nurses and also had a significant impact on the nursing workforce. Nurses are decreasing hours, retiring earlier than planned, taking leaves of absence, leaving for more lucrative or less stressful positions, or resigning.³² A recent survey found 64% of nurses experienced verbal abuse by a patient or family member, and 23% had experienced a physical assault or abuse.³³ Relative to before the pandemic, 41,597 of the 87,000 registered nurses in Wisconsin (47%) reported their mental and physical health to be worse or much worse.³⁴ Poor retention and high turnover have particularly large impacts on the nurse workforce. Annual RN turnover is 18%, with an average cost of \$56,300 per RN turnover.³⁵

Nationwide, nursing schools are forced to limit the number of students enrolling due to faculty shortages caused by academic budget constraints, faculty retirements, student debt among educators, and increasing job competition from clinical positions. In 2023, U.S. nursing schools turned away an estimated 65,800 qualified applicants due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints.³⁶ In 2022, 51% of RNs in Wisconsin held a bachelor's degree in nursing, with 34% holding accreditation via a vocational certificate, diploma, or associate degree.³⁷ Compensation also contributes to the faculty shortage. The median salary across advanced practice registered nurse roles is \$120,000, yet the average salary for a master's-prepared nursing professor is \$87,325 nationally.³⁸

State investments in nursing

- ▶ In 2023, Wisconsin launched one of the country's first registered nurse registered apprenticeship pathways to help address the demand for nurses.³⁹
- ▶ Governor Evers allocated more than \$128 million in ARPA funds for Workforce Innovation Grants to encourage regional solutions to workforce challenges.
 - Recipients included UW-Eau Claire, which leveraged \$9.4 million to help alleviate workforce shortages and graduate more nurses. In partnership with Mayo Clinic Health System in Northwest Wisconsin, the school created innovative curriculum and clinical experiences and added six new programs.
 - Funding was also used to establish rural healthcare hubs to bring better care and upskilled career possibilities to rural communities.⁴⁰
 - The UW System also received \$376,000 to address healthcare staffing shortages in Northeast Wisconsin. UW-Green Bay partnered with local healthcare organizations to expand nursing faculty capacity.⁴¹
- ▶ The Governor allocated \$20 million in ARPA funds for the Worker Advancement Initiative. Recipients included the Northwest Wisconsin Workforce Investment Board, which supported adults earning an associate degree in nursing.
- ▶ In 2019, the Governor first proposed creating a nurse educator program to provide fellowships and loan repayment for those who commit to teaching for three years.

The program was created in the 2021-23 state budget and allocated \$5 million. In its first year, \$3.3 million was provided to support 92 nurse educators.⁴²

Direct care

Background

Wisconsin has about 103,000 entry-level healthcare workers, including an estimated 76,300 home health and personal care aides and 26,700 nurse aides. These entry-level positions are collectively referred to as direct care professionals, an umbrella term referring to personal care aides, home health aides, supportive home care workers, certified nurse aides, and other paid caregivers.

Many direct care professionals provide services in long-term care settings, such as nursing homes and home- and community-based settings. Worker vacancy rates have increased from an estimated 24% in 2020 to 28% in 2022 across long-term care. Given people's preference to receive services in a home-based setting, the shortage of direct care professionals is likely to worsen as demand increases.⁴³ An estimated 70% of adults over age 65 will require

long-term care during their lifetime. In 2022, an estimated 18,482 people sought long-term care services but were denied or delayed services due to a lack of staff.⁴⁴ Meanwhile, Wisconsin hospitals report one-in-three nurse aides changed jobs in 2022.⁴⁵

Direct care professionals in Wisconsin⁴⁶

- ▶ 103,000 workers
- ▶ 45% employed part-time
- ▶ 87% female
- ▶ 33% people of color
- ▶ 45% high school education or less
- ▶ \$21,100 median annual earnings
- ▶ 37% enrolled in public assistance
- ▶ 31% receive Medicaid, Medicare, or other public insurance
- ▶ 31% caregiver for children under 18
- ▶ 30% lack affordable housing



Projected National Demand for Direct Care Professionals⁴⁷

Occupation	2020	2025	2030	2035	% Change
Certified nursing assistants	727,520	811,120	935,480	1,074,820	48%
Personal care aides	528,780	586,680	667,320	756,900	43%
Home health aides	395,420	444,960	504,100	562,300	42%
Psychiatric aides	6,590	7,440	8,800	10,470	59%
All direct care	1,658,310	1,850,200	2,115,700	2,404,490	45%

Challenges

Direct Care Professional Challenges⁴⁸

Category	Challenges
Financial \$	<ul style="list-style-type: none">▶ Low wages▶ Limited benefits▶ Low insurance reimbursement rates▶ High cost of child care, transportation, and other personal needs

Category	Challenges
Educational 	Lack of career pathways
Workplace 	<ul style="list-style-type: none"> ▶ Lack of perceived value and professional recognition ▶ Scheduling (inconsistent hours, unpaid travel time) ▶ Physically and emotionally demanding work ▶ Limited career advancement opportunities

Low pay and limited benefits are challenges for direct care professionals in Wisconsin. On average, Wisconsin personal care employees earn between \$12.12 and \$13.90 per hour, less than entry level wages at non-healthcare employers such as Kwik Trip (\$16/hour) and Target (\$15/hour), despite direct care work requiring a higher skill level.⁴⁹ Further, PHI data indicates 41% of Wisconsin's direct care workers in 2021 were living below 200% of the federal poverty level.⁵⁰ Direct care professionals have highlighted that they feel underpaid, unrecognized, and underappreciated.⁵¹

Over one-in-three direct care professionals are enrolled in public assistance, including food and nutritional assistance, cash assistance, and/or Medicaid.⁵² Full-time employment in the direct-care field is often unsustainable due to the low wages, limited benefits, and demanding work. Direct care professionals may limit their hours in part to retain public assistance, referred to as a benefits cliff. To the extent allowable within federal guidelines, states can implement a phased approach to help workers transition off certain public assistance programs as income increases.

The direct care sector is also challenged by low reimbursement rates. A 2021 State of the Workforce Survey Report found an employers' inability to increase hourly pay was a significant barrier to recruitment and retention. An estimated 73% of direct care professionals left their roles because of low pay. Employers reported they need more funding to offer higher wages and benefits to help them strengthen their direct care workforce and serve more clients. Of surveyed employers, 76% had turned down clients because they did not have enough direct care professionals to provide services.⁵³

State investments in direct care

- ▶ In August 2024, Governor Evers directed DHS to invest \$258 million in a minimum fee schedule for home and community-based services, effectively raising wages for direct care professionals. This investment will help make sure these caregivers receive the support and fair compensation they deserve.
- ▶ In 2023, the Governor leveraged ARPA funds to launch a new initiative to train over 10,000 certified direct care professionals. This initiative expands on the successful WisCaregiver Careers program which trains certified nurse aides and creates a career ladder for caregivers.⁵⁴
- ▶ The Governor allocated \$30 million in ARPA funds for Provider Innovation Grants to support 158 organizations that provide home and community-based services.
- ▶ Recipients included Capri Senior Communities in Ozaukee County, which launched a four-day work week at two pilot locations. Capri saw a 1,500% increase in caregiver applications after launching the program.⁵⁵
- ▶ The Governor approved nearly \$500 million in increases for long-term care and direct care professionals as part of the 2023-25 state budget, including:
 - A five percent rate increase for Medicaid home and community-based services;
 - \$146 million for nursing home support services;
 - \$43 million for nursing home incentives and other increases;
 - \$38 million for Family Care reimbursements; and
 - \$38 million for personal care reimbursements.⁵⁶
- ▶ In 2019, the Governor signed [Executive Order #11](#), establishing the [Governor's Task Force on Caregiving](#). Many of the resulting recommendations were incorporated in state budget proposals and pandemic-era relief programs.⁵⁷
- ▶ In 2021, Governor Evers allocated \$20 million in ARPA funds for the Worker Advancement Initiative.⁵⁸ Several grant projects, including those offered through the Workforce Development Board of South Central Wisconsin and Fox Valley Workforce Development Board, helped individuals gain their certified nursing assistant license and gain employment. Another recipient, the Southwest Wisconsin Workforce Development Board, utilized Worker Advancement Initiative funds to offer scholarships to phlebotomy and certified nursing assistant students.
- ▶ Governor Evers allocated more than \$128 million in ARPA funds for Workforce Innovation Grants to encourage regional solutions to workforce challenges. Wisconsin Community Action Program Association received \$4.9 million to, in collaboration with 10 partners, upskill people into entry-level healthcare roles. Program participants are immediately employed in the nursing field following graduation.

Allied health

Background

Allied health is defined as people who have received a certificate or degree in a healthcare field.⁵⁹ Examples include (but are not limited to) medical assistants, surgical technologists, dental assistants, pharmacy technicians, dental hygienists, respiratory therapists, and radiology technicians. Nationwide, an estimated five million allied health professionals work in more than 80 occupations and represent 60% of healthcare workers.⁶⁰

Projected Employment of Allied Health Occupations, Wisconsin⁶¹

Occupation	Employment 2020	Projected Employment 2030	Percent Change	2020 Annual Median Wage	Where do they work?
Medical assistants	13,400	15,000	12%	\$38,300	Hospitals, physicians' offices, outpatient care centers, other
Pharmacy technicians	8,400	9,000	8%	\$35,200	Pharmacies, drug retailers, hospitals
Dental assistants	6,100	7,000	14%	\$39,800	Dentists' offices
Dental hygienists	4,800	5,400	15%	\$71,100	Dentists' offices
Radiologic technologists	4,700	4,900	5%	\$61,700	Hospitals, physicians' offices, medical and diagnostic labs, outpatient care centers
Surgical technologists	2,600	2,700	4%	\$56,600	Hospitals, office of dentists, physicians' offices
Radiation therapists	900	960	6%	\$78,200	Hospitals, physicians' offices, medical and diagnostic labs, outpatient care centers

Challenges

Allied Health Professional Challenges⁶²

Category	Challenges
Financial 	<ul style="list-style-type: none">▶ Low wages▶ Limited benefits▶ High cost of child care, transportation, and other personal needs
Educational 	<ul style="list-style-type: none">▶ Faculty shortages▶ Limited clinical sites▶ High cost of education (tuition, fees, personal needs)
Workplace 	<ul style="list-style-type: none">▶ Lack of career and professional development opportunities▶ Burnout and poor job satisfaction▶ Lack of task diversity, schedule flexibility, and recognition

Demand for allied health professionals is projected to increase given the state's aging population, technological advancements in healthcare, and a growing focus on preventive health measures.

Potential allied health professionals face challenges in finding educational opportunities. Many of these workers are trained at technical colleges, which offer certificate and degree programs in a variety of health-related fields and in every region of the state. However, technical colleges in Wisconsin report that they struggle to recruit and retain faculty for allied health programs. Having fewer educators limits enrollment capacity, which forces many programs to turn down qualified applicants. Technical colleges also report the high costs of child care and transportation limit students' ability to continue their education.

Once employed, high turnover rates due to low wages, limited benefits, and poor job quality are a challenge for employers. One study reported an annual turnover rate for medical assistants of 59%, with an estimated cost of \$14,200 per turnover, nearly 40% of the average annual salary for the profession.⁶³

State investments in allied health

- ▶ In 2024, Governor Evers signed 2023 Act 87, authorizing the licensure of dental therapists to help fill gaps in care where there are shortages of dentists.⁶⁴
- ▶ The Governor approved a one-time increase of \$5 million to the Allied Health Professional Education and Training Grant Program in the 2023-25 state budget.
 - Grants are provided to hospitals, health systems, and educational entities to help train allied health professionals.
 - Priority is given to applicants in rural areas.⁶⁵
- ▶ Wisconsin's record-breaking youth and registered apprenticeship programs train job seekers for medical careers and help employers sustain a pipeline of skilled workers.
 - Participation in the health sciences youth apprenticeship program area has more than tripled over the past 10 years. Program pathways include training toward careers as dental assistants, medical assistants, pharmacy technicians, and radiologic technicians.
 - Similarly, registered apprenticeship offers an ever-expanding number of healthcare pathways including opportunities for medical assistants, pharmacy technicians, caregivers, ophthalmic assistants, and more currently in development.
- ▶ In 2021, the Governor allocated \$20 million in ARPA funds for the Worker Advancement Initiative. One grantee, Employ Milwaukee, utilized the funding to offer training for pharmacy technician certification. The individuals came from high poverty and high unemployment zip codes and received an hourly stipend while in training.⁶⁶

Other healthcare professions

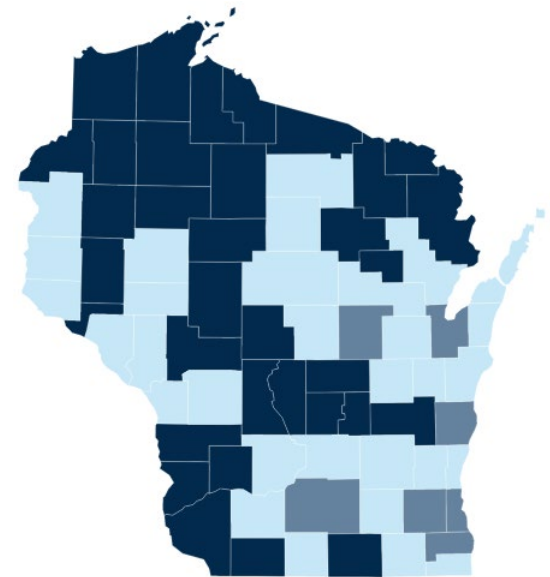
Other healthcare areas include oral health, emergency medical services (EMS), doulas, community health workers, primary care, and physicians.

Dentists and oral health

Wisconsin has an estimated 2,000 dentists, with an estimated 80 job openings per year.⁶⁷ Of particular concern are dentists who serve low-income populations and rural areas.

- ▶ The majority (75%) of dentists are aged 40 or older, and nearly 35% are 60 or older.
- ▶ Nearly 30% plan to leave in the next 5 years, including 34% of Medicaid providers.
- ▶ Only 29% of dentists report serving Medicaid members.⁶⁸
- ▶ Nearly half of Wisconsin counties (34 out of 72) are federally designated dental care shortage areas.⁶⁹

Recruiting dentists to rural and underserved communities is challenging due to high student loan debt and low Medicaid reimbursement rates. Dental school graduates have an average debt of \$305,000,⁷⁰ compared to an annual median wage of \$163,700.⁷¹ While significant progress has been made in recent budgets to increase rates, the availability of dental services remains an issue.



Source: data.HRSA.gov, April 2024

None of county is shortage area

Part of county is shortage area

Whole county is shortage area

State investments in oral health

- ▶ In 2024, Governor Evers signed a package of bills to bolster the oral health workforce:
 - 2023 Act 87, to authorize licensure of dental therapists;
 - 2023 Act 88, to ratify and enter Wisconsin into the Dentist and Dental Hygienist Compact, providing the ability to become eligible to practice in compact states;
 - 2023 Act 90, to establish scholarships for Marquette University School of Dentistry students who practice in shortage areas; and
 - 2023 Act 91, to allow those with dental insurance coverage to assign reimbursement for dental services to a specific dental provider.
- ▶ The 2023-25 state budget further invested in the oral health workforce by allocating:
 - \$20 million for oral healthcare workforce initiatives administered by technical colleges;
 - Nearly \$11 million to assist with the cost of construction and equipment upgrades for the Marquette University School of Dentistry;
 - \$5 million to the Marquette University School of Dentistry to establish a general dentistry residency program and help new dentists develop skills with medically complex and special-needs patients; and
 - Nearly \$5 million to help expand the Children's Hospital Dental Center, which will improve access to dental care for kids and reduce the burden on the state's urgent and emergency care departments.⁷²

Doulas, community health workers, and other community-focused professions

Doulas, community health workers, and other community-focused professions help licensed practitioners operate at the top of their licenses by providing supportive services to patients.



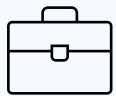
Doulas provide childbirth education and support services, including emotional and physical support during pregnancy, labor, birth, and postpartum. In Wisconsin, doulas may choose to be certified by private or nonprofit organizations, but there is no state certification and the legislature has repeatedly rejected Medicaid coverage for doula services. Other states have created a certification process for doulas to facilitate Medicaid reimbursement.⁷³ Doulas play an important role in reducing the burden on other maternal health providers. Doula-assisted mothers were four times less likely to have a low-birth-weight baby and two times less likely to experience a birth complication involving themselves or their baby.⁷⁴

Wisconsin has an estimated 500 community health workers, defined as frontline public health workers. In general, these workers provide nonmedical services such as housing referrals, nutritional mentoring, stress management, and other wraparound supports. These workers earn an annual median wage of \$45,400 and are employed by community-based organizations, local public health departments, health systems, schools, and health clinics.⁷⁵ Health systems and plans, including United Healthcare, support these services.⁷⁶ Although the state does not have a formal certification, there are three nationally certified training programs that provide core competency training. Medicaid is not currently authorized to reimburse for stand-alone services provided by these workers.

Public health workers also include health officers, maternal and child health managers, health educators, preparedness staff, public health nurses, public health physicians, and other professionals employed by 84 local health departments and 12 Tribal health centers throughout the state.⁷⁷ According to DHS, governmental public health workers earn significantly less than their counterparts outside of government. For example, a governmental public health nutritionist in Wisconsin earns an average of \$58,500 compared to an average of \$68,500 for other nutritionists. About half of public health workers report being somewhat or very dissatisfied with their pay. Over 40% of public health workers indicate an intent to leave their positions in the next five years, and 25% indicate an intent to leave the public health field entirely.

Certified peer specialists and certified parent peer specialists are people with lived experiences who are trained to support the recovery of peers from mental health and/or substance use challenges. When people with behavioral health challenges talk with someone who has firsthand recovery experience, they are more likely to experience a positive recovery outcome. Peer support specialists are employed by mental health and substance use providers throughout the state. Certification is awarded by DHS after successful completion of a training course and an exam.

Community-Focused Health Profession Challenges^{78, 79}

Category	Challenges
Financial 	<ul style="list-style-type: none"> ▶ Low wages ▶ Limited benefits ▶ Lack of insurance coverage and reimbursement
Educational 	No formal certifications or licenses
Workplace 	<ul style="list-style-type: none"> ▶ Skepticism and disrespect from other healthcare professionals ▶ Unpredictable schedules and high administrative burdens, particularly for doulas

State investments in community-focused professions

- ▶ The Governor has proposed funding Medicaid coverage of community-focused providers through several budget initiatives:
 - Funding doula services would have benefited approximately 1,145 women at an estimated cost of \$1.3 million in 2024-25, as part of the Governor’s proposed healthy women, healthy babies initiatives.
 - Funding community health workers would have helped employ 275 workers at an estimated cost of \$19.2 million per year.
 - Funding peer support services would have cost \$3.7 million in 2024-25 and supported those in recovery from mental illness or substance use disorder.⁸⁰
- ▶ The Governor invested \$16 million in ARPA funds to improve maternal and child health in collaboration with the Medical College of Wisconsin’s Advancing a Healthier Wisconsin Endowment and the University of Wisconsin.
 - The investment helped train doulas, midwives, and community health workers.
 - In addition, the ARPA-funded Advancing Equity in Maternal and Child Health Grant Program prioritized perinatal workforce development.⁸¹
- ▶ In addition, the Governor has proposed changing eligibility requirements for public assistance programs to address benefit cliffs. These proposals would help workers increase workforce participation without losing access to child care and other benefits. To date, these proposals have not been adopted by the legislature.

The Governor’s 2023-25 state budget proposal would have provided a Wisconsin Shares earnings disregard for direct care workers.⁸²
- ▶ During the pandemic, the Governor proposed allocating \$100 million temporary assistance for needy families (TANF) for a temporary expansion of Wisconsin Works (W-2), Wisconsin Shares Child Care, and other public assistance programs to support the essential workforce.⁸³

EMS

Wisconsin has an estimated 5,800 emergency medical technicians and paramedics, with an estimated 384 job openings per year. The annual median wage for emergency medical technicians is \$36,200 and \$47,300 for paramedics.⁸⁴ Turnover rates nationally range from 12% to 28%, with dissatisfaction with pay and benefits reported as a common reason for leaving.⁸⁵ Many EMS agencies are volunteer staffed, leading to insufficient resources to maintain 24/7 ambulance coverage. Wisconsin faces particular challenges with recruiting and retaining EMS workers in rural areas:

- ▶ 41% of EMS agencies did not have adequate staffing to respond to a request for an ambulance.
- ▶ 78% responded to another agency's request for mutual aid due to a lack of staffing.
- ▶ 41% operate with six or fewer staff members providing 80% of staffing hours.⁸⁶




State investments in EMS

- ▶ The Governor approved a \$22.8 million increase in EMS assistance in the 2023-25 state budget.
- ▶ In 2022, the Evers Administration invested more than \$69 million in EMS providers.
 - Investments included \$32 million in flex grants to support 442 EMS providers in nearly every Wisconsin county.
 - The Administration also allocated \$8 million to expand the EMS funding assistance program, which helps train EMS personnel.⁸⁷
- ▶ DHS recently launched an EMS media campaign to recruit new EMS professionals by connecting interested candidates with local training centers.
- ▶ DHS also created an application specific to people seeking certification based on military training. This application pathway will help veterans and service members expand on their military education, training, and experience to serve in EMS.⁸⁸

Primary care and physicians

Wisconsin has an estimated 17,900 licensed physicians and will need an estimated 2,300 additional physicians by 2035.⁸⁹ Rural areas of the state already have a significant primary care shortage, and 1,088,000 residents live in federally designated shortage areas.⁹⁰ Almost 28% of the state's population is rural, but only around 11% of Wisconsin's physicians practice in rural areas.⁹¹ Recent data suggests restrictions on reproductive healthcare may contribute to workforce challenges. For example, applications for obstetrics and gynecology residency programs at Wisconsin medical schools decreased by 10% and for all specialties by 6% during the last year.⁹²

Physician Challenges^{93, 94, 95, 96}

Category	Challenges
Financial 	Gap in compensation between primary care and specialists
Educational 	Education and training infrastructure inadequate to meet demand
Workplace 	<div><div></div><div>Burnout due to administrative burdens</div><div></div><div>Burden of managing mid-level health professionals, such as physician assistants and nurse practitioners</div></div>

State investments in primary care and physicians

Governor Evers approved significant supports for physicians in the 2023-25 state budget:

- ▶ \$132.7 million in Medicaid rate increases for primary care providers;
- ▶ \$15.4 million in Medicaid rate increases for emergency physicians; and
- ▶ \$1.9 million to expand graduate medical training programs.⁹⁷

Appendix A: Full List of Recommendations

Education and training

1a. Support faculty: Health professions educator incentive programs

Lead entities

Higher Educational Aids Board, Universities of Wisconsin, Wisconsin Technical College System

Background

Faculty shortages are a top challenge impacting workforce development in the health sector. A 2016 analysis of the nursing workforce projected that one third of faculty are expected to retire by 2025.⁹⁸ Recruiting healthcare professionals into faculty roles is challenging for many reasons; a top issue is the total compensation package for educators salaries are typically lower than that which could be achieved through clinical roles.⁹⁹ Outside of Wisconsin's recent initiative to support nursing faculty (the Nurse Educators Program), there are no current state scholarship or loan repayment incentives to support faculty development among health professional programs. In fact, the remaining incentives target practicing clinical professionals (such as the Wisconsin Health Professions Loan Assistance Program and the Rural Provider Loan Assistance Program), which may further discourage health professionals from seeking educator roles.¹⁰⁰

Challenges to recruit and retain health professional educators are most evident in Wisconsin's nursing and allied health programs. State sponsored loan repayment and scholarship programs for faculty may be helpful to incentivize qualified nurses and allied health professionals to achieve the education required to serve in these positions.

The following training programs have been prioritized for inclusion:

- ▶ Allied health
- ▶ Behavioral health
- ▶ Dental professions (dentistry, dental hygiene, dental assisting)
- ▶ Nursing

Key considerations

Wisconsin's Nurse Educator Program has been a successful model of scholarship and loan repayment strategies to support the health professions' educator workforce.¹⁰¹ This program includes scholarships to encourage pursuit of the education required to serve as faculty (degree program and fellowship program), and loan repayment for recently hired full-time nurse educators (faculty hire program).

Under the current program, master- and doctor-level nursing students are eligible to apply for a 100% forgivable loan if they are U.S. residents of a permanent type with a Wisconsin address who are enrolled in a participating UW school or private, non-profit, post-secondary educational institution in the state; and who intend to practice full-time as a licensed nurse educator in Wisconsin for three consecutive years.¹⁰² New full-time nurse faculty are eligible for loan repayment if they are a U.S. citizen and fulfill a three-year teaching requirement.¹⁰³ Many nurse faculty teach part-time and practice part-time, so the

current program may not be available to all interested nurse educators. Further, the current program is restricted to nurse educators.

Other states, such as Colorado,¹⁰⁴ Georgia,¹⁰⁵ Illinois,¹⁰⁶ Minnesota,¹⁰⁷ and Washington¹⁰⁸ have developed similar initiatives to support faculty directly. Relatedly, the federal government has a program that partners with awarded schools of nursing to offer low-interest loans for nurses pursuing education to become nurse faculty.¹⁰⁹ Schools of nursing should seek participation in this federal program to maximize benefits available to Wisconsin's nurse faculty. Additionally, a federal Faculty Loan Repayment Program is available to support faculty in nursing and allied health (among other professions) who come from economically or environmentally disadvantaged backgrounds.¹¹⁰ Coordinated marketing of this opportunity would maximize the use of any related state investment.

Recommendation

Expand the Nurse Educators Program to a health professions educator program that will include additional qualifying roles (allied health, behavioral health, dental professions, nursing). In addition, expand eligibility to include both full- and part-time faculty.

1b. Support faculty: Compensation for health professions faculty

Lead entities

Universities of Wisconsin and Wisconsin Technical College System

Background

State investment in our public higher education entities is vital to Wisconsin's economy and our ability to recruit, retain, and train our future workforce. Faculty shortages are a top workforce challenge, specifically in the health professions education sector. Recruiting healthcare professionals into faculty roles is challenging for many reasons; a top issue is that the total compensation package for educator salaries are typically lower than that which could be achieved through clinical roles.¹¹¹ For example, one study showed that an average assistant professor of nursing in Wisconsin earned \$73,200 compared to salary averages of more than \$100,000 for master's degree nurses serving in clinical settings.^{112, 113} Directly addressing faculty compensation is another strategy to support recruitment and retention of faculty in health professions education programs. Given that salary is considered one of the top challenges contributing to faculty shortages, initiatives to support marketable compensation for health professions faculty are likely to address the root cause.¹¹⁴

Without sufficient faculty, the health professions education pipeline may be restricted, resulting in insufficient training infrastructure and reduced capacity to train the next generation of health professionals. Although additional compensation for faculty is a critical piece of the pipeline infrastructure, it is important to note that this solution should be paired with other strategies to maximize effectiveness. For example, addressing compensation will only be effective if there are enough health professionals trained with the minimum educational requirements to serve in these roles (implying the need for this strategy to accompany loan repayment or scholarship to incentivize program completion). Additionally, strategies to support faculty should be implemented alongside initiatives to increase the

efficiency of education (while also supporting quality), such as facility infrastructure, simulation labs, and other education innovations.

Key considerations

Many health professions educators teach part-time and practice in clinical settings part-time, so it is recommended that part-time faculty are included in salary adjustments. This will enable qualifying health professionals to contribute to health services for Wisconsinites while also contributing to training the next generation of professionals for the state.

Although this recommendation prioritizes Wisconsin's public college systems, private institutions are recognized as important contributors to the healthcare workforce pipeline. Private institutions should explore strategies to support health training program faculty compensation through the development of internal review processes, market comparisons, and strategic decision-making for appropriate initiatives to address faculty staffing and compensation packages holistically.

Recommendation

Increase state funding for higher education. Schools could use a portion of this funding for educator compensation to address the disparity between educator and clinical practitioner salaries for both full- and part-time faculty.

2a. Strengthen clinical training and experience: Support preparation of clinical behavioral health counselors (Qualified Treatment Trainee Grants)

Lead entity

Department of Health Services

Background

A qualified treatment trainee is a person with a master's degree in social work, counseling, or marriage and family therapy who seeks to obtain a professional license and become a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist.

To meet licensure requirements, these trainees must complete 3,000 direct service hours provided under the supervision of a licensed clinician. The grant program has three main goals: to increase the number of trainees available, to support supervisory capacity for trainees, and to increase training on community-based behavioral health services for underserved populations.

The Qualified Treatment Trainee Grant Program is intended to address workforce shortages impacting the behavioral health system. Grants are awarded to DHS-certified clinics, hospitals, federally qualified health centers, or affiliates of a hospital or healthcare system. The grants are used by recipients to support employment experience and clinical supervision for qualified treatment trainees and can be used to fund supervision, training, salaries, and benefits.¹¹⁵

Key considerations

This grant program helps train Wisconsin's behavioral health workforce and is key to expanding the number of people trained to address the state's behavioral health crisis. These emerging professionals

help address the workforce shortage by providing services while working towards licensure. At the same time, it is challenging for trainees to find paid positions to fulfill their 3,000 service hours. Employers often cannot bill insurance for trainee-provided services or for supervisory time.

Interest in the program is high, with 274 agencies or people applying for funding last year. In 2022, Governor Evers authorized \$7.6 million in one-time ARPA funds for the program. This included \$5 million for about 200 behavioral health employers to hire and supervise at least one trainee, \$2 million for stipends of up to \$5,000 per year for 200 unpaid trainees, and \$620,000 to expand the network of agencies which sponsor trainees. This one-time supplement will expire in 2024, reducing funds for the program to \$750,000 in state funds annually despite continued demand.

Without continued support for this program, emerging behavioral health professionals will experience difficulty meeting licensure training requirements and the state could see a reduction in the number of emerging professionals that support behavioral health services.

Recommendation

Expand ongoing state funding for the Qualified Treatment Trainee Grant Program to support the emerging behavioral health workforce.

2b. Strengthen clinical training and experience: Support clinical partnerships and preceptors

Lead entities

Universities of Wisconsin and Wisconsin Technical College System

Background

Clinical training is an important part of the educational process for most healthcare occupations, including allied health, nursing, and behavioral health. Most health professional education programs rely on clinical training partnerships with healthcare employers and licensed healthcare professionals.

These partnerships support placement of students in clinical sites (clinical placement) where licensed professionals serve as clinical preceptors, helping to supervise and train students as they learn to work with patients. A preceptor is an experienced clinician who supervises students during clinical training and facilitates the application of theory. Clinical preceptorship typically involves the integration of students into a licensed professional's routine care of patients for a specified period of time.

The level of integration and specific contribution by students varies by health professional education program and the students' stage of training. For example, students may observe a licensed professional's interaction with patients, or students may engage in some aspect of patient care under the supervision and guidance of a license profession. Clinical training requirements, including length of training and level of integration and/or contribution of student, vary by health professional education program, generally based on national accreditation standards.

Key considerations

It takes time and administrative support for health professional education programs to place students in clinical sites. Once a clinical placement has been secured, the sponsoring healthcare organization and licensed health professionals invest time and resources into training. In some cases, productivity of

licensed professionals may be impacted by precepting. Most healthcare organizations cannot bill insurers for training students, and many licensed professionals do not receive additional compensation for their time serving as preceptors. Impacts to clinical productivity and lack of incentives are likely contributing to the shortage of health professionals willing to serve as clinical preceptors. Incentivizing healthcare professionals to serve as preceptors can help increase capacity within Wisconsin's post-secondary training pipeline.

Funds would help Wisconsin's post-secondary schools develop and sustain partnerships with healthcare employers in the state and create a pipeline for student training opportunities. Schools would be responsible for designing and maintaining partnerships to connect students with high-quality placement sites and clinical experiences.

Arizona,¹¹⁶ Virginia,¹¹⁷ and Washington¹¹⁸ have developed preceptor programs which provide awards to previously uncompensated professionals serving as a clinical preceptor to qualifying health profession students.

Recommendation

Provide funding to institutions of higher education to develop or strengthen clinical training partnerships with healthcare employers and professionals. Funds may be used to address organizational and individual losses in productivity associated with clinical training, including strategies such as preceptor compensation.

2c. Strengthen clinical training and experience: Expand experiential learning (simulation)

Lead entities

Universities of Wisconsin and Wisconsin Technical College System

Background

Health science education has traditionally emphasized clinical experiences in healthcare settings to offer practical training for students. However, the integration of simulation-based learning, also known as experiential learning, has gained significant momentum in recent years and the technology continues to evolve quickly.

For example, all 16 technical colleges utilize various forms of simulation, including simulation manikins, virtual reality, and standardized patients. Standardized patients are specially trained people who act as a live patient. As an alternative, virtual reality is a newer form of simulation and is being adopted by colleges across the country. In 2023, the Wisconsin Technical College System (WTCS) Intercollegiate Partnership for the Alignment of Healthcare Simulation was developed to align healthcare simulation across all 16 colleges. By incorporating current, evidence-based standards, the alignment aims to enhance the simulation experience for both faculty and students, thus ensuring a higher level of consistency and quality.

Key considerations

Funds are needed to expand these forms of experiential learning and to train instructors on how to use simulations within their programs. Simulation provides a safe and controlled environment for students to

practice clinical skills without putting real patients at risk. Students can learn from their mistakes and receive constructive feedback. Through repetitive practice, students can improve their clinical decision-making, critical thinking, and problem-solving skills. This instills a culture of patient safety from the beginning of their educational journey and facilitates the integration of theoretical knowledge with practical applications, bridging the gap between classroom learning and clinical practice.

Simulation can supplement limited clinical placement opportunities, which are often a bottleneck in health science education. It provides a consistent and standardized learning experience for all students, regardless of the availability of clinical sites. Simulation allows for the controlled introduction of specific learning objectives, ensuring students are exposed to essential skills and scenarios.¹¹⁹

Virtual reality (VR) provides immersive environments that mimic real-life clinical settings, allowing students to practice and hone their skills in a safe and controlled environment. Through interactive scenarios, students engage in active learning, which is more effective than passive learning. They can make decisions, see the outcomes of their actions, and learn from their mistakes without the risk of hurting anyone. VR allows for repeated practice of procedures and techniques, which is crucial for skill mastery. Students can perform the same procedure multiple times until they achieve proficiency. VR can simulate complex and rare clinical scenarios that students might not encounter during regular clinical rotations. VR can be easily scaled to accommodate many students without proportional increases in physical resources or instructor time. This scalability makes it a cost-effective solution for institutions with large programs. VR facilitates remote learning, making health science education accessible to students who may not be able to attend in-person class due to geographical, financial, or personal constraints. It allows students to engage in learning activities at their own pace and on their schedule. VR can be tailored to meet the needs of diverse learners, including those with disabilities. By providing customizable learning experiences, VR ensures all students have equal opportunities to succeed.

By providing immersive, standardized, and repetitive training opportunities, simulations enhance learning experiences and skill acquisition. Embracing VR technology in health science education is a forward-thinking approach that can lead to better-prepared students and, ultimately, improved patient care.

Recommendation

Increase funding for institutions of higher education to expand and sustain simulation labs and other experiential learning tools as a supplement to classroom and clinical experience.

3a. Reduce barriers to training: Wraparound services programs for students

Lead entities

Universities of Wisconsin and Wisconsin Technical College System

Background

Health workforce training programs frequently include a combination of classroom learning (delivered in person or online) and clinical experience. This requires students to receive training on campus, through online formats, and at a variety of clinical locations (such as hospitals and health clinics). To complete this training successfully, students may require reliable transportation, technology (such as personal laptops or access to internet), child care (if applicable), and other services and supports (such as

tutoring, mental health, career counseling, etc.). In some instances, students may struggle with access to the resources and services required for training. Wraparound services to support students with these resources and services can remove barriers and help them achieve their educational goals.

Transportation: Transportation is required for students to attend classes and clinical rotations. Reliable transportation may be a costly investment for students. Transportation costs may include vehicle ownership and maintenance, parking, bus, or public transportation passes. A recent study estimated that transportation costs account for nearly 20% of the cost of attending college for commuting students (those not living on-campus) and over one quarter of students reported missing classes due to the lack of reliable transportation.¹²⁰

Technology: Students need reliable access to technology to participate in online learning, complete their assignments, and commute to clinical rotation sites (many times in rural areas). Inadequate technology access is associated with lower student outcomes (challenges meeting deadlines, completing coursework, and lesser perceptions of success).¹²¹

Child care: More than one in five college students are parents.¹²² Only an estimated 35% of Wisconsin's public two-year institutions offer campus-based child care.¹²³ The scarcity of quality child care along with the expense is a barrier to people seeking post-secondary education and creates logistical challenges for students that may also be working and/or completing clinical training during non-traditional hours (such as evening or overnight shifts). There are resources that are provided such as federal grant funding that can offset the cost of the on campus child care center or provide vouchers to child care centers in the community. In addition, some schools support the student parent/caregiving population by providing on campus drop off child care options that allow a student to attend class or complete homework, providing baby needs closets, family friendly campus study spaces, and support groups. While outside the scope of this task force, the child care provider shortage affects the healthcare workforce and additional state support should be provided to grow the supply of child care providers and ensure quality, affordable care.

Other supports: There are several other supports that are known to have positive effects on student outcomes, including access to mental health services,¹²⁴ tutoring, regular academic counseling sessions, books or materials costs, and more. To address food scarcity, some schools have a food pantry on campus, some of which include recipes and slow cookers for the students. In addition, some schools have career closets which carry professional clothing and access to funding to assist students in getting uniforms or equipment necessary for their respective program area. These supports can be organized on a student-by-student basis, to certain programs, or made available to all students.

Key considerations

Access to wraparound services is known to increase the full-time enrollment of students (thereby helping them achieve their degree and enter the workforce faster) and increase their likelihood to complete their degree program.¹²⁵ Wisconsin's schools may already provide some of these services. While these school-sponsored supports are essential, the needs among students are significant and they do not have the capacity or resources to serve as direct providers of all the services and resources students may need. To complement these services, some schools may also invest in partnerships with organizations within the

community that are better positioned to provide the wide range of supports that students need, which may include, but is not limited to, the following examples:

- ▶ Collaborations with local food pantries and community supported agriculture (CSA) providers to expand access to affordable, healthy food options for students experiencing food scarcity.
- ▶ Referrals to community mental healthcare providers through memorandums of understanding and access to virtual mental health providers to supplement the in-person services available.
- ▶ Partnerships with local child care providers.
- ▶ Sharing on-campus spaces with community service providers to improve accessibility for students.

Recommendation

Fund wraparound services programs, administered by state institutions of higher education, to address barriers to education such as transportation, technology, and child care.

3b. Reduce barriers to training: Train direct care professionals and nurse aides through WisCaregiver Careers

Lead entity

Department of Health Services

Background

In 2018, DHS launched WisCaregiver Careers to help bolster the certified nurse aide workforce in skilled nursing facilities. In 2023, Governor Evers expanded WisCaregiver Careers using one-time federal funds to increase the number of certified direct care professionals in home and community-based settings.¹²⁶

The program has primarily been supported through limited-term federal funds. However, in 2023, the legislature allocated \$2 million in one-time state funds for the CNA component of the program. Both the nurse aide and direct care certification components are scheduled to end in June 2025 unless additional funds are provided.

Certified direct care professionals

Direct care professionals provide personal care and supportive home care to older adults and people with disabilities. It is often the first step on the caregiving career ladder from direct care professional to certified nurse aide, licensed practical nurse, and registered nurse.

To be certified as a direct care professional, candidates must complete a 30-hour online training program currently offered in English and Spanish. WisCaregiver Careers participants receive free online training and certification testing, join a one-stop workforce platform and provider registry,¹²⁷ and earn up to a \$500 bonus upon successful course completion and employment with an eligible employer.

Since DHS began to certify direct care professionals in July 2023, 521 people have completed the training and 380 are employed in the field. An additional 202 people have completed the training and are waiting to take the test. DHS maintains a map showing the location of registrants and certified direct care professionals.¹²⁸

Certified nurse aides

Certified nurse aides in Wisconsin must complete a minimum 75-hour state-approved training program and pass a competency evaluation. There is no minimum age requirement, although employment rules for minors apply, such as work permit requirements and restrictions relating to mechanical lifts.

WisCaregiver Careers follows an employment-first model, in which trainees work while enrolled in the training and certification process. Participants apply directly to a chosen employer, with application assistance from the program, and can begin work while completing the training and certification process. WisCaregiver Careers is a public-private partnership administered by DHS in partnership with UW-Green Bay, the Wisconsin Health Care Association, and LeadingAge Wisconsin.¹²⁹ New nurse aide hires must pass a nurse aide competency exam within 120 days of the start of full-time employment as a nurse aide.¹³⁰ Skilled nursing facilities that participate in WisCaregiver Careers are then reimbursed for training and testing costs (about \$700 per certified nurse aide) and retention bonuses (\$500 per certified nurse aide). Since July 2022, over 3,100 participants have been trained and certified as certified nurse aides through WisCaregiver Careers.

Key considerations

The goal of WisCaregiver Careers is to provide training and education for paid caregivers, including direct care professionals and certified nurse aides, and a pathway for career advancement. Without a plan for continued state funds, training costs will revert to employers in mid-2025 and workers will no longer receive state-sponsored recruitment or retention bonuses. Wisconsin needs more caregivers. In January 2019, Wisconsin had 56,900 certified nurse aides. By December 2020, that number had plummeted to 48,400. While the profession has recovered slightly, Wisconsin only had 51,900 certified nurse aides as of March 2024.¹³¹ A survey of 805 long-term care providers reported a 28% vacancy rate for nurse aides and direct care professionals.¹³² Further, the need for nurse aides is expected to increase as the state's population ages.

WisCaregiver Careers is cited nationally as a best practice for supporting healthcare workers. Idaho, New Hampshire, and North Carolina have launched programs modeled after the program. The National Governors Association recommends states implement similar programs to “encourage entry into the direct care workforce and identify and support pathways that will remove barriers and facilitate transition to higher skilled jobs with better wages.”¹³³ A cost-benefit analysis by the UW calculated that the certified nurse aide component produced a net benefit to the state of \$5.8 million over two years (with estimated costs of \$1.3 million and benefits of \$7.1 million). Benefits included increased participant productivity, avoided costs of turnover, and avoided costs of low-quality care.¹³⁴ DHS is currently working with the UW to evaluate the direct care certification component.

Recommendation

Sustain and expand state funding for WisCaregiver Careers to support training, recruitment, and retention costs for direct care professionals and certified nurse aides.

3c. Reduce barriers to training: Reduce GED/HSED costs for students

Lead entity

Department of Public Instruction

Background

The general education development (GED) tests measure competency in math, science, social studies, and language arts. Each of the four sections costs \$39.75 (\$159 for all four required tests). Wisconsin's version has four additional subject areas called the high school equivalency diploma (HSED). HSEDs include additional requirements of health, civic literacy, employability skills, and career awareness. The GED and HSED are accepted by most employers, technical colleges, universities, and the military. In 2023, 2,905 Wisconsinites earned a HSED and 1,840 earned a GED.

Key considerations

- ▶ Funding for alternative education is an important aspect of economic development as it results in increased access for learners from underserved communities to earn a high school diploma.
- ▶ There are 266,497 adults in Wisconsin without a high school credential.¹³⁵ In 2022-23, 5,268 students (1.4%) dropped out of high school.¹³⁶
- ▶ Wisconsin has 2,762 high school students ages 17-18 in a GED alternative pathway, resulting in districts covering the costs of GED testing.

Recommendation

Increase funding for the GED/HSED and alternative education pathways offerings for school-aged and adult students and subsidize testing costs. This would benefit school districts and increase student access to this high school credential and post-secondary healthcare career opportunities.

Consider re-establishing an alternative education grant program. The program was appropriated \$5 million annually beginning in 2001 and was eliminated in 2017. Grants were available to school districts and consortia of school districts to develop programs for students at-risk of academic failure. This would provide much needed resources to districts to ensure that students earn their high school diploma and are prepared for post-secondary education, including healthcare career opportunities.

3d. Reduce barriers to training: Increase training grants for allied health professionals and clinicians

Lead entity

Department of Health Services

Background

The primary care program under DHS administers two grant programs to support education and training: the Allied Health Professional Education and Training Grant¹³⁷ and the Advanced Practice Clinician Training Grant.¹³⁸

Allied Health Professional Education and Training Grant Program

The goal of this grant is to increase the availability of quality education and training opportunities for critical allied health positions. These grants may support education and training for a wide variety of health professions that provide diagnostic, technical, therapeutic, or direct patient care and support services to a patient.

Eligible applicants include:

- ▶ Hospitals, health systems, and educational entities that form healthcare education and training consortia for allied health professionals.
- ▶ Priority is given to rural hospitals, health systems with at least one rural hospital or clinic, and rural educational entities.
- ▶ Based on high need, priority is given to applications targeting behavioral health specialists and technicians, mental health counselors and assistants, psychiatric aides and technicians, and substance use counselors and counselors-in-training.
- ▶ Recipients must match the amount received (100% match) either in cash or through in-kind funding. The maximum award amount is \$125,000 per year.

Advanced Practice Clinician Training Grant Program

The goal of the grant is to expand the use of physician assistants and advanced practice registered nurses to increase access to healthcare in rural areas. Grants may be used to expand existing training programs or to develop new training programs.

Eligible applicants include:

- ▶ Hospitals, clinics, or an entity partnering with a hospital or clinic as a training site.
- ▶ Priority is given to hospitals or clinics in a city, town, or village with a population less than 20,000 people, or to clinical training programs that include rural hospitals and clinics as training locations. Priority is given to hospitals or clinics developing new clinical training opportunities for advanced practice clinicians.
- ▶ Recipients must match the amount received (100% match) either in cash or through in-kind funding. The maximum award amount is \$50,000 per year.

Key considerations

For the 2023-25 state budget, DHS expects to train 585 allied health professionals and 400 advanced practice clinicians through the two grant programs.

The last state budget provided a one-time increase of \$2.5 million per year for the allied health professional program and expanded eligibility to include registered nurses. Unless additional state funds are provided, this program will have a total budget of \$500,000 per year starting in July 2025. The advanced practice clinician program is currently allocated \$500,000 per year.

Note: DHS has not been able to award the full amounts allocated for either program. Legal restrictions, including the low limit per recipient, the high match rate, and parameters for applicant types have limited the agency's ability to spend funds.

Recommendation

Modify the Allied Health Professional Education and Training Grant and the Advanced Practice Clinician Training Grant Programs to allow for additional flexibility. Increase funds to help DHS administer and allocate additional grants.

4a. Expand apprenticeships and other learning opportunities: Additional state funding for apprenticeship

Lead entity

Department of Workforce Development

Background

The Department of Workforce Development (DWD) administers the state's nationally recognized apprenticeship programs, including youth apprenticeship for high school juniors and seniors and registered apprenticeship for adults. Both are earn-while-you-learn models that offer participants a competitive wage while they complete their education, which results in an industry-recognized credential. Both programs have experienced record high apprentice and employer participation in recent years. During the 2022-23 school year, 8,357 youth apprentices enrolled and 5,719 employer sponsors participated. In 2023, 16,384 registered apprentices and more than 2,900 employers participated.

Wisconsin currently offers eight healthcare registered apprenticeships: medical assistant, registered nurse, caregiver, sterilization technician, interventional cardiovascular technologist, paramedic, pharmacy technician, and ophthalmic assistant. Youth apprenticeship offers the health science program area, where students may be hired as a medical assistant, nursing assistant, pharmacy technician, or dental assistant, or work in a medical office or ambulatory or support services.

While apprenticeship is recognized as one of Wisconsin's strongest options for growing the healthcare workforce, DWD is not able to fully take advantage of the growing interest and opportunities in its health sciences apprenticeship programs due to limited staff capacity and barriers to participation. Registered apprenticeships in healthcare are currently only available through seven employers, located in five counties.

The apprenticeship model requires experienced staff to mentor apprentices as they receive their training on-the-job. While recognized to demonstrate a return on investment over time, the initial investment may be cost-prohibitive for some healthcare employers to participate. Apprentices are paid while they receive their instruction; however, instructional costs (i.e., tuition, fees, and books) and related license or exam fees may still prevent some apprentices from being able to participate or successfully complete their apprenticeships.

DWD currently offers on-the-job learning grants, funded by the U.S. Department of Labor, to help subsidize the cost of training and wages that some employers, including those in the healthcare industry, invest in their apprentices. DWD also administers the Apprenticeship Completion Award Program (ACAP) to partially reimburse eligible apprentices or sponsors for the costs associated with an registered apprenticeship. The apprentice or sponsor may be reimbursed a maximum of \$1,000 or 25%, whichever is less, for the tuition costs charged for an apprentice to participate in related instruction. As

participation in the apprenticeship program has increased, so has the demand for completion award program reimbursements.

Youth apprenticeship opportunities include uniform statewide curriculum guidelines, but the programs are offered and administered locally by regional consortia. While youth apprenticeships have been a successful youth employment training program in many schools throughout the state, approximately 25% of Wisconsin's school districts do not offer them. In addition, several of the state's largest school districts offer them, but historically have had very low participation.

Although both Wisconsin's youth and registered apprenticeship programs have served as national models, until recently, they have lacked a clear framework for students to transition from a youth to a registered apprenticeship. Providing such a connection guides students toward meaningful careers and helps employers fill their long-term workforce with skilled employees. The number and percentage of new registered apprentices who previously participated in a youth apprenticeship program have steadily increased each year since 2018; however, there are currently no opportunities to do so in the health sciences field.

Key considerations

- ▶ Increase the number of staff to run apprenticeship programs to facilitate greater outreach and attract more aspiring healthcare workers into apprentice positions. Staff and related resources should be distributed across the state to improve equity of access, prioritize geographic and industry need, and expand efforts to target underserved youth.
- ▶ Provide funding for a healthcare-specific on-the-job reimbursement grant program to allow DWD to establish criteria that provides financial incentives to employers to participate in sponsoring registered apprenticeship programs designed to meet their workforce needs.
- ▶ Support local groups and sponsors who share responsibility in expanding opportunities to bridge youth apprenticeships to registered apprenticeships, as they are key in building relationship bridges between schools, students, job seekers, and employers.
- ▶ Invest in staffing and information technology infrastructure to allow for more strategic analysis and improvement of program outcomes and customer service across apprenticeship programs. This allows for monitoring enrollment and completion rates, including across the training and educational programs, and expediting the processing of documents.

Recommendation

Increase state funding for additional staff, information technology updates, and curriculum improvements to support greater healthcare workforce apprenticeship development, quality, and outreach across the state. Bolster funding supports to healthcare employers and apprentices that reduce barriers to develop, enter, and complete apprenticeship programs, including through the following activities:

- ▶ Cover costs of youth apprenticeship instruction to ensure equitable access across diverse student populations and backgrounds;
- ▶ local groups to streamline individual apprentice pathways, including the bridge from youth apprenticeship to registered apprenticeship programs;

- ▶ Provide funding and support for high schools to increase participation in healthcare youth apprenticeship programs;
- ▶ Cover registered apprenticeship fees for licenses, certifications, and exams;
- ▶ Increase funds for ACAP; and
- ▶ Dedicate state funds and review eligibility for on-the-job reimbursements to encourage the development of additional registered apprenticeship programs in healthcare and the hiring of more apprentices.

4b. Expand apprenticeships and other learning opportunities: Worker Advancement Initiative Grant

Lead entity

Department of Workforce Development

Background

Some job seekers experience complex barriers in obtaining and maintaining employment. In these instances, human-centered approaches are effective in connecting job seekers with job leads, training opportunities, and careers they find engaging by providing individualized support and resources that best address their specific employment barriers. However, human-centered approaches are time consuming and require specialized placement skills and resources that either cannot be sustainably met or are not covered at all by DWD's current ongoing federal funding streams.

The Workforce Innovation and Opportunity Act (WIOA), Titles I through IV, are the primary federal funding streams available to state and local employment and training programs for youths, age 14 and older, and adults. Title I of WIOA requires each state to align workforce development activities and resources with larger regional economic development areas. In Wisconsin, DWD satisfies this requirement by contracting with the local workforce development boards (WDBs) because daily they are on the frontlines striving to address their designated regions' workforce challenges, including worker quantity challenges.

WDBs are comprised of businesses, worker representatives, educators, and other partners who cooperate to develop economic and workforce development strategies for their regions, including ways to support driver industries such as healthcare. While WDBs have identified that wraparound services are effective in addressing barriers to employment for people disconnected from the workforce, WIOA reimbursement requirements do not necessarily allow coverage of costs for wraparound services. As a result, WDBs must consider other grant opportunities to fill this gap in services in order to best assist the workforce.

Governor Evers provided DWD a \$20 million [Worker Advancement Initiative Grant](#) using one-time federal ARPA funding in state fiscal year 2022. DWD disbursed this grant to Wisconsin's 11 WDBs, with the goal of serving 2,000 people whose previous employment had yet to return post-pandemic or people who were not attached to or had been unsuccessful in the labor market prior to the pandemic.

While WDBs target outreach to participants based on their communities' needs, some examples of target populations include people involved in the justice system, veterans, people experiencing homelessness,

non-custodial parents, people with limited English language proficiency, people with disabilities, human trafficking survivors, and people in alcohol and substance use treatment.

The Worker Advancement Initiative is implementing innovative methods to provide subsidized employment and skills training opportunities with local in-demand industries, including healthcare, to help their residents successfully find and maintain employment. Using these funds, WDBs have offered occupational skills training, on-the-job training, paid work experience, and job readiness training. They have also provided a variety of supportive services to encourage completion of these trainings, including offering worker stipends and completion awards, offsetting their costs of child care, transportation (including auto repairs), exam fees, out-of-pocket medical expenses, work-related equipment, and providing access to digital technology and internet connectivity.

Some examples include the Northwest Wisconsin Workforce Investment Board supporting adults earn an associate degree in nursing and in-school youth earn their nursing assistant certification by covering the costs of training. Employ Milwaukee offered a variety of healthcare skills training programs, including for community health workers, and offered participants hourly stipends, as well as completion and job retention incentives. The Workforce Development Board of South Central Wisconsin partnered with Centro Hispano to support people whose second language is English become certified nursing assistants by covering their costs of training and offering participation incentives. North Central Wisconsin Workforce Development Board supported training in dental assistance and medical office coding, also offering participants mileage reimbursement, attendance incentives, and housing assistance.

The Worker Advancement Initiative period of performance will end December 31, 2024. As of May 2, 2024, the initiative has provided 21,129 unique services to 4,283 unduplicated participants across the state. WDBs have identified a need for further funding for non-WIOA covered expenses that promote successful employment outcomes in their regions, which were covered through the initiative, but will or have ended upon the completion of their grant projects.

Key considerations

- ▶ Local WDBs have the experience, relationships, and data and fiscal infrastructure to support the successful implementation and delivery of supportive services to unemployed and underemployed constituents in their communities.
- ▶ Local WDBs cannot use their WIOA funds for wraparound services that are essential components of their human-centered service approach, despite those services leading to improved employment outcomes.
- ▶ Ongoing state funding for wraparound services will leverage current federal investments and programs.

Recommendation

Provide sustained funding and administrative support for the continuation of the Worker Advancement Initiative. This provides grants to the local workforce development boards, in alignment with their regions' workforce needs, to support a person's successful entry into and advancement within Wisconsin's healthcare sector leading to family-sustaining careers.

4c. Expand apprenticeships and other learning opportunities: Increase student access to health science and dual enrollment

Lead entity

Department of Public Instruction

Background

Wisconsin Career Pathways - Direct Patient Care is offered in all regions of the state, each with its own advisory group of local employers, educational organizations, and economic and workforce development interests. According to 2022-2023 school district data, 225 out of 383 (59%) school districts offer the Direct Patient Care career pathway. There are 158 (41%) school districts where students do not have access to a quality career pathway in health science. This data also reflects fewer programs in rural and under-resourced areas of the state due to teacher retention and funding to run a program.

School districts and students face barriers to expand dual enrollment opportunities in the Direct Patient Care career pathway. Students taking dual enrollment courses can earn healthcare credentials such as nursing assistant, phlebotomist, emergency medical technician, dental assistant, medical laboratory technician, licensed practical nurse, and more. A lack of qualified and credentialed educators, capacity, and staffing for school districts to coordinate and support students, and students having to leave their high school campus to participate in dual enrollment all inhibit more students from earning dual credit leading to industry credential obtainment.

Wisconsin HOSA-Future Health Professionals (HOSA) serves as a key healthcare pipeline, supporting high school students to enter the career pathway while helping to address industry workforce needs. HOSA consists of around 4,000 members across 127 middle and high schools. Through HOSA, students directly connect with industry professionals while showcasing their workforce skills and knowledge. Some examples include leadership roles, certifications, micro-credentials, job interviewing, internships, professionalism, and access to mentors and like-minded peers. Membership dues cost \$17.00 per student. Conference and special training fees range from \$15.00 to \$135.00 depending on the event in addition to associated travel costs.

Additionally, Wisconsin Area Health Education Centers (AHEC) offer a variety of education and training programs for high school and post-secondary students to increase the diversity and distribution of the healthcare workforce and enhance healthcare quality and delivery in rural and medically underserved communities. Through seven regional centers, a statewide program office, and partnerships with academic institutions and community-based organizations, AHEC serves over 6,000 learners annually. AHEC is currently supported by the federal government and the UW.

Key considerations

Demand is growing but school districts struggle to support career and technical education health science programming without additional resources.

- Inequities exist for Wisconsin students in schools with limited or no access to a health science career pathway. Increased funding would help school districts establish programs to help students understand their interests, explore career-based learning experiences, and earn healthcare credentials.¹³⁹

- ▶ Due to industry need and student interest, awareness is spreading fast for schools identifying a need to develop or grow their health science offerings. However, starting new programs or expanding existing ones is difficult when there is no funding for start-up or current resources are spread among all career and technical education areas to maintain what is already in place.
- ▶ It's difficult for school districts to recruit and retain teachers for a health science career pathway. Industry professionals make more money in the field than teaching, and current qualified and licensed teachers are either leaving education or moving districts. This shifts programming or leaves a program vulnerable to reductions or cuts if schools cannot hire replacements.

More support is needed for dual enrollment to help students complete post-secondary coursework and earn certifications and licenses

- ▶ Many high school teachers do not have the support or financial incentive to obtain advanced degrees, training, or credentials to expand offerings for dual credit and industry recognized credentials. Additional funding can provide incentives for teachers and school districts to support credentialing for teachers.
- ▶ School districts are responsible for coordinating dual enrollment. As more students participate in health science dual enrollment, more school district staffing is needed to support course offerings and student success. Additional funding to school districts can support growth in this area and student completion of dual enrollment courses.
- ▶ High school students skip taking dual enrollment courses due to difficulties accessing post-secondary or college campuses. Students who can take dual credit courses without leaving their high school have a higher success rate for enrollment and completion.¹⁴⁰ Additional funding can support school districts to contract with colleges for instructors and create health science labs required to deliver courses in high schools.

To address workforce shortages now and for years to come, more efforts and resources are needed to engage young people through HOSA and AHEC. The following challenges prevent more students from participating in HOSA and AHEC:

- ▶ There are student and school district costs to participate in HOSA.
 - Not all students can afford membership dues, professional attire, and fees associated with training and conference events. Many schools do not have the funding to cover these fees for students.
 - Chapters are required to have a school advisor. School districts are challenged to find extra funds to support extended contracts, dues, and travel for teachers to serve in the HOSA advisor role. Schools are wary to start a HOSA chapter when funds are not available to support the advisor or establish the chapter with start-up funds.
- ▶ There is awareness and interest for school districts to provide early learner exposure to health careers but very few middle school programs exist for health science in Wisconsin. Having a HOSA chapter at the middle school level is one way for school districts to engage young students in this career pathway. However, funding to support middle school career exploration is limited. The earlier the exposure to a career, the more likely a student will pursue that pathway.

- ▶ AHEC has a regional infrastructure with extensive partnerships and relationship with higher education, K-12 academic settings, and health-focused organizations, but current AHEC funding is restricted in how it can be used.

Recommendation

Increase funding to support health science education and career pathways for secondary and post-secondary students, including middle schools. Funding could support secondary student pathways through health science courses, dual enrollment opportunities, work-based learning, industry-recognized credentials, and HOSA. In addition, funds could support AHEC programming to expand student access, interest, participation, and credential attainment for health careers.

Recruitment and retention

5a. Increase payer support: Expand Medicaid to support healthcare workers and fund workforce initiatives

Lead entity

Department of Health Services

Background

Under federal law, states can choose to expand Medicaid eligibility for adults with incomes up to 138% of the federal poverty level (\$43,100 for a family of four). Wisconsin Medicaid partially expanded in 2014, using state funds, and the program is currently available for adults with incomes below 100% of the federal poverty level (\$31,200 for a family of four). Many adults on Medicaid work at least part-time and do not have affordable or available health insurance benefits through their employers.

Full expansion would extend Medicaid coverage to around 90,000 Wisconsinites, an estimated 30,000 of whom are currently uninsured. The federal government would reimburse the state for a higher share of Medicaid costs, meaning that expansion would save taxpayers a significant amount of money while expanding access to care.

Under current projections, expansion would save Wisconsin an estimated \$1.6 billion in state funds over two years, and the state can decide how to spend these savings. Of the \$1.6 billion, \$1.1 billion is a signing bonus: a one-time, no-strings-attached incentive through ARPA. After the first two years, the state would save an estimated \$300 million annually to spend on any purpose.

In addition to state savings, DHS estimates the state would increase hospital access payments by \$266 million each year because of the higher federal match rate, helping to offset the cost to hospitals of serving more Medicaid members.

Key considerations

The significant state savings of \$1.6 billion from expanding Medicaid could help ensure the state has the resources to fund healthcare workforce initiatives, encourage workforce participation, or fund other task force recommendations. These flexible savings to the state's general fund could be used for any purpose authorized by state law, such as these important investments to support the healthcare workforce.

Expansion would help entry-level healthcare workers, who often limit work to part-time to retain public benefits and avoid exceeding the income limit of \$31,200 for a family of four (referred to as the benefits cliff). In Wisconsin, 45% of direct care professionals work part-time, with median annual earnings of \$21,100.¹⁴¹ A recent report estimated that expansion would allow a direct care professional to work up to 457 more hours annually without going over the income limit, equal to an extra shift per week.¹⁴² Given high vacancy rates for these positions, expanding Medicaid could encourage current workers to increase their hours.

Wisconsin is one of only 10 states that have not fully expanded Medicaid. This lack of action has significant fiscal impacts on the state. While Wisconsin does provide Medicaid access to Wisconsinites earning up to 100% of the federal poverty level, this partial expansion was not enough to qualify Wisconsin for increased federal funds, putting the additional burden on Wisconsin taxpayers. If Wisconsin had fully expanded Medicaid starting in 2015-16, the state would have saved a total of \$2.4 billion in state tax dollars and gained an additional \$5.8 billion in federal revenue by now. Instead, the money that Wisconsinites pay in federal taxes is given to states that fully expanded. Wisconsin tax dollars are being directly invested in other states to reduce uninsured rates, improve access to and affordability of care, and grow their economies.¹⁴³

DHS estimates expansion could reduce hospital revenues by \$133 million each year because some people would shift from commercial insurance to Medicaid, which pays lower rates. Because of the higher federal match rate, the state would increase hospital access payments by an estimated \$266 million each year.

In addition, to support hospitals, associated Medicaid rates could be increased using a portion of the state savings generated through expansion. Such increases would be especially impactful for hospitals that provide a greater share of services for Medicaid members and hospitals in rural areas. Increased rates would allow hospitals to invest in their employees, alleviate costs associated with the workforce shortage, and sustain healthcare services.

Recommendation

Fully expand Medicaid to encourage workforce participation and save the state money. Ensure savings are used to strategically strengthen Wisconsin's healthcare workforce and support hospitals and other healthcare employers.

5b. Increase payer support: Rate increases to strengthen the workforce for people who live in Wisconsin who are elderly or disabled

Lead entity

Department of Health Services

Background

Home and community-based services (HCBS) are essential to meet the daily needs of people who live in Wisconsin who are elderly or living with a disability. Examples include personal care, home healthcare, supportive home care, respiratory care, in-home nursing care, physical therapy, occupational therapy,

and care received at an assisted living facility. These services are a cost-effective alternative to higher-cost institutional services, such as nursing home placements or hospital services.

Wisconsin Medicaid can help HCBS providers recruit staff and maintain this important long-term care system through reimbursement rates. To set a floor for allowable rates, federal regulations require states to have some type of minimum fee schedule. A minimum fee schedule is a list of the lowest prices managed care organizations are allowed to pay for Medicaid-funded services.

DHS has developed a minimum fee schedule for adult HCBS services.¹⁴⁴ The fee schedule defines services and sets minimum rates across adult HCBS programs. This fee schedule is an important step forward in making sure providers are paid consistently and fairly. It also encourages career advancement, and helps agencies recruit dedicated and qualified workers, reduce turnover, and be competitive in the market.

Key considerations

The state's population over age 65 is expected to grow by 471,400, or 45%, between 2020 and 2040.¹⁴⁵ Providers expect labor costs to rise as the demand for long-term care outpaces workforce growth. Most people prefer to stay in their homes as long as possible. HCBS also provides support to people living with disabilities. A sustainable reimbursement system that supports HCBS providers is essential to maintain this preferred care system.

The cost of providing HCBS is typically lower than the cost of providing facility-based services (in nursing homes), but wages are typically lower. Medicaid is a primary payor for long-term care services, and low Medicaid rates likely put upward pressure on private pay families. Medicaid rates need to be sufficient so there are enough workers and providers to meet the growing need.

Increasing Medicaid rates represents a critical investment in our long-term care system and in the people who provide care to some of our most vulnerable citizens.

Recommendation

Support higher rates for home and community-based services to encourage recruitment and retention of direct care professionals, help workers earn family-sustaining wages, and meet the needs of our population.

5c. Increase payer support: Rate increases to strengthen the behavioral health workforce

Lead entity

Department of Health Services

Background

Governor Evers declared 2023 the Year of Mental Health, calling mental and behavioral health a burgeoning crisis affecting Wisconsin's kids, families, and workforce. The demand for mental healthcare is high with one-in-four adults in Wisconsin reporting symptoms of anxiety or depressive disorder, and one-in-three reporting they needed counseling but did not receive it.¹⁴⁶ Provider shortages and low insurance rates from both private and public payers can contribute to challenges in finding affordable, accessible mental and behavioral healthcare.

Medicaid covers mental and behavioral health services for members. For example, outpatient mental health services provide diagnostic evaluations, psychotherapy services, mental health clinical consultations, and other psychiatric services in homes, provider offices, outpatient clinics, and other community-based settings. Child and adolescent day treatment provides intensive mental healthcare in a nonresidential setting. Services include case management, medical care, psychotherapy or other therapies, skill development, substance use counseling, and follow-up to alleviate problems related to mental illness or emotional disturbances.

Key considerations

The ability to recruit and retain behavioral health providers in Wisconsin is influenced by Medicaid and commercial insurance reimbursement rates. Although Wisconsin has made progress in increasing reimbursement rates for behavioral health in recent years, Medicaid reimbursement rates typically fall behind Medicare, private insurance, and self-pay rates.¹⁴⁷ Low reimbursement rates can translate to lower wages for providers.

Higher rates could encourage workforce participation and expand access to services. Out of Wisconsin's 72 counties, 40 are federally designated mental health professional shortage areas, meaning that we lack sufficient providers to meet the demand for services.¹⁴⁸ Investing in our behavioral health workforce through rate increases would ensure Wisconsinites in all stages of life can access behavioral health services and receive care closer to home.

Recommendation

Increase Medicaid reimbursement rates for behavioral health services. Other payers, such as commercial insurers, should also increase rates to help the state recruit and retain behavioral health professionals.

6a. Foster recruitment and retention in areas of need: Expand state incentives for health professionals serving in state-defined shortage areas

Lead entity

Higher Educational Aids Board, Department of Health Services

Background

Health occupations require a significant amount of post-secondary training, with approximately 76% of healthcare occupations requiring a bachelor's degree or higher, and 38% requiring a master's degree or higher.¹⁴⁹ This requires many students to incur substantial costs to pay for their education in high-demand healthcare careers.

The average student loan debt for bachelor's degree healthcare professionals is around \$30,000, while the average student loan debt for doctoral-trained professionals (such as physicians and dentists) is greater than \$200,000.¹⁵⁰ Depending on the profession type, the debt-to-income ratio can vary substantially. Student loan debt and low salary expectations may disincentivize students from pursuing high-demand healthcare careers that are the backbone of the healthcare infrastructure in Wisconsin communities.

For current practitioners, student loan debt, lower salaries, and cost of living are known to cause substantial financial stress and impact their employment decisions, driving practitioners to seek jobs in affluent communities and serve patients of private payers.¹⁵¹

Wisconsin's rural areas face severe physician shortages in fields such as obstetrics and gynecology, primary care, behavioral health, and oral health. For example, the U.S. faces a shortage of 9,000 obstetrician-gynecologists, which is expected to grow to 22,000 by 2050. One in three Wisconsin counties does not have a practicing ob-gyn.¹⁵² Less than half of rural Wisconsin women live within a 30-minute drive of the nearest hospital.¹⁵³

Key considerations

Workforce incentives, such as loan repayments, housing supports, and provider stipends, are common state strategies to support recruitment and retention of the workforce.¹⁵⁴ The cost of higher education is a burden for Wisconsin students, including those wishing to pursue healthcare careers. State investment in public higher education is vital to Wisconsin's economy and our ability to recruit, retain, and train our future workforce.

Loan repayment is a common and effective state strategy to support the healthcare workforce and target workforce development in high-need communities. All 50 states offer some type of loan forgiveness for healthcare professionals, either through federal pass-through programs (administered by the Health Resources and Services Administration as State Loan Repayment Programs), or through the development of supplemental state-funded state programs.¹⁵⁵

Wisconsin has received federal funding through ARPA to support a federal pass-through loan repayment program, called the Health Professions Loan Assistance Program, which is administered through the Wisconsin Office of Rural Health.¹⁵⁶ This program currently supports primary care and psychiatrist physicians, dentists, dental hygienists, certified nurse midwives, nurse practitioners, and primary care physician assistants. Wisconsin also has a supplemental program, the Rural Provider Loan Assistance Program, that is accessible by primary care physicians and psychiatrists serving in rural communities.¹⁵⁷ In 2022-2023, these programs awarded over \$1 million to 99 healthcare providers throughout the state, primarily in family medicine specialties.¹⁵⁸

Recommendation

Provide targeted funding to expand state incentive programs for healthcare professionals to include those serving in underserved communities. Incentive strategies may include expanded student loan repayment and other innovations to enhance recruitment and retention in state-defined shortage areas.

7a. Support regional innovation: Support employer-based workforce development solutions with Provider Innovation Grants

Lead entity

Department of Health Services

Background

Workforce development innovations must be adaptable to meet the unique needs of employers and communities. A Provider Innovation Grant Program would provide flexible funds to employers to support strategic workforce development initiatives, such as mentorship programs, preceptor bonuses, paid clinical sites, improved scheduling practices, professional development, and social supports.

This recommendation would leverage insights gained through the [ARPA Medicaid Home and Community-Based Services Innovation Grants](#). Grants funded new programs to support paid caregivers, such as direct care workers and nurses, in home and community-based settings. Qualifying projects had to demonstrate creative ways to recruit and retain staff and expand access to services. DHS awarded nearly \$30 million in grants to 158 projects with awards ranging from \$25,000 to \$2 million and were distributed geographically across the state in both urban and rural areas.

Funded projects included:

- ▶ A \$907,000 innovation grant for Capri Senior Communities in Ozaukee County to launch a four-day work week at two pilot locations. Staff worked 32 hours but were paid for 40 hours. The program improved recruitment, increased retention, and reduced burnout. For example, Capri saw a 1,500% increase in caregiver applications and filled 70% of open positions in two weeks after launching the program. Capri is considering expanding the program to 18 senior living campuses in southern Wisconsin, which serve 2,200 seniors daily.¹⁵⁹
- ▶ A \$88,400 innovation grant for Stay at HomeCare, LLC in Oconto County to use mapping software to target recruitment to home care workers who live near clients. In the most rural parts of Northeastern Wisconsin, Stay at HomeCare has difficulty convincing staff to drive more than 20 minutes to work with clients in their homes. Their experience has shown that the most long-lasting employee-client pairings are those who are local to each other. The grant funds supported mapping tools to increase the potential for successful recruitments in rural areas.

Key considerations

Provider Innovation Grants can support the workforce through activities that are outside the scope of a providers' central responsibilities and are generally not reimbursable. Innovative solutions include creating mentorship programs, providing preceptor bonuses, sponsoring paid clinical sites, fostering professional development, improving scheduling practices, and providing social supports. These best practices strengthen the pipeline from the classroom to the workplace and provide a high-level of support for new hires to ease their transition to work. These practices recognize workers need to be compensated for their time, including for duties related to internships and mentorships. These innovations could help create healthy, high-quality, and sustainable workplaces. In addition, flexible grant funds could help employers address workforce concerns that contribute to retention issues, such as workplace violence.

To maximize public investment, grantees should report on outcomes, include a plan for sustaining programs once grants expire, and model initiatives that could be replicated or scaled. To achieve this, grant recipients had to submit quarterly reports analyzing milestones and outcomes to demonstrate impact. In late 2024, grantees will convene at an in-person summit to share project outcomes and learn from each other about innovative workforce strategies.

DHS received over 717 applications from providers requesting \$200 million. This is significantly more than the \$30 million available, demonstrating strong provider demand for innovation funds. Further, the program was only available to Medicaid home and community-based services providers. Expanding innovation grants to other healthcare providers and to public health agencies through a sustained investment would help build a more resilient workforce.¹⁶⁰

Recommendation

Provide sustained funding and administrative support for a Provider Innovation Grant Program to help healthcare providers implement best practices and innovative solutions to support the workforce. These grant funds could be leveraged by employers to develop and share innovative strategies to retain their existing healthcare workforce.

7b. Support regional innovation: Support regional collaboration for workforce development through Workforce Innovation Grants

Lead entity

Department of Workforce Development

Background

To help the state recover from the COVID-19 pandemic and the economic crisis it caused, Governor Evers developed the [Workforce Innovation Grants Program](#) using one-time federal ARPA funding and led by DWD and the Wisconsin Economic Development Corporation. In this program, more than \$128 million was allocated to encourage regions and communities to develop leading-edge, long-term solutions to address the greatest workforce challenges facing the state. The Workforce Innovation Grants Program expressly rejected a one-size-fits-all approach and set to work unleashing local expertise and creativity to tackle long-standing employment barriers.

These projects develop and implement long-term solutions to a range of workforce challenges, with four projects directly addressing challenges related to healthcare. One project, led by the Wisconsin Community Action Program Association, is working to help underserved people enroll in study and training programs by covering tuition and other expenses, and providing ongoing coaching for careers in the healthcare industry. Another project serving 16 northwestern counties, led by UW-Eau Claire and the Mayo Clinic Health System, is working to address worker shortages in healthcare, education, and social services in addition to improving rural health.

Within the healthcare sector, Workforce Innovation Grants funds are being used for the following:

- ▶ Placing education and social work students in rural communities.
- ▶ Offering new curriculum and clinical experiences with the goal of increasing the number of graduating nurses.
- ▶ Developing new degree programs in public health, healthcare management, and psychiatry.

The projects are monitored to ensure they meet their required deliverables and, as the projects are completed, the lessons learned will be shared so other communities and healthcare organizations may apply and replicate the successes across the state.

Key considerations

Investing in Workforce Innovation Grants results in specialization across a wider variety of potential expenditures, allowing for flexibility to innovate and tackle diverse needs across the state. Child care, transportation, apprenticeships, and even broadband internet investment in rural areas are all real-life examples of grants at work. Areas with the highest need for these programs should be prioritized to ensure equitable access.

- ▶ The state should leverage the systems and processes developed through the Workforce Innovation Grants to ensure investments in innovation still safeguard tax dollars. For example, grant applicants were required to include data and evidence-based practices in developing their project proposals. Training provided to participants using grant funds included a focus on up-skilling or re-skilling for in-demand jobs. Applicants were also required to demonstrate proper planning and quality assurance metrics.
- ▶ Methods of sharing and implementing successful practices into other regional plans should be established to extract maximally efficient benefit from funds. Integrating impactful measures while allowing for regional specification is one of the grant program's core strengths.

Recommendation

Provide sustained funding to continue the Workforce Innovation Grants Program statewide, including information technology and administrative infrastructure needed to support the program. This program will encourage the development of long-term solutions to help businesses find qualified workers as well as assisting people in obtaining family-sustaining jobs. Within this program's investment, allocate specific funding to address the healthcare sector's workforce challenges.

7c. Support regional innovation: Support direct care professionals with health insurance benefits navigation

Lead entity

Department of Health Services

Background

An estimated 31% of direct care professionals in Wisconsin receive public health insurance coverage. This ratio is highest for those working in home care settings and lowest for those working in nursing homes. In Wisconsin, an estimated 14% of direct care professionals live below the federal poverty line, with median earnings of \$21,100 per year. In Wisconsin, 22% of direct care professionals also receive

food and nutrition assistance.¹⁶¹ Many health professionals also struggle to find other services to support health and workforce participation.

Health Insurance Status for Direct Care Professionals in Wisconsin

Health Insurance Status	Home Care	Residential Care Homes	Nursing Homes	All
Any health insurance	87%	88%	93%	90%
Through employer/union	40%	52%	65%	55%
Medicaid, Medicare, or public coverage	41%	33%	25%	31%
Purchased directly	15%	12%	10%	12%

These workers often need assistance to secure health insurance coverage, seek timely care, and navigate the healthcare system. Wisconsin's Regional Enrollment Networks were first formed by DHS in 2013 to optimize local enrollment assister capacity and maximize Medicaid and Marketplace coverage for eligible people living in Wisconsin. Developed with the launch of the Patient Protection and Affordable Care Act health insurance Marketplace (HealthCare.gov), the networks coordinated and aligned with county income maintenance agencies (these agencies determine eligibility for Medicaid programs). Enrollment networks were phased out after 13 months, with DHS resources scaled back.

With the onset of the public health emergency, the networks were reestablished by Covering Wisconsin, a federally certified and state-licensed healthcare navigator agency based out of the UW. Covering Wisconsin has leveraged the networks to support consumer coverage education, outreach, and enrollment needs. Current membership includes over 2,300 people across 10 enrollment networks (eight regional, one statewide Hmong enrollment network, and one statewide Latinx enrollment network).

Key considerations

Studies show a lack of benefits are a main reason why workers leave employment. The Wisconsin Personal Services Association found 93% of personal care providers have had difficulties in filling positions, 70% have been unable to staff all hours, and the annual turnover rate has been up to 67%.¹⁶²

A recent report by LeadingAge Wisconsin, the Disability Service Provider Network, the Wisconsin Assisted Living Association, and the Wisconsin Healthcare Association attributes high industry vacancy rates to the fact that employees in the long-term care sector can receive better benefits elsewhere. In Wisconsin, 69% of surveyed long-term care providers offer health insurance to full-time employees and about 13% offer it to part-time employees. Even when offered, benefits are commonly too expensive for direct care workers to accept due to the high employee-paid share of costs.¹⁶³

Funding for benefits navigation services and to maintain enrollment networks would support increased access to healthcare by:

- ▶ Building enrollment assister support and capacity.
- ▶ Organizing and streamlining local and statewide outreach efforts.

- ▶ Keeping partners informed about policy changes and enrollment trends.
- ▶ Creating regionally and culturally-relevant messaging.
- ▶ Facilitating metrics reporting, such as Medicaid and Marketplace application assistance.

Recommendation

Support direct care professionals by funding navigation services to help them understand and sign up for publicly available health insurance and other programs to support their health. This funding will help ensure entry-level healthcare workers continue to have a well-integrated, no-wrong-door experience in seeking enrollment in and across Medicaid and Marketplace options and accessing other supports.

Regulatory policy

8a. Support expanded pathways to licensure: Authorize Medicaid reimbursement for community-focused providers

Lead entity

Department of Health Services

Background

Doulas, community health workers, peer specialists, mental health navigators, and other community-focused providers help licensed practitioners operate at the top of their licenses by supporting members of their communities. Wisconsin Medicaid is not currently authorized to reimburse for stand-alone services provided by these professionals.

Doulas provide childbirth education and support services, including emotional and physical support during pregnancy, labor, birth, and postpartum. In Wisconsin, doulas may choose to be certified by private or nonprofit organizations, but there is no state certification. Other states have created a certification process for doulas to facilitate Medicaid reimbursement.¹⁶⁴ Doulas can help alleviate the burden on maternal health providers by contributing to better birth outcomes.

Community health workers are the bridge between community members and clinical and social services. They often have lived experiences in overcoming barriers, navigating systems, and using community resources. These workers provide nonmedical services, such as housing referrals, nutritional mentoring, stress management, and other wraparound supports. They can help alleviate the burden on healthcare providers by helping members to connect to the care and resources they need to stay healthy. Although the state does not have a formal certification, community organizations, technical colleges, and other partners are developing curricula and implementing apprenticeship models.¹⁶⁵ There are also three nationally certified training programs that provide core competency training.

Certified peer specialists and certified parent peer specialists are people with lived experiences who are trained to support the recovery of peers from mental health and/or substance use challenges. Peer specialists can help alleviate the burden on licensed behavioral health providers by supporting those in recovery between appointments. DHS certifies peer specialists after successful completion of a training course and passing an exam. They are employed by a variety of behavioral health providers throughout the state. For example, peer specialists are employed by 11 peer recovery centers to facilitate activities

focused on education, information, skill-building, and socialization. Currently, these services are only Medicaid allowable under the [comprehensive community services program](#).

Key considerations

Community-focused providers are challenged by a lack of insurance coverage and reimbursement, low wages, limited benefits, and unpredictable schedules. The populations they serve are often Medicaid-eligible; for example, over one-in-three births in Wisconsin are financed by Medicaid.¹⁶⁶ Authorizing Medicaid to pay for their services can increase compensation, provide stability, and help alleviate other shortages among licensed healthcare professionals.

Doula involvement is a cost-effective method to improve patient outcomes. A national study found doula-assisted mothers were four times less likely to have a low-birth-weight baby and two times less likely to experience a birth complication.¹⁶⁷ Reducing incidences of low birth weight saves money and improves lifelong outcomes. One study found inpatient hospital charges for low-birth-weight babies were \$10,000 to \$100,000 higher than for healthy-weight babies.¹⁶⁸ Weighing less than 5.5 pounds at birth was found to increase the probability of dropping out of high school by one-third and reduce yearly earnings in adulthood by about 15% percent.¹⁶⁹

Other states, such as Arizona, Colorado, Massachusetts, Minnesota, New Mexico, and Texas have allowed community health workers to enroll as Medicaid providers and to receive reimbursement. These services have resulted in better health outcomes and lower healthcare costs. For example, Massachusetts Medicaid saw a 46% decrease in emergency department visits among children with asthma after implementing a community health worker home visiting program. In Connecticut, a community health worker cancer prevention program resulted in a return on investment of \$3.16 for every \$1 spent. Such programs have been shown to significantly improve patients' use of prevention services among low-income and immigrant women, in addition to improving health behaviors such as healthy food choices and physical activity among patients with diabetes.

Certified peer specialist services are also linked to better patient outcomes. Peer support is an evidenced-based practice and has shown to reduce the number and rates of hospitalization days. When people use peer support in peer-run respites, the reported need for crisis services decreased. Engaging with a peer specialist has also been shown to increase engagement with providers and decrease missed appointments. Studies have also shown a decrease in the cost of overall services when certified peer specialists are integrated into behavioral healthcare. When people with behavioral health challenges work with a certified peer specialist, they are more likely to experience an increase in empowerment, self-determination, and hope, creating a positive recovery outcome.

Recommendation

Authorize Medicaid to pay for services provided by doulas, community health workers, peer specialists, and other community-focused providers.

8b. Support expanded pathways to licensure: Support pathways to licensure for qualified internationally educated professionals

Lead entity

Department of Safety and Professional Services

Background

Wisconsin currently has pathways to licensure for some health professions but not all. For example, there is a specific process for internationally educated nursing applicants. Also, physicians who do not meet all stated credentialing requirements, including the completion of approved post-graduate training, can document their experience and submit it to the Medical Examining Board, which would then evaluate the information to determine whether the applicant's education and training are substantially similar to that required by Wisconsin law. If the education and training is determined to be substantially similar, the board can waive requirements and issue a full license, with or without restrictions. Also, Governor Evers recently signed 2023 Wisconsin Act 214 into law, which outlines a process for gaining a provisional license for people who have substantially similar but not substantially equivalent education and training. This legislation does not apply broadly to other health professions, each of which is regulated by its own statutes and rules. It is possible that there are potential pathways to licensure for other professions but also barriers that limit the opportunity. Work to identify new or expand existing pathways would require case-by-case analysis and engagement with the appropriate regulatory authority (the board or the department).

Key considerations

While there is significant interest in finding pathways for internationally trained clinicians to qualify for licensure in Wisconsin, there are many professions for which there is no neutral entity that exists to determine licensure equivalency. Without a reputable third-party entity to compare education, training, and experience, it is difficult for a volunteer board to competently and confidently make determinations about licensure equivalents. It requires staff support to provide case-by-case international legal analysis. It is difficult with the current staffing levels and model at DSPS.

Recommendation

Provide funding to add legal capacity at DSPS to clarify and expand pathways to practice for qualifying internationally educated or trained health professionals.

8c. Support expanded pathways to licensure: Ratify and enter into multi-state licensing compacts

Lead entity

Department of Safety and Professional Services

Background

Multi-state compacts allow professionals to become eligible to practice in other participating states while maintaining quality care. Compacts can make it easier for health providers to practice across state

lines either physically or via telehealth. Compacts can also make it easier for health professionals to relocate from one participating state to another.

Wisconsin has ratified several multi-state licensing compacts, including those for nursing, medicine, and psychology. Among others, the state has not yet ratified the social work, cosmetology, or dietician compacts.

Key considerations

Occupational licensing compacts offer states a clear pathway for expanding licensure portability. These agreements are developed with extensive, diverse partner involvement.

According to the National Center for Interstate Compacts, a division of the Council of State Governments, occupational licensing compacts enable states to establish uniform standards for multi-state practice while preserving a state's practice act and initial licensure process.¹⁷⁰

Compacts also facilitate the communication of licensure data, including disciplinary orders and other actions, among compact states. This positions states to more effectively and efficiently fulfill their public protection responsibilities.

Recommendation

Ratify available multi-state licensing compacts and support implementation at DSPS, while ensuring quality care in Wisconsin.

8d. Support expanded pathways to licensure: Revise faculty educational requirements

Lead entity

Department of Safety and Professional Services

Background

Nurse faculty are the academic staff at school of nursing that support the education of nursing students. The legislature has given authority to the Board of Nursing (Board) to establish standards for nursing schools (including both professional nurses and licensed practical nurses).¹⁷¹ From this, the Board has developed associated rules as to the process for nursing schools to qualify for Board approval.¹⁷² This includes rule guidance for nurse faculty standards. Nursing is a unique sector, as there are multiple paths to entry into professional nursing: both the bachelor's degree and the associate degrees qualify a person for a registered nurse license. The Board has authority over faculty standards for all professional nursing programs. Currently, faculty at any nursing school that prepares professional nurses (including both bachelor's and associate degree programs) are required to hold an active Wisconsin registered nurse license (or privilege to practice, such as through the Nurse Licensure Compact) and a graduate degree in nursing.

Some exceptions may be made to these faculty requirements through request to the Board, such as for a faculty member who is actively enrolled in a degree program that satisfies the faculty education requirements (instead of already holding that degree), permitting a bachelor's degree professional nurse faculty to serve for one semester in an emergency situation, or enabling a faculty member with a

bachelor's degree in nursing to serve as faculty in a specific content area if they also have a graduate degree that is relevant to the teaching assignment.

The challenge of this current structure lies with the associate degree professional nursing schools. Under current requirements, these associate-level programs are required to staff faculty that hold graduate degrees in nursing (or two degrees higher than the students they are teaching). This results in a limited pool of potential nurse faculty (in the context of nurse faculty shortages) and competition between bachelor's and associate degree programs for the same qualifying or interested prospective faculty members.

Key considerations

In light of the nurse faculty shortage, some states have pursued modifications to nurse faculty education requirements to expand the potential pool of faculty members in some limited scenarios. For example, Indiana¹⁷³ recently permitted people with a bachelor of science in nursing to serve as faculty in eligible associate degree programs if 1) the nursing program has demonstrated quality in student outcomes (evidenced by an annual successful completion rate of 80% or higher from graduates completing their nursing entrance examination), and 2) the bachelor-trained faculty member completes a qualified nurse educator certificate program (which includes at least 15 credit hours of relevant content). This provides a pathway for additional nurses to serve as faculty in associate-level nursing programs while ensuring quality is not sacrificed. Ensuring maintenance of quality faculty should be an important consideration for any similar initiative.

Nursing education accreditation is an important factor to consider with any state change impacting education standards. Associate degree nursing education programs are generally accredited by two entities: the Accreditation Commission for Education in Nursing (ACEN) or the National League of Nursing's Commission for Nursing Education Accreditation (CNEA). Flexibility is provided on interpretation of qualifications for nurse¹⁷⁴ faculty in both accreditation models. ACEN's standards define faculty as those nurses who hold the educational requirements as required by the governing organization and regulatory agencies, thereby deferring to the academic institution and state board of nursing for establishment of appropriate standards.¹⁷⁵ CNEA standards similarly provide flexibility to allow for bachelor's degree nurses to serve as faculty and recognize the standards put forth by state regulatory agencies, but their standards do emphasize the importance of programs to continually strive to employ full and part-time faculty who hold a graduate degree in nursing.¹⁷⁶

Recommendation

Evaluate the effectiveness of exceptions to the current faculty education requirements and consider whether any modifications are necessary, while ensuring quality.

9a. Strengthen state capacity to support licensure: Maintain licensing improvements and enhance licensing support for applicants, employers, educators, and other partners

Lead entity

Department of Safety and Professional Services

Background

Over the past several years, DSPS has undertaken a comprehensive modernization project to implement cutting-edge cloud-based licensing technology, update processes, and reorganize staff. This has dramatically reduced licensing timelines for applicants. Actions that once took months and then weeks are now happening in days.

Sustaining this progress is critical for the stability of healthcare employers and for the well-being of applicants themselves. Further, this work was facilitated by a significant expansion of division staff made possible by ARPA funding, allocated by Governor Evers, that added temporary credentialing staff positions and a contract call center that quadrupled capacity and improved answer rates from 33% to over 90%. Additional temporary staff were included in the 2023-2025 state budget.

When the ARPA funding expires, it will dramatically reduce the capacity of the call center and available license processing staff. Some of the temporary positions allocated by the last budget will expire on June 30, 2025. Together these staffing losses will reduce DSPS' capacity by a third at a time when licensing demand continues to grow. Further, partners routinely ask for dedicated consulting staff to provide higher level decision making and handling of complex cases, to answer practice questions, to offer training and education to staff and students, and to provide additional support during the application and renewal process. DSPS is not currently staffed to provide partner support services and will not be if temporary staffing is not made permanent and additional resources are allocated.

Key considerations

An efficient and effective regulator enables qualified applicants to become licensed as easily and quickly as possible. This requires good systems, modern technology, and adequate staff to handle all work related to issuing and renewing licenses. Further, an efficient and effective regulator also helps raise the competence of licensed professions to ensure they have the information they need to practice safely and confidently. Employers have come to rely on current service levels at DSPS. These must be maintained by making temporary staff permanent and by ensuring available resources for technology maintenance and improvement. Further, additional staff and resources should be allocated to increase access to staff by license holders, employers, and educators who need additional support in the licensing and renewal process and additional information to ensure safe practice.

Recommendation

Maintain DSPS licensing service levels by making temporary positions permanent, by adding dedicated staff to support employers, educators, and other key partner groups who regularly engage in the credentialing process for employees and students, and by adding staff who can answer complex practice questions and generate educational and information tools that increase practice competence and confidence among regulated professionals.

10a. Strengthen workforce monitoring and support: Increase healthcare workforce wellness programming to support retention

Lead entity

Department of Safety and Professional Services

Background

More clinicians are leaving health professions than are entering. Wisconsin conducts workforce surveys for licensed practical nurses and registered nurses at renewal. These surveys have clearly pointed to retention, not recruitment, as the bigger challenge for the professions. Burnout and other factors are driving nurses and other clinicians from healthcare faster than the state can license replacements. Further, experienced clinicians take with them invaluable experience that benefits facilities and the patients they serve.

Wisconsin does not have a comprehensive wellness program designed to support clinicians and keep them in practice at whatever the highest level of safe practice is for them. A comprehensive state program designed to support clinicians with retention as the primary goal would benefit not only employers but—more importantly—the public who relies on clinicians for their physical and mental well-being.

Wisconsin cannot meet healthcare demand by focusing on recruitment alone. Wisconsin must retain more of its workforce, and to do so it must address the myriad factors driving clinicians from practice. This is an opportunity to creatively and completely reimagine how the state approaches clinician well-being and patient outcomes.

Key considerations

A comprehensive clinician retention program could improve factors driving clinicians away from practice. This kind of comprehensive program would also offer supportive rehabilitation services to clinicians experiencing any kind of impairment due to physical and mental health challenges.

Wisconsin is one of the few states that does not offer a comprehensive wellness program to physicians. Wisconsin has an opportunity to better support its entire healthcare workforce by adopting a comprehensive retention program designed to keep all clinicians practicing at the highest level of safe care.

Recommendation

Establish a comprehensive clinician well-being and retention program designed to support the healthcare workforce and keep them practicing at the highest level of safe practice.

10b. Strengthen workforce monitoring and support: Analyze existing and gather additional data on the healthcare workforce

Lead entity

Department of Safety and Professional Services

Background

Wisconsin currently conducts a mandatory workforce survey and related data analysis when registered nurses and licensed practical nurses renew their license. This effort has enabled the state to better understand challenges facing the state healthcare system and the nursing profession as well as related impacts on public and population health.

Wisconsin has also conducted optional workforce data collection for physicians, dentists, and dental hygienists during the last two renewal cycles. This information has simplified the work the state must do to qualify for federal Health Resources Service Administration grants for demonstrated health provider shortage areas.

Key considerations

Monitoring the healthcare workforce within a state is challenging. Many states use license counts to estimate state-level capacity of healthcare professionals. Unfortunately, not all license holders practice within the state, and license information (such as license address) may or may not reflect where a professional is practicing. Being able to identify who is practicing in Wisconsin and where they are practicing would provide the state with a more accurate estimate of its capacity to provide care.

The collection of supplemental workforce information (for example, whether a professional practices in the state, where their practice is located, any specialties or sub-specialties, etc.) at the time of license renewal is a best practice for states to gather information needed to assess the workforce, identify shortages, and target and evaluate policy solutions.

DSPS has already established processes for data collection and partnerships for data analysis. Additional resources are necessary to enable them to expand this work across most health professions and transform the data into actionable information for Wisconsin.

Recommendation

Implement workforce surveys for health professions and allocate resources necessary for the data collection, analysis, and dissemination.

Appendix B: Acknowledgements

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