



Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #638

Rural Physician Residency Assistance Program (UW System)

[LFB 2017-19 Budget Summary: Page 461, #6]

CURRENT LAW

The Department of Family Medicine in the UW School of Medicine and Public Health receives \$755,300 annually from the critical access hospital assessment fund to establish and support physician residency positions through the rural physician residency assistance program. To qualify for support through the program, a residency position must either be: (1) in a hospital that is located in a rural area or in a clinic staffed by physicians who admit patients to a hospital located in a rural area; or (2) include a rural rotation, begun after June 30, 2010, which consists of at least eight weeks of training experience in a hospital that is located in a rural area or in a clinic staffed by physicians who admit patients to a hospital located in a rural area. Only physician residencies in family practice, general surgery, internal medicine, obstetrics, pediatrics, or psychiatry may be supported with program funding.

GOVERNOR

Provide \$100,000 GPR annually through the UW System's general program operations appropriation for the rural physician residency assistance program.

DISCUSSION POINTS

1. The Wisconsin Rural Physician Residency Assistance Program (WRPRAP) was created by 2009 Act 190. Since 2010-11, when funding was first provided, WRPRAP has helped to develop eight new rural residency programs, supported 14 existing rural residency programs, and assisted in the creation of eight rural residency and fellowship positions. This year, four residents will start a new rural training track in family medicine that has received support from WRPRAP and one resident will start a new rural training track in obstetrics and gynecology. Funding provided

through WRPRAP can be used to fund the salaries of residents in rural tracks, curriculum development, technical assistance for rural programs, pilot studies, and the development of new rural graduate medical education initiatives. The additional funding included in the Governor's budget bill would allow WRPRAP to provide additional grants to support the enhancement of current rural residency programs and training tracks and to support the development and initiation of new rural residency programs and training tracks.

2. Under current law, funding for WRPRAP comes from the critical access hospital fund. Moneys in the critical access hospital fund (CAHF) that are not appropriated for WRPRAP and another program under the UW System are used to fund the state's portion of the medical assistance program (MA). If the Committee wishes to retain a single appropriation for WRPRAP, instead of providing funding for that program through its existing appropriation and the UW System's GPR general program operations appropriation as recommended by the Governor, the Committee could increase the amount of funding WRPRAP receives from the CAHF. Under this alternative, CAHF funding for the MA program would be reduced by \$100,000 annually and GPR expenditures for the MA program would increase by \$100,000 annually.

ALTERNATIVES

1. Approve the Governor's recommendation.

ALT 1	Change to	
	Base	Bill
GPR	\$200,000	\$0

2. Modify the Governor's recommendation to provide the additional funding from the critical access hospital fund, instead of from the state's general fund.

ALT 2	Change to	
	Base	Bill
GPR	\$0	-\$200,000
SEG	200,000	200,000
GPR-MA	200,000	200,000
SEG-MA	<u>-200,000</u>	<u>-200,000</u>
Total	\$200,000	\$0

3. Delete provision.

ALT 3	Change to	
	Base	Bill
GPR	\$0	-\$200,000

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