State of Misconsin 2023 - 2024 LEGISLATURE

LRB-4860/1 KMS:amn

2023 SENATE BILL 643

November 7, 2023 - Introduced by Senators Quinn, Tomczyk, Carpenter, Cowles, Felzkowski, Marklein, Pfaff and Spreitzer, cosponsored by Representatives Novak, Snyder, Bare, Armstrong, Billings, C. Anderson, Brandtjen, Donovan, Doyle, Edming, Hurd, Joers, Kitchens, Kurtz, McGuire, Moses, Mursau, O'Connor, Ohnstad, Oldenburg, Ortiz-Velez, Rozar, Schmidt, Schutt and Tranel. Referred to Committee on Housing, Rural Issues and Forestry.

AUTHORS SUBJECT TO CHANGE

AN ACT to repeal 146.63 (6) (a) to (e) and 146.64 (4) (a) to (e); to renumber and amend 146.63 (6) (intro.), 146.64 (2) (a) and 146.64 (4) (intro.); to amend 20.435 (4) (bf), 146.64 (2) (c) 1. and 146.64 (3); and to create 146.64 (2) (a) 2., 146.64 (3m) and 146.645 of the statutes; relating to: expanding graduate medical training grants and making an appropriation.

Analysis by the Legislative Reference Bureau

Under current law, the Department of Health Services must distribute grants to rural hospitals to establish graduate medical training (GMT) programs in a specialty and to hospitals with existing GMT programs in a specialty to support the addition of new positions in the programs. Current law includes a nonexhaustive list of specialties in which a hospital's GMT program may specialize in order to be eligible for a grant. This bill removes that list but retains the specialty requirement for grant eligibility.

Under current law, the maximum amount of a grant DHS may distribute in a fiscal year to a hospital with an existing GMT program to support the addition of new positions in the program is \$225,000. The bill removes that \$225,000 maximum. The bill also requires DHS to renew grant funding to hospitals with existing GMT programs that received a grant in the previous fiscal year, without requiring the hospital to reapply for the grant, provided the hospital still meets eligibility criteria established by DHS, maintains an accredited GMT program, and wishes to receive grant funding.

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In addition, the bill creates a new grant program under which DHS is required to distribute up to \$375,000 in annual grants, plus any matching federal Medical Assistance funds, to support GMT consortia. Under the bill, a GMT consortium is defined as an independent, nonprofit organization formed by two or more entities to oversee, support, and administer accredited GMT programs at rural hospitals. The bill requires DHS to distribute grants to GMT consortia that apply for the grant and meet certain requirements. DHS must also renew grant funding to GMT consortia that received the grant in the previous fiscal year, without requiring the consortium to reapply for the grant, provided the consortium still meets the grant requirements and wishes to receive grant funding. DHS must give preference in awarding the grants to GMT consortia that oversee, support, and administer GMT programs at rural hospitals that have limited access to federal GMT funding from the federal Centers for Medicare and Medicaid Services. Under the bill, a GMT consortium must be accredited within 12 months of receiving a grant, and a GMT consortium may not receive renewed grant funding if the consortium is not accredited.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 20.435 (4) (bf) of the statutes is amended to read:

20.435 (4) (bf) *Graduate medical training support grants*. As a continuing appropriation, the amounts in the schedule to award grants to rural hospitals under s. 146.63, and to support graduate medical training programs under s. 146.64, and to support graduate medical training consortia under s. 146.645.

SECTION 2. 146.63 (6) (intro.) of the statutes is renumbered 146.63 (6) and amended to read:

146.63 **(6)** ELIGIBILITY. A rural hospital or group of rural hospitals may only receive a grant under sub. (3) if the plan to use the funds involves developing an accredited graduate medical training program in a specialty, including any of the following:.

Section 3. 146.63 (6) (a) to (e) of the statutes are repealed.

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SECTION 4. 146.64 (2) (a) of the statutes is renumbered 146.64 (2) (a) (intro.) and amended to read:

146.64 (2) (a) (intro.) Subject to par. (c) and sub. (4), the department shall distribute grants to hospitals to fund the addition of positions to existing accredited graduate medical training programs. The department shall distribute the grants under this paragraph to hospitals all of the following:

1. Hospitals that apply to receive a grant under sub. (3) and that satisfy the criteria established by the department under par. (b) and the eligibility requirement under sub. (4).

Section 5. 146.64 (2) (a) 2. of the statutes is created to read:

146.64 (2) (a) 2. Hospitals that received a grant under this paragraph in the immediately preceding fiscal year, unless the hospital no longer satisfies the criteria established by the department under par. (b), the hospital no longer has an accredited graduate medical training program, or the hospital has notified the department that the hospital no longer wishes to receive the grant. The department may not require a hospital under this subdivision to apply for a grant under this paragraph.

Section 6. 146.64 (2) (c) 1. of the statutes is amended to read:

146.64 (2) (c) 1. The department shall distribute funds for grants under par. (a) from the appropriation under s. 20.435 (4) (bf). The department may not distribute more than \$225,000 from the appropriation under s. 20.435 (4) (bf) to a particular hospital in a given state fiscal year and may not distribute more than \$75,000 from the appropriation under s. 20.435 (4) (bf) to fund a given position in a graduate medical training program in a given state fiscal year.

Section 7. 146.64 (3) of the statutes is amended to read:

146.64 (3) Grant application. A Except as provided in sub. (2) (a) 2., a hospital
may apply, in the form and manner determined by the department, to receive a grant
under sub. (2) (a).
Section 8. 146.64 (3m) of the statutes is created to read:
146.64 (3m) Grant nonrenewal. A hospital that receives a grant under sub.
(2) (a) shall notify the department, in the manner determined by the department, if
the hospital no longer satisfies the criteria established by the department under sub.
(2) (b), the hospital no longer has an accredited graduate medical training program,
or the hospital no longer wishes to receive the grant.
Section 9. 146.64 (4) (intro.) of the statutes is renumbered 146.64 (4) and
amended to read:
146.64 (4) Eligibility. A hospital that has an accredited graduate medical
training program in a specialty, including any of the following, may apply to receive
a grant under sub. (3): <u>.</u>
Section 10. 146.64 (4) (a) to (e) of the statutes are repealed.
Section 11. 146.645 of the statutes is created to read:
146.645 Grants to support the establishment or operation of graduate
medical training consortia. (1) Definitions. In this section:
(a) "Graduate medical training consortium" means an independent, nonprofit
organization formed by 2 or more entities to operate as a sponsoring institution for
accredited graduate medical training programs at rural hospitals in this state.
(b) "Rural hospital" has the meaning given in s. 146.63 (1).
(c) "Sponsoring institution" means an entity that oversees, supports, and

administers one or more accredited graduate medical training programs.

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- (2) Departmental duties. (a) The department shall distribute grants from the appropriation under s. 20.435 (4) (bf) to support the operational expenses of graduate medical training consortia. Subject to par. (c) and sub. (3), the department shall distribute grants to all of the following:
- 1. Graduate medical training consortia that apply to receive a grant under sub.
 (4) and that satisfy the criteria established by the department under par. (b) and the eligibility requirement under sub. (3).
- 2. A graduate medical training consortium that received a grant under this paragraph in the immediately preceding fiscal year, unless the graduate medical training consortium no longer satisfies the criteria established by the department under par. (b) or the eligibility requirement under sub. (3), the consortium is not accredited as a sponsoring institution by the Accreditation Council for Graduate Medical Education, or any successor organization, or another accrediting body as determined by the department, or the consortium has notified the department that the consortium no longer wishes to receive the grant.
- (b) The department shall establish criteria for approving and distributing grants under par. (a). The department may not require a consortium under par. (a)2. to apply for a grant under that subdivision.
- (c) 1. The department shall distribute up to \$375,000 in annual grants under par. (a) from the appropriation under s. 20.435 (4) (bf).
- 2. If the department receives matching federal Medical Assistance funds, the department shall distribute those funds for grants under par. (a) in addition to any funds distributed under subd. 1.
- (d) In awarding grants under par. (a), the department shall give preference to graduate medical training consortia that are the sponsoring institutions for

graduate medical training programs in rural hospitals that have limited or no direct access to graduate medical training funding from the federal centers for medicare and medicaid services or have reached the maximum available amount of graduate medical training funding from the federal centers for medicare and medicaid services.

- (3) ELIGIBILITY. A graduate medical training consortium may only receive a grant under this section if the graduate medical training consortium includes at least one partner rural hospital or health system.
- (4) Grant application. Except as provided in sub. (2) (a) 2., a graduate medical training consortium may apply, in the manner determined by the department, to receive a grant under sub. (2) (a). A graduate medical training consortium shall identify all of the partner rural hospitals and health systems in the consortium in its grant application.
- (5) Grant nonrenewal. A graduate medical training consortium that receives a grant under sub. (2) (a) shall notify the department, in the manner determined by the department, if the consortium no longer satisfies the criteria established by the department under sub. (2) (b) or the eligibility requirement under sub. (3), the consortium is not accredited as a sponsoring institution by the Accreditation Council for Graduate Medical Education, or any successor organization, or another accrediting body as determined by the department, or the consortium no longer wishes to receive the grant.
- (6) ELIGIBILITY. A graduate medical training consortium may only receive a grant under this section if the graduate medical training consortium includes at least one partner rural hospital or health system.

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(7) Accreditation. A graduate medical training consortium shall, within 12
months of receiving a grant under sub. (2) (a), obtain and maintain accreditation as
a sponsoring institution by the Accreditation Council for Graduate Medical
Education, or any successor organization, or another accrediting body as determined
by the department.

(8) Effect on graduate medical training expansion grants. The receipt of a grant under this section by a graduate medical training consortium does not affect the eligibility for a grant under s. 146.64 of any hospital that has an accredited graduate medical training program facilitated, organized, or implemented by the graduate medical training consortium.

11 (END)