

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION AND COMMERCE

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Thursday, February 13, 2018
2:00 p.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON HOUSE BILL NO. 1967, H.D. 1, RELATING TO HEALTHCARE
PRECEPTOR TAX CREDITS.**

TO THE HONORABLE ROY M. TAKUMI, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Ahlani Quiogue, and I am the Executive Officer of the Hawaii Medical Board (“Board”). Thank you for the opportunity to submit written testimony on this measure, which is a companion to S.B. 2298¹. The Board supports this bill and provides the following comments.

H.B. 1967, H.D. 1, addresses the limited availability of clinical preceptors and training sites by establishing a healthcare preceptor tax credit as an incentive to preceptors to offer professional instruction, training, and supervision to students and residents seeking careers as healthcare providers in Hawaii. H.D. 1 amends H.B. 1967 by, among other things:

- Amending the definition of “medical student” to include graduates of medical school who are continuing their training to obtain their medical license or specialty certificate;
- Allowing the Director of Taxation to require taxpayers to furnish the certificate issued by the Healthcare Preceptor Tax Credit Working Group (“working group”) in addition to other information, to ascertain the validity of the taxpayer’s claim for the tax credit;
- Adding the fields of social work and physical therapy for which a preceptor that is providing professional instruction, training, and supervision, is eligible for the healthcare preceptor tax credit;
- Including definitions of “social worker student” and “physical therapist assistant student”;
and
- Adding members from the fields of psychology and social work to the working group.

¹ For the Committee’s information, the Committee on Commerce, Consumer Protection, and Health passed S.B. 2298 with amendments.

The Board understands and appreciates the important role that preceptors play in the instruction, training, and supervision of students and residents seeking careers as healthcare providers in the State. Accordingly, the Board supports initiatives such as these.

Thank you for the opportunity to provide written testimony on H.B. 1967, H.D. 1.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Consumer Protection & Commerce
February 13, 2018 at 2:00 p.m.

by

Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing and Dental Hygiene

And

Michael Bruno, PhD
Interim Vice Chancellor for Academic Affairs and Vice Chancellor for Research
University of Hawai'i at Mānoa

HB 1967 HD1 – RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS

Chair Takumi, Vice Chair Ichiyama, and members of the House Committee on Consumer Protection and Commerce, I am testifying on behalf of the University of Hawai'i System with its graduate nursing, psychology, and social work programs as well as the John A. Burns School of Medicine and the Daniel K. Inouye College of Pharmacy in strong support of HB 1967 HD1 with amendments. This bill will support workforce development by establishing individual income tax credits for professionals who serve as uncompensated preceptors to UH students in the above professions.

Preceptors are licensed and practicing health care professionals who oversee a health professional student in gaining the clinical experience required by national accreditors and State of Hawai'i licensing boards. The uncompensated, voluntary precepting takes place at their place of employment and is above and beyond their patient care workload and employment responsibilities. Also, the preceptor must develop a set of coaching or teaching skills above and beyond that required for their employment. Such preceptors are committed to educating the next generation but are reporting increasing fatigue and burnout due to the competing demands on their time and we are facing a shortage of preceptors for all the health professions students. This shortage impacts the UH ability to accept Hawai'i students into our programs and prepare an adequate number of future professionals to meet the demands for healthcare providers for the people of Hawai'i. As demands increase on health care providers, they are requesting recognition for their preceptor activities to offset longer hours worked or fewer patient visits.

A 2017 Hawai'i State Center for Nursing (HSCN) survey of in-state dental hygiene, pharmacy, medicine and graduate nursing schools found that all responding schools are moderately or very concerned about the small number of clinical training sites available for their students; more than 80% of in-state health profession schools had more difficulty finding clinical training sites in 2017 than in 2015; and over half of these

programs have limited enrollment due to the lack of training sites. As an example, the UH Mānoa School of Nursing and Dental Hygiene Doctor of Nursing Practice (DNP) Program graduates primary care nurse practitioners who manage patient panels, and assess, evaluate, diagnose, develop treatment plans including prescribing medication. Due to the lack of preceptors, we admit only 29% of the qualified Hawai'i applicants. Yet, the state has a continuing shortage of primary care providers.

Georgia, Maryland and Colorado have enacted legislation for preceptor individual income tax credits and Utah, North Dakota and New York currently are undertaking similar efforts to both maintain and grow the preceptor capacity in their states. The Hawai'i approach is highly interprofessional as we recognize the need for team care delivery to address community needs. By addressing the preceptor shortage as the University of Hawai'i system, we will move our state closer to sustainable interprofessional education and care delivery.

The UH notes the economic benefit provided by the health workforce. A North Carolina economic analysis found that each full time APRN in their state can contribute, minimally, \$273,000 in direct economic output and between \$11,800 and \$22,000 in state and local tax revenue¹. A recent American Medical Association economic analysis found that physicians in Hawai'i contribute, on average, \$2,282,615 in direct economic output and \$110,494 in state and local tax revenue².

A state investment in the healthcare professions academic pipeline through preceptor income tax-credits will improve the UH ability to develop and grow future healthcare professionals in this state, close the gap on the shortage of health care professionals, and increase economic revenues statewide.

The UH respectfully requests that the House Committee on Consumer Protection and Commerce consider the attached amendment recommendations. Amendments will:

- Clarify the roles and responsibilities and rename the certifying group under the Department of Health to "Preceptor Credit Assurance Committee;
- Clarify the description of Advanced Practice Registered Nurse student;
- Clarify the description of "Medical student", to include medical students, residents, and fellows;
- Remove the term "Resident and other health science trainee" and add term "Resident of Hawaii" to refer to a person living in Hawaii; and
- Amend the definition of "Nationally Accredited" to recognize the individual health professional academic accreditation as determined by its respective regulatory board or program.

¹ Conover, C., & Richards, R. (2015). Economic benefits of less restrictive regulation of advanced practice nurses in North Carolina. *Nursing Outlook*, 63(5), 585–592.

² American Medical Association [AMA]. (2018). The economic impact of physicians in Hawaii: State report. Retrieved from <https://www.physicianseconomicimpact.org/pdf/FullStateReports/HI-Study.pdf>

Therefore, on behalf of the UH health professions education programs, we respectfully request that HB 1967 HD1 pass amended.

ATTACHMENT WITH SUGGESTED AMENDMENTS TO HB 1967 HD1

Note: Suggested amendments are reflected in highlighted text

Page 5 Lines 7-17 - Replace with the below content

(d) The Preceptor Credit Assurance Committee, established pursuant to section 321- , shall:

(1) Maintain records of the names, addresses, and license number of the qualified taxpayers claiming the credits under this section; and

(2) Verify the number of volunteer-based supervised clinical rotations each taxpayer conducted by

(i) verifying that each volunteer preceptor meets the requirements to serve as a preceptor

(ii) verifying the number of hours the taxpayer spent supervising an eligible primary care student or trainee in each volunteer-based supervised clinical rotation ;

(iii) verifying that the eligible student or trainee was enrolled in an academic program in this state;

(iv) and whether the taxpayer was uncompensated.

Page 5 Lines 18-19

Upon each determination, the Preceptor Credit Assurance Committee shall issue a certificate to the taxpayer verifying the number of volunteer-based supervised clinical training rotations supervised by the taxpayer.

Page 6 Lines 2-3, 5-6 and 7-8

(e) If in any taxable year the annual amount of certified credits reaches \$2,000,000 in the aggregate, the Credit Assurance Committee shall immediately discontinue certifying credits and notify the department of taxation. In no instance shall the Preceptor Credit Assurance Committee certify a total amount of credits exceeding \$2,000,000 per taxable year. To comply with this restriction, the Preceptor Credit Assurance Committee shall certify credits on a first come, first served basis.

Page 7 lines 2-4

"Advanced practice registered nurse student" means an individual participating in a degree granting academic program that is nationally accredited by the Commission on Collegiate Nursing Education for the education of primary care advanced practice registered nurses and recognized by the board of nursing pursuant to chapter 457.

Page 7 Lines 18-21

registered nurse student, dental hygienist student, medical student, pharmacy student, psychology student, social work student, physical therapist assistant student who is a resident of Hawaii.

Page 8 Lines 2-14

"Medical student" means an individual participating in an academic program nationally accredited by the Liaison Committee on Medical Education or American Osteopathic Association Commission on Osteopathic College Accreditation leading to the M.D. or D.O. degree. For the purposes of this section the

term medical student includes graduates from LCME and ACA-COCA programs who have continued their training, in the role of resident or fellow, to obtain the additional qualifications needed for both medical licensure pursuant to chapter 453 and specialty certification.

Page 8 Lines 16-18

"Nationally accredited" means holding an institutional accreditation by name for such primary care education pursuant to chapter 447, 453, 457, 461J, 461 or 467E.

Page 9 lines 19- Page 10 line 1

Delete "resident or similar health science trainee"

Add new definition for Resident to refer to residency in the state of Hawaii

~~"Resident or similar health science trainee" means a post graduate health science trainee enrolled in an accredited academic program that is nationally accredited for such training pursuant to chapter 447, 453, 457, 461, 461J, 465, or 467E.~~

"Resident of Hawaii" means having established the person's domicile in the State and shows the person's intent is to make Hawaii the person's primary residence pursuant to §78-1 Citizenship and residence or meets the criteria for students/trainees in academic programs which have defined application residency requirements which emphasize a holistic commitment to Hawaii.

Page 10 line 18 to Page 12 line 11 - Replace with the below content

"§321- Preceptor Credit Assurance Committee. (a) There is established the Preceptor Credit Assurance Committee within the department of health, to be convened by the University of Hawaii Hawaii/Pacific basin area health education center and center for nursing. The committee shall:

- (1) Develop and implement a plan for allocating and distributing healthcare preceptor tax credits under section 235- including
 - (i) Develop a process ensuring that requests for credit are reviewed and verifications are processed at least 30 days following the close of each calendar year
 - (ii) Developing the documentation process for the deans, directors or their designees to qualify a preceptor for the tax credit. This shall include:
 - a. Preceptor name, address, place of practice and Hawaii provider license number;
 - b. Dates and hours of volunteer-based supervised clinical rotation per eligible student;
 - c. Attestation that the volunteer-based supervised clinical rotation per eligible student or trainee is uncompensated; and
 - d. Other information as identified as necessary by the committee.

(3) Complete duties as described in section 235-

(b) is composed of representatives of academic programs with eligible students or trainees as established in section 235 subsection g.

(c) There shall be no civil liability for any member of the committee for any act done in furtherance of the purpose for which the committee was established. The proceedings of preceptor credit assurance committee authorized under this section shall not be subject to part I of chapter 92.

(d) as used in this section,

"Academic program" shall have the same meaning as in section 235-.

"Eligible student or trainee" shall have the same meaning as in section 235-."

"Preceptor" shall have the same meaning as in section 235-."

"Volunteer-based supervised clinical rotation" shall have the same meaning as in section 235-."

**PRESENTATION OF THE
BOARD OF PHARMACY**

TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION AND COMMERCE

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Tuesday, February 13, 2018
2:00 p.m.

**TESTIMONY ON HOUSE BILL NO. 1967, H. D. 1, RELATING TO HEALTHCARE
PRECEPTOR TAX CREDITS.**

TO THE HONORABLE ROY M. TAKUMI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Pharmacy (“Board”). Thank you for the opportunity to submit testimony on this measure, which is a companion to S.B. 2298. The Board supports H.B. 1967, H. D. 1, but defers to the Department of Taxation regarding any possible fiscal impacts to the State.

This measure allows pharmacists and other health care providers to receive tax credits for acting as preceptors in volunteer-based supervised clinical training rotations provided to eligible students that enable the students to obtain an eligible healthcare professional degree or certificate.

The Board understands and appreciates the important role that preceptors play in the instruction, training, and supervision of students and residents seeking careers as healthcare providers in the State. Accordingly, the Board supports initiatives such as these.

Thank you for the opportunity to provide testimony on H.B. 1967, H. D. 1.

**PRESENTATION OF THE
BOARD OF NURSING**

TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION AND COMMERCE

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Tuesday, February 13, 2018
2:00 p.m.

**TESTIMONY ON HOUSE BILL NO. 1967, H.D. 1, RELATING TO HEALTHCARE
PRECEPTOR TAX CREDITS.**

TO THE HONORABLE ROY M. TAKUMI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Nursing (“Board”). Thank you for the opportunity to testify on this measure, which is a companion to S.B. 2298. The Board supports H.B. 1967, H.D. 1, but defers to the Department of Taxation regarding any possible fiscal impacts to the State.

This measure allows advanced practice registered nurses and other health care providers to receive tax credits for acting as preceptors in volunteer-based supervised clinical training rotations provided to eligible students that enable the students to obtain an eligible healthcare professional degree or certificate.

The Board understands and appreciates the important role that preceptors play in the instruction, training, and supervision of students and residents seeking careers as healthcare providers in the State. Accordingly, the Board supports initiatives such as these.

Thank you for the opportunity to testify on H.B. 1967, H.D. 1.

DAVID Y. IGE
GOVERNOR

DOUGLAS S. CHIN
LIEUTENANT GOVERNOR



LINDA CHU TAKAYAMA
DIRECTOR

DAMIEN A. ELEFANTE
DEPUTY DIRECTOR

**STATE OF HAWAII
DEPARTMENT OF TAXATION**

830 PUNCHBOWL STREET, ROOM 221
HONOLULU, HAWAII 96813

<http://tax.hawaii.gov/>
Phone: (808) 587-1540 / Fax: (808) 587-1560
Email: Tax.Directors.Office@hawaii.gov

To: The Honorable Roy M. Takumi, Chair
and Members of the House Committee on Consumer Protection & Commerce

Date: Tuesday, February 13, 2018
Time: 2:00 P.M.
Place: Conference Room 329, State Capitol

From: Linda Chu Takayama, Director
Department of Taxation

Re: H.B. 1967, H.D. 1, Relating to Healthcare Preceptor Tax Credits

The Department of Taxation (Department) offers the following comments on H.B. 1967, H.D. 1, for the Committee's consideration.

H.B. 1967, H.D. 1, creates a nonrefundable healthcare preceptor tax credit for taxpayers who supervise volunteer-based supervised clinical training rotations. The credit is equal to \$1,000 for each rotation supervised, with a cap of \$5,000 per taxpayer, and \$2 million per year in the aggregate. H.B. 1967, H.D. 1 also creates a healthcare preceptor tax credit working group which certifies the number of volunteer-based supervised clinical training rotations and ceases issuing certificates when the amount of certified credits hits the aggregate cap. The bill has a defective effective date of July 1, 3000, and provides that the tax credit is effective for taxable years beginning after December 31, 2018.

The Department appreciates the inclusion of an entity with subject matter expertise to help administer this tax credit by issuing certifications. The Department notes that the Committee on Health & Human Services amended this measure based on the Department's suggestions. The Department appreciates the consideration of its testimony.

Thank you for the opportunity to provide comments.

Harry Kim
Mayor



Wil Okabe
Managing Director

Barbara J. Kossow
Deputy Managing Director

County of Hawai'i
Office of the Mayor

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February 12, 2018

Representative Roy M. Takumi, Chair
Committee on Consumer Protection and Commerce
Hawai'i State Capitol, Room 329
Honolulu, HI 96813

Dear Chair Takumi and Committee Members:

Re: HB 1967 Relating to Tax Credits for Healthcare Preceptors
Hearing Date: 02/13/18 – 2:00 pm; House Conference Room 329

We face a major crisis in healthcare, and I want to thank you and the authors of HB 1967 for bringing this idea forward. I am not knowledgeable enough to know how effective a tax credit will be in meeting our need for more healthcare providers, but any innovative approach is bound to help and is welcomed.

I appreciate your hearing HB 1967, and hope you will act favorably on it.

Respectfully submitted,

Harry Kim
Mayor, County of Hawai'i

Written Testimony Submitted to the
House Committee on Consumer Protection & Commerce
February 13, 2018
By

Kelley Withy, MD, PhD

HB 1967, HD1 –RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS

Chair Mizuno, Vice Chair Kobayashi, and members of the committee:

Thank you for the opportunity to provide testimony in support of HB 1967, HD1. HB 1967, HD1 proposes to create a tax credit for healthcare workers licensed in Hawaii who train our up and coming Hawaii physicians, nurse practitioners, pharmacists, psychologists and social workers. PRECEPTORS=MEDICAL TEACHERS. Without more teachers, we cannot train more future providers.

The intent of the measure is to build capacity for clinical education for the training of medical, nursing, dental hygiene and pharmacy professionals. HB 1967, HD1 also establishes a working group within the Department of Health which will be convened by the University of Hawaii/Pacific Basin Area Health Education Center (which I oversee and includes the Physician Workforce Assessment project set up by the State Legislature) and Center for Nursing (which Laura Reichhardt oversees) to create a comprehensive plan to address the preceptor shortages in Hawaii and to develop and implement a plan for allocating and distributing the healthcare preceptor tax credits. Both of us are fully committed to creating a certification program and making the program work and.

Hawaii is facing a critical shortage of primary care healthcare providers. In the case of primary care physicians, the shortage is now calculated at 282.5 physicians statewide. This shortfall is projected to worsen with the increased demand for health care from an aging population and the retirement of an aging physician population creating access issues on Oahu and the neighbor islands. The need to educate and train more doctors to care for our citizens is now a key component to meeting the healthcare needs of our communities. However, the lack of clinical education sites in Hawaii and the inadequate supply of qualified primary care preceptors are limiting factors in our efforts to educate future doctors and other healthcare providers. The cohort of preceptors consists of volunteers who share the responsibility and burden of training the future healthcare workforce. Developing sufficient clinical training opportunities requires a sufficient number of preceptors. HB 1967, HD1 is a means of encouraging preceptors to begin offering as well as continuing to offer training and supervision to students (students includes newly graduated physicians, often referred to as residents or fellows who are receiving the additional training needed for state medical licensure and specialty certification through residency and fellowship programs) in the healthcare professions.

Thank you for the opportunity to provide testimony.

Kelley Withy, M.D. Ph.D., Professor, Department of Family Medicine and Community Health

Hawaii/Pacific Basin Area Health Education Center (AHEC) Director

John A. Burns School of Medicine, University of Hawaii



UNIVERSITY of HAWAII®
KAPĪ'OLANI
COMMUNITY COLLEGE

Kapi'olani Community College
Physical Therapist Assistant Program

HB1967 HD1, RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS

House CPC Committee Hearing

Thurs, Feb. 13, 2018 – 2:00 pm

Room 329

Position: Support

Chair Baker and Vice Chair Tokuda, and Members of the Senate CPH Committee:

I am Michelle Dela Cruz, PT and Academic Coordinator, Director of Clinical Education (ACCE/DCE) at Kapi'olani Community College's Physical Therapy Assistant Program. We are a CAPTE accredited program with a PTA licensure pass rate of 92% + and a 100% employment rate. Our PTA program works closely with private and state hospitals, private outpatient facilities, long term care management services, rehab facilities, and home care facilities to teach our PTA students for a total of 4 internships each. This is a total of 680 hours of clinical education for each PTA student.

We agree that Hawaii, as well as the rest of the nation, faces a widening gap between healthcare supply and demand, which will affect patients who may have longer wait times to see providers and may result in poorer and more costly health outcomes.

Physical therapists (PTs) and PTAs volunteer-supervise our PTA students on internships while managing and practicing in private clinics or healthcare institutions similar to advanced practice registered nurses, physicians, dentists, and pharmacists. This year our PTA program lost 25 % of our clinical affiliation sites due to a \$250 to \$500 stipend charged per internship by 100% of our long term care facility sites. Kapi'olani Community College is expected to pay the PTs or PTAs to teach our students at long term facility sites. Our students and our state funded program are unable to pay this fee, it would greatly increase student program fees by 500% if initiated. If the clinical instructor PTs or PTAs were able to receive a tax credit incentive, this would greatly offset the suggested stipend charged to our students for clinical education. With 25% of our sites charging our school this year, we predict a steep increase in private and state facilities, who will follow this example and also charge us stipend fees in the near future. The proposed tax credit incentive would offset the need for a stipend fee. We **support** recent amendments in HD1 that would address these concerns.

Your support of HB1967 HD1 is appreciated. Thank you for the opportunity to testify. Please feel free to contact:

Michelle Dela Cruz, PT
Kapiolani Community College,
PTA Program Director of Clinical Education, ACCE
Phone: [808-352-5222](tel:808-352-5222)
Email: mdc88@hawaii.edu



**Written Testimony Presented Before the
House Committee on Consumer Protection & Commerce
February 13, 2018 2:00 p.m.**

**by
Laura Reichhardt, MS, APRN, NP-C, Director
Hawai'i State Center for Nursing
University of Hawai'i at Manoa**

**IN STRONG SUPPORT
H.B. 1967, HD1 RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS**

Chair Takumi, Vice Chair Ichiyama, and members of the House Committee on Consumer Protection and Commerce, thank you for this opportunity to provide testimony in strong support of this bill, H.B. 1969, HD1, with amendments. This bill aims to address the healthcare provider shortage, particularly in underserved areas, neighbor islands and in primary care, by establishing individual income tax credits for healthcare professionals who voluntarily serve as preceptors.

It is apparent in today's health care environment that a bottleneck to developing adequate numbers of healthcare providers, including advanced practice registered nurses, is the lack of qualified health provider preceptors. Precepted clinical experience is a mandatory component for health professional education. Without it, a student may not graduate, achieve national certification, or become licensed. Preceptors are licensed and practicing health care professionals who volunteer time during their work hours to oversee a health professional student, like an advanced practice nurse student. The clinical experience preceptors provide to students is in addition to their large patient care workload and is often uncompensated.

Our in-state health professional academic programs rely on community providers to provide over 1,000 preceptor rotations each year; however the need for preceptors is greater than the number of providers currently volunteering for this role. The Hawai'i State Center for Nursing conducted a survey of our in-state dental hygiene, graduate nursing, medicine and pharmacy programs which found that:

- 100% of our programs are moderately or very concerned about the number of clinical training sites available for their students
- More than 80% of in-state health profession schools had more difficulty finding clinical training sites in 2017 than in 2015.
- Over half of these programs have limited enrollment due to the lack of training sites

Outcomes of this preceptor shortage include health professional schools increasing the workload on their faculty to meet preceptor demands, increasing the number of students a preceptor oversees, and utilizing simulation in lieu of patient experience.

Historically, providers have engaged in precepting as a re-investment in their profession, however workload expectations and burnout are at an all-time high. Research indicates the financial incentive is one way to support, develop and grow the preceptor population of healthcare professionals. The concept of providing individual state income tax credits to healthcare professionals serving in voluntary, uncompensated preceptor roles has been passed in Georgia, Colorado and Maryland. North Dakota, Utah and New York are currently underway with their own efforts to establish such credits.

This bill aims to address two factors of the preceptor shortage with the aim of helping close the healthcare provider gap in our state.

1. Recognize and incent current preceptors for their current role through individual income tax credits. The intended outcome is to maintain the baseline preceptor population by creating an economic incentive for their voluntary work.
2. Grow the number of healthcare professionals who volunteer as preceptors, increasing the number of clinical rotations which a preceptor volunteers for, or both. The intended outcome is to grow the capacity of health education by expanding the preceptor population, across the state.

To achieve this incentive and goal to increase relieve the preceptor shortage, this bill proposes a \$1,000 individual income tax credit per in-state health professional student a health professional oversees in a preceptor role, with a maximum of \$5,000 tax credits per year per health professional.

To offset this expense, the Hawai'i State Center for Nursing respectfully requests the House Committee on Consumer Protection and Commerce to consider the economic analysis of full practice authority nurse practitioners in North Carolina¹ which found that, for APRNs, on average:

- “Each full-time APRN generates between \$11,800 and \$22,000 annually in state and local tax revenue across the state.”
- “Each new FTE APRN ... would support a minimum of \$273,000 in output across the state”.

With this consideration, HSCN posits that this contribution to the healthcare profession academic pipeline through preceptor income tax-credits may be offset with greater revenue gains to the state as new healthcare professionals, such as APRNs, enter practice in Hawai'i. Simultaneously, this investment in the healthcare professional academic pipeline will help Hawai'i close the gap of needed healthcare professionals, thus ensuring timely access to highly qualified and safe healthcare professionals for all people, in all regions of our state.

Additionally, the HSCN respectfully requests that the House Committee on Consumer Protection and Commerce pass this measure with the following proposed amendments. The proposed language will:

- Clarify the roles and responsibilities and rename the certifying group under the Department of Health to “Preceptor Credit Assurance Committee;
- Clarify the description of Advanced Practice Registered Nurse student;
- Clarify the description of “Medical student”, to include medical students, residents, and fellows;
- Remove the term “Resident and other health science trainee” and add term “Resident of Hawaii” to refer to a person living in Hawaii; and

Therefore, the HSCN respectfully requests that H.B. 1967, HD1 with the proposed HD2. We appreciate your continuing support of nursing in Hawai'i. Thank you for the opportunity to testify.

¹ Conover, C., & Richards, R. (2015). Economic benefits of less restrictive regulation of advanced practice nurses in North Carolina. *Nursing Outlook*, 63(5), 585–592.

ATTACHMENT WITH SUGGESTED AMENDMENTS TO HB 1967 HD1

Page 5 Lines 7-17 - Replace with the below content

(d) The Preceptor Credit Assurance Committee, established pursuant to section 321- , shall:

(1) Maintain records of the names, addresses, and license number of the qualified taxpayers claiming the credits under this section; and

(2) Verify the number of volunteer-based supervised clinical rotations each taxpayer conducted by

(i) verifying that each volunteer preceptor meets the requirements to serve as a preceptor

(ii) verifying the number of hours the taxpayer spent supervising an eligible primary care student or trainee in each volunteer-based supervised clinical rotation ;

(iii) verifying that the eligible student or trainee was enrolled in an academic program in this state;

(iv) and whether the taxpayer was uncompensated.

Page 5 Lines 18-19

Upon each determination, the Preceptor Credit Assurance Committee shall issue a certificate to the taxpayer verifying the number of volunteer-based supervised clinical training rotations supervised by the taxpayer.

Page 6 Lines 2-3, 5-6 and 7-8

(e) If in any taxable year the annual amount of certified credits reaches \$2,000,000 in the aggregate, the Credit Assurance Committee shall immediately discontinue certifying credits and notify the department of taxation. In no instance shall the Preceptor Credit Assurance Committee certify a total amount of credits exceeding \$2,000,000 per taxable year. To comply with this restriction, the Preceptor Credit Assurance Committee shall certify credits on a first come, first served basis.

Page 7 lines 2-4

"Advanced practice registered nurse student" means an individual participating in a degree granting academic program that is nationally accredited by the Commission on Collegiate Nursing Education for the education of primary care advanced practice registered nurses and recognized by the board of nursing pursuant to chapter 457.

Page 7 Lines 20-21

gistered nurse student, dental hygienist student, medical student, pharmacy student, psychology student, social work student, physical therapist assistant student who is a resident of Hawaii.

Page 8 Lines 2-14

"Medical student" means an individual participating in an academic program nationally accredited by the Liaison Committee on Medical Education or American Osteopathic Association Commission on Osteopathic College Accreditation leading to the M.D. or D.O. degree. For the purposes of this section the term medical student includes graduates from LCME and ACA-COCA programs who

have continued their training, in the role of resident or fellow, to obtain the additional qualifications needed for both medical licensure pursuant to chapter 453 and specialty certification.

Page 15 Lines 16-18

"Nationally accredited" means holding an institutional accreditation by name for such primary care education pursuant to chapter 447, 453, 457, 461J, 461 or 467E.

Page 9 lines 19- Page 10 line 1

Deleted "resident or similar health science trainee"

Added new definition for Resident to refer to residency in the state of Hawaii

~~"Resident or similar health science trainee" means a post-graduate health science trainee enrolled in an accredited academic program that is nationally accredited for such training pursuant to chapter 447, 453, 457, 461, 461J, 465, or 467E.~~

"Resident of Hawaii" means having established the person's domicile in the State and shows the person's intent is to make Hawaii the person's primary residence pursuant to §78-1 Citizenship and residence or meets the criteria for students/trainees in academic programs which have defined application residency requirements which emphasize a holistic commitment to Hawaii.

Page 10 line 18 to Page 12 line 11

"§321- Preceptor Credit Assurance Committee. (a) There is established the Preceptor Credit Assurance Committee within the department of health, to be convened by the University of Hawaii Hawaii/Pacific basin area health education center and center for nursing. The committee shall:

- (1) Develop and implement a plan for allocating and distributing healthcare preceptor tax credits under section 235- including
 - (i) Develop a process ensuring that requests for credit are reviewed and verifications are processed at least 30 days following the close of each calendar year
 - (ii) Developing the documentation process for the deans, directors or their designees to qualify a preceptor for the tax credit. This shall include:
 - a. Preceptor name, address, place of practice and Hawaii provider license number;
 - b. Dates and hours of volunteer-based supervised clinical rotation per eligible student;
 - c. Attestation that the volunteer-based supervised clinical rotation per eligible student or trainee is uncompensated; and
 - d. Other information as identified as necessary by the committee.

(3) Complete duties as described in section 235-

(b) is composed of representatives of academic programs with eligible students or trainees as established in section 235 subsection g.

(c) There shall be no civil liability for any member of the committee for any act done in furtherance of the purpose for which the committee was established. The proceedings of preceptor credit assurance committee authorized under this section shall not be subject to part I of chapter 92.

(d) as used in this section.

"Academic program" shall have the same meaning as in section 235- .

"Eligible student or trainee" shall have the same meaning as in section 235- ."

"Preceptor" shall have the same meaning as in section 235- ."

"Volunteer-based supervised clinical rotation "shall have the same meaning as in section 235- ."



**Testimony to the House Committee on Consumer Protection and Commerce
Tuesday, February 13, 2018; 2:00 p.m.
State Capitol, Conference Room 329**

RE: SUPPORTING THE INTENT OF HOUSE BILL NO. 1967, HOUSE DRAFT 1, RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS.

Chair Takumi, Vice Chair Ichiyama, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS THE INTENT** of House Bill No. 1967, HOUSE DRAFT 1, RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS.

The bill, as received by your Committee, would:

- (1) Establish an income tax credit to any taxpayer in an amount up of to \$1,000 for volunteer-based supervised clinical training rotations that the taxpayer provides in the role of “preceptor” for the applicable tax year;
- (2) Define “preceptor” as a dentist or dental surgeon, a physician or osteopathic physician, an advanced practice registered nurse, a pharmacist, a physical therapist, a psychologist, or a social worker licensed in the State;
- (3) Provide that the credit not exceed \$5,000 for any one income tax year regardless of the number of volunteer-based supervised clinical training rotations undertaken by the taxpayer during the applicable income tax year or the number of eligible students or trainees the taxpayer instructs;
- (4) Provide that the total amount of tax credit certificates that may be issued for each taxable year not exceed \$2,000,000;
- (5) Establish a Health Provider Preceptor Tax Credit Working Group (Working Group) to be convened by the Hawaii Pacific Region Area Health Education Center and the Hawaii State Center for Nursing, and comprised of the Deans or directors of each academic program that is nationally accredited for the training of dental hygienists, physicians or osteopathic physicians, advanced practice registered nurses, pharmacists, psychologists, and social workers;

- (6) Direct the Working Group to maintain records of the names and addresses of the qualified taxpayers claiming the credits, and certify that each taxpayer satisfies the requirements for allowance of the tax credit;
- (7) Require the Department of Health to evaluate the efficacy of the healthcare preceptor tax credit and report findings and recommendations to the 2024 Legislature; and
- (8) Take effect on July 1, 3000; and apply to taxable years beginning after December 31, 2018.

Federally Qualified Health Centers (FQHCs) provide desperately needed medical services at the frontlines in rural communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of health.

The State of Hawaii is experiencing a severe shortage of health care professionals in the workforce, especially in rural areas. Recent studies note that the current shortage of physicians is at 20% of the total full-time equivalent positions throughout the State. The shortage is especially severe in the fields of primary care, infectious diseases, colorectal surgery, pathology, general surgery, pulmonology, neurology, neurosurgery, orthopedic surgery, family medicine, cardiothoracic surgery, rheumatology, cardiology, hematology/oncology, and pediatric subspecialties of endocrinology, cardiology, neurology, hematology/oncology, and gastroenterology.

This bill would create a financial incentive to enhance the quality and stock of Hawaii's future healthcare workforce. Accordingly we commend this effort and wish to participate in any and all discussions concerning workforce development.

For these reasons, we **SUPPORT THE INTENT** of this measure and urge your favorable consideration to facilitate continued discussion on this very important issue.

In advance, thank you for your consideration of our testimony.



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

TO: COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Roy M. Takumi, Chair
Rep. Linda Ichiyama, Vice Chair

DATE: Tuesday, February 13, 2018
TIME: 2:00 P.M.
PLACE: Conference Room 329

FROM: Hawaii Medical Association
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HB 1967 RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS

Position: SUPPORT

On behalf of the physician and medical student members of the Hawaii Medical Association, we are writing regarding our ongoing commitment to reform of the health care system.

This measure would allow healthcare providers to receive tax credits for acting as preceptors in volunteer-based supervised clinical training rotations provided to eligible students that enable the students to obtain an eligible healthcare professional degree or certificate.

The University of Hawaii's Physician Workforce Assessment found Oahu needs 381 physicians, up from 339 last year, while the Big Island is short 196 providers, compared with the 183 needed last year. Maui County has a deficit of 139, up from 125, while Kauai needs 53 doctors, down from 62.

Primary care providers are the largest group in short supply, followed by infectious disease specialists on Oahu and Kauai, colorectal surgeons on the Big Island and geriatric doctors in Maui County.

The health care industry for years has struggled to recruit doctors, particularly to rural communities on the neighbor islands. To improve our severe shortage we must train, recruit and improve our medical practice climate. This measure is a small step towards achieving this very necessary goal.

HMA OFFICERS

President – William Wong, Jr., MD President-Elect – Jerry Van Meter, MD Secretary – Thomas Kosasa, MD
Immediate Past President – Bernard Robinson, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Christopher Flanders, DO



**WAIANAЕ COAST
COMPREHENSIVE
HEALTH CENTER**
www.wcchc.com

February 12, 2018

COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Rep. Roy Takumi, Chair

Rep. Linda Ichiyama, Vice Chair

DATE: Tuesday, February 13, 2018

TIME: 2:00 pm

PLACE: Conference Room 329

TESTIMONY in SUPPORT of HB 1967, HD1 (WITH CHANGES): Relating to Healthcare Preceptor Tax Credits

SUBMITTED BY:

Nick Hughey, Chief Operations Officer

WAIANAЕ COAST COMPREHENSIVE HEALTH CENTER

The Waianae Coast Comprehensive Health Center provides 200,000 primary care visits annually to families, of which 67% have incomes below federal poverty levels. **Although we support the intent of HB1967, HD1, we ask that the Committee consider replacing the definition:**

“Academic program means an academic program that holds its principal accreditation in Hawaii.”

We recognize that there is worsening shortage of Primary Care Providers (PCP’s) in Hawaii. This situation is particularly acute in medically underserved areas (MUA’s) of our State. In these MUA’s, medical complexity and social conditions combine to create the need for enhanced recruitment strategies, to shift some professional education to community based settings, and to structure this training around comprehensive team based care. In an effort to address this shortage, we have been partnered with educational institutions for many years to train at our facility.

Our legislature may not know that **each year at the Health Center we are training approximately 83 health care professionals. We provide these programs at little or no cost to our State.** Our students and their training programs are as follows:

- 5 psychology interns from various programs in Hawaii.
- 10 Bachelor of Science in Nursing under UH – Hilo School of Nursing.

- 24 nurse practitioner students from UH School of Nursing and Hawaii Pacific University.
- 2 social work Interns from UH-School of Social Work.
- 2 pharmacy Interns from UH-Hilo School of Pharmacy.
- 6 Nurse Practitioner Residents under the CHC, Inc. in Connecticut.
- 4 dental residents under the Lutheran Medical Center-New York.
- 30 osteopathic medical students under the A.T. Still University (ATSU) School of Osteopathic Medicine program from Mesa, Arizona (*no cost to State*).

In July 2007, the Health Center was selected as one of 11 ATSU “hub sites” located at community health center campuses across the country. This innovative program was developed in response to the critical nationwide shortage of primary care doctors. The medical students spend their second, third and fourth year of training at the Health Center. We are unique in the fact that our medical students stay in the same rural community for three years. Our Waianae doctors, and other professionals, serve as faculty.

Since 2011, 62 doctors have graduated from the Waianae Campus of ATSU-SOMA with 76% choosing primary care for their residency.

While beyond the scope of this legislation, we also urge the legislature to pursue an expanded approach to addressing primary care and provider shortages in the future. Serious thought should be given to developing a robust Community Health Center-based Family Practice Residency system. We are losing too many Hawaii trained doctors to “mainland” residency programs.

We support the spirit of the bill and the groups working towards a solution

Thank you for considering the importance of this language change to HB 1967, HD1 and your long term vision to address the shortage of primary care providers in Hawaii.

HB-1967-HD-1

Submitted on: 2/12/2018 1:30:31 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Uyemoto	The Hawaii Pharmacists Association	Support	No

Comments:

The Hawaii Pharmacists Association Strongly Supports HB1967 HD1

Preceptors are a critical component of the clinical and hands-on training that students need to gain real life skills and experiences towards their professional degree. By incentivizing being a preceptor, we will hopefully attract more preceptors to Hawaii and create more preceptor sites. This will benefit our students by providing them with valuable training opportunities which they may not be able to receive anywhere else.

HB-1967-HD-1

Submitted on: 2/12/2018 1:11:31 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Weinstein	R. Weinstein, Inc.	Support	No

Comments:



HAWAII CHAPTER - AMERICAN PHYSICAL THERAPY ASSOCIATION

(800) 554-5569 x13 • www.hapta.org • info@hapta.org

HB1967hd1, RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS

Hse CPC Committee Hearing

Tuesday, Feb. 13, 2018 – 2:00 pm

Room 329

Position: Support, w/ Amendment

Chair Takumi and Vice Chair Ichiyama, and Members of the Hse CPC Committee:

I am Gregg Pacilio, physical therapist and Board President of the Hawaii Chapter of the American Physical Therapy Association (HAPTA), a non-profit professional organization serving more than 340 member Physical Therapists and Physical Therapist Assistants. We are movement specialists and are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum functioning from neuromusculoskeletal injuries and impairments.

We agree that Hawaii, as well as the rest of the nation, faces a widening gap between healthcare supply and demand, which will affect patients who may have longer wait times to see providers and may result in poorer and more costly health outcomes.

We are pleased that physical therapists have been included in this measure. We feel this proposed tax credit will encourage more PTs to take on student interns as part of the career pathway for physical therapy. HAPTA supports in-state programs such as Kapiolani Community College's Physical Therapist Assistant Program, whose clinical education has recently been affected by companies requiring the school to pay a stipend of up to \$500 before they accept students. This has resulted in KCC losing 100% of their skilled nursing facility sites, which is a 25% reduction in total clinical sites. The proposed tax credit incentive would facilitate more PTs to train students, thus offsetting this loss.

We respectfully request the following amendment which would be consistent with other healthcare professions included in the working group:

Page 10, new lines, beginning with line 21, (b) The working group shall be composed of the following members or their designees:

"Deans or directors of each academic program that is nationally accredited for the training of physical therapist assistants pursuant to chapter 461J."

Your support of HB1967hd1 is appreciated. Thank you for the opportunity to testify. Please feel free to contact Justin Ledbetter, DPT, at (334) 740-0323 for further information.

HB-1967-HD-1

Submitted on: 2/12/2018 1:45:37 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities Committee	Support	No

Comments:

TAX FOUNDATION OF HAWAII

126 Queen Street, Suite 304

Honolulu, Hawaii 96813 Tel. 536-4587

SUBJECT: INCOME, Healthcare Preceptor Tax Credits

BILL NUMBER: HB 1967 HD 1

INTRODUCED BY: House Committee on Health & Human Services

EXECUTIVE SUMMARY: This bill provides a credit for doctors who teach other doctors. It is much simpler and much less expensive in administrative costs for the Healthcare Preceptor Working Group, or the agency to which it is attached, to cut a check to any qualifying physician.

SYNOPSIS: Adds a new section to chapter 235, HRS, to allow a healthcare preceptor tax credit for supervising volunteer-based supervised clinical training rotations. The amount of the credit is \$1,000 for each rotation supervised by the taxpayer, to a maximum of \$5,000 per taxable year with an aggregate statewide cap of \$2 million.

Provides that the healthcare preceptor tax credit working group, which is established by the bill, will maintain records of the taxpayers qualifying for credit and certify the credit amount. The certificate of the credit amount would be submitted with the taxpayer's return.

Adds a new section to chapter 321, HRS, to establish the healthcare preceptor tax credit working group.

EFFECTIVE DATE: July 1, 3000; the credit applies to taxable years beginning after December 31, 2018.

STAFF COMMENTS: A tax return is one of the most complicated documents for government agencies to process. The administrative costs associated with each one can quickly make heads spin. If the only action that is going to be requested of the tax system is to credit the account of a participating doctor in an amount previously determined by the new working group, it is questionable why the tax system needs to be involved. Write the participating doctor a check! The participating doctor gets a financial benefit more quickly (upon receipt of the check, as opposed to a tax refund issued in the middle or end of the following year) and state government is spared the gargantuan effort needed to issue a refund (working group certifies credit, taxpayer submits credit to DOTAX, DOTAX asks DAGS to cut a refund check, DAGS issues the check).

Digested 2/10/2018

**Written Testimony Presented Before the
House Committee on Consumer Protection and Commerce
February 13, 2018 2:00 p.m.
Amy Thomas, MSN, APRN, FNP, Past President
American Organization of Nurse Executives—Hawai'i Chapter**

**IN STRONG SUPPORT, WITH AMENDMENTS
HB 1967 RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS**

Chair Takumi, Vice Chair Ichiyama, and members of the House Committee on Consumer Protection and Commerce, thank you for this opportunity to provide testimony in strong support of this bill, HB 1967, with amendments. This bill aims to address the healthcare provider shortage, particularly in underserved areas, neighbor islands and in primary care, by establishing individual income tax credits for healthcare professionals who voluntarily serve as preceptors.

It is apparent in today's health care environment that a bottleneck to developing adequate numbers of healthcare providers, including advanced practice registered nurses, is the lack of qualified health provider preceptors. Precepted clinical experience is a mandatory component for health professional education. Without it, a student may not graduate, achieve national certification, or become licensed. Preceptors are licensed and practicing health care professionals who volunteer time during their work hours to oversee a health professional student, like an advanced practice nurse student. The clinical experience preceptors provide to students is in addition to their large patient care workload and is often uncompensated.

Our in-state health professional academic programs rely on community providers to provide over 1,000 preceptor rotations each year; however the need for preceptors is greater than the number of providers currently volunteering for this role. The Hawai'i State Center for Nursing conducted a survey of our in-state dental hygiene, graduate nursing, medicine and pharmacy programs which found that:

- 100% of our programs are moderately or very concerned about the number of clinical training sites available for their students
- More than 80% of in-state health profession schools had more difficulty finding clinical training sites in 2017 than in 2015.
- Over half of these programs have limited enrollment due to the lack of training sites

Outcomes of this preceptor shortage include health professional schools increasing the workload on their faculty to meet preceptor demands, increasing the number of students a preceptor oversees, and utilizing simulation in lieu of patient experience.

Historically, providers have engaged in precepting as a re-investment in their profession, however workload expectations and burnout are at an all-time high. Research indicates the financial incentive is one way to support, develop and grow the preceptor population of healthcare professionals. The concept of providing individual state income tax credits to healthcare professionals serving in voluntary, uncompensated preceptor roles has been passed in Georgia, Colorado and Maryland. North Dakota, Utah and New York are currently underway with their own efforts to establish such credits.

This bill aims to address two factors of the preceptor shortage with the aim of helping close the healthcare provider gap in our state.

1. Recognize and incent current preceptors for their current role through individual income tax credits. The intended outcome is to maintain the baseline preceptor population by creating an economic incentive for their voluntary work.
2. Grow the number of healthcare professionals who volunteer as preceptors, increasing the number of clinical rotations which a preceptor volunteers for, or both. The intended outcome is to grow the capacity of health education by expanding the preceptor population, across the state.

To achieve this incentive and goal to increase relieve the preceptor shortage, this bill proposes a \$1,000 individual income tax credit per in-state health professional student a health professional oversees in a preceptor role, with a maximum of \$5,000 tax credits per year per health professional.

To offset this expense, the American Organization of Nurse Executives (AONE)---Hawai'i Chapter respectfully requests the Senate Committee on Commerce, Consumer Protection and Health to consider the economic analysis of full practice authority nurse practitioners in North Carolina¹ which found that, for APRNs, on average:

- “Each full-time APRN generates between \$11,800 and \$22,000 annually in state and local tax revenue across the state.”
- “Each new FTE APRN ... would support a minimum of \$273,000 in output across the state”.

With this consideration, the AONE Hawai'i Chapter posits that this contribution to the healthcare profession academic pipeline through preceptor income tax-credits may be offset with greater revenue gains to the state as new healthcare professionals, such as APRNs, enter practice in Hawai'i. Simultaneously, this investment in the healthcare professional academic pipeline will help Hawai'i close the gap of needed healthcare professionals, thus ensuring timely access to highly qualified and safe healthcare professionals for all people, in all regions of our state.

Additionally, the AONE Hawai'i Chapter respectfully requests that the Senate Committee on Commerce, Consumer Protection and Health consider the attached amendment recommendations. The proposed language is highlighted in yellow in the attached document. These amendments will:

- Add Social Work as eligible students, residents/trainees and preceptors
- Amend the definition of “Nationally Accredited” to recognize the individual health professional academic accreditation as determined by its respective regulatory board or program.
- Update the report title and description to reflect the above amendments.

Therefore, AONE Hawai'i Chapter respectfully requests that HB 1967 pass amended. We appreciate your continuing support of nursing and healthcare in Hawai'i. Thank you for the opportunity to testify.

¹ Conover, C., & Richards, R. (2015). Economic benefits of less restrictive regulation of advanced practice nurses in North Carolina. *Nursing Outlook*, 63(5), 585–592.

Page 3, Lines 5-6

Developing sufficient clinical training opportunities **and field placements** in areas of high demand requires a sufficient number of appropriately trained preceptors, but the limited availability of preceptors restricts in-state healthcare academic institutions from expanding healthcare provider training.

Page 3, Lines 19-20

The purpose of this Act is to create a tax credit that encourages preceptors to offer professional instruction, training, and supervision to students and residents seeking careers as healthcare providers throughout Hawaii, with the intention of building capacity for clinical education at in-state academic programs that are nationally accredited for the training of medical, nursing, dental hygiene, **social work, psychology** or pharmacy professionals.

Page 7, Line 14-15

"Eligible professional degree or training certificate" means a degree or certificate that fulfills a requirement to be a dental hygienist pursuant to chapter 447, a physician or osteopathic physician pursuant to chapter 453, an advanced practice registered nurse pursuant to chapter 457, a pharmacist pursuant to chapter 461, ~~or~~ a psychologist pursuant to chapter 465, **or a social worker pursuant to chapter 467E.**

Page 7, Line 18

"Eligible student or trainee" means an advanced practice registered nurse student, dental hygienist student, medical student, pharmacy student, psychology student, **social work student,** or resident or similar health science trainee.

Page 8, Lines 16-17

"Preceptor" means a dentist or dental surgeon licensed pursuant to chapter 448, a physician or osteopathic physician licensed pursuant to chapter 453, an advanced practice registered nurse licensed pursuant to chapter 457, a pharmacist licensed pursuant to chapter 461, ~~or~~ a psychologist licensed pursuant to chapter 465, **or a social worker pursuant to chapter 467E who may be either licensed or unlicensed.**

Page 9, Between content on lines 4-5

"Social worker student" means an individual participating in an academic program in this state that is nationally accredited for the training of social work professionals pursuant to chapter 467E.

Page 10, after line 20

(5) Deans or directors of each academic program that is nationally accredited for the training of psychology pursuant to chapter 465.

(6) Deans or directors of each academic program that is nationally accredited for the training of social work pursuant to chapter 467E.

Report Title:

Registered Nurses; Doctors; Dentists; Dental Hygienists;
Pharmacists; Psychologists; Preceptors; Social Workers; Tax
Credits

Description:

Allows advanced practice registered nurses, physicians, dentists, psychologists, and pharmacists, and social workers to receive tax credits for acting as preceptors in volunteer-based supervised clinical training rotations provided to eligible students that enable the students to obtain an eligible healthcare professional degree or certificate.

Tuesday, February 13, 2018 at 2:00pm
Conference Room 329

House Committee on Consumer Protection & Commerce

To: Representative Roy M. Takumi, Chair
Representative Linda Ichiyama, Vice Chair

From: Michael Robinson
VP, Government Relations

Re: Testimony in Support of HB 1967 HD 1 – Relating to Healthcare Preceptor Tax Credits

My name is Michael Robinson, VP and Government Relations at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawai'i and the Pacific Region with high quality, compassionate care. Its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox – specialize in innovative programs in women's health, pediatric care, cardiovascular services, cancer care, bone and joint services and more. Hawai'i Pacific Health is recognized nationally for its excellence in patient care and the use of electronic health records to improve quality and patient safety.

I write in strong support of HB 1967 HD 1 which will support workforce development by establishing individual income tax credits for professionals who serve as uncompensated preceptors to UH students in graduate nursing, psychology, social work programs, John A. Burns School of Medicine, and the Daniel K. Inouye College of Pharmacy.

Preceptors are licensed and practicing health care professionals who oversee a health professional student in gaining the clinical experience required by national accreditors and State of Hawai'i licensing boards. The uncompensated, voluntary precepting takes place at their place of employment and is above and beyond their patient care workload and employment responsibilities. Also, the preceptor must develop a set of coaching or teaching skills above and beyond that required for their employment. Such preceptors are committed to educating the next generation but are reporting increasing fatigue and burnout due to the competing demands on their time and we are facing a shortage of preceptors for all the health professions students. This shortage impacts the University of Hawai'i's ability to accept Hawai'i students into our programs and prepare an adequate number of future professionals to meet the demands for healthcare providers for the people of Hawai'i. As demands increase on health care providers, they are

requesting recognition for their preceptor activities to offset longer hours worked or fewer patient visits.

A 2017 Hawai'i State Center for Nursing (HSCN) survey of in-state dental hygiene, pharmacy, medicine and graduate nursing schools found that all responding schools are moderately or very concerned about the small number of clinical training sites available for their students; more than 80% of in-state health profession schools had more difficulty finding clinical training sites in 2017 than in 2015; and over half of these programs have limited enrollment due to the lack of training sites. As an example, the UH Mānoa School of Nursing and Dental Hygiene Doctor of Nursing Practice (DNP) Program graduates primary care nurse practitioners who manage patient panels, and assess, evaluate, diagnose, develop treatment plans including prescribing medication. Due to the lack of preceptors, they admit only 29% of the qualified Hawai'i applicants. Yet, the state has a continuing shortage of primary care providers.

Georgia, Maryland and Colorado have enacted legislation for preceptor individual income tax credits and Utah, North Dakota and New York currently are undertaking similar efforts to both maintain and grow the preceptor capacity in their states. The Hawai'i approach is highly interprofessional as we recognize the need for team care delivery to address community needs. By addressing the preceptor shortage as the University of Hawai'i system, we will move our state closer to sustainable interprofessional education and care delivery.

The University of Hawaii notes the economic benefit provided by the health workforce. A North Carolina economic analysis found that each full time APRN in their state can contribute, minimally, \$273,000 in direct economic output and between \$11,800 and \$22,000 in state and local tax revenue¹. A recent American Medical Association economic analysis found that physicians in Hawai'i contribute, on average, \$2,282,615 in direct economic output and \$110,494 in state and local tax revenue².

A state investment in the healthcare professions academic pipeline through preceptor income tax-credits will improve the University of Hawai'i's ability to develop and grow future healthcare professionals in this state, close the gap on the shortage of health care professionals, and increase economic revenues statewide.

Therefore, on behalf of Hawai'i Pacific Health, we respectfully request that HB 1967 HD 1 be passed.

¹ Conover, C., & Richards, R. (2015). Economic benefits of less restrictive regulation of advanced practice nurses in North Carolina. *Nursing Outlook*, 63(5), 585–592.

² American Medical Association [AMA]. (2018). The economic impact of physicians in Hawaii: State report. Retrieved from <https://www.physicianseconomicimpact.org/pdf/FullStateReports/HI-Study.pdf>

Tuesday, February 13, 2018 at 2:00pm
Conference Room 329

House Committee on Consumer Protection & Commerce

To: Representative Roy M. Takumi, Chair
Representative Linda Ichiyama, Vice Chair

From: Art Gladstone
CEO, Straub, and Chief Nurse Executive, HPH

**Re: Testimony in Support of HB 1967 HD 1 – Relating to Healthcare Preceptor
Tax Credits**

My name is Art Gladstone, CEO of Straub and Chief Nurse Executive, HPH. Founded in 1921, Straub Medical Center includes a 159-bed hospital in Honolulu, a network of neighborhood clinics and a visiting specialist program that reaches throughout the state of Hawai'i. With over 200 physicians who are leaders in their fields, Straub provides its patients with diagnoses and treatments for more than 32 different medical specialties, including bone and joint, heart, cancer, endocrinology/diabetes, family medicine, gastroenterology, geriatric medicine, internal medicine, vascular and urology. Straub is home to the Pacific Region's only multidisciplinary burn treatment center. The hospital consistently brings new technologies and innovative medical practices to Hawai'i, such as minimally invasive cardiac surgery and total joint replacement. Straub is an affiliate of Hawai'i Pacific Health, one of the state's largest health care providers and a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawai'i and the Pacific Region with high quality, compassionate care. In addition to Straub, Hawai'i Pacific Health includes Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center and Wilcox Medical Center.

I write in strong support of HB 1967 HD 1 which will support workforce development by establishing individual income tax credits for professionals who serve as uncompensated preceptors to UH students in graduate nursing, psychology, social work programs, John A. Burns School of Medicine, and the Daniel K. Inouye College of Pharmacy.

Preceptors are licensed and practicing health care professionals who oversee a health professional student in gaining the clinical experience required by national accreditors and State of Hawai'i licensing boards. The uncompensated, voluntary precepting takes

place at their place of employment and is above and beyond their patient care workload and employment responsibilities. Also, the preceptor must develop a set of coaching or teaching skills above and beyond that required for their employment. Such preceptors are committed to educating the next generation but are reporting increasing fatigue and burnout due to the competing demands on their time and we are facing a shortage of preceptors for all the health professions students. This shortage impacts the University of Hawai'i's ability to accept Hawai'i students into our programs and prepare an adequate number of future professionals to meet the demands for healthcare providers for the people of Hawai'i. As demands increase on health care providers, they are requesting recognition for their preceptor activities to offset longer hours worked or fewer patient visits.

A 2017 Hawai'i State Center for Nursing (HSCN) survey of in-state dental hygiene, pharmacy, medicine and graduate nursing schools found that all responding schools are moderately or very concerned about the small number of clinical training sites available for their students; more than 80% of in-state health profession schools had more difficulty finding clinical training sites in 2017 than in 2015; and over half of these programs have limited enrollment due to the lack of training sites. As an example, the UH Mānoa School of Nursing and Dental Hygiene Doctor of Nursing Practice (DNP) Program graduates primary care nurse practitioners who manage patient panels, and assess, evaluate, diagnose, develop treatment plans including prescribing medication. Due to the lack of preceptors, they admit only 29% of the qualified Hawai'i applicants. Yet, the state has a continuing shortage of primary care providers.

Georgia, Maryland and Colorado have enacted legislation for preceptor individual income tax credits and Utah, North Dakota and New York currently are undertaking similar efforts to both maintain and grow the preceptor capacity in their states. The Hawai'i approach is highly interprofessional as we recognize the need for team care delivery to address community needs. By addressing the preceptor shortage as the University of Hawai'i system, we will move our state closer to sustainable interprofessional education and care delivery.

The University of Hawaii notes the economic benefit provided by the health workforce. A North Carolina economic analysis found that each full time APRN in their state can contribute, minimally, \$273,000 in direct economic output and between \$11,800 and \$22,000 in state and local tax revenue¹. A recent American Medical Association economic analysis found that physicians in Hawai'i contribute, on average, \$2,282,615 in direct economic output and \$110,494 in state and local tax revenue².

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² American Medical Association [AMA]. (2018). The economic impact of physicians in Hawaii: State report. Retrieved from <https://www.physicianseconomicimpact.org/pdf/FullStateReports/HI-Study.pdf>

A state investment in the healthcare professions academic pipeline through preceptor income tax-credits will improve the University of Hawai'i's ability to develop and grow future healthcare professionals in this state, close the gap on the shortage of health care professionals, and increase economic revenues statewide.

Therefore, on behalf of Straub Medical Center, we respectfully request that HB 1967 HD 1 be passed.



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Twenty-Ninth Legislature, State of Hawaii
House of Representatives
Committee on Consumer Protection & Commerce

Testimony by
Hawaii Government Employees Association

February 13, 2018


H.B. 1967 – RELATING
TO HEALTHCARE PRECEPTOR TAX CREDITS

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO supports the intent of H.B. 1967 which would allow healthcare professionals to receive tax credits for acting as preceptors in a volunteer-based training program for eligible students to obtain a professional degree or certificate in healthcare.

The Hawaii Government Employees Association recognizes that the current shortage of healthcare providers and access to healthcare is a prevalent issue. There must be a balance between healthcare workforce supply and demand in order to ensure that there is an adequate workforce of qualified healthcare providers for the people of Hawai'i. Establishing tax exemptions for preceptor programs would encourage preceptors to participate in the training and instruction of students and residents seeking careers as healthcare providers in Hawaii.

Thank you for the opportunity to testify in support of H.B. 1967.

Respectfully submitted,

for 
Randy Perreira
Executive Director

Carolyn Ma

I strongly support this bill as a health care professional (pharmacist) and as a leader/administrator (Dean for the Daniel K. Inouye College of Pharmacy, UH Hilo) of a health professional academic program. The DKICP was established in 2006 and has had seven graduating classes since 2011. The Doctor of Pharmacy degree (PharmD) is the flagship degree of the Daniel K. Inouye College of Pharmacy (DKICP) at UH Hilo.

The four year curriculum contains 70% didactic classroom and 30% experiential or 'clinical rotations'. Clinical rotations are held through the four years and the Accreditation Council of Pharmacy Education (ACPE), our accreditation body, requires a minimum of 1440 hours in experiential education. The last year (P4) of the curriculum is composed of Advanced Pharmacy Practice Experientials (APPE). Clinical rotations through the four years are precepted by practicing pharmacists. The majority of clinical preceptors come from our DKICP Pharmacy Practice faculty. Their major responsibilities include: 1) practice in –residence at a hospital or clinic facility through the four major islands; 2) experiential rotation teaching at their practice site; 3) didactic teaching; 4) research and; 4) community service.

A small percentage of experiential rotations are precepted by non-compensated pharmacists who are employed by other pharmacies, hospitals and health organizations. These non-compensated preceptors' main responsibility is to direct patient care at the facility that employs them and any addition of a student for experiential precepting is purely voluntary. Thus the burden of precepting students falls on the DKICP faculty and since 2007, the faculty to date, especially in the hospital, acute care and the ambulatory care clinic settings, precepted a range from 150 -250% of their capacity. We have at times decreased class size or sacrificed other types of rotations in order to assure that our students have sufficient experiential sites and the best preceptors. The burden has become increasingly difficult without help from non-compensated pharmacist preceptors.

In addition, many pharmacy school graduates will continue on to post-graduate residency programs (PGY) for further clinical training in general pharmacy practice as well as in specialty areas that include but are not limited to ambulatory care, community pharmacy, oncology, nutrition, nuclear medicine, psychiatry and mental health, and critical care medicine. Hawaii hospitals and the DKICP have PGY1 and PGY2 programs that also require pharmacist preceptors, this is a similar course of training to medicine.

Pharmacists are the most accessible community health care professionals and work with health care colleagues in a number of different practice areas such as in acute care

hospitals, ambulatory care clinics and long-term care facilities. Health care colleagues such as physicians, nurses, psychologists, naturopaths, dieticians, public health professionals rely on pharmacists as a vital source of drug therapy expertise and as partners in providing safe, effective and cost efficient drug therapy management for best practice patient care.

It is our hope that HB 1967 Preceptor Tax Credit bill will help to incentivize and in a small degree, compensate efforts of non-compensated pharmacist preceptors.

My name is Camlyn Masuda and I am an Assistant Professor for the University of Hawaii at Hilo, Daniel K. Inouye College of Pharmacy and an ambulatory care pharmacist.

I strongly support this bill as a health care professional (pharmacist) and as an assistant professor (Daniel K. Inouye College of Pharmacy, UH Hilo) of a health professional academic program. The DKICP was established in 2006 and has had seven graduating classes since 2011. The Doctor of Pharmacy degree (PharmD) is the flagship degree of the Daniel K. Inouye College of Pharmacy (DKICP) at UH Hilo. The four year curriculum contains 70% didactic classroom and 30% experiential or 'clinical rotations'. Clinical rotations are held through the four years and the Accreditation Council of Pharmacy Education (ACPE), our accreditation body, requires a minimum of 1440 hours in experiential education. The last year (P4) of the curriculum is composed of Advanced Pharmacy Practice Experientials (APPE). Clinical rotations through the four years are precepted by practicing pharmacists. The majority of clinical preceptors come from our DKICP Pharmacy Practice faculty. Their major responsibilities include: 1) practice in –residence at a hospital or clinic facility through the four major islands; 2) experiential rotation teaching at their practice site; 3) didactic teaching; 4) research and; 4) community service. A small percentage of experiential rotations are precepted by non-compensated pharmacists who are employed by other pharmacies, hospitals and health organizations. These non-compensated preceptors' main responsibility is to direct patient care at the facility that employs them and any addition of a student for experiential precepting is purely voluntary. Thus the burden of precepting students falls on the DKICP faculty and since 2007, the faculty to date, especially in the hospital, acute care and the ambulatory care clinic settings, precepted a range from 150-250% of their capacity. We have at times decreased class size or sacrificed other types of rotations in order to assure that our students have sufficient experiential sites and the best preceptors. The burden has become increasingly difficult without help from non-compensated pharmacist preceptors. In addition, many pharmacy school graduates will continue on to post-graduate residency programs (PGY) for further clinical training in general pharmacy practice as well as in specialty areas that include but are not limited to ambulatory care, community pharmacy, oncology, nutrition, nuclear medicine, psychiatry and mental health, and critical care medicine. Hawaii hospitals and the DKICP have PGY1 and PGY2 programs that also require pharmacist preceptors, this is a similar course of training to medicine. Pharmacists are the most accessible community health care professionals and work with health care colleagues in a number of different practice areas such as in acute care hospitals, ambulatory care clinics and long-term care facilities. Health care colleagues such as physicians, nurses, psychologists, naturopaths, dieticians, public health professionals rely on pharmacists as a vital source of drug therapy expertise and as partners in providing safe, effective

and cost efficient drug therapy management for best practice patient care. It is our hope that SB 2298 Preceptor Tax Credit bill will help to incentivize and in a small degree, compensate efforts of non-compensated pharmacist preceptors.

Thank you for your consideration.

Sincerely,
Camlyn Masuda

HB-1967-HD-1

Submitted on: 2/10/2018 2:21:21 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Lteif	Individual	Support	No

Comments:

My name is Louis Lteif, I am a pharmacist and a faculty member at DKICP and I fully support this bill. Thank you

HB-1967-HD-1

Submitted on: 2/10/2018 2:33:12 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jarred Prudencio	Individual	Support	No

Comments:

My name is Jarred Prudencio and I am a pharmacist and a faculty member of the Daniel K. Inouye College of Pharmacy (DKICP) at the University of Hawaii at Hilo. I fully support this bill. I am an alumnus of DKICP, and as a student had great appreciation for the efforts my preceptors made to ensure that I had outstanding training experiences. Now as a faculty member and preceptor myself, I precept many students within 1 academic year. This bill would be a great way to give back to our preceptors, especially our non-faculty preceptors, as they voluntarily give their best efforts to educate the future healthcare providers of our Hawaii community without any compensation.

HB-1967-HD-1

Submitted on: 2/10/2018 6:18:42 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lara Gomez	Individual	Support	No

Comments:

I am a faculty member at the UH Hilo Daniel K Inouye College of Pharmacy and fully support this bill.

HB-1967-HD-1

Submitted on: 2/10/2018 6:54:46 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Wheelock	Individual	Support	No

Comments:

My name is Anne Wheelock, I am a pharmacist (licensed in Hawaii # 783) and I fully support this bill.

Thank you.

Sincerely,

Anne Wheelock

HB-1967-HD-1

Submitted on: 2/10/2018 7:41:55 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Chris Lai hipp	Individual	Support	No

Comments:

I would like to offer my strong support of HB 1967, and the continued inclusion of preceptors that voluntarily assist Doctor of Pharmacy students during their clinical rotations. As a proud resident of Hawaii, who obtained their degree from the Daniel K. Inouye College of Pharmacy, I know first hand how difficult it was to find enough clinical preceptors locally to teach our students. Now as a practicing Clinical Pharmacist in a busy Emergency Department on Oahu, I gladly offer my time to precept the next generations of medical professionals. That time is not limited onlt to training Pharmacy Students, but also Medical, Nursing, Respiratory Therapy, and Emergency Medical Technician students as well. I hope that this bill will be met with success, and serve as a model program for the rest of the country as well. Thank you for your consideration.

HB-1967-HD-1

Submitted on: 2/10/2018 10:34:56 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Koryn-Michele Kinoshita Yuen	Individual	Support	No

Comments:

My name is Koryn-Michele Kinoshita Yuen and I am a pharmacist and I fully support this bill.

HB-1967-HD-1

Submitted on: 2/11/2018 7:34:21 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Eleadon Vita	Individual	Support	No

Comments:

My name is Eleadon Vita, and I am a pharmacist at Costco Pharmacy #687 in Iwilei. I have been a preceptor for various schools of pharmacy since 1994 and there is a current need of preceptors in the state of Hawaii. Preceptors are an integral part of any healthcare professional school curriculum, and are not compensated in any way. This bill will be an incentive to increase the number preceptors in Hawaii and will improve the quality of training of the healthcare students who will eventually be treating our ohana.

Written Testimony Submitted to the
House Committee on Consumer Protection & Commerce
February 13, 2018
By

Jerris Hedges, MD

HB 1967, HD1 –RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS

Chair Takumi, Vice Chair Ichiyama, and members of the committee:

Thank you for the opportunity to provide testimony in support of HB 1967, HD1. HB 1967, HD1 proposes to create a tax credit to encourage preceptors to offer professional instruction, training, and supervision to students and residents seeking careers as healthcare providers throughout Hawaii. The intent of the measure is to build capacity for clinical education for the training of medical, nursing, dental hygiene and pharmacy professionals. HB 1967, HD1 also establishes a working group within the Department of Health which will be convened by the University of Hawaii/Pacific basin area health education center and center for nursing to create a comprehensive plan to address the preceptor shortages in Hawaii and to develop and implement a plan for allocating and distributing the healthcare preceptor tax credits.

Hawaii is facing a critical shortage of primary care healthcare providers. In the case of primary care physicians, the shortage is now calculated at 282 physicians statewide. This shortfall is projected to worsen with the increased demand for health care from an aging population and the retirement of an aging physician population creating access issues on Oahu and the neighbor islands. The need to educate and train more doctors to care for our citizens is now a key component to meeting the healthcare needs of our communities. However, the lack of clinical education sites in Hawaii and the inadequate supply of qualified primary care preceptors are limiting factors in our efforts to educate future doctors and other healthcare providers. The cohort of preceptors consists of volunteers who share the responsibility and burden of training the future healthcare workforce. Developing sufficient clinical training opportunities requires a sufficient number of preceptors. HB 1967, HD1 is a means of encouraging preceptors to begin offering as well as continuing to offer training and supervision to students (students includes newly graduated physicians, often referred to as residents or fellows who are receiving the additional training needed for state medical licensure and specialty certification through residency and fellowship programs) in the healthcare professions.

We find that HB 1967, HD1 expands the professions whose preceptors may be eligible for the tax credit to include psychologists, physical therapy assistants and social workers. While we recognize that these professions play a vital role in the provision of healthcare in the state, we are concerned that the expansiveness of the program initially may make the certification process burdensome and may exhaust

the amount of tax credits allowed without sufficiently permitting expansion of training by those professional programs providing primary patient care.

Thank you for the opportunity to provide testimony.

Jerris Hedges, MD
Professor & Dean
John A. Burns School of Medicine
University of Hawai'i at Mānoa

HB-1967-HD-1

Submitted on: 2/11/2018 7:54:13 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Erika Toth	Individual	Support	No

Comments:

To whom it may concern,

I am a pharmacist. I fully support this bill which will indirectly help provide broader and greater training opportunities for student healthcare professionals in the state of Hawaii.

Thank you for your consideration.

Erika Toth, PharmD

HB-1967-HD-1

Submitted on: 2/11/2018 12:10:30 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Anita E Ciarleglio	Individual	Support	No

Comments:

I, Anita E. Ciarleglio, am a faculty member at the Daniel K. Inouye College of Pharmacy and I fully support this bill!

HB-1967-HD-1

Submitted on: 2/11/2018 1:22:03 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael P Hoskins	Individual	Support	No

Comments:

My name is Michael P Hoskins and I am a Pharmacist and I fully support this bill.

HB-1967-HD-1

Submitted on: 2/11/2018 4:24:25 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Wesley Sumida	Individual	Support	No

Comments:

My name is Wesley Sumida. I am a pharmacist and on faculty at the DKICP. I strongly support this bill.

HB-1967-HD-1

Submitted on: 2/11/2018 4:28:30 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Bryce Fukunaga	Individual	Support	No

Comments:

My name is Bryce Fukunaga and I am a pharmacist and I fully support this bill.

HB-1967-HD-1

Submitted on: 2/11/2018 5:20:30 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Aryn You	Individual	Support	No

Comments:

My name is Aryn You and I am a pharmacist and on faculty at the DKICP. I fully support this bill.

HB-1967-HD-1

Submitted on: 2/11/2018 7:19:16 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Heather	Individual	Support	No

Comments:

My name is Heather Kishida. I am a pharmacist and fully support this bill.

HB-1967-HD-1

Submitted on: 2/11/2018 12:10:05 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
JACK FERNANDEZ	Individual	Support	No

Comments:

Aloha, my name is Jack Fernandez, I am a pharmacist and I fully support this bill.
Mahalo for your consideration.

HB-1967-HD-1

Submitted on: 2/11/2018 8:26:58 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Marq Sims Rph	Individual	Support	No

Comments:

My name is Marq Sims RPh.

I have been a practicing pharmacist in Hawaii for 25 years, and a preceptor more times than I can count in that span. I fully support this measure as it would incentivize those professionals in our medical community to pass along their knowledge to the future practitioners. As we move forward we as a state face a dire shortage of medical professionals. This measure will help to inculcate young professionals to future practice in Hawaii, improve the quality of the practice in all branches of the medical field, and appreciate those current professionals that while often overwhelmed by their daily workflow, still take the time to teach future health care practitioners.

HB-1967-HD-1

Submitted on: 2/11/2018 10:00:21 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
George H. Karvas	Individual	Support	No

Comments:

My name is George H. Karvas and I am a pharmacist and on faculty at the DKICP. I fully support this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 8:50:17 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Julianne Aquino	Individual	Comments	No

Comments:

My name is Julianne Aquino and I am a pharmacist and I fully support this bill

HB-1967-HD-1

Submitted on: 2/12/2018 8:51:24 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kerri Okamura	Individual	Support	No

Comments:

Aloha! My name is Kerri Okamura, a pharmacist on the Island of Hawaii and I support this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 10:21:00 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tehane Han	Individual	Support	No

Comments:

My name is Tehane Han. I am a pharmacist and I fully support this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 10:38:59 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kalani puu	Individual	Support	No

Comments:

My name is Chantelle Uyehara. I am a Pharmacist and I fully support this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 10:40:11 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole young	Individual	Support	No

Comments:

My name is Nicole Young. I am a pharmacist and on faculty at the DKICP. I fully support this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 11:10:53 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
mark mierzwa	Individual	Support	No

Comments:

Dear Chair Roy Takumi, Vice Chair Linda Ichiyama & Members of the Committee

Thank you for considering this important measure to health care professionals. Many of us are preceptors to healthcare students because we feel strongly about ensuring that they gain experience through these clinical settings in order to become familiar with real life practice.

As a clinical pharmacist, I feel strongly that there needs to be more opportunities for preservice pharmacists to engage in meaningful, site-based work. Many of us provide hours of precepting to pharmacy students to improve health care and give back to our profession in order to ensure safe medication prescribing for the future. It is proven that pharmacist involvement in medication reconciliation and education has been instrumental in decreasing readmissions and preventing medication mishaps. This important outcome directly results in decreased health care expenditures.

In the clinical setting particularly, strong relationships among the healthcare providers is vital to top notch patient care. There is always a need to grow the pool of dedicated preceptors in clinical settings. For many years I have worked to grow strong bonds with the physicians and nurses with whom I work. I truly feel that including pharmacists in this measure is a part of growing relationships between professions, sending the message that the many hours of personal time pharmacists utilize to develop meaningful preceptorships is vital to the education of new pharmacists. There is no class that truly reflect real life and the grave responsibilities that pharmacists have in keeping the population safe.

It is a positive step that healthcare professionals are coming together to move this measure forward. It is vital to the health of our state that we all work together, to educate, to inform and to practice in collaborative ways. Through this measure I see a step toward more working across silos, incentivizing new preceptors and having more well-rounded healthcare professionals because of that work.

Thank you for your favorable consideration of HB 1967

Mark Mierzwa, PharmD, BCPP

HB-1967-HD-1

Submitted on: 2/12/2018 11:23:34 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Diaa Eldin Zaed	Individual	Support	No

Comments:

My name is Diaa Eldin Zaed, I am a registered pharmacist with the state of Hawaii, and i support this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 11:37:08 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Pajniag Real	Individual	Support	No

Comments:

My name is Pajniag Real and I am a clinical pharmacist who fully supports this bill. With provider burnout more prevalent than ever in our health care system, clinical pharmacists play a critical role in protecting our patients and communities. There is nothing more important than raising successors to serve the local population. I see so many earnest and hard-working pharmacy students who do not have enough opportunities for mentorship in clinical pharmacy. Supporting this bill is supporting the health of the islands.

HB-1967-HD-1

Submitted on: 2/12/2018 12:41:09 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Rhonda Roldan	Individual	Support	No

Comments:

IN STRONG SUPPORT

Hawai'i has a shortage of healthcare providers, with the greatest need on neighbor islands and in specialties including primary care, behavioral health, and geriatrics.

The current cohort of healthcare providers and facilities engaging in preceptor activities are at or near saturation.

Today, there are not enough community based healthcare provider preceptors to meet the demands of our academic programs, nor to develop an adequate number of incoming health professionals to meet growing health care needs.

Mahalo,

Rhonda Roldan

HB-1967-HD-1

Submitted on: 2/12/2018 12:59:39 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dalia Bowling	Individual	Support	No

Comments:

Dear Chair, Vice Chair, and members of the Committee,

I am a pharmacist who strongly supports the development of future pharmacy professionals by precepting students and residents from various colleges of pharmacy, including The Daniel K. Inouye College of Pharmacy in Hilo.

Pharmacists, as medication therapy experts, are a vital part of the interdisciplinary team caring for the patient and invest a great deal of personal time in professional self-development to provide optimal health care to our communities.

Precepting is the best way of passing on our legacy to the new practitioners in training. However, it is also a non-compensated role added to an already hectic practice and, therefore, likely contributing of the current preceptor shortage.

This Bill is very meaningful in two ways:

- 1) Directly- by providing some compensation to the non-compensated preceptors
- 2) Indirectly- by helping bridge the preceptor gap that continues to grow and by incentivizing new practitioners to Hawai'i

With the inclusion of pharmacists, this Bill will be a positive step towards a strong interdisciplinary team of professionals promoting healthy communities and reducing health expenditures.

Sincerely,

Dalia Bowling, PharmD, BCPS, BCPP

HB-1967-HD-1

Submitted on: 2/12/2018 1:15:28 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Keri Oyadomari	Individual	Support	No

Comments:

My name is Keri Oyadomari and I am a pharmacist and fully support HB 1967. This bill will give the incentive we need to provide more preceptor sites to provide quality training to our future pharmacists.

HB-1967-HD-1

Submitted on: 2/12/2018 1:20:25 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Crystal Tsuda	Individual	Support	No

Comments:

My name is Crystal Tsuda and I am a pharmacist and I fully support this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 1:28:11 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Brianne Gustilo	Individual	Support	No

Comments:

My name is Brianne Gustilo, a registered pharmacist in the state of Hawaii, and I fully support this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 1:29:30 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Chad Kawakami	Individual	Support	No

Comments:

My name is Dr. Chad Kawakamio and I am a pharmacist and on faculty at the DKICP. I fully support this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 1:30:26 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
lehua kay	Individual	Support	No

Comments:

My name is Dr. Lehua Kay, PharmD, BCPP and I am a pharmacist and I fully support this bill. I precept 12 months out of the year. I primarily precept pharmacy residents and students, but I also work with medical residents, nursing students, psychology students, and social work students when asked to. I appreciate that HB1967 will incentivize new practitioners to Hawai'i and recruit new preceptors among our professions. I love that HB1967 acknowledges the effort and hard work that goes into precepting future healthcare providers. As a preceptor, there are countless hours spent developing curriculum for each learning experience, writing letters of recommendation, and submitting written evaluations on each student's professional and clinical capabilities.

Pharmacists practice in almost all areas and sub-specialties within healthcare. At times, pharmacists are behind the scenes and not obvious to the public eye, but as the medication expert on the healthcare team, pharmacists play a necessary role in providing high quality healthcare. Pharmacists are responsible for a wide range of care for patients, from dispensing medications to monitoring patient health and progress to optimize their response to medication therapies. I love my job as a pharmacist and I love sharing this passion with students as their preceptor.

As a pharmacist preceptor, I see my precepting as equal to the precepting being done in other healthcare disciplines. However, if pharmacists are excluded from HB1967, the message being sent is that pharmacists are not necessary healthcare providers and their work is not of equal value. I strongly request the committee include pharmacists in the final list of healthcare provider preceptors for HB1967.

HB-1967-HD-1

Submitted on: 2/12/2018 1:39:50 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Hagiwara	Individual	Support	No

Comments:

My name is Lisa Hagiwara. I am a pharmacist, and also a preceptor. I fully support this bill, WITH pharmacists included in the bill. Many preceptors spend extra, uncompensated time working with students or on things related to precepting students, and should be compensated in some way.

Lisa Hagiwara, PharmD, RPh

HB-1967-HD-1

Submitted on: 2/12/2018 1:50:57 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard S. Mejia	Individual	Support	No

Comments:

I have been a licensed pharmacist in Hawaii for twenty-three years and have found the preceptor program to be very valuable throughout my career. It is a critical program that gives students in the health care fields the necessary one on one mentoring in real world applications.

HB-1967-HD-1

Submitted on: 2/12/2018 1:58:41 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Laura Lum	Individual	Support	No

Comments:

My name is Laura Lum and I am a pharmacist that works at Kaiser Permanente and I fully support this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 1:59:37 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ron Okamura	Individual	Support	No

Comments:

I fully support this bill.

Ronald K. Okamura, PharmD

Pharmacist

HB-1967-HD-1

Submitted on: 2/12/2018 2:00:28 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Zarella	Individual	Support	No

Comments:

I am a pharmacist and I endorse this bill.

HB-1967-HD-1

Submitted on: 2/12/2018 2:28:40 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Quan Truong	Individual	Support	No

Comments:

My name is Quan Truong, pharmacist student, and I fully support HB 1967 to have all health profession preceptors be compensated for the work they've done to the future of healthcare: medicine, pharmacy, nursing, etc. It is critical to attract more and more healthcare personnels to our state and to ensure the education of future generation of healthcare personnels.

HB-1967-HD-1

Submitted on: 2/12/2018 2:40:05 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Josh Wiegand	Individual	Support	Yes

Comments:

My name is Josh Wiegand and I am a pharmacist at Kona Community Hospital. Pharmacists provide a pivotal role on hospital healthcare teams and this bill would go a long way toward providing incentive for more pharmacists to stay in Hawaii and train the next generation of pharmacists through student precepting.

HB-1967-HD-1

Submitted on: 2/12/2018 3:41:44 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jenny Chun	Individual	Support	No

Comments:

HB-1967-HD-1

Submitted on: 2/12/2018 3:53:50 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr Robyn Richard, PharmD, BC-ADM, CDE	Individual	Support	No

Comments:

I have been involved with precepting pharmacy students and residents in California since 2006 and recognize the importance of precepting for enriching the learning experience. I was sad to find out that there is a shortage of preceptors for the Hawaiian Islands. I support this bill because it would help draw in more professionals to take on the important role of precepting and mentoring others.

HB-1967-HD-1

Submitted on: 2/12/2018 4:45:35 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

**Written Testimony Presented Before the
House Committee on Consumer Protection & Commerce
February 13, 2018 2:00 p.m.**

by
**Katherine Finn Davis, PhD, APRN, CPNP,
Director for Community Partnerships,
University of Hawai'i at Mānoa**

**IN STRONG SUPPORT
H.B. 1967, HD1 RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS**

Chair Takumi, Vice Chair Ichiyama, and members of the House Committee on Consumer Protection and Commerce, thank you for this opportunity to provide testimony in strong support of this bill, H.B. 1967, HD1, with amendments. This bill aims to address the healthcare provider shortage, particularly in underserved areas, neighbor islands and in primary care, by establishing individual income tax credits for healthcare professionals who voluntarily serve as preceptors.

It is apparent in today's health care environment that a bottleneck to developing adequate numbers of healthcare providers, including advanced practice registered nurses, is the lack of qualified health provider preceptors. Precepted clinical experience is a mandatory component for health professional education. Without it, a student may not graduate, achieve national certification, or become licensed. Preceptors are licensed and practicing health care professionals who volunteer time during their work hours to oversee a health professional student, like an advanced practice nurse student. The clinical experience preceptors provide to students is in addition to their large patient care workload and is often uncompensated.

Our in-state health professional academic programs rely on community providers to provide over 1,000 preceptor rotations each year; however the need for preceptors is greater than the number of providers currently volunteering for this role. The Hawai'i State Center for Nursing (HSCN) conducted a survey of our in-state dental hygiene, graduate nursing, medicine and pharmacy programs which found that:

- 100% of our programs are moderately or very concerned about the number of clinical training sites available for their students
- More than 80% of in-state health profession schools had more difficulty finding clinical training sites in 2017 than in 2015.
- Over half of these programs have limited enrollment due to the lack of training sites

Outcomes of this preceptor shortage include health professional schools increasing the workload on their faculty to meet preceptor demands, increasing the number of students a preceptor oversees, and utilizing simulation in lieu of patient experience.

Historically, providers have engaged in precepting as a re-investment in their profession, however workload expectations and burnout are at an all-time high. Research indicates the financial incentive is one way to support, develop and grow the preceptor population of healthcare professionals. The concept of providing individual state income tax credits to healthcare professionals serving in voluntary, uncompensated preceptor roles has been passed in Georgia, Colorado and Maryland. North Dakota, Utah and New York are currently underway with their own efforts to establish such credits.

This bill aims to address two factors of the preceptor shortage with the aim of helping close the healthcare provider gap in our state.

1. Recognize and incent current preceptors for their current role through individual income tax credits. The intended outcome is to maintain the baseline preceptor population by creating an economic incentive for their voluntary work.
2. Grow the number of healthcare professionals who volunteer as preceptors, increasing the number of clinical rotations which a preceptor volunteers for, or both. The intended outcome is to grow the capacity of health education by expanding the preceptor population, across the state.

To achieve this incentive and goal to increase relieve the preceptor shortage, this bill proposes a \$1,000 individual income tax credit per in-state health professional student a health professional oversees in a preceptor role, with a maximum of \$5,000 tax credits per year per health professional.

To offset this expense, I respectfully request the House Committee on Consumer Protection and Commerce to consider the economic analysis of full practice authority nurse practitioners in North Carolina¹ which found that, for APRNs, on average:

- “Each full-time APRN generates between \$11,800 and \$22,000 annually in state and local tax revenue across the state.”
- “Each new FTE APRN ... would support a minimum of \$273,000 in output across the state”.

With this consideration, HSCN posits that this contribution to the healthcare profession academic pipeline through preceptor income tax-credits may be offset with greater revenue gains to the state as new healthcare professionals, such as APRNs, enter practice in Hawai'i. Simultaneously, this investment in the healthcare professional academic pipeline will help Hawai'i close the gap of needed healthcare professionals, thus ensuring timely access to highly qualified and safe healthcare professionals for all people, in all regions of our state.

Additionally, I respectfully request that the House Committee on Consumer Protection and Commerce pass this measure with the following proposed amendments. The proposed language will:

- Clarify the roles and responsibilities and rename the certifying group under the Department of Health to “Preceptor Credit Assurance Committee;
- Clarify the description of Advanced Practice Registered Nurse student;
- Clarify the description of “Medical student”, to include medical students, residents, and fellows;
- Remove the term “Resident and other health science trainee” and add term “Resident of Hawaii” to refer to a person living in Hawaii; and

Therefore, I respectfully request that H.B. 1967, HD1 with the proposed HD2. We appreciate your continuing support of nursing in Hawai'i. Thank you for the opportunity to testify.

¹ Conover, C., & Richards, R. (2015). Economic benefits of less restrictive regulation of advanced practice nurses in North Carolina. *Nursing Outlook*, 63(5), 585–592.

ATTACHMENT WITH SUGGESTED AMENDMENTS TO HB 1967 HD1

Page 5 Lines 7-17 - Replace with the below content

(d) The Preceptor Credit Assurance Committee, established pursuant to section 321- , shall:

(1) Maintain records of the names, addresses, and license number of the qualified taxpayers claiming the credits under this section; and

(2) Verify the number of volunteer-based supervised clinical rotations each taxpayer conducted by

(i) verifying that each volunteer preceptor meets the requirements to serve as a preceptor

(ii) verifying the number of hours the taxpayer spent supervising an eligible primary care student or trainee in each volunteer-based supervised clinical rotation ;

(iii) verifying that the eligible student or trainee was enrolled in an academic program in this state;

(iv) and whether the taxpayer was uncompensated.

Page 5 Lines 18-19

Upon each determination, the Preceptor Credit Assurance Committee shall issue a certificate to the taxpayer verifying the number of volunteer-based supervised clinical training rotations supervised by the taxpayer.

Page 6 Lines 2-3, 5-6 and 7-8

(e) If in any taxable year the annual amount of certified credits reaches \$2,000,000 in the aggregate, the Credit Assurance Committee shall immediately discontinue certifying credits and notify the department of taxation. In no instance shall the Preceptor Credit Assurance Committee certify a total amount of credits exceeding \$2,000,000 per taxable year. To comply with this restriction, the Preceptor Credit Assurance Committee shall certify credits on a first come, first served basis.

Page 7 lines 2-4

"Advanced practice registered nurse student" means an individual participating in a degree granting academic program that is nationally accredited by the Commission on Collegiate Nursing Education for the education of primary care advanced practice registered nurses and recognized by the board of nursing pursuant to chapter 457.

Page 7 Lines 20-21

gistered nurse student, dental hygienist student, medical student, pharmacy student, psychology student, social work student, physical therapist assistant student who is a resident of Hawaii.

Page 8 Lines 2-14

"Medical student" means an individual participating in an academic program nationally accredited by the Liaison Committee on Medical Education or American Osteopathic Association Commission on Osteopathic College Accreditation leading to the M.D. or D.O. degree. For the purposes of this section the term medical student includes graduates from LCME and ACA-COCA programs who

have continued their training, in the role of resident or fellow, to obtain the additional qualifications needed for both medical licensure pursuant to chapter 453 and specialty certification.

Page 15 Lines 16-18

"Nationally accredited" means holding an institutional accreditation by name for such primary care education pursuant to chapter 447, 453, 457, 461J, 461 or 467E.

Page 9 lines 19- Page 10 line 1

Deleted "resident or similar health science trainee"

Added new definition for Resident to refer to residency in the state of Hawaii

~~"Resident or similar health science trainee" means a post-graduate health science trainee enrolled in an accredited academic program that is nationally accredited for such training pursuant to chapter 447, 453, 457, 461, 461J, 465, or 467E.~~

"Resident of Hawaii" means having established the person's domicile in the State and shows the person's intent is to make Hawaii the person's primary residence pursuant to §78-1 Citizenship and residence or meets the criteria for students/trainees in academic programs which have defined application residency requirements which emphasize a holistic commitment to Hawaii.

Page 10 line 18 to Page 12 line 11

"§321- Preceptor Credit Assurance Committee. (a) There is established the Preceptor Credit Assurance Committee within the department of health, to be convened by the University of Hawaii Hawaii/Pacific basin area health education center and center for nursing. The committee shall:

- (1) Develop and implement a plan for allocating and distributing healthcare preceptor tax credits under section 235- including
 - (i) Develop a process ensuring that requests for credit are reviewed and verifications are processed at least 30 days following the close of each calendar year
 - (ii) Developing the documentation process for the deans, directors or their designees to qualify a preceptor for the tax credit. This shall include:
 - a. Preceptor name, address, place of practice and Hawaii provider license number;
 - b. Dates and hours of volunteer-based supervised clinical rotation per eligible student;
 - c. Attestation that the volunteer-based supervised clinical rotation per eligible student or trainee is uncompensated; and
 - d. Other information as identified as necessary by the committee.

(3) Complete duties as described in section 235-

(b) is composed of representatives of academic programs with eligible students or trainees as established in section 235 subsection g.

(c) There shall be no civil liability for any member of the committee for any act done in furtherance of the purpose for which the committee was established. The proceedings of preceptor credit assurance committee authorized under this section shall not be subject to part I of chapter 92.

(d) as used in this section.

"Academic program" shall have the same meaning as in section 235- .

"Eligible student or trainee" shall have the same meaning as in section 235- ."

"Preceptor" shall have the same meaning as in section 235- ."

"Volunteer-based supervised clinical rotation" shall have the same meaning as in section 235- ."

HB-1967-HD-1

Submitted on: 2/12/2018 8:50:11 PM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Steven Aun	Individual	Support	No

Comments:

My name is Steven Aun and I am a pharmacist and I fully support this bill.

HB-1967-HD-1

Submitted on: 2/13/2018 7:11:44 AM

Testimony for CPC on 2/13/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Carol Omura China	Individual	Support	No

Comments:

My name is Carol Omura China and I am a pharmacist. I fully support this bill.

Chair Roy M. Takumi
Vice-Chair Linda Ichiyama
House Committee on Consumer Protection & Commerce

February 13, 2018

TESTIMONY IN SUPPORT OF HB 1967, HD1 RELATING TO HEALTHCARE PRECEPTOR TAX CREDITS

Dear Chair Takumi, Vice-Chair Ichiyama, and Members of the Committee,

My name is Clementina D. Ceria-Ulep and I am the Associate Dean for Academic Affairs at the University of Hawaii at Manoa (UHM) School of Nursing & Dental Hygiene. I want to express my **support for HB 1967, HD1**. This bill will provide the needed preceptors for students who are training to be health care providers as advanced practice nurses, physicians, dental hygienists, and pharmacists.

As a the former Department Chair for Nursing and presently the Associate Dean for Academic Affairs at UHM School of Nursing and Dental Hygiene, I have witnessed students in our graduate programs struggle securing clinical sites due to inadequate availability of preceptors. Consequently, in some cases, it has impacted their ability to graduate in a timely manner. Moreover, due to the limited number of preceptors, it has affected our School's ability to admit qualified applicants to our Doctorate in Nursing Practice (DNP) specializing in Family Nurse Practitioner (FNP) and Adult Gerontology Primary Care Nurse Practitioners (AGPCNP). These are the students who will provide the much needed leadership to address systemic local, national, and even global issues in healthcare.

I humbly ask all Committee members to support this bill because this measure will provide the needed preceptors to train the future health care providers of Hawaii!

Thank you for considering my testimony.

Sincerely,

Clementina D. Ceria-Ulep
Clementina D. Ceria-Ulep
211 Hoomalu Street; Pearl City, HI 96782