

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of SB31 SD1 PROPOSED
RELATING TO HEALTH.**

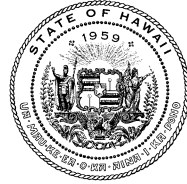
SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 12, 2020

Room Number: 229

- 1 **Fiscal Implications:** Unspecified impact to general fund revenues due to tax credit.
- 2 **Department Testimony:** The Department of Health supports amendments clarifying the
- 3 emphasis on primary care for the healthcare preceptor tax credit program, as well as other
- 4 amendments for conformance.
- 5 Thank you for the opportunity to testify.
- 6

DAVID Y. IGE
GOVERNOR
JOSH GREEN M.D.
LT. GOVERNOR



STATE OF HAWAII
DEPARTMENT OF TAXATION
P.O. BOX 259
HONOLULU, HAWAII 96809
PHONE NO: (808) 587-1540
FAX NO: (808) 587-1560

RONA M. SUZUKI
DIRECTOR OF TAXATION
DAMIEN A. ELEFANTE
DEPUTY DIRECTOR

To: The Honorable Rosalyn H. Baker, Chair;
The Honorable Stanley Chang, Vice Chair;
and Members of the Senate Committee on Consumer Protection and Health

From: Rona M. Suzuki, Director
Department of Taxation

Re: S.B. 31, S.D. 1, Relating to Health
Date: Wednesday, February 12, 2020
Time: 9:00 A.M.
Place: Conference Room 229, State Capitol

The Department of Taxation (Department) supports S.B. 31, S.D. 1, and offers the following comments.

S.B. 31, S.D. 1, makes several amendments to the Healthcare Preceptor Tax Credit by amending section 235-110.25(g), Hawaii Revised Statutes (HRS). This measure expands the definition of "preceptor" to include more medical professionals whom the credit was initially intended to include. It is the Department's understanding that the Preceptor Credit Assurance Committee (PCAC) believes many otherwise qualified medical professionals would have been eligible for this credit but for the narrow definition of the term "preceptor."

The Department supports the expansion of the credit as proposed because it is being recommended by the PCAC. The PCAC has been well-organized from the beginning and has done an outstanding job a tax credit certifying body and are best suited to suggest amendments to better effectuate the credit.

However, Section 3 of the bill expands the PCAC to include the Department of Taxation as a member. Because the Department has authority to examine and adjust all returns and claims for credits under Title 14, HRS, including credits certified by bodies with subject matter expertise such as this credit certified by the PCAC, the Department believes it should not directly participate in the certification process that takes place before the credit claim is made on a tax return. For this reason, the Department respectfully requests Section 3 be amended by removing the Department of Taxation from the PCAC.

The Department notes that is willing and able to assist the PCAC with any information or assistance it can lend, but it would prefer to not be an active member of the PCAC itself.

Thank you for the opportunity to testify in support of this measure.



**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
Wednesday, February 12, 2020 at 9:00 a.m.**

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

TESTIMONY IN STRONG SUPPORT on SB 31, SD1 with amendments

Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health, thank you for the opportunity to provide testimony **in strong support of this measure with amendments**. This measure, SB 31, SD1, proposes to clarify the definition of preceptor to allow for a broader array of specialties that help develop a future primary care provider, to clarify the definition of “volunteer-based supervised clinical training rotation” related to both time spent teaching students and what constitutes compensation for precepting, as well as making amendments to the Preceptor Credit Assurance Committee to improve administration and roles.

In 2018, the Hawai'i Legislature, in their great wisdom, enacted Act 43 which authorized and funded \$1.5 million in tax credits, annually for five years, for advanced practice registered nurse, physician, and pharmacist professionals who train in-state students in the same practice areas. This program was intended to help alleviate the bottleneck within health education programs related to a shortage of clinical education sites and preceptors. To support the area of greatest need in health care, this tax credit was restricted to primary care providers only.

In 2019, this program was launched. As of the end of 2019, 375 individuals have registered for the program and 66,298 hours were recorded over 1,029 unique clinical training rotations. Despite 375 unique rotations being entered into the system, only 197 preceptors were awarded a total of 367 tax credits. This is far below the estimated 1,200 rotations needed for 2019. After many conversations with providers and the academic programs included in the Preceptor Credit Assurance Committee, it became clear that there is a much larger population of preceptors and clinical rotations that support the development of a primary care provider, but were not eligible for the preceptor tax credit. The main barriers identified were 1) uncertainty about what uncompensated for precepting means and 2) specializing in supportive role to primary care, not primary care itself.

The Hawai'i State Center for Nursing respectfully requests this measure be passed through this committee with the amendments to the definition of volunteer-based supervised clinical training rotation and preceptor credit assurance committee. Suggested language is offered on the following page. Additionally, the Center thanks your committee for its commitment to the people of Hawai'i, and ensuring access to high-quality health care by supporting local healthcare workforce development initiatives.

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

Page 5, Line 14-Page 6, Line 2. Replace the current definition with the following:

"Volunteer-based supervised clinical training rotation" means ~~[an uncompensated]~~ a period of supervised clinical training ~~to~~ an eligible student ~~or students~~ that totals at least eighty hours of supervisory time annually, ~~annually,~~ in which a preceptor:

- (a) provides personalized instruction, training, and supervision to an eligible student ~~or students~~ to enable the eligible student ~~or students~~ to obtain an eligible professional degree or training certificate~~[-]; and~~
- (b) ~~the preceptor, who may be compensated for providing standard clinical services, is uncompensated for the clinical training above or beyond clinical salary or reimbursements for clinical services, or is uncompensated from state general or tuition funds for the clinical training services.~~

Page 7, Line 14. Remove Department of Taxation to ensure neutrality of their role in this program.

- (1) The Hawaii/Pacific basin area health education center;
- (2) The center for nursing; ~~[and]~~
- (3) Academic programs with eligible students~~[-]; and~~
- (4) Director of health, or the director's designee.
- ~~(5) Director of taxation, or the director's designee.~~

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.



**Testimony to the Senate Committee on Commerce, Consumer Protection, and Health
Wednesday, February 12, 2020; 9:00 a.m.
State Capitol, Conference Room 229**

RE: SENATE BILL NO. 0031, SENATE DRAFT 1, RELATING TO HEALTH.

Chair Baker, Vice Chair Chang, 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** Senate Bill No. 0031, Senate Draft 1, RELATING TO HEALTH.

The bill, as received by your Committee, would strengthen the Preceptor Tax Credit as a means of incentivizing volunteer preceptors to offer professional instruction, training, and supervision to students and residents seeking careers as healthcare providers by:

- (1) Improving accessibility for providers to receive income tax credits for acting as preceptors; and
- (2) Adjusting the membership of the Preceptor Credit Assurance Committee.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved 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 healthcare.

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.

Testimony on Senate Bill No. 0031, Senate Draft 1
Wednesday, February 12, 2020; 9:00 a.m.
Page 2

This bill will insure that the Preceptor Tax Credit is able 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.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.

TAX FOUNDATION OF HAWAII

126 Queen Street, Suite 304

Honolulu, Hawaii 96813 Tel. 536-4587

SUBJECT: INCOME, Technical Changes to Tax Credit for Medical Preceptors

BILL NUMBER: SB 31, SD-1

INTRODUCED BY: Senate Committee on Consumer Protection and Housing

EXECUTIVE SUMMARY: Revises the definition of "primary care providers" and "volunteer based supervised clinical training rotation" to improve accessibility for providers to receive income tax credits for acting as preceptors. Revises preceptor credit assurance committee. It is much simpler and much less expensive in administrative costs for the preceptor credit assurance committee, or the agency to which it is attached, to cut a check to any qualifying physician.

SYNOPSIS: Amends section 235-110.25, HRS, to change the definition of "preceptor" to be a practitioner who maintains a professional practice in this State and whose specialty supports the development and training of an eligible student in primary care.

Amends the definition of "volunteer-based supervised clinical training rotation" to be an uncompensated, by monetary reimbursement or fiscal award, period of supervised clinical training of eligible student or students that totals at least eighty hours of supervisory time annually, in which a preceptor provides personalized instruction, training, and supervision to an eligible student or students to enable the eligible student or students to obtain an eligible professional degree or training certificate.

Amends section 321-2.7, HRS, to add to the preceptor credit assurance committee designees of the director of health and the director of taxation.

Makes other technical and conforming changes.

EFFECTIVE DATE: Upon approval.

STAFF COMMENTS: The credit for healthcare preceptors was added by Act 43, SLH 2018. This act requires the department of health to evaluate the efficacy of this credit and report to the 2024 legislature.

The bill appears to make technical changes in the law and does not appear to have significant revenue impact.

Digested 2/9/2020



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Members, Committee on Commerce, Consumer Protection, and Health

From: Rowena Buffett Timms, Executive Vice President & Chief Administrative Officer, The Queen's Health Systems
Colette Masunaga, Manager, Government Relations & External Affairs, The Queen's Health Systems

Date: February 7, 2020

Hrg: Senate Committee on Commerce, Consumer Protection, and Health Hearing; Wednesday, February 12, 2020 at 9:00 AM in room 229

Re: **Support for SB31 SD1, Relating to Health**

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of SB31 SD1, relating to health. The proposed measure revises the definition of "primary care providers" and "volunteer based supervised clinical training rotation" and revises the membership of the preceptor credit assurance committee to include the director of health and director of taxation.

Every semester, there are about 20 - 30 students that look for preceptors in either primary or acute care settings. By improving accessibility for more providers to receive the tax credit, this bill will benefit graduate clinical precepting by incentivizing providers to participate in graduate training and volunteer their time and provide their expertise as mentors

Thank you for the opportunity to testify on this measure.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health**

**Hearing: February 12, 2020, 9:00 AM
State Capitol, Conference Room 229**

By Hawaii – American Nurses Association (Hawaii-ANA)



SB 31, SD 1, with amendments- RELATING TO HEALTH

Chair Rosalyn H. Baker, Vice Chair Stanley Chang, and members of the Senate Committee on Commerce, Consumer Protection, and Health, thank you for this opportunity to provide testimony **in strong support for SB31, SD1, with amendments**. This measure, SB 31, SD1, proposes to clarify the definition of preceptor to allow for a broader array of specialties that help develop a future primary care provider, to clarify the definition of “volunteer-based supervised clinical training rotation” related to both time spent teaching students and what constitutes compensation for precepting, as well as making amendments to the Preceptor Credit Assurance Committee to improve administration and roles.

In 2018, the Hawai‘i Legislature, in their great wisdom, enacted Act 43 which authorized and funded \$1.5 million in tax credits, annually for five years, for advanced practice registered nurse, physician, and pharmacist professionals who train in-state students in the same practice areas. This program was intended to help alleviate the bottleneck within health education programs related to a shortage of clinical education sites and preceptors. To support the area of greatest need in health care, this tax credit was restricted to primary care providers only.

In 2019, this program was launched. As of the end of 2019, 375 individuals have registered for the program and 66,298 hours were recorded over 1,029 unique clinical training rotations. Despite 375 unique rotations being entered into the system, only 197 preceptors were awarded a total of 367 tax credits. This is far below the estimated 1,200 rotations needed for 2019. After many conversations with providers and the academic programs included in the Preceptor Credit Assurance Committee, it became clear that there is a much larger population of preceptors and clinical rotations that support the development of a primary care provider, but were not eligible for the preceptor tax credit. The main barriers identified were 1) uncertainty about what uncompensated for precepting means and 2) specializing in supportive role to primary care, not primary care itself.

Hawaii-ANA respectfully requests this measure be passed through this committee with the amendments to the definition of volunteer-based supervised clinical training rotation and preceptor credit assurance committee. Suggested language is offered on the following page. Thank you for your continued support for measures that address the need for recruiting and retaining primary healthcare providers in Hawaii.

Contact information for Hawaii – American Nurses Association
President: Katie Kemp, BAN, RN-BC
Executive Director Dr. Linda Beechinor, APRN-Rx, FNP-BC
phone (808) 779-3001
500 Lunalilo Home Road, #27-E
Honolulu Hawaii USA 96825

president@hawaii-ana.org
executivedirector@hawaii-ana.org

Page 5, Line 14-Page 6, Line 2. Replace the current definition with the following:

"Volunteer-based supervised clinical training rotation" means ~~[an uncompensated]~~ a period of supervised clinical training ~~to~~ an eligible student ~~or students~~ that totals at least eighty hours of supervisory time annually, ~~annually,~~ in which a preceptor:

(a) provides personalized instruction, training, and supervision to an eligible student ~~or students~~ to enable the eligible student ~~or students~~ to obtain an eligible professional degree or training certificate~~[-]; and~~
(b) ~~the preceptor, who may be compensated for providing standard clinical services, is uncompensated for the clinical training above or beyond clinical salary or reimbursements for clinical services, or is uncompensated from state general or tuition funds for the clinical training services.~~

Page 7, Line 14. Remove Department of Taxation to ensure neutrality of their role in this program.

- (1) The Hawaii/Pacific basin area health education center;
- (2) The center for nursing; ~~and~~
- (3) Academic programs with eligible students~~[-]; and~~
- (4) Director of health, or the director's designee.
- ~~(5) Director of taxation, or the director's designee."~~

Date: February 12, 2020

To: The Honorable Rosalyn Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

From: National Association of Social Workers, Hawai'i Chapter

RE: Testimony in Support of SB31, SD1 Relating to health, with amendments

Chair Baker, Vice Chair Chang, and members of the Senate Committee on Commerce, Consumer Protection, and Health

The National Association of Social Workers- Hawai'i (NASW-Hawai'i) supports SB31, with amendments. While we agree that there is a shortage of pharmacists, APRNs, and Pharmacists, we would also like to remind the committee that we are also facing a shortage of Licensed Clinical Social Workers (LCSWs) in Hawai'i. LCSWs are the largest group of mental health providers in the state and there are still not enough of them to meet the mental health needs of our state, particularly on neighbor islands.

We would advocate to amend SB31 to include expand coverage to include social workers, specifically Licensed Clinical Social Workers. LCSWs also have to undergo post graduate clinical training, 3000 hours of supervised clinical experience, with 100 hours being face to face individual or small group supervision.

Sonja Bigalke-Bannan, MSW, LSW
Executive Director
National Association of Social Workers, Hawai'i Chapter

SB-31-SD-1

Submitted on: 2/11/2020 10:35:24 AM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Rantz	Testifying for Hawaii State Rural Health Association	Support	No

Comments:



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, & Health
Wednesday, February 12, 2020 at 9:00 a.m.

by

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

Jerris Hedges, MD, Dean and Professor
John A. Burns School of Medicine
and

Michael Bruno, PhD, Provost
University of Hawai'i at Mānoa

Bonnie Irwin, Chancellor
and

Carolyn Ma, PharmD, BCOP
Dean Daniel K. Inouye College of Pharmacy
University of Hawai'i at Hilo

SB 31 SD1 – RELATING TO HEALTH

Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

Thank you for the opportunity to testify **in strong support of this measure with amendments**. This measure, SB 31 SD1, amends the definition of preceptor to include preceptors who work in health specialties that support primary care as well as clarifying the definition of clinical rotation and compensation.

In 2017, UH Mānoa School of Nursing and Dental Hygiene (SONDH) identified a preceptor shortage. Preceptors are volunteer Advanced Practice Registered Nurses (APRN), physicians (MD), pharmacists (PH), and other healthcare professionals who volunteer their clinical time to teach our students. In speaking to fellow health professional programs, it became evident that the preceptor shortage was not ours alone, but a shared crisis among many the UH programs in nursing, medicine and pharmacy. In 2018, the Legislature passed Act 43 with the goal to help our state health profession training programs alleviate this crisis by offering state income tax credits for APRN, MD, DO, and PH providers who volunteer as preceptors.

In spite of the appreciation of the preceptor tax credit program, primary care and specialty providers voiced concerns related to compensation and specialty practice.

Employed clinical providers who teach students during their workday, with no change to their workload, and no additional compensation for teaching, worry that their existing clinical salary equates compensation under the preceptor tax credit provision. Because over 90% of APRNs are employed, this worry affected our existing preceptors and potential new preceptors alike. Second, as all of our programs lead to primary care certifications and prepare future primary care practitioners, the educational programs require students to complete specialty rotations to

deepen their ability to address common primary care conditions. These specialties include but are not limited to cardiology, endocrinology, pulmonology, and mental and behavioral health. These specialty rotations help the future provider learn when referral to specialists is necessary for a patient and who they can refer to.

In addition, Clinical Pharmacy practitioners work differently than medical specialties. Although a pharmacist may receive a referral for a specific area of care, in order to help a patient in that specific area, they must deliver care to the patient from an overall standpoint. For example, if the primary care physician refers a patient to a certified diabetes pharmacist to initiate diabetes medication, this patient becomes part of the pharmacist's panel for ongoing medication management. In order to address the diabetes itself, it would be negligent for a pharmacist to **not** address the entire medication profile and the disease states prescribed for that condition. Ongoing management of all medications and diseases would have to be performed, thus this pharmacist is the primary care provider in regards to medication related diseases. Often times, this would mean managing cardiac conditions like hypertension, congestive heart failure and other types of chronic diseases. Many of our students will take primary care types of rotations, but may elect to take an area of specialty pharmacy practice. These rotations not only emphasize the specialty area, but would also concentrate on care on the chronic diseases or primary care areas.

The UH thanks your committee for hearing this measure and humbly asks you to pass this measure through your committee with the amendments proposed by the SONDH and the John A. Burns School of Medicine. Thank you for your longstanding support for state healthcare workforce development, healthcare education, nursing, medicine, and improving access to care for the people in our state.

PROPOSED AMENDMENTS:

Page 5, Line 14-Page 6, Line 2. Replace the current definition with the following:

"Volunteer-based supervised clinical training rotation" means ~~[an uncompensated]~~ a period of supervised clinical training to ~~of~~ an eligible student or students that totals at least eighty hours of supervisory time annually, annually, in which a preceptor:

- (a) provides personalized instruction, training, and supervision to an eligible student or students to enable the eligible student or students to obtain an eligible professional degree or training certificate[-]; and
- (b) the preceptor, who may be compensated for providing standard clinical services, is uncompensated for the clinical training above or beyond clinical salary or reimbursements for clinical services, e.g., is uncompensated from state general or tuition funds for the clinical training services.

SB-31-SD-1

Submitted on: 2/10/2020 7:26:03 AM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bryce Fukunaga	Testifying for Daniel K. Inouye College of Pharmacy	Support	No

Comments:

To the honorable Chair Baker, Vice Chair Chang and members of the committee:

My name is Bryce Fukunaga and I am submitting this testimony to give my support to SB31 SD1. I believe efforts like these will benefit pharmacists, patients, and the community. Thank you for your time and this opportunity.

Sincerely,

Bryce Fukunaga, PharmD

SB-31-SD-1

Submitted on: 2/10/2020 11:30:55 AM

Testimony for CPH on 2/12/2020 9:00:00 AM

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

Comments:

Written Testimony Presented Before the

Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, February 12, 2020 at 9:00 a.m.

by

Anne Scharnhorst, MN, RN

Professor and Chair Allied Health Dept. UHMC

TESTIMONY IN STRONG SUPPORT on SB 31, SD1 with amendments

Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health, thank you for the opportunity to provide testimony **in strong support of this measure with amendments**. This measure, SB 31, SD1, proposes to clarify the definition of preceptor to allow for a broader array of specialties that help develop a future primary care provider, to clarify the definition of “volunteer-based supervised clinical training rotation” related to both time spent teaching students and what constitutes compensation for precepting, as well as making amendments to the Preceptor Credit Assurance Committee to improve administration and roles.

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preceptors. To support the area of greatest need in health care, this tax credit was restricted to primary care providers only.

In 2019, this program was launched. As of the end of 2019, 375 individuals have registered for the program and 66,298 hours were recorded over 1,029 unique clinical training rotations. Despite 375 unique rotations being entered into the system, only 197 preceptors were awarded a total of 367 tax credits. This is far below the estimated 1,200 rotations needed for 2019. After many conversations with providers and the academic programs included in the Preceptor Credit Assurance Committee, it became clear that there is a much larger population of preceptors and clinical rotations that support the development of a primary care provider, but were not eligible for the preceptor tax credit. The main barriers identified were 1) uncertainty about what uncompensated for precepting means and 2) specializing in supportive role to primary care, not primary care itself.

Anne Scharnhorst respectfully requests this measure be passed through this committee with the amendments to the definition of volunteer-based supervised clinical training rotation and preceptor credit assurance committee. Suggested language is offered on the following page. Additionally, **Anne Scharnhorst** thanks your committee for its commitment to the people of Hawai'i, and ensuring access to high-quality health care by supporting local healthcare workforce development initiatives.

Page 5, Line 14-Page 6, Line 2. Replace the current definition with the following:

"Volunteer-based supervised clinical training rotation" means [~~an uncompensated~~] a period of supervised clinical training to an eligible student or students that totals at least eighty hours of supervisory time annually, annually, in which a preceptor:

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(b) the preceptor, who may be compensated for providing standard clinical services, is uncompensated for the clinical training above or beyond clinical salary or reimbursements for clinical services, or is uncompensated from state general or tuition funds for the clinical training services.

Page 7, Line 14. Remove Department of Taxation to ensure neutrality of their role in this program.

(1) The Hawaii/Pacific basin area health education center;

(2) The center for nursing; ~~and~~

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(4) Director of health, or the director's designee.

~~(5) Director of taxation, or the director's designee."~~

SB-31-SD-1

Submitted on: 2/10/2020 9:02:35 AM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Method	Individual	Support	No

Comments:

All healthcare preceptors should be eligible for this credit, they all put in the same effort of precepting. They shouldn't be disqualified due to a technicality of the definition.

SB-31-SD-1

Submitted on: 2/10/2020 3:02:54 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Maupin	Individual	Support	No

Comments:

Precepting is hard work and if you need more preceptors, there needs to be an inventive. Vote Yes

SB-31-SD-1

Submitted on: 2/10/2020 3:41:29 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

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

Comments:

Dear Honorable Chair Baker, Vice-Chair Chang and members of the committee,

My name is Chad Kawakami, and I am an Assistant Professor for the Daniel K. Inouye College of Pharmacy. I strongly support bill SB31 related to preceptors and primary care providers and the language to amend the definitions.

Preceptors play a critical role in the mentorship, training, and development of future leaders in our profession. They give countless hours of their time to teach and coach our learners. Without preceptor support, we cannot sustain top-notch education in Hawaii.

Living on an island state, we are limited to the resources we have. Our preceptors know this and are willing to give of themselves to ensure our learners have a place to practice the skills they have learned during their academic time. Despite their willingness to help, we still need more preceptors to meet the educational demands of our learners. The amendment of this bill will provide some incentive for more preceptors.

I appreciate the opportunity to provide testimony.

Respectfully submitted,

Chad Kawakami

SB-31-SD-1

Submitted on: 2/10/2020 5:07:47 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Lee	Individual	Support	No

Comments:

SB-31-SD-1

Submitted on: 2/10/2020 7:05:41 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marie Flore Cidera	Individual	Support	No

Comments:

SB-31-SD-1

Submitted on: 2/11/2020 10:18:11 AM

Testimony for CPH on 2/12/2020 9:00:00 AM

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

Comments:

SB-31-SD-1

Submitted on: 2/11/2020 12:02:19 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

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

Comments:

SB-31-SD-1

Submitted on: 2/11/2020 2:15:46 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

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

Comments:

SB-31-SD-1

Submitted on: 2/11/2020 4:49:37 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Support	No

Comments: