



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health, Human Services, & Homelessness
Thursday, February 4, 2021 at 9:00 a.m.

By
Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai'i at Mānoa

HB 306 – RELATING TO HEALTH

Chair Yamane, Vice Chair Tam, and members of the House Committee on Health, Human Services, & Homelessness:

This testimony is on behalf of UH System including UH Mānoa School of Nursing and Dental Hygiene (SONDH), John A. Burns School of Medicine (JABSOM), and the UH Hilo Daniel K. Inouye College of Pharmacy and School of Nursing.

Thank you for the opportunity to testify in strong support of this measure. This measure, HB 306, amends the definition of “preceptor” and “volunteer based supervised clinical training rotation” to improve accessibility for providers to receive income tax credits for acting as preceptors. By way of this measure, UH does not ask for new or expanded appropriations to the tax credit program.

In 2017, UH Mānoa 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 language in the bill. This has resulted in fewer providers accessing this tax credit, even though the allocation and credit cap was secured for them in 2018.

Preceptors, or 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. Some preceptors also use their clinical practice earnings to fund a part-time appointment with UH JABSOM and have been excluded from the preceptor tax credit. Similarly, 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 to whom they can refer.

JABSOM as well as other healthcare professions rely on volunteer preceptors who provide training and supervision to our students and residents. These preceptors play a vital role in educating the next generation of physicians, APRNs, pharmacists and other healthcare professions. The amendments to Act 43, SLH 2018, contained in HB 306 would expand the field of preceptors so that we may grow our training programs for primary care providers.

The education training path for a pharmacist differs from nursing and medicine as well as the way clinical pharmacists' practice. Pharmacy student training curriculum stresses foundation building in the first three years of a four-year curriculum. The final fourth year includes both advanced primary care and specialty care type of pharmacy rotations. This training is based upon the profession's pharmacist role that combine both primary care (general medication management) and specialty disease management regardless of whether the practice setting is in the hospital or acute care setting, outpatient clinic or retail/specialty community pharmacy.

A pharmacist may receive a referral for a specific area of care (diabetes, blood pressure, asthma) however, in order to address the patient's specific need, review of the entire medication profile from a generalist standpoint must occur first. For example, a diabetes certified pharmacist receives a referral to initiate and maintain a diabetes medication(s) and monitor the disease. In order to manage the diabetes itself, the pharmacist must address the entire medication profile and all of the patient's disease states, especially chronic diseases that include major organ systems such as heart, kidney, liver and other major areas. Ongoing management of all medications and diseases is performed on a routine basis with the patient being part of the pharmacist's panel for ongoing management. This pharmacist becomes the 'primary' health care professional in regards to medication related diseases.

The UH thanks your committee for hearing this measure and humbly asks you to pass this measure through your committee. Thank you for your longstanding support for state healthcare workforce development, healthcare education, nursing, medicine, pharmacy and improving access to care for the people in our state.