UNIVERSITY OF HAWAIʻI SYSTEM
Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, & Health
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by
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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 testimony 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.