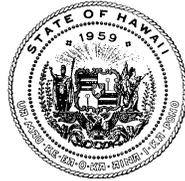


JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



KENNETH S. FINK, M.D., M.G.A., M.P.H.  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

STATE OF HAWAII  
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**Testimony in SUPPORT of SB3202  
RELATING TO HEALTH CARE.**

SEN. JOY A. SAN BUENAVENTURA, CHAIR  
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date: February 9, 2026

Room Number: 225

- 1 **Department Testimony:** The Department of Health supports SB3202.
- 2 The Department of Health and the Hawaii State Center for Nursing formed a partnership in 2018
- 3 to jointly implement the healthcare preceptor tax credit program authorized by section 235-
- 4 110.25, Hawaii Revised Statutes, to contribute to Hawaii's overall efforts to improve access to
- 5 licensed healthcare providers, particularly primary care providers.
- 6 As many other related initiatives to recruit and retain healthcare providers demonstrate results,
- 7 the preceptor tax credit has evolved to include non-primary care providers due to community
- 8 demand. This measure expands eligibility to other clinicians and proposes housekeeping
- 9 amendments to program governance.
- 10 Thank you for the opportunity to testify.
- 11

**Testimony of the Board of Nursing**  
**Before the**  
**Senate Committee on Health and Human Services**  
**Friday, February 13, 2026**  
**1:00 p.m.**  
**Conference Room 225 & Via Videoconference**  
  
**On the following measure:**  
**S.B. 3202, RELATING TO HEALTH CARE**

Chair San Buenaventura and Members of the Committee:

My name is Amy Chin, and I am the Executive Officer of the Hawaii State Board of Nursing (Board). The Board supports this bill.

The purpose of this bill is to expand eligibility for the health care preceptor income tax credit beyond primary care to include additional licensed professions, and by recognizing residency and fellowship training. This measure better aligns the tax credit with the full continuum of health care provider professional education and transition to practice in Hawai'i. Workforce shortages affect not only primary care physicians and advanced practice registered nurses (APRNs), but also behavioral health, nutrition, and social services, where physician assistants, licensed dietitians, and social workers play essential roles on interprofessional teams. Recognizing residency and fellowship training ensures that preceptors supervising learners at these advanced stages receive appropriate support particularly during the critical period when autonomy, specialty skills, and complex judgment are developed.

Clarifying the definition of "volunteer-based supervised clinical training rotation" and the uncompensated nature of precepting strengthens consistent administration and preserves the program's original intent. Clear, specific language will help academic programs, employers, and preceptors understand which activities qualify for the credit, reduce confusion and administrative burden, and ensure equitable application. Distinguishing compensation for routine clinical services from volunteer precepting time

also safeguards against double payment, supports program integrity, and reassures policymakers that public funds are directed toward expanding clinical training capacity rather than subsidizing routine operations.

For APRNs, this measure helps sustain and expand high-quality clinical preceptorships that are essential to education, safe transition to practice, and long-term retention in Hawai'i, including in rural and neighbor island communities. APRN programs rely on community-based preceptors who provide intensive one-on-one supervision, advanced assessment and diagnostic training, and real-time coaching in complex decision-making across primary care and specialty settings. By strengthening incentives for APRN preceptors, S.B. 3202 supports a more reliable pipeline of APRN clinical placements, encourages training in underserved areas, and helps produce competent, independent APRNs who can deliver timely, high-quality care across the islands.

Thank you for the opportunity to testify on this bill.



**Testimony Presented Before the Senate  
Committee on Health and Human Services  
Monday, February 9, 2026 at 1:05 PM  
Conference Room 225 and Videoconference  
By  
Laura Reichhardt, APRN, AGPCNP-BC  
Director, Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

**TESTIMONY IN STRONG SUPPORT on S.B. 3202**

Chair San Buenaventura, Vice Chair McKelvey, and members of the committee: Thank you for the opportunity to testify in **strong support of this measure**. By way of this measure, the Hawai'i State Center for Nursing (HSCN) does not ask for new or expanded appropriations to the tax credit program.

This measure, S.B. 3202, proposes to clarify the definition of preceptor to allow a broader array of specialty providers who engage in teaching future primary care providers, clarify the definition of “volunteer-based supervised clinical training rotation” related to both time spent teaching students and what constitutes compensation for precepting, and amend the Preceptor Credit Assurance Committee to improve administration and roles. In addition, this measure increases access to the tax credit program by including all specialties who engage in precepting, and expand the professions to include physician assistants, social work, and registered dietitians.

The Preceptor Tax Credit Assurance Committee Admin SubCommittee (Hawai'i State Center for Nursing and UH JABSOM Area Health Education Center) updated preceptor tax credit allocation projections based on a similar bill, HB303, as introduced in 2025. Based on the estimated student or resident enrollments and clinical rotation hours, we estimated a maximum of 1,623 hours to be recorded. Year after year, nearly 1 in 8 of all recorded rotations do not yield a tax credit due to too few hours taught by the preceptor. In addition, 4% of annual tax credits are allocated to people who teach far beyond 400 hours, who receive the maximum of 5 credits despite teaching considerably more credits. **In effect, the upper and lower thresholds for allocating tax credits results in a buffering of approximately 16%, which makes it unlikely for the Preceptor Credit Assurance Committee to allocate the maximum potential of tax credits in the near future.**

*The mission of the Hawai'i State Center for Nursing is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a well-prepared and well-distributed workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.*

	2026	2023 Distribution			
		Credits	Credit Amounts	Hours	Distribution
Max Potential	<b>1623</b>	1005			
Projected Allocation	<b>1431</b>	886			
5	<b>589</b>	365	5	400+	36%
4	<b>123</b>	76	4	320-399	8%
3	<b>194</b>	120	3	240-319	12%
2	<b>291</b>	180	2	160-239	18%
1	<b>234</b>	145	1	80-159	14%
0	<b>192</b>	119	0	below 80	12%

The proposed changes are in line with the recommendations in the five-year assessment of the Preceptor Tax Credit Program.

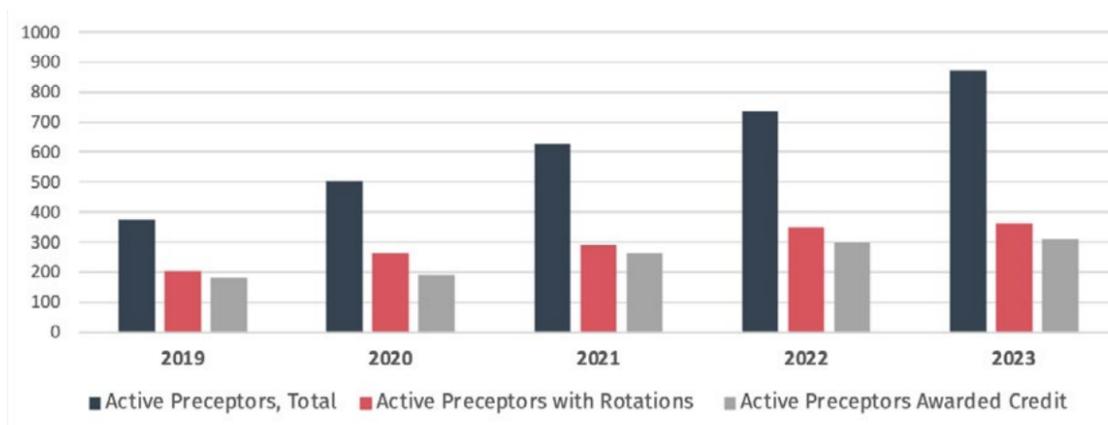
MAINTAIN	ADD	CHANGE
<ul style="list-style-type: none"> <li>Keep the process that local schools submit clinical rotation information;</li> <li>Keep the requirement that preceptors must self-verify their location, license information, specialty, and lack of existing compensation for precepting; and</li> <li>Keep, and clarify, the requirement that the tax credit is for non-compensated precepting activities only.</li> </ul>	<ul style="list-style-type: none"> <li>Add additional healthcare provider professions with schools in Hawai'i, including physical therapy, occupational therapy, social work, registered dietitians, and physician assistants.</li> </ul>	<ul style="list-style-type: none"> <li>Remove primary care specialty requirement for preceptors; and</li> <li>Remove requirement that only preceptor education for primary care students may be eligible for tax credits.</li> </ul>

**TABLE I: RECOMMENDATION SUMMARY FROM THE PRECEPTOR NEEDS ASSESSMENT**

*The mission of the Hawai'i State Center for Nursing is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a well-prepared and well-distributed workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.*

In 2018, the Hawai'i Legislature, in their great wisdom, enacted Act 43, which authorized and funded \$1.5 million in tax credits for advanced practice registered nurse, physician, and pharmacist professionals who train in-state students in their respective 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. The tax credit program has successfully grown the preceptor base over time (Figure 4). However, there is room to expand the program even with the positive growth.



**FIGURE 4: GROWTH IN PRECEPTORS, REGISTERED, WITH ROTATIONS AND RECEIVING TAX CREDITS**

**While the program is achieving the established goals, there is room to grow.**

As one of the two administering organizations of the Preceptor Tax Credit program and Preceptor Credit Assurance Committee, the Center has verified that Social Work, Physician Assistants, and Registered Dietitians have the same professional criteria that currently enables us to maintain a functioning program for APRNs, physicians, and pharmacists. These criteria include: 1) professionals maintaining licensure in Hawai'i; 2) in-state schools that maintain preceptor coordination; 3) preceptor education that occurs during education enrollment (as opposed to post-graduation activities); and 4) schools with national accreditation. These standards are used in the verification process to ensure eligibility of preceptors and participating academic programs, as defined in H.R.S. 235-110.45 and H.R.S. 321-2.7.

Further, based on the current performance and anticipated growth in the tax credit allocations by expanding the tax credits beyond primary care, funds remain. The Preceptor Credit Assurance Committee voted in favor of supporting other critically needed health

*The mission of the Hawai'i State Center for Nursing is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a well-prepared and well-distributed workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.*



professions by way of this program considering that there is a need, an ability to maintain the program's legally mandated verification requirements, and fiscal capacity.

The Hawai'i State Center for Nursing respectfully asks the Committee to pass this measure through your committee. 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 education and training initiatives.

*The mission of the Hawai'i State Center for Nursing is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a well-prepared and well-distributed workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.*

**JOSH GREEN M.D.**  
GOVERNOR

**SYLVIA LUKE**  
LT. GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF TAXATION**

Ka 'Oihana 'Auhau  
P.O. BOX 259

HONOLULU, HAWAII 96809  
PHONE NO: (808) 587-1540  
FAX NO: (808) 587-1560

**GARY S. SUGANUMA**  
DIRECTOR

**KRISTEN M.R. SAKAMOTO**  
DEPUTY DIRECTOR

**TESTIMONY OF  
GARY S. SUGANUMA, DIRECTOR OF TAXATION**

**TESTIMONY ON THE FOLLOWING MEASURE:**

S.B. No. 3202, Relating to Health Care

**BEFORE THE:**

Senate Committee on Health and Human Services

**DATE:** Monday, February 9, 2026  
**TIME:** 1:05 p.m.  
**LOCATION:** State Capitol, Conference Room 225

Chair San Buenaventura, Vice-Chair McKelvey, and Members of the Committee:

The Department of Taxation (DOTAX) offers the following comments regarding S.B. 3202 for your consideration.

S.B. 3202 amends section 235-110.25, Hawaii Revised Statutes (HRS), regarding the Healthcare Preceptor Tax Credit, by removing language that limits the tax credit to those practicing in primary care. It also adds licensed dietitians, physician assistants, social workers, and certain students of these professions, including those in residency and fellowship programs, as eligible preceptors.

Section 2 of the bill amends section 235-110.25(g), HRS, by:

- 1) Including in the definition of "advanced practice registered nurse student," a "graduate from a nationally accredited academic program who has continued their training in the role of resident or fellow;"
- 2) Adding a definition for "dietetics student;"
- 3) Adding to the definition of "eligible professional degree or training certificate," a degree or certificate that fulfills a requirement to be a

- “licensed dietitian, pursuant to chapter 448B,” a “physician assistant pursuant to chapter 453,” or a “social worker, pursuant to chapter 467E;”
- 4) Adding to the definition of “eligible student,” a “dietetics student” and a “physician assistant student, or social work student, or resident who is enrolled in an eligible academic program, residency program, or fellowship;”
  - 5) Providing minor language changes to the definition of “medical student,” for clarity and consistency with other changes under this bill;
  - 6) Expanding the definition of “nationally accredited,” to include various accreditation bodies, including those recognized by the Department of Health’s (DOH) Preceptor Credit Assurance Committee, for medical students, advanced practice registered nurse students, nursing residency programs, pharmacy students, pharmacy residency programs, physician assistant students, physician assistant residency programs, dietetics students, and social work students;
  - 7) Providing minor language changes to the definition of “pharmacy student,” for clarity and consistency with other changes under this bill;
  - 8) Adding a definition for “physician assistant student;”
  - 9) Removing “primary care” practice as a criterion to qualify as a preceptor, and providing minor language changes for clarify and consistency with other changes under this bill;
  - 10) Adding a definition for “residency program;”
  - 11) Adding a definition for “social work student;” and
  - 12) Clarifying, under the definition of “volunteer-based supervised clinical training program,” that while a preceptor may be compensated for providing standard clinical services, they may not be compensated for clinical training services above or beyond clinical salary, or from tuition funds or state general funds, for the purposes of this tax credit.

Section 3 of the bill amends section 321-2.7, HRS, by clarifying that the DOH Preceptor Credit Assurance Committee will be composed of the DOH Director or their designee, and representatives of the Hawaii/Pacific Basin Area Health Education Center, the Center for Nursing, and the academic and residency programs with eligible students.

The bill is effective upon approval and applies to taxable years beginning after December 31, 2026. DOTAX can administer the bill with this effective date.

Thank you for the opportunity to provide comments on this measure.

**Testimony of the Hawaii Medical Board**

**Before the  
Senate Committee on Health and Human Services  
Monday, February 9, 2026**

**1:05 p.m.**

**Conference Room 225 & Via In-person and Videoconference**

**On the following measure:  
S.B. 3202 RELATING TO HEALTH CARE**

Chair San Buenaventura and Members of the Committee:

My name is Elizabeth Kor, and I am the Executive Officer of the Hawaii Medical Board (Board). The Board has not yet had the opportunity to review this measure and will be discussing it at its next meeting on Thursday, February 12, 2026. In the meantime, the Board offers the following comments.

This bill, which is a companion to H.B. 2206, seeks to clarify and expand the categories of taxpayers eligible for the Healthcare Preceptor Tax Credit and to amend the membership of the Preceptor Credit Assurance Committee.

Although the Board has not yet reviewed this measure in detail, it recognizes and appreciates the important role that preceptors play in the instruction, training, and supervision of medical students and residents pursuing careers as healthcare providers in the State. The Board has historically supported similar initiatives, while deferring to the Department of Taxation regarding any possible fiscal impacts to the State.

Mahalo for the opportunity to provide comments on this measure.



# UNIVERSITY OF HAWAII SYSTEM

## ‘ŌNAEHANA KULANUI O HAWAII

### Legislative Testimony

#### Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the  
Senate Committee on Health and Human Services  
Monday, February 9, 2026 at 1:05 p.m.

By

T. Samuel Shomaker, Dean and  
Kelley Withy, MD, Professor, Department of Family Medicine and Community Health,  
Hawaii/Pacific Basin Area Health Education Center (AHEC) Director

John A. Burns School of Medicine

and

Clementina D. Ceria-Ulep, Dean  
UH School of Nursing and Dental Hygiene

and

Alex Ortega, Dean  
UH Manoa Thompson School of Social Work and Public Health  
University of Hawai'i at Manoa

and

Rae Matsumoto, Dean  
UH Hilo Daniel K. Inouye College of Pharmacy

and

Vassilis Syrmos, PhD  
Interim Provost  
University of Hawai'i at Mānoa

and

Bonnie Irwin, Chancellor  
University of Hawai'i at Hilo

### SB 3202 – RELATING TO HEALTHCARE

Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

This testimony is presented on behalf of UH System, including John A. Burns School of Medicine (JABSOM), UH School of Nursing and Dental Hygiene (SONDH), the Thompson School of Social Work and Public Health, 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 SB 3202 which amends the Preceptor Tax Credit program that allows for income tax incentives to health care providers who volunteer to provide clinical training for Hawaii's future health care workforce. The bill amends the Healthcare Preceptor Tax Credit to remove language limiting access only to those practicing in primary care to include specialty fields of practice, and adds licensed dietitians, physician assistants, and social workers as eligible preceptors and students. Additionally, SB 3202 includes accredited residency

and fellowship programs that require preceptor support. The amendments would apply to taxable years beginning after 12/31/2026.

In 2017, the Hawai'i State Center for Nursing identified a preceptor shortage. Preceptors are volunteer Advanced Practice Registered Nurses (APRN), physicians (MD and DO), 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 of 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.

Although the preceptor tax credit program has been successful in attracting more healthcare professionals, questions remain as to the program's language regarding compensation and specialty practice language. This has resulted in fewer providers accessing this tax credit, even though the allocation and credit cap was secured in 2018.

Preceptors, or employed clinical providers who teach students during their workday, with no substantive change to their workload, and no additional compensation for teaching, are concerned that their existing clinical salary equates compensation under the preceptor tax credit provision. Therefore, clarifying the type of the compensation that a preceptor receives would assist in determining eligibility for the tax credit.

Similarly, because over 90% of APRNs are employed, this has affected existing preceptors as well as identifying potential new preceptors. Additionally, as all of our programs lead to primary care certifications and prepare future primary care providers, 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 how to 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 the definitions of "preceptor" and "volunteer-based supervised clinical training program" contained in the bill will expand the field of preceptors so that we may grow our training programs for primary care providers.

Practicum placements are a signature component of both undergraduate and graduate social work education. Students' work in community-based organizations provides space for their academic work to be applied to real world situations. In order for student practicums to occur, each student must be matched with an individual field instructor

who is required by our accrediting body to be a social worker. With the current workforce shortage of social workers and the high needs for their services in the state and beyond, we find it increasingly difficult to recruit practicum instructors. A practicum instructor's work with a student is considered beyond the normal scope of their day-to-day duties. We recognize the tremendous resource social work practicum instructors provide and know the success of the preceptor tax credit in allied professions has been tremendous. Social workers in Hawai'i would very much welcome the opportunity to access this tremendous benefit to support a vital workforce for community wellbeing.

The educational training path for a pharmacist, as well as the way clinical pharmacists practice, differs from nursing and medicine. The pharmacy student's training curriculum stresses foundation building in the first three years of a four-year curriculum. The final fourth year includes both primary care and specialty care pharmacy rotations. This training is based upon the profession's pharmacist role that combines 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. More advanced post-graduate training through accredited pharmacy residencies are also offered in clinical areas of practice. Preceptors are invaluable in providing training to pharmacy students and residents based on the complexity of their scope of practice and the evolving landscape of healthcare.

Thank you for your support of the state healthcare workforce development and healthcare education in Hawaii.



Testimony presented before the  
Senate Committee on Health and Human Services  
Monday, February 9, 2026

Corrie L. Sanders on behalf of  
The Hawai'i Pharmacists Association (HPhA)

Honorable Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

Thank you for the opportunity to testify in **strong support of SB3202** which amends the already successful Preceptor Tax Credit program that allows for income tax incentives to health care providers who volunteer to provide clinical training for Hawaii's future health care workforce. This bill removes "primary care" from the criteria to qualify as a preceptor while adding other care professionals for eligibility with the inclusion of residency programs that would have a positive downstream impact on the pharmacy profession.

We would like to acknowledge the interdisciplinary working group within the University of Hawai'i System to expand these tax credits across various health professions. We strongly support the reasoning outlined by this team **further expand this initiative to include pharmacy residency preceptors** across the state that continue to educate the next generation of student pharmacists without any financial incentive.

Currently, there are only a single-digit number of pharmacy residency programs in Hawai'i, which significantly limits the ability to retain local talent for advanced postgraduate training in specialty practice areas. As a result, many of Hawai'i's pharmacy graduates leave the state to pursue residency training on the mainland. The Hawai'i Pharmacists Association is hopeful that providing a financial incentive through tax credits would support the establishment of additional residency programs across our islands. Expanding such programs would help elevate the standard of care provided by the pharmacy profession, and align with our ongoing advocacy to expand pharmacists' roles within a value-based care model.

On behalf of the Hawai'i Pharmacists Association, mahalo for this opportunity to testify in support of SB3202.

Very Respectfully,

Corrie L. Sanders, PharmD., BCACP, CPGx  
Executive Director, Hawai'i Pharmacists Association



Committee on Health and Human Services

February 8, 2026

From: The Hawai'i Affiliate of the American College of Nurse-Midwives (HAA)

Re: SB3202 RELATING TO HEALTH CARE

To: Honorable Chair Joy A. San Buenaventura and Vice Chair Angus L.K. McKelvey

### **SUPPORT FOR SB3202 WITH CONSIDERATION OF AMENDMENT SUGGESTIONS**

Mahalo for the opportunity to comment on SB3202. We submit this testimony on behalf of our professional member organization, the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA). Our mission is to promote the health and well-being of women and newborns within their families and communities through the development and support of the profession of midwifery as practiced by Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs). In alignment with our mission to grow the profession, HAA also provides support to student midwives.

In the State of Hawai'i, there are two advanced practice midwifery credentials: the Certified Nurse-Midwife (APNR, CNM), regulated for nearly 100 years and licensed for over 50 years, and the Certified Midwife (CM, LM), which was first regulated with a pathway to licensure in 2019. With the passage of Act 28 (2025), CM, LMs are now eligible for integration into Medicaid and are expected to be added as a provider type by the end of Q1 2026. As a result, employment opportunities for CM, LMs will become increasingly viable, and we anticipate that more Hawai'i-based students will pursue this advanced practice pathway.

Within our field, we are keenly aware of the challenges Hawai'i-based midwifery students face in securing clinical placements, as well as the significant commitment required of preceptors. Currently, there are forty-seven APRN, CNMs and one CM, LM serving families across the State. However, Hawai'i does not have an in-state pathway to a Master of Science in Midwifery. As a result, all Hawai'i-based advanced practice midwifery students must enroll in one of four remote or hybrid programs: Frontier Nursing University, Georgetown University, Thomas Jefferson University, or the University of Colorado Anschutz Medical Campus.

As the professional organization representing advanced practice midwives in Hawai'i, HAA is regularly contacted by graduate-level student midwives seeking clinical placements within the State. HAA leadership actively engages with midwives practicing at Kaiser Permanente, Tripler Army Medical Center, and The Queen's Health Systems, as well as in private practices such as East Hawai'i Midwife Service, Hua Moon Women's Health, and 'Ōhi'a Midwifery & Wellness, to support retaining Hawai'i-based students for clinical training and eventual practice. A tax incentive for preceptors would meaningfully support these shared efforts to sustain and grow Hawai'i's midwifery workforce.

We appreciate the amendments that have been incorporated into this tax credit initiative. As of 2026, the majority of CNMs practicing in Hawai'i are Advanced Practice Registered Nurses (APRNs), serving communities across all islands and in a wide range of care settings. However, despite the inclusion of

APRNs in this bill, without accommodations for student midwives enrolled in remote academic programs, APRN, CNMs will remain effectively excluded from this incentive. Given that all Hawai‘i-based advanced practice midwifery students must train through remote or hybrid programs, this omission undermines efforts to grow our local workforce.

**To support the development of a sustainable Hawai‘i-based provider workforce—and the preceptors who prepare them—we respectfully urge the Legislature to explicitly accommodate advanced practice midwifery within this initiative by amending SB3202 to:**

- 1. Include the Certified Midwife (CM, LM) as a named provider, recognizing this credential as equivalent to the APRN, CNM. Certified Midwives are independent providers authorized to deliver comprehensive midwifery care, including serving as primary care providers for females from menarche through the end of life. They maintain full prescriptive authority, hold hospital admitting and discharging privileges, may serve as first assists, provide telehealth services, and possess global signature authority.**
- 2. Include Hawai‘i-based students enrolled in remote or hybrid academic programs - provided the majority of their clinical training occurs in Hawai‘i under Hawai‘i-based preceptors.**

Additionally, we note this is a social justice issue. HAA is committed to advancing equity in health professions education. At present, there is only one Kānaka Maoli CNM practicing in Hawai‘i. We hope that intentional workforce development policies will help cultivate greater representation of Native Hawaiian providers, as well as providers from the many Pacific Islander communities who call Hawai‘i home.

For the past few years, HAA has been involved with the Department of Health to amend the 1986 HAR for Licensing Freestanding Birthing Facilities. This revision is long overdue. Licensed Freestanding Birthing Facilities are an option for families throughout our region. In Alaska, Oregon, Washington, and California there are at least 30 licensed facilities available both for service and as training sites. Once the revision of the DOH rules for birth centers is accomplished, it is expected that there will be a number of potential training sites for our future advanced practice midwives. It is sound policy to provide an incentive via a preceptor tax credit for these facilities to participate with expanding Hawai‘i-based future providers.

Mahalo for your consideration of our testimony. We are available for further comment or clarification via email.

Sincerely,

The Hawai‘i Affiliate of ACNM Board

Annette Manant, PhD, ARPN, CNM President

Alex Brito, CNM, WHNP, RN-BSN Vice President

Connie Conover, CNM, MSN Treasurer

Margaret Ragen Affiliate Legislative Contact

acnmhawaiiaffiliate@gmail.com

<https://hawaiimidwives.org/>

For your reference, APRN, CNMs and CM, LMs currently practice at the following locations:

<https://hawaiimidwives.org/find-a-midwife-1>

**KAUA‘I**

- Hua Moon Women’s Health
- Kaua‘i Women’s Health Center

**O‘AHU**

- Kalihi Palama Health Center
- Kaiser Permanente
- Kōkua Kalihi Valley
- Ko‘olau Women’s Healthcare
- Tripler Diagnostic Center and Tripler Army Medical Center
- University of Hawai‘i

**MOLOKA‘I**

- Women’s Health Center at The Queen’s Health Systems

**MAUI**

- Kaiser Permanente
- Mālama I Ke Ola Health Center
- Maui Midwifery
- Pregnancy & Wellness Maui
- University of Hawai‘i

**HAWAI‘I ISLAND**

- East Hawai‘i Midwife Service
- Hāmākua-Kohala Health Center
- Hawai‘i Island Community Health Clinic
- Kaiser Permanente
- ‘Ōhi‘a Midwifery & Wellness
- Women’s Center at The Queen’s Health Systems

Testimony of  
Jonathan Ching  
Head of Government Relations

Before:  
Senate Committee on Health and Human Services  
The Honorable Joy A. San Buenaventura, Chair  
The Honorable Angus L.K. McKelvey, Vice Chair

February 9, 2026  
1:05 p.m.  
Conference Room 225  
Via Videoconference

**Re: SB 3202, Relating to the Healthcare Education Loan Repayment Program.**

Chair San Buenaventura, Vice Chair McKelvey, and committee members, thank you for this opportunity to provide testimony on SB 3202, which expands the Healthcare Preceptor Tax Credit to incentivize additional preceptors to offer professional instruction, training, and supervision to students and residents seeking careers as health care providers.

**Kaiser Permanente Hawai‘i SUPPORTS SB 3202.**

Kaiser Permanente Hawai‘i is one of the nation’s largest not-for-profit health plans, serving 12.6 million members nationwide and more than 271,000 members in Hawai‘i. In Hawai‘i, more than 4,600 dedicated employees and more than 650 Hawai‘i Permanente Medical Group physicians and advance practice providers work in our integrated health system to provide our members coordinated care and coverage. Kaiser Permanente Hawai‘i has more than 20+ medical facilities, including our award-winning Moanalua Medical Center. We continue to provide high-quality coordinated care for our members and deliver on our commitment to improve the health of our members and the people living in the communities we serve.

Kaiser Permanente Hawai‘i supports SB 3202 because it will help to increase access to in-state clinical experiences for students training to enter the medical field and draw more prospective medical professionals to stay home or to come to Hawai‘i.

Over the years, our preceptors supported several hundreds of individual rotations in internal medicine, family medicine, pediatrics, obstetrics and gynecology, geriatrics, continuing care, and sports medicine. In addition, our preceptors supported over 100 rotations throughout inpatient nursing.

Since the enactment of Act 43, Session Laws of Hawai‘i 2018, fewer advanced practiced registered nurses, physicians and pharmacists are eligible for the tax credit than the number that are teaching our local students. Expanding the eligibility to include a broader range of healthcare providers will help incentivize more professionals to serve as preceptors and enhance medical education in Hawai‘i.

Mahalo for the opportunity to testify on this important measure.



DATE: 11 Feb 2026

TO: Senator Joy A. San Buenaventura, Chair  
Senator Angus L. K. McKelvey, Vice-Chair  
Senate Committee on Health and Human Service

FROM: Leocadia Conlon, PhD MPH, PA-C  
Legislative Liaison, Hawai'i Academy of Physician Assistants

RE: SB3202 RELATING TO HEALTH PRECEPTORS

Hearing Date/time: Friday 2-13-26 1:00 PM

Place: Conference Room 225 & via Videoconference

Dear Chair San Buenaventura and Vice-Chair McKelvey,

Thank you for the opportunity to provide testimony on SB3202, which expands the definitions of preceptor and volunteer based supervised training rotations to improve accessibility for providers to receive income tax credits for acting as preceptors, including removing *primary care* from the criteria to qualify as a preceptor and **adds physician assistants and physician assistant students** to the list of preceptors and eligible students.

**The Hawai'i Academy of Physician Assistants (HAPA) STRONGLY SUPPORTS SB3202.** HAPA is the Hawai'i state chapter of The American Academy of PAs (AAPA). HAPA represents a small but vital PA workforce in Hawai'i. HAPA supports PA practice in Hawai'i and works to educate the healthcare and greater community about the role and positive contributions that PAs add to the health care delivery system in Hawaii.

HAPA supports SB3202 because it will include physician assistants (PA) and physician assistant students in the Preceptor Tax Credit (PTC) program. This will create equitable opportunities for clinical education among PAs and advanced practice registered nurse (APRN) students of Hawai'i based academic institutions, and equity among PA and APRN preceptors who voluntarily supervise clinical training rotations; whereas currently only physicians and APRNs who precept medical or APRN students are eligible for the PTC. Additionally, the bill supports the clinical training requirements of PA, medical, and APRN students who must receive clinical training in a variety of clinical specialties as set by their respective national accreditation standards.

The Hawai'i Academy of Physician Assistants recognizes that PA education in Hawai'i is crucial for expanding the state's healthcare workforce. The establishment of the Hawai'i Pacific University PA Program on O'ahu, further demonstrates a commitment to training PAs specifically prepared to serve Hawai'i's communities. By supporting clinical preceptors who supervise PA training throughout the state, we can better ensure that PA graduates secure employment and encourage them to build long-term careers in Hawai'i.



Physicians Assistants (PAs) are state-licensed, nationally certified medical providers, who receive rigorous graduate level education modeled on medical school curriculum. PAs play a critical role on healthcare delivery teams, and along with their physician and APRN counterparts, help ensure the delivery of high-quality healthcare.

Amidst a statewide physician shortage, PAs are successfully filling critical gaps in healthcare and reducing health disparities by expanding access to care for communities in Hawai'i. PAs are found in every clinical setting and in every medical specialty and are authorized by the Affordable Care Act (ACA), along with physicians and APRNs, to serve as primary care providers (PCP) for their patients.

It is important to note that the proposed revisions to the PTC will not result in an increase in the Preceptor Tax Credit. The current cap on the tax credit is 1.5 million dollars/tax year. The program as it stands, awarded \$676,000 in tax credits in 2024, with a cumulative \$2,657,000 tax credits issued to Hawai'i's currently eligible preceptors since the program started in 2019. By expanding eligibility to include additional healthcare providers, these excess funds can be allocated more effectively to support a broader range of preceptors and students. Expanding this program ensures that these resources are used to maximize their impact on healthcare education, equality, and access.

Thank you again for the opportunity to provide supportive testimony on this important issue that ultimately impact the quality of care provided to the communities of Hawai'i.



## HIPHI Board

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*Retired, Hawai'i State Department of  
Health*

## HIPHI Initiatives

Coalition for a  
Tobacco-Free Hawai'i

Community-Based Research &  
Evaluation

Community Health  
Worker Initiatives

Environmental Health

Hawai'i Climate Change and Health  
Working Group

Hawai'i Drug & Alcohol-Free Coalitions

Hawai'i Immunization Coalition

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Collective/Healthy Aging &  
Community Living

Public Health Workforce Development

Date: February 10, 2026

To: Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair  
Members of the Senate Committee on Health and Human Services

RE: Support for SB 3202, Relating to Health Care

Hrg: Friday, February 13, 2026, at 1:00 PM, Conference Room 225

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The Hawai'i Public Health Institute,<sup>1</sup> **supports SB 3202** relating to health care. This bill improves the accessibility of income tax credits for health care providers who serve as preceptors.

### A Chronic Health Care Provider Shortage

Hawai'i continues to experience a significant shortage of health care professionals, especially in primary care and rural areas. According to the University of Hawai'i John A. Burns School of Medicine's most recent Hawai'i Physician Workforce Assessment report, of 12,688 licensed physicians in the state, less than a third provide patient care. This leaves the state 644 doctors short of the need for providers, a number that grows to 833 full-time physicians when geography is factored in.<sup>2</sup>

Hawai'i County had the biggest shortage according to the report, needing 224 doctors to fill its demand gap. That means its supply of physicians needs to grow by 43% to meet demand. Maui would need to grow its provider base by over 35% to meet demand, with other neighbor islands facing similar gaps. Long wait times, decreased preventive care, and additional strain on emergency services are among the challenges caused by these workforce shortages.

### A Proven Solution

The preceptor tax credit has a documented record of success in addressing this pipeline issue. Hawai'i's existing preceptor tax credit provides up to \$1,000 per clinical rotation supervised and up to \$5,000 per year. It was enacted to encourage clinicians to serve as preceptors for students and residents. When originally evaluated over several years, the program was associated with a 77% increase in active preceptors and

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<sup>1</sup> Hawai'i Public Health Institute's mission is to advance health and wellness for the people and islands of Hawai'i. We do this through expanding our understanding of what creates health of people and place, fostering partnerships, and cultivating programs to improve policies, systems, and the environments where people live, learn, work, age, and play.

<sup>2</sup> [Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project](#), University of Hawai'i's John A. Burns School of Medicine, December 2025.



brought over 76 new providers into precepting roles, expanding training opportunities for aspiring health professionals in critical fields.<sup>3</sup>

### **A Necessary Expansion**

By expanding the pool of eligible preceptor professions and broadening the types of eligible training programs the credit covers, this proposal will help grow the number of clinical training sites and mentors available to serve Hawai'i's health care workforce pipeline. More preceptors means greater opportunities for students to complete clinical rotations, increasing the number of local graduates who stay and practice in Hawai'i, a key strategy to addressing shortages in physician, nursing, pharmacy, and allied health professions statewide.

Notably, this measure also extends the preceptor credit to social workers. According to a report from UH's Thompson School of Social Work and Public Health, demand for health care social workers in Hawai'i will increase by more than 18%, and the need for mental health and substance abuse social workers is estimated to increase by roughly 22% over the next 10 years.<sup>4</sup>

In addition to increasing access to training, stronger preceptor incentives help reduce costs and turnover associated with workforce shortages. Such credits also enhance care quality through hands-on mentorship in underserved communities. Neighbor island and rural areas will especially benefit from the credit's expansion, since they are most heavily affected by provider scarcity.

As demand for health care continues to grow, strengthening the workforce pipeline is essential to reinforcing public health. We urge your committee to support this measure to uplift access to health care services for our island home.

Mahalo,

A handwritten signature in black ink that reads "Kris Coffield". The signature is written in a cursive, flowing style.

Policy and Advocacy Associate

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<sup>3</sup> [Evaluation of Hawai'i Preceptor Tax Credit: Five Year Program Evaluation 2019-2023](#), prepared for the Hawai'i Department of Health, 2024.

<sup>4</sup> ["Hawai'i's demand for social workers will climb over the next decade, report says"](#), Hawai'i Public Radio, March 30, 2023.



**WAIANAЕ COAST  
COMPREHENSIVE  
HEALTH CENTER**

**Friday, February 13, 1:00 PM  
State Capitol, Conference Room 225**

**Senate Committee on Health and Human Services**

**To:** Senator Joy A. San Buenaventura, Chair,  
Senator Angus L.K. McKelvey, Vice Chair

**From:** Ian Ross  
Public Affairs Director  
ianross@wcchc.com | (808) 697-3457

**RE: SUPPORT FOR SENATE BILL 3202 - RELATING TO HEALTH CARE**

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Aloha and mahalo for the opportunity to provide **testimony in support** of Senate Bill No. 3202.

Waianae Coast Comprehensive Health Center (WCCHC) is a Federally Qualified Health Center dedicated to improving the health and well-being of the West O'ahu community by providing accessible and affordable medical care. With 53 years of service, WCCHC is committed to providing comprehensive healthcare that supports the whole person and the improves long-term health outcomes for the communities we serve.

WCCHC is committed to expanding access to quality healthcare and fostering the next generation of health professionals in Hawai'i. As a federally qualified health center serving diverse and medically underserved communities, we recognize the critical importance of a robust healthcare workforce, including not only primary care providers but also other health professionals. SB3202 broadens the scope of the Healthcare Preceptor Tax Credit, supporting the recruitment and retention of preceptors essential to health career training.

By expanding eligibility for the preceptor tax credit to include licensed dietitians, physician assistants, and social workers, this bill acknowledges the interdisciplinary nature of modern healthcare. These professionals are vital members of care teams, addressing complex patient needs that often extend beyond traditional primary care. Their inclusion in the tax credit program will incentivize more practitioners to serve as preceptors, thereby increasing training opportunities for students in these fields. This is especially important for community health centers like WCCHC, where integrated care models are central to our approach.

Allowing a broader range of preceptors and trainees to participate will help address persistent shortages in both primary and behavioral health, as well as nutrition and chronic disease management. WCCHC takes no position on the addition of the Director of Health and a residency program representative to the Preceptor Credit Assurance Committee, and will track this legislation to see the position of the Department of Health before commenting on this portion of the bill.

WCCHC appreciates the Legislature's commitment to strengthening Hawai'i's healthcare workforce and urges favorable consideration of SB 3202.



ALOHACARE

To: The Honorable Joy San Buenaventura, Chair  
The Honorable Angus McKelvey, Vice Chair  
Senate Committee on Health and Human Services

From: Paula Arcena, External Affairs Vice President  
Mike Nguyen, Director of Public Policy  
Maria Rallojay, Public Policy Specialist

Hearing: Friday, February 13, 2026, 1:00pm, Conference Room 225

RE: **SB3202 Relating to Health Care**

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AlohaCare appreciates the opportunity to provide testimony in **support** of **SB3202**. This measure, beginning taxable years after 12/31/2026, would (1) amend the Healthcare Preceptor Tax Credit to remove the language limiting access only to those practicing in primary care, to add licensed dietitians, physician assistants, and social workers as eligible preceptors and students, and to include residency and fellowship programs; (2) add the Director of Health and a representative of residency program with eligible students to the Preceptor Credit Assurance Committee.

AlohaCare is a community-rooted, non-profit health plan founded by Hawai'i's Community Health Centers and the Queen Emma Clinics. We serve over 66,000 Medicaid and Medicaid-Medicare dual-eligible residents on all islands. Since 1994, AlohaCare has partnered with providers, government entities, and community-based organizations to meet the evolving needs of our safety net community as Hawai'i's only health plan focused solely on Medicaid-eligible individuals. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for equitable access to quality, whole-person care for all.

Hawai'i's physician workforce data continue to show an urgent access and capacity problem. The most recent Hawai'i Physician Workforce Shortage Report finds that although 12,688 physicians are licensed in Hawai'i, only 3,647 are currently providing patient care, and that translates to about 3,044 full-time equivalents (FTEs)<sup>1</sup>. The report estimates the state needs 3,688 FTEs of practicing physicians, which equates to a shortage of 644 FTEs. When island geography and specialty coverage realities are accounted for, the unmet need increases to 833 physician FTEs statewide<sup>2</sup>. This shortage means that in certain areas, residents are unable to obtain timely and appropriate healthcare. AlohaCare is committed to improving access to care and addressing healthcare workforce shortages. We support this measure as a critical and effective way to expand healthcare workforce capacity and improve access to care for the residents of Hawai'i, especially in underserved urban and rural communities.

Mahalo for this opportunity to testify in **support** of **SB3202**.

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<sup>1</sup> University of Hawai'i John A. Burns School of Medicine, Area Health Education Center. (2025). *Hawai'i Physician Workforce Report 2025*.

<sup>2</sup> Ibid



February 9, 2026 at 1:05 pm  
Conference Room 225

**Senate Committee on Health and Human Services**

To: Chair Joy A. San Buenaventura  
Vice Chair Angus L.K. McKelvey

From: Paige Heckathorn Choy  
Vice President, Government Affairs  
Healthcare Association of Hawaii

Re: **Testimony in Support**  
**SB 3202, Relating to Health Care**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to **support** this measure, which seeks to expand the eligibility criteria for the healthcare preceptor tax credit in Hawaii and make other changes to strengthen the program. This program is important to addressing the pressing shortage of healthcare providers in our state by improving the accessibility of these tax credits for more provider types, including those who may provide specialty care.

Preceptors play an indispensable role in the education and training of our future healthcare workforce. They serve as experienced mentors, providing hands-on clinical training and supervision to students across various healthcare disciplines. This mentorship is vital for students to translate theoretical knowledge into practical skills, ensuring they are well-prepared to deliver high-quality patient care upon entering the workforce.

Expanding the eligibility for this successful program to include a broader range of healthcare providers will help incentivize more professionals to serve as preceptors. This expansion is expected to enhance the training opportunities for students and help to ensure a more robust pipeline of well-trained providers ready to meet the diverse healthcare needs of our population.

Thank you for hearing this important measure and your continued support for building a strong healthcare workforce in Hawaii.





**Testimony to the Senate Committee on Health and Human Services  
Monday, February 9, 2025; 1:05 p.m.  
State Capitol, Conference Room 225  
Via Videoconference**

**RE: SENATE BILL NO. 3202, RELATING TO HEALTH CARE.**

Chair San Buenaventura, Vice Chair McKelvey, 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. 3202, RELATING TO HEALTH CARE.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live 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.

This bill, as received by your Committee, would improve accessibility and further promote education of health care professionals by:

- (1) Removing language from the Healthcare Preceptor Tax Law to limit access solely those in primary care;
- (2) Adding physician assistants, licensed dietitians, and social workers as acceptable preceptors and students; and
- (3) Expanding eligibility to residency and fellowship programs.

The bill would also revise the membership of the Preceptor Credit Assurance Committee to include the Director of Health and representatives of residency programs with eligible students, take effect upon its approval, and apply to taxable years beginning after December 31, 2026.

**Testimony on Senate Bill No. 3202**  
**Monday, February 9, 2026; 1:05 p.m.**  
**Page 2**

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 clarify and expand a financial incentive to improve the quality and stock of Hawaii's future healthcare workforce. Accordingly, we commend this effort and wish to participate in future discussions concerning workforce development.

**We urge your favorable consideration of this bill.**

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](mailto:eabe@hawaiiipca.net).



## **SB3202 Preceptor Tax Credit for Behavioral Health**

### COMMITTEE ON HEALTH AND HUMAN SERVICES

Sen. Joy San Buenaventura, Chair

Sen. Angus McKelvey, Vice Chair

Monday, Feb 9, 2026: 1:05: Room 225 Videoconference

### **Hawaii Substance Abuse Coalition Supports SB3202:**

*ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the ad hoc leader of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder prevention and treatment agencies and recovery-oriented services.*

Hawai'i's behavioral health system faces persistent workforce shortages, and one of the most practical bottlenecks is **clinical training capacity**: students cannot become licensed without supervised hours, and providers often cannot afford to take on uncompensated teaching time. This bill addresses that barrier directly by recognizing behavioral health clinicians as eligible preceptors that would include behavioral health practitioners such as social workers and is expanded to include students.

Hawaii is facing a critical shortage of behavioral health professionals, including psychologists, counselors, social workers, and substance use specialists. These workforce gaps are especially severe in rural and underserved communities, where residents often experience long wait times or must travel far to receive care.

- Supporting students pursuing behavioral health degrees
- Reducing the financial burden of professional training
- Encouraging graduates to remain in Hawaii to serve local communities

### **The preceptor tax credit is a proven workforce tool**

The Preceptor Tax Credit program was created to recruit and retain clinicians who provide supervised clinical training, using state income tax credits as an incentive. Expanding the eligibility rules will build upon successful outcomes already for primary care and it highlights the importance of incentives for expanding precepting capacity.

Preceptor tax credits modernizes the program to reflect Hawai‘i’s current needs by **adding behavioral health professions to the definition of “preceptor”** and making them eligible for the credit and including behavioral health students as “eligible students,” expanding training pathways within Hawai‘i-based programs.

By expanding eligible preceptors in behavioral health:

- Increase the number of supervised clinical training placements available locally
- Improve retention by connecting students to Hawai‘i-based clinical sites and mentors
- Reduce waitlists and improve timely access to mental health and counseling services over time

We appreciate the opportunity to provide testimony and are available for questions.

Monday, February 9, 2026 at 1:05 PM  
Via Video Conference; Conference Room 225

**Senate Committee on Health and Human Services**

To: Senator Joy San Buenaventura, Chair  
Senator Angus McKelvey, Vice Chair

From: Michael Robinson  
Vice President, Government Relations & Community Affairs

Re: **Testimony in Support of SB 3202  
Relating to Health Care**

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My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

HPH writes in SUPPORT of SB 3202 which amends the definition of “preceptor” and “volunteer-based supervised clinical training rotation” to improve accessibility for providers to participate in the preceptor tax credit program. The bill also removes “primary care” from the criteria to qualify as a preceptor, and adds physician assistants, social workers, and licensed dietitians to the list of preceptors as these providers are invaluable to the training of future health care professionals and reflects Hawai'i's interprofessional training philosophy. The measure further expands eligibility for the tax credit to include accredited residency programs that require preceptor support.

Preceptors are advanced practice registered nurses (APRN), physicians (MD), pharmacists (PH), and other healthcare professionals who volunteer their clinical time to teach and train students. The lack of sufficient numbers of healthcare professionals to act as preceptors impacts many of the University of Hawai'i's programs in nursing, medicine and pharmacy in terms of the programs' ability to train students. Passed in 2018, the preceptor tax credit has helped to increase the pool of health profession training programs and alleviate the crisis of the preceptor shortage. The preceptor tax credit offers state income tax credits for APRN, MD, DO, and PH providers who volunteer as preceptors.

While the tax credit provides an incentive to the preceptors, the current statutory definitions have limited the number of preceptors who are eligible for the credit. Physicians who maintain a primary care practice in the state provide a valuable service, however, physicians in other fields of specialty practice also are vital to providing training

in primary care. Expanding the definition of “preceptor” to include other fields of practice would expand the pool of available preceptors to train new healthcare providers and allow for enhanced training opportunities to grow our workforce.

Thank you for the opportunity to testify.



## **SB3202 Assignment of Payments for Substance Abuse**

### COMMITTEE ON HEALTH AND HUMAN SERVICES

Sen. Joy San Buenaventura, Chair

Sen. Angus McKelvey, Vice Chair

Monday, Feb 9, 2026: 1:05: Room 225 Videoconference

### **Hina Mauka Comments to Support SB3202:**

*ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Brian Baker. I am the President and CEO for Hina Mauka, a mental health and substance use disorder treatment and prevention agency for thousands of adults and adolescents on Oahu and Kauai, including recovery-oriented services and housing transitional living programs.*

Hawai‘i’s behavioral health workforce shortage is not just a recruitment issue—it is also a training capacity problem. Students in behavioral health programs cannot become licensed without supervised clinical hours, yet many qualified clinicians are unable to serve as preceptors because supervising students comes with no compensation. As a result, students face limited placement opportunities and delayed entry into the workforce.

This bill offers a practical solution by expanding the preceptor tax credit to include behavioral health professionals and students. By recognizing licensed behavioral health providers as eligible preceptors, the state can remove a key barrier to training the next generation of clinicians.

The need is urgent. Across Hawai‘i, and especially in rural and underserved communities, residents face long wait times and limited access to mental health and substance use services. Expanding precepting capacity helps address these gaps by supporting students during training and encouraging them to build professional roots in Hawai‘i.

The preceptor tax credit has already proven effective in primary care as a tool to grow and retain the workforce. Updating the program to reflect today’s behavioral health needs builds on that success while strengthening in-state education and training pathways.

Expanding eligibility will increase supervised training opportunities, improve workforce retention, and over time, help reduce delays in accessing behavioral health care.

Thank you for the opportunity to provide testimony.



## Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814  
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

### SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair

Date: February 9, 2026

From: Hawaii Medical Association (HMA)

Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

**RE SB 3202** RELATING TO HEALTHCARE: Healthcare Preceptor Tax Credit; Licensed Dietitians; Physician Assistants; Social Workers; Residency Programs; Preceptor Credit Assurance Committee  
**Position: Support**

This measure would amend the Healthcare Preceptor Tax Credit to remove language limiting access only to those practicing in primary care, to add licensed dietitians, physician assistants, and social workers as eligible preceptors and students, and to include residency and fellowship programs; add the Director of Health and a representative of residency programs with eligible students to the Preceptor Credit Assurance Committee; apply to taxable years beginning after 12/31/2026.

HMA supports this measure which will improve accessibility and further promote the education of health care professionals in Hawaii. Clinical preceptors are vital to the maintenance of solid education and experience for future physicians in Hawaii, as well as the recruitment to our state when training is complete. Additionally, the establishment of a Preceptor Credit Assurance Committee with the Director of Health and representatives of residency programs is necessary to develop processes for certification of a preceptor for the tax credit, as well as credit certification and review.

This preceptor measure will help sustain and grow Hawaii's physician workforce by supporting the essential educators who train our future clinicians. It is an investment in the future health of our communities so that patients have access to high-quality care close to home.

HMA strongly supports all efforts to address healthcare professional education and our critical Hawaii physician shortage.

Thank you for allowing the Hawaii Medical Association to testify in support of this measure.

#### 2026 Hawaii Medical Association Public Policy Coordination Team

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

#### 2026 Hawaii Medical Association Officers

Nadine Tenn-Salle, MD, President • Jerald Garcia, MD, President Elect • Elizabeth Ann Ignacio, MD, • Immediate Past President  
Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

## REFERENCES AND QUICK LINKS

University of Hawai'i at Mānoa John A. Burns School of Medicine Area Health Education Center. Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project. Dec. 2025. University of Hawai'i Government Relations. [https://www.hawaii.edu/govrel/docs/reports/2026/act18-sslh2009\\_2026\\_physician-workforce\\_annual-report\\_508.pdf](https://www.hawaii.edu/govrel/docs/reports/2026/act18-sslh2009_2026_physician-workforce_annual-report_508.pdf) Accessed Jan 25, 2026.

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### **2024 Hawaii Medical Association Officers**

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President  
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

### **2024 Hawaii Medical Association Public Policy Coordination Team**

Beth England, MD, Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

**SB-3202**

Submitted on: 2/7/2026 5:55:21 PM

Testimony for HHS on 2/9/2026 1:05:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kari Wheeling	Testifying for Healthy Mothers Healthy Babies	Support	Written Testimony Only

Comments:

February 7, 2026

To: Committee on Health and Human Services

Senator Joy A. San Buenaventura, Chair

Senator Angus L.K. McKelvey, Vice Chair

Aloha Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

My name is Kari Wheeling, APRN, FNP-BC. I serve as the Chief Clinical Officer for Healthy Mothers Healthy Babies Coalition of Hawaii and am writing to express my strong support for SB3202, with additional comments for your consideration.

I have served as a clinical preceptor for several years and have supported many students pursuing healthcare degrees, including students enrolled in programs based both within and outside of Hawaii. I deeply appreciate the intent and value of the Hawaii Preceptor Tax Credit and find precepting to be one of the most rewarding aspects of my professional work.

As correctly stated in this bill, the need for qualified preceptors is significant. However, the demand for preceptors extends across all eligible academic programs nationwide, not only those physically based in Hawaii. Many Hawaii residents, for a variety of personal, financial, and logistical reasons, enroll in out-of-state or online accredited programs while maintaining their residence in Hawaii and completing their clinical training locally.

Under the current structure of the tax credit, eligibility is limited to students enrolled in Hawaii-based schools. This unintentionally creates a competitive environment between academic institutions and places Hawaii students attending out-of-state programs at a disadvantage. These students have chosen different educational pathways to meet the same professional and licensure requirements outlined in this bill, and their choice of school should not exclude their preceptors from eligibility for the tax credit.

I respectfully encourage the Committee to consider expanding eligibility for the preceptor tax credit to include all accredited academic and residency programs that require preceptor support, regardless of whether the program is based in Hawaii or out of state. In my own practice, I am

frequently contacted by Hawaii-based students enrolled in programs such as Baylor University, the University of Washington, and Bradley University who are seeking to fulfill their Family Nurse Practitioner and Physician Assistant clinical requirements here in Hawaii.

Although I am in strong support of SB3202 as written, expanding eligibility beyond the physical location of the academic institution would more accurately reflect today's healthcare education landscape, increase preceptor participation, and better support Hawaii students who intend to live, train, and ultimately practice in our state.

Mahalo for the opportunity to provide supportive testimony and for your consideration of HB 1591 and these suggested comments.

Respectfully,

Kari Wheeling, APRN, FNP-BC  
Chief Clinical Officer  
Healthy Mothers Healthy Babies Coalition of Hawaii  
245 N Kukui St, Ste 102A  
Honolulu, HI 96817



**Testimony Presented Before the Senate Committee on Health and Human Services**

**HEARING: Monday February 9, 1:05 P.M.**

**PLACE: Room 225 State Capitol and via videoconference**

**SB3202 – Relating to Health Care**

Chair Joy A. San Buenaventura, Vice Chair Senator Angus L.K. McKelvey,, and members of the Senate Committee on Health and Human Services, thank you for providing this opportunity to testify.

Hawai'i-American Nurses Association (Hawai'i- ANA) is the professional association for over 17,000 registered nurses who live and work in Hawai'i. Our mission is to advocate for the improvement of the healthcare system in the communities where we live and work. **We stand in support of this bill.**

The current tax credit program under Act 43 in 2018 authorized and funded \$1.5 million in tax credits for advanced practice registered nurse, physician, and pharmacist professionals who train in-state students in their respective practice areas. The tax credit program has proven successful, and there is room to expand the program without new or expanded appropriations to the tax credit program. Rather, this measure proposes to clarify some definitions, to increase access to the tax credit program by including all specialties who engage in precepting, and to expand the professions to include physician assistants, social work, and registered dietitians.

Hawai'i-ANA respectfully asks the Committee to pass this measure supporting other critically needed health professions engaged in the education of health care professionals considering that there is a need, an ability to maintain the program's legally mandated verification requirements, and fiscal capacity.

Hawai'i-ANA thanks your committee for its commitment to the people of Hawai'i in supporting local healthcare education and training initiatives. Thank you for the opportunity to testify in support of this measure.



Contact information for Hawai'i – American Nurses Association:

Chair of Advocacy Committee: Linda Beechinor, DNP, APRN, FNP-BC

President: Denise Cohen, PhD, APRN, FNP-BC

Executive Director: Elizabeth Kahakua, RN, BSN

phone (808) 779-3001 500 Lunalilo Home Road, #27-E, Honolulu HI 96825

# TAX FOUNDATION OF HAWAII

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735 Bishop Street, Suite 417

Honolulu, Hawaii 96813 Tel. 536-4587

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SUBJECT: INCOME Expand Healthcare Preceptor Tax Credit to Dietitians, Physician Assistants, Social Workers

BILL NUMBER: SB 3202, HB2206

INTRODUCED BY: SB by KEOHOKALOLE; HB by TAKAYAMA

EXECUTIVE SUMMARY: Amends the Healthcare Preceptor Tax Credit to remove language limiting access only to those practicing in primary care, to add licensed dietitians, physician assistants, and social workers as eligible preceptors and students, and to include residency and fellowship programs. Adds the Director of Health and a representative of residency programs with eligible students to the Preceptor Credit Assurance Committee. Applies to taxable years beginning after 12/31/2026.

SYNOPSIS: Amends sec 235-110.25(g), HRS to expand credit eligibility to licensed dietitians, physician assistants, social workers, and residents enrolled in a residency program or fellowship by adding these professions to the definition of “eligible student” and “preceptor”.

Amends section 235-110.25(g), HRS, definition of “volunteer-based supervised clinical training rotation” to allow a preceptor to be compensated for providing standard clinical services, while providing that the preceptor be uncompensated for (1) the clinical training above or beyond clinical salary or reimbursements for clinical services, and 2) the provision of clinical training services from tuition funds or from state general funds.

Makes other conforming amendments to sec 235-110.25.

Amends section 321-2.7(a)(2)(C), HRS, to add attestation provisions if the preceptor is compensated.

Amends sec 321-2.7(b), HRS to add the director of health or designee and representatives from residency programs with eligible students to the preceptor credit assurance committee.

EFFECTIVE DATE: Taxable years beginning after December 31, 2026.

STAFF COMMENTS: The credit for healthcare preceptors was added by Act 43, SLH 2018. This measure appears to arise from the department of health’s first five-year evaluation of the program made to the 2024 Legislature. The evaluation noted an increase in preceptors and recommended the addition of other classes of health care providers.

Re: SB 3202

Page 2

The bill, by allowing physician assistants, dieticians, and social workers into the program and removing the current restriction to primary care, scales the program up and will have a revenue impact.

Digested: 2/6/2026



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To: The Honorable Joy San Buenaventura, Chair  
The Honorable Angus McKelvey, Vice Chair  
Members, Senate Committee on Health & Human Services

From: Jace Mikulanec, Director, Government Relations, The Queen's Health Systems

Date: February 9, 2026

Re: In Support of SB3202 – Relating to Health Care

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The Queen's Health Systems (Queen's) is a nonprofit 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, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff 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 SB3202, which amends the Healthcare Preceptor Tax Credit to remove language limiting access only to those practicing primary care, to add licensed dietitians, physician assistants, and social workers as eligible preceptors and students, and to include residency and fellowship programs.

Queen's supported the creation of the preceptor tax credit in 2018 as one of several methods to address the shortage of primary, community-based and acute care providers in the state of Hawai'i. One successful avenue to incentivize providers to participate as preceptors is a tax credit for practitioners willing to volunteer their time and provide their expertise as mentors. Queen's alone has approximately 131 residents and fellows in our residency program supported by preceptors. We support the amended definition of "preceptor" to include specialists which will further expand the diversity of preceptors in our residency and fellowship programs.

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

*The mission of The Queen's Health System 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.*



Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair  
Committee on Health and Human Services

February 6th, 2026

Dana Monday DNP APRN-Rx PMHNP-BC  
PMHNP Track Coordinator  
Chaminade University of Honolulu

### **TESTIMONY IN SUPPORT of S.B. 3202**

Thank you for the opportunity to testify in **support of this measure**. This measure can help to provide critical mental health care for the residents of Hawai'i.

As a psychiatric provider and track coordinator for the Psychiatric Mental Health Nurse Practitioner program at Chaminade University, I strongly support S.B. 3202. In the original legislation that S.B. 3202 seeks to amend (Act 43), lawmakers provide an innovative and desperately needed incentive for current clinicians to provide learning opportunities for the next generation. This program, although successful, is incomplete. By only allowing a narrow definition of "primary care providers" the original legislation excluded vitally important psychiatric providers and students and other specialty providers from its benefits.

Hawai'i is grappling with a severe mental health crisis, with the demand for services skyrocketing, especially in the aftermath of the COVID-19 pandemic, economic challenges, and global instability. The state faces a critical shortage of mental health professionals, particularly pediatric psychiatrists, making timely care inaccessible for many residents. On the neighbor islands, the situation is even more dire; for instance, on Hawai'i Island, the ratio of clients to therapists is approximately 320-to-1. As stated, Hawai'i is meeting only about 14% of its mental health service needs, with the statistics being even worse for children. In a statewide survey to health care providers more than three quarters of respondents indicated that the overwhelming demand for patient referrals is for mental health counseling and psychiatry. (Civil Beat, Paula Dobbyn /April 5, 2023)

The need for psychiatric care providers continues to outpace the demand in Hawai'i. In 2019, the Hawai'i Physician Workforce Assessment Project noted a 22% shortage of psychiatrists in Hawai'i. This will only worsen in coming years as the Association of American Medical Colleges (2019) notes that over 60% of American psychiatrists are over the age of 55, compared with under 45% of all physicians.



The COVID-19 pandemic has changed the landscape of mental health care drastically by sparking a sharp increase in demand. Kaiser Family Foundation (2021) noted that there was a nearly four-fold increase in adults who reported symptoms of a depressive or anxiety disorder from 2019 to 2021. Many psychiatric providers are not accepting new clients or have waiting lists that they did not have pre-pandemic.

Hawai'i has a significant physician and psychiatric mental health provider shortage in all counties of Hawai'i. Physician shortages have only increased since the pandemic and this trajectory is expected to continue. Adult and child psychiatrists are experiencing a shortage of 45.2 and 42.8% in the state. (Healthcare Association of Hawai'i, 2022) Recent data reports that all of the islands of Hawai'i are currently partially designated as a Health Professional Shortage Areas (HPSA) for health care providers (inclusive of mental health care providers).

Physician shortages are not the only healthcare provider profession that is impacted by shortages. According to the Healthcare Association of Hawai'i 2022 Healthcare Workforce Initiative Report, Hawai'i also has multiple unfilled Nurse Practitioner (NP) vacancies. According to Hawaii's 2022 Healthcare Workforce Initiative report, there is 26% vacancy for Family Nurse Practitioners (FNPs) and adult NPs combined and a 41% vacancy rate for Psychiatric Mental Health Nurse Practitioners (PMHNPs) across the state. Retirement of current NPs is also a factor to consider. Approximately one-third of NPs in Hawai'i are older than age 55 and a greater percent of APRNs on neighboring islands report plans to retire by 2026 than on Oahu. These retirements will add to the need to build the workforce.

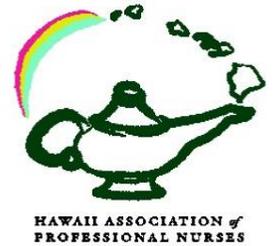
Clinical preceptors are an essential and integral piece of educating future providers in order to meet workforce needs. However, potential preceptors have identified heavy workloads, time constraints, burn out, feeling unprepared to teach and lack of support as obstacles for taking on students. High demand for clinical care and not enough providers provides a disincentive for clinical preceptors in mental health care due to increased logistical challenges and the existing providers being overworked. Therefore, a tax incentive is greatly needed to attract more qualified preceptors for these programs.

In conclusion, I strongly support H.B. 303/S.B. 1070. Thank you for the opportunity to testify.

Gratefully,

Dana Monday DNP APRN PMHNP-BC  
Assistant Professor  
Psychiatric Mental Health Nurse Practitioner Track Coordinator  
School of Nursing and Health Professions  
Chaminade University of Honolulu

## Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator Joy San Buenaventura, Chair, Senate Committee on Health and Human Services (HHS)  
From: Hawai'i Association of Professional Nurses (HAPN)  
RE: SB3202 — Relating to the Healthcare Preceptor Tax Credit; Licensed Health Professionals  
Position: **Strong Support**  
Hearing: Monday, February 9, 2026 at 1:05 p.m.

Aloha Chair Senator San Buenaventura, Vice Chair Senator McKelvey, and Members of the Committee,

The Hawai'i Association of Professional Nurses (HAPN) submits testimony in **strong support** of SB3202. If Hawai'i is serious about growing and stabilizing its health care workforce, we have to address the real bottleneck: clinical training capacity. Even when schools can enroll more students, those students cannot complete training—or enter the workforce—without sufficient clinical placement sites and qualified preceptors. Preceptors are not a “nice-to-have.” They are the infrastructure that turns education into a licensed, practicing workforce.

SB3202 is important because precepting comes with real costs. It requires time, supervision, documentation, and slower workflows. In many settings, it also means lost productivity or uncompensated labor—especially for clinicians and practices already stretched thin. When precepting is treated as volunteerism alone, the system relies on goodwill in a way that is not sustainable in a workforce shortage.

From HAPN's perspective, expanding and strengthening preceptor incentives is a direct workforce strategy. It supports clinicians who step up to train the next generation, expands the number of available placements, strengthens educational programs, and ultimately improves patient access. This is especially critical in Hawai'i, where we are competing nationally to recruit and retain licensed professionals—and where neighbor islands and rural communities often feel shortages first and longest.

For these reasons, HAPN respectfully urges the Committee to pass SB3202.

Mahalo for the opportunity to provide testimony.

Respectfully submitted,  
Hawai'i Association of Professional Nurses (HAPN)

**SB-3202**

Submitted on: 2/11/2026 4:11:36 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Stacy Haumea	Individual	Support	Remotely Via Zoom

Comments:

Aloha, I am a practicing Registered Dietitian on Hawai'i Island and I strongly support passing this bill to support Hawai'i's healthcare workforce training needs and the energy preceptors voluntarily share. Several healthcare workforce studies have documented the shortages and the risk of students having to move to the greater continent for training and then not returning. This bill will essentially help improve the longterm outlook of our workforce and keep local students home.

warmest aloha, Stacy Haumea DrBH, MPH, RDN, CDCES, LD

Aloha Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

Thank you for the opportunity to testify in support of SB3202.

I am Miki Miura, a family nurse practitioner, and I strongly support SB3202. As a former nurse practitioner student and a current enthusiastic preceptor for nurse practitioner students, I cannot overstate the importance of preceptors in developing capable future clinicians. Healthcare is complex to learn, and preceptors help students apply their textbook and lecture knowledge in real-world settings. Many nurse practitioners are interested in teaching students, but also feel pressure to be productive and see many patients, as their employers expect them to generate enough revenue to sustain their practices. I empathize with colleagues who were discouraged from participating in preceptorship, as I know firsthand that teaching students while running a busy clinic is a time- and energy-intensive responsibility. This preceptor tax credit can incentivize nurse practitioners to serve as preceptors and help to show appreciation for preceptors' contributions to the community. Furthermore, the tax credit should be expanded to include non-primary-care clinicians and residency and fellowship programs, as proposed in this bill. There is a critical need for competent clinicians across diverse settings. Please support this bill.

Thank you for this opportunity to testify.

Sincerely,  
Miki Miura, DNP, APRN, FNP-C

**SB-3202**

Submitted on: 2/7/2026 9:27:45 AM

Testimony for HHS on 2/9/2026 1:05:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Allen Novak	Individual	Support	Written Testimony Only

Comments:

I wish to testify in support of SB3202.

This bill will facilitate the attraction and retention of healthcare providers to Hawai'i. It will help to address the shortage of healthcare providers in Hawai'i.

**SB-3202**

Submitted on: 2/7/2026 10:37:37 AM

Testimony for HHS on 2/9/2026 1:05:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Christine Spath	Individual	Support	Written Testimony Only

Comments:

**To: Senate Committee on Health and Human Services (HHS)  
Honorable Sen. Joy A. San Buenaventura, Chair  
Honorable Sen. Angus L.K. McKelvey, Vice Chair**

**From: Christine Spath**

**Re: SUPPORT FOR SB3202 – RELATING TO HEALTH CARE**

**Date: Monday, February 9, 2026**

**Time: 1:05 PM**

**Place: Conference Room 225 & Videoconference**

**Aloha Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,**

**My name is Christine Spath. I am a graduate student of Social Work at the Thompson School of Social Work and Public Health at the University of Hawai‘i at Mānoa, and I live on Kaua‘i, where I complete my field placement at the Kaua‘i Community Mental Health Center. I am writing in support of SB3202, which expands the Healthcare Preceptor Tax Credit to include additional professions, including social workers, and broadens eligibility beyond primary care.**

**As a social work student specializing in gerontology in a rural setting, I have experienced firsthand how difficult it is to secure appropriate clinical supervision from a Licensed Clinical Social Worker in my specialty area. My field placement in community mental health has further shown me how essential qualified clinical supervisors are for safe and effective practice. When supervision is limited, students may be discouraged from entering high-need subspecialties such as gerontology and behavioral health, as well as other specialty areas facing similar workforce constraints, or may not gain the depth of clinical experience required to serve individuals with complex needs.**

**Through the GWEP (Geriatric Workforce Enhancement Program), I have been privileged to participate remotely in monthly interdisciplinary geriatric clinics at The Queen’s Medical Center. In these clinics, I see directly how physicians, nurses, pharmacists, social**

**workers, and other professionals each contribute essential perspectives to assessment, case planning, and intervention. This has reinforced for me how critical interdisciplinary and specialty training is — and why expanding this tax credit beyond primary care to include social workers, physician assistants, dietitians, and residency programs is a practical and forward-looking step.**

**I am submitting testimony because health workforce development depends on having enough qualified supervisors willing to train students in real clinical environments. Incentivizing more professionals to serve as clinical mentors helps expand training capacity, especially in rural and neighbor island communities. Given that approximately \$664,000 in credits were awarded last year and this bill expands eligibility, I respectfully encourage review of the \$1.5 million cap and the first-come, first-served structure to maintain equitable access.**

**Thank you for your consideration of these solutions and for your efforts to strengthen Hawai'i's healthcare workforce. I respectfully urge you to support SB3202.**

**Sincerely,  
Christine Spath**

**SB-3202**

Submitted on: 2/11/2026 5:42:38 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
katelyn stevens	Individual	Support	Written Testimony Only

Comments:

DATE: 11 Feb 2026

TO: Senator Joy A. San Buenaventura, Chair  
Senator Angus L. K. McKelvey, Vice-Chair  
Senate Committee on Health and Human Service

FROM: Katelyn Stevens, MSHS, PA-C  
OB/GYN  
Queens University Medical Group

RE: SB3202 RELATING TO HEALTH PRECEPTORS

Hearing Date/time: Friday 2-13-26 1:00 PM  
Place: Conference Room 225 & via Videoconference

Dear Chair San Buenaventura and Vice-Chair McKelvey,

Thank you for the opportunity to provide testimony on SB3202, which expands the definitions of preceptor and volunteer based supervised training rotations to improve accessibility for providers to receive income tax credits for acting as preceptors, including removing *primary care* from the criteria to qualify as a preceptor and **adds physician assistants and physician assistant students** to the list of preceptors and eligible students.

**My testimony is in STRONG SUPPORT OF SB3202** because it will include physician assistants (PA) and physician assistant students in the Preceptor Tax Credit (PTC) program. This will create equitable opportunities for clinical education among PAs and advanced practice registered nurse (APRN) students of Hawai'i based academic institutions, and equity among PA and APRN preceptors who voluntarily supervise clinical training rotations; whereas currently only physicians and APRNs who precept medical or APRN students are eligible for the PTC.

It is important to note that the proposed revisions to the PTC will not result in an increase in the Preceptor Tax Credit. The current cap on the tax credit is 1.5 million dollars/tax year. The program as it stands, awarded \$676,000 in tax credits in 2024, with a cumulative \$2,657,000 tax

credits issued to Hawai'i's currently eligible preceptors since the program started in 2019. By expanding eligibility to include additional healthcare providers, these excess funds can be allocated more effectively to support a broader range of preceptors and students. Expanding this program ensures that these resources are used to maximize their impact on healthcare education, equality, and access.

Thank you again for the opportunity to provide supportive testimony on this important issue that ultimately impact the quality of care provided to the communities of Hawai'i.

**SB-3202**

Submitted on: 2/11/2026 7:03:31 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Tyler McMurry	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Dr. T. Scott McMurry, DO. I am a family medicine physician in Kailua-Kona, Hawai‘i, and I am writing in strong support of S.B. 3202.

In my practice, I regularly serve as a clinical preceptor for medical students, nurse practitioner students, and physician assistant students. I do this because Hawai‘i’s future healthcare workforce depends on it. Precepting is one of the most direct and effective ways to train local clinicians, expand access to care, and reduce our dependence on recruiting from the mainland.

Hawai‘i has an ongoing shortage of healthcare providers, particularly in primary care, behavioral health, and rural communities. Even when students are eager to train and stay in Hawai‘i, their programs frequently struggle to secure clinical sites due to a limited supply of qualified preceptors.

This is not because physicians and other clinicians are unwilling, it is because precepting requires substantial uncompensated time. It slows clinic flow, adds documentation burden, and increases supervision demands. Yet it is essential for training competent future providers.

The current tax credit excludes PA training, despite the same preceptor burden. Hawai‘i’s current Healthcare Preceptor Tax Credit program provides a meaningful incentive for precepting medical students and advanced practice registered nurse students. However, physician assistant students are currently excluded, even though PA programs require the same clinical rotations, and precepting PA students involves the same real-world cost in time and productivity.

As a result, PA programs face an unnecessary barrier to expanding clinical training opportunities in Hawai‘i, and clinicians who are willing to teach PA students receive no comparable recognition or incentive.

S.B. 3202 fixes this problem in a practical, targeted way. S.B. 3202 improves the existing program by:

- Expanding eligible students and preceptors to include physician assistant students
- Removing outdated restrictions that limit the program only to primary care
- Strengthening and clarifying the definition of supervised volunteer clinical rotations
- Expanding eligibility to include residency and fellowship programs

These changes are common-sense improvements that will help the tax credit better reflect Hawai‘i’s real training pipeline and workforce needs.

Supporting PA training supports access to care statewide. Physician assistants are an essential part of Hawai‘i’s healthcare workforce. They increase access in family medicine clinics, urgent care settings, hospitals, specialty clinics, and rural communities.

Expanding the preceptor tax credit to include PA students will help:

- Increase the number of clinical training slots available in Hawai‘i
- Encourage more clinicians to precept PA students
- Strengthen the pipeline of providers who train here and remain here
- Improve access to care across the state

S.B. 3202 is a thoughtful, evidence-based expansion of a program that is already working. It strengthens the healthcare workforce by supporting the clinicians who provide hands-on training — and by ensuring PA programs have access to the same incentive structure as other health professions.

For these reasons, I respectfully urge the committee to PASS S.B. 3202.

Mahalo nui loa for the opportunity to provide testimony.

Respectfully,

T. Scott McMurry, DO

Family Medicine Physician

Kailua-Kona,

**SB-3202**

Submitted on: 2/11/2026 3:53:40 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
brian panganiban	Individual	Support	Written Testimony Only

Comments:

DATE: 10 Feb 2026

TO: Senator Joy A. San Buenaventura, Chair  
Senator Angus L. K. McKelvey, Vice-Chair  
Senate Committee on Health and Human Service

FROM:

Brian Panganiban, D.Sc, PA-C  
Trauma and Emergency Medicine  
QMC and WCCHC

RE: SB3202 RELATING TO HEALTH PRECEPTORS

Hearing Date/time: Friday 2-13-26 1:00 PM

Place: Conference Room 225 & via Videoconference

Dear Chair San Buenaventura and Vice-Chair McKelvey,

Thank you for the opportunity to provide testimony on SB3202, which expands the definitions of preceptor and volunteer based supervised training rotations to improve accessibility for providers to

receive income tax credits for acting as preceptors, including removing primary care from the criteria to qualify as a preceptor and adds physician assistants and physician assistant students to the list of

preceptors and eligible students.

My testimony is in STRONG SUPPORT OF SB3202 because it will include physician assistants (PA) and physician assistant students in the Preceptor Tax Credit (PTC) program. This will create equitable

opportunities for clinical education among PAs and advanced practice registered nurse (APRN) students of Hawai'i based academic institutions, and equity among PA and APRN preceptors who voluntarily

supervise clinical training rotations; whereas currently only physicians and APRNs who precept medical or APRN students are eligible for the PTC.

Having precepted military and civilian PA students since 2011, I strongly support the preceptor tax credit. In our island state, clinical training opportunities are scarce, which compels many of our brightest local PA students to seek education and employment on the mainland. This tax credit serves as a crucial mechanism to reverse this trend. By incentivizing local preceptors, we keep our talent at home, provide high-quality training within our community, and build a sustainable healthcare pipeline for the future of Hawaii.

It is important to note that the proposed revisions to the PTC will not result in an increase in the Preceptor Tax Credit. The current cap on the tax credit is 1.5 million dollars/tax year. The program as it stands, awarded \$676,000 in tax credits in 2024, with a cumulative \$2,657,000 tax credits issued to Hawai'i's currently eligible preceptors since the program started in 2019. By expanding eligibility to include additional healthcare providers, these excess funds can be allocated more effectively to support a broader range of preceptors and students. Expanding this program ensures that these resources are used to maximize their impact on healthcare education, equality, and access.

Thank you again for the opportunity to provide supportive testimony on this important.

This testimony reflects my personal views and does not represent the official position or opinions of my employers or the healthcare organizations I am affiliated with.

**SB-3202**

Submitted on: 2/11/2026 4:15:28 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Christie Nemoto	Individual	Support	Written Testimony Only

Comments:

Dear Members of the Committee,

I am writing in strong support for bill SB3202 to expand eligibility to residency programs for the healthcare preceptor tax credit. As a practicing pharmacist in Hawaii, I have seen how important residency training is to developing highly skilled pharmacists who can serve our communities. Residency programs rely heavily on qualified preceptors who volunteer significant time to mentor new pharmacists. These efforts can directly improve patient safety, access to care, and overall health outcomes. Serving as a preceptor requires a large amount of unpaid time devoted to teaching and supervision. This can limit the number of pharmacists willing to participate in training new residents. The proposed tax credit to include residents would interest pharmacists in continuing precepting and training opportunities.

Thank you,

Christie Nemoto, PharmD

Clinical Pharmacist - Ambulatory

**SB-3202**

Submitted on: 2/11/2026 4:41:01 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
LILY VAN	Individual	Support	Written Testimony Only

Comments:

Honorable Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

Thank you for the opportunity to testify in strong support of SB 3202 which amends the successful Preceptor Tax Credit program that allows for income tax incentives to health care providers who volunteer to provide clinical training for Hawaii’s future health care workforce.

I strongly support of the intention to expand this initiative to include pharmacists and pharmacy residency preceptors across the state that continue to educate and train the next generation of healthcare providers. Pharmacy residency preceptors are uniquely positioned to shape the next generation of pharmacists who will serve in hospitals, clinics, long-term care, and rural settings. These training experiences are often long and intensive, yet currently do not qualify for the tax credit, even though they meet the spirit of volunteer oversight and training intended by the program.

SB3202 aligns with the legislature’s intent to strengthen Hawaii’s healthcare workforce pipeline, encourages diverse clinical training opportunities, and fairly recognizes the contributions of all preceptors, including those involved in residency programs.

In my experience as a pharmacy residency program director, the lack of financial recognition can make it harder to sustain preceptor involvement, especially when balancing clinical productivity and administrative responsibilities. Offering tax credits helps show tangible appreciation and can improve recruitment and retention of qualified preceptors, which supports educational programs across the state.

Thank you for this opportunity to testify in support of SB 3202.

Very Respectfully,

Lily Van, PharmD, BCACP, CDCES

Honorable Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

Thank you for the opportunity to testify in strong support of SB 3202 which amends the successful Preceptor Tax Credit program that allows for income tax incentives to health care providers who volunteer to provide clinical training for Hawaii's future health care workforce.

I strongly support of the intention to expand this initiative to include pharmacists and pharmacy residency preceptors across the state that continue to educate and train the next generation of healthcare providers. Pharmacy residency preceptors are uniquely positioned to shape the next generation of pharmacists who will serve in hospitals, clinics, long-term care, and rural settings. These training experiences are often long and intensive, yet currently do not qualify for the tax credit, even though they meet the spirit of volunteer oversight and training intended by the program.

SB3202 aligns with the legislature's intent to strengthen Hawaii's healthcare workforce pipeline, encourages diverse clinical training opportunities, and fairly recognizes the contributions of all preceptors, including those involved in residency programs.

In my experience as a pharmacy resident and student preceptor, it takes a considerable amount of time outside of work to ensure a valuable education is provided while not affecting the quality of care I provide for my patients. Offering tax credits helps show tangible appreciation that can improve the retention and recruitment of qualified preceptors, which supports educational programs across the state.

Thank you for this opportunity to testify in support of SB 3202.

Very Respectfully,

Cody Porter, PharmD

**SB-3202**

Submitted on: 2/12/2026 7:08:49 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brianna Woods	Individual	Support	Written Testimony Only

Comments:

DATE: 10 Feb 2026

TO: Senator Joy A. San Buenaventura, Chair  
Senator Angus L. K. McKelvey, Vice-Chair  
Senate Committee on Health and Human Service

FROM: NAME  
SPECIALTY  
PLACE OF PRACTICE

RE: SB3202 RELATING TO HEALTH PRECEPTORS

Hearing Date/time: Friday 2-13-26 1:00 PM  
Place: Conference Room 225 & via Videoconference

Dear Chair San Buenaventura and Vice-Chair McKelvey,

Thank you for the opportunity to provide testimony on SB3202, which expands the definitions of preceptor and volunteer based supervised training rotations to improve accessibility for providers to receive income tax credits for acting as preceptors, including removing *primary care* from the criteria to qualify as a preceptor and **adds physician assistants and physician assistant students** to the list of preceptors and eligible students.

**My testimony is in STRONG SUPPORT OF SB3202** because it will include physician assistants (PA) and physician assistant students in the Preceptor Tax Credit (PTC) program. This will create equitable opportunities for clinical education among PAs and advanced practice registered nurse (APRN) students of Hawai'i based academic institutions, and equity among PA and APRN preceptors who voluntarily supervise clinical training rotations; whereas currently only physicians and APRNs who precept medical or APRN students are eligible for the PTC.

*Since practicing medicine in Hawaii I have precepted over 30 MD, APRN and PA students in the goal of promoting the overall health disparity that exists in Hawaii. I have taken on this freely of my own will for the betterment of Hawaii and while I will continue to do so I think it is only just to allow PAs to be included in the tax credit and not be discriminated against.*

It is important to note that the proposed revisions to the PTC will not result in an increase in the Preceptor Tax Credit. The current cap on the tax credit is 1.5 million dollars/tax year. The program as it stands, awarded \$676,000 in tax credits in 2024, with a cumulative \$2,657,000 tax credits issued to Hawai'i's currently eligible preceptors since the program started in 2019. By expanding eligibility to include additional healthcare providers, these excess funds can be allocated more effectively to support a broader range of preceptors and students. Expanding this program ensures that these resources are used to maximize their impact on healthcare education, equality, and access.

Thank you again for the opportunity to provide supportive testimony on this important issue that ultimately impact the quality of care provided to the communities of Hawai'i.

**SB-3202**

Submitted on: 2/12/2026 8:18:19 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Nicole Sievers	Individual	Support	Written Testimony Only

Comments:

Aloha. I am in full support of including dietitians in this legislation however I would urge the language to be modified from "licensed dietitians" to "registered dietitians".

Although I myself am licensed and would not be impacted, not all registered dietitians in Hawai'i are licensed as this is not required by state law. Registered dietitians are credentialled nationally and meet all practice requirements of state licensure but may not choose to pursue the cost of state licensure if they are not billing insurance for their services (the only real incentive to getting licensed in Hawai'i).

Limiting this credit to only licensed dietitians will further limit the already very small preceptor pool available to our local dietitian interns.

Many thanks for your consideration,

Nicole Sievers, RDN CDCDES.

**SB-3202**

Submitted on: 2/12/2026 9:09:14 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tara Salima	Individual	Support	Written Testimony Only

Comments:

**To:** Honorable Senator Joy A. San Buenaventura, Chair

Honorable Angus L.K. McKelvey, Vice Chair

Members, Committee on Health and Human Services

**From:** Tara Salima

**Re:** SB3202

**Date:** Friday; February 13, 2026

1:00pm Conference Room 225

Aloha, my name is Tara Salima and I am writing this testimony to the Committee on Health and Human Services as a Master’s of Social Work student with the University of Hawaii’s Myron Thompson School of Social Work.

I am writing in strong **support** to SB3202.

The language stated in Section 1 of SB3202 states that:

“In-state educational institutions are constrained by the lack of clinical education sites in the State and the limited supply of expert clinicians who volunteer as qualified preceptors”.

This statement is due to the added workload that supervision and training add on to a qualified preceptor’s everyday work duties along with clinical educational sites often not being able to reduce billable time especially if the qualified preceptor works for a non-profit organization, which mainly runs on government funding and grants.

Social work students must complete 3,000 hours of supervised clinical experience with at least 100 of those hours dedicated to face-to-face supervision under the supervision of a LCSW (Licensed Clinical Social Worker) within two to five years to obtain their own LCSW license

here in the State of Hawaii. That is already a lot of time that both eligible students and preceptors must dedicate for the student's license regardless of if these supervision hours are paid.

As a social work student, I have personally completed hours through an internship site that became no longer able to host students because of the lack of supervision; the only LCSW available on site had to dedicate their time to their already established work duties in which they were paid to perform, and training their newly onboarded paid staff.

The inclusive language of adding in social workers along with other medical fields as stated and specifically described in Section 2 of SB 3202 as eligible preceptors for the tax credit program will:

1. Ease the high financial burden supervision and training hours places on both eligible preceptors and students.
2. Place modest financial relief on eligible preceptors and supervised students living here in the State of Hawaii, where cost of living is extremely high.
3. Make it easier for eligible students to find a clinical preceptor by providing a monetary incentive for more eligible preceptors to be willing to train and supervise students.

As stated in Section 1, the legislature finds success in the preceptor tax credit program in facilitating the growth of the preceptor program. This will overall increase not only the number of eligible preceptors willing to train and supervise students but also increase the number of students completing their supervision hours to acquire their desired license.

Thank you for your consideration and the opportunity to submit this testimony, and I ask the legislature to support the passing of SB3202.

**SB-3202**

Submitted on: 2/12/2026 12:39:05 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Derek Dombroski	Individual	Support	Written Testimony Only

Comments:

TO: Senator Joy A. San Buenaventura, Chair  
Senator Angus L. K. McKelvey, Vice-Chair  
Senate Committee on Health and Human Service  
FROM: Derek Dombroski  
Orthopaedic surgeon

RE: SB3202 RELATING TO HEALTH PRECEPTORS

Hearing Date/time: Friday 2-13-26 1:00 PM

Place: Conference Room 225 & via Videoconference

Dear Chair San Buenaventura and Vice-Chair McKelvey,

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preceptors and eligible students.

My testimony is in **STRONG SUPPORT OF SB3202** because it will include physician assistants (PA) and physician assistant students in the Preceptor Tax Credit (PTC) program. This will create equitable

opportunities for clinical education among PAs and advanced practice registered nurse (APRN) students of Hawai'i based academic institutions, and equity among PA and APRN preceptors who voluntarily supervise clinical training rotations; whereas currently only physicians and APRNs who precept medical or APRN students are eligible for the PTC.

It is important to note that the proposed revisions to the PTC will not result in an increase in the Preceptor Tax Credit. The current cap on the tax credit is 1.5 million dollars/tax year. The program as it stands, awarded \$676,000 in tax credits in 2024, with a cumulative \$2,657,000 tax credits issued to

Hawaii's currently eligible preceptors since the program started in 2019. By expanding eligibility to include additional healthcare providers, these excess funds can be allocated more effectively to support a broader range of preceptors and students. Expanding this program ensures that these resources are used to maximize their impact on healthcare education, equality, and access.

Thank you again for the opportunity to provide supportive testimony on this important issue that ultimately impact the quality of care provided to the communities of Hawai'i.

Sincerely,

Derek Dombroski

**SB-3202**

Submitted on: 2/12/2026 12:58:23 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carey Colbert	Individual	Support	Written Testimony Only

Comments:

DATE: 12 Feb 2026

TO: Senator Joy A. San Buenaventura, Chair  
Senator Angus L. K. McKelvey, Vice-Chair  
Senate Committee on Health and Human Service

FROM: Carey Colbert  
Neurosurgery  
Queen's Medical Center

RE: SB3202 RELATING TO HEALTH PRECEPTORS

Hearing Date/time: Friday 2-13-26 1:00 PM  
Place: Conference Room 225 & via Videoconference

Dear Chair San Buenaventura and Vice-Chair McKelvey,

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As a PA who was born and raised here in Hawaii, I believe it is extremely important to continue supporting and incentivizing PA and APRN preceptors in the state of Hawaii in order to continue providing a high standard of care within the state. Furthermore, as someone who completed part of my medical training in the State of Hawaii, I can confidently say my decision to practice in Hawaii was greatly impacted by my positive experience with preceptors here in Hawaii. This

proposed bill will allow more preceptors to become involved in the training process for our future providers.

It is important to note that the proposed revisions to the PTC will not result in an increase in the Preceptor Tax Credit. The current cap on the tax credit is 1.5 million dollars/tax year. The program as it stands, awarded \$676,000 in tax credits in 2024, with a cumulative \$2,657,000 tax credits issued to Hawai'i's currently eligible preceptors since the program started in 2019. By expanding eligibility to include additional healthcare providers, these excess funds can be allocated more effectively to support a broader range of preceptors and students. Expanding this program ensures that these resources are used to maximize their impact on healthcare education, equality, and access.

Thank you again for the opportunity to provide supportive testimony on this important issue that ultimately impact the quality of care provided to the communities of Hawai'i.



**LATE**

**Addendum to 02/08/26 testimony with provision of suggested amendments**

Committee on Health and Human Services

February 13, 2026

From: The Hawai'i Affiliate of the American College of Nurse-Midwives (HAA)

Re: SB3202 RELATING TO HEALTH CARE

To: Honorable Chair Joy A. San Buenaventura and Vice Chair Angus L.K. McKelvey

Honorable Chair and Members of the Committee,

**IN SUPPORT OF SB3202 WITH SUGGESTED AMENDMENTS**

We stand by our previously submitted testimony February 8, 2026 and provide here line amendments. They are in alignment with SB2491 in the utilization of the inclusive definition of “qualified healthcare provider” whose purpose enables Hawai'i's existing and available workforce to provide within their professional scope of practice. We also have proposed amendments to address the barriers to Hawai'i-based students participating in remote graduate programs.

As this bill's structure is exclusive rather than inclusive, we understand it is unrealistic to recommend an overhaul via utilization of provider neutral language. Therefore, as the committee has elected to include other specialties, we urge this committee to also consider the benefit of the addition of the advanced practice midwife who serve as advanced practice registered nurse, certified nurse-midwives (APRN, CNMs) and certified midwife, licensed midwives (CM, LM).

Though there are no masters of science midwifery programs in Hawai'i, Hawai'i benefits from the service of **advanced practice midwives who work in 24 sites across the state 14 of which function as preceptor sites** for graduate level midwifery students enrolled in remote programs via Frontier Nursing, Georgetown University, Thomas Jefferson University, with the addition of University of Colorado Anschutz summer of 2026. These preceptors supervise primary care, reproductive and maternity care clinical rounds.

As the purpose of this bill is to support a Hawai'i-based healthcare workforce, we urge the committee to consider the addition of the advanced practice midwife AND support for hawai'i-based students. Advance this bill with amendments that expand inclusion while

maintaining public safety. Policy paves the way—let it pave the way toward better outcomes for Hawai‘i’s families

Suggested amendments:

**Pg. 4 line 7 add** “advanced practice midwife”

**Pg. 5 line 14 remove** “and”

**Pg. 5 line 16 amend** “-; or (3) Provides education to students, of whom more than fifty percent of clinical training is completed within Hawaii.”

**Pg. 6 Line 4 add** “Advanced practice midwifery student” means an individual participating in a nationally accredited academic program that is for the education of advanced practice midwives and recognized by the midwives licensing program pursuant to chapter 457, HAR§16-89-81 on practice specialties and/or 457j. “Advanced practice midwifery student” includes students enrolled in nationally accredited academic programs that require supervised practice hours.

**Pg. 6 line 14 add** “and advanced practice registered nurse, pursuant to chapter 457 and HAR§16-89-81 on practice specialties: Nurse practitioner (“NP”), Certified registered nurse anesthetist (“CRNA”), Certified nurse-midwife (“CNM”); and Clinical nurse specialist (“CNS”).

**Pg. 6 line 15 add** “an advanced practice midwife pursuant to HAR§16-89-81 and chapter 457j”

**Pg. 6 line 19 add** “advanced practice midwifery student”

**Pg. 8 line 5 add** “For advanced practice midwifery students, by the by the Accreditation Commission for Midwifery Education [-] or any other accreditation body recognized by the preceptor credit assurance committee;

**Pg. 10 line 11 add** “advanced practice midwife pursuant to chapter 457, HAR§16-89-81 and/or chapter 457

Sincerely,

The Hawai‘i Affiliate of ACNM Board

Annette Manant, PhD, ARPN, CNM President

Alex Brito, CNM, WHNP, RN-BSN Vice President

Connie Conover, CNM, MSN Treasurer

Margaret Ragen Affiliate Legislative Contact

acnmhawaiiaffiliate@gmail.com

<https://hawaiimidwives.org/>

**LATE**

Aloha Senator Joy A. San Buenaventura, Angus L.K Mckelvey, and members of the Health and Human Services Committee,

My name is Tynesha and I am a resident of Honolulu Hawai'i as a BSW Student at the University of Hawai'i at Manoa. I am writing to strongly support SB3202 because it will open doors for more occupations in the State of Hawai'i.

As mentioned in the Bill of Act, we are still in the healthcare shortage that has happened since COVID-19 which lacks not only clinical education sites in the state but also expert clinicians who take the time to volunteer as qualified preceptors. Future students like myself have always been interested in helping people's lives especially in a mental aspect. The sources of volunteering to get experience, especially needed for the required hours to be licensed, is also limited in which many will result in moving to the mainland.

As we progress in our education to being part of the next generation in the Healthcare Industry, it will not only open up high-demand quality health services provided in public and private settings, but it will also strengthen benefits of income tax rate, and collaboration within their respective teams.

For those reasons listed above, I urge all committees to support SB3202. Thank you for your time and consideration.

Best,  
Tynesha Ly