

Support HB22-1005: Health-care Preceptors Tax Credit

Sponsored by Reps. McCluskie, Will and Senator Rankin

Preceptors offer a new generation of healthcare providers an inside look at providing care in a rural community, building a direct pathway for our future rural health workforce.

The Rural & Frontier Preceptor Tax Credit provides incentive for healthcare professionals in rural Colorado who provide uncompensated personalized instruction, training and supervision to medical, physician assistant, advanced practice nursing and dental students interested in working in rural Colorado. The credit has been shown in survey data and a State Auditor’s report to be effective in providing an incentive to healthcare providers, with the long-term goal of increasing the primary care workforce in rural Colorado.

Workforce research has shown that students who train in rural areas during their training are significantly more likely to practice in a rural community. Unfortunately, in Colorado, the number of students indicating they would like to or have interest in training in a rural area is greater than the number of available preceptors. Healthcare professionals who voluntarily provide mentorships and training to resident medical students are known as preceptors. **The practice of precepting fosters a new generation of healthcare providers and offers a valuable hands-on view into the unique challenges and rewards of providing care in a rural community.**

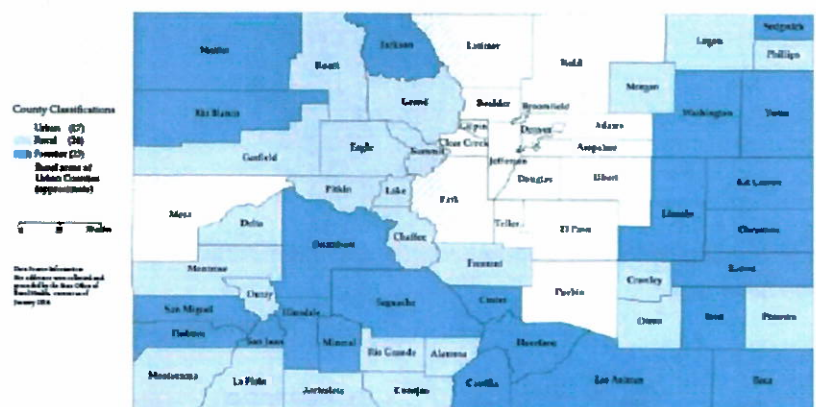
HB22-1005 reauthorizes the program at a critical time for rural healthcare delivery in the Colorado

In addition, HB22-1005:

- Reauthorizes the \$1,000 tax credit through 2032
- Expands who may participate in the program to include Nurses, Dental Hygienists and Behavioral Healthcare Providers
- Increases the annual cap from 200 to 300 credits
- Updates the definition of primary care to reflect the recommendations from the Colorado Primary Care Payment Reform Collaborative
- Updates the definition of rural to the most recent Federal Office of Rural Health Policy definition
- Adjusts the definition of eligible rotation to allow for twenty non-consecutive days throughout the year



Colorado: County Designations, 2022



The Devastating Impact of COVID-19 on the Healthcare Workforce

- The COVID-19 pandemic and subsequent economic crisis have caused significant challenges for Colorado’s health care system and exacerbated the workforce shortage across multiple disciplines and sectors of the healthcare industry.

- Though the entire health care system has been impacted, rural Colorado is experiencing the most severe workforce turnover and shortages. Recruiting qualified candidates to rural settings has become exceptionally difficult.
- It is estimated that potential rural hospital closures across the United States could increase 25-30% due to COVID-19.

Workforce Challenges in Rural Colorado

- Thirteen counties in Colorado do not have a hospital and two counties are without a hospital or clinic.
- On average, it takes up to 3 years to recruit a physician and more than 6 months to recruit an advanced practice nurse or physician assistant.
- It is expected that over the next ten years, 2,000 nurses will retire annually. To meet forecasted population growth, the state would need 3,300 new nurses annually.
- At the same time, the need for primary care services, particularly behavioral healthcare services, is at an all-time high.

Of all active, licensed registered practitioners, rural Colorado receives:

18%
less

- 10% of the dentists (18% less than urban)

33%
less

- 9% of the physicians (33% less than urban)

67%
less

- 5% of the psychologists (67% less than urban)

13 counties in rural Colorado do not have a hospital

20%
Less access to primary care in rural CO

1-3 years

Average time to recruit a physician to rural CO

1 rural physician's employment creates approximately 26 additional jobs and nearly \$1.4 million in income from the clinic and hospitals

Supporting Organizations

Support HB22-1005

The Colorado Rural Health Center collects survey data voluntarily submitted by preceptors who have used the Rural & Frontier Preceptor tax Credit. The following data visuals summarize survey results from May 2017-January 2022.

of Preceptors who completed CRHC survey

127

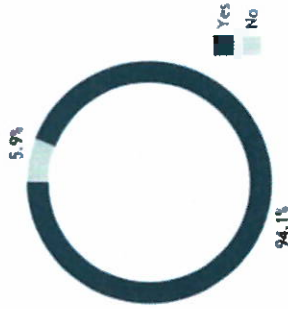
of Preceptors who hired a student they trained during a rural rotation

100

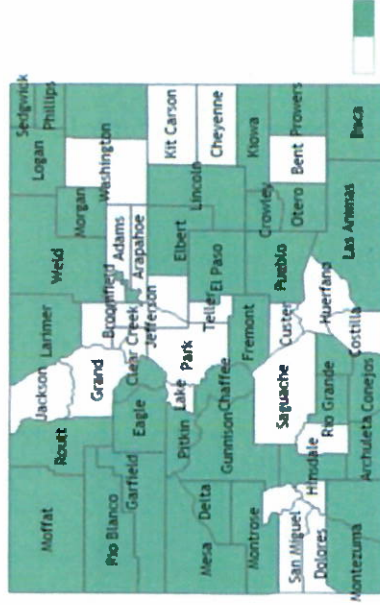
of Students who completed a rural rotation

634

94% of preceptors say they are more likely to precept due to receiving a tax credit



66% of Rural Counties have a preceptor participating in preceptor tax credits



of Preceptors by County



**HB22-1005 Colorado Rural & Frontier Preceptor Tax Credit Testimony from
Dr. Abigail Urish, MD
Senate Finance Committee
5/4/2022**

Thank you chair and members of the committee for reading my testimony. By way of introduction, I am a family practice doctor who up until 2021 was practicing in Rangely, CO. I worked in a critical access hospital and clinic in various roles while also taking on administrative tasks like medical directorships of multiple departments of the hospital and chief of staff. My family had to move in order to care for my mother so I am in a different town in Colorado now, and I benefited from this tax credit. I also sit on the board of directors for the Colorado Academy of Family Practice.

The first reason I am in favor of this bill is the effect this has on the growing need to have sustainable medical providers in rural areas. I have had many medical students surprised at the quality of life and opportunities available in rural/frontier medicine. It has opened their eyes to the future options they have to consider practices outside the urban corridor of our state. If preceptors didn't open the door as it were to this possibility, we would lose many future primary care practitioners due to lack of exposure. In another committee there were questions as to why not all the allotted money was used by providers, and it is because I think that for many physicians, the tax credit is just a small incentive and with busy practices in small areas where the work is never done, sometimes there just isn't time enough to set aside time for medical students. But every fiscal incentive helps to reduce the fatigue and burden on rural practitioners. This in turn helps both rural and urban dwellers, in that at least in Rangely, CO if any traveler gets into a car accident, our hospital (the only one for 50+ miles in any direction) will respond and has saved more lives of passers-through and residents alike than I could count.

For my own part I have had 6 medical students rotate with me, and the other reason I favor this bill is because of how it has encouraged more primary care medicine. Of the 6 students I had, 4 ended up going into primary care and I know at least 2 of those 4 changed their career path because of the rotation they had with me. These two students were more interested initially in anesthesiology and nephrology, but seeing my work and life balance encouraged them to instead pursue residencies in family practice. We have a growing need in our state for primary care, and I'm happy to precept students into what I think is the best job in the world.

Thank you for your time and for reading my testimony. Please vote in favor of this bill.

-Dr. Abigail Urish, MD

**HB22-1005 Colorado Rural & Frontier Preceptor Tax Credit Testimony from
Mark Deutchman MD
Senate Finance Committee
5/4/2022**

Madam Chairperson and Committee members, my name is Mark Deutchman. I am a family doctor and serve as director of the CU School of Medicine's Rural Program. We, attract, admit and teach students who aspire to live and work in rural and frontier communities. Earlier in my career, I practiced as a family doctor in a rural town of 2000 people.

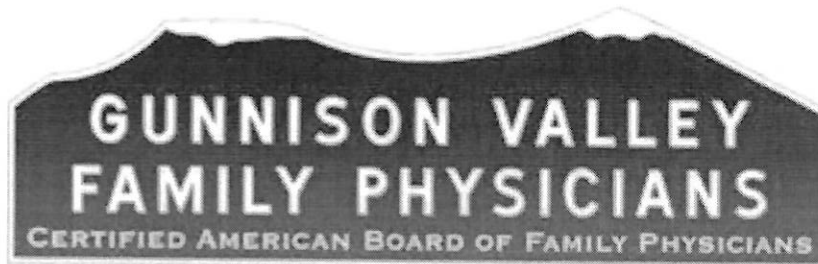
One of my jobs is traveling across rural Colorado to recruit and support volunteer teachers (preceptors) who take our students into their clinics and hospitals for nearly a full year of training. This teaching takes the preceptor's time and effort and decreases their productivity by a few patients each day. As Colorado's only public medical school, we do not pay preceptors and the tax credit provides recognition for their service. I know for a fact that the tax credit is very much appreciated by our volunteer teachers and serves as an incentive for them to continue.

Rural clinical experience is a vital part of the education and encouragement of our students who are interested in rural practice. It keeps their interest in rural life and work alive during their years of training and places them with credible and inspiring role models out in the real world. Most of our students tell us that they would rather remain at their rural placement sites than return to the city. In addition, our graduates who are now practicing in rural Colorado are serving as preceptors for current students.

I have been involved with drafting and supporting the previous preceptor tax credit legislation, have personally seen how it benefits and encourages our preceptors and urge you to renew it with the revisions written into HB22-1005.

Thank you.

Mark Deutchman MD
Professor, Dept. of Family Medicine
Director, Rural Program, School of Medicine
Associate Dean for Rural Health
CU School of Medicine



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Megan C. Beadle, PA-C
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May 4, 2022

RE: Testimony for HB22-1005, Senate Finance Committee

Madam Chair and Members of the Committee,

My name is Marsha Thorson, I am the Practice Manager for Gunnison Valley Family Physicians in Gunnison County. I am a member of the Primary Care Payment Reform Collaborative and a member of the Colorado Rural Health Center.

I would like to thank Representative McCluskie and her co-sponsors for bringing this bill in an effort to aid the health care workforce.

Training for our health care workforce is of utmost importance, particularly for exposure to non-urban areas with fewer resources available. My providers value having students and being able to give something back to the educational system as we all know practice, exposure, experience, and hands-on training is how our providers learn!

In rural and frontier areas, students have a chance to see a broad range of patient needs, whether it is well checks and vaccinations, medication management, chronic care, acute care, occupational hazard, or urgent and emergent needs – frequently all on the same day. All eight of my providers participate in the training of students and we are proud that students who rotate with Gunnison Valley Family Physicians truly experience the full spectrum of what the family practice specialty encapsulates in rural Colorado.

The time and energy invested by my providers in training students is uncompensated and this makes it difficult for training programs to find locations willing to accept students. As the Practice Manager of an independent family practice, I am constantly stressed about our razor thin margins and ensuring the viability and durability of our practice. When we host students, it cuts into our bottom line. This is due to my providers and staff participating in training and mentoring the students during their preceptorship. When my providers are teaching, they see fewer patients which impacts our practice and their own paycheck which partially is based on productivity. The tax credit for preceptors is one small token that providers feel gives some appreciation for their efforts. Additionally, data shows that the Preceptor tax credit is an effective incentive for the participation of preceptors, particularly for rural and underserved areas. The greater exposure a student has to learning in a rural environment is correlated to a greater chance of them working in a rural location for the longer term.

I appreciate your time today to listen to our perspective. Please support the Preceptor tax credit bill HB22-1005.

Please contact me if you have any questions or need additional information at gvfpch@gmail.com or (970) 641-0211.

Marsha Thorson, MSPH
Practice Manager

HB22-1005 Colorado Rural & Frontier Preceptor Tax Credit Testimony from Janice Baker
Senate Finance Committee
5/4/2022

Madam Chair, Members of the Committee,

Thank You for allowing me to speak today in support of HB22-1005. My name is Janice Baker, Clinical Coordinator for the Physician Assistant Program at the University of Colorado. Having worked in this position for 9 years, I am responsible for securing over 650 clinical rotations placing 132 PA students into medical training through their 3 years of PA school.

Our program offers each of these 132 students rural rotations during their course of study – preferably in a primary care setting as our program is designed to educate primary care PAs. It is no secret that there is a shortage of medical providers to meet patient needs in rural Colorado. By placing students in rural areas for training, our goal is for these students realize the impact they can make in rural communities and the high-quality patient care they can provide in rural settings following graduation.

In addition to our University of Colorado PA students experiencing rural rotations during their training, we have students graduating in 2023, who were selected through an application process to participate in our Rural Track program. The selected students provided evidence for and expressed a specific desire to meet the medical needs of rural and underserved populations. These students plan to practice in a rural area following graduation and are required to complete at least one 2-month rural family medicine rotation during their 3rd and final year of study. Most of our Rural Track students request other clinical rotations in rural settings. In addition, many our Traditional track students request training opportunities in rural communities.

Apart from the year 2020 the number of preceptors qualifying for the Tax Credit has increased steadily from the first year of the opportunity in 2017 through 2021. Over these years, our PA program has certified 94 preceptors for the Preceptor Tax Credit. Our hope is that the Tax Credit funding will continue in order to encourage the current path for rural preceptors to medically train our students.

Throughout my 9 years of placing students in clinical rotations, I have found that rural placements can be challenging to acquire. We know providers are very busy meeting the medical needs of their patients. We recognize that with the responsibility of precepting students comes additional obligation and time commitment. These preceptors are unpaid volunteer faculty of the University of Colorado. The funding has been extremely helpful in securing placements for our students to experience rural medical training. The Tax Credit offers encouragement for providers to incorporate teaching into their clinical time. These preceptors are training learners to be the next generation of clinicians, ultimately encouraging increased availability of quality healthcare to patients in rural Colorado.

Madam Chair, Committee Members, I respectfully request favorable consideration of HB22-1005 to continue funding this important and valuable initiative to meet the needs of medically underserved areas in rural Colorado.

Thank you for your time,
Janice Baker, MHR
Clinical Coordinator, University of Colorado PA Program

Good morning/afternoon:

My name is James Kuemmerle. I have been a clinical social worker for nearly 28 years. I have had the opportunity to work in rural and frontier communities in Pennsylvania, North Carolina, Wyoming, and Colorado. Currently, I am employed as a clinical director for an agency that serves individuals and families in northeast Colorado. Presently, my family and I reside in the town of Akron, CO.

I am submitting my written testimony because I am not available to do so in person at today's committee hearing. I can certainly speak of the staffing challenges for behavioral health professionals in rural and frontier communities. HB22-1005 could be one potential opportunity to assist with developing new behavioral health professionals to serve our communities. What often happens currently is that behavioral health graduate students who already reside in our communities due to the ability to take graduate school coursework via online programs find difficulty in finding existing, qualified staff to supervise and instruct them in internship settings because of the lack of paid professional clinicians and the extra time associated with providing this supervision and training oversight. This bill has the potential to help with our shortage of available supervisory clinicians by helping to financially support and further recruit more supervising clinicians in our rural communities here in Colorado.

There are many other issues that we face with the recruitment and retention of staff but that is a conversation for another time.

I have worked with graduate students throughout my career and it is one of the best opportunities to recruit staff. I remain optimistic that I will be able to recruit and retain staff so I can once again, supervise, mentor, and instruct graduate students. I would do this regardless of HB22-1005, but it would be greatly appreciated to receive the proposed tax credit and it might help me recruit additional supervising clinicians moving forward.

Should anyone have questions or want to discuss this in greater detail, I can be reached at 412-612-0497 (cell) or jkuemmerle264@gmail.com (personal email). I hope to have the opportunity in the future to be able to testify in support of this effort in person.

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