



Maryland
Hospital Association

January 20, 2021

To: The Honorable Guy Guzzone, Chair, Senate Budget & Taxation Committee

Re: Letter of Support- Senate Bill 102- Income Tax - Credits for Preceptors in Areas With Health Care Workforce Shortages

Dear Chair Guzzone:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 102. This legislation expands the state's Preceptorship Tax Credit Program to include physician assistants.

Recruiting and retaining a robust workforce is essential to the vitality of hospitals and health systems, the success of the Maryland Model, and ensuring all Marylanders have access to the care they need. By 2030, many of Maryland's 24 jurisdictions are projected to have shortages of primary care and mental health providers—particularly in rural and underserved areas. The 2018 Maryland Rural Health Plan report identified access to care and providers as a barrier and priority for rural Maryland.¹ Patients experienced long wait times for appointments and some drove as much as three hours to see a provider. Given the growing demand for primary care services nationally, physician assistants are expected to play a vital role in closing the gap in underserved areas in Maryland.²

Physician and advanced practitioner preceptorship programs integrate community-based teaching. This means a medical provider—a preceptor—teaches a medical resident or student in a clinical environment. This mentorship improves the learner's experience through role modeling, effective assessment, immediate feedback, and meaningful evaluation. Tax incentives that support preceptorship programs will encourage this valuable work, which is done on a volunteer basis. Other states have adopted similar programs with successful outcomes similar to Maryland. The program centers on recruiting in health care shortage areas, encouraging students to learn in underserved communities. This is one simple way to invest in our health care workforce, especially now given the strain and demand of responding to the pandemic.

For these reasons, we urge you to give SB 102 a favorable report.

For more information, please contact:

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¹ Maryland Rural Health Association (2018). [2018 Maryland Rural Health Plan](#).

² Maryland Health Care Commission Center for Analysis and Information Systems (2014). [Maryland Health Workforce Study Phase Two Report: Assessment of Health Workforce Distribution and Adequacy of Supply](#).