Department of Legislative Services

Maryland General Assembly 2006 Session

FISCAL AND POLICY NOTE

House Bill 722 Ways and Means (Delegate Hixson, et al.)

Income Tax Credit for Services Donated by Health Care Professionals

This bill allows a State income tax credit for health care professionals who donate services to community health organizations (CHOs) or local health departments that provide health care services to low-income individuals at reduced or no charges. The maximum credit amount available for each year is limited to \$250,000. The bill provides that CHOs and local health departments are authorized to submit proposals to the Department of Health and Mental Hygiene (DHMH) for the allocation of tax credits for health care professionals who donate services to the eligible organization.

The bill takes effect July 1, 2006 and applies to tax years 2006 through 2009. The bill terminates June 30, 2010.

Fiscal Summary

State Effect: General fund revenues would decrease by \$250,000 annually in FY 2007 through 2010. General fund expenditures would increase by approximately \$90,700 in FY 2007, which includes implementation costs at DHMH and one-time tax form changes and computer expenses at the Comptroller's Office.

(in dollars)	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
GF Revenue	(\$250,000)	(\$250,000)	(\$250,000)	(\$250,000)	\$0
GF Expenditure	90,700	56,500	59,000	61,600	0
Net Effect	(\$340,700)	(\$306,500)	(\$309,000)	(\$311,600)	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None. The credit is taken against the State income tax only.

Analysis

Bill Summary: A health care professional is defined as an individual providing health care services who is licensed, certified, or otherwise authorized to provide health care services as: (1) an audiologist, hearing aid dispenser, or speech-language pathologist; (2) a dentist; (3) a nurse; (4) an optometrist; (5) a physical therapist; (6) a physician; (7) a physician's assistant; (8) a social worker; (9) a professional counselor or therapist; and (10) a psychologist.

The proposals submitted by CHOs or local health departments to DHMH are required to outline the program to be conducted, the low-income population to be assisted, the estimated value of services to be donated to the program, and the plans for implementing the program. Upon approval of the plan by DHMH, the CHO or local health departments may assign tax credit amounts allocated to the program for a taxable year to health care professionals who donate services to the approved program.

The amount of the credit that can be claimed by a health care professional is equal to the lesser of 25% of the value of health care services donated during the taxable year or the amount of the credit assigned by the eligible organization to the health care professional for the taxable year. The bill provides that the value of the time donated cannot exceed the reasonable cost for similar services from other providers or \$50 per hour. The maximum value of the credit claimed cannot exceed \$500 or the income tax liability. No credit may be assigned to a health care professional who donates less than \$5,000 worth of services.

DHMH, in consultation with the Comptroller, is required to evaluate the effectiveness of the tax credit and report to the Senate Budget and Taxation Committee and the House Ways and Means Committee by November 1, 2008.

Current Law: No State tax credit of this type exists.

State Revenues: The bill limits the total amount of credits that can be approved in each year to \$250,000 in tax year 2006 through 2009. Legislative Services estimates that the total amount of credits available in each year will be allocated. As a result, general fund revenues would decrease by \$250,000 in fiscal 2007 through 2010.

State Expenditures: DHMH estimates that 54 organizations could qualify for allocations of tax credit provided by the bill – 24 local health departments and 30 CHOs. DHMH reports that it would incur additional costs of \$105,500 in fiscal 2007 as a result

of hiring three contractual employees, a program administrator, an accountant, and a clerk, to administer the program and report the information required by the bill. Legislative Services estimates that, based on the total number of eligible organizations and credits available in each year and existing tax credit programs, the requirements of the program that cannot be absorbed within existing budgeted resources necessitate the hiring of one program administrator only. General fund expenditures could increase by approximately \$57,800 in fiscal 2007, which accounts for the bill's July 1, 2006 effective date. This estimate includes salaries, fringe benefits, and ongoing operating expenses.

Total FY 2007 DHMH Expenditures	\$57,825
Operating Expenses	<u>3,125</u>
Salaries and Fringe Benefits	\$54,700
Positions	1

Future year expenditures reflect: (1) a full salary with 4.6% annual increases and 3% employee turnover; and (2) 1% annual increases in ongoing operating expenses.

The Comptroller's Office reports that it would incur a one-time expenditure increase of \$32,850 to add the tax credit to the personal income tax form. This includes data processing changes to the SMART income tax return and processing systems, and systems testing.

Additional Information

Prior Introductions: HB 203 of 2005, an identical bill, was not reported from the House Ways and Means Committee. Similar bills were introduced in the 2004, 2002, and 2001 sessions. HB 1514 of 2004 was not reported from the House Rules and Executive Nominations Committee. HB 561 of 2002 was not reported from the House Ways and Means Committee. HB 292 of 2001 passed the House but was not reported from the Senate Budget and Taxation Committee.

Cross File: None.

Information Source(s): Comptroller's Office, Department of Health and Mental Hygiene, Department of Legislative Services

Fiscal Note History: First Reader - March 9, 2006

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