# SB 102 R Colgan\_-1.pdf Uploaded by: colgan, richard Position: FAV

### Senate Bill 102 Prefiled By Senator Eckardt Income Tax – Credits for Preceptors in Areas With Health Care Workforce Shortages

Submitted Testimony by Richard Colgan M.D.

I write in support of the revisions being made to the previously passed Community Preceptor Tax Credit legislation, SB 411.

I ask for changes to the prior bill so that more community preceptors may take advantage of the benefits of teaching future health care professionals in underserved areas. I have been active in medical student education for 23 years and am acutely aware of the impact which a teacher of health professional students has on his or her students.

We are in dire need of more primary care practitioners in the state of Maryland, particularly in the underserved areas of our state. I can attest to the fact that one of the greatest factors in a health professional student deciding to choose a primary care career is face time with a role model. Better yet, is working alongside a clinician in his/ her community office. SB411 was successful in encouraging more physician to host students, yet we learned that the requirement of 160 hours per a four-week rotation was not realistic. The reason being that students were required for these academic course offerings to attend orientation and other lectures during the four-week block which cut into the 160 hour requirement.

This bill will allow Physician Assistant mentors to be eligible for the same tax credit as is currently allowed for Physician and Nurse Practitioner preceptors. We welcome such a change as this will enhance primary care medicine to more health professional students being taught in underserved areas.

Because of this obstacle the number of preceptors who were approved for the credit was significantly curtailed. At this point, most all our School of Medicine preceptors are not applying, realizing that they do not meet the cut off requirement for hours. We believe that reducing the number of qualifying hours to 100 per four-week rotation will remedy this problem. With passage of this bill, we also believe we will see a greater number of preceptors willing to take our students into their offices. Seeing the excitement and joy which a clinician has for caring for his/her primary care patients in an underserved area of Maryland will greatly enhance the likelihood that the students will in turn decide to become a primary care clinician, perhaps even to choose practicing in the same community where they were once trained.

Richard Colgan, M.D.

Professor and Executive Vice Chair

Department of Family and Community Medicine

Director Maryland Area Health Education Center

University of Maryland School of Medicine Baltimore, Maryland

# **SB102 Testimony.pdf**Uploaded by: Eckardt, Adelaide Position: FAV

ADDIE C. ECKARDT

Legislative District 37

Caroline, Dorchester, Talbot
and Wicomico Counties

**Budget and Taxation Committee** 

Health and Human Services Subcommittee

Joint Committees

Administrative, Executive, and Legislative Review

Audit

Children, Youth, and Families

Fair Practices and State Personnel Oversight

Pensions



Annapolis Office

James Senate Office Building

11 Bladen Street, Room 322

Annapolis, Maryland 21401

410-841-3590 · 301-858-3590

800-492-7122 Ext. 3590

Fax 410-841-3087 · 301-858-3087

Adelaide.Eckardt@senate.state.md.us

District Office
601 Locust Street, Suite 202
Cambridge, MD 21613
410-221-6561

Testimony for Senate Bill 102 Income Tax - Credits for Preceptors in Areas With Health Care Workforce Shortages January 26, 2021

Chairman Guzzone and Members of the Committee:

Thank you for the opportunity to present Senate Bill 102: Income Tax - Credits for Preceptors in Areas With Health Care Workforce Shortages, which expands the preceptorship tax credit Maryland enacted in 2016.

The current preceptorship tax credit program provides a tax credit to physicians and nurse practitioners, who act as preceptors without compensation in areas designated as having workforce shortages across the State. The nurse practitioner program is funded through a \$15 certification renewal fee and the credit for physicians is funded through the Health Personnel Shortage Incentive Grant Program, a percentage of physicians' fees collected annually.

Senate Bill 102 expands the program to include physicians assistants, and those that serve as preceptors for physician assistants, in areas designated as having healthcare workforce shortages. In addition, the bill modifies the hours of a clerkship rotation from 160 to 100 hours, of which a preceptor must serve three rotations. The credit will be funded through a \$15 certification renewal fee, which has been supported by the Maryland Academy of Physician Assistants (MdAPA).

The COVID-19 Pandemic has exacerbated the need for qualified health professionals across the State and Senate Bill 102 is an extension of our efforts to recruit healthcare workers in underserved areas. Thank you for your consideration and I respectfully ask for a favorable report of Senate Bill 102.

Best regards,

Senator Addie C. Eckardt

addie C. Eckardt

# **SB102-Credits for Preceptors in Areas with Health** Uploaded by: Matthews, Dakota

Position: FAV



50 Harry S. Truman Parkway • Annapolis, MD 21401 Office: 410-841-5772 • Fax: 410-841-5987 • TTY: 800-735-2258

Email: rmc.mda@maryland.gov Website: www.rural.maryland.gov

Charlotte Davis, Executive Director

Testimony in Support of
Senate Bill 0102 – Income Tax – Credits for Preceptors in Areas with Health Care Workforce Shortages
Budget and Taxation
January 20, 2021

The Rural Maryland Council Supports Senate Bill 102 – Income Tax – Credits for Preceptors in Areas with Health Care Workforce Shortages. In 2016 Legislation passed for the Preceptor Tax Credit Program. This Program authorizes a credit against the State income tax for individuals who have served as a preceptor in certain preceptorship programs and work in certain areas of the State with a health care workforce shortage. Preceptorship program means an organized system of clinical experience, that, for the purpose of attaining specified learning objectives, pairs either 1) a Medical student in a Maryland medical school with a licensed Physician who meets the qualifications as a preceptor, or 2) a Nurse Practitioner student enrolled in a nursing education program that is recognized by the State Board of Nursing with a Nurse Practitioner or licensed Physician who meets the qualifications as a preceptor. Presently under this Program, Physician Assistants are not included for the tax credit. Physician assistants are academically prepared and highly skilled health care professionals who provide a broad range of medical services in different clinical settings, under the supervision of a physician. The Credit would also be going to preceptors who are participating in these precentorships with no compensation. The Council would like to see this Tax Credit Program include Physician Assistants.

Rural Maryland has previously had a shortage of workers in healthcare, which has only worsened during the COVID-19 pandemic, with facilities in rural parts of Maryland being overrun by the virus. In addition to a healthcare shortage, Rural Marylanders are overall older and in worst health than their suburban counterparts. By extending the tax credit to Physician Assistants who participate as a preceptor in certain preceptorship programs and work in certain areas of the State with a health care workforce shortage, it would promote more healthcare practitioners to become precentors in precentorships, allowing more students to fulfill the requirements needed to enter the healthcare workforce in the regions that need them the most.

The Bill will also extend Chapter 385 and 386 of The Acts of 2016. This would allow for these tax credits to be distributed to certain preceptors participating in certain precentorships who work in certain areas of the State with a health care workforce shortage past the current end date of June 31, 2021. The Council respectfully requests your favorable support of SB0102.

The Rural Maryland Council (RMC) is an independent state agency governed by a nonpartisan, 40-member board that consists of inclusive representation from the federal, state, regional, county and municipal governments, as well as the for-profit and nonprofit sectors. We bring together federal, state, county and municipal government officials as well as representatives of the for-profit and nonprofit sectors to identify challenges unique to rural communities and to craft public policy, programmatic or regulatory solutions.

# **SB 102 Tax Credits 2021 Leg Session MdAPA.pdf** Uploaded by: Neumann, Theresa

Position: FAV



Date

January 20, 2021

Committee:

Senate Budget and Taxation

Bill:

Senate Bill 102 - Income Tax - Credits for Preceptors in Areas with Health Care

Workforce Shortages

Position:

Favorable

The Maryland Academy of Physician Assistants (MdAPA) is a constituent organization of the American Academy of Physician Assistants (AAPA), and we represent all practicing physician assistants (PAs) in the state of Maryland. We support this bill to update the criteria and to extend tax credits to PA preceptors and ask for your FAVORABLE vote on SB 102.

The MdAPA was involved in the drafting of the original bill presented to the legislature in 2016 which allowed tax credits for medical student preceptors; nurse practitioners were added to the bill, but PAs were left off the list despite being equivalent advanced practice providers. With PA programs increasing in number in the state along with an ever-increasing need for providers in underserved areas of the state, it is both fair and equitable to allow qualified preceptors (physicians, PAs, and nurse practitioners) to receive tax credits for the clinical teaching that they provide for PA students.

Deficits in primary care services, the definition of which has been expanded to include women's health, pediatrics, family medicine and internal medicine, stems from a lack of clinical preceptors in these areas of medicine as well as physical locations within the state, ultimately resulting in a failure to expose students to the potential that exists. Reimbursement is another prohibitive factor; primary care has one of the lowest reimbursement rates in all of medicine. Add underserved areas that may have Medicaid as the primary insurer, and the rates drop even more. This plays a critical role in practicing physicians' willingness to teach or clinically precept a student. Taking time to teach students slows down the rate at which a provider can evaluate a patient which, in turn, decreases billing and reimbursement. By offering a tax credit, some of that burden could be offset, providing incentive to take the time to teach a student and expose that student to primary care practice in an underserved region.

Maryland is currently home to two PA programs with continuing accreditation through the Accreditation Review Commission for Physician Assistant (ARC-PA) education and two programs with provisional accreditation, the latter located in underserved areas of the state (Washington County and Somerset County). All four of these programs are through the University of Maryland System. They share a common goal of producing excellent primary care PAs, and all four require a minimum of 8 or 9 clinical preceptorships (or clerkships) as part of the graduation requirements. Unfortunately, current clinical sites are being lost to out-of-state and out-of-country competitors who are providing *direct financial incentives* to train other students who are less likely to stay in the state and practice medicine. The Maryland schools *do not pay* preceptors to

educate students. The MdAPA has presented the option to its members and are willing to assess a \$15 licensing increase for PAs in order for this bill to remain as budget-neutral as possible while allowing those critical clinical preceptors to receive tax credits for the vital services that they provide with the hopes of increasing the number of primary care providers in underserved areas of the state. We are asking for parity with the physicians and nurse practitioners, both of whom are our partners in healthcare and both of whom have enjoyed this tax credit since 2016.

The MdAPA thanks you for your consideration of SB 102, and we urge a FAVORABLE report on the bill.

Theresa Neumann, MPAS, PA-C, DFAAPA

Director of Legislative Affairs, MdAPA

# NPAM LOS SB 0092 and SB 0102.pdf Uploaded by: Peters, Sarah

Position: FAV



### "Advocating for NPs since 1992"

Re: SB 0092 Income Tax - Credits for Preceptors in Areas with Health Care Workforce Shortages – Eligibility and Sunset Repeal

SB 0102 Income Tax - Credits for Preceptors in Areas with Health Care Workforce Shortages

Position: SUPPORT

On behalf of the Nurse Practitioner Association of Maryland, Inc., (NPAM) the only professional association advocating solely for the over 7,100 certified Nurse Practitioners (NPs) licensed in Maryland, and the over 800 active members of NPAM, we are requesting your support for SB 0092 Income Tax – Credits for Preceptors in Areas with Health Care Workforce Shortages – Eligibility and Sunset Repeal, and SB 0102 Income Tax – Credits for Preceptors in Areas with Health Care Workforce Shortages.

These bills would ensure the continuation of a valuable tax incentive program for NPs and other healthcare providers to provide the essential clinical training of students, especially in the underserved geographic areas of Maryland, and would include our colleagues, Physician Assistants to the list of those providers who are eligible to apply for the income tax incentives. Additionally, the number of hours that would qualify a preceptor to apply for the tax incentive would be decreased to 100 hours, which is in alignment with the number of clinical hours currently allocated in the clinical courses where these students are enrolled.

Thank you for your support of SB 0092 Income Tax - Credits for Preceptors in Areas with Health Care Workforce Shortages – Eligibility and Sunset Repeal and SB 0102 Income Tax - Credits for Preceptors in Areas with Health Care Workforce Shortages this legislative session.

Feel free to contact Beverly Lang, Executive Director, NPAM if you need additional information.

Kindest Regards,

Beverly Lang MScN, RN, ANP-BC, FAANP

Executive Director, Nurse Practitioner Association of Maryland Inc. 443-367-0277 (Office) 410-404-1747 (Mobile) Fax: 410-772-7915

NPAMexdir@npedu.com

The Nurse Practitioner Association of Maryland, Inc. 5372 Iron Pen Place Columbia, MD 21044 Office: 443-367-0277 Fax: 410-772-7915 <a href="https://www.npamonline.org">www.npamonline.org</a> NPAM@npedu.com

# **SB102\_Tax Credit Preceptors\_Support.pdf**Uploaded by: Taylor, Allison

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc 2101 East Jefferson Street Rockville, Maryland 20852

January 20, 2021

The Honorable Guy Guzzone Senate Committee on Budget and Taxation Room 3 West, Miller Senate Office Building 11 Bladen Street Annapolis, Maryland 21401

### **RE:** SB 102 – Support

Dear Chair Guzzone and Members of the Committee:

Kaiser Permanente is pleased to support SB 102 – "Income Tax – Credits for Preceptors in Areas with Health Care Workforce Shortages."

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia. Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 775,000 members. In Maryland, we deliver care to over 450,000 members.

Kaiser Permanente supports this legislation as a tool to address the nationwide shortage of practitioners that is expected over the next couple of decades. Studies have projected a shortfall of nearly 105,000 physicians by 2030, including a shortage of between 7,300 and 43,100 for primary care physicians and a shortage of 33,500 to 61,800 for non-primary care specialties. This is especially true for rural and other areas that routinely experience health care workforce shortages now. Kaiser Permanente works closely with students in various healthcare curriculums in both primary care settings as well as specialties such as Orthopedics and Spine Surgery.

Providing preceptorship is essential not only due to the aging population in the coming years who will generate a greater need for advanced care, but also an aging health care workforce approaching retirement. As increases in chronic diseases and limited capacity of education programs further necessitates the need to support this effort, Kaiser Permanente seeks to offset the shortage of practitioners and offer an enriching educational experience for those enrolled in healthcare programs within our service area.

Thank you for the opportunity to comment. Please feel free to contact Allison Taylor at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

<sup>&</sup>lt;sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation's largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.

Kaiser Permanente Comments on SB 102 January 20, 2021

Sincerely,

Wayne D. Wilson

Vice President, Government Programs and External Relations Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

# **Maryland Hospital Association- SB 102- Income Tax** Uploaded by: Witten, Jennifer

Position: FAV



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. 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.<sup>2</sup>

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:

Jennifer Witten, Vice President, Government Affairs Jwitten@mhaonline.org

<sup>&</sup>lt;sup>1</sup> Maryland Rural Health Association (2018). <u>2018 Maryland Rural Health Plan</u>.

<sup>&</sup>lt;sup>2</sup> Maryland Health Care Commission Center for Analysis and Information Systems (2014). <u>Maryland Health Workforce Study Phase Two Report: Assessment of Health Workforce Distribution and Adequacy of Supply.</u>

**1b- SB 102 – Income Tax – Credits for Preceptors i**Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: INFO



### Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Damean W.E. Freas, D.O., Chair

January 20, 2021

The Honorable Guy Guzzone Chair, Budget & Taxation Committee 3 West Miller Senate Office Building Annapolis, MD 21401-1991

RE: SB 102-Income Tax - Credits for Preceptors in Areas With Health Care Workforce Shortages - Letter of Information

Dear Chair Guzzone:

The Maryland Board of Physicians (the "Board") is submitting this Letter of Information for SB 102 Income Tax — Credits for Preceptors in Areas with Health Care Workforce Shortages. This bill creates a nonrefundable credit against the State income tax for a licensed physician, physician's assistant, or advanced practice registered nurse who serves without compensation as a community-based faculty clinician in an approved core clerkship. The Maryland Department of Health (MDH) may issue up to \$100,000 in tax credits in each tax year. The bill takes effect June 1, 2021, and applies to tax years beginning after December 31, 2021.

As introduced, the funding source for SB 102 is a fee increase of \$15 on physician assistant licensees. Pursuant to Health Occupations Article, §14-207 the Board is required to set reasonable fees for the issuance and renewal of licenses; and the fund "shall be used to exclusively cover the actual documented direct and indirect costs of fulfilling the statutory and regulatory duties of the Board as provided by the provisions of this title."

While the Board acknowledges that the Maryland Academy of Physician Assistants supports the increase in the licensing fee to support the proposed tax credit legislation, Board licensees are already subject to an assessment for the Maryland Health Care Commission (MHCC). The MHCC fee is a fee in addition to the Board's licensure fee which leads applicants and licensees to believe that the Board has increased its fees and that the Board retains the fees collected. Proposals are introduced every legislative session to transfer the Board fund balance to the General Fund or a variety of programs. None of the existing assessments and potential transfers fulfill the statutory and regulatory duties of the Board. The Board is required to take the role of a collection service for other entities and programs. Additionally, the negative implication for the Board is that the collection of fees for other programs have the impact of inflating Board revenue even though the Board does not retain the funds.

Additionally, the Board has reduced fees, and was planning to make permanent reductions. The fee reductions will be offset by increases on fees, as proposed in SB 102. The Board fund should not be used to support programs outside of its mission.

The Honorable Guy Guzzone SB 102 – Letter of Information January 20, 2021 Page 2

Thank you for your consideration of this information. If you have questions or need additional information, please contact Wynee E. Hawk, 410-764-3786.

Sincerely,

Christine A. Farrelly Executive Director

cc: Members of the Budget & Taxation Committee Webster Ye, MDH

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

# 2a. B&T - SB102 - Income Tax - Credits for Precept Uploaded by: Bennardi, Kimberly

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

January 20, 2021

The Honorable Guy Guzzone, Chairman Senate Budget and Taxation Committee 3 West, Miller Senate Office Building Annapolis, MD 21401-1991

RE: SB 102 – Income Tax – Credits for Preceptors in Areas with Health Care Workforce Shortages – Letter of Information with Amendments

Dear Chairman Guzzone and Committee Members:

The Maryland Department of Health (the "Department") submits this letter of information with technical amendments for SB 102 – Income Tax – Credits for Preceptors in Areas with Health Care Workforce Shortages (SB0102).

SB 102 expands the eligible Preceptorship tax credit programs as mandated by Tax–General Article, §§10–738–739 to include tax credit eligibility for preceptors of Physician Assistants.

The Department's Office of Population Health Improvement (OPHI) manages the implementation of the current Preceptor Tax Credit programs for physicians and nurse practitioners. The program proposed under SB 102 is similar in program requirements and adds an additional preceptor type to the tax credit program. The Department would like to suggest technical clarifications to SB 102 that would allow us to implement SB 102 should the bill be passed.

First, the use of the terms "rotation" and "student" for eligibility and payment criteria in this bill is confusing. The Department suggests the consistent use of the language to make rotation and student distinct for the purpose of determining program eligibility and tax credits. The eligibility criteria for tax credit in SB0102 is based on a minimum of three (3) rotations served, however credit is certified per student. This means a preceptor working with one student for 3 rotations would only be eligible for \$1,000 rather than \$3,000. This misalignment of eligibility and payment criteria creates operational difficulties and potentially disincentivizes preceptors from precepting an individual student for more than one rotation.

Second, SB0102 does not extend any current application review or reporting deadlines to allow for the application cycle, tax year calendar, or anticipated increased workload resulting from the addition of a third preceptor type. Though the bill will add more preceptor applications to the OPHI administration of the tax credit programs, the time to process the applications remains unchanged (45 days after receipt of the individual's application). The Department recommends that the time to respond to applicants is extended to at least 60 days to account for the current large number of applications received and the anticipated increase in applications.

Lastly, the Department interprets January 31 of the cycle application closure year as the due date for the report to the General Assembly and Comptroller for the prior tax year's credits (those reviewed and awarded during the application cycle). Thirty-one (31) calendar days following the close of the tax year does not allow for the complete review, scoring, validation, Secretary of Health approval, and award/denial of credits.

We suggest the following technical amendments to successfully implement the intent of SB0102, should the Committee desire to report the bill favorably:

### AMENDMENT NO. 1

On page 6, lines 19 through 22, after (E) strike "ON OR BEFORE JANUARY 31 EACH TAXABLE YEAR, THE DEPARTMENT SHALL: (1) REPORT TO THE COMPTROLLER ON THE TAX CREDIT CERTIFICATES ISSUED UNDER THIS SECTION DURING THE PRIOR TAXABLE YEAR" and substitute "WITHIN 15 DAYS AFTER THE END OF THE FIRST CALENDAR YEAR QUARTER, REPORT TO THE COMPTROLLER ON THE TAX CREDIT CERTIFICATES ISSUED FOR THE PRIOR TAXABLE YEAR."

### **AMENDMENT NO. 2**

On page 4, lines 19 through 23, strike "THE DEPARTMENT SHALL ISSUE A TAX CREDIT CERTIFICATE IN THE AMOUNT OF \$1,000 FOR EACH PHYSICIAN ASSISTANT STUDENT FOR WHOM THE HEALTH CARE PRACTITIONER SERVED AS A PHYSICIAN ASSISTANT PRECEPTOR WITHOUT COMPENSATION" and substitute "THE DEPARTMENT SHALL ISSUE A TAX CREDIT CERTIFICATE IN THE AMOUNT OF \$1,000 FOR EACH PHYSICIAN ASSISTANT STUDENT ROTATION OF THE MINIMUM NUMBER OF HOURS FOR WHICH THE HEALTH CARE PRACTITIONER SERVED AS A PHYSICIAN ASSISTANT PRECEPTOR WITHOUT COMPENSATION."

I hope this information is useful. If you would like to discuss this further, please contact me at (410) 260-3190 or <a href="webster.ye@maryland.gov">webster.ye@maryland.gov</a> or Deputy Director of Governmental Affairs at the same phone number or <a href="heather.shek@maryland.gov">heather.shek@maryland.gov</a>.

Sincerely,

Webster Ye

Assistant Secretary, Health Policy

Welster

**1b- SB 102 – Income Tax – Credits for Preceptors i**Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



### Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Damean W.E. Freas, D.O., Chair

January 20, 2021

The Honorable Guy Guzzone Chair, Budget & Taxation Committee 3 West Miller Senate Office Building Annapolis, MD 21401-1991

RE: SB 102-Income Tax - Credits for Preceptors in Areas With Health Care Workforce Shortages - Letter of Information

Dear Chair Guzzone:

The Maryland Board of Physicians (the "Board") is submitting this Letter of Information for SB 102 Income Tax — Credits for Preceptors in Areas with Health Care Workforce Shortages. This bill creates a nonrefundable credit against the State income tax for a licensed physician, physician's assistant, or advanced practice registered nurse who serves without compensation as a community-based faculty clinician in an approved core clerkship. The Maryland Department of Health (MDH) may issue up to \$100,000 in tax credits in each tax year. The bill takes effect June 1, 2021, and applies to tax years beginning after December 31, 2021.

As introduced, the funding source for SB 102 is a fee increase of \$15 on physician assistant licensees. Pursuant to Health Occupations Article, §14-207 the Board is required to set reasonable fees for the issuance and renewal of licenses; and the fund "shall be used to exclusively cover the actual documented direct and indirect costs of fulfilling the statutory and regulatory duties of the Board as provided by the provisions of this title."

While the Board acknowledges that the Maryland Academy of Physician Assistants supports the increase in the licensing fee to support the proposed tax credit legislation, Board licensees are already subject to an assessment for the Maryland Health Care Commission (MHCC). The MHCC fee is a fee in addition to the Board's licensure fee which leads applicants and licensees to believe that the Board has increased its fees and that the Board retains the fees collected. Proposals are introduced every legislative session to transfer the Board fund balance to the General Fund or a variety of programs. None of the existing assessments and potential transfers fulfill the statutory and regulatory duties of the Board. The Board is required to take the role of a collection service for other entities and programs. Additionally, the negative implication for the Board is that the collection of fees for other programs have the impact of inflating Board revenue even though the Board does not retain the funds.

Additionally, the Board has reduced fees, and was planning to make permanent reductions. The fee reductions will be offset by increases on fees, as proposed in SB 102. The Board fund should not be used to support programs outside of its mission.

The Honorable Guy Guzzone SB 102 – Letter of Information January 20, 2021 Page 2

Thank you for your consideration of this information. If you have questions or need additional information, please contact Wynee E. Hawk, 410-764-3786.

Sincerely,

Christine A. Farrelly Executive Director

cc: Members of the Budget & Taxation Committee Webster Ye, MDH

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

# **2b - EHEA - SB102 - Physicians - LOI - Credits for** Uploaded by: Berg, Emily

Position: INFO



### Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Damean W.E. Freas, D.O., Chair

January 20, 2021

The Honorable Guy Guzzone Chair, Budget & Taxation Committee 3 West Miller Senate Office Building Annapolis, MD 21401-1991

RE: SB 102-Income Tax - Credits for Preceptors in Areas With Health Care Workforce Shortages - Letter of Information

Dear Chair Guzzone:

The Maryland Board of Physicians (the "Board") is submitting this Letter of Information for SB 102 Income Tax — Credits for Preceptors in Areas with Health Care Workforce Shortages. This bill creates a nonrefundable credit against the State income tax for a licensed physician, physician's assistant, or advanced practice registered nurse who serves without compensation as a community-based faculty clinician in an approved core clerkship. The Maryland Department of Health (MDH) may issue up to \$100,000 in tax credits in each tax year. The bill takes effect June 1, 2021, and applies to tax years beginning after December 31, 2021.

As introduced, the funding source for SB 102 is a fee increase of \$15 on physician assistant licensees. Pursuant to Health Occupations Article, §14-207 the Board is required to set reasonable fees for the issuance and renewal of licenses; and the fund "shall be used to exclusively cover the actual documented direct and indirect costs of fulfilling the statutory and regulatory duties of the Board as provided by the provisions of this title."

While the Board acknowledges that the Maryland Academy of Physician Assistants supports the increase in the licensing fee to support the proposed tax credit legislation, Board licensees are already subject to an assessment for the Maryland Health Care Commission (MHCC). The MHCC fee is a fee in addition to the Board's licensure fee which leads applicants and licensees to believe that the Board has increased its fees and that the Board retains the fees collected. Proposals are introduced every legislative session to transfer the Board fund balance to the General Fund or a variety of programs. None of the existing assessments and potential transfers fulfill the statutory and regulatory duties of the Board. The Board is required to take the role of a collection service for other entities and programs. Additionally, the negative implication for the Board is that the collection of fees for other programs have the impact of inflating Board revenue even though the Board does not retain the funds.

Additionally, the Board has reduced fees, and was planning to make permanent reductions. The fee reductions will be offset by increases on fees, as proposed in SB 102. The Board fund should not be used to support programs outside of its mission.

The Honorable Guy Guzzone SB 102 – Letter of Information January 20, 2021 Page 2

Thank you for your consideration of this information. If you have questions or need additional information, please contact Wynee E. Hawk, 410-764-3786.

Sincerely,

Christine A. Farrelly Executive Director

cc: Members of the Budget & Taxation Committee Webster Ye, MDH

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.