



## **SB 325: Rural Medical Providers Tax Credit**

### **Recommendations to Rural Communities and Economic Development Committee**

February 12, 2013

- 1) Use Medically Underserved mapping to identify areas of highest need to establish geographic eligibility. Or, decrease community size from 40,000 to 20,000 and increase the mileage that the medical office must be from the population center from 10 to at least 25 miles.
- 2) Limit each provider to one benefit -- of their choice -- **from state or federal sources**. (Currently some providers could receive this \$5000 for as many years as they practice, payments of their outstanding debt up to \$35,000 per year, and 80% of the cost of their medical liability insurance premiums if practice is in obstetrics.)
- 3) Require the provider practice the equivalent of 24 hours a week (or 1250 hours a year) in an eligible area.
- 4) Treat all medical providers the same, rather than having one rules for dentists and another for nurse practioners.
- 5) Reduce tax credit from \$5000 per year to \$4000 because of our current budgetary crisis.
- 6) Cap the number of years of eligibility at 10 years.
- 7) Require and verify that providers receiving these credits serve Medicaid, Medicare and/or Tri-Care clients at least in proportion to their occurrence in their geographic eligibility area.