- 1 SB192
- 2 215806-1
- 3 By Senator Weaver
- 4 RFD: Finance and Taxation Education
- 5 First Read: 08-FEB-22

215806-1:n:01/06/2022:KMS/cmg LSA2021-2483

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8 SYNOPSIS:

This bill would establish the Preceptor Tax

Incentive Program to provide an opportunity for

students enrolled in certain health professions

training programs to train in rural and underserved

counties in the state and to address primary care

shortages in the state.

This bill would provide an income tax credit incentive of \$500 for each 160 hour clinical preceptorship rotation per calendar year for an otherwise unpaid community-based faculty preceptor physician for the following types of students:

Medical allopathic or osteopathic, dental, and optometric.

This bill would also provide an income tax credit incentive of \$425 for each 160 hour clinical preceptorship rotation per calendar year for an otherwise unpaid community-based certified registered nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or physician assistant.

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2	A BILL
3	TO BE ENTITLED
4	AN ACT
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6	Relating to state income tax; to establish the
7	Preceptor Tax Incentive Program to provide income tax credit
8	incentives for certain medical students who train in rural and
9	underserved counties in the state.
10	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:
11	Section 1. (a) The Preceptor Tax Incentive Program
12	is created.
13	(b) For the purposes of this section, the following
14	terms shall have the following meanings:
15	(1) CLINICAL PRECEPTORSHIP. A clinical educational
16	or training rotation for a student in any of the following
17	programs, that are physically located in this state and
18	approved by and provided through a qualified health
19	professions training program, for which the clinical
20	preceptor, also physically located in this state, is otherwise
21	not compensated for the preceptorship:
22	a. A medical allopathic or osteopathic program.
23	b. A dental program.
24	c. An optometric program.
25	d. A physician assistant program.
26	e. A nurse practitioner program.
27	f. A nurse midwife program.

g. A nurse anesthetist program.

- (2) COMMUNITY-BASED FACULTY PRECEPTOR. A physician, advanced practice nurse, or physician assistant who is licensed in this state and receives no financial compensation from any source for the teaching of students in a medical program, dental program, optometric program, physician assistant program, or nurse practitioner, nurse midwife, or nurse anesthetist program.
 - certified registered nurse practitioner licensed under Chapter 21 of Title 34, Code of Alabama 1975, who provides medical services in a health care facility that is physically located in this state and not owned or operated by a qualified nursing, medical, or osteopathic school and who, through an agreement with a qualified nursing school physically located in this state, provides one or more clinical preceptorships for training to students in a nurse practitioner, nurse midwife, or nurse anesthetist program for which he or she receives no monetary compensation.
 - (4) COMMUNITY-BASED PHYSICIAN ASSISTANT PRECEPTOR. An assistant to physician licensed under Chapter 24 of Title 34, Code of Alabama 1975, who provides medical services in a health care facility that is physically located in this state and not owned or operated by a qualified medical, nursing, or osteopathic school and who, through an agreement with a qualified health professions program physically located in this state, provides one or more clinical preceptorships for

students in a physician assistant program for which he or she receives no monetary compensation.

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- (5) COMMUNITY-BASED PHYSICIAN, DENTIST, OR OPTOMETRY 3 PRECEPTOR. A physician licensed under Chapter 24 of Title 34, 4 Code of Alabama 1975; a dentist licensed under Chapter 9 of 5 6 Title 34, Code of Alabama 1975; or an optometrist licensed 7 under Chapter 22 of Title 34, Code of Alabama 1975, who provides medical services in a health care facility that is 8 9 physically located in this state and not owned or operated by 10 a qualified medical, dental, optometric, nursing, or osteopathic school and who, through an agreement with a 11 qualified medical school physically located in this state, 12 13 provides one or more clinical preceptorships for students in a medical program, dental program, optometric program, physician 14 15 assistant program, or nurse practitioner, nurse midwife, or nurse anesthetist program for which he or she receives no 16 17 monetary compensation.
 - (6) HEALTH PROFESSIONAL SHORTAGE AREA. Areas of the state that are designated by the Health Resources and Services Administration as having shortages of primary medical care, dental care, or mental health care providers. A shortage area may be geographic-based, population-based, or facility-based. Health professional shortage area scores are based on discipline-specific methodology, however, three scoring criteria are common across all health professional shortage area disciplines:
 - a. Population to provider ratio.

- b. Percentage of the population below 100 percent of
 the federal poverty level.
- 3 c. Travel time to the nearest source of care outside 4 the designated shortage area.
 - (7) MEDICALLY UNDERSERVED AREA and MEDICALLY UNDERSERVED POPULATION.

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- a. An area or population in this state identified by the Health Resources and Services Administration Agency of the United States Department of Health and Human Services as a geographic area and population with a lack of access to primary care services based on the following established indicators:
 - 1. Provider per 1,000 population ratio.
- 2. Percentage of population at 100 percent of the federal poverty level.
 - 3. Percentage of population age 65 and older.
 - 4. Infant mortality rate.
 - b. A calculated index of medical underservice score of 62.0 or below qualifies for designation as a medically underserved area or medically underserved population.
 - (8) PROGRAM. The Preceptor Tax Incentive Program.
- (9) QUALIFIED HEALTH PROFESSIONS TRAINING PROGRAM.

 An institution of higher education that is physically located in this state and has an accredited educational program for medicine, dentistry, optometry, physician assistants, or nurse practitioners, nurse midwives, and nurse anesthetists.

1 (10) RURAL AREA. As defined by the United States
2 Census Bureau, in the context of health care, health data, and
3 the location of health care services, all population, housing,
4 and territory not included within a state-urbanized area with
5 a population of 50,000 or more.

- (c) (1) Beginning with the 2022 tax year, a community-based physician, dentist, or optometry preceptor, community-based physician assistant preceptor, or community-based nurse practitioner, nurse midwife, or nurse anesthetist preceptor physically located in this state shall be allowed a credit against the tax imposed by Section 40-18-2, Code of Alabama 1975, if he or she conducts an unpaid clinical preceptorship, in the following amounts:
- a. A community-based physician, dentist, or optometrist preceptor shall be allowed a credit of five hundred dollars (\$500) per rotation, up to an annual maximum of six thousand dollars (\$6,000).
- b. A community-based physician assistant preceptor shall be allowed a credit of four hundred twenty-five dollars (\$425) per rotation, up to an annual maximum of five thousand one hundred dollars (\$5,100).
- c. A community-based nurse practitioner, certified nurse midwife, or certified registered nurse anesthetist preceptor shall be allowed a credit of four hundred twenty-five dollars (\$425) per rotation, up to an annual maximum of five thousand one hundred dollars (\$5,100).

1 (2) An individual shall not accrue more than 12
2 clinical preceptorships of any of the above categories in one
3 calendar year.

- (3) A community-based faculty preceptor shall not be eligible to earn hours credited toward a clinical preceptorship tax credit if he or she has not registered with the Alabama Statewide Area Health Education Center Program Office in Birmingham, Alabama.
- (4) The Alabama Statewide Area Health Education

 Center Program Office shall administer the program and certify

 clinical preceptorship rotations on behalf of all eligible

 public and private training programs for medicine, optometry,

 and dental physician assistant, or nurse practitioner, nurse

 midwife, and nurse anesthetist programs physically located in

 this state.
- (5) To receive the credit provided by this section, a community-based faculty preceptor shall claim the credit on his or her state income tax return for the tax year in which he or she completed the clinical preceptorship rotation; shall certify that he or she, and the health care center or facility through which he or she is employed, did not receive monetary payment during the tax year from any source for the training of medical, optometry, and dental physician assistant, or nurse practitioner, nurse midwife, and nurse anesthetist students; and shall submit supporting documentation to the Department of Revenue.

1 (6) In no event shall the total amount of the tax
2 credit provided by this section for a taxable year exceed the
3 income tax liability of the taxpayer. No tax credit shall be
4 allowed the taxpayer against his or her tax liability for
5 prior or succeeding years.

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(d) Adjudication of possible filing errors or violations of the law shall be determined by the Department of Revenue.

Section 2. This act shall become effective on the first day of the third month following its passage and approval by the Governor, or its otherwise becoming law.