

Oregon Office of Rural Health

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Testimony in Favor of SB 325 Senate Rural Communities & Economic Development Committee February 12, 2013 Scott Ekblad, Director, Oregon Office of Rural Health

Chair Roblan, Vice-Chair Baertschiger, Members of the Committee:

The Rural Practitioner Tax Credit was created by the Oregon Legislature in 1989, the same year the Oregon Office of Rural Health was moved from the State Health Division to Oregon Health & Science University. The first credits were granted for tax year 1990, to physicians, physician assistants and nurse practitioners. Certified Registered Nurse Anesthetists (CRNAs), podiatrists, dentists and optometrists were added in later sessions, all with different sets of eligibility criteria.

I was not working in the field when the program was created in 1989. However, it is safe to assume that the intent of the program was to increase the availability of providers in rural Oregon. Since 1991 the number of physicians receiving the credit has increased from 538 to 1,237. The number of nurse practitioners and physician assistants increased from 115 to 645.

Just over 2,000 providers qualified for the tax credit in tax year 2011, representing \$8.5 million. The fiscal impact for the biennium will be approximately \$17 million.

- I cannot accurately predict what the financial impact would be of changing the minimum time requirement from 60% of a practice to 20 hours/week; we do not currently ask hours/week.
- Nor can I accurately predict the impact of requiring that recipients keep their practices open to a certain percentage of Medicare and Medicaid recipients.
- If the credit were increased for providers in frontier Oregon (10 of 36 counties), that would affect 228 people. If it were increased to \$10,000 the impact would be roughly \$4.5 million.

I believe that, should this credit be allowed to sunset, we would see a decline in the number of providers available to rural Oregonians. I believe that trend would continue over time, as current recipients see this program as even more important as a retention tool as it is a recruitment incentive.

This past summer the Oregon Rural Health Association and the Oregon Office of Rural Health jointly administered a survey of Rural Practitioner Tax Credit recipients. The results are as follows.

I will lead you through those slides, and will then be happy to answer any questions you might have. Thank you for this opportunity to voice my support for this important benefit for rural practitioners.

Background				
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- The Rural Provider Tax Credit was authorized in 1989 and began with tax year 1990.
- Eligible professions are physicians, physician assistants, nurse practitioners, certified registered nurse anesthetists, podiatrists and dentists.
- Prior to 1999 there was a 10-yr limit on the credit; the limit was removed by the Legislature in 1999.

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Background (cont'd)

- Requirements for eligibility vary by type of provider.
- For all providers, at least 60% of the provider's practice must be spent in a qualifying rural area.
- Rural means any area at least 10 miles from a population center of 40,000 or more.

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Other feedback		
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The final question was open-ended, offering an opportunity to provide feedback on the tax credit.

- Of over 1,000 respondents, 371 provided feedback.
- So far the overwhelming majority reiterate the value of the credit in recruiting and/or retaining providers in rural Oregon.
- Many mention that it lessens an urban/rural pay differential.

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