**South Carolina General Assembly**

122nd Session, 2017-2018

**H. 3620**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. G.M. Smith and Yow

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Companion/Similar bill(s): 351

Introduced in the House on January 31, 2017

Currently residing in the House Committee on **Ways and Means**

Summary: Income tax credit

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

1/31/2017 House Introduced and read first time ([House Journal‑page 14](file:///h:\hj\20170131.docx))

1/31/2017 House Referred to Committee on **Ways and Means** ([House Journal‑page 14](file:///h:\hj\20170131.docx))

2/2/2017 House Member(s) request name added as sponsor: Yow

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**VERSIONS OF THIS BILL**

[1/31/2017](file:///p:\pprever\2017-18\3620_20170131.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 12‑6‑3790 SO AS TO ALLOW AN INCOME TAX CREDIT FOR EACH CLINICAL ROTATION SERVED BY A PHYSICIAN, ADVANCED PRACTICE NURSE, OR PHYSICIAN ASSISTANT AS A PRECEPTOR FOR CERTAIN PROGRAMS.

Whereas, increasing the pipeline with primary care medical, advanced practice nursing, and physician assistant providers in South Carolina is vital; and

Whereas, South Carolina is a largely rural state with a population of 4.8 million and is ranked 42nd nationally in overall health rankings; and

Whereas, South Carolina is ranked 39th nationally regarding patient access to health care services and 43rd for total supply of primary care practicing physicians; and

Whereas, such health statistics along with the shortage and maldistribution of health care professionals are alarming, resulting in a grade of “F” in health care according to the South Carolina Department of Health and Environmental Control (DHEC); and

Whereas, according to DHEC, all forty‑six South Carolina counties are federally designated as being total or partial Medically Underserved Areas/Populations, forty‑three counties as Health Professional Shortage Areas (HPSA), with twenty‑nine categorized as low income HPSAs, and fifteen fulfilling the criteria as geographic HPSAs, the designation used for the most underserved counties. Now, therefore,

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 25, Chapter 6, Title 12 of the 1976 Code is amended by adding:

“Section 12‑6‑3790. (A)(1) Beginning after 2016, and ending after 2021, there is allowed an income tax credit for each clinical rotation a physician serves as the preceptor for a medical school required clinical rotation, advanced practice nursing program required clinical rotation, and physician assistant program required clinical rotation.

(2) If at least fifty percent of the physician’s practice consists of a combined total of Medicaid insured, Medicare insured, and self‑pay patients, then the credit is equal to one thousand dollars for each rotation served, not to exceed ten thousand dollars a year.

(3) If at least thirty percent of the physician’s practice consists of a combined total of Medicaid insured, Medicare insured, and self‑pay patients, then the credit is equal to seven hundred fifty dollars for each rotation served, not to exceed seven thousand five hundred dollars a year.

(4) If less than thirty percent of the physician’s practice consists of a combined total of Medicaid insured, Medicare insured, and self‑pay patients, then the credit is disallowed.

(5) The credits allowed by this subsection are not cumulative and may not be combined.

(B)(1) Beginning after 2016 and ending after 2021, there is allowed an income tax credit for each clinical rotation an advanced practice registered nurse or physician assistant serves as the preceptor for an advanced practice nursing or physician assistant required clinical rotation.

(2) If at least fifty percent of the advanced practice registered nurse’s or physician assistant’s practice consists of a combined total of Medicaid insured, Medicare insured, and self‑pay patients, then the credit is equal to seven hundred fifty dollars for each rotation served, not to exceed seven thousand five hundred dollars a year.

(3) If at least thirty percent of the advanced practice registered nurse’s or physician assistant’s practice consists of a combined total of Medicaid insured, Medicare insured, and self‑pay patients, then the credit is equal to five hundred dollars for each rotation served, not to exceed five thousand dollars a year.

(4) If less than thirty percent of the advance practice registered nurse’s or physician assistant’s practice consists of a combined total of Medicaid insured, Medicare insured, and self‑pay patients, then the credit is disallowed.

(5) The credits allowed by this subsection are not cumulative and may not be combined.

(C) For purposes of this section:

(1) ‘Preceptor’ means a physician, advanced practice nurse practitioner, or physician assistant who provides supervision and instruction during student clinical training experiences, is otherwise not compensated for doing so, and provides a minimum of two required clinical rotations within a calendar year.

(2) ‘Medical school required clinical rotation’, ‘physician assistant program required clinical rotation’, or ‘advanced practice nursing program required clinical rotation’ means a clinical rotation for a public teaching institution which:

(a) is established for a student who is enrolled in a South Carolina public medical school, a South Carolina public physician assistant program, or a South Carolina public advanced practice nursing program; and

(b) includes a minimum of one hundred sixty hours of instruction in one of the following clinical settings:

(i) family medicine;

(ii) internal medicine;

(iii) pediatrics;

(iv) obstetrics and gynecology;

(v) emergency medicine;

(vi) psychiatry;

(vii) general surgery under the guidance of a physician, advanced practice registered nurse, or physician assistant.

(D) By March thirsty‑first of each year, the department shall report to the Senate Finance Committee, the House Ways and Means Committee, and the Governor the number of taxpayers claiming the credit allowed by this section, the total amount of credits allowed, and the number of hours the recipient taxpayers served as preceptors. The department must disaggregate taxpayers between physicians, advanced practice registered nurses, and physician assistants.

(E) The department may consult with a designated administrative entity to determine eligibility and may require any proof it determines necessary to efficiently administer the credit allowed by this section. The department may promulgate regulations necessary to implement the provisions of this section.”

SECTION 2. This act takes effect upon approval by the Governor.

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