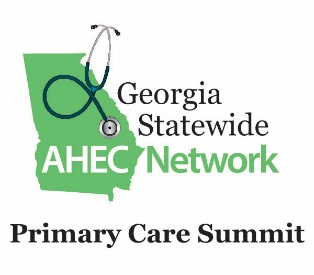
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**2016 PRIMARY CARE SUMMIT SUMMARY**

**RECOMMENDATION: *Provide tax credits for primary care community based faculty precepting 3rd and 4th year Georgia medical / osteopathic students, physician assistant students, and advanced practice registered nurse students.***

**PURPOSE:** To provide needed support to Georgia’s educational programs producing the critical primary care workforce needed in the state.

**Rationale and Background for strategy:**

* Georgia’s primary care shortages are well documented; it is imperative that the training of medical students, physician assistant students, and advanced practice registered nurses students be secured in the state as these three disciplines form the core primary care workforce. Georgia invests heavily in the educational programs required to produce these students, and efforts such as this tax credit alleviate some of the struggles faced by these programs as they seek to secure sufficient community based training sites to educate their students.
* ***Off-shore and out-of-state medical schools are using Georgia CBF and paying them +/-$1500 per rotation.  Rather than enter into a bidding war with these other players, a tax credit could provide a powerful incentive to Georgia CBF to ONLY take Georgia Medical, Physician Assistant, and Advanced practice registered nurses students. If Georgia MD/DO, PA and NP programs were forced to pay $1500 / rotation, then the expected cost would be approximately $7,219,500 (4,813 rotations x $1500 each). Since the majority of these rotations occur at a program based within the University System of Georgia, the state would be asked to help fund approximately 1/3 to 1/2 of these funds; without additional funding, students matriculating in these programs would be asked to pay additional fees. Additionally, given the deep pockets of the off-shore and out of state programs, the “price” for rotation could and most likely would be pushed higher as the “bidding war” begins for the community- based clinical training sites and faculty.***

**PROGRAM SPECIFICS:**

**Eligibility:**  Any ***non-compensated*** community based physician, advanced practice registered nurse, or physician assistant, licensed in the state of Georgia, providing preceptorship training for a medical / osteopathic student (MD/DO) OR a Georgia Physician Assistant (PA) student OR an Advanced Practice Registered Nurse (APRN) student matriculating at a public or private Georgia educational institution ; CBF must provide a minimum of three rotations to be eligible for the tax credit (credits are awarded retroactively to include these). The educational institution must certify these rotations as complete through reporting to the Georgia Statewide Area Health Education Centers (AHEC) Program Office at Augusta University.

**Incentive structure:** To encourage community based faculty to participate at the highest level, the amount of tax credits increase with service. For medical/osteopathic preceptors, the first 3 rotations will be provided credits worth $500 each; subsequent credits will be awarded credits at $1000 each for rotations number 4-10. For advanced practice nursing and physician assistant preceptors, tax credits of $375 will be provided for rotations 1-3; credits will increase to $750 per rotation for rotations 4-10. These differences reflect income earning differences among the professions. No preceptor will receive credits for more than 10 certified rotations. (A rotation is defined as 160 hours of community based teaching.)

**Estimated Fiscal Impact:**

***Medical / Osteopathic Preceptors***

* Tax credit for rotations 1-3 @ $500 each
* Tax credit for rotations 4-10 @ $1000 each
* Total rotations ***estimated*** for Tax Year 2017: 1,633

***Physician Assistant Preceptors***

* Tax credit for rotations 1-3 @ $375 each
* Tax credit for rotations 4-10 @ $750 each
* Total rotations ***estimated*** for Tax Year 2017: 1,050

***Advanced Practice Registered Nurse (APRN) Preceptors***

* Tax credit for rotations 1-3 @ $375 each
* Tax credit for rotations 4-10 @ $750 each
* Total rotations ***estimated*** for Tax Year 2017: 2,100

**Baseline Data:**

**MEDICAL/ OSTEOPATHIC STUDENTS:** Each medical / osteopathic student has approximately 7 required core clerkship rotations in their third year and approximately the same in the 4th year.

* + Each rotation lasts 4-6 weeks on average.
  + Approximately 40% of these required clerkship rotations occur in community based settings with ***non-compensated*** volunteer faculty;
  + In 2016, there were approximately 594 3rd year Georgia Medical / Osteopathic Students at our five schools;
  + 594 x 7 required core clerkships = 4,158 rotations;
  + 4,158 x 40% in community settings = ***1,663 rotations eligible for tax credit.***

**PHYSICIAN ASSISTANT STUDENTS**: Each PA student completes approximately 50% of their required clinical rotations in off-campus community based training sites with practicing physicians and/or licensed PAs. The same seven clerkships are required as for medical students.

* + There are approximately 300 Georgia Physician Assistant students at five institutions;
  + Each rotation lasts 4-6 weeks on average;
  + 300 students x 7 rotations= 2,100 rotations;
  + 2,100 rotations x 50% in community based training sites= ***1,050 rotations eligible for tax credits.***

**ADVANCED PRACTICE REGISTERED NURSES STUDENTS**: There are 15 Advanced Practice Registered Nurse Masters Programs in Georgia with a total approximate enrollment of +/- 700. Nursing curriculum differs from the other two disciplines, but approximately each student would need 2 or 3 supported rotations.

* + 700 X 3 = ***2,100 rotations eligible for tax credits***

**Other Considerations:**

* Tax Credit Caps will have to be identified so there is no incentive to take more students than quality education standards can sustain (e.g. maximum of $10,000 credit annually).
* Tax credit would be non-transferable.
* Unused Tax credit would not carry over to another tax year.
* There should not be a “cash-out” option for unused credit.

**EFFECTIVE DATE: Retroactive to January 1, 2017**