

MINUTES OF THE HOUSE TAXATION COMMITTEE

The meeting was called to order by Chairman Kenny Wilk at 9:00 A.M. on March 18, 2008 in Room 519-S of the Capitol.

All members were present.

Committee staff present:

Chris Courtwright, Legislative Research Department  
Gordon Self, Office of Revisor of Statutes  
Ryan Hoffman, Legislative Research Department  
Richard Cram, Department of Revenue  
Rose Marie Glatt, Committee Secretary

Conferees appearing before the committee:

Representative Mike Kiegerl  
Representative Peggy Mast  
Tony Wellever, KS Association Medically Underserved  
Kevin Robertson, Kansas Dental Association  
Marilyn Page, Executive Director, Marian Clinic  
Lisa McKenzie, private citizen  
Representative Tom Sloan, (written only)  
Nikki King, Health Care Access (written only)

Others attending:

See attached list.

The Chairman thanked the committee for their consolidated efforts which helped pass the pertinent tax bills out of the house last Friday. He commended Representative Whitham for his work on the bill.

**HB 2931 - Income tax credit for certain adoption expenses.**

Chris Courtwright, Legislative Research Department, said **HB 2931** would allow a taxpayer to claim both the adoption credit allowed by Section 23 of the *Internal Revenue Code* in addition to the \$1,500 state credit for adopting a child in the custody of the Department of Social and Rehabilitation Services (SRS). The bill would be effective for tax years beginning after December 31, 2003, and would allow amended returns to be filed for tax years 2004 and 2005 if the taxpayer claimed only the federal credit or the \$1,500 state credit allowed for the adoption of a child in the custody of SRS.

The Chairman opened the public hearing on **HB 2931**.

Representative Peggy Mast said this was a small bill that puts language in the statute that allows the tax credit to do what it was intended to do in the first place. Kansas has an income tax credit for adoptions of SRS or special needs children, but that statute has a flaw that has allowed parents to fall through the cracks on this credit (Attachment 1). She introduced Lisa McKenzie, a constituent, who has experienced the broken system.

Lisa McKenzie, testified that they did not adopt their daughter for tax purposes, but she argued the lawmakers would not have intended to penalize those people who have taken, into their homes, a special needs child by disallowing the federal credit. They must have intended to add to the federal credit and give us an additional tax benefit for adopting a child out of the Kansas SRS system (Attachment 2).

The Chairman said that he would flag this issue for an interim study in order to look at ways to incent and encourage parents to adopt more Kansas SRS and/or special needs children. The Chairman closed the public hearing on the bill.

**HB 2868 - Income tax credit for expenditures to make facilities accessible to individuals with a disability.**

CONTINUATION SHEET

MINUTES OF THE House Taxation Committee at 9:00 A.M. on March 18, 2008 in Room 519-S of the Capitol.

Chris Courtwright, Legislative Research Department, said under current law, the income tax credit for expenditures made by a taxpayer to make the taxpayer's principal dwelling or the dwelling of a lineal ascendant or descendant accessible to individuals with a disability is \$9,000 or an amount equal to the applicable percentage of expenditures, whichever is less. **HB 2868** would increase this credit to the lesser of \$25,000 or the applicable percentage of expenditures. The applicable percentage is based on the taxpayer's Kansas adjusted gross income. The bill would increase the gross income levels by \$10,000 for the applicable percentage. **HB 2868** would also increase from \$10,000 to \$25,000 the maximum available credit for making all or any portion of an existing facility accessible to individuals with a disability.

The Chairman opened the hearing on **HB 2868**.

Representative Kiegerl said that this legislation refers to a disabled person's access credit. The importance of the bill is that while material plus labor costs have increased substantially in the last twelve years, the allowable tax credit has not. The alternative may be that some poor older people who can not afford to modify their home will be forced to go into a nursing home. This legislation may help them stay in their home and if they have to depend on a government sponsored program, such as Medicaid, it will be more economical for the state as well (Attachment 3).

The Chairman requested that data be provided on the past and current usage of this tax credit. An additional request was to see the documentation that is required for this tax credit. Richard Cram agreed to provide the data. There was a technical question on language in the bill and Gordon Self agreed to provide illustrations that would help clarify the issue.

The Chairman closed the hearing on **HB 2868**.

Representative Crum introduced Tory Beltz, Mikayla Fisher and her mother Laurell Fisher. The girls are his pages from Rose Hill. Representative Bowers introduced her son, Caleb Bowers, who served in the Senate yesterday.

**HB 2809 - Income tax credit for certain physicians and dentists who contribute professional time to treat medically indigent persons.**

Ryan Hoffman, Legislative Research Department, said **HB 2809** would provide a refundable income tax credit for physicians and dentists who donate their time to provide free care to indigent patients. The credit would equal \$45 per hour of donated time in excess of 40 hours, and the credit could not exceed \$3,000 per taxpayer. In addition, the total amount of credits could not exceed \$1.0 million. The bill would apply to tax years 2008 through 2011.

The Chairman opened the hearing on **HB 2809**.

Tony Wellever - KS Association Medically Underserved, said they fully support **HB 2809**, and believe it could make a difference in enlisting volunteer doctors and dentists to the program. However, they offered the following two amendments: In lines 30 and 33, the bill refers to "non-profit community service organizations" without defining the term anywhere in the bill or citing another section of Kansas statutes. On line 15, the bill uses the term "indigent care clinic" and cites the definition at KAS 75-6102. They believe the terms "non-profit community service organization" and "indigent care clinics" are used interchangeably in the bill. To reduce ambiguity and in the interest of continuity, they recommend replacing all reference to "non-profit community services organization" with "indigent care clinic" (Attachment 4).

Kevin Robertson, Kansas Dental Association, testified in support of the legislation which would provide a tax credit to dentists who volunteer more than 40 hours/year at a community health clinic. He suggested another way for professionals to track their volunteer hours, making it easier for the KDOR. He explained various community programs that are currently being provided (Attachment 5).

Marilyn Page, Executive Director, Marian Clinic, rose in support of **HB 2809**. She said the legislation

CONTINUATION SHEET

MINUTES OF THE House Taxation Committee at 9:00 A.M. on March 18, 2008 in Room 519-S of the Capitol.

would provide an added incentive for those doctors already volunteering. For those doctors not yet volunteering, it may be the added boost they need to begin doing so (Attachment 6).

Dan Morin, Kansas Medical Society said the Society is supportive of the bill, however it is important to address several items. First, the bill apparently limits the total credits allowed to \$1 million annually, It does not say how that would be administered. A health care provider, after providing services, may find that the limit has already been reached and that seems a bit unfair and unworkable. Secondly, they suggest clarification of “physician” means “a person licensed to practice medicine and surgery” in order to consistent with existing Kansas law (Attachment 7).

Testimony was received from Representative Tom Sloan, that stated this bill is more narrowly crafted than last year’s bill as the result of changes suggested by staff from KDOR, indigent care clinics, and health care providers (Attachment 8). The testimony clarified the community needs and objectives outlined in **HB 2809**.

It was noted that testimony was received from Nikki King, Health Care Access in support of the bill (Attachment 9). The Chairman closed the public hearing on **HB 2809**.

The meeting adjourned at 10:25 A.M. The next meeting is March 19, 2008.

# HOUSE TAXATION COMMITTEE

DATE: March 18, 2008

NAME	REPRESENTING
<del>Theresa Page</del>	<del>Marion Clinic</del>
STAN FROWN FELTER	Dist 31
Michelle Peterson	Capitol Strategies
Dan Morin	KCS Medical Society
Cynthia Smith	SCU Health System
KEVIN ROBERTSON	KANSAS DENTAL ASSOCIATION
Ginny Rigney	Lawrence Journal W
<del>Tony A. Scott</del>	<del>KSCPA</del>
Mike Huttles	KAMU
Juni Roe	KCSL
Tony Wellener	KS Assn Medicine Underwriters
Robin Clements	Child Welfare Cos
Natalie Griffin	CCG, Inc.
Caroleyn Smith	VEHS

STATE OF KANSAS



TOPEKA

HOUSE OF  
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

CHAIR: LEGISLATIVE POST AUDIT  
VICE CHAIR: HEALTH & HUMAN SERVICES  
VICE CHAIR: SOCIAL SERVICES BUDGET  
UTILITIES  
HEALTH POLICY OVERSIGHT

PEGGY MAST

REPRESENTATIVE, 76TH DISTRICT  
765 ROAD 110  
EMPORIA, KANSAS 66801  
(620) 343-2465

ROOM 446-N CAPITOL BLDG.  
TOPEKA, KANSAS 66612  
(785) 296-7685

Testimony on Income Tax Credit for Certain Adoption Expenses  
HB 2931  
March 18, 2008

House Taxation Committee

Thank you Mr. Chairman and members of the committee. "Falling through the cracks" is a term that we are familiar with in Topeka and this case is best described as just that. Kansas has an income tax credit for adoptions of special needs children, but that statute has a flaw that has allowed my constituent to fall through the cracks on this credit. HB 2931 is a small bill that simply fixes "the crack" so to speak and puts language in the statute that allows our tax credit to do what it was intended to do in the first place.

I have been told that this problem has not affected many people, but a lady came all the way to Topeka today to let you know how it has affected hers. With that, Mr. Chairman, I stand for questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Peggy Mast". The signature is fluid and cursive, with a large initial "P" and "M".

Peggy Mast

HS Taxation  
3-18-08  
Attachment 1

Ma. . 18, 2008

## Statement to Committee

RE: Review of law pertaining to federal adoption credits and carry forward credits on the Kansas tax return for special needs children adopted out of the Kansas foster care system.

In 2005 and 2006 our accountant took on our behalf a federal adoption carry forward credit on our Kansas returns. After studying the tax instructions and statutes that refer to the special needs credit it seems the K-47 instructions for the Kansas adoption credit, KSA 79-32,202, and SB 432 contain contradictory and circular references, and hopefully do not reflect the intent of lawmakers for those of us that adopt a special needs child out of the Kansas SRS foster care system.

The instructions for 2005 K-47 line 1 limit the special needs credit to only the state credit and not the federal special needs carry forward, although the actual form appears to allow both credits, and KSA 79-32,202 section (a) offers a credit and section (b) takes it away. My accountant suggested that the original purpose was to prevent a double deduction for actual expenses incurred in an adoption. The federal special needs deduction is not based on actual expenses but is a gift deduction for adopting a special needs child. Obviously the "expense" of adopting any child far exceeds the federal credit of \$10,160.

In 2006 the KSA 79-32,202 statute was changed by SB432 to expand the adoption tax credits from 25% to 75% of the federal credit, and attempts to clarify the 2005 law. The letter we received from the state claims "only the special needs credit was allowed for adoptions prior to January 1, 2006." However section (b) actually states "For all taxable years commencing after December 31, 2005, and in addition to the credit provided in subsection (b)," which is the state special needs deduction of \$1500. It does not specify that the adoption has to take place after December 31, 2005, and so it seems the intent of lawmakers was to allow carry forward deductions for adoptions prior to 2005.

Our daughter was adopted in 2003, and we received the \$10,160 credit for adopting a special needs child. The carry forward portions of this credit (which are only allowed for 5 years) effects only those of us with less income, because those with larger incomes would have used up the credit in one or two years. As self employed artists our income is directly related to the time we spend in the studio working. The process of taking in a foster child and working with The Farm to reintegrate her into her birth family (a futile process, as both birth parents were meth users), cost us over \$50,000 in lost income over the 3 year period from 2001 - 2003. The portion of our income that we spend on food, clothing, household supplies, birthday and Christmas gifts, gas for travel to and from daycare and school, school fees and lunches, swimming lessons, piano lessons, soccer, her college savings account, and a myriad of other constant and varying expenses is significantly higher.

I argued in my letter to the Secretary of Revenue that lawmakers would not have intended to penalize those of us taking into our homes a special needs child by disallowing the federal credit, but must have intended to add to the federal credit and give us an additional tax benefit for adopting a child out of the Kansas SRS system. We did not adopt Cecilie for tax credits, but because we love her dearly and hope to raise a child with a moral anchor, the education, physical and mental health, and high enough self esteem to become a successful and productive citizen. The current tax situation is hurting those like us that have lower incomes, but have moved ahead with an adoption and accepted the challenge of providing a good family to a child that wasn't fortunate enough to be born into one.

Thank you,

Elizabeth (Lisa) McKenzie  
958 RD 215  
Emporia, KS 66801  
620-343-2415 (home and studio)

HS Taxation  
3-18-08  
Attachment 2

STATE OF KANSAS

HOUSE OF  
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

VICE CHAIR: COMMERCE AND LABOR  
MEMBER: HEALTH AND HUMAN SERVICES  
INSURANCE AND FINANCIAL INSTITUTIONS

REPRESENTATIVE, 43RD DISTRICT  
EDGERTON, GARDNER  
OLATHE AND SPRING HILL

STATE CAPITOL, ROOM 110-S  
TOPEKA, KANSAS 66612  
(785) 296-7682  
FAX: (785) 368-6365  
KIEGERL@HOUSE.STATE.KS.US



S. MIKE KIEGERL

**Testimony for the House Committee on Taxation**

**March 18, 2008**

Chairman Wilk and other distinguished members of the committee:

I appear before you express my strong support for HB 2868. This legislation refers to a disabled person's access credit. It updates an already existing statute (KSA79-32,176) by increasing the tax credit for modifying a disabled person's primary dwelling from \$9,000 to \$25,000. This is not a stipend but a credit against income tax liabilities. The credit is calculated on a sliding scale, individuals with gross incomes over \$65,000 would not get any credit.

The importance of the bill is that while material plus labor costs have increased substantially in the last twelve years, the allowable tax credit has not. Consider the alternate, some poor older people who could not afford to modify their home might have to move to a nursing home instead.

Cordially,

A handwritten signature in black ink that reads "S. Mike Kiegerl". The signature is written in a cursive style with a large, sweeping "S" and "K".

S. Mike Kiegerl  
Rep. #43 District



Kansas Association  
for the  
Medically Underserved  
*The State Primary Care Association*

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1129 S Kansas Ave., Suite B Topeka, KS 66612 785-233-8483 Fax 785-233-8403 www.kspca.org

**House Bill 2809**  
**House Taxation Committee**  
**March 18, 2008**

Tony Wellever  
Director of Governmental Affairs  
Kansas Association for the Medically Underserved

Mr. Chairman, Members of the Committee, I am Tony Wellever, Director of Government Affairs for the Kansas Association for the Medically Underserved, also known as KAMU. KAMU's membership is comprised of 33 organizational and six associate members, all of which provide health services to low-income individuals without ability to pay. We are the ambulatory primary care safety net for Kansas.

In 2006, the most recent year for which we have complete data, we provided care to approximately 166,000 unduplicated users. That translates into 426,000 patient visits. Ninety-two percent of all of our patients have incomes below 200 percent of poverty. Fifty-six percent have no health insurance at all. Thirty percent have public health insurance – Medicaid, HealthWave, or Medicare – and only 13 percent have private, commercial health insurance.

Approximately 20 percent of our member clinics only see uninsured patients, but all of our member clinics see medically indigent patients at no fee or on a sliding fee basis determined by income.

KAMU and its member clinics support House Bill 2809, because we rely on voluntary practitioners – both physicians and dentists – to provide services to our patients. Some of our clinics – especially the 20 percent designated “free clinics” – use voluntary professional services exclusively. The other eighty percent use volunteers to augment paid staff and to provide specialty services not typically available in safety net clinics.

Volunteer physicians and dentists provide valuable services by 1) keeping low income people as healthy as they can be and 2) providing care when low-income patients are in need of care. They make a contribution to reducing the cost of health care in Kansas, not only by providing care at no cost, but by reducing the rate of unnecessary hospitalizations.

Our clinics stand ready to do our part. We will provide documentation to the Secretary of Revenue establishing that the 40-hour threshold for each volunteering physician and dentist has been met and certifying the additional time contributed by each physician dentist. We hope to work with the Secretary of Revenue on the design of rules, regulations, and forms to implement this bill.

Although we fully support HB 2809, we would offer one proposed amendment. In lines 30 and 33, the bill refers to “non-profit community service organizations” without defining the term anywhere in the bill or citing another section of Kansas Statutes. On line 15, the bill uses the term “indigent care clinic” and cites the definition at KAS 75-6102. We believe that the terms “non-profit community service organization” and “indigent care clinics” are used interchangeably in the bill. To reduce ambiguity and in the interest of continuity, we recommend replacing all references to “non-profit community services organization” with “indigent care clinic.”

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**Primary Care Safety Net Clinics - A Good Investment**

HS Taxation  
3-18-08  
Attachment 4





**KANSAS DENTAL ASSOCIATION**

Date: March 18, 2008

To: House Committee on Taxation

From: Kevin J. Robertson, CAE  
Executive Director

**RE: Testimony Supporting HB 2809**

Thank you for the opportunity to address you today, I am Kevin Robertson, Executive Director of the Kansas Dental Association (KDA) representing approximately 80% of Kansas' 1,300 licensed dentists. I am here today in support of HB 2809 which would provide a tax credit to dentists and physicians who volunteer more than 40 hours/year at a community health clinic.

The KDA is very supportive of the Kansas Association Medically Underserved's (KAMU) efforts to increase the dental capacity of state's safety net health and dental clinics. This effort has required capital investment for the expansion of facilities, acquisition of dental equipment and the increase in the dental workforce both of paid staff and volunteer dentists.

Dentists currently provide charity care to patients in a variety of ways: in their office at no charge, through organized charity activities (like the Kansas Mission of Mercy) and/or volunteer at community health centers, local health departments or other low income clinics. Many of these clinics rely heavily on area dentists volunteering their professional time to treat a significant number of patients. Some clinics are more successful than others in recruiting dentists to donate their time. As efforts continue to increase the number and expand the capacity "safety net" dental clinics throughout Kansas, HB 2809 would provide an excellent incentive for dentists to provide additional volunteer hours at community health centers and treat additional patients.

In 2007, Kansas dentists participated in events and programs organized and sponsored by the KDA and its Foundation - the Kansas Dental Charitable Foundation (KDCF) - that provided nearly \$1.8 million in free dental services to 2,500 Kansans. This care was given through the KDA's Children's Dental Health Month sealant programs, Give Kids a Smile free care program, Donated Dental Services and the Kansas Mission of Mercy free dental clinic. The KDA's seventh KMOM event will be held April 18-19 in Garden City. a

Thank you for the opportunity to present the KDA's comments to you today.

# MARIAN CLINIC

healthier lives for the uninsured

March 18, 2008

Thank you Mr. Chairman and members of the committee.

My name is Marilyn Page and I am the Executive Director of Marian Clinic, a safety net clinic for the uninsured here in Topeka. We provide both medical and dental services. Our clinic has many physician and dentist volunteers, some that come on-site to see our patients and some who accept our referrals and do not charge the patient.

I support House Bill 2809.

I believe House Bill 2809 would provide an added incentive for those doctors already volunteering to keep on. For those doctors not yet volunteering, it may be the added boost they need to begin doing so. I asked one of our doctors what she thought of the bill and her eyes told the story--yes, that is good.

Thank you for your attention.

Sincerely,

Marilyn Page, LSCSW, PhD  
Executive Director

1001 SW Garfield Avenue, Topeka, KS 66604 785-233-9780 [www.marianclinic.org](http://www.marianclinic.org)

BOARD OF DIRECTORS: Tom Alonzo, Barbara Barnard, Vernon Brown, Al Carson,  
Theresa Collins, Sister Regina Erbacher, Shirley Heintz, Mary Lou McPhail, Richard Meidinger, M  
Lona Morse, Marilyn Page, PhD, Kathleen Urbom, Robert Washatka, Mark Wheeler, Donald Wils

HS Taxation  
3-18-08

Attachment 6



623 SW 10<sup>th</sup> Avenue  
Topeka KS 66612-1627  
785.235.2383  
800.332.0156  
fax 785.235.5114

[www.KMSonline.org](http://www.KMSonline.org)

To: House Committee on Taxation

Fm: Dan Morin  
Director of Government Affairs

Subject: HB 2809; Income tax credit for certain physicians and dentists who contribute professional time to treat medically indigent persons

Date: March 17, 2008

The Kansas Medical Society appreciates the opportunity to appear today on HB 2809, which would provide income tax credits to physicians and dentists for providing certain professional services to medically indigent persons at a medically indigent health care clinic. Under the terms of the bill, these health care providers would receive state income tax credits for services provided in excess of 40 hours annually.

We certainly support the thrust of this legislation – encouraging health care professionals to provide care to individuals at indigent health care clinics. To the extent that this legislation would further that goal, we are supportive. However, as with HB 2102 from the 2007 session, while we are conceptually supportive, the bill needs some additional clarification, and a definition clarification. First, the bill apparently limits the total credits allowed to \$1 million annually. It does not say how that would be administered. Presumably, a health care provider could provide services which he or she assumes will result in a tax credit, only to find upon filing their taxes that the \$1 million limit had been reached and no other credits would be authorized. That seems a bit unfair, and unworkable.

Additionally, if the committee elects to work the bill, we would encourage you to clarify that “physician” means “a person licensed to practice medicine and surgery” in order to consistent with existing Kansas law.

KMS has always encouraged its member physicians to provide charitable or significantly reduced cost care to indigent and vulnerable populations as a way of improving access to care for those individuals and families. If this legislation encourages health care providers to increase the amount of such care they provide, and thereby improve access, we support it. Thank you for the opportunity to offer these comments.

STATE OF KANSAS

TOM SLOAN  
REPRESENTATIVE, 45TH DISTRICT  
DOUGLAS COUNTY

STATE CAPITOL BUILDING  
ROOM 113-S  
TOPEKA, KANSAS 66612  
(785) 296-7654  
1-800-432-3924

772 HWY 40  
LAWRENCE, KANSAS 66049-4174  
(785) 841-1526  
sloan@house.state.ks.us



TOPEKA  
HOUSE OF  
REPRESENTATIVES

COMMITTEE ASSIGNMENTS  
VICE CHAIRMAN: GOVERNMENT EFFICIENCY  
AND TECHNOLOGY

MEMBER: ENERGY AND UTILITIES  
TRANSPORTATION

Testimony on HB 2809 - House Tax Committee - March 18, 2008

Mr. Chairman, Members of the Committee: HB 2809 addresses an issue that was brought to you last year - how to significantly increase capacity and capability at clinics serving uninsured Kansans. You may recall that last year there was general consensus on the part of Committee members that such clinics are a vital part of a *cost-effective health care delivery system*.

The current bill is more narrowly crafted than last year's bill because representatives from the Department of Revenue, indigent care clinics, and health care providers met during the summer and fall to address Committee members' concerns.

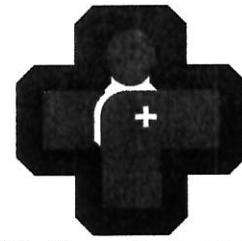
HB 2809: 1) applies only to indigent health care clinics as defined in KSA 75-6102; 2) limits tax credits for donated, certified service to such clinics to physicians and dentists; 3) limits the income tax credit to \$45 per hour of professional service and \$3,000 per year per physician or dentist with a statewide cap of \$1 million; 4) physicians and dentists must donate 40 hours of service before becoming *eligible to receive a tax credit for the 41<sup>st</sup> and subsequent hours of donated service*; and 5) the non-profit indigent care facility must document all the hours of donated professional service and the hours eligible for the tax credit.

Mr. Chairman, the greatest need at all of the clinics for the clinics serving the indigent and uninsured is for professional services of physicians and dentists. HB 2809 has been narrowly crafted to serve as a cost-effective incentive to increase professional medical and dental services serving those persons without health care insurance and who are least able to pay for such services.

Lawrence Memorial Hospital (LMH) administrators reported to the Douglas County delegation members that the hospital wrote-off more than \$7 million in 2007 for laboratory and other services to indigent care clinics and their constituents and for emergency room services for those persons. HB 2809 provides a statewide \$1 million cap on credits to physicians and dentists - this is 14% of the donation made by LMH.

The objective of HB 2809's sponsors is to increase the professional services available to indigent persons without health insurance. In addition to increasing the health of such persons, another anticipated ancillary benefit is the reduction of emergency room costs associated with treatment of persons without insurance.

I encourage the Committee to endorse HB 2809 and will respond to questions at the appropriate time.



**Health Care Access Clinic**  
Healthcare for the Uninsured since 1988

**Testimony on:**  
**HB 2809**

**Presented to:**  
**House Taxation Committee**

**By:**  
**Nikki King, Executive Director,**  
**Health Care Access Clinic**

**March 18, 2008**

**For additional information contact:**

Health Care Access Clinic  
1920 Moodie Road  
Lawrence, KS 66046  
Ph: (785) 841-5760  
Fax: (785) 841-5779

1920 Moodie Road  
Lawrence, Kansas 66046  
**(785) 841-5760** Fax (785) 841-5779  
[www.HealthCareAccess.org](http://www.HealthCareAccess.org)

HS Taxation  
3-18-08  
Attachment 9

House Committee on Taxation

March 18, 2008

Health Care Access Clinic – Presented on 3/18/08

Mr. Chairman, members of the Committee, I am Nikki King, Director of the Health Care Access Clinic, which has served as a medical home to the uninsured of Douglas County since 1988. The Clinic is a member of the Kansas Association for the Medically Underserved (KAMU) as well as the National Association of Free Clinics. I submit testimony today in support of HB2809 on behalf of many volunteering physicians on whom we rely to provide additional capacity of the safety net system. In-kind support for patient care was leveraged at a rate of 8:1 valued at over \$3.8 million in 2007 with a significant portion a credit of physician participation (only 26% of the \$500,000 Clinic budget originated from local or State funds in 2007; no federal funds are received).

It was discovered through interviews with several physicians that it is those who are newer to practice (i.e. the next generation of docs) who are most receptive to the benefits of this Bill. As we see a large number of our 100+ medical volunteer pool reach retirement age, it will become more critical to engage the younger physicians in contributing to the care of the indigent. Having a tax credit is seen as a tangible incentive, especially for those struggling to pay off enormous debt from medical school. I would estimate three physicians would be likely to take advantage of this credit. There are more than 35 clinics striving to provide medical care to the 173,000 uninsured, low-income of Kansans for a fraction of the cost. This Bill's small cost to the State of lost tax

revenue would be relatively insignificant compared to the cost of paying for medical coverage for this population, let alone their medical expenses without services from the safety net Clinics at all. Physicians who do meet the lofty expectation of serving more than 40 hours per year (on or off site) should be rewarded for their time away from their families or other personal obligations. Their contribution to the growing uninsured problem is to be commended as it is completely voluntary, yet makes a tremendous difference to each individual served and to the collective uninsured population. Until health reform reaches a level where this population is non-existent, we support any action that encourages volunteerism to make a difference in the interim.

Mr. Chairman, I thank you and the Committee for your time and welcome questions upon my return to the office next week if you have any.

House Taxation Committee  
Health Care Access Clinic - March 18, 2008