F I S C A L   I M P A C T   R E P O R T

		ORIGINAL DATE	1/19/06		
SPONSOR	Beffort	**LAST UPDATED**		**HB**	
SHORT TITLE	COUNSELOR & THERAPIST PAYMENT GROSS RECEIPTS			**SB**	29
				ANALYST	Schardin

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Non-Rec	Fund Affected
FY06	**FY07**	**FY08**		
	(268)	(282)	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION
LFC Files

Responses Received From
Human Services Department (HSD)
Taxation and Revenue Department (TRD)
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 29 expands the list of health practitioners who receive a gross receipts tax deduction for receipts from managed care providers, commercial health insurers and Medicare part C. The bill adds mental health counselors, marriage and family therapists, and art therapists who have obtained a masters degree or doctorate, as well as licensed social workers who have obtained a master's degree in social work and have practices two years of postgraduate social work under supervision. These types of providers were not included in 2004 legislation that made many other health provider receipts deductible from gross receipts tax.

The effective date of the provisions in this bill is July 1, 2006.

FISCAL IMPLICATIONS

The group Resources for Change reports that New Mexico licenses 1,200 master's level social workers, but only about 400 of these social workers are independent practitioners who accept managed care reimbursements. New Mexico licenses 1,727 masters-level counselors, but only about 400 of these accept managed care reimbursements. Therefore, the deduction would apply to about 750-800 social workers and counselors.

TRD estimates the fiscal impact to the general fund at $268 thousand in FY07 and $282 thousand in FY08. This impact includes the direct impact of making these practitioner receipts deductible, as well as the impact of holding local governments harmless from the new deductions. Local governments will not be impacted by this bill unless practitioners report their deductions incorrectly.

TRD calculated this impact based on aggregate industry trends, which suggest that approximately half of these providers' receipts come from managed care insurers, and thus will be eligible for the new deduction.

SIGNIFICANT ISSUES

According to DOH, recruitment and retention of health providers has been difficult in New Mexico because of the gross receipts tax. Although much of this problem was addressed by the 2004 Legislature, some healthcare practitioners in New Mexico still pay gross receipts tax, while their counterparts in most other states do not. Unlike many businesses that are subject to gross receipts tax but pass the tax on to consumers, many health providers cannot pass the tax on because managed care organizations and Medicare refuse to pay the tax.

In 2004, Governor Richardson signed an Executive Order directing specific activities to enhance New Mexico's behavioral health workforce (EO 2004-062). A concerted effort is now underway to recruit and retain behavioral health professionals, particularly in the state's rural areas. This gross receipts tax deduction could function as a recruitment and retention incentive for counselors, therapists and social workers.

ADMINISTRATIVE IMPLICATIONS

According to TRD, Senate Bill 29 would require system coding and troubleshooting; form and instruction revisions; taxpayer education and seminar material and instruction preparation; and department personnel training. These changes can be implemented with existing resources.

OTHER SUBSTANTIVE ISSUES

TRD noted that receipts of health practitioners have historically grown more quickly than general revenue. Deducting services from high-growth sectors such as health care from the existing tax base makes it harder for tax revenue growth to keep pace with inflation.

SS/mt