

The following information was referenced in the CCA Newsletter, February 2008. It represents the details of legislation discussed in the Legislative Corner.

Current Issues

(ACA current issues Jan. 2008) (Updated January, 2008)

Medicare Coverage of Licensed Professional Counselors

(Position Papers) 01.09.08

LEGISLATION

H.R. 3162, "The Children's Health and Medicare Protection Act" [Sponsors: Representatives John Dingell (D-MI), Frank Pallone (D-NJ), Charles Rangel (D-NY), and Pete Stark (D-CA)]
Cosponsors (as of 9/26/07): 12
Status: Passed the House (by a vote of 225-204)

H.R. 1588, "The Seniors Mental Health Access Improvement Act of 2007" [Sponsors: Rep. Barbara Cubin (R-WY) and Rep. Bart Gordon (D-TN)]
Cosponsors (as of 7/1/07): 19

H.R. 1663, "The Medicare Mental Health Modernization Act of 2007" [Sponsors: Rep. Pete Stark (D-CA) and Rep. Jim Ramstad (R-MN)]
Cosponsors (as of 7/1/07): 50

S. 921, "The Seniors Mental Health Access Improvement Act of 2007" [Sponsors: Senator Craig Thomas (R-WY) and Senator Blanche Lincoln (D-AR)]
Cosponsors (as of 7/1/07): 8

S.1605, the "Craig Thomas Rural Hospital and Provider Equity Act of 2007" [Sponsor: Senator Kent Conrad (D-ND)]
Cosponsors (as of 7/1/07): 23

H.R. 2860, the "Health Care Access and Rural Equity (H-CARE) Act of 2007" [Sponsors: Rep. Pomeroy (ND-AL) and Rep. Walden (OR-2)]
Cosponsors (as of 7/1/07): 71

H.R. 3014, the "Health Equity and Accountability Act of 2007" [Sponsors: Rep. Hilda Solis (D-CA)]
Cosponsors (as of 7/19/07): 81

LATEST INFORMATION

On August 1, 2007 the House of Representatives passed milestone legislation to reform the Medicare program, including augmenting the program's mental health benefit. H.R. 3162, the Children Health and Medicare Protect (CHAMP) Act of 2007, included Medicare coverage of counselors as well as a reduction in the 50% copayment for mental health services.

The Senate spent the next few months attempting to draft its own Medicare reform legislation. Driven by the need to delay impending pay cuts for physicians, Senate Finance Committee staff worked to assemble a package that would be acceptable to both parties and, at the same time, would address some of the problems that Medicare is currently facing.

Democrats and Republicans were in negotiations late into December, but a potential veto threat from President Bush caused those negotiations to break down. The administration pledged to veto any Medicare legislation that affected the Medicare Advantage program or raised taxes, which were, unfortunately, the only two available sources to fund reforms.

On December 18, the Senate passed a "bare bones" package of Medicare reforms. S. 2499, the "Medicare, Medicaid, and SCHIP Extension Act of 2007," addressed the upcoming physician pay cuts and funds the State Children's Health

Insurance (SCHIP) Program through March of 2009. The House, in turn, passed the legislation on December 19 and the President signed it.

Due to constraints on time and money, S. 2499 did not include Medicare reform provisions espoused by ACA and AMHCA and was only able to increase physician reimbursements for 6 months. Fortunately, while the bill did not include coverage of counselors, the short term physician pay fix means that Congress will have to take another shot at Medicare before next June. We are hopeful that the second round of Medicare negotiations will be more fruitful and will yield us the opportunity to include counselor reimbursement in the Medicare legislation in the second session of the 110th Congress.

WHAT YOU CAN DO

Call or write your Representative and Senators and ask them to support for the SCHIP reauthorization bill. Congress should act immediately to ensure the SCHIP program can continue to provide health insurance to uninsured children. The legislation should also include provisions to protect and strengthen the Medicare program.

All members of Congress can be reached by calling the Capitol Switchboard at 202-225-3121 (or 202-224-3121), and asking for a particular member's office. You can find out who your members of Congress are, or send a personalized e-mail to your lawmakers by visiting the ACA internet legislative action center at <http://capwiz.com/counseling> and entering your zip code in the box.

Letters should be addressed as follows:

For Representatives:

The Honorable {full name}
U.S. House of Representatives
Washington, D.C. 20515

For Senators:

The Honorable {full name}
U.S. Senate
Washington, D.C. 20510

SAMPLE MESSAGE: " I am [writing/calling] to urge you to vote for the any Medicare mental health reforms that are considered during 2008. It is imperative that Congress take steps to improve Medicare's long-term financial future and improve its benefit package by the end of the year.

I would particularly like you to vote to establish Medicare coverage of licensed professional counselors. Counselors are licensed in 49 states and the District of Columbia, and have been covered under private sector health plans for years. Counselors should be covered for the same types of medically necessary outpatient mental health care provided by other types of specialists under Medicare currently. This is an inexpensive way to add over 100,000 providers nationwide. In addition to covering counselors, Medicare should be adapted to reduce the discriminatory copayment for mental health services. Currently, recipients must pay a 50% copay for all mental health services, but only 20% for all other services. Mental health care is equally as important and medically necessary as medical and surgical services; please reduce this discriminatory policy.

Thank you for taking the time to consider this important issue, and I look forward to hearing how you intend to vote on these issues.

BACKGROUND

Medicare is the nation's largest health insurance program, covering roughly 38 million elderly Americans (65 or older), and approximately 5 million Americans with disabilities. The program was established in 1965, and its mental health benefit has remained virtually unchanged since that time. Medicare covers inpatient care, some partial hospitalization programs, and outpatient care. Clinical psychologists and clinical social workers were added to the benefit package as independent providers of outpatient mental health services in 1989.

There are several significant shortcomings in Medicare's coverage of mental health services. State-licensed professional counselors are not covered, and Medicare requires beneficiaries to pay 50% of the cost of outpatient mental health treatment, as compared to the 20% co-payment for all other outpatient services. As a result of its meager benefit package, over 80% of Medicare mental health spending goes to inpatient treatment.

The lack of an adequate mental health benefit is harming Medicare beneficiaries. According to the National Institute of Mental Health (NIMH), older Americans—the largest group of Medicare enrollees—are the demographic group most likely to commit suicide. Typically, older Americans who kill themselves had seen a physician within a month of doing so. Clearly, the pool of covered providers needs to be expanded to cover licensed professional counselors to allow better access to mental health treatment and more choice of provider. This problem is particularly acute in rural areas, which often have few (if any) psychiatrists and social workers.

The cost of these reforms will most likely be borne by cuts in overpayments to Medicare Advantage plans. Currently, these plans are paid an average of 12% more than traditional Medicare is paid to cover the same beneficiaries. Some of these plans are paid as much as 130% of the traditional Medicare payment. Medicare Advantage programs were originally introduced to reduce Medicare costs by using managed care principals. Over the past decade they have outgrown their purpose and are now increasing Medicare costs. Congress plans to reduce the pay rates of these private plans by paying them the same as traditional Medicare and passing the savings on to beneficiaries and their physicians.

In both 2003 and 2005, the Senate approved legislation including Medicare coverage of counselors, but each time a lack of support in the House of Representatives kept the provision from being enacted. In 2007, the House passed legislation that included Medicare coverage of counselors, but financial and time constraints prevented the Senate from considering such legislation.

STATISTICS / FINDINGS

- An April, 2004 report by the National Advisory Committee on Rural Health and Human Services recommended to the Secretary of Health and Human Services that Medicare be amended to authorize licensed professional counselors and marriage and family therapists to provide behavioral health services to Medicare beneficiaries.
- A 2002 federally-funded study by the University of Southern Maine (USM) concluded that Medicare should cover licensed professional counselors and marriage and family therapists. The study found no basis for differentiating coverage policy between clinical social workers (already covered under Medicare) and these two provider groups based on the professions' respective state licensure laws.
- Virtually all of the rural counties in this country have a shortage of practicing psychiatrists, psychologists, and social workers, the only providers covered by Medicare (President's New Freedom Commission on Mental Health, July 2003) and about 50% of rural counties have no practicing psychologist or clinical social worker (*Quality Through Collaboration: The Future of Rural Health Care*, Board on Health Care Services, 2004). Allowing licensed professional counselors to be reimbursed under Medicare provides an increased choice of mental health providers and increased access to services, especially for beneficiaries in rural areas who may have to pay out-of-pocket or go without services. Due to these statistics and the qualifications of licensed professional counselors, the National Rural Health Association and the National Association for Rural Mental Health support Medicare reimbursement for licensed professional counselors.
- "Although the demand for psychiatric treatment has increased dramatically over the past decade, with the proportion of the population receiving treatment for depression alone more than tripling, the number of psychiatrists in the United States has plateaued and is expected to lag notably behind population growth." ". . . as a whole, the psychiatry workforce is aging, working fewer hours, and spending less time in patient care." ". . . (Wilk, et. al., "Access to Psychiatrists in the Public Health Sector and in Managed Care Plans", *Psychiatric Services*, April 2005, American Psychiatric Association)
- It is estimated that nearly two-thirds of older Americans with a mental disorder do not receive needed services. The problem is even more acute in rural and underserved areas. (Mental Health Care and Older Adults: Facts and Policy Recommendations, American Psychological Association, July, 2003)
- At the White House Conference on Aging delegates voted on resolutions regarding pressing aging issues of today and the future. Among the top ten in votes was a resolution calling for improved "Recognition, Assessment and Treatment of Mental Illness and Depression Among Older Americans." (White House Conference on Aging Press Release, 12/14/05, available at: http://www.whcoa.gov/press/releases/2005/pr_12_14_05.pdf)
- Research shows that 50-70% of all primary care visits are related to mental health factors such as anxiety and depression (National Coalition on Mental Health and Aging, 2004)
 - The Congressional Budget Office has estimated that Medicare coverage of LPCs and MFTs will cost approximately 200 million dollars over 5 years, which (with over 155,000 providers nationwide) works out to less than \$260 per provider per year. In a Medicare program that will spend over 2.3 trillion dollars in the next five years, reimbursing LPCs and MFTs is an extremely cost-effective way of increasing access to mental health care.

Legislative Update / Latest News (ACA Jan. 2008)

Congress Passes Massive Spending Bill; Adjourns for the Year

(Legislative News) 01.02.08 (Yahoomail, Friday, December 7, 2007)

Nearly three months into the new fiscal year, Congress finally approved this week a massive \$473.5-billion omnibus spending bill. President Bush has said that he will sign the measure. The bill (H.R. 2764) is known as an omnibus because it encompasses 11 of the 12 annual spending bills, including funding for labor, health and education programs, for FY 2008 (the Department of Defense spending bill was signed into law earlier this year).

While the omnibus bill provides an increase of \$1.94 billion for Department of Education programs above last year's funding-- Pell grants will receive a slight increase and there is increased funding for a few programs under No Child Left Behind-- it either level funds or cuts a majority of the student financial aid programs and most other NCLB programs by 1.7% for a total of \$501 million.

One the bright side, the omnibus bill provides the Elementary and Secondary School Counseling Program (ESSCP) with \$48.6 million for next year. This is a \$14 million increase over last year, and the highest funding level yet for the program! Funding the ESSCP at \$48.6 million will, for the first time, allow middle and high schools to apply for grants. Historically, the ESSCP has provided provides grants only for elementary schools (e.g., K-5) because the statutory trigger of \$40 million has never been met. Funds beyond \$40 million, the base amount for elementary programs, may then be used in middle and high schools. Under the omnibus spending bill, \$8.6 million will now be available for secondary schools beginning next year. The Department of Education is currently accepting application for the 2008-09 school year (visit www.ed.gov/programs/elseccounseling/applicant.html, for more information and to apply).

ACA UPDATE: Department of Education Announces Grants for the Integration of Schools and Mental Health Systems

The U.S. Department of Education, Office of Safe and Drug-Free Schools, announced in the December 7, 2007, Federal Register that it is accepting new applications for the FY 2008 (i.e., 2008-09) school year for the Grants for the Integration of Schools and Mental Health Systems.

The Grants for the Integration of Schools and Mental Health Systems provide funds to state educational agencies (SEAs), local educational agencies (LEAs), and Indian tribes to increase student access to high-quality mental health care by developing innovative approaches that link school systems with the local mental health system. Funds may be used to enhance, improve, or develop collaborative efforts between school-based service systems and mental health service systems to provide, enhance, or improve prevention, diagnosis, referral, and treatment services to students; enhance the availability of crisis intervention services; provide training for school personnel and mental health professionals; and provide technical assistance and consultation to school systems, mental health agencies, and families.

Award Information

Applications Available: December 7, 2007.

Deadline for Transmittal of Applications: January 30, 2008

Eligible Applicants: State educational agencies (SEAs), local educational agencies (LEAs), and Indian tribes. Estimated Available Funds: \$5.0 million, Note: The Administration's budget request for FY 2008 does not include funds for this program. However, ED is inviting applications to allow enough time to complete the grant process if Congress appropriates funds for this program. Contingent upon the availability of funds and the quality of applications, ED may make additional awards later in FY 2008 and in FY 2009 from the list of

unfunded applicants from this competition

Estimated Range of Awards: \$150,000-\$350, 000.

Estimated Average Size of Awards: \$250,000.

Estimated Number of Awards: 19.

Application Information

Address to Request Application Package: You can obtain an application package via the Internet or from the Education Publications Center (ED Pubs). To obtain a copy via the Internet, use the following address: www.ed.gov/programs/mentalhealth/applicant.html.

To obtain a copy from ED Pubs, write, fax, or call the following: Education Publications Center, P.O. Box 1398, Jessup, MD 20794-1398. Telephone, toll free: 1-877-433-7827. Fax: (301) 470-1244. If you use a telecommunications device for the deaf (TDD), call, toll free: 1-877-576-7734.

You can contact ED Pubs at its Web site, also: <http://www.ed.gov/pubs/edpubs.html> or at its e-mail address: edpubs@inet.ed.gov. If you request an application from ED Pubs, be sure to identify this program or competition as follows: CFDA number 84.215M.

Individuals with disabilities can obtain a copy of the application package in an alternative format (e.g., Braille, large print, audiotape, or computer diskette) by contacting the person or team listed under Alternative Format in section VIII of this notice. 2. Content and Form of Application Submission: Requirements concerning the content of an application, together with the forms you must submit, are in the application package for this program.

Applications for grants under this program may be submitted electronically using the www.grants.gov. Apply site (Grants.gov), or in paper format by mail or hand delivery.

NOTE: Deadline for Transmittal of Applications: January 30, 2008.

To see a list of the FY 2007 Grants for the Integration of Schools and Mental Health Systems awardees, go to: <http://www.ed.gov/programs/mentalhealth/2007awards.html>.

For Further Information Contact: Dana Carr, U.S. Department of Education, 400 Maryland Avenue, SW., room 3E332, FB6, Washington, DC 20202-6450. Telephone: (202) 260-0823 or by e-mail: dana.carr@ed.gov.

TRICARE language included in final Defense Authorization bill

For many years, the American Counseling Association (ACA) and the American Mental Health Counselors Association (AMHCA) have been working collaboratively to remove the physician referral requirements under which mental health counselors must practice under TRICARE, the Department of Defense (DOD) managed health care program for active duty service members and their families, retirees and their families, and survivors.

TRICARE covers physicians, psychologists, and the three master's level mental health professionals: mental health counselors, clinical social workers, and marriage and family therapists. TRICARE regulations establish strict licensure,

education, and training requirements for all covered mental health professionals, but LPCs are the only providers who are not allowed to practice independently. To receive mental health services from a mental health counselor, beneficiaries must first obtain a physician referral, and services must be supervised on an ongoing basis by the physician.

The physician referral and supervision requirement was removed for clinical social workers in 1982 and for marriage and family therapists in 1990. Despite having similar levels of training and expertise, licensed mental health counselors continue to labor under physician referral and supervision more than 17 years after this requirement was removed for other providers. The referral and supervision requirement also presents unnecessary roadblocks to service members and their families accessing mental health care.

DOD remains opposed to independent practice authority for licensed mental health counselors practicing under TRICARE. TRICARE Management Authority (TMA), the agency within DOD that manages the program, has repeatedly stated that mental health counselors do not have adequate training to provide independent services, and have pointed to the diversity of counseling requirements and licensing statutes as a means to block our efforts.

On May 17, 2007, the House of Representatives passed their version of the Fiscal Year 2008 National Defense Authorization Act (H.R. 1585), and for the third time in as many years, included a provision to allow mental health counselors to practice independently under TRICARE. The provision was once again sponsored by Rep. Robin Hayes (R-NC), a member of the House Armed Services Committee.

This year, through the combined efforts of ACA and AMHCA, we were able to gain the support of Sen. Claire McCaskill (D-MO), a member of the Senate Armed Services Committee, who championed our cause and who has promised to remain dedicated to passing the provision for as long as she remains in the Senate. Although Sen. McCaskill encountered opposition from DOD and the staff of the Senate Armed Services Committee on obtaining a committee vote on an amendment to grant independent practice authority to counselors, she did make progress in securing support for our cause. Sen. McCaskill was able to collect the signatures of 15 Senators from across the country on a letter in support of removing the restrictions on mental health counselors under TRICARE.

The Senate, on October 1, 2007, passed their version of the Defense Authorization Act by a vote of 92 to 3. The Senate bill did not address the referral and supervision requirement for TRICARE participating mental health counselors. Following final action in the Senate, the legislation was then sent to a conference committee, where differences in the bills passed by the House and Senate were resolved.

The conference report on H.R. 1585 requires DOD to issue regulations outlining training credentials that would allow mental health counselors to practice independently under the TRICARE program. ACA and AMHCA are hopeful that counselors who meet those criteria may be granted independent practice authority under TRICARE shortly. The conference report also includes language instructing DOD to contract with the Institute of Medicine or a similar organization to carry out a study of the training and licensure of mental health counselors. We expect the study to help build a strong case for independent practice authority of all professional counselors practicing under TRICARE upon completion in March 2009.

On December 12, 2007, the House of Representatives passed the conference report by a vote of 370 to 49. The Senate, on December 14, 2007, adopted the conference report by an overwhelming vote of 90 to 3. President Bush is expected to sign the bill into law the week of December 24, 2007.

ACA and AMHCA are currently working with the offices of Senator Claire McCaskill (D-MO) and Senate Armed Services Committee Chairman Carl Levin (D-MI) to ensure that regulations are issued in a timely manner and that there is a strong and fair study.

ACA and AMHCA will monitor the progress of the study by the Institute of Medicine and the DOD's issuing of regulations to allow certain mental health counselors to practice independently under TRICARE.

Medicare reform legislation is cut short

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Due to constraints on time and money, S. 2499 did not include Medicare reform provisions espoused by ACA and AMHCA and was only able to increase physician reimbursements for 6 months. Fortunately, while the bill did not include coverage of counselors, the short term physician pay fix means that Congress will have to take another shot at Medicare before next June. We are hopeful that the second round of Medicare negotiations will be more fruitful and will yield us the opportunity to include counselor reimbursement in the Medicare legislation in the second session of the 110th Congress.

Department of Veterans Affairs making progress in implementation of LMHC law

Just over one year ago, the President signed S. 3421 into law, allowing the Department of Veterans Affairs (VA) to hire mental health counselors. The VA has spent this past year reviewing the law and beginning its implementation. The VA recently began an Occupational Study of the counseling profession to determine the how LPCs can best be utilized in the care of veterans. According to a source in the Human Resources Department of the VA, the study should take, "a couple of months."

Upon completion of the study, the VA will determine whether to write a new qualification standard (job description) for counselors or to adapt an existing standard. ACA and AMHCA are advocating for the creation of a new qualification standard in order to ensure the recognition of LPCs as a distinct profession and not just an extension of an existing one.

As both options are likely to take similar amounts of time, the creation of a new qualification standard will yield more substantial results for counselors.

While it may seem like the implementation process is moving slowly, we should also note that it is moving steadily. The slow and deliberate process of implementation is meant to guarantee that counselors receive the recognition and

Childrens Health Insurance Program Extension and Improvement

Passage, Objections of the President Not Withstan

01/23/2008

House Roll Call No. 22

110th Congress, 2nd Session

Failed: 260-152 (see [complete tally](#))

The House voted to sustain the President's veto of H.R. 3963, to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, by a yea-and-nay vote of 260 yeas to 152 nays, Roll No. 22 (two-thirds of those present not voting to override).

responsibilities indicative of their education and training. A rapid process could result in the creation of a substandard job description that prevents counselors from performing at their potential.

ACA and AMHCA appreciate the service of counselors working in the VA and ask for your patience as we move forward with the implementation process, which we hope will be completed in the next year.

If you have any questions, please feel free to contact Beth Powell of AMHCA at 1-800-326-2642, ext. 105 or by e-mail at bpowell@amhca.org or Peter Atlee of AMHCA at 1-800-347-6647, ext. 242 or by e-mail at patlee@counseling.org

Peter Atlee Legislative Representative

American Counseling Association

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www.counseling.org

ACA 2008 Annual Conference, Honolulu, Hawaii, March 26-30, 2008

Updates 1-23-08 (congress.org, CCA-yahoogroupmail)

The House fell 15 votes short of the two-thirds majority needed to override President Bush's veto of this bill reauthorizing and expanding the Children's Health Insurance Program.

Rep. Christopher Murphy voted **YES**.....send [e-mail](#) or see [bio](#)

Votes For : 260

Votes Against : 152



NEW BILLS INTRODUCED (Library of Congress, Thomas)

Congressional Legislation

'A bill to amend the Internal Revenue Code of 1986 to provide a tax credit to rural primary health providers.'

Bill # S.290

Original Sponsor:

[Lisa Murkowski](#) (R-AK)

Cosponsor Total: 2

(last sponsor added 01/12/2007)

2 Republicans

About This Legislation:

1/12/2007--Introduced. Rural Physicians Relief Act of 2007 - Amends the Internal Revenue Code to allow certain primary health services providers (i.e., physicians and licensed mental health care practitioners) a tax credit of \$1,000 for each month such providers provide medical care to rural patients in certain sparsely populated areas of the United States.

Rural Physicians Relief Act of 2007 (Introduced in Senate)

110th CONGRESS

1st Session

S. 290

To amend the Internal Revenue Code of 1986 to provide a tax credit to rural primary health providers.

IN THE SENATE OF THE UNITED STATES

January 12, 2007

Ms. MURKOWSKI (for herself and Mr. STEVENS) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend the Internal Revenue Code of 1986 to provide a tax credit to rural primary health providers.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the `Rural Physicians Relief Act of 2007'.

SEC. 2. NONREFUNDABLE CREDIT FOR RURAL PRIMARY HEALTH SERVICES PROVIDERS.

(a) In General- Subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to nonrefundable personal credits) is amended by inserting after section 25D the following new section:

`SEC. 25E. RURAL PRIMARY HEALTH SERVICES PROVIDERS.

`(a) Allowance of Credit- In the case of an individual who is a qualified primary health services provider for any month during the taxable year, there shall be allowed as a credit against the tax imposed by this chapter for such taxable year an amount equal to \$1,000 for each month during such taxable year--

- `(1) which is part of the eligible service period of such individual, and
- `(2) for which such individual is a qualified primary health services provider.

`(b) Qualified Primary Health Services Provider- For purposes of this section, the term `qualified primary health services provider' means, with respect to any month, any physician who is certified for such month by the Bureau to be a primary health services provider or a licensed mental health provider who--

- `(1) is primarily providing primary health services, and either--
 - `(A) substantially all of such primary health services are provided in frontier areas (within the meaning of section 330I(r) of the Public Health Service Act), or
 - `(B) such primary health services are provided in a practice which includes rural patients from frontier areas (as so defined) in a percentage of the total practice which is at least equal to the percentage of total residents in the State in which such practice is located who reside in frontier areas (as so defined),

`(2) is not receiving during the calendar year which includes such month a scholarship under the National Health Service Corps Scholarship Program or the Indian health professions scholarship program or a loan repayment under the National Health Service Corps Loan Repayment Program or the Indian Health Service Loan Repayment Program,

- `(3) is not fulfilling service obligations under such Programs, and
- `(4) has not defaulted on such obligations.

Such term shall not include any individual who is described in paragraph (1) with respect to any of the 3 most recent months ending before the date of the enactment of this section.

`(c) Eligible Service Period- For purposes of this section, the term `eligible service period' means the period of 60 consecutive calendar months beginning with the first month the taxpayer is a qualified primary health services provider.

`(d) Other Definitions and Special Rule- For purposes of this section--

`(1) BUREAU- The term `Bureau' means the Bureau of Health Care Delivery and Assistance, Health Resources and Services Administration of the United States Public Health Service.

`(2) PHYSICIAN- The term `physician' has the meaning given to such term by section 1861(r) of the Social Security Act.

`(3) PRIMARY HEALTH SERVICES PROVIDER- The term `primary health services provider' means a provider of basic health services (as described in section 330(b)(1)(A)(i) of the Public Health Service Act).

`(4) ONLY 60 MONTHS TAKEN INTO ACCOUNT- In no event shall more than 60 months be taken into account under subsection (a) by any individual for all taxable years.'

(b) Clerical Amendment- The table of sections for subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to section 25D the following new item:

`Sec. 25E. Rural primary health services providers.'

(c) Effective Date- The amendments made by this section shall apply to taxable years beginning after December 31, 2006.

FOR MORE INFORMATION

---ACA Legislative Action Center: <http://capwiz.com/counseling>

Or contact:

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