

113TH CONGRESS  
2D SESSION

# S. 2492

To amend the Internal Revenue Code of 1986 to increase access for the uninsured to high quality physician care.

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IN THE SENATE OF THE UNITED STATES

JUNE 18, 2014

Mr. SCOTT introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend the Internal Revenue Code of 1986 to increase access for the uninsured to high quality physician care.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Charity Care Expan-  
5 sion Act of 2014”.

6 **SEC. 2. PHYSICIAN CHARITY CARE DEDUCTION.**

7 (a) IN GENERAL.—Part VI of subchapter B of chap-  
8 ter 1 of the Internal Revenue Code of 1986 is amended  
9 by adding at the end the following new section:

1 **“SEC. 199A. PHYSICIAN CHARITY CARE.**

2       “(a) IN GENERAL.—In the case of a physician, there  
3 shall be allowed as a deduction for the taxable year an  
4 amount equal to the amount such physician would have  
5 otherwise charged for qualified charity care provided by  
6 such physician during the taxable year.

7       “(b) QUALIFIED CHARITY CARE.—For purposes of  
8 this section—

9               “(1) QUALIFIED CHARITY CARE.—The term  
10 ‘qualified charity care’ means physicians’ services  
11 (as defined in section 1861(q) of the Social Security  
12 Act) provided on a volunteer or pro bono basis  
13 through a qualifying arrangement.

14               “(2) PHYSICIAN.—The term ‘physician’ has the  
15 meaning given to such term in section 1861 of the  
16 Social Security Act (42 U.S.C. 1395x(r)).

17               “(3) QUALIFYING ARRANGEMENT.—The term  
18 ‘qualifying arrangement’ means an agreement or  
19 contract to provide physicians’ services on a volun-  
20 teer or pro bono basis which is entered into—

21                       “(A) between the physician and a health  
22 care clinic or other organization providing  
23 health care which is targeted to serve under-  
24 served or low-income individuals, and

25                       “(B) before the date the services are pro-  
26 vided.

1 “(c) LIMITATIONS.—

2 “(1) SERVICE CHARGE LIMITATION.—The  
3 amount determined under subsection (a) with re-  
4 spect to any services shall not exceed the medicare  
5 economic index (referred to in the fourth sentence of  
6 section 1842(b)(3) of the Social Security Act (42  
7 U.S.C. 1395u(b)(3))) applicable to the services pro-  
8 vided. In the case of physicians’ services to which  
9 the medicare economic index is not applicable, the  
10 Secretary, in consultation with the Secretary of  
11 Health and Human Services, shall use data on un-  
12 compensated care for purposes of the limitation  
13 under subparagraph (B), and may adjust such data  
14 so as to be an appropriate proxy, including a down-  
15 ward adjustment to eliminate bad debt data from  
16 uncompensated care data.

17 “(2) OVERALL LIMITATION.—The amount al-  
18 lowed as a deduction under subsection (a) for any  
19 taxable year shall not exceed an amount equal to—

20 “(A) 10 percent of the gross income of the  
21 taxpayer for the taxable year derived from the  
22 taxpayer’s provision of physicians’ services (as  
23 defined in section 1861(q) of the Social Secu-  
24 rity Act), or

