

Calendar No. 227

113TH CONGRESS
1ST SESSION

S. 1557

To amend the Public Health Service Act to reauthorize support for graduate medical education programs in children's hospitals.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 27, 2013

Mr. CASEY (for himself, Mr. ISAKSON, Mr. WHITEHOUSE, Mr. ALEXANDER, Mr. BROWN, Mr. KIRK, Mr. HARKIN, Mr. BLUNT, Ms. WARREN, Mr. ROBERTS, Mr. BLUMENTHAL, Mr. MURPHY, Mr. REED, Mr. FRANKEN, Mr. MORAN, and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

OCTOBER 30, 2013

Reported by Mr. HARKIN, without amendment

A BILL

To amend the Public Health Service Act to reauthorize support for graduate medical education programs in children's hospitals.

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 “Children’s Hospital
5 GME Support Reauthorization Act of 2013”.

1 **SEC. 2. PROGRAM OF PAYMENTS TO CHILDREN'S HOS-**
 2 **PITALS THAT OPERATE GRADUATE MEDICAL**
 3 **EDUCATION PROGRAMS.**

4 (a) IN GENERAL.—Section 340E of the Public
 5 Health Service Act (42 U.S.C. 256e) is amended—

6 (1) in subsection (a), by striking “through 2005
 7 and each of fiscal years 2007 through 2011” and in-
 8 serting “through 2005, each of fiscal years 2007
 9 through 2011, and each of fiscal years 2014 through
 10 2018”; and

11 (2) in subsection (f)—

12 (A) in paragraph (1)(A)—

13 (i) in clause (iii), by striking “and”;

14 (ii) in clause (iv), by striking the pe-
 15 riod and inserting “; and”; and

16 (iii) by adding at the end the fol-
 17 lowing:

18 “(v) for each of fiscal years 2014
 19 through 2018, \$100,000,000.”; and

20 (B) in paragraph (2)—

21 (i) in subparagraph (C), by striking
 22 “and”;

23 (ii) in subparagraph (D), by striking
 24 the period and inserting “; and”; and

25 (iii) by adding at the end the fol-
 26 lowing:

1 “(E) for each of fiscal years 2014 through
2 2018, \$200,000,000.”.

3 (b) REPORT TO CONGRESS.—Section 340E(b)(3)(D)
4 of the Public Health Service Act (42 U.S.C.
5 256e(b)(3)(D)) is amended by striking “Not later than the
6 end of fiscal year 2011” and inserting “Not later than
7 the end of fiscal year 2018”.

8 **SEC. 3. SUPPORT OF GRADUATE MEDICAL EDUCATION**
9 **PROGRAMS IN CERTAIN HOSPITALS.**

10 Section 340E of the Public Health Service Act (42
11 U.S.C. 256e) is amended by adding at the end the fol-
12 lowing:

13 “(h) ADDITIONAL PROVISIONS.—

14 “(1) IN GENERAL.—The Secretary is authorized
15 to make available up to 25 percent of the total
16 amounts in excess of \$245,000,000 appropriated
17 under paragraphs (1) and (2) of subsection (f), but
18 not to exceed \$7,000,000, for payments to hospitals
19 qualified as described in paragraph (2), for the di-
20 rect and indirect expenses associated with operating
21 approved graduate medical residency training pro-
22 grams, as described in subsection (a).

23 “(2) QUALIFIED HOSPITALS.—

1 “(A) IN GENERAL.—To qualify to receive
2 payments under paragraph (1), a hospital shall
3 be a free-standing hospital—

4 “(i) with a Medicare payment agree-
5 ment and that is excluded from the Medi-
6 care inpatient hospital prospective payment
7 system pursuant to section 1886(d)(1)(B)
8 of the Social Security Act and its accom-
9 panying regulations;

10 “(ii) whose inpatients are predomi-
11 nantly individuals under 18 years of age;

12 “(iii) that has an approved medical
13 residency training program as defined in
14 section 1886(h)(5)(A) of the Social Secu-
15 rity Act; and

16 “(iv) that is not otherwise qualified to
17 receive payments under this section or sec-
18 tion 1886(h) of the Social Security Act.

19 “(B) ESTABLISHMENT OF RESIDENCY
20 CAP.—In the case of a freestanding children’s
21 hospital that, on the date of enactment of this
22 subsection, meets the requirements of subpara-
23 graph (A) but for which the Secretary has not
24 determined an average number of full-time
25 equivalent residents under section 1886(h)(4) of

1 the Social Security Act, the Secretary may es-
2 tablish such number of full-time equivalent resi-
3 dents for the purposes of calculating payments
4 under this subsection.

5 “(3) PAYMENTS.—Payments to hospitals made
6 under this subsection shall be made in the same
7 manner as payments are made to children’s hos-
8 pitals, as described in subsections (b) through (e).

9 “(4) PAYMENT AMOUNTS.—The direct and indi-
10 rect payment amounts under this subsection shall be
11 determined using per resident amounts that are no
12 greater than the per resident amounts used for de-
13 termining direct and indirect payment amounts
14 under subsection (a).

15 “(5) REPORTING.—A hospital receiving pay-
16 ments under this subsection shall be subject to the
17 reporting requirements under subsection (b)(3).

18 “(6) REMAINING FUNDS.—

19 “(A) IN GENERAL.—If the payments to
20 qualified hospitals under paragraph (1) for a
21 fiscal year are less than the total amount made
22 available under such paragraph for that fiscal
23 year, any remaining amounts for such fiscal
24 year may be made available to all hospitals par-

1 ticipating in the program under this subsection
2 or subsection (a).

3 “(B) QUALITY BONUS SYSTEM.—For pur-
4 poses of distributing the remaining amounts de-
5 scribed in subparagraph (A), the Secretary may
6 establish a quality bonus system, whereby the
7 Secretary distributes bonus payments to hos-
8 pitals participating in the program under this
9 subsection or subsection (a) that meet stand-
10 ards specified by the Secretary, which may in-
11 clude a focus on quality measurement and im-
12 provement, interpersonal and communications
13 skills, delivering patient-centered care, and
14 practicing in integrated health systems, includ-
15 ing training in community-based settings. In
16 developing such standards, the Secretary shall
17 collaborate with relevant stakeholders, including
18 program accrediting bodies, certifying boards,
19 training programs, health care organizations,
20 health care purchasers, and patient and con-
21 sumer groups.”.

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