

114TH CONGRESS
1ST SESSION

H. R. 2124

To amend title XVIII of the Social Security Act to provide for the distribution of additional residency positions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 30, 2015

Mr. CROWLEY (for himself and Mr. BOUSTANY) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide for the distribution of additional residency positions, and for other purposes.

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 “Resident Physician
5 Shortage Reduction Act of 2015”.

1 **SEC. 2. DISTRIBUTION OF ADDITIONAL RESIDENCY POSI-**
2 **TIONS.**

3 (a) IN GENERAL.—Section 1886(h) of the Social Se-
4 curity Act (42 U.S.C. 1395ww(h)) is amended—

5 (1) in paragraph (4)(F)(i), by striking “para-
6 graphs (7) and (8)” and inserting “paragraphs (7),
7 (8), and (9)”;

8 (2) in paragraph (4)(H)(i), by striking “para-
9 graphs (7) and (8)” and inserting “paragraphs (7),
10 (8), and (9)”;

11 (3) in paragraph (7)(E), by inserting “para-
12 graph (9),” after “paragraph (8),”; and

13 (4) by adding at the end the following new
14 paragraph:

15 “(9) DISTRIBUTION OF ADDITIONAL RESIDENCY
16 POSITIONS.—

17 “(A) ADDITIONAL RESIDENCY POSI-
18 TIONS.—

19 “(i) IN GENERAL.—For each of fiscal
20 years 2017 through 2021 (and succeeding
21 fiscal years if the Secretary determines
22 that there are additional residency posi-
23 tions available to distribute under clause
24 (iv)(II)), the Secretary shall, subject to
25 clause (ii) and subparagraph (D), increase
26 the otherwise applicable resident limit for

1 each qualifying hospital that submits a
2 timely application under this subparagraph
3 by such number as the Secretary may ap-
4 prove for portions of cost reporting periods
5 occurring on or after July 1 of the fiscal
6 year of the increase.

7 “(ii) NUMBER AVAILABLE FOR DIS-
8 TRIBUTION.—For each such fiscal year,
9 the Secretary shall determine the total
10 number of additional residency positions
11 available for distribution under clause (i)
12 in accordance with the following:

13 “(I) ALLOCATION TO HOSPITALS
14 ALREADY OPERATING OVER RESIDENT
15 LIMIT.—One-third of such number
16 shall be available for distribution only
17 to hospitals described in subparagraph
18 (B).

19 “(II) AGGREGATE LIMITATION.—
20 Except as provided in clause (iv)(I),
21 the aggregate number of increases in
22 the otherwise applicable resident limit
23 under this subparagraph shall be
24 equal to 3,000 in each such year.

1 “(iii) PROCESS FOR DISTRIBUTING
2 POSITIONS.—

3 “(I) ROUNDS OF APPLICA-
4 TIONS.—The Secretary shall initiate 5
5 separate rounds of applications for an
6 increase under clause (i), 1 round
7 with respect to each of fiscal years
8 2017 through 2021.

9 “(II) NUMBER AVAILABLE.—In
10 each of such rounds, the aggregate
11 number of positions available for dis-
12 tribution in the fiscal year under
13 clause (ii) shall be distributed, plus
14 any additional positions available
15 under clause (iv).

16 “(III) TIMING.—The Secretary
17 shall notify hospitals of the number of
18 positions distributed to the hospital
19 under this paragraph as a result of an
20 increase in the otherwise applicable
21 resident limit by January 1 of the fis-
22 cal year of the increase. Such increase
23 shall be effective for portions of cost
24 reporting periods beginning on or
25 after July 1 of that fiscal year.

1 “(iv) POSITIONS NOT DISTRIBUTED
2 DURING THE FISCAL YEAR.—

3 “(I) IN GENERAL.—If the num-
4 ber of resident full-time equivalent po-
5 sitions distributed under this para-
6 graph in a fiscal year is less than the
7 aggregate number of positions avail-
8 able for distribution in the fiscal year
9 (as described in clause (ii), including
10 after application of this subclause),
11 the difference between such number
12 distributed and such number available
13 for distribution shall be added to the
14 aggregate number of positions avail-
15 able for distribution in the following
16 fiscal year.

17 “(II) EXCEPTION IF POSITIONS
18 NOT DISTRIBUTED BY END OF FISCAL
19 YEAR 2021.—If the aggregate number
20 of positions distributed under this
21 paragraph during the 5-year period of
22 fiscal years 2017 through 2021 is less
23 than 15,000, the Secretary shall, in
24 accordance with the provisions of
25 clause (ii) and subparagraph (D) and

1 the considerations and priority de-
2 scribed in subparagraph (C), conduct
3 an application and distribution proc-
4 ess in each subsequent fiscal year
5 until such time as the aggregate
6 amount of positions distributed under
7 this paragraph is equal to 15,000.

8 “(B) ALLOCATION OF DISTRIBUTION FOR
9 POSITIONS TO HOSPITALS ALREADY OPERATING
10 OVER RESIDENT LIMIT.—

11 “(i) IN GENERAL.—Subject to clauses
12 (ii) and (iii), in the case of a hospital in
13 which the reference resident level of the
14 hospital (as specified in subparagraph
15 (G)(iii)) is greater than the otherwise ap-
16 plicable resident limit, the increase in the
17 otherwise applicable resident limit under
18 subparagraph (A) for a fiscal year de-
19 scribed in such subparagraph shall be an
20 amount equal to the product of the total
21 number of additional residency positions
22 available for distribution under subpara-
23 graph (A)(ii)(I) for such fiscal year and
24 the quotient of—

1 “(I) the number of resident posi-
2 tions by which the reference resident
3 level of the hospital exceeds the other-
4 wise applicable resident limit for the
5 hospital; and

6 “(II) the number of resident po-
7 sitions by which the reference resident
8 level of all such hospitals with respect
9 to which an application is approved
10 under this paragraph exceeds the oth-
11 erwise applicable resident limit for
12 such hospitals.

13 “(ii) REQUIREMENTS.—A hospital de-
14 scribed in clause (i)—

15 “(I) is not eligible for an increase
16 in the otherwise applicable resident
17 limit under this subparagraph unless
18 the amount by which the reference
19 resident level of the hospital exceeds
20 the otherwise applicable resident limit
21 is not less than 10 and the hospital
22 trains at least 25 percent of the full-
23 time equivalent residents of the hos-
24 pital in primary care and general sur-

1 gery (as of the date of enactment of
2 this paragraph); and

3 “(II) shall continue to train at
4 least 25 percent of the full-time equiv-
5 alent residents of the hospital in pri-
6 mary care and general surgery for the
7 5-year period beginning on such date.

8 In the case where the Secretary determines
9 that a hospital described in clause (i) no
10 longer meets the requirement of subclause
11 (II), the Secretary may reduce the other-
12 wise applicable resident limit of the hos-
13 pital by the amount by which such limit
14 was increased under this subparagraph.

15 “(iii) CLARIFICATION REGARDING ELI-
16 GIBILITY FOR OTHER ADDITIONAL RESI-
17 DENCY POSITIONS.—Nothing in this sub-
18 paragraph shall be construed as preventing
19 a hospital described in clause (i) from ap-
20 plying for and receiving additional resi-
21 dency positions under this paragraph that
22 are not reserved for distribution under this
23 subparagraph.

24 “(C) DISTRIBUTION OF OTHER POSI-
25 TIONS.—For purposes of determining an in-

1 crease in the otherwise applicable resident limit
2 under subparagraph (A) (other than such an in-
3 crease described in subparagraph (B)), the fol-
4 lowing shall apply:

5 “(i) CONSIDERATIONS IN DISTRIBUTION.—In determining for which hospitals
6 such an increase is provided under sub-
7 paragraph (A), the Secretary shall take
8 into account the demonstrated likelihood of
9 the hospital filling the positions made
10 available under this paragraph within the
11 first 5 cost reporting periods beginning
12 after the date the increase would be effec-
13 tive, as determined by the Secretary.

14 “(ii) PRIORITY FOR CERTAIN HOSPITALS.—Subject to clause (iii), in deter-
15 mining for which hospitals such an in-
16 crease is provided, the Secretary shall dis-
17 tribute the increase in the following pri-
18 ority order:
19 20 priority order:

21 “(I) First, to hospitals in States
22 with—

23 “(aa) new medical schools
24 that received ‘Candidate School’
25 status from the Liaison Com-

1 mittee on Medical Education or
2 that received ‘Pre-Accreditation’
3 status from the American Osteo-
4 pathic Association Commission
5 on Osteopathic College Accredita-
6 tion on or after January 1, 2000,
7 and that have achieved or con-
8 tinue to progress toward ‘Full
9 Accreditation’ status (as such
10 term is defined by the Liaison
11 Committee on Medical Edu-
12 cation) or toward ‘Accreditation’
13 status (as such term is defined
14 by the American Osteopathic As-
15 sociation Commission on Osteo-
16 pathic College Accreditation);

17 “(bb) additional locations
18 and branch campuses established
19 on or after January 1, 2000, by
20 medical schools with ‘Full Ac-
21 creditation’ status (as such term
22 is defined by the Liaison Com-
23 mittee on Medical Education) or
24 ‘Accreditation’ status (as such
25 term is defined by the American

1 Osteopathic Association Commis-
2 sion on Osteopathic College Ac-
3 creditation); or

4 “(cc) the highest ratio of the
5 total population of the State liv-
6 ing in an area designated (under
7 such section 332(a)(1)(A)) as a
8 health professional shortage area,
9 using data from March 23, 2010,
10 to the total population of the
11 State, using census data from
12 July 1, 2009.

13 “(II) Second, to hospitals with
14 which the Secretary cooperates under
15 section 7302(d) of title 38, United
16 States Code.

17 “(III) Third, to hospitals that
18 emphasize training in community-
19 based settings or in hospital out-
20 patient departments.

21 “(IV) Fourth, to hospitals that
22 are meaningful EHR users (as de-
23 fined in subsection (n)(3)) for the fis-
24 cal year which includes the date the
25 hospital submits an application for

1 such increase under subparagraph
2 (A).

3 “(V) Fifth, to all other hospitals.

4 “(iii) DISTRIBUTION TO HOSPITALS IN
5 HIGHER PRIORITY GROUP PRIOR TO DIS-
6 TRIBUTION IN LOWER PRIORITY GROUPS.—
7 The Secretary may only distribute such an
8 increase to a lower priority group under
9 clause (ii) if all qualifying hospitals in the
10 higher priority group or groups have re-
11 ceived the maximum number of increases
12 under such subparagraph that the hospital
13 is eligible for under this paragraph for the
14 fiscal year.

15 “(iv) REQUIREMENTS FOR USE OF AD-
16 DITIONAL POSITIONS.—

17 “(I) IN GENERAL.—Subject to
18 subclause (II), a hospital that receives
19 such an increase shall ensure, during
20 the 5-year period beginning on the ef-
21 fective date of such increase, that—

22 “(aa) not less than 50 per-
23 cent of the positions attributable
24 to such increase that are used in
25 a given year during such 5-year

1 period are used to train full-time
2 equivalent residents in a shortage
3 specialty residency program (as
4 defined in subparagraph (G)(v)),
5 as determined by the Secretary
6 at the end of such 5-year period;

7 “(bb) the total number of
8 full-time equivalent residents, ex-
9 cluding any additional positions
10 attributable to such increase, is
11 not less than the average number
12 of full-time equivalent residents
13 during the 3 most recent cost re-
14 porting periods ending on or be-
15 fore the effective date of such in-
16 crease; and

17 “(cc) the ratio of full-time
18 equivalent residents in a shortage
19 specialty residency program (as
20 so defined) is not less than the
21 average ratio of full-time equiva-
22 lent residents in such a program
23 during the 3 most recent cost re-
24 porting periods ending on or be-

1 fore the effective date of such in-
2 crease.

3 “(II) REDISTRIBUTION OF POSI-
4 TIONS IF HOSPITAL NO LONGER
5 MEETS CERTAIN REQUIREMENTS.—

6 With respect to each fiscal year de-
7 scribed in subparagraph (A), the Sec-
8 retary shall determine whether or not
9 a hospital described in subclause (I)
10 meets the requirements of such sub-
11 clause. In the case that the Secretary
12 determines that such a hospital does
13 not meet such requirements, the Sec-
14 retary shall—

15 “(aa) reduce the otherwise
16 applicable resident limit of the
17 hospital by the amount by which
18 such limit was increased under
19 this paragraph; and

20 “(bb) provide for the dis-
21 tribution of positions attributable
22 to such reduction in accordance
23 with the requirements of this
24 paragraph.

1 “(D) LIMITATION.—A hospital may not re-
2 ceive more than 75 full-time equivalent addi-
3 tional residency positions under this paragraph
4 for any fiscal year.

5 “(E) APPLICATION OF PER RESIDENT
6 AMOUNTS FOR PRIMARY CARE AND NONPRI-
7 MARY CARE.—With respect to additional resi-
8 dency positions in a hospital attributable to the
9 increase provided under this paragraph, the ap-
10 proved FTE per resident amounts are deemed
11 to be equal to the hospital per resident amounts
12 for primary care and nonprimary care com-
13 puted under paragraph (2)(D) for that hospital.

14 “(F) PERMITTING FACILITIES TO APPLY
15 AGGREGATION RULES.—The Secretary shall
16 permit hospitals receiving additional residency
17 positions attributable to the increase provided
18 under this paragraph to, beginning in the fifth
19 year after the effective date of such increase,
20 apply such positions to the limitation amount
21 under paragraph (4)(F) that may be aggre-
22 gated pursuant to paragraph (4)(H) among
23 members of the same affiliated group.

24 “(G) DEFINITIONS.—In this paragraph:

1 “(i) OTHERWISE APPLICABLE RESI-
2 DENT LIMIT.—The term ‘otherwise appli-
3 cable resident limit’ means, with respect to
4 a hospital, the limit otherwise applicable
5 under subparagraphs (F)(i) and (H) of
6 paragraph (4) on the resident level for the
7 hospital determined without regard to this
8 paragraph but taking into account para-
9 graphs (7)(A), (7)(B), (8)(A), and (8)(B).

10 “(ii) REFERENCE RESIDENT LEVEL.—
11 Except as otherwise provided in subclause
12 (II), the term ‘reference resident level’
13 means, with respect to a hospital, the resi-
14 dent level for the most recent cost report-
15 ing period of the hospital ending on or be-
16 fore the date of enactment of this para-
17 graph, for which a cost report has been
18 settled (or, if not, submitted (subject to
19 audit)), as determined by the Secretary.

20 “(iii) RESIDENT LEVEL.—The term
21 ‘resident level’ has the meaning given such
22 term in paragraph (7)(C)(i).

23 “(iv) SHORTAGE SPECIALTY RESI-
24 DENCY PROGRAM.—The term ‘shortage

1 specialty residency program’ means the fol-
2 lowing:

3 “(I) PRIOR TO REPORT ON
4 SHORTAGE SPECIALTIES.—Prior to
5 the date on which the report of the
6 National Health Care Workforce
7 Commission is submitted under sec-
8 tion 3 of the Resident Physician
9 Shortage Reduction Act of 2015, any
10 approved residency training program
11 in a specialty identified in the report
12 entitled ‘The Physician Workforce:
13 Projections and Research into Current
14 Issues Affecting Supply and Demand’,
15 issued in December 2008 by the
16 Health Resources and Services Ad-
17 ministration, as a specialty whose
18 baseline physician requirements pro-
19 jections exceed the projected supply of
20 total active physicians for the period
21 of 2005 through 2020.

22 “(II) AFTER REPORT ON SHORT-
23 AGE SPECIALTIES.—On or after the
24 date on which the report of the Na-
25 tional Health Care Workforce Com-

1 mission is submitted under such sec-
2 tion, any approved residency training
3 program in a physician specialty iden-
4 tified in such report as a specialty for
5 which there is a shortage.”.

6 (b) IME.—Section 1886(d)(5)(B) of the Social Secu-
7 rity Act (42 U.S.C. 1395ww(d)(5)(B)) is amended—

8 (1) in clause (v), in the second sentence, by
9 striking “subsections (h)(7) and (h)(8)” and insert-
10 ing “subsections (h)(7), (h)(8), and (h)(9)”;

11 (2) by redesignating clause (x), as added by
12 section 5505(b) of the Patient Protection and Af-
13 fordable Care Act (Public Law 111–148), as clause
14 (xi) and moving such clause 4 ems to the left; and

15 (3) by adding after clause (xi), as redesignated
16 by subparagraph (A), the following new clause:

17 “(xii) For discharges occurring on or
18 after July 1, 2017, insofar as an additional
19 payment amount under this subparagraph
20 is attributable to resident positions distrib-
21 uted to a hospital under subsection (h)(9),
22 the indirect teaching adjustment factor
23 shall be computed in the same manner as
24 provided under clause (ii) with respect to
25 such resident positions.”.

1 **SEC. 3. STUDY AND REPORT BY NATIONAL HEALTH CARE**
2 **WORKFORCE COMMISSION.**

3 (a) STUDY.—The National Health Care Workforce
4 Commission established under section 5101 of the Patient
5 Protection and Affordable Care Act (Public Law 111–
6 148) shall conduct a study of the physician workforce.
7 Such study shall include the identification of physician
8 specialties for which there is a shortage, as defined by the
9 Commission.

10 (b) REPORT.—Not later than January 1, 2018, the
11 National Health Care Workforce Commission shall submit
12 to Congress a report on the study conducted under sub-
13 section (a), together with recommendations for such legis-
14 lation and administrative action as the Commission deter-
15 mines appropriate.

16 **SEC. 4. STUDY AND REPORT ON STRATEGIES FOR INCREAS-**
17 **ING DIVERSITY.**

18 (a) STUDY.—The Comptroller General of the United
19 States (in this section referred to as the “Comptroller
20 General”) shall conduct a study on strategies for increas-
21 ing the diversity of the health professional workforce. Such
22 study shall include an analysis of strategies for increasing
23 the number of health professionals from rural, lower in-
24 come, and underrepresented minority communities, includ-
25 ing which strategies are most effective for achieving such
26 goal.

1 (b) REPORT.—Not later than 2 years after the date
2 of enactment of this Act, the Comptroller General shall
3 submit to Congress a report on the study conducted under
4 subsection (a), together with recommendations for such
5 legislation and administrative action as the Comptroller
6 General determines appropriate.

○