

113TH CONGRESS
2^D SESSION

S. 2728

To amend title XVIII of the Social Security Act to provide community-based medical education payments to primary care teaching centers, to provide for a Medicare indirect medical education performance adjustment, and to increase Medicare graduate medical education transparency, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 31, 2014

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

A BILL

To amend title XVIII of the Social Security Act to provide community-based medical education payments to primary care teaching centers, to provide for a Medicare indirect medical education performance adjustment, and to increase Medicare graduate medical education transparency, 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 “Community-Based
5 Medical Education Act of 2014”.

1 **SEC. 2. TEACHING HEALTH CENTER EXTENSION.**

2 (a) **THC PROGRAM.**—Section 340H of the Public
3 Health Service Act (42 U.S.C. 256h) is amended—

4 (1) in subsection (g)—

5 (A) by striking “not to exceed
6 \$230,000,000, for the period of fiscal years
7 2011 through 2015.” and inserting “not to ex-
8 ceed—”; and

9 (B) by adding at the end the following:

10 “(1) \$230,000,000, for the period of fiscal
11 years 2011 through 2015; and

12 “(2) \$420,000,000, for the period of fiscal
13 years 2016 through 2019.”; and

14 (2) by adding at the end the following:

15 “(k) **EVALUATION OF PROGRAM; PARTICIPATION IN**
16 **PRIMARY CARE TEACHING PROGRAM.**—The Secretary
17 shall—

18 “(1) not later than December 31, 2017, con-
19 duct a comprehensive evaluation of the program
20 under this section; and

21 “(2) establish a process by which qualified
22 teaching health centers that have received payments
23 under this section prior to the date on which the pri-
24 mary care teaching centers program is established
25 under section 1899B of the Social Security Act may

1 become eligible to participate in such primary care
2 teaching program.”.

3 (b) **TEACHING HEALTH CENTERS DEVELOPMENT**
4 **GRANTS.**—Section 749A of the Public Health Service Act
5 (42 U.S.C. 2931–1) is amended—

6 (1) in subsection (a), by inserting “, based on
7 demonstrated financial need,” after “centers”;

8 (2) in subsection (b), by striking “\$500,000”
9 and inserting “\$250,000”; and

10 (3) in subsection (g), by striking “fiscal year
11 2010, \$50,000,000 for fiscal year 2011,
12 \$50,000,000 for fiscal year 2012” and inserting
13 “each of fiscal years 2016, 2017, and 2018”.

14 **SEC. 3. COMMUNITY-BASED MEDICAL EDUCATION PAY-**
15 **MENTS.**

16 Title XVIII of the Social Security Act (42 U.S.C.
17 1395 et seq.) is amended by adding at the end the fol-
18 lowing new section:

19 “**COMMUNITY-BASED MEDICAL EDUCATION PAYMENTS**

20 “**SEC. 1899B. (a) IN GENERAL.**—The Secretary shall
21 establish a program under which the Secretary makes pay-
22 ments to primary care teaching centers (as defined in sub-
23 section (c)) under this section.

24 “(b) **IMPLEMENTATION.**—The Secretary shall estab-
25 lish the program under this section not later than January
26 1, 2019.

1 “(c) DEFINITIONS.—

2 “(1) DEFINITION OF PRIMARY CARE TEACHING
3 CENTER.—In this section, the term ‘primary care
4 teaching center’ means an entity described in para-
5 graph (2) that—

6 “(A) is accredited by the Accreditation
7 Council on Graduate Medical Education, the
8 American Osteopathic Association, or the Com-
9 mission on Dental Accreditation; and

10 “(B) operates a community-based primary
11 care residency program (as defined in para-
12 graph (5)) in a rural or underserved area.

13 “(2) ENTITY DESCRIBED.—The following enti-
14 ties are described in this paragraph:

15 “(A) An entity that received payments
16 under section 340H of the Public Health Serv-
17 ice Act for a community based, ambulatory pa-
18 tient care center which operates a primary care
19 residency program or a related consortia recog-
20 nized by the Health Resources and Services Ad-
21 ministration.

22 “(B) A community-based, independent cor-
23 porate entity collaborating with one or more
24 hospitals in operating one or more primary care
25 residency programs.

1 “(C) A medical education entity estab-
2 lished by one or more hospitals to develop and
3 operate one or more primary care residency
4 programs. The hospital or hospitals may be the
5 sole corporate members of the entity, but the
6 governing board of the entity shall include rep-
7 resentatives of the community.

8 “(D) A medical education entity that is
9 independent of any hospital but collaborates
10 with a hospital in operating one or more med-
11 ical residency training programs. The medical
12 education entity may include a university or a
13 school of medicine.

14 “(E) A subsidiary of a hospital or inde-
15 pendent corporation operating one or more pri-
16 mary care residency programs for the hospital
17 with community participation in the governance
18 of the organization.

19 “(F) A rural training track program (as
20 defined in paragraph (6)).

21 “(3) INCLUSION OF CERTAIN ENTITIES.—The
22 term ‘primary care teaching center’ includes the fol-
23 lowing:

24 “(A) A Federally qualified health center
25 (as defined in section 1905(l)(2)(B)).

1 “(B) A community mental health center
2 (as defined in section 1861(ff)(3)(B)).

3 “(C) A rural health clinic, as defined in
4 section 1861(aa).

5 “(D) A health center operated by the In-
6 dian Health Service, an Indian tribe or tribal
7 organization, or an urban Indian organization
8 (as defined in section 4 of the Indian Health
9 Care Improvement Act).

10 “(E) An entity receiving funds under title
11 X of the Public Health Service Act.

12 “(F) A critical access hospital.

13 “(G) An entity that collaborates to form a
14 consortium that operates an accredited primary
15 care residency program, so long as the consor-
16 tium is accredited in the primary care specialty
17 and is listed as the institutional sponsor by the
18 relevant accrediting body. Within the consor-
19 tium, a community-based ambulatory care cen-
20 ter shall play an integral role in the academic,
21 financial, and administrative operations of the
22 primary care residency program.

23 “(4) DEFINITION OF PRIMARY CARE.—In this
24 section, the term ‘primary care’ means family medi-
25 cine, internal medicine, pediatrics, internal medicine-

1 pediatrics, obstetrics and gynecology, psychiatry,
2 general dentistry, pediatric dentistry, or geriatrics.

3 “(5) DEFINITION OF PRIMARY CARE RESIDENCY
4 PROGRAM.—In this section, the term ‘primary care
5 residency program’ means an approved medical resi-
6 dency training program (as defined in section
7 1886(h)(5)(A)) in primary care.

8 “(6) DEFINITION OF RURAL TRAINING TRACK
9 PROGRAM.—In this section, the term ‘rural training
10 track program’ means an alternative training track
11 integrated with a larger more urban or community
12 hospital program and separately accredited as such,
13 with a rural location, a rural mission, or a major
14 rural service area, in which the residents spend ap-
15 proximately two of three years in a place of practice
16 separate and more rural or rurally focused than the
17 larger program.

18 “(d) LIMITATIONS ON NUMBER OF RESIDENT
19 TRAINING POSITIONS.—

20 “(1) LIMITATION ON TOTAL NUMBER UNDER
21 PROGRAM.—Subject to paragraph (3), the Secretary
22 shall make payments under this section for not more
23 than 1,500 new full-time equivalent resident training
24 positions to be distributed to primary care teaching

1 centers at a rate of not more than 300 per year
2 until expended.

3 “(2) LIMITATION ON TOTAL NUMBER FOR EACH
4 PRIMARY CARE TEACHING CENTER.—Subject to
5 paragraph (3), no single primary care teaching cen-
6 ter shall receive a total of more than 50 of the posi-
7 tions distributed under the program, which must be
8 in primary care specialties.

9 “(3) EXCEPTION FOR EXISTING RESIDENTS OF
10 TEACHING HEALTH CENTERS.—The limitation under
11 each of paragraphs (1) and (2) shall not apply with
12 respect to a resident training position of a teaching
13 health center that received payments under section
14 340H of the Public Health Service Act if the resi-
15 dent training position was in a medical residency
16 training program operated by the teaching health
17 center prior to the participation of the teaching
18 health center as a primary care teaching center
19 under this section. The Secretary shall make pay-
20 ments for a resident in a training position described
21 in the preceding center under this section in accord-
22 ance with subsection (f).

23 “(e) PREFERENCE FOR TEACHING HEALTH CEN-
24 TERS.—The Secretary shall give preference to teaching
25 health centers that received payments under section 340H

1 of the Public Health Service Act that are seeking to par-
2 ticipate as a primary care teaching center under this sec-
3 tion.

4 “(f) PAYMENT OF ANNUAL PER RESIDENT PAYMENT
5 AMOUNT.—

6 “(1) METHODOLOGY.—Subject to paragraph
7 (2) and subsection (i), for each year of the program,
8 the Secretary shall develop a methodology to deter-
9 mine the per resident payment amount for each full-
10 time equivalent resident of a primary care teaching
11 center under this section.

12 “(2) MINIMUM PAYMENT AMOUNT.—Subject to
13 subsection (i), the per resident payment amount for
14 each full-time equivalent resident of a primary care
15 teaching center under this section for a year shall be
16 not less than—

17 “(A) for 2014, \$150,000; and

18 “(B) for each subsequent year, the amount
19 determined under this paragraph for the pre-
20 ceding year increased by the percentage in-
21 crease in the consumer price index for all urban
22 consumers (United States city average) for the
23 12-month period ending with June of the pre-
24 ceding year.

1 “(3) DIRECT PAYMENT.—Any payment under
2 this section with respect to a full-time equivalent
3 resident of a primary care teaching center shall be
4 made directly to the primary care teaching center.

5 “(g) NO EFFECT ON OTHER PAYMENTS OR LIMITA-
6 TION ON NUMBER OF RESIDENTS UNDER SECTION
7 1886.—Nothing in this section shall effect payments
8 under section 1886(d)(5)(B) or section 1886(h) or the ap-
9 plication of the limitation on the number of residents
10 under section 1886(h)(4)(F).

11 “(h) REQUIREMENTS FOR ENTITIES RECEIVING
12 MEDICARE GRADUATE MEDICAL EDUCATION PAY-
13 MENTS.—In the case where a primary care residency pro-
14 gram, including a rural training track program, funded
15 by a hospital through payments under subsections
16 (d)(5)(B) and (h) of section 1886 becomes a primary care
17 teaching center under this section, the hospital shall en-
18 sure, during the 10-year period beginning on the date of
19 the transition, that the total number of full-time equiva-
20 lent residents of the hospital in primary care does not de-
21 crease. The transition described in the preceding sentence
22 shall begin on the date when the primary care teaching
23 center receives its first payment under this section.

24 “(i) PERFORMANCE ADJUSTMENTS.—

1 “(1) IN GENERAL.—Subject to the succeeding
2 provisions of this subsection, the Secretary shall es-
3 tablish and implement procedures under which the
4 amount of payments that a primary care teaching
5 center would otherwise receive under this section for
6 a year is adjusted based on the reporting of meas-
7 ures and the performance of the primary care teach-
8 ing center on measures of population health prior-
9 ities specified by the Secretary.

10 “(2) ADJUSTMENTS TO BEGIN IN 2021.—The
11 adjustments shall apply to payments—

12 “(A) with respect to the adjustments for
13 reporting under paragraph (7)(A), made for
14 2021; and

15 “(B) with respect to the adjustments for
16 performance under paragraph (7)(B), made for
17 2022 and subsequent years.

18 “(3) MEASURES.—The measures of population
19 health priorities specified by the Secretary under
20 this subsection shall be the measures specified by
21 the Secretary under section 1886(t).

22 “(4) PERFORMANCE STANDARDS.—The Sec-
23 retary shall establish performance standards with re-
24 spect to measures specified by the Secretary under

1 this subsection for a performance period for a year
2 (as established under paragraph (5)).

3 “(5) PERFORMANCE PERIOD.—The Secretary
4 shall establish the performance period for a year.
5 Such performance period shall begin and end prior
6 to the beginning of such year.

7 “(6) REPORTING OF MEASURES.—The proce-
8 dures established and implemented under paragraph
9 (1) shall include a process under which primary care
10 teaching centers shall submit data on the measures
11 specified by the Secretary under this subsection to
12 the Secretary in a form and manner, and at a time,
13 specified by the Secretary for purposes of this sub-
14 section.

15 “(7) ADJUSTMENTS.—

16 “(A) REPORTING FOR 2021.—For 2021, in
17 the case of a primary care teaching center that
18 does not submit, to the Secretary in accordance
19 with this subsection, data required to be sub-
20 mitted under paragraph (6) for a period (deter-
21 mined appropriate by the Secretary) for such
22 year, the total amount that the primary care
23 teaching center would otherwise receive under
24 this section for such year shall be reduced by 1
25 percent.

1 “(B) PERFORMANCE FOR 2022 AND SUBSE-
2 QUENT YEARS.—

3 “(i) IN GENERAL.—Subject to clause
4 (ii), based on the performance of each pri-
5 mary care teaching center with respect to
6 compliance with the measures for a per-
7 formance period for a year (beginning with
8 2022), the Secretary shall determine the
9 amount of any adjustment under this sub-
10 paragraph to payments to the primary care
11 teaching center under this section for such
12 year. Such adjustment may not exceed an
13 amount equal to 1 percent of the total
14 amount that the primary care teaching
15 center would otherwise receive under this
16 section for such year.

17 “(ii) BUDGET NEUTRAL.—In making
18 adjustments under this subparagraph, the
19 Secretary shall ensure that the total
20 amount of payments made to all primary
21 care teaching centers under this section for
22 a year is equal to the total amount of pay-
23 ments that would have been made to such
24 centers under this section for such year if
25 this subsection had not been enacted.

1 “(8) NO EFFECT IN SUBSEQUENT YEARS.—Any
2 adjustment under subparagraph (A) or (B) of para-
3 graph (7) shall apply only with respect to the year
4 involved, and the Secretary shall not take into ac-
5 count any such adjustment in making payments to
6 a primary care teaching center under this section in
7 a subsequent year.

8 “(j) EVALUATION AND REPORT.—Not later than
9 January 1, 2021, and every five years thereafter, the Sec-
10 retary shall submit to Congress a report on the implemen-
11 tation of the program under this section, including—

12 “(1) the measure development procedures under
13 subsection (i), including any barriers to measure de-
14 velopment;

15 “(2) the compliance with reporting on the per-
16 formance measures under that subsection, including
17 any barriers to such compliance; and

18 “(3) recommendations to address any barriers
19 described in subparagraph (A) or (B).

20 “(k) FUNDING.—For purposes of carrying out this
21 section, the Secretary shall provide for the transfer, from
22 the Federal Hospital Insurance Trust Fund under section
23 1817 and the Federal Supplementary Medical Insurance
24 Trust Fund under section 1841 (in such proportion as the
25 Secretary determines appropriate), of such sums as are

1 necessary to the Centers for Medicare & Medicaid Services
 2 Program Management Account for fiscal year 2019 and
 3 each succeeding fiscal year. Amounts transferred under
 4 the preceding sentence shall remain available until ex-
 5 pended.”.

6 **SEC. 4. MEDICARE INDIRECT MEDICAL EDUCATION PER-**
 7 **FORMANCE ADJUSTMENT.**

8 Section 1886 of the Social Security Act (42 U.S.C.
 9 1395ww) is amended—

10 (1) in subsection (d)(5)(B), in the matter pre-
 11 ceding clause (i), by inserting “subject to subsection
 12 (t) and” before “except as follows”; and

13 (2) by adding at the end the following new sub-
 14 section:

15 “(t) INDIRECT MEDICAL EDUCATION PERFORMANCE
 16 ADJUSTMENTS.—

17 “(1) IN GENERAL.—Subject to the succeeding
 18 provisions of this subsection, the Secretary shall es-
 19 tablish and implement procedures under which the
 20 amount of payments that a hospital (as defined in
 21 paragraph (11)) would otherwise receive for indirect
 22 medical education costs under subsection (d)(5)(B)
 23 for discharges occurring during a fiscal year is ad-
 24 justed based on the reporting of measures and the

1 performance of the hospital on measures of popu-
2 lation health priorities specified by the Secretary.

3 “(2) ADJUSTMENTS TO BEGIN IN FISCAL YEAR
4 2018.—The adjustments shall apply to payments for
5 discharges occurring—

6 “(A) with respect to the adjustments for
7 reporting under paragraph (8)(A), during fiscal
8 year 2018; and

9 “(B) with respect to the adjustments for
10 performance under paragraph (8)(B), on or
11 after October 1, 2018.

12 “(3) MEASURES.—The measures of population
13 health priorities specified by the Secretary under
14 this subsection shall include measures relating to—

15 “(A) the extent of training provided in—

16 “(i) shortage specialties;

17 “(ii) a variety of settings and systems;

18 “(iii) the coordination of patient care
19 across settings;

20 “(iv) interprofessional and multidisci-
21 plinary care teams;

22 “(v) methods for identifying system
23 errors and implementing system solutions;
24 and

1 “(vi) the use of health information
2 technology; and

3 “(B) the number of graduates practicing in
4 shortage specialties 5 years after graduation,
5 including in shortage specialties in health pro-
6 fessional shortage areas.

7 “(4) MEASURE DEVELOPMENT PROCESS.—

8 “(A) IN GENERAL.—The measures of pa-
9 tient care specified by the Secretary under this
10 subsection—

11 “(i) shall—

12 “(I) be measures that have been
13 adopted or endorsed by an accrediting
14 organization (such as the Accredita-
15 tion Council for Graduate Medical
16 Education or American Osteopathic
17 Association); and

18 “(II) be measures that the Sec-
19 retary identifies as having used a con-
20 sensus-based process for developing
21 such measures; and

22 “(ii) may include measures that have
23 been submitted by teaching hospitals and
24 medical schools (allopathic and osteo-
25 pathic).

1 “(B) PROPOSED SET OF INITIAL MEAS-
2 URES.—Not later than July 1, 2015, the Sec-
3 retary shall publish in the Federal Register a
4 proposed initial set of measures for use under
5 this subsection. The Secretary shall provide for
6 a period of public comment on such measures.

7 “(C) FINAL SET OF INITIAL MEASURES.—
8 Not later than January 1, 2016, the Secretary
9 shall publish in the Federal Register the set of
10 initial measures to be specified by the Secretary
11 for use under this subsection.

12 “(D) UPDATE OF MEASURES.—The Sec-
13 retary may, through notice and comment rule-
14 making, periodically update the measures speci-
15 fied under this subsection pursuant to the re-
16 quirements under subparagraph (A).

17 “(5) PERFORMANCE STANDARDS.—The Sec-
18 retary shall establish performance standards with re-
19 spect to measures specified by the Secretary under
20 this subsection for a performance period for a fiscal
21 year (as established under paragraph (6)).

22 “(6) PERFORMANCE PERIOD.—The Secretary
23 shall establish the performance period for a fiscal
24 year. Such performance period shall begin and end
25 prior to the beginning of such fiscal year.

1 “(7) REPORTING OF MEASURES.—The proce-
2 dures established and implemented under paragraph
3 (1) shall include a process under which hospitals
4 shall submit data on the measures specified by the
5 Secretary under this subsection to the Secretary in
6 a form and manner, and at a time, specified by the
7 Secretary for purposes of this subsection.

8 “(8) ADJUSTMENTS.—

9 “(A) REPORTING FOR FISCAL YEAR 2018.—

10 For fiscal year 2018, in the case of a hospital
11 that does not submit, to the Secretary in ac-
12 cordance with this subsection, data required to
13 be submitted under paragraph (7) for a period
14 (determined appropriate by the Secretary) for
15 such fiscal year, the total amount that the hos-
16 pital would otherwise receive under subsection
17 (d)(5)(B) for discharges in such fiscal year
18 shall be reduced by 1 percent.

19 “(B) PERFORMANCE FOR FISCAL YEAR
20 2019 AND SUBSEQUENT FISCAL YEARS.—

21 “(i) IN GENERAL.—Subject to clause
22 (ii), based on the performance of each hos-
23 pital with respect to compliance with the
24 measures for a performance period for a
25 fiscal year (beginning with fiscal year

1 2019), the Secretary shall determine the
2 amount of any adjustment under this sub-
3 paragraph to payments to the hospital
4 under subsection (d)(5)(B) for discharges
5 in such fiscal year. Such adjustment may
6 not exceed an amount equal to 2 percent
7 of the total amount that the hospital would
8 otherwise receive under such subsection for
9 discharges in such fiscal year.

10 “(ii) BUDGET NEUTRAL.—In making
11 adjustments under this subparagraph, the
12 Secretary shall ensure that the total
13 amount of payments made to all hospitals
14 under subsection (d)(5)(B) for discharges
15 in a fiscal year is equal to the total amount
16 of payments that would have been made to
17 such hospitals under such subsection for
18 discharges in such fiscal year if this sub-
19 section had not been enacted.

20 “(9) NO EFFECT IN SUBSEQUENT FISCAL
21 YEARS.—Any adjustment under subparagraph (A)
22 or (B) of paragraph (8) shall apply only with respect
23 to the fiscal year involved, and the Secretary shall
24 not take into account any such adjustment in mak-

1 ing payments to a hospital under this section in a
 2 subsequent fiscal year.

3 “(10) EVALUATION OF SUBMISSION OF PER-
 4 FORMANCE MEASURES.—Not later than January 1,
 5 2018, and every five years thereafter, the Secretary
 6 shall submit to Congress a report on the implemen-
 7 tation of this subsection, including—

8 “(A) the measure development procedures,
 9 including any barriers to measure development;

10 “(B) the compliance with reporting on the
 11 performance measures, including any barriers
 12 to such compliance; and

13 “(C) recommendations to address any bar-
 14 riers described in subparagraph (A) or (B).

15 “(11) DEFINITIONS.—In this subsection:

16 “(A) HOSPITAL.—The term ‘hospital’
 17 means a hospital that receives payments under
 18 subsection (d)(5)(B).

19 “(B) SHORTAGE SPECIALTY.—The term
 20 ‘shortage specialty’ means the following special-
 21 ties and subspecialties:

22 “(i) Family medicine.

23 “(ii) Geriatric medicine.

24 “(iii) General internal medicine.

25 “(iv) General surgery.

1 “(v) High priority pediatric sub-
2 specialties.

3 “(vi) Psychiatry.

4 “(vii) Other specialties and subspecial-
5 ties determined appropriate by the Sec-
6 retary.”.

7 **SEC. 5. INCREASING MEDICARE GRADUATE MEDICAL EDU-**
8 **CATION TRANSPARENCY.**

9 (a) IN GENERAL.—Not later than 2 years after the
10 date of the enactment of this Act, and annually thereafter,
11 the Secretary of Health and Human Services shall submit
12 to Congress and the National Health Care Workforce
13 Commission a report on the graduate medical education
14 payments that hospitals and primary health training pro-
15 grams receive under the Medicare program.

16 (b) REQUIREMENTS.—The report under subsection
17 (a) shall include the following information with respect to
18 each hospital or primary health training program that re-
19 ceives such payments:

20 (1) The direct graduate medical education pay-
21 ments made to the hospital under section 1886(h) of
22 the Social Security Act (42 U.S.C. 1395ww(h)).

23 (2) The total costs of direct graduate medical
24 education to the hospital as reported on the annual
25 Medicare Cost Reports.

1 (3) The indirect medical education payments
2 made to the hospital under section 1886(d)(5)(B) of
3 such Act (42 U.S.C. 1395ww(d)(1)(B)).

4 (4) The number of full-time-equivalent residents
5 counted for purposes of making the payments de-
6 scribed in paragraph (1).

7 (5) The number of full-time-equivalent residents
8 counted for purposes of making the payments de-
9 scribed in paragraph (3).

10 (6) The number of full-time-equivalent resi-
11 dents, if any, that are not counted for purposes of
12 making payments described in paragraph (1).

13 (7) The number of full-time-equivalent resi-
14 dents, if any, that are not counted for purposes of
15 making payments described in paragraph (3).

16 (8) The payments made to primary care teach-
17 ing centers under section 1899B of the Social Secu-
18 rity Act, as added by section 3.

19 (9) The number of full-time-equivalent residents
20 counted for purposes of making the payments de-
21 scribed in paragraph (8).

22 (10) The percentage of all graduates of a pro-
23 gram for which payments described in paragraph (1)
24 or (3) were made to the hospital that are practicing
25 primary care 5 years after graduation.

1 (11) The percentage of all graduates of a pro-
2 gram for which payments described in paragraph (1)
3 or (3) were made to the hospital that are practicing
4 primary care in health professional shortage areas 5
5 years after graduation.

6 (12) The percentage of all graduates of a pri-
7 mary care teaching center for which payments de-
8 scribed in paragraph (8) were made to the primary
9 care teaching center that are practicing primary care
10 5 years after graduation.

11 (13) The percentage of all graduates of a pri-
12 mary care teaching center for which payments de-
13 scribed in paragraph (8) were made to the primary
14 care teaching center that are practicing primary care
15 in health professional shortage areas 5 years after
16 graduation.

17 (14) Other information determined appropriate
18 by the Secretary.

19 **SEC. 6. REAUTHORIZATION OF THE HEALTH CARE WORK-**
20 **FORCE COMMISSION.**

21 Section 5101(h)(2) of the Patient Protection and Af-
22 fordable Care Act (42 U.S.C. 294q(h)(2)) is amended to
23 read as follows:

24 “(2) AUTHORIZATION OF APPROPRIATIONS.—

25 To carry out this section, there are authorized to be

1 appropriated \$14,000,000 for the period of fiscal
2 years 2015 through 2019, and such sums as may be
3 necessary for each subsequent fiscal year.”.

4 **SEC. 7. REDUCTION IN MEDICARE INDIRECT GRADUATE**
5 **MEDICAL EDUCATION (IME) PAYMENTS.**

6 (a) IN GENERAL.—Section 1886(d)(5)(B)(ii) of the
7 Social Security Act (42 U.S.C. 1395ww(d)(5)(B)(ii)) is
8 amended—

9 (1) in subclause (XI), by striking “and” at the
10 end;

11 (2) in subclause (XII)—

12 (A) by inserting “and before October 1,
13 2016,” after “2007,”; and

14 (B) by striking the period at the end and
15 inserting “; and”; and

16 (3) by adding at the end the following new sub-
17 clause:

18 “(XIII) on or after October 1, 2016, ‘c’ is
19 equal to 1.32.”.

20 (b) CONFORMING AMENDMENT RELATING TO DE-
21 TERMINATION OF STANDARDIZED AMOUNT.—Section
22 1886(d)(2)(C)(i) of the Social Security Act (42 U.S.C.
23 1395ww(d)(2)(C)(i)) is amended by inserting “or of sec-

1 tion 7(a) of the Community-Based Medical Education Act
2 of 2014” after “Act of 1997”.

○