

106TH CONGRESS  
1ST SESSION

# H. R. 1645

To amend title XVIII of the Social Security Act to provide for full payment rates under Medicare to hospitals for costs of direct graduate medical education of residents for residency training programs in specialties or subspecialties which the Secretary of Health and Human Services designates as critical need specialty or subspecialty training programs.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 29, 1999

Mr. STARK (for himself, Mr. McDERMOTT, Mr. LEWIS of Georgia, Mrs. THURMAN, Ms. KAPTUR, Ms. JACKSON-LEE of Texas, Mr. FILNER, Mr. CUMMINGS, Ms. BROWN of Florida, Mr. FROST, and Mr. HILLIARD) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on 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

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## A BILL

To amend title XVIII of the Social Security Act to provide for full payment rates under Medicare to hospitals for costs of direct graduate medical education of residents for residency training programs in specialties or subspecialties which the Secretary of Health and Human Services designates as critical need specialty or subspecialty training programs.

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

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Medicare Critical Need  
3 GME Protection Act of 1999”.

4 **SEC. 2. FULL FTE PAYMENT FOR RESIDENTS IN CRITICAL**  
5 **NEED SPECIALTY OR SUBSPECIALTY TRAIN-**  
6 **ING PROGRAMS.**

7       (a) TREATMENT AS INITIAL RESIDENCY PERIOD.—

8           (1) IN GENERAL.—Section 1886(h)(5)(F) of  
9 the Social Security Act (42 U.S.C.  
10 1395ww(h)(5)(F)) is amended—

11           (A) in clause (i)—

12                   (i) by striking “clause (ii)” and in-  
13 serting “clause (ii) or (iii)”; and

14                   (ii) by striking “and” at the end;

15           (B) in clause (ii), by striking the period at  
16 the end and inserting “, and”; and

17           (C) by inserting after clause (ii), the fol-  
18 lowing new clause:

19                   “(iii) subject to the requirement for  
20 budget neutrality under paragraph (7), a  
21 period of years, determined by the Sec-  
22 retary under subparagraph (K)(iv), during  
23 which an individual is in a residency train-  
24 ing program designated by the Secretary  
25 as a critical need specialty or subspecialty,  
26 as defined in subparagraph (K), shall be

1 treated as part of the initial residency pe-  
 2 riod, but shall not be counted against any  
 3 limitation on the initial residency period.”.

4 (2) DETERMINATION OF CRITICAL NEED SPE-  
 5 CIALTY OR SUBSPECIALTY.—Section 1886(h)(5) of  
 6 such Act (42 U.S.C. 1395ww(h)(5)) is amended by  
 7 adding at the end the following new subparagraph:

8 “(K) CRITICAL NEED SPECIALITY.—

9 “(i) DEFINITION.—The term ‘critical  
 10 need specialty or subspecialty’ means a  
 11 specialty or subspecialty designated by the  
 12 Secretary under this subparagraph with a  
 13 current or imminent critical shortage of  
 14 physicians.

15 “(ii) CRITERIA.—For purposes of des-  
 16 ignating a critical need specialty or sub-  
 17 specialty under this subparagraph, the Sec-  
 18 retary shall prescribe criteria for deter-  
 19 mining critical shortages of physicians or  
 20 residents in approved medical residency  
 21 training programs. The Secretary shall  
 22 publish in the Federal Register the criteria  
 23 established under this clause and the form  
 24 and manner by which data is submitted for

the Secretary’s review under this subparagraph.

“(iii) PERIOD OF DESIGNATION.—

“(I) IN GENERAL.—A designation of a critical need specialty or subspecialty under this subparagraph shall apply until the Secretary determines the specialty or subspecialty does not meet the criteria for designation as a critical need specialty or subspecialty.

“(II) REPORT.—In the event the Secretary determines that a specialty or subspecialty no longer meets the criteria for being a critical need specialty or subspecialty, the Secretary shall submit a report to Congress describing the reasons for discontinuing the designation.”.

(b) MAINTAINING BUDGET NEUTRALITY.—Section

1886(h) of such Act (42 U.S.C. 1395ww(h)) is amended

by adding at the end the following new paragraph:

“(7) BUDGET NEUTRALITY ADJUSTMENT FOR CRITICAL NEED SPECIALTY OR SUBSPECIALTY DESIGNATION.—If the Secretary designates a critical need specialty

1 or subspecialty for a fiscal year, the Secretary shall make  
2 a proportional adjustment to payment amounts under this  
3 subsection for such fiscal year so that the aggregate of  
4 the payments under this subsection for such fiscal year  
5 shall equal the aggregate payments that would have been  
6 made under this subsection for such fiscal year if the Sec-  
7 retary had not designated a critical need specialty or sub-  
8 specialty.”.

9 (c) EFFECTIVE DATE.—The amendments made by  
10 this Act shall apply with respect to payments under sec-  
11 tion 1886(h) of the Social Security Act (42 U.S.C.  
12 1395ww(h)) made for residents in, or beginning training  
13 in, a critical need specialty or subspecialty on or after July  
14 1, 2000.

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