

106TH CONGRESS
1ST SESSION

S. 1628

To amend title XVIII of the Social Security Act to increase the number of physicians that complete a fellowship in geriatric medicine and geriatric psychiatry, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 23 (legislative day, SEPTEMBER 22), 1999

Mr. REID (for himself, Mr. GRASSLEY, Mr. HARKIN, and Mr. CLELAND) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend title XVIII of the Social Security Act to increase the number of physicians that complete a fellowship in geriatric medicine and geriatric psychiatry, 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 “Medicare Physician
5 Workforce Improvement Act of 1999”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) The Institute of Medicine, the Alliance for
 2 Aging Research, the National Institute on Aging,
 3 and the Council on Graduate Medical Education
 4 have reported that there is a critical shortage of cer-
 5 tified geriatricians.

6 (2) The average total educational debt that a
 7 physician who completes required training including
 8 a fellowship in geriatric medicine or geriatric psychi-
 9 atry in order to become a certified geriatrician ex-
 10 ceeds \$75,000, and the current reimbursement pol-
 11 icy for these physicians creates significant financial
 12 disincentives to entering the practice of geriatric
 13 medicine and geriatric psychiatry.

14 (3) It is essential that physicians that provide
 15 clinical services to elderly individuals be trained in
 16 the range of settings in which medical care is deliv-
 17 ered in order to provide those services appropriately.

18 **SEC. 3. GRADUATE MEDICAL EDUCATION FUNDING.**

19 (a) IN GENERAL.—Section 1886(h)(4) of the Social
 20 Security Act (42 U.S.C. 1395ww(h)(4)) is amended by
 21 adding at the end the following:

22 “(I) GERIATRIC PROGRAMS.—

23 “(i) IN GENERAL.—The rules estab-
 24 lished under this paragraph shall specify
 25 that a resident that is enrolled in a fellow-

ship in geriatric medicine or geriatric psychiatry within an approved medical residency training program shall be, for the computation of the number of full-time-equivalent residents in an approved medical residency training program, counted 2 times for the period such resident is enrolled in such fellowship.

“(ii) LIMITATION.—The number of residents that are counted 2 times for the computation of the number of full-time-equivalent residents in an approved medical residency training program under clause (i) shall not exceed 400 in any calendar year.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to cost reporting periods beginning on or after the date of enactment of this Act.

**SEC. 4. DEMONSTRATION PROJECTS TO INCREASE THE
NUMBER OF GERIATRICIANS.**

(a) DEFINITIONS.—In this section:

(1) GERIATRIC TRAINING CONSORTIUM.—The term “geriatric training consortium” means a State, regional, or local entity that—

1 (A) is developed and supported by an ac-
 2 credited geriatric training program;

3 (B) consists of—

4 (i) a teaching hospital;

5 (ii) a skilled nursing facility; and

6 (iii) an ambulatory care or commu-
 7 nity-based facility, such as a community
 8 clinic, a day treatment program, a hospice
 9 program, a managed care organization, or
 10 a rehabilitation facility; and

11 (C) is organized for—

12 (i) the training of residents enrolled in
 13 formal postgraduate training programs in
 14 geriatric medicine or geriatric psychiatry;
 15 and

16 (ii) the provision of appropriate train-
 17 ing experiences in the care of elderly indi-
 18 viduals to residents in primary care dis-
 19 ciplines and other health professionals.

20 (2) PRIMARY CARE.—The term “primary care”
 21 means family medicine, general internal medicine,
 22 general pediatrics, preventive medicine, geriatric
 23 medicine, and osteopathic general practice.

24 (3) RESIDENT.—The term “resident” has the
 25 meaning given such term in section 1886(h)(5)(I) of

1 the Social Security Act (42 U.S.C.
2 1395ww(h)(5)(I)).

3 (4) SECRETARY.—The term “Secretary” means
4 the Secretary of Health and Human Services.

5 (b) DEMONSTRATION PROJECTS.—

6 (1) AUTHORITY.—The Secretary, through geri-
7 atric training consortia, shall establish and conduct
8 5 demonstration projects to increase the number of
9 certified geriatricians that are appropriately trained
10 to provide items and services to beneficiaries under
11 title XVIII of the Social Security Act (42 U.S.C.
12 1395 et seq.) in a range of patient settings. In con-
13 ducting demonstration projects under this section,
14 the Secretary shall make payments for the indirect
15 costs of medical education and the direct graduate
16 medical education costs relating to the training of
17 residents to the geriatric training consortia carrying
18 out the projects.

19 (2) APPLICATION.—Any geriatric training con-
20 sortium seeking to conduct a demonstration project
21 under this section shall submit to the Secretary an
22 application at such time, in such form and manner,
23 and containing such information as the Secretary
24 may require.

1 (c) WAIVER AUTHORITY.—The Secretary may waive
 2 compliance with any requirement of titles XI, XVIII, and
 3 XIX of the Social Security Act (42 U.S.C. 1301 et seq.,
 4 1395 et seq., 1396 et seq.) which, if applied, would prevent
 5 a demonstration project carried out under this section
 6 from effectively achieving the purpose of the project.

7 (d) ANNUAL REPORT TO CONGRESS.—

8 (1) IN GENERAL.—Beginning 1 year after the
 9 date of enactment of this Act, and annually there-
 10 after, the Secretary shall submit to Congress a re-
 11 port that evaluates the effectiveness of the dem-
 12 onstration projects conducted under this section and
 13 that contains any legislative recommendations deter-
 14 mined appropriate by the Secretary.

15 (2) CONTINUATION OR REPLICATION OF DEM-
 16 ONSTRATION PROJECTS.—Beginning 3 years after
 17 the date of enactment of this Act, the report re-
 18 quired under paragraph (1) shall include rec-
 19 ommendations regarding whether the demonstration
 20 projects conducted under this section should be con-
 21 tinued and whether broad replication of the project
 22 should be initiated.

23 (e) DURATION.—A demonstration project under this
 24 section shall be conducted for a period of not more than
 25 5 years. The Secretary may terminate a project if the Sec-

1 retary determines that the consortium conducting the
 2 project is not in substantial compliance with the terms of
 3 the application approved by the Secretary.

4 (f) FUNDING.—

5 (1) IN GENERAL.—The Secretary shall provide
 6 for the transfer from the Federal Hospital Insurance
 7 Trust Fund and the Federal Supplementary Insur-
 8 ance Trust Fund under sections 1817 and 1841 of
 9 title XVIII of the Social Security Act (42 U.S.C.
 10 1395i, 1395t), in such proportions as the Secretary
 11 determines to be appropriate, of such funds as are
 12 necessary for the costs of carrying out the dem-
 13 onstration projects under this section.

14 (2) LIMITATION.—

15 (A) IN GENERAL.—With respect to any
 16 year that a demonstration project is conducted
 17 under this section, the total amount paid to
 18 such a demonstration project shall not exceed
 19 the lessor of—

20 (i) an amount described in subpara-
 21 graph (B); or

22 (ii) \$1,000,000.

23 (B) AMOUNT DESCRIBED.—An amount de-
 24 scribed in this subparagraph is an amount
 25 equal to the number of geriatric fellows enrolled

1 in a geriatric training consortium for that year
2 multiplied by the amount that the hospital that
3 is part of that geriatric training consortium
4 conducting the demonstration project received
5 under the medicare program under title XVIII
6 of the Social Security Act (42 U.S.C. 1395 et
7 seq.) for the indirect costs of medical education
8 and for direct graduate medical education costs
9 for each full-time-equivalent resident during the
10 hospital's most recent cost reporting period, de-
11 termined without regard to section
12 1886(h)(4)(I) of that Act (42 U.S.C.
13 1395ww(h)(4)(I)) (as added by section 3), and
14 determined as of the date the Secretary appro-
15 priates the funds for the demonstration project
16 for that year.

○