

112TH CONGRESS
2D SESSION

H. R. 6352

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

AUGUST 2, 2012

Mr. SCHOCK (for himself and Ms. SCHWARTZ) 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 and Graduate Medical Education Ac-
6 countability and Transparency Act”.

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 2013 through 2017 (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 2013 through 2017.

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 2017.—If the aggregate number
20 of positions distributed under this
21 paragraph during the 5-year period of
22 fiscal years 2013 through 2017 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-

crease in the otherwise applicable resident limit under subparagraph (A) (other than such an increase described in subparagraph (B)), the following shall apply:

“(i) CONSIDERATIONS IN DISTRIBUTION.—In determining for which hospitals such an increase is provided under subparagraph (A), the Secretary shall take into account the demonstrated likelihood of the hospital filling the positions made available under this paragraph within the first 5 cost reporting periods beginning after the date the increase would be effective, as determined by the Secretary.

“(ii) PRIORITY FOR CERTAIN HOSPITALS.—Subject to clause (iii), in determining for which hospitals such an increase is provided, the Secretary shall distribute the increase in the following priority order:

“(I) First, to hospitals in States with (aa) new medical schools that received ‘Candidate School’ status from the Liaison Committee on Medical Education or that received ‘Pre-Ac-

1 creditation’ status from the American
2 Osteopathic Association Commission
3 on Osteopathic College Accreditation
4 on or after January 1, 2000, and that
5 have achieved or continue to progress
6 toward ‘Full Accreditation’ status (as
7 such term is defined by the Liaison
8 Committee on Medical Education) or
9 toward ‘Accreditation’ status (as such
10 term is defined by the American Os-
11 teopathic Association Commission on
12 Osteopathic College Accreditation), or
13 (bb) additional locations and branch
14 campuses established on or after Jan-
15 uary 1, 2000, by medical schools with
16 ‘Full Accreditation’ status (as such
17 term is defined by the Liaison Com-
18 mittee on Medical Education) or ‘Ac-
19 creditation’ status (as such term is
20 defined by the American Osteopathic
21 Association Commission on Osteo-
22 pathic College Accreditation).

23 “(II) Second, to hospitals that
24 emphasize training in community
25 health center or community-based set-

1 tings or in hospital outpatient depart-
2 ments.

3 “(III) Third, to hospitals that
4 are eligible for incentive payments
5 under section 1886(n) or 1903(t) as
6 of the date the hospital submits an
7 application for such increase under
8 subparagraph (A).

9 “(IV) Fourth, to all other hos-
10 pitals.

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

22 “(iv) REQUIREMENTS FOR USE OF AD-
23 DITIONAL POSITIONS.—

24 “(I) IN GENERAL.—Subject to
25 subclause (II), a hospital that receives

1 such an increase shall ensure, during
2 the 5-year period beginning on the ef-
3 fective date of such increase, that—

4 “(aa) not less than 50 per-
5 cent of the positions attributable
6 to such increase that are used in
7 a given year during such 5-year
8 period are used to train full-time
9 equivalent residents in a shortage
10 specialty residency program (as
11 defined in subparagraph (G)(v)),
12 as determined by the Secretary
13 at the end of such 5-year period;

14 “(bb) the total number of
15 full-time equivalent residents, ex-
16 cluding any additional positions
17 attributable to such increase, is
18 not less than the average number
19 of full-time equivalent residents
20 during the 3 most recent cost re-
21 porting periods ending on or be-
22 fore the effective date of such in-
23 crease; and

24 “(cc) the ratio of full-time
25 equivalent residents in a shortage

1 specialty residency program (as
2 so defined) is not less than the
3 average ratio of full-time equiva-
4 lent residents in such a program
5 during the 3 most recent cost re-
6 porting periods ending on or be-
7 fore the effective date of such in-
8 crease.

9 “(II) REDISTRIBUTION OF POSI-
10 TIONS IF HOSPITAL NO LONGER
11 MEETS CERTAIN REQUIREMENTS.—

12 With respect to each fiscal year de-
13 scribed in subparagraph (A), the Sec-
14 retary shall determine whether or not
15 a hospital described in subclause (I)
16 meets the requirements of such sub-
17 clause. In the case that the Secretary
18 determines that such a hospital does
19 not meet such requirements, the Sec-
20 retary shall—

21 “(aa) reduce the otherwise
22 applicable resident limit of the
23 hospital by the amount by which
24 such limit was increased under
25 this paragraph; and

1 “(bb) provide for the dis-
2 tribution of positions attributable
3 to such reduction in accordance
4 with the requirements of this
5 paragraph.

6 “(D) LIMITATION.—A hospital may not re-
7 ceive more than 75 full-time equivalent addi-
8 tional residency positions under this paragraph
9 for any fiscal year.

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

19 “(F) PERMITTING FACILITIES TO APPLY
20 AGGREGATION RULES.—The Secretary shall
21 permit hospitals receiving additional residency
22 positions attributable to the increase provided
23 under this paragraph to, beginning in the fifth
24 year after the effective date of such increase,
25 apply such positions to the limitation amount

1 under paragraph (4)(F) that may be aggre-
2 gated pursuant to paragraph (4)(H) among
3 members of the same affiliated group.

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

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

14 “(ii) PRIMARY CARE.—The term ‘pri-
15 mary care’ means family medicine, general
16 internal medicine, general pediatrics, pre-
17 ventive medicine, obstetrics and gynecology,
18 general surgery, and psychiatry.

19 “(iii) REFERENCE RESIDENT
20 LEVEL.—Except as otherwise provided in
21 subclause (II), the term ‘reference resident
22 level’ means, with respect to a hospital, the
23 resident level for the most recent cost re-
24 porting period of the hospital ending on or
25 before the date of enactment of this para-

1 graph, for which a cost report has been
2 settled (or, if not, submitted (subject to
3 audit)), as determined by the Secretary.

4 “(iv) RESIDENT LEVEL.—The term
5 ‘resident level’ has the meaning given such
6 term in paragraph (7)(C)(i).

7 “(v) SHORTAGE SPECIALTY RESI-
8 DENCY PROGRAM.—The term ‘shortage
9 specialty residency program’ means the fol-
10 lowing:

11 “(I) PRIOR TO REPORT ON
12 SHORTAGE SPECIALTIES.—Prior to
13 the date on which the report is sub-
14 mitted under section 5 of the Resident
15 Physician Shortage Reduction and
16 Graduate Medical Education Account-
17 ability and Transparency Act, any ap-
18 proved residency training program in
19 a specialty identified in the report en-
20 titled ‘The Physician Workforce: Pro-
21 jections and Research into Current
22 Issues Affecting Supply and Demand’,
23 issued in December 2008 by the
24 Health Resources and Services Ad-
25 ministration, as a specialty whose

1 baseline physician requirements pro-
2 jections exceed the projected supply of
3 total active physicians for the period
4 of 2005 through 2020.

5 “(II) AFTER REPORT ON SHORT-
6 AGE SPECIALITIES.—On or after the
7 date on which the report is submitted
8 under such section 5, any approved
9 residency training program in a physi-
10 cian specialty identified in such report
11 as a specialty for which there is a
12 shortage.”.

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

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

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

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

24 “(xii) For discharges occurring on or after July
25 1, 2013, insofar as an additional payment amount

1 under this subparagraph is attributable to resident
 2 positions distributed to a hospital under subsection
 3 (h)(9), the indirect teaching adjustment factor shall
 4 be computed in the same manner as provided under
 5 clause (ii) with respect to such resident positions.”.

6 **SEC. 3. 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 patient
2 care priorities specified by the Secretary.

3 “(2) ADJUSTMENTS TO BEGIN IN FISCAL YEAR
4 2017.—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 2017; and

9 “(B) with respect to the adjustments for
10 performance under paragraph (8)(B), on or
11 after October 1, 2017.

12 “(3) MEASURES.—The measures of patient care
13 priorities specified by the Secretary under this sub-
14 section shall include the extent of training provided
15 in—

16 “(A) the delivery of services categorized as
17 evaluation and management codes by the Cen-
18 ters for Medicare & Medicaid Services;

19 “(B) a variety of settings and systems;

20 “(C) the coordination of patient care
21 across settings;

22 “(D) the relevant cost and value of various
23 diagnostic and treatment options;

24 “(E) interprofessional and multidisci-
25 plinary care teams;

1 “(F) methods for identifying system errors
2 and implementing system solutions; and

3 “(G) the use of health information tech-
4 nology.

5 “(4) MEASURE DEVELOPMENT PROCESS.—

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

9 “(i) shall—

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

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

20 “(ii) may include measures that have
21 been submitted by teaching hospitals and
22 medical schools.

23 “(B) PROPOSED SET OF INITIAL MEAS-
24 URES.—Not later than July 1, 2014, the Sec-
25 retary shall publish in the Federal Register a

1 proposed initial set of measures for use under
2 this subsection. The Secretary shall provide for
3 a period of public comment on such measures.

4 “(C) FINAL SET OF INITIAL MEASURES.—
5 Not later than January 1, 2015, the Secretary
6 shall publish in the Federal Register the set of
7 initial measures to be specified by the Secretary
8 for use under this subsection.

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

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

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

23 “(7) REPORTING OF MEASURES.—The proce-
24 dures established and implemented under paragraph
25 (1) shall include a process under which hospitals

1 shall submit data on the measures specified by the
2 Secretary under this subsection to the Secretary in
3 a form and manner, and at a time, specified by the
4 Secretary for purposes of this subsection.

5 “(8) ADJUSTMENTS.—

6 “(A) REPORTING FOR FISCAL YEAR 2017.—

7 For fiscal year 2017, in the case of a hospital
8 that does not submit, to the Secretary in ac-
9 cordance with this subsection, data required to
10 be submitted under paragraph (7) for a period
11 (determined appropriate by the Secretary) for
12 such fiscal year, the total amount that the hos-
13 pital would otherwise receive under subsection
14 (d)(5)(B) for discharges in such fiscal year
15 shall be reduced by 0.5 percent.

16 “(B) PERFORMANCE FOR FISCAL YEAR

17 2018 AND SUBSEQUENT FISCAL YEARS.—

18 “(i) IN GENERAL.—Subject to clause

19 (ii), based on the performance of each hos-
20 pital with respect to compliance with the
21 measures for a performance period for a
22 fiscal year (beginning with fiscal year
23 2018), the Secretary shall determine the
24 amount of any adjustment under this sub-
25 paragraph to payments to the hospital

1 under subsection (d)(5)(B) for discharges
2 in such fiscal year. Such adjustment may
3 not exceed an amount equal to 2 percent
4 of the total amount that the hospital would
5 otherwise receive under such subsection for
6 discharges in such fiscal year.

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

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

24 “(10) EVALUATION OF SUBMISSION OF PER-
25 FORMANCE MEASURES.—Not later than January 1,

1 2017, the Secretary shall submit to Congress a re-
2 port on the implementation of this subsection, in-
3 cluding—

4 “(A) the measure development procedures,
5 including any barriers to measure development;

6 “(B) the compliance with reporting on the
7 performance measures, including any barriers
8 to such compliance; and

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

11 “(11) DEFINITION OF HOSPITAL.—In this sub-
12 section, the term ‘hospital’ means a hospital that re-
13 ceives payments under subsection (d)(5)(B).”.

14 **SEC. 4. INCREASING GRADUATE MEDICAL EDUCATION**
15 **TRANSPARENCY.**

16 (a) IN GENERAL.—Not later than 2 years after the
17 date of the enactment of this Act, and annually thereafter,
18 the Secretary of Health and Human Services shall submit
19 to Congress and the National Health Care Workforce
20 Commission a report on the graduate medical education
21 payments that hospitals receive under the Medicare pro-
22 gram. The report shall include the following information
23 with respect to each hospital that receives such payments:

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

4 (2) The total costs of direct graduate medical
5 education to the hospital as reported on the annual
6 Medicare Cost Reports.

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

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

13 (5) The number of full-time-equivalent residents
14 counted for purposes of making the payments de-
15 scribed in paragraph (3).

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

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

22 (8) The factors contributing to the higher costs
23 of patient care provided by the hospital, including—

24 (A) the costs of trauma, burn, other stand-
25 by services;

- 1 (B) translation services for disabled or
2 non-English speaking patients;
3 (C) the cost of uncompensated care;
4 (D) financial losses with respect to Med-
5 icaid patients; and
6 (E) uncompensated costs of clinical re-
7 search.

8 **SEC. 5. GAO STUDY AND REPORT ON PHYSICIAN WORK-**
9 **FORCE.**

10 (a) STUDY.—The Comptroller General of the United
11 States shall conduct a study on the physician workforce.
12 Such study shall include the identification of physician
13 specialties for which there is a shortage, as defined by the
14 Comptroller General.

15 (b) REPORT.—Not later than January 1, 2014, the
16 Comptroller General shall submit to Congress a report on
17 the study conducted under subsection (a), together with
18 recommendations for such legislation and administrative
19 action as the Comptroller General determines appropriate.

20 **SEC. 6. STUDY AND REPORT ON STRATEGIES FOR INCREAS-**
21 **ING DIVERSITY.**

22 (a) STUDY.—The Comptroller General of the United
23 States shall conduct a study on strategies for increasing
24 the diversity of the health professional workforce. Such
25 study shall include an analysis of strategies for increasing

1 the number of health professionals from rural, lower in-
2 come, and under-represented minority communities, in-
3 cluding which strategies are most effective for achieving
4 such goal.

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

○