

114TH CONGRESS
2D SESSION

H. R. 5188

To amend title XVIII of the Social Security Act to promote physician training in newly recognized primary medical specialties, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 11, 2016

Mrs. LOVE 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 promote physician training in newly recognized primary medical specialties, 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 “Enhancing Opportuni-
5 ties for Medical Doctors Act of 2016”.

1 **SEC. 2. REDISTRIBUTING UNUSED RESIDENCY POSITIONS**
 2 **TO PROMOTE THE ESTABLISHMENT OF RESI-**
 3 **DENCY PROGRAMS FOR NEWLY RECOGNIZED**
 4 **PRIMARY MEDICAL SPECIALTIES.**

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

7 (1) in paragraph (4)(F)(i), by striking “(7) and
 8 (8)” and inserting “(7), (8), and (9)”;

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

11 (3) in paragraph (7)(E), by striking “para-
 12 graph (8)” and inserting “paragraphs (8) or (9)”
 13 before the period at the end; and

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

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

18 “(A) REDUCTIONS IN LIMIT BASED ON UN-
 19 USED POSITIONS.—

20 “(i) IN GENERAL.—If a hospital’s ref-
 21 erence resident level (as defined in sub-
 22 paragraph (G)(i)) is less than the other-
 23 wise applicable resident limit (as defined in
 24 subparagraph (G)(iii)), effective for por-
 25 tions of cost reporting periods occurring on
 26 or after July 1, 2017, the otherwise appli-

1 cable resident limit shall be reduced by 65
2 percent of the difference between such oth-
3 erwise applicable resident limit and such
4 reference resident level.

5 “(ii) EXCEPTION.—This subpara-
6 graph shall not apply to a hospital located
7 in a rural area (as defined in subsection
8 (d)(2)(D)(ii)) with fewer than 250 acute
9 care inpatient beds.

10 “(B) DISTRIBUTION.—

11 “(i) IN GENERAL.—The Secretary
12 shall, in accordance with the succeeding
13 provisions of this paragraph, increase the
14 otherwise applicable resident limit for each
15 qualifying hospital that submits an appli-
16 cation under this subparagraph by such
17 number as the Secretary may approve for
18 portions of cost reporting periods occurring
19 on or after July 1, 2017. The aggregate
20 number of increases in the otherwise appli-
21 cable resident limit under this subpara-
22 graph shall be equal to the aggregate re-
23 duction in such limits attributable to sub-
24 paragraph (A) (as estimated by the Sec-
25 retary).

1 “(ii) REQUIREMENTS.—Subject to
2 clause (iii), a hospital that receives an in-
3 crease in the otherwise applicable resident
4 limit under this subparagraph shall ensure,
5 during the 3-year period beginning on the
6 date of such increase, that the positions re-
7 sulting from the increase under this para-
8 graph will be filled. The Secretary may de-
9 termine whether a hospital has met the re-
10 quirements under this clause during such
11 3-year period in such manner and at such
12 time as the Secretary determines appro-
13 priate, including at the end of such 3-year
14 period.

15 “(iii) REDISTRIBUTION OF POSITIONS
16 IF HOSPITAL NO LONGER MEETS CERTAIN
17 REQUIREMENTS.—In the case where the
18 Secretary determines that a hospital de-
19 scribed in clause (ii) does not meet the re-
20 quirements of such clause, the Secretary
21 shall—

22 “(I) reduce the otherwise applica-
23 ble resident limit of the hospital by
24 the amount by which such limit was
25 increased under this paragraph; and

1 “(II) provide for the distribution
2 of positions attributable to such re-
3 duction in accordance with the re-
4 quirements of this paragraph.

5 “(C) CAPACITY CONSIDERATIONS IN RE-
6 DISTRIBUTION.—In determining for which hos-
7 pitals the increase in the otherwise applicable
8 resident limit is provided under subparagraph
9 (B), the Secretary shall take into account the
10 demonstration likelihood of the hospital filling
11 the positions made available under this para-
12 graph within the first 3 cost reporting periods
13 beginning on or after July 1, 2017, as deter-
14 mined by the Secretary.

15 “(D) PRIORITY IN REDISTRIBUTION.—
16 Subject to subparagraphs (C) and (E), the Sec-
17 retary shall determine which qualifying hos-
18 pitals receive increases under subparagraph (B)
19 in the otherwise applicable resident limits for
20 such hospitals in a manner that distributes the
21 positions made available to hospitals under this
22 paragraph in accordance with the following:

23 “(i) The Secretary shall make such
24 positions available to hospitals with appli-
25 cable residency training programs.

1 “(ii) In the case that the application
2 of clause (i) does not result in the distribu-
3 tion of all positions made available under
4 this paragraph, the Secretary shall make
5 any positions that remain undistributed
6 after the application of such clause avail-
7 able to hospitals that are located in—

8 “(I) a State with a resident-to-
9 population ratio in the lowest quartile
10 (as determined by the Secretary);

11 “(II) a State, a territory of the
12 United States, or the District of Co-
13 lumbia that is among the top 10
14 States, territories, or Districts in
15 terms of the ratio of the total popu-
16 lation of the State, territory, or Dis-
17 trict living in an area designated
18 (under such section 332(a)(1)(A)) as
19 a health professional shortage area
20 (as of the date of enactment of this
21 paragraph), to the total population of
22 the State, territory, or District (as de-
23 termined by the Secretary based on
24 the most recent available population

1 data published by the Bureau of the
2 Census); or

3 “(III) a rural area (as defined in
4 subsection (d)(2)(D)(ii)).

5 “(iii) In the case that the application
6 of clauses (i) and (ii) does not result in the
7 distribution of all positions made available
8 under this paragraph, the Secretary shall
9 make any positions that remain undistrib-
10 uted after the application of such clauses
11 available to hospitals that establish a med-
12 ical residency program that is sponsored
13 by, or affiliated with, a medical school that
14 was first accredited during the cost report-
15 ing period prior to the cost reporting pe-
16 riod with respect to which such application
17 applies.

18 “(E) LIMITATION.—A hospital may not re-
19 ceive more than 75 full-time equivalent addi-
20 tional residency positions under this paragraph.

21 “(F) APPLICATION OF PER RESIDENT
22 AMOUNTS FOR PRIMARY CARE AND NONPRI-
23 MARY CARE.—With respect to additional resi-
24 dency positions in a hospital attributable to the
25 increase provided under this paragraph, the ap-

proved FTE per resident amounts are deemed to be equal to the hospital per resident amounts for primary care and nonprimary care computed under paragraph (2)(D) for that hospital.

“(G) DEFINITIONS.—In this paragraph:

“(i) REFERENCE RESIDENT LEVEL.—

The term ‘reference resident level’ means, with respect to a hospital, the highest resident level for any of the 3 most recent cost reporting periods (ending before the date of the enactment of this paragraph) of the hospital for which a cost report has been settled (or, if not, submitted (subject to audit)), as determined by the Secretary.

“(ii) RESIDENT LEVEL.—The term

‘resident level’ has the meaning given such term in paragraph (7)(C)(i).

“(iii) OTHERWISE APPLICABLE RESI-

DENT LIMIT.—The term ‘otherwise applicable resident limit’ means, with respect to a hospital, the limit otherwise applicable under subparagraphs (F)(i) and (H) of paragraph (4) on the resident level for the hospital determined without regard to this

1 paragraph but taking into account para-
2 graph (7)(A).

3 “(iv) APPLICABLE RESIDENCY TRAIN-
4 ING PROGRAM.—

5 “(I) IN GENERAL.—The term
6 ‘applicable residency training pro-
7 gram’ means a medical residency
8 training program that is for the appli-
9 cable primary specialty that, as of the
10 date of the enactment of this para-
11 graph, is the applicable primary spe-
12 cialty that has most recently been des-
13 ignated as a primary specialty by the
14 American Board of Medical Special-
15 ties.

16 “(II) APPLICABLE PRIMARY SPE-
17 CIALTY.—The term ‘applicable pri-
18 mary specialty’ means a primary spe-
19 cialty a resident of which is not, as of
20 the date of the enactment of this
21 paragraph, counted as an FTE resi-
22 dent for purposes of this subsection.
23 For purposes of the preceding sen-
24 tence, the term ‘primary specialty’
25 does not include a subspecialty.

1 “(H) AFFILIATION.—The provisions of this
 2 paragraph shall be applied to hospitals which
 3 are members of the same affiliated group (as
 4 defined by the Secretary under paragraph
 5 (4)(H)(ii)) and the reference resident level for
 6 each such hospital shall be the reference resi-
 7 dent level with respect to the cost reporting pe-
 8 riod that results in the smallest difference be-
 9 tween the reference resident level and the other-
 10 wise applicable resident limit.”.

11 (b) IME.—

12 (1) IN GENERAL.—Section 1886(d)(5)(B)(v) of
 13 the Social Security Act (42 U.S.C.
 14 1395ww(d)(5)(B)(v)), in the second sentence, is
 15 amended by striking “subsections (h)(7) and (h)(8)”
 16 and inserting “subsections (h)(7), (h)(8), and
 17 (h)(9)”.

18 (2) CONFORMING AMENDMENT.—Section
 19 1886(d)(5)(B) of the Social Security Act (42 U.S.C.
 20 1395ww(d)(5)(B)) is amended by adding at the end
 21 the following clause:

22 “(xii) For discharges occurring on or
 23 after July 1, 2017, insofar as an additional
 24 payment amount under this subparagraph
 25 is attributable to resident positions distrib-

1 uted to a hospital under subsection
2 (h)(9)(B), the indirect teaching adjustment
3 factor shall be computed in the same man-
4 ner as provided under clause (ii) with re-
5 spect to such resident positions.”.

6 (c) CONFORMING AMENDMENT.—Section 422(b)(2)
7 of the Medicare Prescription Drug, Improvement, and
8 Modernization Act of 2003 (Public Law 108–173), as
9 amended by section 5503 of the Patient Protection and
10 Affordable Care Act (Public Law 111–148), is amended
11 by striking “paragraphs (7) and (8)” and inserting “para-
12 graphs (7), (8), and (9).”.

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