

115TH CONGRESS  
1ST SESSION

# H. R. 1167

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

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 16, 2017

Mrs. LOVE (for herself, Mr. RUSH, and Mrs. McMORRIS RODGERS) 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

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## 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 2017”.

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 “paragraph (8) or (9)” be-  
 13 fore 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, 2018, 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, 2018. 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, 2018, 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-

1 proved FTE per resident amounts are deemed  
2 to be equal to the hospital per resident amounts  
3 for primary care and nonprimary care com-  
4 puted under paragraph (2)(D) for that hospital.

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

6 “(i) REFERENCE RESIDENT LEVEL.—

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

15 “(ii) RESIDENT LEVEL.—The term  
16 ‘resident level’ has the meaning given such  
17 term in paragraph (7)(C)(i).

18 “(iii) OTHERWISE APPLICABLE RESI-  
19 DENT LIMIT.—The term ‘otherwise appli-  
20 cable resident limit’ means, with respect to  
21 a hospital, the limit otherwise applicable  
22 under subparagraphs (F)(i) and (H) of  
23 paragraph (4) on the resident level for the  
24 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, 2018, 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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