

116TH CONGRESS
2D SESSION

H. R. 8953

To amend the Public Health Service Act to authorize grants for graduate medical education partnerships in States with a low ratio of medical residents relative to the general population.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 14, 2020

Ms. CASTOR of Florida introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize grants for graduate medical education partnerships in States with a low ratio of medical residents relative to the general population.

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 “Creating Access to
5 Residency Education Act of 2020”.

1 **SEC. 2. GRADUATE MEDICAL EDUCATION PARTNERSHIPS**
2 **IN STATES WITH A LOW RATIO OF MEDICAL**
3 **RESIDENTS RELATIVE TO GENERAL POPU-**
4 **LATION.**

5 Part B of title III of the Public Health Service Act
6 is amended by inserting after section 317U (42 U.S.C.
7 247b–23) the following:

8 **“SEC. 317V. GRADUATE MEDICAL EDUCATION PARTNER-**
9 **SHIPS IN STATES WITH A LOW RATIO OF MED-**
10 **ICAL RESIDENTS RELATIVE TO GENERAL**
11 **POPULATION.**

12 “(a) IN GENERAL.—The Administrator of the Cen-
13 ters for Medicare & Medicaid Services (in this section re-
14 ferred to as the ‘Administrator’) shall make grants to, or
15 enter into contracts with, eligible entities to support the
16 creation of new medical residency training programs or
17 slots within existing programs in States in which there is
18 a low ratio of medical residents relative to the general pop-
19 ulation.

20 “(b) ELIGIBILITY.—To be eligible to receive Federal
21 funding under this section, an entity must—

22 “(1) be located in a State in which there are
23 fewer than 30 medical residents per population of
24 100,000; and

1 “(2) be a public or nonprofit teaching hospital
2 or an accredited graduate medical education training
3 program.

4 “(c) PARTNERSHIPS.—In supporting the creation of
5 new medical residency training programs or slots through
6 a grant or contract under this section, an eligible entity
7 may enter into a partnership with a State, local govern-
8 ment, community health center, local health department,
9 hospital, or other organization deemed by the entity to be
10 appropriate.

11 “(d) MATCHING FUNDS.—An agreement awarding a
12 grant or contract under this section shall—

13 “(1) in the case of a new or existing medical
14 residency training program in the field of primary
15 care—

16 “(A) require the entity awarded such grant
17 or contract to provide one-third of the cost of
18 the slots to be funded through the agreement;
19 and

20 “(B) to the extent and in the amounts
21 made available in advance in appropriations
22 Acts, require the Administrator to provide the
23 remaining two-thirds of the cost of such slots;
24 and

1 “(2) in the case of a new or existing medical
2 residency training program in any other field—

3 “(A) require the award recipient to provide
4 one-half of the cost of the slots to be funded
5 through the agreement; and

6 “(B) to the extent and in the amounts
7 made available in advance in appropriations
8 Acts, require the Administrator to provide the
9 remaining one-half of the cost of such slots.

10 “(e) REQUIREMENTS.—The Administrator shall es-
11 tablish application processes for eligible entities to receive
12 funding under this section, including multiyear commit-
13 ments to ensure the continued funding of graduate med-
14 ical education slots for residents in training.

15 “(f) DEFINITION.—For purposes of this section, the
16 Administrator shall define the term ‘primary care’.

17 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
18 carry out this section, there are authorized to be appro-
19 priated \$25,000,000 for fiscal year 2021, and such sums
20 as may be necessary for fiscal years 2022 through 2026.”.

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