

[DISCUSSION DRAFT]

115TH CONGRESS
2^D SESSION

H. R. _____

To amend title XIX of the Social Security Act to provide for reporting requirements relating to graduate medical education.

IN THE HOUSE OF REPRESENTATIVES

M. _____ introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XIX of the Social Security Act to provide for reporting requirements relating to graduate medical education.

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 “Medicaid Graduate
5 Medical Education Transparency Act”.

1 **SEC. 2. MEDICAID REPORTING REQUIREMENTS RELATING**
2 **TO GRADUATE MEDICAL EDUCATION.**

3 Title XIX of the Social Security Act is amended by
4 inserting after section 1943 (42 U.S.C. 1396w-3) the fol-
5 lowing new section:

6 **“SEC. 1944. REPORTING REQUIREMENTS RELATING TO**
7 **GRADUATE MEDICAL EDUCATION.**

8 “(a) **REQUIRED BIENNIAL REPORTS.**—A State shall
9 submit to the Secretary the following:

10 “(1) Not later than **【July 1】** of an applicable
11 reporting year described in subsection (b), a min-
12 imum data set, relating to expenditures under the
13 State plan (or waiver of such plan) for graduate
14 medical education, that includes at least the fol-
15 lowing for each year:

16 “(A) The total amount of such expendi-
17 tures.

18 “(B) The total amount of such expendi-
19 tures for which medical assistance is provided
20 on a fee-for-service basis.

21 “(C) The total amount of such expendi-
22 tures for which payment is made through a
23 managed care organization.

24 “(D) The average amount of such expendi-
25 tures per full-time equivalent resident (as de-
26 fined for purposes of section 1886(h)).

1 “(E) The total number of full-time equiva-
2 lent residents (as so defined) with respect to
3 whom such expenditures were made.

4 “(F) The total number of such full-time
5 equivalent residents specializing in addiction
6 medicine, psychiatry, or other disciplines related
7 to substance use disorders.

8 “(G) The total number of full-time equiva-
9 lent residents described in subparagraph (E) in
10 each specialty (other than a specialty described
11 in subparagraph (F)), presented by each such
12 other specialty.

13 “(H) The total number of full-time equiva-
14 lent residents described in subparagraph (E) re-
15 ceiving any substance use disorder training.

16 “(I) The total number of full-time equiva-
17 lent residents described in subparagraph (E)
18 serving rural locations versus serving urban lo-
19 cations as defined by the United States Census
20 tract-based Rural Urban Commuting Area
21 (RUCA) Codes.

22 “(J) The total number of full-time equiva-
23 lent residents described in subparagraph (E) in
24 hospital settings versus in nonhospital provider

1 settings (as such terms are defined for purposes
2 of section 1886(k)).

3 “(K) The total number of full-time equiva-
4 lent residents described in subparagraph (E)
5 serving medically underserved areas (as defined
6 in section 330I(a) of the Public Health Services
7 Act or medically underserved populations (as
8 defined in section 330(b)(3) of such Act).

9 “(L) The total number of full-time equiva-
10 lent residents described in subparagraph (E)
11 serving health professional shortage areas (as
12 defined in section 332(a) of the Public Health
13 Services Act).

14 “(2) Not later than **July 1** of an applicable
15 reporting year described in subsection (b), informa-
16 tion, relating to expenditures under the State plan
17 (or waiver of such plan) for graduate medical edu-
18 cation, that includes at least the following:

19 “(A) How fee-for-service payments, with
20 respect to graduate medical education, are set
21 and allocated and the method of payment re-
22 lated to graduate medical education.

23 “(B) How managed care organization pay-
24 ments, with respect to graduate medical edu-
25 cation, are made and allocated, and the method

1 of payment related to graduate medical edu-
2 cation.

3 “(C) The accreditation requirements appli-
4 cable to facilities for such facilities to be eligible
5 for payments for graduate medical education
6 and how such requirements and the facilities’
7 compliance are documented, with respect to
8 payments on a fee-for service basis and through
9 a managed care organization.

10 “(D) State strategies with respect to the
11 use of graduate medical education funding
12 under the State plan (or waiver) to help train
13 physicians for clinical practices in the cases in
14 which there are statewide shortages of physi-
15 cians.

16 “(E) Strategies of facilities receiving grad-
17 uate medical education funding under the State
18 plan (or waiver of the plan) on how such facili-
19 ties use such funds to train physicians to ad-
20 dress substance use disorders.

21 “(b) APPLICABLE REPORTING YEAR.—For purposes
22 of subsection (a), an applicable reporting year is—

23 “(1) with respect to information described in
24 paragraph (2) of such subsection, 2020 and each
25 subsequent second year; and

1 “(2) with respect to data sets described in para-
2 graph (1) of such subsection, 2022 and each subse-
3 quent second year.

4 “(c) REPORTS BY SECRETARY.—

5 “(1) POSTING STATE REPORTS.—Not later than
6 **【October 1】** of each applicable reporting year de-
7 scribed in subsection (b), the Secretary shall make
8 public on the Internet website of the Centers for
9 Medicare & Medicaid Services the reports submitted
10 under subsection (a) with respect to such applicable
11 reporting year.

12 “(2) SUMMARIES.—Not later than January 1 of
13 the year subsequent to an applicable reporting year,
14 the Secretary shall make public on the Internet
15 website of the Centers for Medicare & Medicaid
16 Services a summary of the reports submitted under
17 subsection (a) with respect to such applicable report-
18 ing year.

19 “(3) COMPARISON TO NATIONAL GOALS AND
20 OBJECTIVES.—Not later than **【____, 2023,】** the
21 Secretary shall make public on the Internet website
22 of the Centers for Medicare & Medicaid Services a
23 summary on the extent to which States are achiev-
24 ing the national goals and objectives identified pur-
25 suant to subsection (d).

1 “(d) REQUEST FOR INFORMATION ON NATIONAL
2 GOALS AND OBJECTIVES.—Not later than **July 1,**
3 **2021**], the Secretary shall issue a request for information
4 from States for suggestions about how the Centers for
5 Medicare & Medicaid Services should work with State
6 Medicaid programs, facilities receiving graduate medical
7 education funding through Medicaid State plans (or waiv-
8 ers of such plans), and Medicaid stakeholders, such as the
9 National Association of Medicaid Directors and the Amer-
10 ican Association of Medical Centers, to develop national
11 goals and objectives for graduate medical education fund-
12 ing provided through the Medicaid program. Not later
13 than 90 days after the date on which the close of such
14 request for information is posted, the Secretary shall pub-
15 licly post on the Internet website of the Centers for Medi-
16 care & Medicaid Services a summary of information and
17 suggestions received pursuant to such request.

18 “(e) PENALTY FOR NONCOMPLIANCE.—For any cal-
19 endar quarter beginning on or after January 1 of the year
20 subsequent to an applicable reporting year under sub-
21 section (b), In the case that a State does submit the data
22 sets and information under subsection (a), as applicable
23 to an applicable reporting year under subsection (b), for
24 any calendar quarter beginning on or after January 1 of
25 the year subsequent to such applicable reporting year, the

1 payment amount that would otherwise be made to such
2 State under section 1903(a) with respect to expenditures
3 in such calendar quarter for graduate medical education
4 shall be reduced by 1.0 percent.”.