[DISCUSSION DRAFT]

115TH CONGRESS  2D 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”.

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

Title XIX of the Social Security Act is amended by inserting after section 1943 (42 U.S.C. 1396w–3) the following new section:

“SEC. 1944. REPORTING REQUIREMENTS RELATING TO GRADUATE MEDICAL EDUCATION.

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

“(1) Not later than [July 1] of an applicable reporting year described in subsection (b), a minimum data set, relating to expenditures under the State plan (or waiver of such plan) for graduate medical education, that includes at least the following for each year:

“(A) The total amount of such expenditures.

“(B) The total amount of such expenditures for which medical assistance is provided on a fee-for-service basis.

“(C) The total amount of such expenditures for which payment is made through a managed care organization.

“(D) The average amount of such expenditures per full-time equivalent resident (as defined for purposes of section 1886(h)). 

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

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

“(G) The total number of full-time equivalent residents described in subparagraph (E) in each specialty (other than a specialty described in subparagraph (F)), presented by each such other specialty.

“(H) The total number of full-time equivalent residents described in subparagraph (E) receiving any substance use disorder training.

“(I) The total number of full-time equivalent residents described in subparagraph (E) serving rural locations versus serving urban locations as defined by the United States Census tract-based Rural Urban Commuting Area (RUCA) Codes.

“(J) The total number of full-time equivalent residents described in subparagraph (E) in hospital settings versus in nonhospital provider
settings (as such terms are defined for purposes of section 1886(k)).

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

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

“(2) Not later than [July 1] of an applicable reporting year described in subsection (b), information, relating to expenditures under the State plan (or waiver of such plan) for graduate medical education, that includes at least the following:

“(A) How fee-for-service payments, with respect to graduate medical education, are set and allocated and the method of payment related to graduate medical education.

“(B) How managed care organization payments, with respect to graduate medical education, are made and allocated, and the method
of payment related to graduate medical education.

“(C) The accreditation requirements applicable to facilities for such facilities to be eligible for payments for graduate medical education and how such requirements and the facilities’ compliance are documented, with respect to payments on a fee-for-service basis and through a managed care organization.

“(D) State strategies with respect to the use of graduate medical education funding under the State plan (or waiver) to help train physicians for clinical practices in the cases in which there are statewide shortages of physicians.

“(E) Strategies of facilities receiving graduate medical education funding under the State plan (or waiver of the plan) on how such facilities use such funds to train physicians to address substance use disorders.

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

“(1) with respect to information described in paragraph (2) of such subsection, 2020 and each subsequent second year; and
“(2) with respect to data sets described in paragraph (1) of such subsection, 2022 and each subsequent second year.

“(c) REPORTS BY SECRETARY.—

“(1) POSTING STATE REPORTS.—Not later than October 1 of each applicable reporting year described in subsection (b), the Secretary shall make public on the Internet website of the Centers for Medicare & Medicaid Services the reports submitted under subsection (a) with respect to such applicable reporting year.

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

“(3) COMPARISON TO NATIONAL GOALS AND OBJECTIVES.—Not later than October 1, 2023, the Secretary shall make public on the Internet website of the Centers for Medicare & Medicaid Services a summary on the extent to which States are achieving the national goals and objectives identified pursuant to subsection (d).
“(d) REQUEST FOR INFORMATION ON NATIONAL
GOALS AND OBJECTIVES.—Not later than [July 1, 2021], the Secretary shall issue a request for information from States for suggestions about how the Centers for Medicare & Medicaid Services should work with State Medicaid programs, facilities receiving graduate medical education funding through Medicaid State plans (or waivers of such plans), and Medicaid stakeholders, such as the National Association of Medicaid Directors and the American Association of Medical Centers, to develop national goals and objectives for graduate medical education funding provided through the Medicaid program. Not later than 90 days after the date on which the close of such request for information is posted, the Secretary shall publicly post on the Internet website of the Centers for Medicare & Medicaid Services a summary of information and suggestions received pursuant to such request.”.