

HR 2301

Graduate Medical Education Advancement Act of 2009

Congress: 111 (2009–2011, Ended)

Chamber: House

Policy Area: Health

Introduced: May 7, 2009

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (May 11, 2009)

Official Text: <https://www.congress.gov/bill/111th-congress/house-bill/2301>

Sponsor

Name: Rep. Yarmuth, John A. [D-KY-3]

Party: Democratic • **State:** KY • **Chamber:** House

Cosponsors (4 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Boustany, Charles W., Jr. [R-LA-7]	R · LA		May 7, 2009
Rep. Crowley, Joseph [D-NY-7]	D · NY		May 7, 2009
Rep. King, Peter T. [R-NY-3]	R · NY		May 7, 2009
Rep. Schwartz, Allyson Y. [D-PA-13]	D · PA		May 7, 2009

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	May 11, 2009
Ways and Means Committee	House	Referred To	May 7, 2009

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Graduate Medical Education Advancement Act of 2009 - Amends title XVIII (Medicare) of the Social Security Act with respect to rules for the computation of the number of full-time-equivalent residents in an approved medical residency training program, particularly the counting of time spent in outpatient settings, for purposes of calculating payments to: (1) hospitals for direct graduate medical education (GME) costs; and (2) subsection (d) hospitals with indirect medical education (IME) costs.

(Generally, a subsection (d) hospital is an acute care hospital, particularly one that receives payments under Medicare's inpatient prospective payment system [IPPS] when providing covered inpatient services to eligible beneficiaries.)

Requires the counting of hours spent by an intern or resident in a nonhospital setting (that is primarily engaged in furnishing patient care) in non-patient care activities, such as didactic conferences and seminars (but excluding research not associated with the treatment or diagnosis of a particular patient).

Requires the counting as well of all the time spent on vacation, sick leave, or other approved leave that does not prolong the total time the resident is participating in the approved program beyond its normal duration.

Revises rules for counting resident time in outpatient settings with respect to GME and IME costs to include the costs of the residents' stipends and fringe benefits during the time residents spend in such a setting.

Actions Timeline

- **May 11, 2009:** Referred to the Subcommittee on Health.
- **May 7, 2009:** Introduced in House
- **May 7, 2009:** Referred to House Ways and Means
- **May 7, 2009:** 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.
- **May 7, 2009:** Referred to House Energy and Commerce