

## HR 1178

Creating Access to Residency Education Act of 2013

**Congress:** 113 (2013–2015, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Mar 14, 2013

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Mar 15, 2013)

**Official Text:** <https://www.congress.gov/bill/113th-congress/house-bill/1178>

### Sponsor

**Name:** Rep. Castor, Kathy [D-FL-14]

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

### Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Hastings, Alcee L. [D-FL-20]	D · FL		Jul 8, 2013

### Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Mar 15, 2013

### Subjects & Policy Tags

**Policy Area:**

Health

### Related Bills

Bill	Relationship	Last Action
113 HR 4282	Related bill	<b>Mar 28, 2014:</b> Referred to the Subcommittee on Health.

Creating Access to Residency Education Act of 2013 - Amends the Public Health Service Act to direct the Administrator of the Centers for Medicare & Medicaid Services (CMS) to make grants to or contracts with eligible partnerships between state or local governments and private entities to support the creation of new medical residency training programs or slots within existing programs in underserved states in which there is a low physician-resident-to-general-population ratio.

Requires any partnership to consist of: (1) a state with fewer than 25 medical residents per 100,000 population or a local government within such a state, and (2) a public or nonprofit teaching hospital or an accredited graduate medical education (GME) training program.

Directs the Administrator in any grant or contract to require matching funds consisting of: (1) a public or private entity contribution of one-third of the cost of the medical residency program or new slots in an existing program, (2) a state or local government contribution of one-third, and (3) a CMS contribution of one-third.

Requires the Administrator in awarding grants and contracts to give preference to eligible partnerships: (1) in which the participating state has 20 or fewer medical residents per 100,000 population or the participating local government is within such a state, (2) in which the state involved has a population over 15 million and less than 10% percent of the nation's residency slots, or (3) which fund new GME programs or slots within existing programs in the field of family medicine, internal medicine and its subspecialties, geriatrics, or pediatrics.

### **Actions Timeline**

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- **Mar 15, 2013:** Referred to the Subcommittee on Health.
- **Mar 14, 2013:** Introduced in House
- **Mar 14, 2013:** Referred to the House Committee on Energy and Commerce.