

S 1978

Increasing Primary Care Access Act of 2014

Congress: 113 (2013–2015, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jan 30, 2014

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Jan 30, 2014)

Official Text: <https://www.congress.gov/bill/113th-congress/senate-bill/1978>

Sponsor

Name: Sen. Udall, Tom [D-NM]

Party: Democratic • **State:** NM • **Chamber:** Senate

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Heinrich, Martin [D-NM]	D · NM		Feb 10, 2014

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jan 30, 2014

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 S 1759	Related bill	Nov 21, 2013: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Increasing Primary Care Access Act of 2014 - Amends the Public Health Service Act to require the Secretary of Health and Human Services (HHS) to make grants to, and enter contracts with, schools of medicine and osteopathic medicine to assist the schools in supporting programs of excellence in primary care.

Amends title XVIII (Medicare) of the Social Security Act to require the Secretary to establish and implement procedures under which the amount of payments that a subsection (d) hospital would otherwise receive for indirect medical education costs for discharges occurring during an applicable period is adjusted based on the performance of the hospital on measures specified by the Secretary.

(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.)

Prohibits the Secretary from consulting with an organization representing physicians on adjustments to the fee schedule for physicians' services if the organization uses a group to formulate recommendations regarding such adjustments unless at least 40% of the group are board certified and practicing physicians in specified primary care fields.

Directs the Secretary to establish a pilot program to provide funding for graduate medical residency training programs in primary care.

Requires the Secretary to award grants or enter into contracts for the establishment of six to eight Regional Centers for Health Workforce Analysis to allocate funds to in-need primary care residency programs.

Increases the federal medical assistance percentage (FMAP) for amounts expended on targeted graduate medical education in certain areas in need of primary care health professionals for a state which expanded Medicaid under the Patient Protection and Affordable Care Act.

Reauthorizes a program of payments to teaching health centers.

Actions Timeline

- **Jan 30, 2014:** Introduced in Senate
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