

## HR 4774

### Training Tomorrow's Doctors Today Act

**Congress:** 114 (2015–2017, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Mar 17, 2016

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

**Latest Action:** Referred to the Subcommittee on Health. (Mar 21, 2016)

**Official Text:** <https://www.congress.gov/bill/114th-congress/house-bill/4774>

## Sponsor

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

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

## Cosponsors (14 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Cartwright, Matt [D-PA-17]	D · PA		Apr 26, 2016
Rep. Grayson, Alan [D-FL-9]	D · FL		Apr 26, 2016
Rep. Kirkpatrick, Ann [D-AZ-1]	D · AZ		Apr 26, 2016
Rep. Peters, Scott H. [D-CA-52]	D · CA		Apr 26, 2016
Rep. Ryan, Tim [D-OH-13]	D · OH		Apr 26, 2016
Rep. Walz, Timothy J. [D-MN-1]	D · MN		Apr 26, 2016
Rep. Schakowsky, Janice D. [D-IL-9]	D · IL		Apr 27, 2016
Rep. Titus, Dina [D-NV-1]	D · NV		Apr 27, 2016
Rep. Peterson, Collin C. [D-MN-7]	D · MN		Apr 28, 2016
Rep. Scott, David [D-GA-13]	D · GA		Apr 28, 2016
Rep. Kilmer, Derek [D-WA-6]	D · WA		May 10, 2016
Rep. Pocan, Mark [D-WI-2]	D · WI		May 10, 2016
Rep. Butterfield, G. K. [D-NC-1]	D · NC		May 25, 2016
Rep. Pingree, Chellie [D-ME-1]	D · ME		Jul 25, 2016

## Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Mar 18, 2016
Ways and Means Committee	House	Referred to	Mar 21, 2016

## Subjects & Policy Tags

**Policy Area:**

Health

## Related Bills

Bill	Relationship	Last Action
114 HR 4732	Related bill	Mar 18, 2016: Referred to the Subcommittee on Health.
114 S 2671	Related bill	Mar 14, 2016: Read twice and referred to the Committee on Finance.

## Summary (as of Mar 17, 2016)

### Training Tomorrow's Doctors Today Act

This bill amends title XVIII (Medicare) of the Social Security Act to require the Centers for Medicare & Medicaid Services (CMS) to increase, for purposes of Medicare payment, the otherwise applicable resident limit for qualifying hospitals. The bill establishes a process for distributing the new residency positions.

The bill eliminates the use of three-year rolling averages with respect to calculating, for purposes of Medicare payment, specified limits on certain new or redistributed residency positions.

With respect to specified hospitals, all of the time spent by an intern or resident in an approved medical residency training program, regardless of setting, shall be counted for purposes of determining a hospital's number of residents.

The bill revises payment rules for graduate medical education (GME) costs with respect to a hospital that establishes a new medical residency training program. With respect to a hospital that has not entered into a GME affiliation agreement, CMS shall establish the hospital's resident amount only after determining that the hospital trains more a specified number of residents. Similarly, CMS shall adjust a hospital's limitation on allopathic and osteopathic residents only after determining that the hospital trains more than a specified number of residents. In specified cases, CMS shall provide a hospital an opportunity to have its resident amount reestablished and its limitation adjustment re-determined.

The bill also revises provisions regarding: (1) aggregation rules relating to resident limits, and (2) the period of board eligibility for residents who change specialties.

CMS shall establish and implement procedures for adjusting a hospital's indirect medical education payments based on specified performance measures.

## Actions Timeline

- **Mar 21, 2016:** Referred to the Subcommittee on Health.
- **Mar 18, 2016:** Referred to the Subcommittee on Health.
- **Mar 17, 2016:** Introduced in House
- **Mar 17, 2016:** 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.