

HR 284

Advancing Medical Resident Training in Community Hospitals Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: House

Policy Area: Health

Introduced: Jan 4, 2017

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Jan 25, 2017)

Official Text: <https://www.congress.gov/bill/115th-congress/house-bill/284>

Sponsor

Name: Rep. Stefanik, Elise M. [R-NY-21]

Party: Republican • **State:** NY • **Chamber:** House

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Kilmer, Derek [D-WA-6]	D · WA		Sep 12, 2017

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jan 25, 2017
Ways and Means Committee	House	Referred to	Jan 18, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
115 S 3305	Related bill	Jul 31, 2018: Read twice and referred to the Committee on Finance.
115 HR 6056	Related bill	Jun 14, 2018: Referred to the Subcommittee on Health.
115 HR 4552	Related bill	Dec 8, 2017: Referred to the Subcommittee on Health.
115 S 1291	Related bill	Jun 6, 2017: Read twice and referred to the Committee on Finance.

Advancing Medical Resident Training in Community Hospitals Act of 2017

This bill amends title XVIII (Medicare) of the Social Security Act to revise 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, the Centers for Medicare & Medicaid Services (CMS) shall establish the hospital's full-time equivalent (FTE) resident amount only after determining that the hospital's medical residency training program trains more than 1.0 FTE resident in a cost reporting period. In the case of a hospital with an approved FTE resident amount based on the training of no more than 1.0 FTE resident in a cost reporting period before October 1, 1997, or 3.0 FTE residents in a cost reporting period after that date, CMS shall provide the hospital an opportunity to have its FTE resident amount reestablished when the hospital begins training FTE residents in excess of the applicable threshold.

Current law limits the number, subject to the application of certain adjustments, of FTE residents a hospital may have in allopathic and osteopathic medicine for purposes of Medicare payment. The bill specifies that CMS shall determine a hospital's limitation adjustment only after determining that the hospital's medical residency training program trains more than 1.0 FTE residents in a cost reporting period. In the case of a hospital with a limitation adjustment based on the training of no more than 1.0 FTE resident in a cost reporting period before October 1, 1997, or 3.0 FTE residents in a cost reporting period after that date, CMS shall provide the hospital an opportunity to have its adjustment re-determined when the hospital begins training FTE residents in excess of the applicable threshold.

Actions Timeline

- **Jan 25, 2017:** Referred to the Subcommittee on Health.
- **Jan 18, 2017:** Referred to the Subcommittee on Health.
- **Jan 4, 2017:** Introduced in House
- **Jan 4, 2017:** 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.