

<b>GME Legislation</b>	<b>The Resident Physician Shortage Reduction Act of 2015 (S. 1148) Sens. Nelson, Schumer, &amp; Reid</b>	<b>The Resident Physician Shortage Reduction Act of 2015 (H.R. 2124) Reps. Crowley &amp; Boustany</b>
<b>Number of new residency positions</b>	15,000	15,000
<b>Timeline of availability of new residency positions</b>	3,000 per year for 5 years, beginning in FY 2017	3,000 per year for 5 years, beginning in FY 2017
<b>Dedicated positions for shortage specialties</b>	At least 1,500 newly-available slots each year must be used for a shortage specialty residency program as identified in the National Health Care Workforce Commission’s report. Until recommendations from the Commission, shortage specialties will be defined by HRSA 2008 data.	At least 1,000 newly-available slots each year must be used for a shortage specialty residency program as identified in the National Health Care Workforce Commission’s report. Until recommendations from the Commission, shortage specialties will be defined by HRSA 2008 data.
<b>Preferences for distribution new of residency positions</b>	<ul style="list-style-type: none"> <li>• Hospitals in states with new medical schools or new branch campuses;</li> <li>• Hospitals that have exceeded their resident cap at the time of enactment of the legislation;</li> <li>• Hospitals that are affiliated with Veteran’s Health Administration medical centers;</li> <li>• Hospitals that emphasize training in community health centers, community-based settings, or in hospital outpatient departments;</li> <li>• Hospitals that are electronic health record (EHR) meaningful users; and</li> <li>• All other hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>• Hospitals in states with new medical schools or new branch campuses;</li> <li>• Hospitals in states with the highest percentage of population living in a HPSA;</li> <li>• Hospitals that are affiliated with Veteran’s Health Administration medical centers;</li> <li>• Hospitals that emphasize training in community health centers, community-based settings, or in hospital outpatient departments;</li> <li>• Hospitals that are electronic health record (EHR) meaningful users; and</li> <li>• All other hospitals.</li> </ul>

<p><b>Treatment of hospitals operating over their caps</b></p>	<p>Hospitals operating over their caps will be prioritized for newly-available slots.</p> <p>Hospitals operating over their caps will <b>not</b> be able to support current slots with new Medicare funding. Will be required to maintain a minimum of the current number of positions in order to qualify for new residencies.</p>	<p>One-third of the new positions dedicated solely for hospitals operating over their caps (only if a minimum 10 residents over cap and 25 percent of current residents are trained in primary care or general surgery).</p> <p>Hospitals operating over their caps will be able to apply new Medicare funding to their current over-the-cap slots. Will be required to maintain a minimum of the current number of positions in order to qualify for new residencies.</p>
<p><b>Maintenance of effort in current and new residency programs</b></p>	<p>Requires 5-year maintenance of effort of overall size of residency program (to prevent buy-out of current positions) and 5-year maintenance of effort of shortage specialty residencies as determined by the National Health Care Workforce Commission.</p>	<p>Requires 5-year maintenance of effort over all new slots, and 5-year maintenance of effort of shortage specialty residencies as determined by the National Health Care Workforce Commission.</p>
<p><b>Instruction for study of physician shortages by specialty</b></p>	<p>Requires National Health Care Workforce Commission to submit a report to Congress by January 1, 2018, identifying physician shortage specialties.</p>	<p>Requires National Health Care Workforce Commission to submit a report to Congress by January 1, 2018, identifying physician shortage specialties.</p>
<p><b>Instruction for study of how to increase diversity in the physician workforce</b></p>	<p>Requires GAO to submit a report to Congress within two year of enactment of strategies for increasing the number of health professionals from rural, lower income, and under-represented minority communities.</p>	<p>Requires GAO to submit a report to Congress within two years of enactment of strategies for increasing the number of health professionals from rural, lower income, and under-represented minority communities.</p>