

1 ceding sentence shall remain available until ex-
2 pended.

3 (f) MEDPAC REVIEW OF PAYMENTS TO RURAL
4 EMERGENCY HOSPITALS.—Each report submitted by the
5 Medicare Payment Advisory Commission under section
6 1805(b)(1)(C) of the Social Security Act (42 U.S.C.
7 1395b–6(b)(1)(C)) (beginning with 2024), shall include a
8 review of payments to rural emergency hospitals under
9 section 1834(x), as added by subsection (a).

10 (g) EFFECTIVE DATE.—The amendments made by
11 this section shall apply to items and services furnished on
12 or after January 1, 2023.

13 **SEC. 126. DISTRIBUTION OF ADDITIONAL RESIDENCY POSI-**
14 **TIONS.**

15 (a) IN GENERAL.—Section 1886(h) of the Social Se-
16 curity Act (42 U.S.C. 1395ww(h)) is amended—

17 (1) in paragraph (4)(F)(i), by striking “para-
18 graphs (7) and (8)” and inserting “paragraphs (7),
19 (8), and (9)”;

20 (2) in paragraph (4)(H)(i), by striking “para-
21 graphs (7) and (8)” and inserting “paragraphs (7),
22 (8), and (9)”;

23 (3) in paragraph (7)(E), by inserting “para-
24 graph (9),” after “paragraph (8),”; and

2207

1 (4) by adding at the end the following new
2 paragraph:

3 “(9) DISTRIBUTION OF ADDITIONAL RESIDENCY
4 POSITIONS.—

5 “(A) ADDITIONAL RESIDENCY POSI-
6 TIONS.—

7 “(i) IN GENERAL.—For fiscal year
8 2023, and for each succeeding fiscal year
9 until the aggregate number of full-time
10 equivalent residency positions distributed
11 under this paragraph is equal to the aggre-
12 gate number of such positions made avail-
13 able (as specified in clause (ii)(I)), the Sec-
14 retary shall, subject to the succeeding pro-
15 visions of this paragraph, increase the oth-
16 erwise applicable resident limit for each
17 qualifying hospital (as defined in subpara-
18 graph (F)) that submits a timely applica-
19 tion under this subparagraph by such
20 number as the Secretary may approve ef-
21 fective beginning July 1 of the fiscal year
22 of the increase.

23 “(ii) NUMBER AVAILABLE FOR DIS-
24 TRIBUTION.—

2208

1 “(I) TOTAL NUMBER AVAIL-
2 ABLE.—The aggregate number of
3 such positions made available under
4 this paragraph shall be equal to
5 1,000.

6 “(II) ANNUAL LIMIT.—The ag-
7 gregate number of such positions so
8 made available shall not exceed 200
9 for a fiscal year.

10 “(iii) PROCESS FOR DISTRIBUTING
11 POSITIONS.—

12 “(I) ROUNDS OF APPLICA-
13 TIONS.—The Secretary shall initiate a
14 separate round of applications for an
15 increase under clause (i) for each fis-
16 cal year for which such an increase is
17 to be provided.

18 “(II) TIMING.—The Secretary
19 shall notify hospitals of the number of
20 positions distributed to the hospital
21 under this paragraph as a result of an
22 increase in the otherwise applicable
23 resident limit by January 31 of the
24 fiscal year of the increase. Such in-

2209

1 crease shall be effective beginning
2 July 1 of such fiscal year.

3 “(B) DISTRIBUTION.—For purposes of
4 providing an increase in the otherwise applica-
5 ble resident limit under subparagraph (A), the
6 following shall apply:

7 “(i) CONSIDERATIONS IN DISTRIBUTION.—In determining for which qualifying
8 hospitals such an increase is provided
9 under subparagraph (A), the Secretary
10 shall take into account the demonstrated
11 likelihood of the hospital filling the posi-
12 tions made available under this paragraph
13 within the first 5 training years beginning
14 after the date the increase would be effec-
15 tive, as determined by the Secretary.

16 “(ii) MINIMUM DISTRIBUTION FOR
17 CERTAIN CATEGORIES OF HOSPITALS.—
18 With respect to the aggregate number of
19 such positions available for distribution
20 under this paragraph, the Secretary shall
21 distribute not less than 10 percent of such
22 aggregate number to each of the following
23 categories of hospitals:
24

2210

1 “(I) Hospitals that are located in
2 a rural area (as defined in section
3 1886(d)(2)(D)) or are treated as
4 being located in a rural area pursuant
5 to section 1886(d)(8)(E).

6 “(II) Hospitals in which the ref-
7 erence resident level of the hospital
8 (as specified in subparagraph (F)(iii))
9 is greater than the otherwise applica-
10 ble resident limit.

11 “(III) Hospitals in States with—

12 “(aa) new medical schools
13 that received ‘Candidate School’
14 status from the Liaison Com-
15 mittee on Medical Education or
16 that received ‘Pre-Accreditation’
17 status from the American Osteo-
18 pathic Association Commission
19 on Osteopathic College Accredita-
20 tion on or after January 1, 2000,
21 and that have achieved or con-
22 tinue to progress toward ‘Full
23 Accreditation’ status (as such
24 term is defined by the Liaison
25 Committee on Medical Edu-

2211

1 cation) or toward ‘Accreditation’
2 status (as such term is defined
3 by the American Osteopathic As-
4 sociation Commission on Osteo-
5 pathic College Accreditation); or

6 “(bb) additional locations
7 and branch campuses established
8 on or after January 1, 2000, by
9 medical schools with ‘Full Ac-
10 creditation’ status (as such term
11 is defined by the Liaison Com-
12 mittee on Medical Education) or
13 ‘Accreditation’ status (as such
14 term is defined by the American
15 Osteopathic Association Commis-
16 sion on Osteopathic College Ac-
17 creditation).

18 “(IV) Hospitals that serve areas
19 designated as health professional
20 shortage areas under section
21 332(a)(1)(A) of the Public Health
22 Service Act, as determined by the Sec-
23 retary.

24 “(C) LIMITATIONS.—

2212

1 “(i) IN GENERAL.—A hospital may
2 not receive more than 25 additional full-
3 time equivalent residency positions under
4 this paragraph.

5 “(ii) PROHIBITION ON DISTRIBUTION
6 TO HOSPITALS WITHOUT AN INCREASE
7 AGREEMENT.—No increase in the other-
8 wise applicable resident limit of a hospital
9 may be made under this paragraph unless
10 such hospital agrees to increase the total
11 number of full-time equivalent residency
12 positions under the approved medical resi-
13 dency training program of such hospital by
14 the number of such positions made avail-
15 able by such increase under this para-
16 graph.

17 “(D) APPLICATION OF PER RESIDENT
18 AMOUNTS FOR PRIMARY CARE AND NONPRI-
19 MARY CARE.—With respect to additional resi-
20 dency positions in a hospital attributable to the
21 increase provided under this paragraph, the ap-
22 proved FTE per resident amounts are deemed
23 to be equal to the hospital per resident amounts
24 for primary care and nonprimary care com-
25 puted under paragraph (2)(D) for that hospital.

2213

1 “(E) PERMITTING FACILITIES TO APPLY
2 AGGREGATION RULES.—The Secretary shall
3 permit hospitals receiving additional residency
4 positions attributable to the increase provided
5 under this paragraph to, beginning in the fifth
6 year after the effective date of such increase,
7 apply such positions to the limitation amount
8 under paragraph (4)(F) that may be aggre-
9 gated pursuant to paragraph (4)(H) among
10 members of the same affiliated group.

11 “(F) DEFINITIONS.—In this paragraph:

12 “(i) OTHERWISE APPLICABLE RESI-
13 DENT LIMIT.—The term ‘otherwise appli-
14 cable resident limit’ means, with respect to
15 a hospital, the limit otherwise applicable
16 under subparagraphs (F)(i) and (H) of
17 paragraph (4) on the resident level for the
18 hospital determined without regard to this
19 paragraph but taking into account para-
20 graphs (7)(A), (7)(B), (8)(A), and (8)(B).

21 “(ii) QUALIFYING HOSPITAL.—The
22 term ‘qualifying hospital’ means a hospital
23 described in any of subclauses (I) through
24 (IV) of subparagraph (B)(ii).

2214

1 “(iii) REFERENCE RESIDENT
2 LEVEL.—The term ‘reference resident
3 level’ means, with respect to a hospital, the
4 resident level for the most recent cost re-
5 porting period of the hospital ending on or
6 before the date of enactment of this para-
7 graph, for which a cost report has been
8 settled (or, if not, submitted (subject to
9 audit)), as determined by the Secretary.

10 “(iv) RESIDENT LEVEL.—The term
11 ‘resident level’ has the meaning given such
12 term in paragraph (7)(C)(i).”.

13 (b) IME.—Section 1886(d)(5)(B) of the Social Secu-
14 rity Act (42 U.S.C. 1395ww(d)(5)(B)) is amended—

15 (1) in clause (v), in the third sentence, by strik-
16 ing “and (h)(8)” and inserting “(h)(8), and (h)(9)”;

17 (2) by redesignating clause (x), as added by
18 section 5505(b) of the Patient Protection and Af-
19 fordable Care Act (Public Law 111–148), as clause
20 (xi) and moving such clause 4 ems to the left; and

21 (3) by adding after clause (xi), as redesignated
22 by subparagraph (A), the following new clause:

23 “(xii) For discharges occurring on or
24 after July 1, 2023, insofar as an additional
25 payment amount under this subparagraph

2215

1 is attributable to resident positions distrib-
2 uted to a hospital under subsection (h)(9),
3 the indirect teaching adjustment factor
4 shall be computed in the same manner as
5 provided under clause (ii) with respect to
6 such resident positions.”.

7 (c) PROHIBITION ON JUDICIAL REVIEW.—Section
8 1886(h)(7)(E) of the Social Security Act (42 U.S.C.
9 1395ww-4(h)(7)(E)) is amended by inserting “paragraph
10 (9),” after “paragraph (8),”.

11 (d) REPORTS.—

12 (1) IN GENERAL.—Not later than September
13 30, 2025, and again not later than September 30,
14 2027, the Comptroller General of the United States
15 (in this subsection referred to as the “Comptroller
16 General”) shall conduct a study and submit to Con-
17 gress a report on—

18 (A) the distribution of additional full-time
19 equivalent resident positions under paragraph
20 (9) of section 1886(h) of the Social Security
21 Act, as added by subsection (a); and

22 (B) rural track and rotator programs
23 under such section.

24 (2) CONTENTS.—Each report described in para-
25 graph (1) shall include—

1 (A) a description of the distribution de-
2 scribed in paragraph (1)(A) and an analysis of
3 the use of such positions so distributed, includ-
4 ing a description of the effects of such distribu-
5 tion on rural track and rotator programs;

6 (B) a specification, with respect to each
7 hospital that has received such a distribution, of
8 whether such hospital has abided by the agree-
9 ment described in paragraph (9)(C)(ii) of sec-
10 tion 1886(h) of the Social Security Act, as
11 added by subsection (a); and

12 (C) to the extent practicable, a description
13 of—

14 (i) the type of program in which each
15 such position so distributed is being used;

16 (ii) the total number of full-time
17 equivalent residency positions available in
18 each such program;

19 (iii) the number of instances in which
20 residents filling such positions so distrib-
21 uted treated individuals entitled to benefits
22 under part A, or enrolled under part B, of
23 title XVIII of the Social Security Act (42
24 U.S.C. 1395 et seq.);

2217

1 (iv) the location where each resident
2 that filled a position so distributed went on
3 to practice.

4 **SEC. 127. PROMOTING RURAL HOSPITAL GME FUNDING OP-**
5 **PORTUNITY.**

6 Section 1886(h)(4)(H)(iv) of the Social Security Act
7 (42 U.S.C. 1395ww(h)(4)(iv)) is amended—

8 (1) by striking “(iv) NONRURAL HOSPITAL OP-
9 ERATING TRAINING PROGRAMS IN RURAL AREAS.—
10 In the case of” and inserting the following:

11 “(iv) TRAINING PROGRAMS IN RURAL
12 AREAS.—

13 “(I) COST REPORTING PERIODS
14 BEGINNING BEFORE OCTOBER 1,
15 2022.—For cost reporting periods be-
16 ginning before October 1, 2022, in the
17 case of”; and

18 (2) by adding at the end the following new sub-
19 clause:

20 “(II) COST REPORTING PERIODS
21 BEGINNING ON OR AFTER OCTOBER 1,
22 2022.—For cost reporting periods be-
23 ginning on or after October 1, 2022,
24 in the case of a hospital not located in
25 a rural area that established or estab-