Side-By-Side Comparison of AAMC-Supported GME Bills

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GME Legislation	Training Tomorrow's Doctors Today Act (HR 1201) Reps. Schock (R-IL) & Schwartz (D-PA)	The Resident Physician Shortage Reduction Act of 2013 (S 577) Sens. Nelson (D-FL), Schumer (D-NY) & Reid (D-NV)	The Resident Physician Shortage Reduction Act of 2013 (HR 1180) Reps. Crowley (D-NY) & Grimm (R-NY)
Number of new residency positions	15,000	15,000	15,000
Timeline: Availability of new residency positions	3,000 per year for 5 years, beginning in FY 2014	3,000 per year for 5 years, beginning in FY 2015	3,000 per year for 5 years, beginning in FY 2015
Dedicated positions for shortage specialties	At least 1,000 newly-available slots each year must be used for a shortage specialty residency program as identified by the Government Accountability Office (GAO). Until recommendations from GAO, shortages will be defined by Health Resources and Services Administration (HRSA) 2008 data.	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.
Preferences for distribution new of residency positions	• Hospitals with approved residency training programs affiliated with medical schools that have at least 40 percent of graduates matched in primary care residency programs in the 5 years prior; • Hospitals in states with new medical schools or new branch campuses; • Hospitals eligible for electronic health record (EHR) incentive payments; and	• Hospitals in states with new medical schools or new branch campuses; • Hospitals that exceed resident cap at time of enactment legislation; • Hospitals that emphasize training in community health centers, community-based settings, or in hospital outpatient departments; • Hospitals eligible for electronic health record (EHR) incentive payments; and	• Hospitals in states with new medical schools or new branch campuses; • Hospitals that emphasize training in community health centers, community-based settings, or in hospital outpatient departments; • Hospitals eligible for electronic health record (EHR) incentive payments; and • All other hospitals.

	• All other hospitals.	• All other hospitals.	
Treatment of hospitals over their Medicare "caps"	One-third of the new positions dedicated solely for hospitals operating over their caps (only if a minimum 10 residents over cap and 30 percent of current residents are trained in primary care or general surgery). Hospitals operating over their caps will be able to 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.	Hospitals operating over their caps will be prioritized for newly-available slots. Hospitals operating over their caps will ***not*** 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.	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). Hospitals operating over their caps will be able to 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.
Maintenance of effort in current and new residency programs	Requires 5-year maintenance of effort over all new slots, and 5-year maintenance of effort of shortage specialty residencies as determined by Government Accountability Office (GAO).	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.	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.
Counting resident time for scholarly and didactic activities	Allows all time spent by a resident in an approved medical residency training program to be counted toward the determination of full-time equivalency.	None	None
Instruction for study of physician shortages by specialty	Requires GAO to submit a report to Congress by January 1, 2015, identifying physician shortage specialties.	Requires National Health Care Workforce Commission to submit a report to Congress by January 1, 2016, identifying physician shortage specialties.	Requires National Health Care Workforce Commission to submit a report to Congress by January 1, 2016, identifying physician shortage specialties.
Instruction for study of how to increase diversity in the physician workforce	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.	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.	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.

Study and report on protecting older adults	Requires the Comptroller General to conduct a study within two years of enactment addressing the competency of the physician workforce to care for older adults upon completion of residency training and submit a report to Congress along with recommendations for any legislation and administrative action necessary.	None	None
Development of Medicare IME Education Performance Adjustment program	Instructs the HHS Secretary to establish and implement an indirect medical education (IME) payment adjustment program based on hospital reporting and performance of "patient care priorities" measures, establish "patient care priorities" measures in GME that demonstrate the extent of training provided cognitive services, coordination of patient care across various settings, relevant cost and value of treatment options, and more. Measures must be adopted or endorsed by an accrediting organization such as the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).	None	None
Accountability for high-performance resident training	Secretary will propose initial set of measures by July 1, 2015 and final set of measures by January 1, 2016. Beginning in FY 2018, each hospital that does not report patient care measures will have its IME payments reduced by 0.5 percent. Beginning in FY 2019, hospitals that fail to achieve the new performance standards will have their IME payments reduced by up to 2 percent.	None	None
GME transparency study	HHS Secretary to submit to Congress an annual report on Medicare GME payments.	None	None

Additional technical and administrative changes	• Prospectively eliminates the three year rolling average; • Prevents unintentionally triggering a non-teaching hospital's per resident amount (PRA) when resident(s) rotate through that non-teaching hospital; • Permits new urban teaching hospitals to participate in affiliation agreements after five years; and • Resolves issues with the Initial Residency Period (IRP) when a resident switches residency programs.	None	None