118TH CONGRESS
2D SESSION

S. _____

To amend title XVIII of the Social Security Area to provide additional and improved distribution of Medicare GME residency positions to rural areas and key specialties in shortage, and for other purposes.

IN THE SENATE OF THE UNITED STATES

_____

_____ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Area to provide additional and improved distribution of Medicare GME residency positions to rural areas and key specialties in shortage, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the **[**"_____ Act"**]**.

SEC. 2. ADDITIONAL AND IMPROVED DISTRIBUTION OF MEDICARE GME RESIDENCY POSITIONS TO RURAL AREAS AND KEY SPECIALTIES IN SHORTAGE.

(a) DISTRIBUTION.—

(1) IN GENERAL.—Section 1886(h) of the Social Security Act (42 U.S.C. 1395ww(h)) is amended—

(A) in paragraph (4)(F)(i), by striking ''and (10)'' and inserting ''(10), and (11)'';

(B) in paragraph (4)(H)(i), by striking ''and (10)'' and inserting ''(10), and (11)''; and

(C) by adding at the end the following new paragraph:

''(11) DISTRIBUTION OF ADDITIONAL RESIDENCY POSITIONS IN PSYCHIATRY AND PSYCHIATRY SUBSPECIALTIES AND PRIMARY CARE.—

''(A) ADDITIONAL RESIDENCY POSITIONS.—

''(i) IN GENERAL.—For each of fiscal years 2027 through 2031 and for each succeeding fiscal year until the aggregate number of full-time equivalent residency positions distributed under this paragraph is equal to the aggregate number of such positions made available (as specified in

clause (ii)), the Secretary shall, subject to the succeeding provisions of this paragraph, increase the otherwise applicable resident limit for each qualifying hospital (as defined in subparagraph (F)) that submits a timely application under this subparagraph by such number as the Secretary may approve effective beginning July 1 of the fiscal year of the increase.

''(ii) NUMBER AVAILABLE FOR DISTRIBUTION.—The aggregate number of such positions made available under this paragraph shall be equal to **[**5,000**]**.

''(iii) DISTRIBUTION FOR PSYCHIATRY OR PSYCHIATRY SUBSPECIALTY RESIDENCIES; PRIMARY CARE RESIDENCIES.—

''(I) IN GENERAL.—For each of fiscal years 2027 through 2031, of the positions made available under this paragraph—

''(aa) at least 15 percent shall be distributed for a psychiatry or psychiatry subspecialty

residency (as defined in subparagraph (F));

"(bb) at least 25 percent shall be distributed for a primary care residency (as defined in such subparagraph); and

"(II) CONSIDERATION OF RECOMMENDATIONS OF GME POLICY COUNCIL.—For fiscal year 2032 and every 5 years thereafter until the aggregate number of full-time equivalent positions under this paragraph is equal to the aggregate number of such positions made available (as specified in clause (ii)), the Secretary shall, taking into consideration the recommendations of the Graduate Medical Education Policy Council established under paragraph (12), determine the appropriate percentage of the positions made available under this paragraph that should be distributed to a psychiatry or psychiatry subspecialty residency, a primary care residency, or other residency.

"(iv) TIMING.—The Secretary shall notify hospitals of the number of positions distributed to the hospital under this paragraph as a result of an increase in the otherwise applicable resident limit by January 31 of the fiscal year of the increase. Such increase shall be effective beginning July 1 of such fiscal year.

"(B) DISTRIBUTION.—For purposes of providing an increase in the otherwise applicable resident limit under subparagraph (A), the following shall apply:

"(i) CONSIDERATIONS IN DISTRIBUTION.—In determining for which qualifying hospitals such an increase is provided under subparagraph (A), the Secretary shall take into account the demonstrated likelihood of the hospital filling the positions made available under this paragraph within the first 5 training years beginning after the date the increase would be effective, as determined by the Secretary.

"(ii) MINIMUM DISTRIBUTION FOR CERTAIN CATEGORIES OF HOSPITALS.—Subject to clauses (iii), (iv), and (v), with

respect to the aggregate number of such positions available for distribution under this paragraph, the Secretary shall distribute not less than 10 percent of such aggregate number to each of the following categories of hospitals:

"(I) Hospitals that—

"(aa) are located in a rural area (as defined in section 1886(d)(2)(D)), excluding hospitals that are treated as being located in a rural area pursuant to section 1886(d)(8)(E);

"(bb) are located in an area that has a rural-urban commuting code equal to or great than 4.0;

"(cc) are sole community hospitals (as defined in section 1866(d)(5)(D)(iii));

"(dd) are located within 10 miles of a sole community hospital; or

"(ee) for fiscal years after fiscal year 2031, have an accred-

ited rural training track (as described in paragraph (4)(H)(iv)).

"(II) Hospitals in which the reference resident level of the hospital (as specified in subparagraph (F)(v)) is greater than the otherwise applicable resident limit.

"(III) Hospitals in States with—

"(aa) new medical schools that received 'Candidate School' status from the Liaison Committee on Medical Education or that received 'Pre-Accreditation' status from the American Osteopathic Association Commission on Osteopathic College Accreditation on or after January 1, 2000, and that have achieved or continue to progress toward 'Full Accreditation' status (as such term is defined by the Liaison Committee on Medical Education) or toward 'Accreditation' status (as such term is defined by the American Osteopathic As-

sociation Commission on Osteopathic College Accreditation); or

"(bb) additional locations and branch campuses established on or after January 1, 2000, by medical schools with 'Full Accreditation' status (as such term is defined by the Liaison Committee on Medical Education) or 'Accreditation' status (as such term is defined by the American Osteopathic Association Commission on Osteopathic College Accreditation).

"(IV) Hospitals that serve areas designated as health professional shortage areas under section 332(a)(1)(A) of the Public Health Service Act, as determined by the Secretary.

"(iii) SPECIAL RULE.—In distributing positions to hospitals under clause (ii), the Secretary shall follow the minimum distribution for certain categories of hospitals as outlined in clause (ii).

"(iv) PRIORITY FOR DISTRIBUTION TO HOSPITALS THAT SERVE RURAL AND UNDERSERVED AREAS.—In distributing positions to hospitals described in clause (ii), the Secretary shall give priority to such hospitals that are—

"(I) located in a State with a lower ratio of medical residents per 100,000 population (as determined by the Secretary);

"(II) located in a medically underserved area (as designated pursuant to section 330(b)(3)(A) of the Public Health Service Act); or

"(III) affiliated with an eligible institution described in section 371(a) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a)) that establishes a college of medicine.

"(v) REQUIREMENT RELATING TO POSITIONS DISTRIBUTED FOR A PSYCHIATRY OR PSYCHIATRY SUBSPECIALTY OR PRIMARY CARE RESIDENCY.—

"(I) IN GENERAL.—Subject to subclause (III), in the case of a hos-

pital that receives an increase in the otherwise applicable resident limit under this paragraph, with respect to any positions distributed to the hospital for a psychiatry or psychiatry subspecialty residency or a primary care residency under subparagraph (A)(iii), such hospital shall ensure that such positions are in a psychiatry or psychiatry subspecialty residency or primary care residency, as applicable based on such distribution, for the duration of the 10-year period beginning on the date of such increase (as determined by the Secretary).

''(II) DETERMINATION.—The Secretary may determine whether a hospital has met the requirements under subclause (I) during such 10-year period in such manner and at such time as the Secretary determines appropriate, including at the end of such 10-year period.

''(III) REDISTRIBUTION OF POSITIONS IF HOSPITAL NO LONGER

MEETS CERTAIN REQUIREMENTS.—In the case where the Secretary determines that a hospital described in subclause (I) does not meet the requirement under such subclause with respect to any positions distributed to the hospital for a psychiatry or psychiatry subspecialty residency or a primary care residency under subparagraph (A)(iii), the Secretary shall—

''(aa) reduce the otherwise applicable resident limit of the hospital by the amount by which such limit was increased under this paragraph for the distribution of such positions; and

''(bb) provide for the distribution of positions attributable to such reduction for a psychiatry or psychiatry subspecialty residency or a primary care residency, as applicable, in accordance with the requirements of this paragraph.

"(C) REQUIREMENTS.—

"(i) LIMITATION.—A hospital may not receive more than [30] additional full-time equivalent residency positions under this paragraph.

"(ii) PROHIBITION ON DISTRIBUTION TO HOSPITALS WITHOUT AN INCREASE AGREEMENT.—No increase in the otherwise applicable resident limit of a hospital may be made under this paragraph unless such hospital agrees to increase the total number of full-time equivalent residency positions under the approved medical residency training program of such hospital by the number of such positions made available by such increase under this paragraph.

"(iii) REQUIREMENT FOR HOSPITALS TO EXPAND PROGRAMS.—If a hospital that receives an increase in the otherwise applicable resident limit under this paragraph would be eligible for an adjustment to the otherwise applicable resident limit for participation in a new medical residency training program under section 413.79(e)(3) of

title 42, Code of Federal Regulations (or any successor regulation), the hospital shall ensure that any positions made available under this paragraph are used to expand an existing program of the hospital and not for participation in a new medical residency training program.

''(D) APPLICATION OF HOSPITAL-SPECIFIC PER RESIDENT AMOUNT.—With respect to additional residency positions in a hospital attributable to the increase provided under this paragraph, the approved FTE resident amount shall be determined in accordance with paragraph (2)(G).

''(E) PERMITTING FACILITIES TO APPLY AGGREGATION RULES.—The Secretary shall permit hospitals receiving additional residency positions attributable to the increase provided under this paragraph to, beginning in the fifth year after the effective date of such increase, apply such positions to the limitation amount under paragraph (4)(F) that may be aggregated pursuant to paragraph (4)(H) among members of the same affiliated group.

''(F) DEFINITIONS.—In this paragraph:

"(i) OTHERWISE APPLICABLE RESIDENT LIMIT.—The term 'otherwise applicable resident limit' means, with respect to a hospital, the limit otherwise applicable under subparagraphs (F)(i) and (H) of paragraph (4) on the resident level for the hospital determined without regard to this paragraph, but taking into account paragraphs (7)(A), (7)(B), (8)(A), (8)(B), (9)(A), and (10)(A).

"(ii) PRIMARY CARE RESIDENCY.—The term 'primary care residency' means a residency in a program described in paragraph (5)(H).

"(iii) PSYCHIATRY OR PSYCHIATRY SUBSPECIALTY RESIDENCY.—The term 'psychiatry or psychiatry subspecialty residency' has the meaning given that term in paragraph (10)(F).

"(iv) QUALIFYING HOSPITAL.—The term 'qualifying hospital' means a hospital described in any of subclauses (I) through (IV) of subparagraph (B)(ii).

"(v) REFERENCE RESIDENT LEVEL.—The term 'reference resident level' means,

with respect to a hospital, the resident level for the most recent cost reporting period of the hospital ending on or before the date of enactment of this paragraph, for which a cost report has been settled (or, if not, submitted (subject to audit)), as determined by the Secretary.

''(vi) RESIDENT LEVEL.—The term 'resident level' has the meaning given such term in paragraph (7)(C)(i).''.

(2) IME.—Section 1886(d)(5)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) is amended—

(A) in clause (v), in the third sentence, by striking ''and (h)(10)'' and inserting ''(h)(10), and (h)(11)''; and

(B) by adding at the end the following new clause:

''(xiii) For discharges occurring on or after July 1, 2027, insofar as an additional payment amount under this subparagraph is attributable to resident positions distributed to a hospital under subsection (h)(11), the indirect teaching adjustment factor shall be computed in the same man-

ner as provided under clause (ii) with respect to such resident positions.''.

(3) PROHIBITION ON JUDICIAL REVIEW.—Section 1886(h)(7)(E) of the Social Security Act (42 U.S.C. 1395ww(h)(7)(E)) is amended by inserting ''paragraph (11),'' after ''paragraph (10),''.

(b) DETERMINATION OF HOSPITAL-SPECIFIC PER RESIDENT AMOUNT FOR NEW POSITIONS.—Section 1886(h)(2) of the Social Security Act (42 U.S.C. 1395ww(h)(2)) is amended by adding at the end the following new subparagraph:

''(G) DETERMINATION OF HOSPITAL-SPECIFIC PER RESIDENT AMOUNT FOR NEW POSITIONS.—Notwithstanding any other provision of law, for cost reporting periods beginning during each fiscal year beginning on or after the date of enactment of this subparagraph, the following shall apply in the case of any residency positions distributed or redistributed on or after the date of enactment of this subparagraph, or any positions attributable to the establishment or expansion of an approved medical residency training program on or after such date:

''(i) IN GENERAL.—The approved FTE amount shall be equal to the hos-

pital-specific per resident amount determined under clause (ii).

"(ii) HOSPITAL-SPECIFIC PER RESIDENT AMOUNT.—The hospital-specific per resident amount is, with respect to an approved medical residency training program of a hospital, an amount equal to the product of—

"(I) the national per resident amount base rate (as determined under clause (iii)); and

"(II) the sum of—

"(aa) 1; and

"(bb) the cumulative bonus percentage (as determined for the hospital under clause (iv)).

"(iii) DETERMINATION OF NATIONAL PER RESIDENT AMOUNT BASE RATE.—

"(I) IN GENERAL.—The national per resident amount base rate is, with respect to cost reporting periods beginning during a fiscal year, equal to the product of—

"(aa) the national weighted average per resident amount (as

determined under subclause (II)) for the fiscal year; and

"(bb) 0.8.

"(II) NATIONAL WEIGHTED AVERAGE PER RESIDENT AMOUNT.—For cost reporting periods beginning during each fiscal year, the Secretary shall calculate a national weighted average per resident amount. Such amount shall be equal to the sum of the hospital-specific weights calculated for each hospital under subclause (II) with respect to the fiscal year.

"(III) CALCULATION OF HOSPITAL-SPECIFIC WEIGHTS.—The hospital-specific weight calculated under this subclause, with respect to a hospital and a fiscal year, is equal to the product of—

"(aa) the per-resident amount for the hospital for the fiscal year; and

"(bb) the weighting amount (as determined under subclause

(IV)) for the hospital for the fiscal year.

"(IV) WEIGHTING AMOUNT.—For purposes of subclause (III), the weighting amount determined under this subclause, with respect to a hospital and a fiscal year, is equal to the quotient obtained by dividing—

"(aa) the limit applicable under subparagraphs (F)(i) and (H) of paragraph (4) on the resident level for the hospital (determined taking into account paragraphs (7)(A), (7)(B), (8)(A), (8)(B), (9)(A), (10)(A), and (11)(A)); and

"(bb) the sum of the limits described in item (aa) for each hospital with respect to the fiscal year.

"(iv) DETERMINATION OF CUMULATIVE BONUS PERCENTAGE.—The Secretary shall determine the cumulative bonus percentage for each hospital. The cumulative bonus percentage for a hospital

shall be equal to the sum of each of the bonus percentages the hospital receives under clauses (v) through (viii).

"(v) STATE SHORTAGE AREA BONUS PERCENTAGE.—

"(I) IN GENERAL.—A hospital described in subclause (III) shall be eligible for a State shortage area bonus percentage of the applicable percentage specified for the hospital in such subclause.

"(II) RANKING.—For each fiscal year, the Secretary shall rank States based on the ratio of primary care physicians in the State to total population of the State for the preceding fiscal year, with States having the lowest ratio ranked at the bottom and those with the highest ratio ranked at the top.

"(III) BONUS APPLICABLE.—For purposes of subclause (I), the applicable percentage specified in this subclause in the case of a hospital located

in a State that is ranked for the fiscal year under subclause (II)—

"(aa) in the lowest two deciles, 20 percent;

"(bb) in the next lowest two deciles, 15 percent;

"(cc) in the next lowest two deciles, 10 percent; and

"(dd) in the next lowest two deciles , 5 percent.

"(vi) MEDICALLY UNDERSERVED POPULATION BONUS PERCENTAGE.—A hospital that is located in an area designated as having a medically underserved population (as defined in section 330(b)(3) of the Public Health Service Act) shall receive a medically underserved population bonus percentage of 10 percent.

"(vii) HIGH DUAL ELIGIBLE POPULATION.—

"(I) IN GENERAL.—A hospital described in subclause (II) shall receive a high dual eligible population bonus percentage of 5 percent.

"(II) HOSPITAL DESCRIBED.—The following hospitals are described in this subclause:

"(aa) A hospital that is in the top ten percent of hospitals nationwide with respect to share of full-benefit dual eligible individuals (as defined in section 1935(c)(6)) (as determined by the Secretary, based on the total number of such individuals furnished services by the hospital during the preceding fiscal year).

"(bb) If no hospital in a State is described in item (aa), the hospital in the State that has the highest share of full-benefit dual eligible individuals in the State (as so determined).

"(viii) HIGH EXPENSE HOSPITAL.—

"(I) IN GENERAL.—A hospital may receive only one of the bonuses specified in subclause (II) in a fiscal year. In instances where a hospital qualifies for more than one such

bonus, the hospital will receive the larger of the bonuses the hospital is otherwise eligible for.

''(II) BONUSES SPECIFIED.—The following bonuses are specified in this subclause:

''(aa) DISASTER DESIGNATION.—In the case of a hospital that is located in an area in which a major disaster has been declared under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170) 5 or more times in the last 5 years, a bonus of 45 percent.

''(bb) LEVEL-1 TRAUMA CENTER.—In the case of a hospital with a level I trauma center, a bonus of 15 percent.

''(cc) LEVEL-2 TRAUMA CENTER.—In the case of a hospital with a level II trauma center, a bonus of 5 percent.

"(dd) LOW-CAP HOSPITAL.—In the case of a hospital for which the limit applicable under subparagraphs (F)(i) and (H) of paragraph (4) on the resident level for the hospital (determined taking into account paragraphs (7)(A), (7)(B), (8)(A), (8)(B), (9)(A), (10), and (11)) is below 30, a bonus of 15 percent.

"(III) CLARIFICATION REGARDING NONAPPLICATION TO EXISTING POSITIONS.—The subparagraph shall not apply to any full-time equivalent residency position in an approved medical residency training program of a hospital for which payment is made under this subsection prior to the date of enactment of this subparagraph, except in the case where such position is redistributed.".

(c) COUNTING TIME SPENT IN CERTAIN NONPROVIDER SETTINGS.—

(1) GME.—Section 1886(h)(4)(E) of the Social Security Act (42 U.S.C. 1395ww(h)(4)(E)) is

amended, in the flush matter at the end, by adding at the end the following: ''Effective for cost reporting periods beginning on or after July 1, 2026, the term 'nonprovider setting' includes a facility of the Indian Health Service (whether operated by such Service, by an Indian tribe or tribal organization, or an urban Indian organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act)).''.

(2) IME.—Section 1886(d)(5)(B)(iv)(II) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)(iv)(II)) is amended by adding at the end the following: ''Effective for discharges occurring on or after July 1, 2026, the term 'nonprovider setting' includes a facility of the Indian Health Service (whether operated by such Service, by an Indian tribe or tribal organization, or an urban Indian organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act)).''.

SEC. 3. ENCOURAGING HOSPITALS TO TRAIN IN RURAL AREAS.

(a) IN GENERAL.—Section 1886(b)(3) of the Social Security Act (42 U.S.C. 1395ww(b)(3)) is amended—

(1) in subparagraph (C), in the matter preceding clause (i), by striking ''and (L)'' and inserting '', (L), and (M)'';

(2) in subparagraph (D), in the matter preceding clause (i), by striking ''subparagraph (K)'' and inserting ''subparagraphs (K) and (M)''; and

(3) by adding the following new subparagraph:

''(M) For cost reporting periods beginning on or after the date of enactment of this subparagraph, in the case of a sole community hospital or a Medicare-dependent, small rural hospital that develops or expands an approved medical residency training program after the year in which the hospital-specific rate for such hospital was calculated, the hospital shall be eligible for an indirect medical education payment adjustment in the same manner as other subsection (d) hospitals as described in paragraph (5)(B).''.

(b) ALLOWING FOR PAYMENT FOR SERVICES UNDER THE MEDICARE PHYSICIAN FEE SCHEDULE WHEN RESIDENTS ARE SUPERVISED BY TEACHING PHYSICIANS VIRTUALLY.—Section 1848 of the Social Security Act (42 U.S.C. 1395w–4) is amended by adding at the end the following new subsection:

''(u) ALLOWING TEACHING PHYSICIANS TO SUPERVISE VIRTUALLY.—In the case of physicians' services furnished on or after January 1, 2026, if a resident participates in a service furnished in a teaching setting, payment for such service may be made under this section if a teaching physician has a virtual presence during the key portion of the service, but only in clinical instances when the service is furnished virtually.''.

(c) PROVIDING OUTREACH AND TECHNICAL ASSISTANCE TO RURAL HOSPITALS REGARDING AVAILABILITY OF MEDICARE GRADUATE MEDICAL EDUCATION PAYMENTS.—Section 1820 of the Social Security Act (42 U.S.C. 1395i–4) is amended—

(1) in subsection (g)(1)—

(A) in subparagraph (C), by striking ''and'' at the end;

(B) in subparagraph (D), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new subparagraph:

''(E) conducting outreach regarding payments for indirect medical education costs under section 1886(d)(5)(B) and direct graduate medical education costs under section 1886(h), providing information regarding eligi-

bility for graduate medical education positions intended for rural hospitals, and providing assistance with the application process for the distribution of such positions to—

"(i) hospitals that are described in section 1886(h)(11)(B)(ii)(I); and

"(ii) rural emergency hospitals (as defined in section 1861(kkk)(2)).''; and

(2) in subsection (j)—

(A) by striking ''expended and for'' and inserting ''expended, for''; and

(B) by inserting the following before the period: '', and for making grants to all States under subsection (g)(1)(E), $5,000,000 in each of fiscal years 2026 through 2030, to remain available until expended''.

SEC. 4. ESTABLISHMENT OF MEDICARE GRADUATE MEDICAL EDUCATION POLICY COUNCIL TO IMPROVE DISTRIBUTION OF MEDICARE GME RESIDENCY POSITIONS TO SPECIALTIES IN SHORTAGE.

Section 1886(h) of the Social Security Act (42 U.S.C. 1395ww(h)), as amended by section 2, is amended by adding at the end the following new paragraph:

''(12) MEDICARE GRADUATE MEDICAL EDUCATION POLICY COUNCIL.—

''(A) ESTABLISHMENT.—There is established the Medicare Graduate Medical Education Policy Council (in this paragraph referred to as the 'Council').

''(B) MEMBERSHIP.—

''(i) COMPOSITION.—The Council shall be composed of 13 members who are not employees of the United States and who are appointed by the Secretary, as advised by the Comptroller General of the United States.

''(ii) QUALIFICATIONS.—The membership of the Council shall include individuals representing academic medical institutions, including at least one representative of an allopathic medical school and one representative of an osteopathic medical school, hospitals that serve rural areas and underserved communities, medical students, health care workforce experts, at least one doctor of medicine, and at least one doctor of osteopathy.

"(iii) NOMINATIONS.—The Secretary shall solicit nominations for membership to the Council through a notice published in the Federal Register.

"(C) TERMS.—A member of the Council shall be appointed for a term of 5 years.

"(D) VACANCIES.—A vacancy in the Council shall be filled in the same manner as the original appointment.

"(E) MEETINGS.—

"(i) INITIAL MEETING.—Not later than 180 days after the date on which all members of the Council have been appointed, the Council shall hold the first meeting of the Council.

"(ii) FREQUENCY.—The Council shall meet not less than 2 times per year and at the call of the Chairperson.

"(iii) QUORUM.—A majority of the members of the Council shall constitute a quorum.

"(iv) DECISIONS.—A decision at a meeting is to be made by a ballot of a majority of the members of the Council present at the meeting.

"(F) COMPENSATION.—Members of the Council shall be compensated at a rate not to exceed the daily equivalent of the rate in effect for grade GS–18 of the General Schedule for each day (including travel time) when they are engaged in the performance of their duties as members of the Council.

"(G) TRAVEL EXPENSES.—All members, while serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703 of title 5, United States Code, for employees serving intermittently.

"(H) STAFF.—The Secretary shall provide the Council with such professional and clerical staff, such information, and the services of such consultants as may be necessary to assist the Council in carrying out effectively its functions under this section.

"(I) FUNCTIONS.—The Council shall—

"(i) for fiscal year 2032 and every 5 years thereafter, advise the Secretary on the distribution of graduate medical edu-

cation positions under this subsection based on geographic areas and medical specialties in which there are projected shortages of physicians;

''(ii) evaluate the distribution of positions made available under paragraph (11), including an evaluation of whether such distribution is being carried out in accordance with the requirements under such paragraph and whether such distribution is effective in addressing projected physician shortages in rural areas and medically underserved areas (as designated pursuant to section 330(b)(3)(A) of the Public Health Service Act) and medical specialties in shortage;

''(iii) advise the Secretary on the development of a measure to assess how many physicians an approved medical residency training program sends to practice in a health professional shortage area (as defined in section 332(a)(1)(A) of the Public Health Service Act) or a medically underserved area (as designated pursuant to section 330(b)(3)(A) of the Public Health

Service Act), and for how long such physicians practice in those areas;

''(iv) advise the Secretary on the development of an application process for hospitals with a low otherwise applicable resident limit (as defined in paragraph (11)(F)) to apply for graduate medical education positions that remain available for distribution under paragraph (11) after fiscal year 2031; and

''(v) carry out its functions under clauses (i) through (iv) in collaboration with the Accreditation Council on Graduate Medical Education.

''(J) TERMINATION.—The Council shall terminate not later than the date that is 20 years after the date of its establishment.''.

SEC. 5. IMPROVEMENTS TO MEDICARE GME TREATMENT OF HOSPITALS ESTABLISHING NEW MEDICAL RESIDENCY TRAINING PROGRAMS.

(a) REDETERMINATION OF APPROVED FTE RESIDENT AMOUNT.—Section 1886(h)(2)(F)(iii) of the Social Security Act (42 U.S.C. 1395ww(h)(2)(F)(iii)) is amended, in the flush matter at the end, by striking ''and before the date that is 5 years after such date''.

(b) REDETERMINATION OF FTE RESIDENT LIMITATION.—Section 1886(h)(4)(H)(i) of the Social Security Act (42 U.S.C. 1395ww(h)(4)(H)(i)) is amended—

(1) in subclause (III), by striking ''and before the date that is 5 years after such date''; and

(2) in subclause (IV), by striking ''and before the date that is 5 years after such date''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to payment under section 1886 of the Social Security Act (42 U.S.C. 1395ww) for cost reporting periods beginning on or after the date of the enactment of this Act.

SEC. 6. IMPROVEMENTS TO THE DISTRIBUTION OF RESIDENT SLOTS UNDER THE MEDICARE PROGRAM AFTER A HOSPITAL CLOSES.

(a) IN GENERAL.—Section 1886(h)(4)(H)(vi) of the Social Security Act (42 U.S.C. 1395ww(h)(4)(H)(vi)) is amended—

(1) in subclause (II)—

(A) by striking item (cc) and redesignating item (dd) as item (cc); and

(B) in item (cc), as redesignated under subparagraph (A)—

(i) by striking ''Fourth'' and inserting ''Third''; and

(ii) by striking ''item (cc)'' and inserting ''item (bb)''; and

(2) in subclause (III), by striking ''likelihood of filling'' and all that follows and inserting the following: ''likelihood of—

''(aa) starting to utilize the positions made available under this clause within 2 years; and

''(bb) filling the positions made available under this clause within 5 years.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to the redistribution of residency slots with respect to hospitals that close on or after the date of enactment of this Act.

SEC. 7. IMPROVING GME DATA COLLECTION AND TRANSPARENCY.

Part A of title XI of the Social Security Act (42 U.S.C. 1301 et seq.) is amended by adding at the end the following new section:

''SEC. 1150D. GRADUATE MEDICAL EDUCATION REPORTING.

''(a) IN GENERAL.—Not later than January 1, 2026, and annually thereafter, the Secretary of Health and Human Services, shall make publicly available information

on Federal graduate medical education programs, including—

"(1) payments for indirect medical education costs under section 1886(d)(5)(B) and direct graduate medical education costs under section 1886(h), including—

"(A) full-time equivalent resident caps applicable under section 1886(d)(5)(B)(v) and subparagraphs (F)(i) and (H) of section 1886(h)(4);

"(B) numbers of full-time equivalent residents for hospitals for purposes of section 1886(d)(5)(B) and section 1886(h); and

"(C) approved FTE resident amounts for hospitals for purposes of section 1886(h);

"(2) the number, specialty type, licensure type (including doctor of medicine or doctor of osteopathy), diversity (including gender and race or ethnicity), and citizenship information of residents supported in the most recent completed residency academic year prior to the fiscal year;

"(3) the number and percentage of residents supported, by specialty type, who completed their residency training and entered practice—

"(A) primarily serving a health professional shortage area (as designated under section 332 of the Public Health Service Act) or a medically underserved community (as defined in section 799B(6) of the Public Health Service Act); or

"(B) in a rural area (as defined in section 1886(d)(2)(D));

"(4) the number and percentage of residents supported who were retained in the practice of primary care (as defined in section 1886(h)(5)(H)) at least 2 years post initial residency completion to account for further specialization;

"(5) the aggregate graduate medical education payment amounts provided by residency type or specialty and site of training;

"(6) the number of residents who experienced remediation, probation, transfers, withdrawals, or dismissals, broken out based on gender and race or ethnicity, on an aggregated basis to protect privacy; and

"(7) other information as determined appropriate by the Secretary.

"(b) PUBLIC USE DATA FILE.—The Secretary shall make available on the internet website of the Centers for

Medicare & Medicaid Services public use data files containing the information described in subsection (a) in a format that is easy to use by policymakers, researchers, and the public.

''(c) IMPLEMENTATION.—In carrying out this section, the Secretary shall—

''(1) utilize existing data collected for administrative or other purposes, such as hospital cost reports, claims data, national provider identifier data, Medicare Intern and Resident Information Systems, proprietary professional data such as the American Medical Association Physician Masterfile, and data collected by the Accreditation Council on Graduate Medical Education; and

''(2) minimize administrative, data collection, and reporting burdens on the individual, institution, and residency program levels.''.