

## **RESIDENT PHYSICIAN SHORTAGE ACT OF 2015**

### **Section 1. Short Title.**

### **Section 2. Distribution of Additional Residency Positions.**

The Secretary of Health & Human Services (“Secretary”) shall increase the number of residency slots (“slots”) by 3,000 each year from 2017 through 2021, of which at least 1,500 each year must be used for a shortage specialty residency program.

If the number of distributed slots is less than the number of available slots, the remaining slots are available for distribution the following year. If the aggregate number of distributed slots is less than 15,000 by 2021, the Secretary shall distribute the remaining slots.

In determining which hospitals will receive additional slots, the Secretary shall consider the likelihood of the hospital filling the positions. Hospitals will be prioritized in the following order:

1. Hospitals in states with new medical schools.
2. Hospitals that have exceeded their resident cap at the time of enactment.
3. Hospitals that are affiliated with Veteran’s Health Administration medical centers.
4. Hospitals that emphasize training in community health center or community-based settings or in hospital outpatient departments.
5. Hospitals that are determined to be meaningful EHR users for the fiscal year.
6. All other hospitals.

Hospitals must ensure that: 1) at least 50 percent of slots are for a shortage specialty residency program; 2) the total number of slots is not reduced prior to the increase; and 3) the ratio of residents in a shortage specialty program is not decreased prior to the increase.

If a hospital no longer meets the criteria for additional slots, the Secretary shall remove the additional slots and redistribute them. A hospital may not receive more than 75 slots in the aggregate from 2017 through 2021, unless the Secretary determines there are extra slots available for distribution.

A shortage specialty residency program is defined as any approved residency training program in a specialty identified by the Health Resources and Services Administration (HRSA), until the National Health Care Workforce issues a report on specialty shortages.

Additional slots will be calculated in the same manner as existing slots for the purposes of Indirect Medical Education (IME) payments.

### **Section 3. Study and Report by National Health Care Workforce Commission.**

The National Health Care Workforce Commission (established by the Patient Protection & Affordable Care Act) shall conduct a study of the physician workforce, which includes identifying physician specialty shortages. The Commission shall submit the report to Congress by January 1, 2018.