

.....
(Original Signature of Member)

116TH CONGRESS
1ST SESSION

H. R.

To amend title XVIII of the Social Security Act to provide for the distribution of additional residency positions to help combat the opioid crisis.

IN THE HOUSE OF REPRESENTATIVES

Mr. SCHNEIDER introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to provide for the distribution of additional residency positions to help combat the opioid crisis.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Opioid Workforce Act
5 of 2019”.

1 **SEC. 2. DISTRIBUTION OF ADDITIONAL RESIDENCY POSI-**
2 **TIONS TO HELP COMBAT OPIOID CRISIS.**

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

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

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

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

13 (4) by adding at the end the following new
14 paragraph:

15 “(9) DISTRIBUTION OF ADDITIONAL RESIDENCY
16 POSITIONS TO HELP COMBAT OPIOID CRISIS.—

17 “(A) ADDITIONAL RESIDENCY POSI-
18 TIONS.—For each of fiscal years 2021 through
19 2025 (and succeeding fiscal years if the Sec-
20 retary determines that there are additional resi-
21 dency positions available to distribute under
22 subparagraph (E)), the Secretary shall increase
23 the otherwise applicable resident limit for each
24 qualifying hospital that submits a timely appli-
25 cation under this subparagraph by such number
26 as the Secretary may approve for portions of

1 cost reporting periods occurring on or after
2 July 1 of the fiscal year of the increase. Except
3 as provided in subparagraph (B)(iv) or (E), the
4 aggregate number of increases in the otherwise
5 applicable resident limit under this subpara-
6 graph shall be equal to 500 in fiscal year 2021
7 and 500 over the period of fiscal years 2022
8 through 2025, distributed in accordance with
9 the succeeding subparagraphs of this para-
10 graph.

11 “(B) DISTRIBUTION FOR FISCAL YEAR
12 2021.—

13 “(i) IN GENERAL.—For fiscal year
14 2021, the positions available for distribu-
15 tion with respect to the fiscal year as de-
16 scribed in subparagraph (A) shall be dis-
17 tributed to hospitals that have existing es-
18 tablished approved programs in addiction
19 medicine, addiction psychiatry, or pain
20 management as determined by the Sec-
21 retary.

22 “(ii) NUMBER OF POSITIONS HOS-
23 PITAL ELIGIBLE TO RECEIVE.—Subject to
24 clauses (iii) and (iv) and subparagraph
25 (D), the aggregate number of positions a

1 hospital may receive under this subpara-
2 graph with respect to fiscal year 2021 is
3 equal to the sum of the following:

4 “(I) The number of full-time-
5 equivalent residents that will be train-
6 ing in addiction medicine, addiction
7 psychiatry, or pain management as
8 determined by the Secretary with re-
9 spect to the fiscal year.

10 “(II) The associated number of
11 residents training in a pre-requisite
12 program, such as internal medicine,
13 necessary for the number of full-time
14 residents for the programs described
15 in subclause (I).

16 “(iii) ADDITIONAL POSITIONS FOR EX-
17 PANSION OF EXISTING PROGRAM.—If a
18 hospital demonstrates to the Secretary that
19 the hospital is planning to increase the
20 number of full-time-equivalent residents in
21 existing programs described in clause (i),
22 the Secretary may increase the number of
23 positions a hospital is eligible to receive
24 under clause (ii) in order to accommodate

1 that expansion, as determined by the Sec-
2 retary.

3 “(iv) CONSIDERATIONS IN DISTRIBUTION.—The Secretary shall distribute addi-
4 tional residency positions under this sub-
5 paragraph based on—
6

7 “(I) in the case of positions made
8 available under clause (ii), the dem-
9 onstrated likelihood of the hospital
10 filling such positions by July 1, 2021;
11 and

12 “(II) in the case of positions
13 made available under clause (iii), the
14 demonstrated likelihood of the hos-
15 pital filling such positions within the
16 first three cost reporting periods be-
17 ginning on or after July 1, 2021.

18 “(v) CLARIFICATION REGARDING
19 AVAILABILITY OF ADDITIONAL POSITIONS
20 IN SUBSEQUENT FISCAL YEARS.—Nothing
21 in this subparagraph shall preclude a hos-
22 pital from receiving additional residency
23 positions under subparagraph (C).

24 “(vi) POSITIONS NOT DISTRIBUTED
25 DURING THE FISCAL YEAR.—If the number

1 of resident full-time-equivalent positions
2 distributed under this subparagraph is less
3 than the aggregate number of positions
4 available for distribution in the fiscal year
5 (as described in subparagraph (A)), the
6 difference between such number distrib-
7 uted and such number available for dis-
8 tribution shall be added to the aggregate
9 number of positions available for distribu-
10 tion under subparagraph (C).

11 “(C) DISTRIBUTION FOR FISCAL YEARS
12 2022 THROUGH 2025.—

13 “(i) IN GENERAL.—For the period of
14 fiscal years 2022 through 2025, the posi-
15 tions available for distribution with respect
16 to such period (as described in subpara-
17 graph (A), including after application of
18 subparagraph (B)(vi)) shall be distributed,
19 subject to subparagraph (D), to hospitals
20 which demonstrate to the Secretary that
21 the hospital—

22 “(I) will establish an approved
23 program in addiction medicine, addic-
24 tion psychiatry, or pain management;
25 and

1 “(II) will use all of the additional
2 positions made available under this
3 subparagraph in such program or a
4 prerequisite residency program for
5 such program within the first four
6 cost reporting periods after the in-
7 crease would be effective.

8 “(ii) REQUIREMENTS.—Subject to
9 clause (iii), a hospital that receives an in-
10 crease in the otherwise applicable resident
11 limit under this subparagraph shall ensure,
12 during the 5-year period beginning after
13 the date of such increase, that the hospital
14 uses the positions received under clauses
15 (i)(I) and (i)(II) for the programs for
16 which the positions were distributed, or
17 similar programs (as determined by the
18 Secretary). The Secretary may determine
19 whether a hospital has met the require-
20 ments under this clause during such 5-year
21 period in such manner and at such time as
22 the Secretary determines appropriate, in-
23 cluding at the end of such 5-year period.

24 “(iii) REDISTRIBUTION OF POSITIONS
25 IF HOSPITAL NO LONGER MEETS CERTAIN

1 REQUIREMENTS.—In the case where the
2 Secretary determines that a hospital de-
3 scribed in clause (ii) does not meet the re-
4 quirements of such clause, the Secretary
5 shall—

6 “(I) reduce the otherwise applica-
7 ble resident limit of the hospital by
8 the amount by which such limit was
9 increased under this subparagraph;
10 and

11 “(II) provide for the distribution
12 of positions attributable to such re-
13 duction in accordance with the re-
14 quirements of this paragraph.

15 “(D) LIMITATION.—The aggregate number
16 of positions distributed under subparagraphs
17 (B) and (C) to an individual hospital during the
18 period of fiscal years 2021 through 2025 may
19 not exceed 25.

20 “(E) DISTRIBUTION OF REMAINING POSI-
21 TIONS.—If the aggregate number of positions
22 distributed under subparagraphs (B) and (C)
23 during the period of fiscal years 2021 through
24 2025 is less than 1,000, the Secretary shall dis-
25 tribute the remaining residency positions in suc-

1 ceeding fiscal years according to criteria con-
2 sistent with this paragraph until such time as
3 the aggregate amount of positions distributed
4 under this paragraph is equal to 1,000.

5 “(F) NOTIFICATION.—The Secretary shall
6 notify hospitals of the number of positions dis-
7 tributed to the hospital under this paragraph as
8 a result on an increase in the otherwise applica-
9 ble resident limit by January 1 of the fiscal
10 year of the increase. Such increase shall be ef-
11 fective for portions of cost reporting periods be-
12 ginning on or after July 1 of that fiscal year.

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

22 “(H) PERMITTING FACILITIES TO APPLY
23 AGGREGATION RULES.—The Secretary shall
24 permit hospitals receiving additional residency
25 positions attributable to the increase provided

1 under this paragraph to, beginning in the fifth
2 year after the effective date of such increase,
3 apply such positions to the limitation amount
4 under paragraph (4)(F) that may be aggre-
5 gated pursuant to paragraph (4)(H) among
6 members of the same affiliated group.

7 “(I) DEFINITIONS.—In this paragraph:

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

17 “(ii) RESIDENT LEVEL.—The term
18 ‘resident level’ has the meaning given such
19 term in paragraph (7)(C)(i).”.

20 (b) IME.—

21 (1) IN GENERAL.—Section 1886(d)(5)(B)(v) of
22 the Social Security Act (42 U.S.C.
23 1395ww(d)(5)(B)(v)), in the third sentence, is
24 amended by striking “and (h)(8)” and inserting
25 “(h)(8), and (h)(9)”.

1 (2) CONFORMING PROVISION.—Section
2 1886(d)(5)(B) of the Social Security Act (42 U.S.C.
3 1395ww(d)(5)(B)) is amended—

4 (A) by redesignating clause (x), as added
5 by section 5505(b) of the Patient Protection
6 and Affordable Care Act (Public Law 111–
7 148), as clause (xi) and moving such clause 4
8 ems to the left; and

9 (B) by adding after clause (xi), as redesign-
10 nated by subparagraph (A), the following new
11 clause:

12 “(xii) For discharges occurring on or after July
13 1, 2021, insofar as an additional payment amount
14 under this subparagraph is attributable to resident
15 positions distributed to a hospital under subsection
16 (h)(9), the indirect teaching adjustment factor shall
17 be computed in the same manner as provided under
18 clause (ii) with respect to such resident positions.”.