

**Resident Physician Shortage Reduction Act of 2019
116th Congress S.348/HR 1763**

	A	B	C
1		S. 348 Menendez-Boozman-Schumer	HR1763 Sewell-Katko-Torres Small-Davis(Rodney IL)
2	Total slot increase	Increase by 3,000 slots for five years (2021-2025) of which 1500 are from shortage specialties (defined in HRSA 2008 report)	Increase by 3,000 slots for five years 2021-2025; 1500 each year for shortage specialties. If in any year, and at the end of the 5 years, they haven't "given out" the new positions, they can still keep assigning them until they are used up.
3	Over cap Increase		One-third of new positions go to hospitals already over their cap. Formula of how many positions a hospital is eligible for is the product of the total number of slots available and the quotient of the # a hospital is above its cap by the total number of overcap positions in the application pool. Hospital must have t least 25% FTE residents in primary care and general surgery and maintain that ratio for five years. Hospital can still apply for other positions in the other priority categories
5	Priority Distribution	Priority Distribution 2) Hospitals over their cap	Priority Distribution 2) Hospitals the Secretary cooperates under section 7302(d) of title 38 USC;
6		Priority for Distribution 3) Hospitals the Secretary cooperates under section 7302(d) of title 38 USC (relates to VA hospitals)	Priority for Distribution 3) Hospitals that emphasize training in community-based settings or in hospital out-patient departments;
7		Priority for Distribution 4) Hospitals that emphasize training in community-based settings or in hospital out-patient departments;	Priority for Distribution 4) to hospitals that are not located in a rural area and operate an approved medical residency training program (or rural track) in a rural area or an approved medical residency training program with an integrated rural track.
8		Priority for Distribution 5) to hospitals that are not located in a rural area and operate an approved medical residency training program (or rural track) in a rural area or an approved medical residency training program with an integrated rural track.	Priority for Distribution 5) all other hospitals
9		Priority Distribution 6) All other hospitals	
10	Use requirements of new slots and restrictions	Requirements for use of new positions: 50% filled by residents in a shortage specialty as defined by the National Workforce Commission OR Use of HRSA 2008 Workforce Report	Restrictions on New slots - A hospital may only receive new slots if it is at least 10 positions over its cap AND at least 25 % of FTEs are in primary care and general surgery. 5 year maintenance of effort for primary care and general surgery at 25% levels. Also, At least 50% go to specialties in shortage per 2008 HRSA report, then Workforce commission - must maintain for 5 years

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11		Maintenance of Effort - ratio of FTE residents in a shortage specialty is not less than the average ratio of FTE residents during the three most recent cost reporting periods prior to increase	Maintenance of Effort - ratio of FTE residents in a shortage specialty is not less than the average ratio of FTE residents during the three most recent cost reporting periods prior to increase. After five years the hospital can be shared with an affiliated group.
12		If hospital no longer meets requirements Secretary can take the slots back and redistribute	If hospital no longer meets requirements Secretary can take the slots back and redistribute
13		Maximum number of slots per hospital is 75 FTE's in aggregate unless not enough applications.	Maximum number of slots per hospital is 75 FTE's in any fiscal year.
14		PRA amount is deemed equal for primary care and nonprimary care computed for that hospital.	PRA amount is deemed equal for primary care and nonprimary care computed for that hospital.
15	Study and Report	GAO study, due 2 years after enactment, on strategies for increasing the diversity of the health professional workforce. Including analysis of strategies for increasing numbers from rural, lower income, and underrepresented minority communities, and which strategies are most effective.	GAO study, due 2 years after enactment, on strategies for increasing the diversity of the health professional workforce. Including analysis of strategies for increasing numbers from rural, lower income, and underrepresented minority communities, and which strategies are most effective.