

S 2553

IMPACT Act of 2014

Congress: 113 (2013–2015, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jun 26, 2014

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Jun 26, 2014)

Official Text: <https://www.congress.gov/bill/113th-congress/senate-bill/2553>

Sponsor

Name: Sen. Wyden, Ron [D-OR]

Party: Democratic • **State:** OR • **Chamber:** Senate

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Hatch, Orrin G. [R-UT]	R · UT		Jun 26, 2014

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jun 26, 2014

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 HR 4994	Identical bill	Oct 6, 2014: Became Public Law No: 113-185.

Improving Medicare Post-Acute Care Transformation Act of 2014 or the IMPACT Act of 2014 - Amends title XVIII (Medicare) of the Social Security Act to direct the Secretary of Health and Human Services (HHS) to: (1) require post-acute care (PAC) providers to report standardized patient assessment data, data on quality measures, and data on resource use and other measures; (2) require the data to be interoperable to allow for its exchange among PAC and other providers to give them access to longitudinal information so as to facilitate coordinated care and improve Medicare beneficiary outcomes; and (3) modify PAC assessment instruments applicable to PAC providers for the submission of standardized patient assessment data on such providers and enable assessment data comparison across all such providers.

Directs the Secretary to: (1) provide confidential feedback reports to PAC providers on their performance with respect to required measures; and (2) arrange for public reporting of PAC provider performance on quality, resource use, and other measures.

Directs the Medicare Payment Advisory Commission (MEDPAC) to: (1) evaluate and recommend to Congress features of PAC payment systems that establish, or a unified PAC payment system that establishes, payment rates according to characteristics of individuals instead of according to the PAC setting where the Medicare beneficiary involved is treated; and (2) recommend to Congress a technical prototype for a PAC prospective payment system.

Directs the Secretary to reduce by 2% the update to the market basket percentage for skilled nursing facilities which do not report assessment and quality data.

Directs the Secretary to study: (1) the effect of individuals' socioeconomic status on quality, resource use, and other measures for individuals under the Medicare program; and (2) the impact on such measures of specified risk factors.

Actions Timeline

- **Jun 26, 2014:** Introduced in Senate
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