HR 4994

IMPACT Act of 2014

Congress: 113 (2013–2015, Ended)
Chamber: House
Policy Area: Health
Introduced: Jun 26, 2014
Current Status: Became Public Law No: 113-185.
Latest Action: Became Public Law No: 113-185. (Oct 6, 2014)
Law: 113-185 (Enacted Oct 6, 2014)
Official Text: https://www.congress.gov/bill/113th-congress/house-bill/4994

Sponsor

Name: Rep. Camp, Dave [R-MI-4]
Party: Republican • **State:** MI • **Chamber:** House

Cosponsors (8 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Black, Diane [R-TN-6]	R · TN		Jun 26, 2014
Rep. Blumenauer, Earl [D-OR-3]	D · OR		Jun 26, 2014
Rep. Brady, Kevin [R-TX-8]	R · TX		Jun 26, 2014
Rep. Kind, Ron [D-WI-3]	D · WI		Jun 26, 2014
Rep. Levin, Sander M. [D-MI-9]	D · MI		Jun 26, 2014
Rep. McDermott, Jim [D-WA-7]	D · WA		Jun 26, 2014
Rep. Tiberi, Patrick J. [R-OH-12]	R · OH		Jun 26, 2014
Rep. Sánchez, Linda T. [D-CA-38]	D · CA		Jul 10, 2014

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jun 27, 2014
Ways and Means Committee	House	Referred To	Jun 26, 2014

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 S 2553	Identical bill	**Jun 26, 2014:** Read twice and referred to the Committee on Finance.

Summary (as of Oct 6, 2014)

(This measure has not been amended since it was passed by the House on September 16, 2014. The summary of that version is repeated here.)

Improving Medicare Post-Acute Care Transformation Act of 2014 or the IMPACT Act of 2014 - (Sec. 2) 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, all meeting specified requirements; (2) require the data to be standardized and 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, including in the discharge planning process; 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.

Requires home health agencies, inpatient rehabilitation facilities, and long-term care hospitals to implement, according to a three-phase schedule, and submit data on quality measures and resource use as well as standardized patient assessment data.

Directs the Secretary to reduce by 2% the update to the market basket percentage for skilled nursing facilities which do not report the same kinds of data.

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 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.

(Sec. 3) Subjects any entity certified as a hospice program to a standard survey by an appropriate state or local survey agency, or an approved accreditation agency, at least once every 36 months.

Specifies funding for such survey requirements from the Federal Hospital Insurance Trust Fund for FY2015-FY2017 and, with an increase, for FY2018-FY2025.

Applies certain rules for the limitation of a beneficiary's liability with respect to denial of a Medicare payment for hospice care of an individual for more than 180 days in the same manner as those rules apply with respect to denial of a payment for items and services as not reasonable or necessary for the diagnosis or treatment of an illness or injury.

Requires medical review of the hospice care given by a hospice program to an individual receiving it for more than 180 days (long-stay patient) if the number of long-stay patients in the program exceeds a percentage (specified by the Secretary) of the total number of all cases of individuals the program has given hospice care.

Prescribes the annual update to the hospice aggregate payment cap amount for FY2017-FY2025 as the percentage

update to payment rates for hospice care or services furnished during the fiscal year beginning on the October 1 preceding the beginning of the accounting year.

Directs the Secretary to replace the Transitional Fund for Sustainable Growth Rate (SGR) Reform with a re-established Medicare Improvement Fund (MIF), which shall be available to the Secretary to make improvements under the original Medicare fee-for-service program for individuals entitled to, or enrolled for, benefits under part A (Hospital Insurance) or enrolled under Medicare part B (Supplementary Medicare Insurance). Makes funds available to the MIF during and after FY2020. Makes amounts available to the MIF from the Federal Hospital Insurance Trust Fund (as under current law) as well as the Federal Supplementary Medical Insurance Trust Fund, in any proportion the Secretary determines appropriate.

Actions Timeline

- **Oct 6, 2014:** Signed by President.
- **Oct 6, 2014:** Became Public Law No: 113-185.
- **Sep 26, 2014:** Presented to President.
- **Sep 19, 2014:** Message on Senate action sent to the House.
- **Sep 18, 2014:** Passed/agreed to in Senate: Passed Senate without amendment by Unanimous Consent.(consideration: CR S5862)
- **Sep 18, 2014:** Passed Senate without amendment by Unanimous Consent. (consideration: CR S5862)
- **Sep 17, 2014:** Received in the Senate, read twice.
- **Sep 16, 2014:** Mr. Brady (TX) moved to suspend the rules and pass the bill, as amended.
- **Sep 16, 2014:** Considered under suspension of the rules. (consideration: CR H7605-7612)
- **Sep 16, 2014:** DEBATE - The House proceeded with forty minutes of debate on H.R. 4994.
- **Sep 16, 2014:** Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote.(text: CR H7605-7610)
- **Sep 16, 2014:** On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote. (text: CR H7605-7610)
- **Sep 16, 2014:** Motion to reconsider laid on the table Agreed to without objection.
- **Jun 27, 2014:** Referred to the Subcommittee on Health.
- **Jun 26, 2014:** Introduced in House
- **Jun 26, 2014:** Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.