

## HR 1458

BACPAC Act of 2015

**Congress:** 114 (2015–2017, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Mar 19, 2015

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Mar 26, 2015)

**Official Text:** <https://www.congress.gov/bill/114th-congress/house-bill/1458>

### Sponsor

**Name:** Rep. McKinley, David B. [R-WV-1]

**Party:** Republican • **State:** WV • **Chamber:** House

### Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Rep. McNerney, Jerry [D-CA-9]	D · CA		Mar 19, 2015
Rep. Price, Tom [R-GA-6]	R · GA		Mar 19, 2015
Rep. Eshoo, Anna G. [D-CA-18]	D · CA		Mar 25, 2015

### Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Mar 20, 2015
Ways and Means Committee	House	Referred to	Mar 26, 2015

### Subjects & Policy Tags

#### Policy Area:

Health

### Related Bills

*No related bills are listed.*

## **Bundling and Coordinating Post-Acute Care Act of 2015 or the BACPAC Act of 2015**

Amends title XVIII (Medicare) of the Social Security Act to require a single bundled payment for post-acute care services under Medicare parts A (Hospital Insurance) and B (Supplementary Medical Insurance).

Defines "PAC physician" as the physician with primary responsibility for supervising delivery to an individual of a post-acute care (PAC) bundle of services between a qualifying discharge and the earlier of: (1) 90 days later, or (2) the date on which the individual is admitted to a hospital to receive services for a condition unrelated to the one for which he or she received the acute care inpatient hospital services.

Directs the Secretary of Health and Human Services to study the feasibility of integrating ("bundling") all payments under the Medicare program for post acute care services with payments for acute care inpatient hospital services in a subsection (d) hospital. (Generally, a subsection [d] hospital is an acute care hospital, particularly one that receives payments under Medicare's inpatient prospective payment system [IPPS] when providing covered inpatient services to eligible beneficiaries.)

Places a moratorium on the IPPS payment rate in certain cases.

Directs the Secretary to: (1) establish a new Transitional Care Management (TCM) code, with respect to geographic adjustments to the physicians' fee schedule, to pay for care management by a PAC physician; or (2) revise and expand the use of existing TCM codes 99495 and 99494.

## **Actions Timeline**

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- **Mar 26, 2015:** Referred to the Subcommittee on Health.
- **Mar 20, 2015:** Referred to the Subcommittee on Health.
- **Mar 19, 2015:** Introduced in House
- **Mar 19, 2015:** 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.