

116TH CONGRESS
2D SESSION

H. R. 8826

To amend the IMPACT Act of 2014 to reset data collection and the development of a payment system technical prototype for post-acute care providers under the Medicare program to take into account the effects of COVID–19.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 30, 2020

Ms. SEWELL of Alabama (for herself, Mr. PASCRELL, and Mr. SUOZZI) introduced the following bill; which was 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

A BILL

To amend the IMPACT Act of 2014 to reset data collection and the development of a payment system technical prototype for post-acute care providers under the Medicare program to take into account the effects of COVID–19.

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 Resetting the Impact
5 Act (TRIA) of 2020”.

1 **SEC. 2. RESETTling DATA COLLECTION AND THE DEVELOP-**
2 **MENT OF A PAYMENT SYSTEM TECHNICAL**
3 **PROTOTYPE FOR POST-ACUTE CARE PRO-**
4 **VIDERS UNDER THE MEDICARE PROGRAM TO**
5 **TAKE INTO ACCOUNT THE EFFECTS OF**
6 **COVID-19.**

7 (a) IN GENERAL.—Section 2(b)(2) of the IMPACT
8 Act of 2014 (Public Law 113–185) is amended—

9 (1) in subparagraph (A)—

10 (A) in the matter preceding clause (i), by
11 striking “Not later than” and all that follows
12 through “subsection (a),” and inserting “Not
13 earlier than the date that is 2 years after the
14 later of January 1, 2021, and the date by which
15 the Secretary of Health and Human Services
16 has collected at least 12 specified calendar
17 quarters (as defined in subparagraph (C)) of
18 standardized patient assessment data under
19 subsection (b) of section 1899B of the Social
20 Security Act, of data on quality measures under
21 subsection (c) of such section, and of resource
22 use and claims data under subsection (d) of
23 such section from each of the PAC payment
24 systems (as defined in subsection (a)(2)(D) of
25 such section),”;

26 (B) in clause (i)—

1 (i) in subclause (III), by striking
2 “and” at the end;

3 (ii) in subclause (IV), by striking the
4 period at the end and inserting a semi-
5 colon; and

6 (iii) by adding at the end the fol-
7 lowing new subclauses:

8 “(V) ensure that payments under
9 the system would be sufficient to sup-
10 port the resources needed to provide
11 quality patient care, including with re-
12 spect to items and services needed by
13 the highest-acuity patients, including
14 those with or recovering from medi-
15 cally-complex occurrences of COVID-
16 19 and those with major or extreme
17 severity of illness (as defined by the
18 All Patients Refined Diagnosis Re-
19 lated Groups (APR–DRG) patient
20 classification system), to ensure that
21 such individuals retain access to care
22 in relevant PAC provider settings;

23 “(VI) take into account, to the
24 greatest extent possible, the most re-
25 cently available PAC provider data de-

1 scribed in any of subsections (b)
2 through (d) of section 1899B of such
3 Act; and

4 “(VII) taking into account the
5 impact assessment described in clause
6 (vi), ensure that payment and access
7 to care under the system would be
8 adequate for each PAC provider set-
9 ting during a pandemic of similar
10 scope and impact as that of COVID-
11 19.”;

12 (C) in clause (iv), by striking “and” at the
13 end;

14 (D) in clause (v) by striking the period at
15 the end and inserting “; and”; and

16 (E) by adding at the end the following new
17 clause:

18 “(vi) an impact assessment that—

19 “(I) evaluates the capabilities
20 and limitations of each PAC provider
21 setting with respect to quality of care,
22 patient safety, and containment of in-
23 fectionous disease during the emergency
24 period described in section

1 1135(g)(1)(B) of the Social Security
2 Act;

3 “(II) reviews and compares the
4 relative capabilities of each PAC pro-
5 vider setting in meeting the clinical
6 needs of individuals with COVID–19
7 and the needs of referring acute-care
8 hospitals, including a specific assess-
9 ment of such capabilities with respect
10 to individuals with high-acuity
11 COVID–19 cases, including such indi-
12 viduals requiring ventilator services
13 and such individuals with major and
14 extreme levels of severity of illness (as
15 defined under the APR–DRGs patient
16 classification system) and individuals
17 requiring intensive medical rehabilita-
18 tion, therapy, and rehabilitation nurs-
19 ing care;

20 “(III) evaluates the relative abili-
21 ties of each PAC provider setting to
22 prevent, mitigate, and contain the
23 intra-facility and community spread of
24 COVID–19;

1 “(IV) specifies the types of ad-
2 justments in clinical capacity, infec-
3 tion control protocols, isolation space,
4 physical plant, personnel, access to
5 personal protective equipment, and
6 other changes by each PAC provider
7 setting needed to safely mitigate the
8 spread of future pandemics that are
9 similar in scope and impact to that of
10 COVID–19; and

11 “(V) is made publicly available at
12 least 6 months before the date on
13 which the report under this subpara-
14 graph is submitted to Congress.”; and

15 (2) by adding at the end the following new sub-
16 paragraph:

17 “(C) SPECIFIED CALENDAR QUARTER DE-
18 FINED.—For purposes of subparagraph (A), the
19 term ‘specified calendar quarter’ means a cal-
20 endar quarter—

21 “(i) beginning after the prospective
22 payment system for home health agencies
23 under section 1895 of the Social Security
24 Act has incorporated the Patient-Driven

1 Groupings Model (as described at 83 Fed.
2 Reg. 56446 et seq.);

3 “(ii) beginning after the prospective
4 payment system for skilled nursing facili-
5 ties under section 1888(e) of such Act has
6 incorporated the Patient-Driven Payment
7 Model (as described in 83 Fed. Reg. 39162
8 et seq.); and

9 “(iii) no portion of which occurs dur-
10 ing a nationwide public health emergency
11 declared by the Secretary pursuant to sec-
12 tion 319 of the Public Health Service Act
13 with respect to which any waiver has been
14 effectuated by the Secretary pursuant to
15 section 1135 of the Social Security Act.”.

16 (b) EFFECTIVE DATE.—The amendments made by
17 subsection (a) shall take effect as if included in the enact-
18 ment of the IMPACT Act of 2014 (Public Law 113–185).

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