

117TH CONGRESS
1ST SESSION

H. R. 2455

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

APRIL 12, 2021

Ms. SEWELL (for herself and Mr. BUCHANAN) 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 of 2021” or the “TRIA Act of 2021”.

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, 2022, and the date by which
15 the Secretary of Health and Human Services
16 has collected at least 8 specified calendar quar-
17 ters (as defined in subparagraph (C)) of stand-
18 ardized patient assessment data under sub-
19 section (b) of section 1899B of the Social Secu-
20 rity 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),”; and

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 and inserting “; and”; and

5 (iii) by adding at the end the fol-
6 lowing new subclause:

7 “(V) account for the role that
8 each type of PAC provider may play
9 during public health emergencies, tak-
10 ing into account the value of each
11 such type of provider during the
12 COVID–19 public health emergency,
13 such as the percent of patient popu-
14 lations served by each such type of
15 provider with or recovering from
16 COVID–19, as well as the acuity lev-
17 els of such populations.”; and

18 (2) by adding at the end the following new sub-
19 paragraph:

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

24 “(i) beginning after the prospective
25 payment system for home health agencies

1 under section 1895 of the Social Security
2 Act has incorporated the Patient-Driven
3 Groupings Model (as described at 83 Fed.
4 Reg. 56446 et seq.);

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

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

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

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