

April 15, 2024

The Honorable Brad Wenstrup
U.S. House of Representatives
2335 Rayburn House Office Building
Washington, DC 20515

The Honorable Earl Blumenauer
U.S. House of Representatives
1111 Longworth House Office Building
Washington, DC 20515

Dear Representatives Wenstrup and Blumenauer:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to provide comments on the discussion draft of the Hospital Inpatient Services Modernization Act to extend the acute care hospital-at-home program.

The hospital-at home (H@H) model has emerged as a promising approach for patients to receive high-quality care in the comfort of their home. To allow providers to continue to take steps to transform care delivery in a way that improves patient experience, **the AHA supports the continuation of this program.**

HOSPITAL AT HOME PROGRAMS HAVE TRANSFORMED HEALTH CARE DELIVERY

Hospitals and health systems continue to see H@H programs as a safe and innovative way to care for patients in the comfort of their homes. This kind of care is well suited for medium acuity patients who need hospital level care but are considered stable enough to be safely monitored from home. Rather than staying three days or longer in the hospital, these patients can be treated safely by their doctor and a team of medical professionals while in the comfort of their own home.

A growing body of research shows that H@H is an effective strategy that improves components of the value equation — improve outcomes and enhance the patient experience. A randomized control trial found that acutely ill patients admitted to H@H through the ED were three times less likely to be admitted to the hospital within 30 days than usual inpatient care patients.¹

¹ Levine D.M., Ouchi K., Blanchfield B., et al. HospitalLevel Care at Home for Acutely Ill Adults: A Randomized Controlled Trial. *Ann Intern Med.* 2020 Jan 21;172(2):77- 85. doi: 10.7326/M19-0600. Epub 2019 Dec 17. PMID: 31842232. Accessed at <https://www.acpjournals.org/doi/10.7326/ M19-0600>.



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LONG-TERM EXTENSION PROVIDES STABILITY

To receive approval to participate in the H@H program as authorized under the public health emergency waivers, hospitals must submit an individual waiver request to CMS. The request specifically asks CMS to waive §422.23(b) and (b)(1) of the Medicare Conditions of Participation, which require nursing services to be provided on premises 24 hours a day, seven days a week, as well as the immediate availability of a registered nurse for the care of any patient. Once the waiver request is received, CMS divides the applications into two categories, allowing more-experienced hospitals a quicker approval process so they can rapidly expand their H@H program; less-experienced hospitals have to demonstrate they are capable of meeting the requirements associated with the provision of H@H services.

As of March 2024, 320 hospitals, across 133 systems and 37 states, [have been approved](#) to provide H@H services to patients. Several other health systems and hospitals have indicated they are interested in standing up H@H programs but are hesitant to do so without congressional action indicating the program will last beyond Dec. 31, 2024.

Over the past few years, one of the common themes we have heard from our members is that long-term stability is needed within the H@H program. Standing up a H@H program requires logistical and technical work, with an investment of time, staff and money. In addition to being approved for the federal waiver, some providers must navigate additional regulatory requirements at the state level as well. For some, this whole process could take around a year or more to complete before that first patient could be seen at home. A longer extension of the H@H program would provide much needed stability for existing programs to continue providing care to their patients, and it would give time for others to start programs.

As you consider action beyond temporary extensions of the waiver, we would welcome the opportunity to work with you to establish and implement a permanent version of the program that enables qualified patients to receive safe and effective hospital-level care in the comfort and safety of their home. We thank you for your leadership in leading the Hospital Inpatient Services Modernization Act, and we stand ready to work with you to ensure its passage.

Sincerely,

/s/

Lisa Kidder Hrobsky
Senior Vice President
Advocacy and Political Affairs