

Suspend the Rules and Pass the Bill, H.R. 4313, with An Amendment

(The amendment strikes all after the enacting clause and inserts a new text)

119TH CONGRESS
1ST SESSION

H. R. 4313

To amend title XVIII of the Social Security Act to extend acute hospital care at home waiver flexibilities, and to require an additional study and report on such flexibilities.

IN THE HOUSE OF REPRESENTATIVES

JULY 10, 2025

Mr. BUCHANAN (for himself, Mr. SMUCKER, and Mr. EVANS of Pennsylvania) introduced the following bill; which was referred to the Committee on Ways and Means

A BILL

To amend title XVIII of the Social Security Act to extend acute hospital care at home waiver flexibilities, and to require an additional study and report on such flexibilities.

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 “Hospital Inpatient
5 Services Modernization Act”.

1 **SEC. 2. EXTENDING ACUTE HOSPITAL CARE AT HOME**
2 **WAIVER FLEXIBILITIES.**

3 Section 1866G(a)(1) of the Social Security Act (42
4 U.S.C. 1395cc-7(a)(1)) is amended by striking “January
5 30, 2026” and inserting “September 30, 2030”.

6 **SEC. 3. REQUIRING ADDITIONAL STUDY AND REPORT ON**
7 **ACUTE HOSPITAL CARE AT HOME WAIVER**
8 **FLEXIBILITIES.**

9 Section 1866G of the Social Security Act (42 U.S.C.
10 1395cc-7), as amended by section 2, is further amended—

11 (1) in subsection (a)(3)(E)—

12 (A) in clause (ii), by striking “the study
13 described in subsection (b)” and inserting “the
14 studies described in subsections (b) and (c)”;
15 and

16 (B) by adding at the end the following new
17 flush sentence:

18 “The Secretary may require that such data and
19 information be submitted through a hospital’s
20 cost report, through such survey instruments as
21 the Secretary may develop, through medical
22 record information, or through such other
23 means as the Secretary determines appro-
24 priate.”;

25 (2) in subsection (b)—

1 (A) in the subsection heading, by striking
2 “STUDY” and inserting “INITIAL STUDY”; and

3 (B) in paragraph (3), by inserting “or sub-
4 section (c)” before the period at the end;

5 (3) by redesignating subsections (c) and (d) as
6 subsections (d) and (e), respectively; and

7 (4) by inserting after subsection (b) the fol-
8 lowing new subsection:

9 “(c) SUBSEQUENT STUDY AND REPORT.—

10 “(1) IN GENERAL.—Not later than September
11 30, 2028, the Secretary shall conduct a study to—

12 “(A) analyze, to the extent practicable, the
13 criteria established by hospitals under the Acute
14 Hospital Care at Home initiative to determine
15 which individuals may be furnished services
16 under such initiative; and

17 “(B) analyze and compare (both within
18 and between hospitals participating in the ini-
19 tiative, and relative to comparable hospitals
20 that do not participate in the initiative, for rel-
21 evant parameters such as diagnosis-related
22 groups)—

23 “(i) quality of care furnished to indi-
24 viduals with similar conditions and charac-
25 teristics in the inpatient setting and

1 through the Acute Hospital Care at Home
2 initiative, including health outcomes, hos-
3 pital readmission rates (including readmis-
4 sions both within and beyond 30 days post-
5 discharge), hospital mortality rates, length
6 of stay, infection rates, composition of care
7 team (including the types of labor used,
8 such as contracted labor), the ratio of
9 nursing staff, transfers from the hospital
10 to the home, transfers from the home to
11 the hospital (including the timing, fre-
12 quency, and causes of such transfers),
13 transfers and discharges to post-acute care
14 settings (including the timing, frequency,
15 and causes of such transfers and dis-
16 charges), and patient and caregiver experi-
17 ence of care;

18 “(ii) clinical conditions treated and di-
19 agnosis-related groups of discharges from
20 inpatient settings relative to discharges
21 from the Acute Hospital Care at Home ini-
22 tiative;

23 “(iii) costs incurred by the hospital
24 for furnishing care in inpatient settings
25 relative to costs incurred by the hospital

1 for furnishing care through the Acute Hos-
2 pital Care at Home initiative, including
3 costs relating to staffing, equipment, food,
4 prescriptions, and other services, as deter-
5 mined by the Secretary;

6 “(iv) the quantity, mix, and intensity
7 of services (such as in-person visits and
8 virtual contacts with patients and the in-
9 tensity of such services) furnished in inpa-
10 tient settings relative to the Acute Hospital
11 Care at Home initiative, and, to the extent
12 practicable, the nature and extent of family
13 or caregiver involvement;

14 “(v) socioeconomic information on in-
15 dividuals treated in comparable inpatient
16 settings relative to the initiative, including
17 racial and ethnic data, income, housing,
18 geographic proximity to the brick-and-mor-
19 tar facility and whether such individuals
20 are dually eligible for benefits under this
21 title and title XIX; and

22 “(vi) the quality of care, outcomes,
23 costs, quantity and intensity of services,
24 and other relevant metrics between individ-
25 uals who entered into the Acute Hospital

1 Care at Home initiative directly from an
2 emergency department compared with indi-
3 viduals who entered into the Acute Hos-
4 pital Care at Home initiative directly from
5 an existing inpatient stay in a hospital.

6 “(2) SELECTION BIAS.—In conducting the
7 study under paragraph (1), the Secretary shall, to
8 the extent practicable, analyze and compare individ-
9 uals who participate and do not participate in the
10 initiative controlling for selection bias or other fac-
11 tors that may impact the reliability of data.

12 “(3) REPORT.—Not later than September 30,
13 2028, the Secretary of Health and Human Services
14 shall submit to the Committee on Ways and Means
15 of the House of Representatives and the Committee
16 on Finance of the Senate a report on the study con-
17 ducted under paragraph (1).

18 “(4) FUNDING.—In addition to amounts other-
19 wise available, there is appropriated to the Centers
20 for Medicare & Medicaid Services Program Manage-
21 ment Account for fiscal year 2026, out of any
22 amounts in the Treasury not otherwise appropriated,
23 \$2,500,000, to remain available until expended, for
24 purposes of carrying out this subsection.”.

1 **SEC. 4. MEDICARE IMPROVEMENT FUND.**

2 Section 1898(b)(1) of the Social Security Act (42
3 U.S.C. 1395iii(b)(1)) is amended by striking
4 “\$1,403,000,000” and inserting “\$1,400,500,000”.