



**Statement for the Record:
“Legislative Proposals to Support Patient Access to Telehealth Services”
U.S. House of Representatives
Energy and Commerce Committee**

**Moving Health Home
1100 G Street, NW, Suite 420, Washington, DC 20005**

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Moving Health Home (MHH) appreciates the opportunity to submit testimony for this hearing on legislative proposals that will support patient’s access to telehealth services. MHH is a coalition of health care organizations with a bold vision to make the home a site of clinical service. Our members share in the belief that experience during the pandemic has accelerated the day when care in the home is an accessible option for patients.

For our members, clinical care in the home refers to a spectrum of health services provided in the home or place of dwelling outside of a facility, such as hospital-level or acute care, primary care office, skilled nursing and therapy services, and hospice. It can mean a house call from a primary care doctor or nurse, a physical therapy session, a laboratory and diagnostic service, a home infusion, or a full complement of hospital-level services. At the core, we want to remove regulatory barriers to ensure all patients may choose to receive clinical care in the home and take advantage of the convenient, high-quality care that comes when patients receive home-based care.

Patients have indicated that they want to receive care at home, with the demand for services provided in the safety of a patient’s home soaring during the pandemic. In fact, according to a [recent survey](#), 85 percent of adults say it should be a high priority for the federal government to expand Medicare coverage for at-home health care. At the same time, an [overwhelming majority](#) of people who have received care in the home were satisfied (88 percent) and would be likely to recommend to family and friends (85 percent). We believe older adults should have the opportunity to choose the best site of care for their medical needs and preference, whether that be in the home or the facility.

Telehealth is an important enabler to facilitating and supporting the movement to home-based care. From remote patient monitoring for Hospital at Home programs to nurses using telehealth to bring specialists into rural areas during an in-home visit, telehealth must be part of the future of home-based care. MHH generally supports efforts to make permanent the telehealth pandemic flexibilities. We request the Subcommittee push forward the telehealth legislative proposals, in particular permanently allowing the home of the beneficiary as a permissible originating site for telehealth services.

Additionally, we greatly applaud the Subcommittee for including and considering the [Hospital Inpatient Services Modernization Act](#) as introduced by Representatives Wenstrup (R-OH) and Blumenauer (D-OR), which would provide a 3-year extension of the acute hospital care at home waiver flexibilities. This legislation provides additional time to collect data and understand the benefits of the Hospital at Home model, enable hospitals and health systems nationwide to continue building out the logistics, supply chain, and workforce, and encourage multiple payers, include Medicare, to enter the Hospital at Home market. Moving Health Home recently [co-led a letter](#), signed by over 65 organizations, urging Congress to extend this waiver. We urge the Subcommittee to push this legislation forward to ensure Medicare beneficiaries have continued access to this necessary program.

The value of Hospital at Home programs was demonstrated during the COVID-19 pandemic. As you know, the Centers for Medicare and Medicaid Services (CMS) established the Acute Hospital Care at Home (Hospital at Home) program, which provided hospitals with unprecedented regulatory flexibilities to treat eligible patients in their homes. The Hospital at Home waiver, as of March 2024, [includes](#) 321 hospitals across 133 systems, in 37 states. Hospital at Home programs have been studied for decades both in the United States and internationally.

Research overwhelmingly demonstrates that Hospital at Home programs are at least as safe as traditional in-patient care, improve clinical outcomes and patient satisfaction, and reduce the total cost of care. One [research article](#) found that the total cost of hospital at home was 32 percent less than traditional hospital care (\$5,081 vs. \$7,480), the mean length of stay for patients was shorter by one-third (3.2 days vs. 4.9 days), and the incidence of delirium (among other complications) was dramatically lower (9 percent vs. 24 percent). Another [study](#) found similar findings.

CMS also released [initial findings](#) from its congressionally mandated report on the Hospital at Home waiver and found, for Medicare patients, the median length of stay obtained from claims was 5 days. Another [study](#) found that early analysis of the waiver suggests rapid uptake, with the potential for significant capacity creation, but a slower uptake over time. This highlights the need for additional resources to launch this care model to address these barriers.

While MHH and its members are supportive of this three-year extension, we believe that once sufficient data is collected from the waiver, a long-term solution for broad adoption of inpatient services at home should be adopted. Temporary waivers are a bridge to enable care in the home to continue for a time-limited period post-pandemic, but do not fully leverage the promise of home-based care. They continue to rely on fee-for-service payment, while our goal would be to integrate a value-based mechanism into the program. Hospital at Home programs have [realized savings](#) of 30 percent or more per admission, while maintaining equivalent or better outcomes. The Subcommittee has an opportunity to consider authorizing a permanent model that allows hospitals to deliver inpatient hospital services to Medicare beneficiaries at home.

As telehealth and remote care continues to become more integrated into the health care delivery system, we also encourage the Subcommittee to consider legislation that furthers care in the home, which is the preferred site of care for patients, caregivers, and providers. This would include the Expanding Care in the Home ([H.R. 2853](#)), introduced by Representatives Dingell (D-MI) and Smith (R-NE). This legislation [would ensure](#) home-based care is a viable option for patient care and scalable for providers.

Additionally, we urge the Subcommittee to consider [skilled nursing facility \(SNF\) at home](#) as an option for eligible patients. The creation of a SNF-at-Home program would allow patients to access these services from the home using a mix of skilled care, personal care, and telehealth services. SNF-at-home provides opportunities for payers, health systems, and providers to lower costs, facility-associated infections, promote patient compliance, free up capacity in facilities, and address practitioner burnout. SNF-at-Home may not be a fit for every patient, but it is an important option for patients and providers to have. An integrated SNF-at-home program can bring services directly to the patient, allowing them to recover in a familiar environment.

Moving Health Home greatly appreciates the House Energy & Commerce Committee's leadership in working to ensuring patients are able to continue receive care at home. We look forward to working with

you to develop and advance bipartisan legislation to enhance care in the home access, including hospital at home, for Medicare beneficiaries. If you have any questions or would like to hear from Moving Health Home member experts on these topics, please do not hesitate to contact Rikki Cheung at rcheung@movinghealthhome.org.

Sincerely,



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Moving Health Home