

August XX, 2025

The Honorable John Thune  
Senate Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Mike Johnson  
Speaker of the House  
United States Capitol  
Washington, DC 20515

The Honorable Chuck Schumer  
Senate Minority Leader  
United States Senate  
Washington, DC 20510

The Honorable Hakeem Jeffries  
Minority Leader  
United States Capitol  
Washington, DC 20515

Dear Senate Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, and House Minority Leader Jeffries:

On behalf of the signatories below, **we strongly urge you to secure the long-term future of the Acute Hospital Care at Home (AHCaH) waiver program, a critical initiative for Medicare beneficiaries, by including the full 5-year extension in the September government funding package.**

The bipartisan, bicameral Hospital Inpatient Services Modernization Act (S. 2237/H.R. 4313) offers the necessary length of time to give health systems the stability and confidence they need to invest in and scale hospital-at-home programs. Now is the time to act decisively to protect and expand access to this transformative model of care.

The AHCaH program is a continuation of standing, bipartisan policy over the last five years and will not lead to new costs. This innovative model is already proving to improve outcomes, lower costs, and meet patients where they are. The AHCaH program also has the rare combination of lower spending, shorter lengths of stay, high patient and caregiver satisfaction, and high quality. It deploys innovative technology and a workforce eager to treat patients where they live.

Americans [want home](#) to be the center of their health. Federal flexibilities, such as the AHCaH waiver, allowed hospitals to do just that. Extending the waiver again is not just a policy choice; it's a critical step toward transforming how care is delivered in this country. A five-year extension creates the certainty hospitals need to confidently invest and innovate—turning promising demonstrations into sustainable, scalable care models.

Another extension of the waiver effectively builds the bridge from demonstration to a more permanent model by giving more certainty to those hospitals currently on the sidelines waiting for regulatory clarity. The evidence is mounting, and another extension will continue the progress and expand participation. As mentioned in [previous letters](#):

- The Centers for Medicare and Medicaid Services [report to Congress](#) on the program found that patients in AHCaH had lower mortality rates, lower readmissions on many of the DRGs, lower spending post-discharge, and positive patient and provider experiences with the program.
- A [study](#) published in the *Annals of Internal Medicine* found that the mean cost was lower for hospital-at-home care (\$5,081) than for acute hospital care (\$7,480). The study reviewed whether

treatment in a hospital-at-home model substituted for treatment in an acute care hospital. Not only was treatment efficacious, 69 percent of patients preferred hospital-at-home care. Patients treated in the hospital-at-home program also had a shorter length of stay.

- A [Health Affairs study](#) found achieved savings of 19 percent over costs for patients receiving care from hospital at home programs. These savings were from a lower average length-of-stay and use of potentially fewer unnecessary services.
- A [study](#) published in the *Journal of the American Geriatrics Society* found that a hospital-at-home program was almost \$6,000 lower in costs than for inpatient patients.

Hospital at home is strongly supported by the evidence, the patients, caregivers and providers involved in the program. A long-term extension in September would solidify the evidence base, and allow more seniors to experience care at home. Please reach out to any of the signatories below with any questions.

Sincerely,