Hospital @ Home
LEADERSHIP SUMMIT

The Future of Hospital at Home Policy at a Crossroads

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ABOUT MHH

Moving Health Home (MHH) is a coalition made up of stakeholders working to change federal and state policy to enable the home to be a clinical site of care.

Today, we have an opportunity to shape the future of health care as policymakers, thought leaders, providers, health plans and patients consider future models of care.

@movehealthhome

www.movinghealthhome.org

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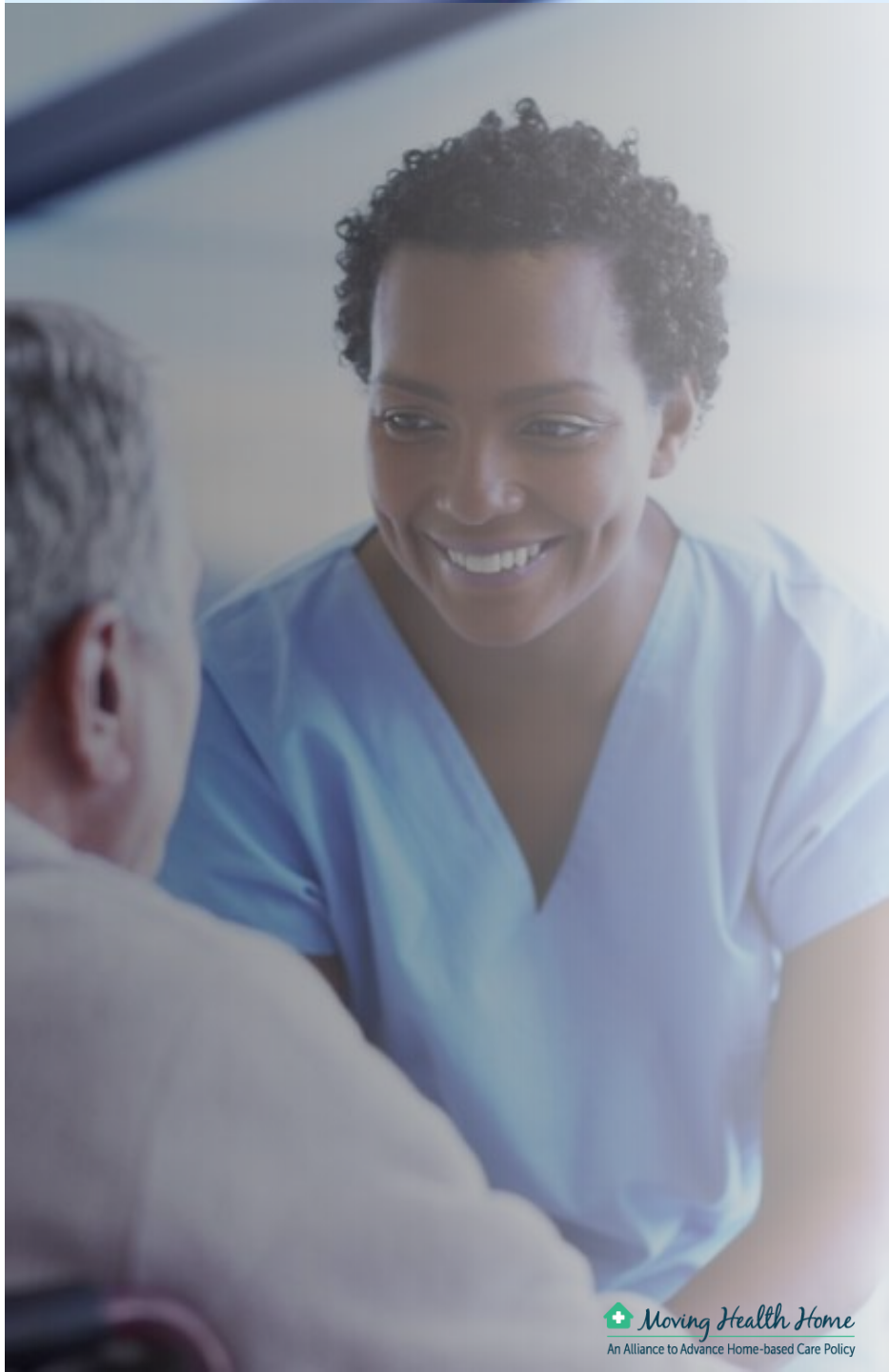
MHH Overview – Legislative Priorities

- **Acute Hospital Care at Home Waiver**
  - MHH is working to ensure AHCAH is extended for five-years, providing long-term certainty to fully realize the benefits of hospital-at-home programs.

- **SNF at Home**
  - MHH continues to work with MHH members to finalize policy and bill text, which would create a five-year waiver that establishes a SNF-at-Home program.

- **Primary Care at Home**
  - Elevate the importance of care at home for chronic care and rural health. “Expanding Care in the Home” legislation last Congress.

- **Thought leadership**
  - MHH continues to create conventional wisdom around the movement toward home-based care.



MULTI-PRONGED APPROACH

To accomplish our policy agenda, as agreed upon by the Board, MHH staff:

- Develops **materials** and messaging
- Tracks, incorporates and commissions research and **evidence** to build persuasive arguments
- Drafts **legislation** or amend existing legislation
- Cultivate legislative **champions** in both chambers of Congress
- Lobby **Executive Branch** officials, including CMS/CMMI, WH DPC, WH NEC, OMB
- Educate Hill staff, **MedPAC, MACPAC and OMB**
- **Partner** with like-minded stakeholders
- Engage in **thought leadership** and seek thought leadership opportunities for Board members

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HOSPITAL-AT-HOME UPDATE

WAIVER EXTENSIONS TIED TO GOVERNMENT FUNDING

Congressional Developments to Date

DATES	ACTION
December 2024	**GOVERNMENT FUNDING:** The American Relief Act of 2025 funded government and extended the AHCAH waiver through **March 14, 2025**.
March 2025	**GOVERNMENT FUNDING:** The Full-Year Continuing Appropriations and Extensions Act, 2025 funded the government and extended the AHCAH through **September 30, 2025**.
September 2025	**STANDALONE EXTENSION:** The House Ways and Means Committee considered the Hospital Inpatient Services Modernization Act (H.R. 4313), which would provide a five-year extension of the AHCAH waiver.
September 2025-November 2025	**GOVERNMENT FUNDING:** Government Shutdown and Lapse in AHCAH waiver flexibility.
November 2025	**GOVERNMENT FUNDING:** The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act of 2026 (H.R. 5371) provided government funding and an extension AHCAH waiver through **January 30, 2026.**

STANDALONE FIVE-YEAR EXTENSION BILL

"A **long-term extension** is critical – not just for health systems to plan, invest, and scale these programs – but for patients, caregivers, and families who rely on the comfort, safety, and personalized attention that hospital-at-home care provides." **Krista Drobac, Moving Health Home**

House Status

HOUSE STATUS

On December 1, the House of Representatives passed the Hospital Inpatient Services Modernization Act (H.R. 4313). It previously passed out of the full House Ways and Means Committee by a vote of 44-0.

It heads to the Senate for consideration.

Senate Status

Introduced

Senators Scott (R-SC), Warnock (D-GA), Tillis (R-NC), and Smith (D-MN) introduced the Senate companion in July 2025

KEY PERSONNEL – HOSPITAL AT HOME

Senate Finance Committee

Sen. Crapo (R-ID), Chair

Sen. Wyden (D-OR), Ranking Member

Strong Leadership from Senate Finance Committee
Champions & Bill Leads of Hospital at Home

Sen. Scott (R-SC)

Sen. Warnock (D-GA)

Sen. Smith (D-MN)

Sen. Tillis (R-NC)

House Ways & Means Committee

Rep. Smith (R-MO), Chair
- Priorities: Rural Health, Telehealth
- Held hearing on chronic care at home

Rep. Neal (D-MA), Ranking Member

Strong Leadership from House Ways & Means Committee
Champions & Bill Leads of Hospital at Home

Rep. Buchanan (R-FL), Health Subcommittee Chair

Rep. Smucker (R-PA)

Rep. Evans (D-PA)

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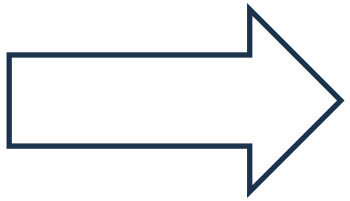
POTENTIAL VEHICLES FOR EXTENSION

END OF YEAR 2025 – Congress is focused on addressing the Affordable Care Act tax credits, which expire December 31, 2025.

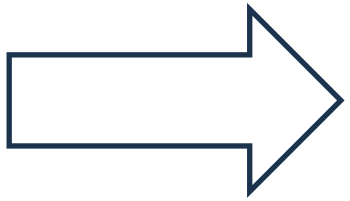
This sets up the conversations for 2026 to be focused on <u>health care.</u>

GOVERNMENT FUNDING PACKAGE
January 30, 2026



SHORT-TERM EXTENSIONS

STANDALONE FIVE-YEAR EXTENSION

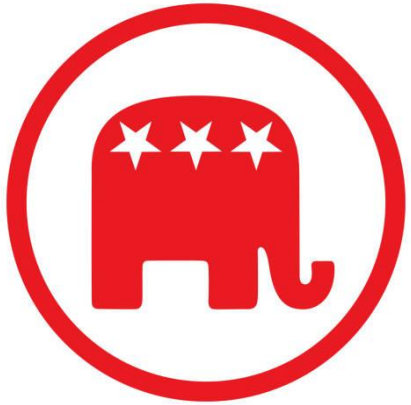


Process has already started

Full House Vote → Senate Consideration → Attach into a Package in Senate or UC

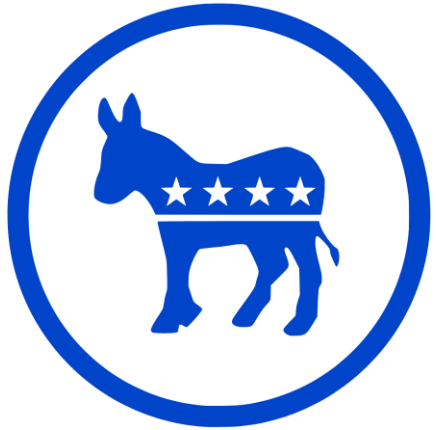
ADVOCACY

When advocating for care in the home, the approach you take matters!



Republican Policymakers:

- Cost savings
- Benefits to rural areas
- Innovation & care transformation
- Tech-enabled care
- Patient choice



Democratic Policymakers Value:

- Improved access to care
- Equity
- Quality of care
- Payment model
- Caregivers

No matter who your audience is, use personal stories and data.

SHAPING ADVOCACY MESSAGE – REPUBLICANS

VALUE/PRIORITY	Messenging Narrative to Focus On	Sample Advocacy Message
Cost Saving	• Savings (to Medicare) • Lower Utilization of Unnecessary Services • Substitution for care	Home care models that combine inpatient hospital services with post-acute care post-discharge from the home can result in 44 percent lower total cost of care. In general, acute care at home programs have realized savings of 30 percent or more per admission, while maintaining equivalent or better outcomes.
Patient Choice	• Creating options for patients and caregivers • Empowering patients to receive care on their own terms • Creating shared decision-making for patients with their providers	Americans 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. 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).
Technology-Enabled Care	• Technology-enabled care tools • Immediate insight for proactive care • Reducing physician paperwork	Telehealth is an important enabler to facilitating and supporting hospital at home. 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.
Workforce	• Expands capacity, particularly in rural areas • Leveraging already existing clinicians	Patients living in rural areas face higher barriers to accessing health care services, including higher rates of workforce shortages. Hospital-at-home deploys health care providers to the patients.

SHAPING ADVOCACY MESSAGE - DEMOCRATS

VALUE/PRIORITY	Messenging Narrative to Focus On	Sample Advocacy Message
Quality	• Quality of care	Quality results for care in the home are comparable to or better than those realized for facility-based care. Published data of Hospital at Home programs from across the US demonstrate reduction in average length of stay by one-third, readmissions by 24 percent, mortality by 20 percent, complications (e.g., delirium and falls), and emergency department visits.
Health Equity	• Removes institutional barriers for historically disenfranchised communities Promotes trust and communication between patient/provider	Hospital at home contribute to health equity by giving historically disenfranchised communities the option to conveniently receive care at home, which helps to reduce barriers to facility-based care such as access to transportation. Home-based care also promotes trust and communication between the patient and provider by removing institutional barriers and placing the interaction in a familiar setting.
Patient Safety	• Research • Case Studies of Hospital at Home	The pandemic caused an explosion of home-based care, in part due to regulatory flexibilities such as the Acute Hospital Care at Home waiver. Even before the pandemic, Medicare Advantage plans have successfully been partnering with entities to reimburse for acute care in the home. These experiences, in addition to decades of previous data and research, demonstrate that care in the home is possible and safe.

FREQUENTLY ASKED QUESTIONS

- **Does CMS have the authority to extend the acute hospital care at home waiver?**
  - No, CMS does not have the authority to extend the waiver.

- **Will an extension of AHCAH waiver cost the federal government?**
  - CBO has scored the extension with a low cost. The bill's cost has been offset by the Medicare Improvement Fund in the House text under consideration.
- **This is such a small program, why should Congress extend it?**
  - We have moved from a small model to an early adopter phase and at the start of an upswing of an adoption curve.
- **What does this mean for rural areas?**
- **What conditions are appropriate for acute hospital care at home?**
  - Acute hospital care at home is appropriate for many conditions that have historically been treated in a traditional hospital setting. It should be left up to the provider to decide what is best for the patient.
- **Why should AHCAH waiver be extended for five years?**
  - We have seen the benefits of hospital at home during the experience from the pandemic. We continue to see additional data and studies being collected. A five-year extension would allow additional time for data collection.
- **The CMS report found that mostly White, affluent populations are using AHCAH.**
  - The AHCAH waiver helps bridge the gap in health equity – when a physician is in a patient's home, the power dynamic shifts. Patients are more willing to ask questions and express their needs when outside of a sterile, clinical environment. Further, the in-home care providers are able to assess the patient's environment, identify other needs, and initiate the appropriate social supports.

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WHAT'S NEXT? OPPORUNTITIES IN THE ADMINISTRATION

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- **In preparation for the shutdown**, CMS issued guidance requiring AHCAH programs to move patients out of H@H programs to facility care by September 1, 2025, in preparation for the lapse of H@H programs on September 30, 2025.

- **GOVERNMENT SHUTDOWN** – Congress was unable able to come to an agreement on government funding and resulting in a lapse in the Acute Hospital Care at Home (AHCAH) waiver program and expanded Medicare telehealth flexibilities.

- **During the shutdown –**
    - CMS released guidance indicating that hospitals have 60 days to respond if hospitals were found out of compliance with the Physical Environment condition of participation. However, hospitals had already transition patients out of H@H programs, meeting the September 1, 2025 deadline.
    - CMS implemented a temporary claims hold for telehealth and AHCAH claims.

- **After the government reopened**, CMS is allowing patients to stay in H@H programs until **January 30, 2026**, aligned with Congressional deadlines and demonstrating CMS' support of H@H.

MAKE AMERICA HEALTHY AGAIN

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HHS Announces Transformation to Make America Healthy Again

- Creation of the **Administration for a Healthy America (AHA)**
  - FOCUS: Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce development
  - Combines
    - Office of the Assistant Secretary for Health (OASH),
    - Health Resources and Services Administration (HRSA),
    - Substance Abuse and Mental Health Services Administration (SAMHSA),
    - Agency for Toxic Substances and Disease Registry (ATSDR), and
    - National Institute for Occupational Safety and Health (NIOSH)

- Reorganization of the Administration for Community Living (ACL)

MAKE AMERICA HEALTHY AGAIN (MAHA) AGENDA

- February 13, 2025: President Trump signed Executive Order (EO) 14212, "Establishing the President's Make America Healthy Again Commission"
  - Key Focuses:
    - Chronic disease
    - Integrating wearables data, remote monitoring

- May 16, 2025: The White House released the "MAHA Report", highlighting childhood chronic health conditions.

- September 9, 2025: HHS released the Make Our Children Healthy Again Strategy, which proposed over 120 initiatives to combat childhood chronic disease.
  - Key Focuses:
    - Process Reform & Deregulation
    - Private Sector Collaboration
    - Executive Action

- HHS has incorporated MAHA principles in proposed and finalized payment rules, including focuses on chronic disease prevention and management.

RURAL HEALTH TRANSFORMATION PROGRAM

Section 71401 provides a total of $50 billion in funding, available to the 50 states (FY 2026-2030)

The Rural Health Transformation Program required states to submit a plan to the CMS Administrator detailing the following:

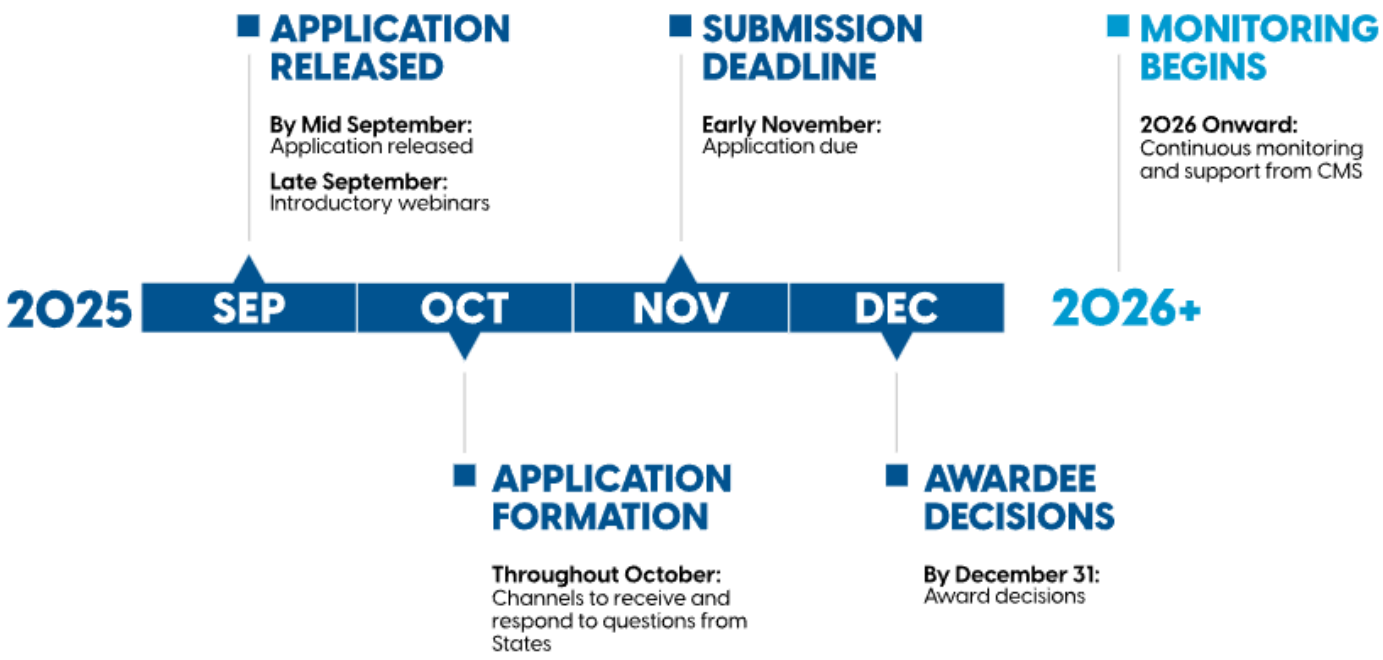
- Improve access to care and health outcomes for rural residents
- Support technology-driven prevention and chronic disease management
- Strengthen partnerships among rural hospitals and providers to improve quality and financial stability
- Enhance recruitment and training of rural health care clinicians
- Expand data- and technology-driven care close to home
- Ensure long-term solvency of rural hospitals
- Identify and address causes of rural hospital closures, conversions, and service reductions

RURAL HEALTH TRANSFORMATION PROGRAM

States have proposed innovative care delivery models that include care in the home.

At least one state, Rhode Island, has proposed a Hospital at Home initiative to improve access to care and reduce health care system strain.

Application details continue to be made public as CMS reviews states' materials.



RURAL HEALTH TRANSFORMATION PROGRAM

Alaska Health Care Access Initiative aims to improve home-based care and supports for older adults.

Arkansas Health Outcomes through Monitoring & Engagement (HOME) initiative: pilots at-home remote monitoring for mental health and chronic conditions.

Idaho innovative delivery model initiative supports home-based care solutions.

Rhode Island proposed a Rural Hospital at Home initiative that includes establishing HaH programs and multidisciplinary clinical team coordinated through a HaH hub.

Tennessee Make Rural Tennessee Healthy Again initiative proposes building in-home clinical capacity to deliver preventative and health services to rural populations.

West Virginia Connected Care Grid initiative proposes launching a scheduling and referral platform connecting virtual, in-person, and home-based care

Wyoming Health Technology Transformation initiative aims to increase the number of counties with providers offering home dialysis.

Overview CMMI Goals

CMS Innovation Center 2025 Strategy to Make America Healthy Again

Three-Pronged Approach:

- Promote evidence-based prevention
- Empower people to achieve their health goals
- Drive choice and competition

"..might include care that is virtual, digital in nature, at an office, or **provided in the home**..."

"Models can support expanded scopes of practice, **virtual care**, and **at-home care** so people can receive care more flexibly."

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CONGRESSIONAL UPDATE

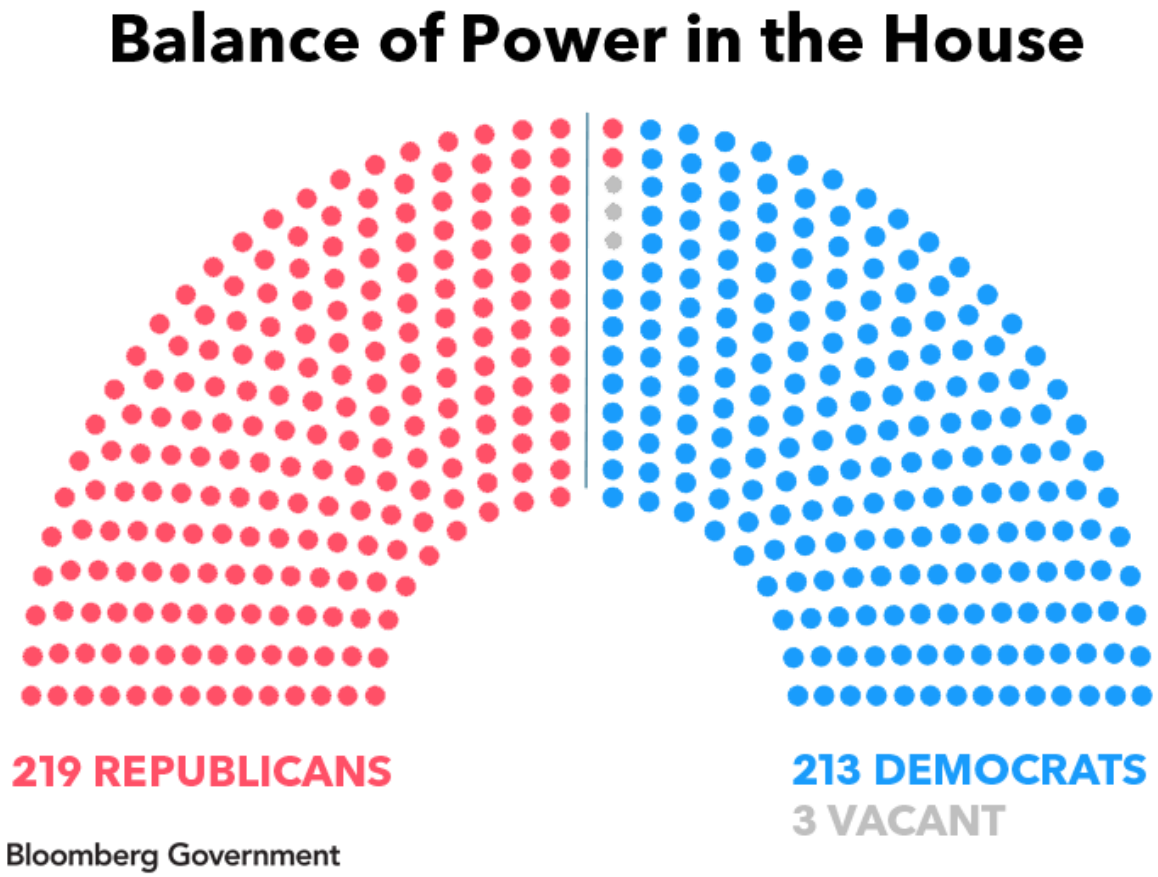
STATE OF PLAY

DATES	SUMMARY
December 31, 2025	**Affordable Care Act** are scheduled to expire on December 31, 2025. Unless Congress acts, starting January 1, 2026, the ACA reverts back to the pre-2021 subsidy structure, which means higher premiums for most marketplace enrollees and loss of eligibility for many middle-income households. • Majority Leader Thune (R-SD) pledged to have a vote in mid-December.
January 30, 2026	**Government Funding Package** – Some health care extenders included in the recent funding package end January 30-31, 2026, and will need to be addressed. This includes hospital-at-home waiver, telehealth flexibilities, among others.
Regular Order	**Fiscal Year (FY) 2026 Appropriations** for Labor, Health and Human Services, Education, and Related Agencies, and others.
On the Table for Consideration	**Bipartisan Health Care Package** – There have been rumors of reupping the bipartisan draft December 2024 CR, which failed to move forward.
On the Table for Consideration	**Second Reconciliation Package** (rumored for May) – With a heavy focus on health care, congressional Republicans are mulling a second reconciliation package, to pursue GOP health care goals and other priorities.

H.R. 1 MEDICAID UPCOMING DEADLINES

DATES	SUMMARY
January 1, 2026	Eliminating Temporary Financial Incentive for Medicaid Expansion
October 1, 2026	• Federal Medical Assistance Percentage (FMAP) for Emergency Medicaid • Restricting Certain Immigrant Eligibility for Medicaid and CHIP
December 31, 2026	Beginning of More Frequent Eligibility Redeterminations (every 6 months)
January 1, 2027	• At the latest, beginning of **work requirements** for Medicaid individuals ages 19-64 applying for coverage or enrolled through the ACA expansion group (or a waiver) • Verifying enrollee addresses • Ensuring decreased individuals do not remain enrolled • Limiting retroactive coverage • Requiring budget neutrality for section 1115 demonstration waivers
	And more…

FLUCTUATIONS IN HOUSE PARTY



- Republicans maintain a slight majority in the House
- What We're Watching: State special election runoffs
  - Tennessee – December 2, 2025
  - Texas – January 31, 2026
  - Georgia 14th - ~February/March 2026
  - New Jersey 11th – April 16, 2026
- What We're Watching: Rep. Greene (R-GA) resigning January 5, 2026

QUESTIONS?

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