

119TH CONGRESS
2^D SESSION

H. R. 8271

To amend title XVIII of the Social Security Act to require that hospitals report intensive care unit bed availability in real time as a condition of participation under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

APRIL 14, 2026

Mr. OBERNOLTE (for himself and Mrs. DINGELL) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to require that hospitals report intensive care unit bed availability in real time as a condition of participation under the Medicare program.

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 “Improving Care Utili-
5 zation through Bed Exchange and Data Sharing Act of
6 2026” or the “ICU Bed Act of 2026”.

1 **SEC. 2. REQUIRING HOSPITALS TO REPORT BED AVAIL-**
2 **ABILITY IN REAL TIME AS A MEDICARE CON-**
3 **DITION OF PARTICIPATION.**

4 (a) IN GENERAL.—Section 1866 of the Social Secu-
5 rity Act (42 U.S.C. 1395cc) is amended—

6 (1) in subsection (a)(1)—

7 (A) in subparagraph (X), by striking
8 “and” at the end;

9 (B) in subparagraph (Y), by striking the
10 period at the end and inserting “, and”; and

11 (C) by inserting after subparagraph (Y)
12 the following new subparagraph:

13 “(Z) beginning 1 year after the date of the en-
14 actment of this subparagraph, in the case of a hos-
15 pital, critical access hospital, or rural emergency
16 hospital, to comply with the real-time intensive care
17 unit bed availability requirements described in sub-
18 section (1).”; and

19 (2) by adding at the end the following new sub-
20 section:

21 “(1) REAL-TIME INTENSIVE CARE UNIT BED AVAIL-
22 ABILITY REPORTING REQUIREMENTS.—

23 “(1) IN GENERAL.—For purposes of subsection
24 (a)(1)(Z), the real-time intensive care unit bed avail-
25 ability requirements described in this subsection are,

1 with respect to a hospital, critical access hospital, or
2 rural emergency hospital, that such hospital—

3 “(A) participate in a shared data reporting
4 system that provides information in real time
5 regarding the number of intensive care unit
6 beds available at such hospital to each hospital,
7 critical access hospital, and rural emergency
8 hospital participating under this title that is lo-
9 cated in the same region established by the Sec-
10 retary under paragraph (2) as such hospital;
11 and

12 “(B) maintain a shared strategy with each
13 such hospital located in such region to effi-
14 ciently transfer patients between such hospitals
15 in the case that such a hospital reaches or
16 nears intensive care unit bed capacity.

17 “(2) REGIONS.—The Secretary shall establish
18 regions with respect to which a hospital, critical ac-
19 cess hospital, or rural emergency hospital shall meet
20 the requirements under paragraph (1). In estab-
21 lishing such regions, the Secretary shall take into
22 account—

23 “(A) the geography and population of a re-
24 gion; and

1 “(B) the time it takes to travel between
2 such hospitals in a region.”.

3 (b) PARTNERSHIP FOR STATE AND REGIONAL HOS-
4 PITAL PREPAREDNESS.—Section 319C–2 of the Public
5 Health Service Act (42 U.S.C. 247d–3b) is amended—

6 (1) in subsection (c), by inserting “, including
7 for activities to prepare for the efficient transfer of
8 patients between hospitals and other health care fa-
9 cilities to prevent overcapacity at such facilities dur-
10 ing a public health emergency, and” before “with re-
11 spect to”; and

12 (2) in subsection (j)(1), by inserting “and each
13 of fiscal years 2026 through 2031” after “through
14 2023”.

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