

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 8923

To amend title XVIII of the Social Security Act to establish a 2-year demonstration program for hospitals to provide outpatient observation services to Medicare beneficiaries at home.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 20, 2026

Ms. CASTOR of Florida (for herself and Mr. BUCHANAN) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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

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## A BILL

To amend title XVIII of the Social Security Act to establish a 2-year demonstration program for hospitals to provide outpatient observation services to Medicare beneficiaries at home.

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 “At Home Observation  
5 and Medical Evaluation Services Act of 2026” or the “At  
6 HOME Services Act”.

1 **SEC. 2. DEMONSTRATION PROGRAM FOR HOSPITALS TO**  
2 **PROVIDE OUTPATIENT OBSERVATION SERV-**  
3 **ICES TO MEDICARE BENEFICIARIES AT**  
4 **HOME.**

5 Title XVIII of the Social Security Act (42 U.S.C.  
6 1395 et seq.) is amended by inserting after section 1866G  
7 the following new section:

8 **“SEC. 1866H. DEMONSTRATION PROGRAM FOR HOSPITALS**  
9 **TO PROVIDE OUTPATIENT OBSERVATION**  
10 **SERVICES AT HOME.**

11 “(a) IN GENERAL.—Not later than 1 year after the  
12 date of enactment of this section, the Secretary shall im-  
13 plement a 2-year demonstration program (in this section  
14 referred to as the ‘Program’) for hospitals to provide out-  
15 patient observation services to eligible beneficiaries in the  
16 homes of such beneficiaries. In implementing such Pro-  
17 gram, the Secretary shall grant waivers and flexibilities  
18 (as described in subsection (b)) to an individual hospital  
19 that submits a request for such waivers and flexibilities  
20 and meets specified criteria (as described in subsection  
21 (c)) in order to participate in the Program.

22 “(b) WAIVERS AND FLEXIBILITIES.—For the pur-  
23 poses of subsection (a), the waivers and flexibilities de-  
24 scribed in this paragraph are the following waivers and  
25 flexibilities that are made available to individual hospitals  
26 under the Acute Hospital Care at Home initiative of the

1 Secretary during the period described in section  
2 1866G(a)(1):

3           “(1) Subject to subsection (c)(2), waiver of the  
4 requirements to provide 24-hour nursing services on  
5 premises and for the immediate availability of a reg-  
6 istered nurse under section 482.23(b) of title 42,  
7 Code of Federal Regulations (or any successor regu-  
8 lation), and the waivers of the physical environment  
9 and Life Safety Code requirements under section  
10 482.41 of title 42, Code of Federal Regulations (or  
11 any successor regulation).

12           “(2) Waiver of the telehealth requirements  
13 under clause (i) of section 1834(m)(4)(C), as  
14 amended by section 4113(a) of the Health Extend-  
15 ers, Improving Access to Medicare, Medicaid, and  
16 CHIP, and Strengthening Public Health Act of  
17 2022, such that the originating sites described in  
18 clause (ii) of such section shall include the home or  
19 temporary residence of the individual.

20           “(3) Other waivers and flexibilities that, as of  
21 the date of enactment of this section, were in place  
22 for such initiative during such emergency period.

23           “(c) SPECIFIED CRITERIA.—For purposes of sub-  
24 section (a), the specified criteria for granting such waivers  
25 and flexibilities to individual hospitals are:

1           “(1) The hospital and any other entities pro-  
2           viding services under arrangements with the hospital  
3           shall ensure that the standard of care to treat an eli-  
4           gible beneficiary at home is the same as the stand-  
5           ard of care to treat such beneficiary as an inpatient  
6           of the hospital.

7           “(2) The hospital shall meet all patient safety  
8           standards determined appropriate by the Secretary,  
9           in addition to those that otherwise apply to the hos-  
10          pital, except those for which the waivers and flexi-  
11          bilities under this subsection apply.

12          “(3) The hospital shall provide to the Secretary,  
13          at a time, form and manner determined by the Sec-  
14          retary, any data and information the Secretary de-  
15          termines necessary to do the following:

16                 “(A) Monitor the quality of care furnished,  
17                 and to the extent practicable ensure the safety  
18                 of, eligible beneficiaries and analyze costs of  
19                 such care.

20                 “(B) Undertake the study described in  
21                 subsection (e).

22          “(4) The hospital meets such other require-  
23          ments and conditions as the Secretary determines  
24          appropriate.

1       “(d) TERMINATION.—The Secretary may terminate a  
2 hospital from participation in the Program (and the waiv-  
3 ers and flexibilities applicable to such hospital) if the Sec-  
4 retary determines that the hospital no longer meets the  
5 criteria described in subsection (c).

6       “(e) STUDY AND REPORT.—

7           “(1) IN GENERAL.—The Secretary shall con-  
8 duct a study to—

9                   “(A) analyze, to the extent practicable, the  
10 criteria established by hospitals to determine  
11 which beneficiaries may be furnished services  
12 under the Program; and

13                   “(B) analyze and compare, to the extent  
14 practicable—

15                           “(i) the quality of care furnished to  
16 beneficiaries with similar conditions and  
17 characteristics in the hospital setting and  
18 through the Program, including health out-  
19 comes, hospital readmission rates, hospital  
20 mortality rates, length of stay, infection  
21 rates, and patient experience of care;

22                           “(ii) clinical conditions treated and di-  
23 agnosis-related groups of discharges from  
24 the hospital setting and under the Pro-  
25 gram;

1           “(iii) costs incurred by furnishing care  
2           in the hospital setting and through the  
3           Program;

4           “(iv) the quantity, mix and intensity  
5           of such services (such as in-person visits  
6           and virtual contacts with patients) fur-  
7           nished under the Program and furnished  
8           in the hospital setting; and

9           “(v) socioeconomic information on  
10          beneficiaries treated under the Program,  
11          including racial and ethnic data, income,  
12          and whether such beneficiaries are dually  
13          eligible for benefits under this title and  
14          title XIX.

15          “(2) REPORT.—Not later than 1 year after the  
16          completion of the Program, the Secretary shall post  
17          on a website of the Centers for Medicare & Medicaid  
18          Services a report on the study conducted under  
19          paragraph (1).

20          “(f) IMPLEMENTATION.—Notwithstanding any other  
21          provision of law, the Secretary may implement this section  
22          by program instruction or otherwise.

23          “(g) PUBLICLY AVAILABLE INFORMATION.—The  
24          Secretary shall, as feasible, make the information collected

1 under subsections (c)(3) and (e)(1) available on the Medi-  
2 care.gov Internet website (or a successor website).”.

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