

119TH CONGRESS
1ST SESSION

S. 2237

To amend title XVIII of the Social Security Act to extend acute hospital care at home waiver flexibilities, and to require an additional study and report on such flexibilities.

IN THE SENATE OF THE UNITED STATES

JULY 10, 2025

Mr. SCOTT of South Carolina (for himself, Mr. WARNOCK, Mr. TILLIS, Ms. SMITH, Mrs. BLACKBURN, and Mr. WHITEHOUSE) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to extend acute hospital care at home waiver flexibilities, and to require an additional study and report on such flexibilities.

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 “Hospital Inpatient
5 Services Modernization Act”.

1 **SEC. 2. EXTENDING ACUTE HOSPITAL CARE AT HOME**
2 **WAIVER FLEXIBILITIES.**

3 Section 1866G(a)(1) of the Social Security Act (42
4 U.S.C. 1395cc–7(a)(1)) is amended by striking “2025”
5 and inserting “2030”.

6 **SEC. 3. REQUIRING ADDITIONAL STUDY AND REPORT ON**
7 **ACUTE HOSPITAL CARE AT HOME WAIVER**
8 **FLEXIBILITIES.**

9 Section 1866G of the Social Security Act (42 U.S.C.
10 1395cc–7), as amended by section 2, is further amended—

11 (1) in subsection (b), in the subsection heading,
12 by striking “STUDY” and inserting “INITIAL
13 STUDY”;

14 (2) by redesignating subsections (c) and (d) as
15 subsections (d) and (e), respectively; and

16 (3) by inserting after subsection (b) the fol-
17 lowing new subsection:

18 “(c) SUBSEQUENT STUDY AND REPORT.—

19 “(1) IN GENERAL.—Not later than September
20 30, 2028, the Secretary shall conduct a study to—

21 “(A) analyze, to the extent practicable, the
22 criteria established by hospitals under the Acute
23 Hospital Care at Home initiative to determine
24 which individuals may be furnished services
25 under such initiative; and

1 “(B) analyze and compare (both within
2 and between hospitals participating in the ini-
3 tiative, and relative to comparable hospitals
4 that do not participate in the initiative, for rel-
5 evant parameters such as diagnosis-related
6 groups)—

7 “(i) quality of care furnished to indi-
8 viduals with similar conditions and charac-
9 teristics in the inpatient setting and
10 through the Acute Hospital Care at Home
11 initiative, including health outcomes, hos-
12 pital readmission rates (including readmis-
13 sions both within and beyond 30 days post-
14 discharge), hospital mortality rates, length
15 of stay, infection rates, composition of care
16 team (including the types of labor used,
17 such as contracted labor), the ratio of
18 nursing staff, transfers from the hospital
19 to the home, transfers from the home to
20 the hospital (including the timing, fre-
21 quency, and causes of such transfers),
22 transfers and discharges to post-acute care
23 settings (including the timing, frequency,
24 and causes of such transfers and dis-

1 charges), and patient and caregiver experi-
2 ence of care;

3 “(ii) clinical conditions treated and di-
4 agnosis-related groups of discharges from
5 inpatient settings relative to discharges
6 from the Acute Hospital Care at Home ini-
7 tiative;

8 “(iii) costs incurred by the hospital
9 for furnishing care in inpatient settings
10 relative to costs incurred by the hospital
11 for furnishing care through the Acute Hos-
12 pital Care at Home initiative, including
13 costs relating to staffing, equipment, food,
14 prescriptions, and other services, as deter-
15 mined by the Secretary;

16 “(iv) the quantity, mix, and intensity
17 of services (such as in-person visits and
18 virtual contacts with patients and the in-
19 tensity of such services) furnished in inpa-
20 tient settings relative to the Acute Hospital
21 Care at Home initiative, and, to the extent
22 practicable, the nature and extent of family
23 or caregiver involvement;

24 “(v) socioeconomic information on in-
25 dividuals treated in comparable inpatient

1 settings relative to the initiative, including
2 racial and ethnic data, income, housing,
3 geographic proximity to the brick-and-mor-
4 tar facility and whether such individuals
5 are dually eligible for benefits under this
6 title and title XIX; and

7 “(vi) the quality of care, outcomes,
8 costs, quantity and intensity of services,
9 and other relevant metrics between individ-
10 uals who entered into the Acute Hospital
11 Care at Home initiative directly from an
12 emergency department compared with indi-
13 viduals who entered into the Acute Hos-
14 pital Care at Home initiative directly from
15 an existing inpatient stay in a hospital.

16 “(2) SELECTION BIAS.—In conducting the
17 study under paragraph (1), the Secretary shall, to
18 the extent practicable, analyze and compare individ-
19 uals who participate and do not participate in the
20 initiative controlling for selection bias or other fac-
21 tors that may impact the reliability of data.

22 “(3) REPORT.—Not later than September 30,
23 2028, the Secretary of Health and Human Services
24 shall submit to the Committee on Ways and Means
25 of the House of Representatives and the Committee

1 on Finance of the Senate a report on the study con-
2 ducted under paragraph (1).”.

○