

# Union Calendar No. 311

119TH CONGRESS  
1ST SESSION

# H. R. 4313

**[Report No. 119–359]**

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.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 10, 2025

Mr. BUCHANAN (for himself, Mr. SMUCKER, and Mr. EVANS of Pennsylvania) introduced the following bill; which was referred to the Committee on Ways and Means

OCTOBER 31, 2025

Additional sponsors: Ms. TENNEY, Mr. CAREY, Mr. SIMPSON, Mr. SMITH of Nebraska, Mrs. FISCHBACH, and Mr. MOORE of Utah

OCTOBER 31, 2025

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in *italic*]

[For text of introduced bill, see copy of bill as introduced on July 10, 2025]

# **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 Serv-*  
 5 *ices Modernization Act”.*

6 **SEC. 2. EXTENDING ACUTE HOSPITAL CARE AT HOME WAIV-**  
 7 **ER FLEXIBILITIES.**

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

11 **SEC. 3. REQUIRING ADDITIONAL STUDY AND REPORT ON**  
 12 **ACUTE HOSPITAL CARE AT HOME WAIVER**  
 13 **FLEXIBILITIES.**

14 *Section 1866G of the Social Security Act (42 U.S.C.*  
 15 *1395cc–7), as amended by section 2, is further amended—*  
 16 *(1) in subsection (a)(3)(E)—*

17 *(A) in clause (ii), by striking “the study de-*  
 18 *scribed in subsection (b)” and inserting “the*  
 19 *studies described in subsections (b) and (c)”;* and

20 *(B) by adding at the end the following new*  
 21 *flush sentence:*

22 *“The Secretary may require that such data and*  
 23 *information be submitted through a hospital’s*  
 24 *cost report, through such survey instruments as*  
 25 *the Secretary may develop, through medical*

1           *record information, or through such other means*  
 2           *as the Secretary determines appropriate.”;*

3           *(2) in subsection (b), in the subsection heading,*  
 4           *by striking “STUDY” and inserting “INITIAL STUDY”;*

5           *(3) by redesignating subsections (c) and (d) as*  
 6           *subsections (d) and (e), respectively; and*

7           *(4) by inserting after subsection (b) the following*  
 8           *new subsection:*

9           *“(c) SUBSEQUENT STUDY AND REPORT.—*

10           *“(1) IN GENERAL.—Not later than September 30,*  
 11           *2028, the Secretary shall conduct a study to—*

12                   *“(A) analyze, to the extent practicable, the*  
 13                   *criteria established by hospitals under the Acute*  
 14                   *Hospital Care at Home initiative to determine*  
 15                   *which individuals may be furnished services*  
 16                   *under such initiative; and*

17                   *“(B) analyze and compare (both within and*  
 18                   *between hospitals participating in the initiative,*  
 19                   *and relative to comparable hospitals that do not*  
 20                   *participate in the initiative, for relevant param-*  
 21                   *eters such as diagnosis-related groups)—*

22                           *“(i) quality of care furnished to indi-*  
 23                           *viduals with similar conditions and charac-*  
 24                           *teristics in the inpatient setting and*  
 25                           *through the Acute Hospital Care at Home*

1           *initiative, including health outcomes, hos-*  
2           *pital readmission rates (including readmis-*  
3           *sions both within and beyond 30 days post-*  
4           *discharge), hospital mortality rates, length*  
5           *of stay, infection rates, composition of care*  
6           *team (including the types of labor used,*  
7           *such as contracted labor), the ratio of nurs-*  
8           *ing staff, transfers from the hospital to the*  
9           *home, transfers from the home to the hos-*  
10          *pital (including the timing, frequency, and*  
11          *causes of such transfers), transfers and dis-*  
12          *charges to post-acute care settings (includ-*  
13          *ing the timing, frequency, and causes of*  
14          *such transfers and discharges), and patient*  
15          *and caregiver experience of care;*

16                “(ii) *clinical conditions treated and di-*  
17                *agnosis-related groups of discharges from*  
18                *inpatient settings relative to discharges*  
19                *from the Acute Hospital Care at Home ini-*  
20                *tiative;*

21                “(iii) *costs incurred by the hospital for*  
22                *furnishing care in inpatient settings rel-*  
23                *ative to costs incurred by the hospital for*  
24                *furnishing care through the Acute Hospital*  
25                *Care at Home initiative, including costs re-*

1            *lating to staffing, equipment, food, prescrip-*  
2            *tions, and other services, as determined by*  
3            *the Secretary;*

4            *“(iv) the quantity, mix, and intensity*  
5            *of services (such as in-person visits and vir-*  
6            *tual contacts with patients and the inten-*  
7            *sity of such services) furnished in inpatient*  
8            *settings relative to the Acute Hospital Care*  
9            *at Home initiative, and, to the extent prac-*  
10           *ticable, the nature and extent of family or*  
11           *caregiver involvement;*

12           *“(v) socioeconomic information on in-*  
13           *dividuals treated in comparable inpatient*  
14           *settings relative to the initiative, including*  
15           *racial and ethnic data, income, housing, ge-*  
16           *ographic proximity to the brick-and-mortar*  
17           *facility and whether such individuals are*  
18           *dually eligible for benefits under this title*  
19           *and title XIX; and*

20           *“(vi) the quality of care, outcomes,*  
21           *costs, quantity and intensity of services,*  
22           *and other relevant metrics between individ-*  
23           *uals who entered into the Acute Hospital*  
24           *Care at Home initiative directly from an*  
25           *emergency department compared with indi-*

1                    *viduals who entered into the Acute Hospital*  
2                    *Care at Home initiative directly from an*  
3                    *existing inpatient stay in a hospital.*

4                    “(2) *SELECTION BIAS.*—*In conducting the study*  
5                    *under paragraph (1), the Secretary shall, to the extent*  
6                    *practicable, analyze and compare individuals who*  
7                    *participate and do not participate in the initiative*  
8                    *controlling for selection bias or other factors that may*  
9                    *impact the reliability of data.*

10                   “(3) *REPORT.*—*Not later than September 30,*  
11                   *2028, the Secretary of Health and Human Services*  
12                   *shall submit to the Committee on Ways and Means of*  
13                   *the House of Representatives and the Committee on*  
14                   *Finance of the Senate a report on the study conducted*  
15                   *under paragraph (1).”.*

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