

with amazing solutions and cures for many of the physical ailments that have afflicted humanity.

Unfortunately, Mr. Speaker, we have many rare pediatric diseases for which there is no cure. While we are researching the cures for those diseases, thousands and thousands of children continue to suffer.

Mr. Speaker, we need to give every priority and do everything we possibly can to speed up the delivery of these treatments for rare pediatric diseases, and that is what this bill is all about. The Give Kids a Chance Act will reauthorize the FDA's Priority Review Voucher system to speed the research and development of these technologies and innovative treatments and bring them to market. It also clarifies the FDA's authority over expediting these therapies and reauthorizes needed funding for the NIH to fund research and development into these cures.

Mr. Speaker, this bill will help us finally bring solutions to these thousands of suffering children.

Mr. Speaker, I thank my bipartisan cosponsors for their hard work on this bill. I urge this body to pass it this evening and urge its speedy consideration in the Senate.

Mr. CARTER of Georgia. Mr. Speaker, in closing, I encourage a "yes" vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. CARTER) that the House suspend the rules and pass the bill, H.R. 1262, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

## HOSPITAL INPATIENT SERVICES MODERNIZATION ACT

Mr. SMITH of Missouri. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4313) 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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4313

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Hospital Inpatient Services Modernization Act".

### SEC. 2. EXTENDING ACUTE HOSPITAL CARE AT HOME WAIVER FLEXIBILITIES.

Section 1866G(a)(1) of the Social Security Act (42 U.S.C. 1395cc-7(a)(1)) is amended by striking "January 30, 2026" and inserting "September 30, 2030".

### SEC. 3. REQUIRING ADDITIONAL STUDY AND REPORT ON ACUTE HOSPITAL CARE AT HOME WAIVER FLEXIBILITIES.

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

(1) in subsection (a)(3)(E)—

(A) in clause (ii), by striking "the study described in subsection (b)" and inserting "the studies described in subsections (b) and (c)"; and

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

"The Secretary may require that such data and information be submitted through a hospital's cost report, through such survey instruments as the Secretary may develop, through medical record information, or through such other means as the Secretary determines appropriate.";

(2) in subsection (b)—

(A) in the subsection heading, by striking "STUDY" and inserting "INITIAL STUDY"; and

(B) in paragraph (3), by inserting "or subsection (c)" before the period at the end;

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

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

"(c) SUBSEQUENT STUDY AND REPORT.—

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

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

"(B) analyze and compare (both within and between hospitals participating in the initiative, and relative to comparable hospitals that do not participate in the initiative, for relevant parameters such as diagnosis-related groups)—

"(i) quality of care furnished to individuals with similar conditions and characteristics in the inpatient setting and through the Acute Hospital Care at Home initiative, including health outcomes, hospital readmission rates (including readmissions both within and beyond 30 days post-discharge), hospital mortality rates, length of stay, infection rates, composition of care team (including the types of labor used, such as contracted labor), the ratio of nursing staff, transfers from the hospital to the home, transfers from the home to the hospital (including the timing, frequency, and causes of such transfers), transfers and discharges to post-acute care settings (including the timing, frequency, and causes of such transfers and discharges), and patient and caregiver experience of care;

"(ii) clinical conditions treated and diagnosis-related groups of discharges from inpatient settings relative to discharges from the Acute Hospital Care at Home initiative;

"(iii) costs incurred by the hospital for furnishing care in inpatient settings relative to costs incurred by the hospital for furnishing care through the Acute Hospital Care at Home initiative, including costs relating to staffing, equipment, food, prescriptions, and other services, as determined by the Secretary;

"(iv) the quantity, mix, and intensity of services (such as in-person visits and virtual contacts with patients and the intensity of such services) furnished in inpatient settings relative to the Acute Hospital Care at Home initiative, and, to the extent practicable, the nature and extent of family or caregiver involvement;

"(v) socioeconomic information on individuals treated in comparable inpatient settings relative to the initiative, including racial and ethnic data, income, housing, geographic proximity to the brick-and-mortar facility and whether such individuals are dually eligible for benefits under this title and title XIX; and

"(vi) the quality of care, outcomes, costs, quantity and intensity of services, and other relevant metrics between individuals who

entered into the Acute Hospital Care at Home initiative directly from an emergency department compared with individuals who entered into the Acute Hospital Care at Home initiative directly from an existing inpatient stay in a hospital.

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

"(3) REPORT.—Not later than September 30, 2028, the Secretary of Health and Human Services shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a report on the study conducted under paragraph (1).

"(4) FUNDING.—In addition to amounts otherwise available, there is appropriated to the Centers for Medicare & Medicaid Services Program Management Account for fiscal year 2026, out of any amounts in the Treasury not otherwise appropriated, \$2,500,000, to remain available until expended, for purposes of carrying out this subsection."

### SEC. 4. MEDICARE IMPROVEMENT FUND.

Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)) is amended by striking "\$1,403,000,000" and inserting "\$1,400,500,000".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. SMITH) and the gentlewoman from Wisconsin (Ms. MOORE) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. SMITH of Missouri. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and submit extraneous material on this bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Missouri?

There was no objection.

Mr. SMITH of Missouri. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the Hospital Inpatient Services Modernization Act introduced by the Committee on Ways and Means Health Subcommittee chairman, Mr. BUCHANAN, and Congressman DWIGHT EVANS.

I think one of the healthcare-related conversations that frustrates a lot of us around here is the typical year-end healthcare policy extender mess.

□ 1630

The legislation in front of us takes the successful hospital at home program and removes it from that chaos by providing it with a renewed 5-year authorization so more Americans can receive care in the comfort and convenience of their own home.

Hospital at home has become embedded in the fabric of our healthcare system. More than 400 hospitals in nearly 40 States have participated in the program, which has built a track record of improved patient outcomes.

In Health Subcommittee Chairman BUCHANAN's home State of Florida

alone, there are 23 hospitals participating in this program. Hospital care provided at home cuts mortality rates, reduces the risk of falls and infections, and lowers recovery times. It also can save costs versus expensive in-person hospital visits. It is no wonder that 99 percent of patients said they were satisfied with the program.

At a Ways and Means Committee hearing, we heard the incredible story of a hospital at home patient from North Carolina named Roy who was diagnosed with sepsis and initially treated in a hospital. There, he was disturbed by beeping sounds, uncomfortable in the hospital gown, and alone with no one able to visit him. His recovery was much better at home.

He was able to sleep in his own bed and visit with friends and family. He also continued to receive the same level of care he would have otherwise received at the hospital. His recovery at home was rapid, complete, and without any infections.

Mr. Speaker, I represent one of the most rural districts in America. The long drives to a hospital faced by people living in small towns in remote areas can make seeking care prohibitive. Hospital at home shrinks the physical distance stopping rural patients from getting care. Hospital at home has been a proven success for getting more Americans the healthcare that they need.

Mr. Speaker, I reserve the balance of my time.

Ms. MOORE of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am really happy to see the chairman of the Ways and Means Committee, and I am certainly happy to support this 5-year extension of the hospital at home program, which, of course, includes a critical study to ensure additional information about the program. I am also happy to hear about the success of this program as people experience it.

Mr. Speaker, the provisions, as the chairman of the Ways and Means Committee has pointed out, get extended every single year. Sometimes they get extended in short increments. Sometimes they move as a kind of tax package. As a matter of fact, this was just extended in the continuing resolution that we just passed and in previous funding bills before that. I am so delighted to be here this evening to see that my Republican colleagues are in the mood to extend current law.

I will offer them the opportunity to maybe extend the Affordable Care Act to the 24 million Americans who are facing unprecedented enormous health insurance premium hikes since we are extending healthcare stuff today.

In my own State of Wisconsin, Mr. Speaker, 279,000 people receive credits to help make insurance coverage affordable. In my State, for a 60-year-old couple not yet eligible for Medicare, earning \$85,000 a year, they will see their premiums increase by \$23,281 a

year. A family of four earning \$133,000 a year would see their premiums increase by \$14,000 next year.

Families are going to be asked to pay 20, 30, 40 percent of their income for health insurance premiums, and the majority just wants to ignore it. My constituents and your constituents, Mr. Speaker, Americans from coast to coast are going to be staring down these massive amounts of medical debt, massive insurance premiums, or the inability to access healthcare. If they are unable to afford it, they will just drop it.

We have to act. It is December 1. We have to act.

I am reminded, Mr. Speaker, of how fast the Ways and Means Committee and the majority moved to give tax breaks to the wealthy, but when it comes to regular families, we just don't seem to have the time. We could be doing that here on the floor now. This is a marvelous bill we are passing today, but I would much rather be securing the time for that purpose.

Those hikes in healthcare premiums are not isolated, Mr. Speaker. They come on the heels of the One Big Beautiful Bill Act that slashed more than 10 million Americans out of healthcare through the Medicaid program, cut over a trillion dollars in Medicare, and a half-trillion dollar liability in the Medicare fund. Hospitals will close, patients will suffer, and millions of American families will become uninsured all because the majority is refusing to act.

Mr. Speaker, the majority was more than happy to make a whole host of tax breaks permanent for the billionaire business class, but not for these entrepreneurs and families who are facing these tremendous hikes in their premiums. This is part of a Republican economy, I think. Help the billionaires. It will all trickle down. We are going to heap the costs onto middle-class families from every angle. Rising numbers of Americans are falling behind on their utility bills. There is a recent uptick in mortgage delinquencies and a rise in serious delinquency rates for the first time in years. Consumer bankruptcies are on the rise, up 15 percent since last year.

What are we doing? We just passed a \$4.3 trillion tax break overwhelmingly for the wealthy.

What else did the majority do, Mr. Speaker?

They found \$40 billion for certain people in Argentina, but no healthcare for American families. They found \$300 million for a new gilded ballroom where the East Wing of the White House used to be. The ballroom keeps getting bigger and bigger, so I can't describe the dimensions of it, but it is going to have a marble bathroom in it and a fancy new patio, but no healthcare for families.

We have higher electric prices, grocery prices, and housing prices. Half the people in my State who are renting are paying more than a third of their income for housing.

These prices are going through the roof. American families, unless they are billionaires, are struggling to stay afloat in this economy. While President Trump and his family use the White House to haul in billions of dollars to line their own pockets, people will not be able to access healthcare.

Mr. Speaker, while I support this bill, I object to how the majority and the President are making life worse every single day for most Americans.

Mr. Speaker, I reserve the balance of my time.

□ 1640

Mr. SMITH of Missouri. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. BUCHANAN).

Mr. BUCHANAN. Mr. Speaker, I thank the chairman for his leadership on this topic. It has been key to what we have accomplished today.

I rise today in strong support of my bill, the Hospital Inpatient Services Modernization Act, which would allow hospitals to treat Medicare patients safely at home.

During the pandemic, CMS established the hospital at home waiver to provide hospitals with the flexibility to care for patients from the comfort and convenience of their homes.

The hospital at home program has been very successful, being treated in many homes across the country. It has also made a big difference in reducing the risk of infections and falls.

I am thrilled to say that my bill extends the successful hospital at home program for an additional 5 years. I know a lot of people being in Florida where their parents will talk about the importance of if they could stay at home, and I know this is critical.

An extension of this program would ensure more than 200 hospitals across 34 States—including 20 hospitals in Florida—can continue to provide quality care to patients at home. More than 140 leading healthcare organizations, including hospitals, healthcare providers, and patients support this legislation.

I thank Mr. SMUCKER, Mr. EVANS, and Ms. MOORE for their friendship and bipartisanship on this bill. I thank Leader SCALISE and Whip EMMER for bringing this to the floor tonight. I urge my colleagues to support the hospital at home program extension for hospitals, providers, and patients.

Ms. MOORE of Wisconsin. Mr. Speaker, I yield myself the balance of my time to close.

I congratulate Mr. BUCHANAN and Mr. EVANS on bringing forth this bill. I certainly agree with them that people do better at home in many instances and ought to have this as an option.

I look forward to the study that is involved in this iteration of the bill that will inform us about ways to improve the bill.

As we look at healthcare as a whole, it is one of those sort of broken markets that we have. We have 60 percent

of folks who get healthcare through their employer or government or labor unions. We have another group of people who are disabled who get healthcare. We have another group of people who are elderly, thank God they get Medicare, but then there is the rest of us out there.

In a broken system of healthcare, we have got to be concerned about those people. We have talked a lot about children with cancer. What if you are 27 and you have cancer, and you are not getting healthcare through an employer? You don't have one of them good government jobs. You are not elected to anything. What do you do?

While we are passing legislation, I hope that before we adjourn, we will not ignore the thousand-pound elephant in the room, and that is the Republican Party standing in the way of doing it.

Mr. Speaker, I yield back the balance of my time.

Mr. SMITH of Missouri. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. SMUCKER).

Mr. SMUCKER. Mr. Speaker, I thank the chairman for moving this bill through Ways and Means and for having us consider this bill this evening, the Hospital Inpatient Services Modernization Act, which is legislation led by my friend, Congressman BUCHANAN. I appreciate his leadership on this, and I was pleased to be able to support the effort, as well.

This bipartisan bill would enable hospitals to extend their successful hospital at home programs for another 5 years. The hospital at home model gives hospitals the flexibility to treat certain patients in the comfort and convenience of their own homes rather than in the hospital facility.

Over 31,000 patients received acute level care in their homes as of October 2024, and studies show that hospital systems achieved savings of 19 percent regarding these patients who required a shorter average length of stay and used fewer unnecessary services.

A number of hospitals in my district have used the hospital at home waiver to great effect. For example, one system with a hospital in my community has accepted more than 800 patients across all of their facilities, freeing up more than 1,500 hospital bed days and saving approximately \$1.1 million.

This is exactly the kind of program that we should be encouraging. It allows medical providers to innovate and provide better care for their patients. Patients like being at home, as well. It decreases costs over the long run. By extending the hospital at home waiver for 5 years, this bill that we are considering today would give hospitals the certainty they need to continue to build out these innovative care models and serve their patients in a holistic way after the disruption caused by the Democratic shutdown.

Mr. Speaker, I encourage all of my colleagues to vote "yes" on this impor-

tant legislation, which is a clear win for patients and taxpayers.

Mr. SMITH of Missouri. Mr. Speaker, I urge my colleagues to approve this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 4313, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### CLAIMING AGE CLARITY ACT

Mr. SMITH of Missouri. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5284) to require the Social Security Administration to make changes to the social security terminology used in the rules, regulation, guidance, or other materials of the Administration, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5284

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Claiming Age Clarity Act".*

#### SEC. 2. CHANGES TO SOCIAL SECURITY TERMINOLOGY.

*Not later than the later of the date that is 12 months after the date of enactment of this Act or January 1, 2027, the Commissioner of Social Security shall ensure that, in any rules, regulation, guidance, or other materials of the Social Security Administration, whether online or in print—*

- (1) the term "early eligibility age" is replaced with the term "minimum monthly benefit age";*
- (2) the terms "full retirement age" and "normal retirement age" are replaced with the term "standard monthly benefit age"; and*
- (3) the term "delayed retirement credit" shall not be used and any reference to age 70 as the maximum age up to which delayed retirement credits can be received shall be replaced with the term "maximum monthly benefit age".*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. SMITH) and the gentleman from Wisconsin (Ms. MOORE) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

#### GENERAL LEAVE

Mr. SMITH of Missouri. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Missouri?

There was no objection.

Mr. SMITH of Missouri. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the Claiming Age Clarity Act, bipartisan

legislation introduced by my Ways and Means colleagues, Representative LLOYD SMUCKER and DON BEYER.

Planning for one's retirement can be stressful enough without having to interpret needlessly complicated terminology. Unfortunately, millions of Americans claiming Social Security today often face confusing and misleading terms used by the agency that make it that much harder to make informed decisions about one's financial future.

Under the legislation before us, the Social Security Administration will be required to update the agency's language to make it clearer and more straightforward. This will help ensure that Americans do not accidentally claim benefits earlier than they should, are completely informed, and don't potentially miss out on substantial income during their retirement years.

This is critical for the nearly 100,000 citizens living in Representative SMUCKER's district and the over 80,000 in Representative BEYER's district who are nearing retirement age today. It is why organizations like the AARP, the Bipartisan Policy Center, and the Association of Mature American Citizens have come out in support of this bill, which received overwhelming bipartisan support in the Ways and Means Committee. I reserve the balance of my time.

□ 1650

Ms. MOORE of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5284, the Claiming Age Clarity Act. I thank my colleagues, Mr. SMUCKER and Mr. BEYER, for their leadership on this important legislation.

As Mr. SMITH has described, these changes will better help seniors understand the advantages and disadvantages of claiming at different ages. I certainly know folks among my constituency who are faced with this confusion. This bill addresses that.

I want to quote Mr. BEYER, who is not with us. He is an author of the bill, along with Mr. SMUCKER. He noted, in our committee report, this bill "doesn't solve the big picture on Social Security, which this committee presides over, nor does it fix the data privacy, customer service, or staffing disaster that DOGE and this administration have put on this agency, but it will help on the margins, and I am glad that this little bill is seeing the light today."

Mr. Speaker, this bill passed the Committee on Ways and Means with overwhelming bipartisan support. I urge my colleagues on both sides of the aisle to support this commonsense legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. SMITH of Missouri. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. SMUCKER).