

October 28, 2021

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
H-232, Capitol Building
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
H-204, Capitol Building
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
S-221, Capitol Building
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
S-230, Capitol Building
Washington, DC 20510

Dear Speaker Pelosi, Leader McCarthy, Leader Schumer, and Leader McConnell:

We are writing to express our strong support for the Acute Hospital Care at Home (AHCAH) waiver program, implemented by the Centers for Medicare and Medicaid Services (CMS), to allow Medicare beneficiaries the option to receive acute-level health care services in their home environment during the COVID-19 public health emergency (PHE). We encourage Congress to extend this waiver program by two to four years to allow health systems and providers to continue to build on its success in achieving better outcomes for patients at a lower cost.

The AHCAH waiver program is a critically important tool that has allowed systems across the country to both meet the increased demand for inpatient bed capacity during the pandemic and provide safe, high-quality care in patients' homes where they can be supported by their friends and family. Hospitals and health systems across 33 states are currently participating in this waiver program. While many hospitals and health systems were offering home-based care delivery options on a limited basis prior to the pandemic, the waiver program has demonstrated positive outcomes, experiences, and potential cost savings, and it has reinforced the need for broader adoption of acute care at home, where appropriate, in federal health care programs.

The 'hospital-at-home' concept has existed for decades and its merits have long been supported by peer-reviewed clinical studies.^{1,2,3} However, the circumstances faced by our communities during the COVID-19 pandemic created an environment where the model was essential to meeting unprecedented demand and strain on our nation's health care system. While these circumstances presented challenges, they also provided the opportunity to demonstrate the benefits of providing

¹ Levine DM, Ouchi K, Blanchfield B, Saenz A, Burke K, Paz M, Diamond K, Pu CT, Schnipper JL. Hospital-level care at home for acutely ill adults: a randomized controlled trial. *Annals of internal medicine*. 2020 Jan 21;172(2):77-85.

² Federman AD, Soones T, DeCherrie LV, Leff B, Siu AL. Association of a bundled hospital-at-home and 30-day postacute transitional care program with clinical outcomes and patient experiences. *JAMA internal medicine*. 2018 Aug 1;178(8):1033-40.

³ Cryer L, Shannon S, Van Amsterdam M, Leff B. "Costs for 'Hospital at Home' Patients Were 19 Percent Lower, With Equal of Better Outcomes Compared to Similar Inpatients." *Health Affairs*, 2012.



acute-level care at home to patients on a greater scale. The preliminary data gathered during this experience demonstrated positive results—including significantly reduced hospital readmissions, increased patient satisfaction, reduction in hospital-acquired infections, and potential reduction in cost. While these data are preliminary, they mirror outcomes seen in previously published clinical studies and compel broader consideration of the longer-term potential for successful use of such models for Medicare and Medicaid beneficiaries.

We strongly believe in the potential of acute care at home and continue to invest clinical expertise and resources to ensure we can offer it to patients who qualify under the thoughtful criteria developed by our programs. Under the current waiver program, which is scheduled to sunset at the conclusion of the PHE, our ability to offer this care option will be curtailed and much of the progress made during the pandemic will be lost.

As such, we strongly encourage Congress to extend the AHCAH program beyond the PHE, in order to continue building on the advancements realized over the past year and to allow health systems to gather the data and experience necessary for CMS to adequately consider longer-term incorporation of this delivery model into the Medicare program. **An extension of two to four years would allow for the safe continuation of the program and provide an opportunity for evaluation of additional data as CMS considers broader scale adoption of this care option for beneficiaries.** We encourage you to ensure that this extension is included in legislation passed this year in order to preserve this program for beneficiaries.

Thank you for your attention to this important issue. Please do not hesitate to contact us if we can provide additional information regarding our experiences with the waiver program and the critical role it continues to play during the pandemic.

Sincerely,

Adventist Health
AMGA
Atrium Health
Beebe Healthcare Medical Center
ChristianaCare
Cleveland Clinic
CommonSpirit Health
Duke University Health System
Geisinger Health
Gundersen Health System
Healing Hands Healthcare, LLC
HealthPartners
INTEGRIS Health

Johns Hopkins Medicine
Kaiser Permanente
Little Black Bag House Calls, LLC
Marshfield Clinic
Mayo Clinic
Medically Home
Medical University of South Carolina
MemorialCare Health System
MetroHealth System
Michigan Medicine
Mount Sinai
Northwell
Novant Health



ProMedica
Providence
Quincy Medical Group
Riverside Health System
Saint Luke's Health System, Inc.
Sharp Rees-Stealy Medical Group
Sentara
St. Bernards
St. Elizabeth Healthcare
The Guthrie Clinic

The North Carolina Healthcare Association
UNC Health
UnityPoint Health
University of California San Francisco
Vanderbilt University Medical Center
VCU Health
Vituity
WakeMed Health and Hospitals
Yale New Haven Health