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March 21, 2022

The Honorable Ron Wyden  
Chairman  
U.S. Senate Committee on Finance  
Washington, DC 20510

The Honorable Mike Crapo  
Ranking Member  
U.S. Senate Committee on Finance  
Washington, DC 20510

The Honorable Richard Neal  
Chairman  
U.S. House Ways & Means Committee  
Washington, DC 20515

The Honorable Kevin Brady  
Ranking Member  
U.S. House Ways & Means Committee  
Washington, DC 20515

Dear Senators Wyden and Crapo and Representatives Neal and Brady,

We write in support of the Hospital Inpatient Services Modernization Act ([H.R. 7053/S. 3792](#)), bipartisan legislation introduced by Senators Tom Carper and Tim Scott and Representatives Earl Blumenauer and Brad Wenstrup.

**Without passage of this legislation, hospitals and patients alike will lose a critical advance in the way hospital care can be delivered to patients.**

While we are extremely grateful that COVID-19 cases continue to drop and optimistic that we can resume a post-pandemic way of life, we also firmly believe that we must not lose the positive reforms brought about by COVID-19, even after the public health emergency (PHE) expires. Congress recently approved legislation that would extend Medicare's telehealth coverage flexibilities for 151 days after the federal PHE expires and we are hopeful this will provide a glidepath for telehealth to continue while Congress considers more permanent federal telehealth policies.

Unfortunately, Congress did not create a similar glidepath for another key health care innovation supported by regulatory flexibilities that resulted from COVID, the **Acute Hospital Care at Home (AHCAH)** waiver program.

AHCAH is a waiver program created by the Centers for Medicare and Medicaid Services (CMS) and announced by CMS in November 2020. Since then, the AHCAH program has grown to include [more than 90 health systems and over 200 hospitals in 34 states, including Wisconsin](#). Currently, hospitals that are part of four different health systems in Wisconsin have been approved for waivers under the program and more are expected to join pending the future status of the program.

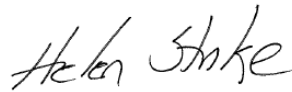
The AHCAH program was developed in consultation with academic and provider industry leaders to help ensure appropriate patient safeguards are in place for the identified acute-level conditions that can be safely treated in the comfort of the patient's home. To be clear, a patient receiving hospital care through AHCAH receives the same level of care they would receive were they physically admitted into the hospital. In fact, a patient still must be admitted to the hospital to be eligible. And those patients continue to receive hospital inpatient physician and nursing care – they receive regular rounding and monitoring by a medical team on an ongoing basis like they would in a bricks and mortar hospital. It is also important to note that AHCAH does not pose a financial risk for the Medicare Trust Fund. AHCAH is not a new service for Medicare beneficiaries, but rather an existing service provided in a new way.

With all these good reasons to extend the Acute Hospital Care at Home program, it would be a blow to the forward-looking direction of the Medicare program for patients to lose this innovative care option should the PHE expire and Congress not address this. We strongly urge your committees to work quickly to advance this legislation and contact your leadership to ensure it is addressed before the PHE expires.

Sincerely,



Eric Borgerding, President & CEO  
Wisconsin Hospital Association



Helen Strike, President  
River Falls Area Hospital - Allina  
Health



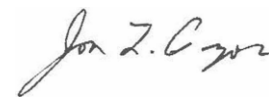
Bernie Sherry, SVP  
Ascension Health Wisconsin



Jim Skogsbergh, President & CEO  
Advocate Aurora Health



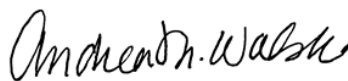
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Sue Erickson, President & CEO  
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Cc: WI Congressional Delegation