American Hospital Association™
Advancing Health in America

Fact Sheet: The Hospital-at-Home Program

The Issue

The hospital-at-home (H@H) model, where patients receive acute level care in their homes rather than in a hospital, continues to be an innovative and promising approach to provide high-quality care to patients in the comfort of their homes. Since the start of the program, Congress has extended it repeatedly for short time periods: first in 2022 (Consolidated Appropriations Act of 2023) for two years, second in 2024 (H.R. 10545, the American Relief Act) for 90 days, third in in 2025 (H.R. 1968, the Full-Year Continuing Appropriations and Extensions Act) for six months and fourth in September 2025 (H.R. 5371, the Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026) for 78 days.

In the **Consolidated Appropriations Act of 2026** (H.R.7148), Congress extended the H@H program until Sept. 30, 2030. The bill also requires the secretary of the Department of Health and Human Services to conduct an additional study and report by Sept. 30, 2029.

AHA Take

Hospitals and health systems see H@H programs as a safe and innovative way to care for patients in the comfort of their homes. This kind of care is well suited for medium acuity patients who need hospital-level care but are considered stable enough to be safely monitored from home. Rather than staying three days or longer in the hospital, these patients can be treated safely by their doctor and a team of medical professionals along with the patient's support system at home.

A long-term extension of the H@H waiver will not only provide additional time to continue gathering data on quality improvement, cost savings and patient experience, but will also provide much-needed stability for new programs and may ease state concerns about updating Medicaid policies to cover these services.

Background

To allow hospitals and health systems the ability to respond to the COVID-19 pandemic effectively and efficiently, CMS provided a number of waivers and flexibilities that eased several Medicare restrictions and requirements. These included waivers to certain conditions of participation for approved H@H programs.

To receive approval to participate in the H@H program, hospitals must submit an individual waiver request to the Centers for Medicare & Medicaid Services (CMS). The request specifically asks CMS to waive §422.23(b) and (b)(1) of the Medicare Conditions of Participation, which require nursing services to be provided on premises 24 hours a day, seven days a week, as well as the immediate availability of a registered nurse for the care of any patient. Once the waiver request is received, CMS divides the applications into two categories, allowing more-experienced hospitals a quicker approval process so they can rapidly expand their H@H program; less-experienced hospitals must demonstrate they can meet the requirements associated with the provision of H@H services.

In October 2024, CMS released a report adding to the growing body of literature demonstrating that H@H is a safe, effective program. CMS found that H@H patients generally had lower mortality rates, readmission rates and spending in the 30 days post-discharge. Patients and caregivers also expressed predominantly positive experiences with the program. While the report found that H@H patients were more likely to be white and live in an urban location and less likely to receive Medicaid or low-income subsidies, this can in part be attributed to the variability in state Medicaid coverage of H@H programs.

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