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3 **Title:** Advancing Acute Care at Home  
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5 **Introduced by:** Manu Malhotra, MD, for the Wayne County Delegation  
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7 **Original Author:** Manu Malhotra, MD  
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9 **Referred To:** Reference Committee E  
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11 **House Action:** **APPROVED AS AMENDED**  
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14       Whereas, during the COVID-19 pandemic, federal and state governments issued waiver  
15 flexibilities that allowed hospitals to provide advanced level services to patients at home under  
16 certain circumstances, and  
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18       Whereas, the waiver flexibilities built on the success of previous acute care at home models  
19 that have been tested over decades, showing that advanced care at home can be a safe, effective  
20 way to provide care to patients that is associated with lower costs and better patient outcomes and  
21 satisfaction compared with inpatient hospitalization, and  
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23       Whereas, as part of the omnibus spending bill that became law December 29, 2022, the  
24 Centers for Medicare & Medicaid Services (CMS) extended, through December 31, 2024, the Acute  
25 Hospital Care at Home initiative whereby individual hospitals may seek waivers to operate acute  
26 care at home programs, and  
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28       Whereas, the many state and federal laws/regulations conflict making implementation of  
29 acute care at home more difficult than CMS likely anticipated, and  
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31       Whereas, currently, advocacy groups such as Advanced Care at Home and AmediSys are  
32 actively lobbying CMS and the legislature to extend the Hospital at Home Waiver to a permanent  
33 CMS program. MSMS could work in partnership with these and other key organizations on  
34 addressing state regulatory barriers, and  
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36       Whereas, there has been opposition by nursing unions engendered by perceived or real  
37 changes in work requirements, patient safety and job security concern, and  
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39       Whereas, it is recognized that Emergency Department overcrowding and boarding due to  
40 hospital beds being full has reached a critical point, and hospital at home provides a relief valve in  
41 this regard, and  
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43       Whereas, the American Medical Association (AMA) report, "Financing of Home and  
44 Community-Based Services," recommended CMS and private insurers offer flexibility to implement  
45 hospital at home programs for the subset of patients who meet the criteria; therefore be it  
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47       RESOLVED: That MSMS advocate for passage of federal legislation that provides  
48 permanence to the Centers for Medicare and Medicaid Services acute care at home model; and be  
49 it further

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51           RESOLVED: That MSMS identify state-level barriers to implementing and expanding acute  
52 care at home, and be it further

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54           RESOLVED: That MSMS, in coordination with other acute care at home advocacy groups,  
55 work to address any concerns of state regulators; and be it further

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57           RESOLVED: That MSMS engage with allied health organizations to share perspectives and  
58 address concerns about the benefits and challenges of acute care at home.

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61 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$12,000-\$24,000

**Relevant MSMS Policy** - None

**Relevant AMA Policy**

**Advancing Acute Care at Home D-160.910**

Our AMA will:

- (1) Advocate for passage of federal legislation that provides permanence to the Centers for Medicare and Medicaid Services acute care at home model; and
- (2) Work with interested state medical associations to identify state-level barriers to implementing and sustainably funding acute care at home; and
- (3) In coordination with other acute care at home advocacy groups, identify avenues for addressing state regulatory concerns; and
- (4) Engage with allied health professional organizations to share perspectives and address concerns about the benefits and challenges of acute care at home.

**Source:**

1. Federman, A.D. et al. (2018) Association of a bundled hospital-at-home and 30-day postacute transitional care program with clinical outcomes and patient experiences; JAMA Internal Medicine; 178(8); p. 1033-1040.