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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To amend title XVIII of the Social Security Act to establish a skilled-nursing-facility-at-home program under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

Mr. SMITH of Nebraska introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to establish a skilled-nursing-facility-at-home program under the Medicare program.

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 ''Bringing Rehabilitation, Integrated Delivery, and Greater Extended Care at Home Act'' or the ''BRIDGE Care at Home Act''.

SEC. 2. ESTABLISHING A SKILLED-NURSING-FACILITY-AT-HOME PROGRAM UNDER THE MEDICARE PROGRAM.

Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by inserting after section 1866G the following new section:

"SEC. 1866H. SNF-AT-HOME PROGRAM.

''(a) IN GENERAL.—For the 5-year period beginning on January 1, 2027, the Secretary shall conduct a SNF-at-Home program (in this section referred to as the 'program') under which the Secretary shall permit eligible entities to furnish covered skilled nursing facility services to individuals otherwise eligible for such services under part A at the residences of such individuals (as identified by such individuals) in accordance with the waivers issued under subsection (b) and such requirements as the Secretary may specify.

''(b) WAIVERS OF SKILLED NURSING FACILITY REQUIREMENTS.—The Secretary shall waive the following provisions with respect to the furnishing of covered skilled nursing facility services by eligible entities under the program:

''(1) Section 1819(b)(4)(C)(i).

''(2) Paragraphs (2)(B) and (3) of section 1819(d).

''(3) Section 1834(m)(4)(C), to the extent that such section does not consider the home of an individual to be an originating site for telehealth services.

''(4) Section 483.30(c)(3) of title 42, Code of Federal Regulations (or a successor regulation), to the extent that such section requires in-person, rather than virtual, visits from a physician.

''(5) Any other provisions determined necessary by the Secretary in order to allow covered skilled nursing facility services to be furnished by eligible entities to individuals at such individuals' residences.

''(c) PAYMENT.—Notwithstanding any other provision of this title, payment for covered skilled nursing facility services furnished under the program shall be made in amounts determined under section 1888 from the Federal Hospital Insurance Trust Fund established under section 1817.

''(d) NONDUPLICATION OF BENEFITS.—In carrying out the program, the Secretary shall ensure that services furnished, and payments made under, the program do not duplicate services and payments otherwise available under this title (including any payment made under an alternative payment model under this title) or under another

Federal health care program (as defined in section 1128B).

''(e) ELIGIBLE ENTITY DEFINED.—

''(1) IN GENERAL.—For purposes of this section, the term 'eligible entity' means an entity specified in paragraph (2) that—

''(A) agrees to furnish covered skilled nursing facility services under the program only to individuals otherwise eligible for such services under part A;

''(B) ensures that the standard of care in treating an individual at home is the same standard of care in treating such individual as an inpatient of a skilled nursing facility;

''(C) meets all patient safety standards determined appropriate by the Secretary, in addition to such standards that otherwise apply to a skilled nursing facility (other than any such standard waived by the Secretary under subsection (b));

''(D) uses uniform, evidence-based eligibility, exclusion, and escalation criteria established by the Secretary;

''(E) furnishes services under an individualized interdisciplinary plan of care, including

required nursing therapy, physician or practitioner oversight, pharmacy, laboratory, imaging, durable medical equipment, medical supplies, nutrition, and social services;

''(F) provides 24-hour access to a registered nurse and a clinician authorized to issue orders, timely in-person response when clinically indicated, and emergency response and transport protocols;

''(G) meets standards for medication management, infection prevention, home safety, equipment maintenance, power and technology failure, emergency preparedness, and protection from abuse, neglect, and exploitation;

''(H) ensures that virtual services supplement and do not replace an in-person service when an in-person service is clinically required;

''(I) reports serious adverse events, unexpected deaths, emergency transfers, medication errors, falls with injury, and missed visits to the Secretary within timeframes specified by regulation, including notice within 24 hours for an event involving death or serious bodily injury;

''(J) undergoes an initial readiness review and periodic unannounced oversight by the Secretary or a State survey agency;

''(K) maintains liability coverage, written transfer agreements, and sufficient staffing and contracted capacity to furnish every services in the plan of care without reliance on an unpaid caregiver; and

''(L) provides to the Secretary, at a time and in a form and manner specified by the Secretary, any information that the Secretary determines necessary to—

''(i) monitor the quality of care furnished under the program and, to the extent practicable, ensure the safety of individuals receiving services under the program and analyze costs and savings associated with the furnishing of such services; and

''(ii) undertake the study described in subsection (i).

''(2) ENTITIES SPECIFIED.—The entities specified in this paragraph are the following:

''(A) A skilled nursing facility.

''(B) A hospital with an agreement in effect under section 1883 to furnish covered skilled nursing facility services (or a hospital that would be eligible to enter into such an agreement but for application of subsection (b) of such section or of section 482.58 of title 42, Code of Federal Regulations (or a successor regulation)), but only if such hospital has in effect an agreement with a skilled nursing facility under which individuals receiving covered skilled nursing facility services from such hospital under the program may be transferred in the case such individuals can no longer safely receive such services at home.

''(f) TERMINATION OF ENTITY PARTICIPATION.—The Secretary may terminate the participation of any eligible entity under the program if determined appropriate by the Secretary.

''(g) INDIVIDUAL ELECTION AND CAREGIVER PROTECTIONS.—

''(1) VOLUNTARY ELECTION.—An eligible entity shall, prior to furnishing services to an individual under the program—

''(A) provide such individual with a written and oral notice that—

''(i) describes the program;

''(ii) describes alternatives to the program (such as skilled nursing facility services furnished as a skilled nursing facility);

''(iii) identifies providers participating under the program and the types of services furnished under the program;

''(iv) specifies cost-sharing requirements that may apply to such services;

''(v) specifies any limit on the number of days for which an individual may receive such services;

''(vi) describes how an individual may transfer to a facility to receive such services;

''(vii) specifies that such individual may revoke the consent described in subparagraph (B) at any time without affecting such individual's eligibility for such services under this title; and

''(viii) any appeals rights such individual may have with respect to the furnishing of such services; and

''(B) obtain informed consent from such individual to participate in the program.

''(2) NO COERCION OR PREFERENCE.—No entity may condition access to a service for which an individual is eligible under this title, provide a financial inducement, or provide discharge-placement preference based on an individual's decision to participate or not participate under the program.

''(3) UNPAID CAREGIVERS.—An eligible entity may not, with respect to an individual, condition receipt of services under the program or discharge planning on the availability of an unpaid caregiver to furnish any service to such individual and may not shift any responsibility or cost with respect to the furnishing of services under the program to such a caregiver.

''(h) CONTINUITY OF COVERAGE AND SAFE TRANSFER.—

''(1) IN GENERAL.—An eligible entity shall, with respect to each individual receiving services from such entity under the program, assess on an ongoing basis whether such services can continue to be safely furnished to such individual at the residence of such individual.

''(2) TRANSFER.—In the case that the eligible entity determines that an individual described in paragraph (1) can no longer safely be furnished

services under the program safely at the residence of such individual, such entity shall promptly arranger for the transfer of such individual to a skilled nursing facility. A transfer made pursuant to the preceding sentence shall have no effect on the eligibility of such individual for skilled nursing facility services under this title or otherwise be treated as requiring an individual to be hospitalized before receiving such services at a facility.

''(3) PROHIBITION ON CERTAIN TERMINATIONS.—An eligible entity may not terminate services under the program furnished to an individual on the basis that an unpaid caregiver is no longer available to provider care to such individual or on the basis of a change in housing conditions without arranging a safe transition and providing written notice and access to expedited review comparable to the rights applicable to termination of covered skilled nursing facility services.

''(i) STUDY.—

''(1) IN GENERAL.—Not later than September 30, 2030, the Secretary shall conduct a study to—

''(A) analyze, to the extent practicable, the criteria described in subsection (d)(1)(B) submitted by eligible entities;

''(B) analyze and compare (both within and between entities participating in the program, and relative to comparable entities that do not participate in the program, for relevant parameters such as diagnosis-related groups assigned to individuals during hospitalization), to the extent practicable—

''(i) the quality of care furnished to individuals with similar conditions and characteristics in the inpatient setting and through the program, 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 inpatient settings (including the timing, frequency, and causes of such transfers and

discharges), and patient and caregiver experience of care;

''(ii) the clinical conditions treated and diagnosis-related groups of discharges furnished covered skilled nursing facility services in the inpatient setting relative to such conditions and groups furnished such services at home under the program;

''(iii) costs incurred by furnishing care in the inpatient setting relative to costs of such care furnished at home under the program, including costs relating to staffing, equipment, food, prescriptions, and other services, as determined by the Secretary; and

''(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 under the program and furnished in the inpatient setting and, to the extent practicable, the nature and extent of family or caregiver involvement;

''(C) analyze socioeconomic information on individuals treated in comparable inpatient set-

tings relative to the program, including racial and ethnic data, income, housing, geographic proximity to brick-and-mortar facilities, and whether such individuals are dually eligible for benefits under this title and title XIX; and

''(D) analyze the quality of care, outcomes, costs, quantity and intensity of services, and other relevant metrics between individuals who entered into the program directly from an emergency department compared with individuals who entered into the program 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 program controlling for selection bias or other factors that may impact the reliability of data.

''(j) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement this section by program instruction or otherwise.''.