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NHIA Denounces CMS Proposed Home Infusion Rule

Alexandria, Va. (July 12, 2019) — The [National Home Infusion Association](#) (NHIA) denounced home infusion provisions in the [“CY 2020 Home Health Prospective Payment System Rate Update”](#) proposed rule released by [Centers for Medicare & Medicaid Services](#) (CMS) earlier this week.

The proposed rule continues a deeply flawed policy, finalized in the CY 2019 rule, that reimburses home infusion professional services only on days when *a nurse is present in the patient’s home*. This requirement runs contrary to Congress’ intent when it enacted the home infusion benefit, has created significant challenges for providers and the patients who rely on these services, and has prompted NHIA to file suit in federal court.

Home infusion therapy is typically coordinated by a pharmacist, who has the technical and professional expertise necessary to manage complex infusion therapies in the home. Pharmacy services include designing the therapy, assessing the patient, monitoring for adverse drug reactions, coordinating care, and recommending modifications to the plan of care.

Because the durable medical equipment (DME) payment was inadequate to cover these services, Congress created the professional services benefit as part of 21st Century Cures. Unfortunately, by reimbursing only on days when a nurse is present in the patient’s home, which is typically once a week, this policy significantly shortchanges these essential pharmacy-related professional services by removing \$150 million dollars in reimbursement from the benefit.

“In effect, the current policy fragments home infusion by underpaying for pharmacy services under the DME benefit, while paying separately for nursing in the home,” said NHIA Board of Directors Chair Logan Davis, PharmD. “This policy fundamentally misunderstands how home infusion is delivered, could jeopardize patient safety, and creates barriers that have already inhibited patient access to these services.”



“NHIA and its members have repeatedly engaged with CMS to help educate them about home infusion. We had meetings with their leadership, took them on site-visits, offered alternative policy proposals, and pointed them toward successful private payer models,” said NHIA CEO Connie Sullivan, BSPHarm. “We are deeply disappointed that CMS did not take the opportunity to correct their mistakes from the transitional benefit currently in place. This latest proposed rule reaffirms NHIA’s decision to file suit against CMS to ensure beneficiaries can continue to access home infusion in order to lead healthy, independent lives.”

NHIA is a trade association that represents companies that provide infusion therapy to patients in their homes, as well as companies that manufacture and supply infusion and specialty pharmacy products. Infusion therapy involves patient-specific compounded medications, supplies, and a range of pharmacy, nursing, and other clinical services for delivering care to patients in the home setting. For more information, visit www.nhia.org.

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