



## HOME INFUSION TALKING POINTS FOR CAPITOL HILL

### SAMPLE HILL MEETING OUTLINE

#### Patient Preference, Convenience, and Safety

- For certain patients with serious infections, cancer, heart failure, immune system diseases, and other conditions who need medications delivered directly into their body, such as IV therapies, they can actually receive these medications in their own home rather than institutional settings such as a hospital or nursing home.
- When given the option, patients would overwhelmingly prefer to receive their infused drugs at home, where they are most comfortable and can resume their personal and professional lives. In fact, [research](#) shows that up to 95% of patients would prefer receiving their infusions at home.
- Home infusion has also proven to be highly safe and effective. In fact, [studies](#) have included home infusion patients are no more likely to experience adverse drug events or side effects, and clinical outcomes were as good or better than in institutional settings.

#### Cost Effectiveness and Potential Savings

- Commercial payers have long recognized that home infusion is an incredibly efficient and cost-effective site of care. A [report](#) from the GAO recently concluded that “providing infusion therapy at home generally costs less than treatment in other settings... and is largely free from inappropriate utilization and problems in quality of care.”
- The cost savings generated through site of care optimization are passed on to the patient in the form of lower copays and reduced out-of-pocket costs. This is especially important in Medicare Part B, where patients pay 20% coinsurance.

#### Role of the Pharmacist

- Home infusion services are centered around the pharmacy. When enrolling a patient in home infusion, the pharmacist works closely with the referring physician and discharge planner to develop a transition plan, facilitate nursing services, and initiate patient and caregiver education.
- The pharmacist maintains responsibility for the patient 24/7. Their key responsibilities include case management, customizing the medication plan, sterile drug preparation (including clean room operations), clinical assessments and monitoring, coordination with the patient’s other health care providers, delivering equipment and supplies, and providing 24/7 patient support.
- A nurse conducts periodic in-person visits to educate the patient, provide physical assessments, and maintain the vascular access device.

## **Congressional Intent**

- Congress included provisions in the *21<sup>st</sup> Century Cures Act* and the *Bipartisan Budget Act of 2018* to lower the drug reimbursement rate from AWP to ASP, while also requiring CMS to create a professional services benefit for Medicare Part B home infusion drugs.
- In implementing this legislation, however, CMS issued regulations that limit reimbursement to days when a nurse is physically present in the patient's home rather than each day the drug is infused. In practice, the physical presence requirement only acknowledges face-to-face visits from a nurse — failing to account for the extensive services provided remotely by a pharmacist.
- As Congress has pointed out in multiple letters to the agency, “this physical presence requirement contradicts [the] intent in drafting and enacting this legislation and makes the reimbursement required by the bill inadequate.”

## **Impact on Patient Access**

- Because of CMS’ misinterpretation of the statute, patient access is suffering as many home infusion providers are no longer accepting patients under the Medicare Part B benefit.
- Based on a review of publicly available data, an alarming 20 percent fewer Medicare beneficiaries received DME infused drugs in 2017 compared to 2016.
- Many providers are holding on in hopes that this issue is resolved before CMS implements the “permanent” home infusion benefit in 2021.

## **Statutory Clarifications Are Needed**

- To restore congressional intent and preserve patient access, Congress should pass a few technical clarifications that will ensure CMS appropriately implements this benefit beginning in 2021
- Pending legislation would: (1) require payment to be made every day a medication is infused, regardless of whether a skilled professional is present in the patient’s home; and (2) enumerate the specific services to be included in the reimbursement, including the extensive pharmacy services that are performed remotely.
- Importantly, this legislation is expected to produce cost savings by steering patients away from more expensive care settings, such as hospitals or nursing homes. An analysis from The Moran Company estimates that the bill would save \$93 million over 10 year.

## **IF ASKED...**

### **Aren’t you suing CMS right now over this same issue?**

- Yes, the National Home Infusion Association is currently suing CMS over their interpretation of the “transitional” benefit for years 2019 and 2020, which was established by the *Bipartisan Budget Act of 2018*. We feel that Congress has been clear in their intention to provide a comprehensive home infusion benefit that accounts for the full range of professional services, including multiple letters to CMS from the authors of these provisions that have attempted to reinforce the fact that the agency’s interpretation of the law is leading to inadequate reimbursement.
- However, the legislation that we are currently discussing applies to the “permanent” benefit which begins in 2021 and was established as part of *21<sup>st</sup> Century Cures*. The legislation is a totally separate from the lawsuit and is focused on a different part of the statute.