SUPPORT THE PRESERVING PATIENT ACCESS TO HOME INFUSION ACT

While Congress intended to create a comprehensive Medicare home infusion benefit in the 21st Century Cures Act (2016), flawed implementation by CMS has led to major access issues for Medicare beneficiaries. The Preserving Patient Access to Home Infusion Act would restore congressional intent and promote access to home-based care by mirroring the successful model employed by nearly every commercial plan.

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 concluded home infusion demonstrates clinical outcomes that are as good or better than institutional settings — including lowering rates of infections that present risks in hospitals and other facilities.

COST EFFECTIVENESS AND BUDGETARY SAVINGS

- Commercial payers have long recognized that home infusion is an efficient and cost-effective site of care. As a report from the GAO recently concluded, “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 Congressional Budget Office (CBO) has consistently concluded that enhanced patient access to home infusion will create savings for the Medicare program.
- An analysis from The Moran Company estimates that the bill would save $93M over 10 years.
- 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.

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 21st 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.”

CMS’ REPORT HIGHLIGHTS CHALLENGES IN PATIENT ACCESS

- A report issued in February 2023 by CMS concludes there has been low utilization of Medicare’s home infusion therapy (HIT) benefit, and it has been “very concentrated” among a few providers.
  - On average, only 1,250 beneficiaries are receiving Part B HIT services per quarter—a small fraction of the patients eligible for the service, and an anomaly compared to the over 3 million patients that receive home infusion therapy on an annual basis.
  - Due to CMS’ policy, utilization of the benefit decreased during the public health emergency despite an increase in utilization amongst commercial and other government payers.
- CMS’ report also reveals that only a small portion of eligible providers are participating in the benefit. Just 65 providers billed for HIT services in Q1 2022, despite there being nearly 1,000 home infusion pharmacies, 11,000 home health agencies, and a wide range of other providers capable of providing these services.

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 2024.
- The Preserving Patient Access to Home Infusion Act legislation would: (1) require a reasonable 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 those extensive pharmacy services that are performed remotely.
- Building on a provision in the bipartisan CARES Act, the measure would also allow physician assistants (PAs) and nurse practitioners (NPs) to order home infusion services for Medicare patients—consistent with authority provided to these practitioners for other home health services.
- Importantly, this legislation is expected to produce cost savings by steering patients away from more expensive care settings, such as hospitals or nursing homes.

Please cosponsor the Preserving Patient Access to Home Infusion Act to ensure Medicare beneficiaries have access to the IV medications they need in the comfort of their own homes.