



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 ([H.R. 2172](#); [S. 1058](#)) would restore congressional intent and promote access to home-based care by mirroring the successful model employed by 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.

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 2025 by CMS concludes that **utilization of Medicare's home infusion therapy (HIT) benefit continues to decline** and has been concentrated among a few providers.
- On average, approximately 1,000 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.
- With so few providers enrolled in the benefit, CMS' report notes the severe concentration in the market with just seven HIT supplier organizations providing 55.4 percent of the HIT service visits.
- Overall, just 62 providers billed for HIT services in Q2 2024, 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 fulfill congressional intent and ensure Medicare beneficiaries have meaningful access to home infusion therapy, Congress must enact targeted reforms that address longstanding flaws in the structure and implementation of the Part B HIT benefit.
- The Preserving Patient Access to Home Infusion Act would:
 - **Require reasonable payment for services** that reflects the full range of HIT professional services, regardless of whether a skilled professional is physically present in the home — addressing a central flaw in CMS policy that has limited provider participation and patient access;
 - **Expand coverage to include all IV anti-infective drugs**, removing the outdated “pump requirement” and allowing Medicare patients to receive the same home-based antibiotic treatments already widely covered in the commercial market;
 - **Establish a five-year transitional payment policy**, giving providers the predictability and stability needed to enroll in the program and serve more patients;
 - **Bundle disposable supplies into the services payment**, establishing CBO-scorable savings while streamlining reimbursement to align Medicare policy with private sector standards; and
 - **Allow nurse practitioners and physician assistants to order** home infusion therapy — consistent with their authority for other home-based services as authorized by the bipartisan CARES Act.
- NHIA is working closely with Congress and CBO to ensure the legislation is fiscally responsible, with provisions expected to generate hundreds of millions in Medicare savings by shifting care away from higher-cost institutional settings and into the home.

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.