

Congress of the United States
Washington, DC 20515

September 26, 2018

The Honorable Seema Verma
Administrator
Center for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma:

We are writing to relay our concerns with the Centers for Medicare and Medicaid Services' (CMS') proposed implementation of Section 50401 of the *Bipartisan Budget Act of 2018* (P.L. 115-123) and Section 5012 of the *21st Century Cures Act* (P.L. 114-255). It is critical that this legislation is appropriately implemented to ensure Medicare beneficiaries have access to home infusion starting in January 2019.

As part of the proposed rule entitled "*Medicare and Medicaid Programs; CY 2019 Home Health Prospective Payment System Rate Update and CY 2020 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; Home Infusion Therapy Requirements; and Training Requirements for Surveyors of National Accrediting Organizations*" (CMS-1689-P), CMS set forth several proposed requirements to implement the *Medicare Home Infusion Therapy Access Act* and portions of the *21st Century Cures Act* that apply to home infusion. Through these provisions, Congress sought to create a benefit that would cover the "professional services, including nursing services" that are required to provide home infusions. Our central goal in creating said benefit was to ensure Medicare beneficiaries can access drug infusions in the most comfortable setting possible: their homes.

In the proposed rule, CMS limits reimbursement for providers to "the day on which home infusion therapy services are furnished by skilled professionals in the individual's home" – even though the administration of infusion drugs could happen on additional days. Failure to provide reimbursement on those days could constrain providers' ability to offer home infusions and, as such, limit access for patients.

To remain true to our intent, CMS should withdraw the requirement that a nurse or other professional be physically present "in the home" for reimbursement to occur, and instead allow for reimbursement to be made for each day that a home infusion drug is infused.

We also urge CMS to develop a definition of professional services that is unique to home infusion and not based on another site of care in the Medicare program. This definition will guide the rate setting process for the permanent home infusion services reimbursement and will ensure adequate reimbursement for home infusion starting in 2021.

We look forward to working with you to successfully implement this vital legislation and ensure Medicare beneficiaries have access to home infusion.

Sincerely,



Hon. Kenny Marchant
Member of Congress



Hon. Eliot L. Engel
Member of Congress



Hon. Fred Upton
Member of Congress



Hon. Terri A. Sewell
Member of Congress



Hon. Brian K. Fitzpatrick
Member of Congress



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