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Patient, Stakeholder Groups Urge Congress to Address Medicare's Failed Home Infusion Benefit

- *Medicare policy is failing to promote access to home infusion for patients who rely on IV drugs, as recent Medicare data shows extremely low utilization of Medicare's home infusion therapy (HIT) services benefit.*
- *Thirty stakeholder groups from across the health care continuum are urging Congress to pass legislation to address this failed benefit.*
- *The Preserving Patient Access to Home Infusion Act would ensure Medicare beneficiaries have access to care at home, consistent with the coverage provided by every commercial insurer, Medicaid plans, TRICARE, Veterans Affairs, and others.*

Alexandria, Va. (October 31, 2022) — A diverse group of 30 patient and stakeholder groups are calling on Congress to address Medicare beneficiary access to home infusion services. In a [letter to lawmakers](#), which brings together stakeholders from across the care continuum, the groups urge congressional leaders to advance the *Preserving Patient Access to Home Infusion Act* ([S. 2652/H.R. 5067](#)) and increase access to home infusion therapy for Medicare beneficiaries. The release of today's letter follows a similar effort from dozens of health systems and hospitals — collectively representing over 600 hospitals and over 5,000 sites of care — who also [recently called on Congress](#) to advance this bill.

"Home infusion therapy services have been a lifeline for millions of Americans by delivering lifesaving treatments to patients while reducing costs, infection risks, and unnecessary facility visits," the groups write. "Unfortunately, despite Congress's efforts to establish a dedicated Medicare home infusion therapy (HIT) benefit, the Centers for Medicare and Medicaid Services (CMS) has implemented it in such a restrictive manner that it is failing to promote patient access."

The letter goes on to cite a [report](#) released by the Centers for Medicare and Medicaid Services (CMS) in January 2022 confirming that utilization of the benefit has been low. "Recent data released by CMS suggests that less than 1,300 Medicare beneficiaries accessed the home infusion benefit each calendar quarter between Q1 2019 and Q1 2021, a

massive outlier compared to the estimated 3.2 million patients served annually by home infusion providers,” the letter states.

“Home-based health care services stand out as high-value resources that can improve patient quality of life and add capacity to the health care system while keeping vulnerable patients away from the threat of infectious disease,” said **Connie Sullivan, BSPharm, President & CEO of the National Home Infusion Association**. “Passage of the *Preserving Patient Access to Home Infusion Act* is critical to ensuring the Medicare program maintains access to home infusion, allowing beneficiaries to safely receive treatment in the setting they overwhelmingly prefer: their homes.”

Background on the ‘Preserving Patient Access to Home Infusion Act’

Congress included provisions in the *21st Century Cures Act* and the *Bipartisan Budget Act of 2018* to create a professional services benefit for Medicare Part B home infusion drugs. The intent in establishing this benefit was to facilitate patient access to home infusion by covering professional services including assessments, education on administration and access device care, monitoring and remote monitoring, coordination with the patient, caregivers and other health care providers, and nursing visits.

Despite Congress’ intent — as detailed in [multiple letters to the agency](#) — the Centers for Medicare and Medicaid Services (CMS) improperly implemented the benefit by requiring a nurse to be physically present in the patient's home in order for providers to be reimbursed. As a practical matter, the current home infusion therapy benefit only acknowledges face-to-face visits from a nurse, failing to account for the extensive clinical and administrative services that are provided remotely by home infusion clinicians. As a result, provider participation in Medicare’s home infusion benefit has been limited and beneficiaries have experienced challenges in accessing home infusion over the last several years.

The *Preserving Patient Access to Home Infusion Act* provides technical clarifications that will remove the physical presence requirement, ensuring payment regardless of whether a health care professional is present in the patient’s home. The legislation also acknowledges the full scope of professional services provided in home infusion — including essential pharmacist services — into the reimbursement structure. If implemented, this legislation would increase provider participation in the benefit and enhance patient access to home infusion, effectively diverting care to the home that would otherwise be delivered in more expensive institutional settings.

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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