

MEDICARE HOME INFUSION THERAPY COVERAGE ACT OF 2008

Ms. SNOWE. Mr. President, today I join my colleague, Senator Lincoln of Arkansas, to introduce the “Medicare Home Infusion Coverage Act”, which will help us improve care and reduce costs. Today we know that the average Medicare beneficiary must shoulder nearly half their health care costs. At the same time Medicare faces serious fiscal challenges. Currently, the Part A (Hospital) Trust Fund faces insolvency in 2019, when expenditures will exceed projected contributions and require additional taxpayer support to maintain the care our seniors and so many disabled Americans require.

There is another way, and that is to reform care delivery to emphasize high quality, lower cost care. Today the many serious conditions – including some cancers and drug-resistant infections – requires the use of infusion therapy. Such treatment involves the administration of medication directly into the bloodstream via a needle or catheter. Specialized equipment, supplies, and professional services (such as sterile drug compounding, care coordination, and patient education and monitoring) are part of such therapy. The course of infusion treatment often lasts for several hours per day over a six-to-eight week period.

The unfortunate fact is that Medicare patients requiring infusion therapy must either bear that cost themselves, or endure hospitalization in order to receive coverage. Though Medicare pays for infusion drugs, it does not pay for the services, equipment, and supplies necessary to safely provide infusion therapy in the home. Not surprisingly, even though home infusion therapy may cost as little as \$100 a day, too few seniors can bear that cost.

The result is that patients are hospitalized needlessly, driving costs of treatment as much as 10-20 times higher than treatment in the home. That is wasteful to Medicare and may even place the patient at risk. That is because unnecessary hospitalization places individuals at risk of acquiring a health care-acquired infection – one which is frequently drug resistant and can be life-threatening.

Private health plans have long understood that home infusion therapy is not only less costly, but safer as well. Thus private coverage for home infusion therapy is common. Private plans also recognize that patients benefit from avoiding hospitalization. At home they have familiar, comfortable surroundings, and family conveniently at hand – no small concerns when fighting a serious illness.

It is clear we must change the status quo, and achieve safer, most cost-effective treatment. By extending coverage of infusion therapy to the home, we will correct this unintended and unnecessary gap in Medicare coverage.

I hope my colleagues will join us in support of this legislation so we may further the goals of improving patient safety and reducing our escalating health care costs.

Thank you, Mr. President.