

United States Senate

WASHINGTON, DC 20510

Help Medicare Beneficiaries Gain Access to Home Infusion Therapy

Co-sponsor S. 254, the Medicare Home Infusion Therapy Coverage Act of 2009

February 2, 2009

Dear Colleague:

As we continue our efforts to make Medicare more responsive to the needs of beneficiaries, our focus necessarily turns to identifying reforms that improve the quality of care while lowering health care costs. In many cases, experiences in the private sector can guide us. This is true when it comes to caring for individuals suffering from cancer, serious infections, and other conditions requiring infusion therapy.

Infusion therapy 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 required. The course of treatment often lasts for several hours per day over a six-to-eight week period. When provided in a hospital or nursing home, infusion therapy is very expensive. Moreover, it is inconvenient for the patient and also subjects the patient to considerable risk of secondary health care-acquired infections. There is a better way.

For decades, private health plans have safely provided patients with infusion therapy in the home setting. In doing so, they have reduced hospital stays, avoided nursing home admissions, decreased costs, and lowered the incidence of expensive and potentially deadly hospital-acquired infections. And, they are providing care where patients prefer to receive it – in their own homes. This is particularly important for people living in rural areas.

While Medicare currently pays for infusion drugs, it does not pay for the services, equipment, and supplies necessary to safely provide infusion therapy in the home. Thus, Medicare ends up paying for all costs associated with providing infusion therapy in hospitals and nursing homes and denies coverage in the setting that is far less expensive, more convenient for the patient, and less likely to result in secondary infections – the patient's home.

We have introduced legislation to correct this unintended and unnecessary gap in Medicare coverage. S. 254, the Medicare Home Infusion Therapy Coverage Act of 2009, would expressly provide coverage under Medicare Part B of the infusion-related services, equipment, and supplies. Coverage of infusion drugs would remain unchanged in Part D. We hope you will consider cosponsoring this common sense legislation. Please call Ashley Ridlon (Sen. Lincoln) at 4-4843 or Bill Pewen (Sen. Snowe) at 4-5344 to cosponsor or if you have any questions.

Sincerely,



Senator Blanche Lincoln



Senator Olympia Snowe



Senator Johnny Isakson