

# Help Medicare Beneficiaries Gain Access to Home Infusion Therapy

## The Medicare Home Infusion Therapy Coverage Act S. 254 and H.R. 574

**Issue:** Infusion therapy (the administration of medications into the bloodstream via needle or catheter) is the medically necessary treatment for many patients with cancer, serious infections and other conditions. Providing infusion therapy in a patient's home involves not only the delivery of medication; but it also requires specialized equipment, supplies, and professional services to ensure safe and effective administration of the therapy. While most infusion drugs are covered under the Medicare Part D drug benefit, CMS has determined that it does not have the authority to cover the infusion-related services, supplies and equipment under Part D. As a result, Medicare beneficiaries are effectively denied access to home infusion therapy and are being forced into receiving infusion therapy in hospitals and skilled nursing facilities at a significantly higher cost to Medicare and at great inconvenience to the patients.

### Why full Medicare coverage is necessary:

- **Lower costs, better outcomes:** For decades, the private sector has made effective use of home infusion to deliver lifesaving treatments to patients without the added cost, infection risk, and inconvenience of hospitalization. Moreover, application of stringent quality standards for home infusion therapy has produced superior outcomes for patients. Because most beneficiaries cannot afford to pay home infusion ancillary costs out-of-pocket, the Medicare program can achieve the efficiencies, cost savings, and quality improvements employed in the private sector only by allowing coverage of the requisite home infusion services, supplies, and equipment.
- **Quality standards essential:** Part D of Medicare does not provide quality standards applicable to home infusion therapy. Medicare beneficiaries are at risk of receiving drugs from entities that do not meet well-established standards of care. Complex intravenous therapies that require extensive clinical services, care coordination, equipment, and supplies should be administered in adherence to stringent quality standards of care.
- **CMS insists legislation is necessary:** CMS agrees that the current Part D structure is not a proper fit for home infusion and that coverage of the services, supplies and equipment belongs in Part B. However, CMS insists that legislation is necessary to establish coverage of the full range of home infusion therapy items and services under Part B.
- **Part B provides a logical coverage platform for home infusion services, supplies and equipment:** Part B already covers numerous multifaceted therapies and procedures. It is the most logical part of the Medicare program in which to place the nondrug components of the therapy and where the Secretary can most easily develop national Medicare quality standards for the provision of this therapy.

Senators Blanche Lincoln (D-AR), Olympia Snowe (R-ME) and Johnny Isakson (R-GA) have introduced the *Medicare Home Infusion Therapy Coverage Act S. 254*, which would cover home infusion therapy professional services, supplies and equipment under Medicare Part B, thus enabling the Part D coverage of infusion drugs to become meaningful for Medicare beneficiaries. The bill also would require the Secretary to develop quality standards to ensure the safe and effective provision of therapy. This bill would enable the Medicare program to realize the efficiencies and positive outcomes that home infusion therapy has brought to private sector patients for decades. An identical bill, H.R. 574, was introduced in the House by Representatives Eliot Engel (D-NY), Tim Murphy (R-PA), Kay Granger (R-TX) and Tammy Baldwin (D-WI).