



# CONGRESS OF THE UNITED STATES

## *News from Congressman Eliot Engel Congressman Tim Murphy*

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For release: Thursday, June 16, 2011

## **ENGEL, MURPHY BILL HELPS INTRAVENOUS PATIENTS** *The Medicare Home Infusion Therapy Coverage Act of 2011 closes Medicare gaps and saves money*

Congressman Eliot Engel (D-NY-17) and Congressman Tim Murphy (R-PA-18) re-introduced legislation, the Medicare Home Infusion Therapy Coverage Act of 2011. This measure would save money for the Medicare program by allowing more intravenous therapy to be done at home rather than in hospitals or nursing home settings, which are more costly and increase risk of secondary infections. Individuals suffering from cancer, serious infections and other conditions require infusion therapy.

The Government Accountability Office (GAO) released a study one year ago stating that home infusion therapy would save money under Medicare, and recommended the Secretary of Health and Human Services conduct further studies to demonstrate the cost savings of the treatment.

Rep. Engel said, "The current Medicare coverage for home infusion therapy is both illogical and incomplete. While Medicare currently pays for infusion drugs, it does not pay for the services, equipment, and supplies necessary to safely provide infusion therapy at home. Thus, Medicare ends up paying all the 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.”

Rep. Murphy said, “Even though private health plans have been covering home infusion therapy for decades, Medicare still forces patients to enter a hospital for treatment where it costs Medicare thousands of dollars versus only hundreds within the home. Entering a hospital for infusion therapy is also less convenient for the patient who is then needlessly exposed to more health risks. There is a better way, and by passing this bill we can save taxpayers money and improve the quality of life of Medicare beneficiaries.”

Russell Bodoff, CEO and President of the National Home Infusion Association, said, “The re-introduction of the *Medicare Home Infusion Therapy Coverage Act of 2011* offers a common sense approach to improving patient care, while reducing Medicare spending. In 2010 the General Accountability Office (GAO) completed a study which clearly demonstrated that home infusion therapy provides costs savings and quality patient care, with no unusual utilization. With the increasingly urgent need to reduce Medicare spending, this legislation and the GAO study findings represent an ideal opportunity for Congress to help find vital Medicare savings.”

The bill would institute coverage for the home infusion-related services, supplies and equipment under Medicare Part B, while maintaining coverage of the drugs themselves under Medicare Part D. In addition, the U.S. Department of Health and Human Services would apply quality standards that are consistent with the standards of care that have been developed over decades in the private sector.

While Medicare Part D drug benefit covers the cost of most home infusion drugs, Medicare does not pay for the services, supplies and equipment necessary for the safe administration of the drugs. Because most people cannot afford these costs, they are forced to go to hospitals and nursing homes for treatment, where it is far most costly than that done at home. This can result in a great inconvenience to patients, especially those living in rural areas and those who rely on public transportation.

For decades, private health plans have done infusion therapy successfully and cost-effectively by providing treatment in the patient’s home. Home infusion also prevents patients from being at risk for hospital based infections.