

In The Face Of Continuous Challenges And Frustration, We Must Continue To Do Even More

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With the Supreme Court's recent decision to uphold the *Patient Protection and Affordable Care Act* (PPACA) there will clearly not be much opportunity for any significant new health care legislation until the 113th Congress commences in 2013. Unfortunately, our frustration with the 112th Congress around not appropriately addressing the lack of a suitable Medicare home infusion benefit, thus, continues. Many of you may have questions as to why such obvious home infusion therapy savings are not recognized by Congress or the Centers for Medicare & Medicaid Services (CMS). While there is no straightforward logical answer, there are a myriad of factors impacting this continuous challenge.

To begin, the high cost of the PPACA has most of Congress leery of any health care legislation that sounds like "a new benefit with a cost." Add to that reality the worst partisan politics in both the House and the Senate that this country has ever seen and we have a vexing recipe for complete lack of legislative progress. Additionally, when Congress evaluates new legislation it obtains a "score" from the Congressional Budget Office (CBO) that is supposed to approximate the probable costs of such legislation—but when the CBO evaluated our home infusion legislation (the *Medicare Home Infusion Therapy Coverage Act*), it made many errors in estimating the costs. Furthermore, the CBO took into account only the presumed costs but none of the added savings that home infusion also provides. The result of all this has been a totally non-reality based perception on the Hill and by the Administration of what the true costs of a meaningful Medicare home infusion benefit would be.

Then, the recent study on home infusion conducted by the Medicare Payment Advisory Commission ("MedPAC"—the Medicare advisory arm of Congress) issued in its June 2012 report to Congress did absolutely nothing to counteract the misleading impression that a home infusion therapy benefit would be a cost and not a savings. This was particularly disappointing since the study conducted by the General Accountability Office (GAO) in 2010 clearly stated that there was savings associated with quality care; and no over utilization. Even a personal meeting with Marilyn Tavenner, the head of CMS, only made our frustration worse as she indicated in our discussion that, as a clinician, she certainly understood how valuable home infusion services are—and did not understand why there was no Medicare benefit. Yet, despite her appreciation for the value of home infusion, she has done nothing further to follow up on her commitment to review the issue.

There is no question that we need to continue our strategy of assertive Congressional outreach, as well as meetings with key representatives of CMS and the Center for Medicare & Medicaid Innovation (CMMI). And we will need to re-educate CBO and MedPAC—working hard towards changing their current mindsets. To complement our steadfast approaches, we believe new, additional strategies are also needed that we are moving forward on, including:

- Partnering with a well-recognized, highly regarded independent health care advisory firm for assistance in refuting many of the misstatements made in the MedPAC report, to build a model **with data** that will demonstrate to members of Congress and the CBO that savings exist in home infusion, and to underscore that Medicare could take advantage of these savings with a legislative fix.
- Evaluating various scenarios that could make a home infusion benefit easier for CMS to administer, given that our issue (as defined in our current legislation) is a difficult one to administer, since it falls between Part B and Part D of Medicare—and no other benefit does that (thus, we must recognize that neither Medicare Part B nor Part D realistically offer "a good home" for the benefit without a legislative fix).
- Collaborating with a health care media consultant to raise the awareness of our critical issues via stories about home infusion therapy, or the lack thereof, in key media outlets.



Together, we must turn our frustration into an unrelenting determination to fight harder to creatively reach a positive outcome. We owe it to the patients who are suffering, to the dedicated infusion providers who stand ready to care for them, and to our country that desperately needs to find savings in the Medicare program.

Regards,

