

EARL L. "BUDDY" CARTER
FIRST DISTRICT OF GEORGIA

ENERGY AND COMMERCE COMMITTEE
SUBCOMMITTEE ON HEALTH
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The Honorable Seema Verma
Administrator, Center for Medicare and Medicaid Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Administrator Verma:

As the only pharmacist in Congress and a supporter of the *Bipartisan Budget Act of 2018* and the *21st Century Cures Act*, I am writing to relay my concerns with the Centers for Medicare and Medicaid Services' (CMS') proposed implementation of this legislation. It is critical that that this legislation is appropriately implemented to ensure Medicare beneficiaries have access to home infusion starting in January 2019.

As part of the proposed rule entitled "*Medicare and Medicaid Programs; CY 2019 Home Health Prospective Payment System Rate Update and CY 2020 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; Home Infusion Therapy Requirements; and Training Requirements for Surveyors of National Accrediting Organizations*" (CMS-1689-P), CMS set forth several proposed requirements to implement the sections of the *Bipartisan Budget Act of 2018* and the *21st Century Cures Act* that apply to home infusion. The benefit set forth for home infusion was to cover "professional services, including nursing services...". As part of this rule CMS has virtually eliminated any reference to pharmacy services as professional services for reimbursement. It is vital that professional services include drug preparation and dispensing. The drugs that home infusion suppliers provide to patients require extensive pharmacy services, including the compounding of the drugs. By ignoring pharmacy services as a professional service CMS has created a home infusion benefit that incorrectly focuses solely on nursing services.

By limiting reimbursement to providers to "the day on which home infusion therapy services are furnished by skilled professionals **in the individual's home**" CMS will effectively gut the intent of the legislation. This physical presence requirement contradicts the intent in drafting and enacting this legislation and makes the reimbursement required by the bill inadequate.

In preparing this legislation Congress worked to mirror this benefit as closely as possible to private sector and other governmental home infusion programs. No other payors for home infusion (commercial plans, Medicare Advantage Plans, the Veterans Administration, or others) have such a requirement for a professional to be physically present in order to reimburse for the beneficiary's home infusion because pharmacy services are so vitally important to home infusion. In fact, home infusion's pharmacy services aren't often availed to the beneficiary

directly in the home. To remain true to both the legislation and Congresses intent, **CMS should withdraw the requirement that a nurse or other professional be physically present “in the home” for reimbursement to occur, and instead to recognize that reimbursement be made for each day that a home infusion drug is infused.**

The original goal of the bill was to give patients freedom to receive these infusions in the comfort of their own home, without having to make the onerous journey to a healthcare facility to receive an infusion. Congress wanted to give freedom to the patients in this legislation, allowing them to administer their own infusions at home without a healthcare worker.

Again, the legislation set forth a structure for CMS to reimburse providers for their “professional services, *including* nursing services.” Congresses intent was that home infusion providers’ professional services, such as drug preparation, clinical care planning, care coordination, nursing and other associated professional work should be a component of the home infusion benefit. Whether or not CMS believes these services were covered under the Durable Medical Equipment (DME) benefit, the purpose of the home infusion services payment was to cover and pay for them separately as home infusion professional services. Moreover, the only way a provider is eligible for the transitional reimbursement is being a pharmacy. This must mean that pharmacy is a professional service to be reimbursed for.

I strongly urge that CMS develop a definition of professional services that is unique to home infusion and includes pharmacy services. This definition will guide home infusion services reimbursement and will ensure Medicare beneficiaries have access to these services.

I look forward to working with you to roll out this vital legislation and make sure Medicare beneficiaries have access to home infusion.

Sincerely,

A handwritten signature in cursive script that reads "Earl L. Buddy Carter".

Earl L. “Buddy” Carter
Member of Congress