



## FOR IMMEDIATE RELEASE

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### **NHIA and 250+ stakeholders urge CMS to overhaul home infusion rules**

**Alexandria, Va.** (February 14, 2020) — The [National Home Infusion Association](https://www.nhia.org) (NHIA) and more than 250 leading patient advocacy organizations, pharmacy groups, physician specialty societies, home infusion providers, and other stakeholders are urging the Centers for Medicare & Medicaid Services (CMS) to revisit their flawed interpretation of Medicare’s home infusion therapy services benefit.

[In the letter](#), this broad collection of health care stakeholders ask CMS to model reimbursement after the private sector, which pays for services each day the drug is infused. As they point out, patient access to home infusion for seniors under Medicare Part B has suffered under the current payment model that only reimburses for face-to-face nursing services.

“Numerous studies indicate that patients overwhelmingly prefer the home over other sites of care — and when they receive home infusion services, they are highly satisfied. We urge CMS to reconsider their flawed interpretation of the benefit, which negatively impacts the ability of patients to get the care they need,” said NHIA President & CEO Connie Sullivan, BSPHarm.

In response to these concerns, the letter suggests several solutions which are within the administration’s current regulatory authority, such as bundled and differential payment models. Additionally, consistent with standards in the commercial market and Medicare Advantage plans, the letter urges the agency provide reimbursement every calendar day the drug is infused, regardless of whether a nurse is present in the home.

“Home infusion nurses and pharmacists are the links to providing care safely and efficiently – and it takes an equal contribution from both professions to make patients successful,” said Infusion Nurses Society (INS) CEO Mary Alexander, MA, RN, CRNI®, CAE, FAAN. “INS is dedicated to promoting the highest standards for infusion therapy, and therefore we urge CMS to acknowledge the important role pharmacists play in collaborating and supporting infusion nurses on behalf of patients.”

Beyond the issues related to reimbursement, the letter cites concerns with delays in access to new FDA approved medications, which currently can take over a year under the local coverage determination (LCD) reconsideration process. Additionally, the letter emphasizes that a patient’s decision about where to receive infusion therapy should be



the result of a dialogue between the physician and patient — particularly given the impact on a patients' quality of life and out-of-pocket costs.

For more information on the letter and NHIA's advocacy efforts contact NHIA's Director of Legislative Affairs at [shea.mccarthy@nhia.org](mailto:shea.mccarthy@nhia.org).

*NHIA is a trade association that represents companies that provide infusion therapy to patients in their homes, as well as companies that manufacture and supply infusion and specialty pharmacy products. Infusion therapy involves patient-specific compounded medications, supplies, and a range of pharmacy, nursing, and other clinical services for delivering care to patients in the home setting. For more information, visit [www.nhia.org](http://www.nhia.org).*

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