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CMS Proposal Would Revise the DMEPOS External Infusion Pump Benefit

Alexandria, Va. (October 30, 2020) –The [National Home Infusion Association](https://www.nhia.org) (NHIA) has been engaging with members and stakeholders regarding the impacts to home infusion from the Centers for Medicare and Medicaid Services (CMS) proposed rule: “Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Policy Issues and Level II of the Healthcare Common Procedures Coding System (HCPCS), CMS-1738-P.”

“NHIA is encouraged that CMS is acknowledging the need for broader access to home infusion, including for drugs that treat rare diseases. NHIA also agrees the Medicare program can derive savings by expanding access to home-based care but urges CMS to exercise caution and protect current access to patient care with any proposals to change coverage policies,” said NHIA Board President Logan Davis, PharmD, MBA.

Despite the intent of the proposal, NHIA has concerns that this approach will jeopardize coverage for life-saving therapies for the thousands of beneficiaries relying on existing coverage of home infusion drugs under Medicare Parts B and D, helping to avoid admission to a skilled facility or frequent travel to an outpatient infusion clinic. While seemingly limited in scope, there is no mention of how this change will impact current beneficiaries. NHIA believes CMS’ proposed policy changes will have far-reaching impacts and is concerned that CMS is under-estimating the unintended consequences of this proposed policy.

NHIA strongly believes, particularly in light of the COVID-19 public health emergency, that CMS should take action – independent of the external infusion pump benefit – to create broader access to home infusion for mainstay therapies covered under Medicare Part D, such as IV antibiotics, that do not require the use of an item of DME. NHIA urges CMS to build on the drug coverage and existing network of home infusion providers within the Part D benefit to broaden home infusion access.

“While CMS appears to recognize the need to expand access to home infusion, including for patients suffering from rare diseases, this approach fails to truly modernize the Part B benefit and adds confusion for physicians, providers, and beneficiaries relying on these services,” said NHIA President & CEO Connie Sullivan, BSPHarm. “We look forward to providing comments on this and other approaches to expanding coverage for home infusion.”



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.

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