



January 31, 2019

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Leader McConnell, Leader Schumer, Speaker Pelosi and Leader McCarthy,

We greatly appreciate Congress' bipartisan, bicameral action in passing the home infusion services payment structure in section 50401 of the *Bipartisan Budget Act of 2018 (BBA)* (Pub. L. 115-123) and section 5012 of the *21st Century Cures Act of 2016 (CURES)* (Pub. L. 114-255). However, the Centers for Medicare and Medicare Services (CMS) is implementing the law in a way that runs counter to Congress' directive and could impair Medicare beneficiaries' access to home infusion services. The undersigned patient organizations, professional societies, and other related stakeholders call on Congress to enact legislation that would reverse this ruling and require CMS to implement the transitional payment as Congress originally intended.

On October 31st, CMS issued a CY 2019 Home Health Rule (CMS-1689-FC) which finalized a very restrictive policy for reimbursement of home infusion services. As written, the Final Rule is directly contrary to the plain wording of the law and Congress' intent to provide meaningful coverage and reimbursement for each infusion day during which intravenous and subcutaneous medications are administered in the home setting.

Specifically, the final rule limits infusion therapy reimbursement only to days when a nurse or other health-care professional is at the patient's residence. While nursing services are an important component of home infusion therapy, there is an array of other professional services that are essential for the provision of safe, effective home infusion therapy. These services – including therapy design, assessing response to therapy, medication adherence, complication management and other services – typically fall under the scope of practice of a pharmacist, and occur remotely (i.e., not in the patient's home).

Congress can correct this problem by enacting legislation that would reverse this ruling and require CMS to implement the transitional payment as Congress originally intended. Specifically, we urge you to enact legislation that:

- **Reimburses for all professional home infusion services, in addition to nursing.** Congress' intent was to reimburse for home infusion professional services *including* nursing; CMS has finalized a policy that allows reimbursement *only* on the days in which a nurse is present. This structure does not provide adequate payment for all of the professional services that home infusion providers routinely provide, including pharmacy services, initial and ongoing assessment, clinical care planning, drug preparation and delivery, care coordination, and other professional services typically offered by a pharmacist.
- **Allows for daily reimbursement, consistent with the payment methodologies for private payors, Tricare, and the VA.** In the final rule, CMS limits reimbursement only to days when a professional is physically present in the patient's home. This limitation effectively reduces home infusion to a nursing benefit and belies the operational and practical realities of delivering home infusion services. This reimbursement is inadequate and will result in lost access to care for seniors.
- **Provides reimbursement levels that assure beneficiary access.** As Congress considers changes to the frequency of payment, it is imperative that rates be sufficient to assure future access to home infusion. Rates for non-nursing days should reflect the operational and capital costs associated with the entirety of professional services.

Once again, we urge you to pass legislation that is now necessary to ensure seniors' ability to receive home infusion in the safety and comfort of their homes.

Thank you for your consideration of this request.

Sincerely,

American Academy of Allergy, Asthma & Immunology (AAAAI)

American College of Cardiologists

GBS/CIDP Foundation International

Immune Deficiency Foundation

National Association of Specialty Pharmacies

National Community Pharmacists Association

National Home Infusion Association

Pulmonary Hypertension Association

Senior Care Pharmacy Coalition

US Hereditary Angioedema Association