

Medicare Coverage of Home Infusion Professional Services
Written Statement of Congressman Eliot L. Engel
Member Day Hearing
Thursday, July 25, 2019 - 10:00am

Thank you Chairman Pallone and Ranking Member Walden for holding today's hearing to allow Members to highlight specific legislation or issues of importance to their constituents and districts.

The issue I'd like to raise today is one that was first brought to me by a constituent more than a decade ago, and one that I have been working on with Members of this Committee ever since—Medicare's lack of coverage for home infusion therapy professional services.

For more than 30 years, home infusion providers have safely and effectively coordinated and delivered infused medications in patients' homes. A primary benefit of home infusion therapy is that it allows patients with serious conditions—including, cancer, congestive heart failure, and immune diseases—to remain at home, away from the risk of hospital acquired infections.

Beyond the issue of safety, the fact of the matter is that most seniors would *rather* receive their infusion medications in the comfort of their own homes instead of a nursing home or a clinic. Mr. Chairman, it's not hard to understand why a patient would rather sit on his couch attached to a pump rather than drive 30 minutes to an infusion center. Furthermore, treating these patients at home is more cost-effective than other care settings. Given these benefits, it's just commonsense to support home infusion therapy.

Home infusion therapy requires several important components: drugs, infusion equipment and supplies, and the accompanying professional services necessary to prepare and administer the therapy. These professional services can include therapy design, case management, medication preparation, monitoring for adverse events, coordination with the patient's other health care providers, 24/7 patient support, and other important services. Professional services are typically delivered by a multi-disciplinary team that includes a physician, a home infusion pharmacist, a nurse, and often the patient's caregiver.

Prior to 2017, Medicare reimbursed home infusion providers for the durable medical equipment (such as pumps, tubing, and vascular access devices) at a competitively-bid rate, and drug costs were reimbursed at 95 percent of the Average Wholesale Price (AWP). Nursing costs were typically covered under the home health benefit. Additional professional services necessary for the provision of infusion therapy such as pharmacy services were not reimbursable. Since infusion companies were often able to secure the drugs at a price lower than AWP, they were able to use the savings to offset the costs of the professional services. While an imprecise approach, this reimbursement framework allowed Medicare beneficiaries to access some infusion therapies in the safety and comfort of their own homes.

In the *21st Century Cures Act*, Congress reformed payment for home infusion services under Part B by transitioning drug reimbursement from the AWP benchmark to one based on the Average Sales Price (or ASP). At the same time, Congress created a new benefit for the professional services (both pharmacy and nursing professional services) associated with Part B covered infusion drugs. I was proud to work with many Members of this Committee, including my friend

from Michigan, Congressman Fred Upton, to enact this new benefit, which goes into effect in 2021. We worked together again in drafting provisions in the *Bipartisan Budget Act of 2018*, to create a transitional payment to allow home infusion providers to bridge from the AWP reimbursement system to the permanent system in 2021.

Given the significant time and effort that Congress invested in creating the home infusion professional services benefit, I was deeply disappointed when the Centers for Medicare and Medicaid Services (CMS) promulgated its rule last year that inappropriately limited home infusion reimbursement to only a “day on which home infusion therapy services are furnished by skilled professionals in the individual’s home.” This interpretation effectively reduces reimbursement to cover only nursing services—which *are* conducted in a patient’s home—and is insufficient to cover essential professional services performed remotely by a pharmacist, including therapy design, ongoing patient assessment, care coordination, and clinical monitoring.

Members of this Committee sent a letter to CMS last fall asking them to revisit their interpretation of the law and to withdraw the requirement that a nurse or other professional be physically present in the home for reimbursement to occur. We further called on CMS to develop a definition of professional services that is unique to home infusion and that captures the range of services necessary to safely and effectively deliver care. Unfortunately, these pleas fell on deaf ears and CMS moved forward with a reimbursement level that is inadequate, unsustainable and has already started to impair seniors’ access to home infusion services.

I have been working closely with Members of this Committee to find a legislative solution that will allow this new benefit to go into effect as Congress intended. I am pleased to announce that I will be introducing a resolution that would call on CMS to revise its regulation to allow for reimbursement of home infusion professional services each day that an infusion drug physically enters the patient’s body, irrespective of whether a skilled professional is in the individual’s home.

I urge my colleagues to support this resolution and help us bring quality, affordable home infusion services to all Medicare beneficiaries. Thank you again Chairman Pallone and Ranking Member Walden for allowing me to bring this important issue to the Committee’s attention.