

Co-Sponsor the *Preserving Patient Access to Home Infusion Act (S. 1976/H.R. 4104)*

Introduced by Sens. Mark Warner (D-VA) and Tim Scott (R-SC)

Reps. Vern Buchanan (R-FL), Debbie Dingell (D-MI), Diana Harshbarger (R-TN), Terri Sewell (D-AL)

Receiving infusion services in the home is often the safest, most clinically appropriate, cost-effective and desirable setting for Medicare beneficiaries. However, current Medicare provider reimbursement policy is leading to major gaps in services coverage. To increase Medicare beneficiary access to home infusion therapy services (HIT), Premier and providers across the continuum, including [hospitals and health systems](#)¹, support the bipartisan **Preserving Patient Access to Home Infusion Act (S. 1976 / H.R. 4104)**.

Certain patients with serious infections, cancer, heart failure, immune system diseases, and other conditions who need IV therapies, can receive their medications in their own home rather than institutional settings such as a hospital or nursing home. Home infusion services are coordinated by specialized pharmacies responsible for case management, customizing medication plans, sterile drug preparation, clinical assessments and monitoring, coordination with the patient's other health care providers, delivering equipment and supplies, and providing 24/7 patient support. Nurses conduct periodic in-person visits to educate the patient, perform physical assessments, and maintain the vascular access device.

However, according to Center for Medicare and Medicaid Services (CMS) [data](#)², beneficiary participation in the HIT services benefit has severely declined, and providers are not enrolling to participate in the benefit.

The bipartisan **Preserving Patient Access to Home Infusion Act** includes policy fixes that would address this decline by creating alignment between Medicare payment policies and successful coverage by commercial plans.

S. 1976 and H.R. 4104 would:

- ✓ Require CMS to pay home infusion providers for professional services each day the drug is administered, aligning Medicare policy with that of commercial plans;
- ✓ Enumerate the specific services to be included in the reimbursement, including those extensive pharmacy services that are performed remotely;
- ✓ Allow physician assistants (PAs) and nurse practitioners (NPs) to order home infusion services for Medicare patients — consistent with authority provided to these practitioners for other home health services, which would promote greater access to home infusion, including in rural and underserved areas;
- ✓ Additionally, this legislation is expected to achieve savings by allowing patients to receive care in their homes as opposed to more expensive care settings, such as hospitals or nursing homes.

A February 2023 CMS [report](#) confirms low utilization of the HIT benefit:

- ✓ On average, only 1,250 beneficiaries are receiving Medicare Part B HIT services per quarter — a small fraction of the patients eligible for the service. By comparison, outside of Medicare, more than 3 million patients receive home infusion therapy on an annual basis.
- ✓ Only a small portion of eligible providers are participating in the benefit. Just 65 providers billed for HIT services in Q2 2022, despite the nearly 1,000 home infusion pharmacies, 11,000 home health agencies, and a wide range of other providers that can provide these services.
- ✓ Significant disparities in home infusion access exist across the country. Utilization is concentrated in the mid-Atlantic, Florida and Texas. CMS data by comparison show six states having **no services provided** to beneficiaries: AK, MT, ND, SC, VT and WY.

Premier urges lawmakers to support patients and co-sponsor the **Preserving Patient Access to Home Infusion Act (S. 1976 / H.R. 4104)**

For more information, please contact [Shara Siegel](#), Premier Senior Director, Government Affairs at shara_siegel@premierinc.com

¹ <https://nhia.org/health-systems-hospitals-urge-congress-to-address-home-infusion-access-in-medicare/>

² <https://www.cms.gov/files/document/hit-monitoring-report-feb-2023.pdf>