

Congress of the United States
Washington, DC 20515

**Cosponsor the Medicare Home Infusion Site of Care Act to
Improve Care and Reduce Costs**

Dear Colleague:

As we continue to work to ensure that Medicare best serves the needs of Medicare beneficiaries, it is clear that Medicare's coverage of home infusion therapy must be changed.

People suffering from cancer, serious infections, pain and many other conditions may require infusion therapy. Infusion therapy involves the administration of medication directly into the bloodstream via a needle or catheter. Specialized equipment, supplies, and professional services (such as sterile drug compounding, care coordination, and patient education and monitoring) are required. The course of treatment often lasts for several hours per day over a six-to-eight week period. Medicare covers infusion therapy when provided in a hospital or nursing home. Unfortunately, Medicare does not fully cover infusion therapy in the most cost-effective and convenient setting – the patient's home. Requiring beneficiaries to go into the more costly institutional settings to receive infusion treatments also subjects the patient to considerable risk of secondary health care-acquired infections. There is a better way.

For decades, the private sector has recognized that home infusion therapy is a cost-effective, clinically effective treatment option. Nonetheless, the Medicare fee-for-service program does not have a comprehensive home infusion therapy benefit. We will be introducing legislation on January 28th to correct this unintended and unnecessary gap in Medicare coverage. The Medicare Home Infusion Site of Care Act would expressly provide coverage under Medicare Part B of the infusion-related services, equipment and supplies. Coverage of infusion drugs would remain unchanged in Part D. The policy included in the Medicare Home Infusion Site of Care Act was recently studied by the health care policy firm Avalere and showed significant Medicare savings from enabling beneficiaries to access infusion therapy in their homes.

Avalere analyzed the impact on Medicare program expenditures from a portion of patients receiving anti-infective infusion therapy from skilled nursing facilities (SNFs), hospital outpatient departments (HOPDs), and physicians' offices shifting their infusion treatment setting to the home. **Avalere found that there would be an estimated savings to the Medicare program for the 10-year period from 2015 to 2024 of 12.6 percent, or \$80 million,** of the overall cost of infusion services that migrate from HOPDs, physician offices, and SNFs to home. The first-year savings, assuming implementation in 2015, would be approximately 17.7 percent, or \$8.5 million. These savings figures are very conservative and constitute what should be considered the low bar for savings. For example, Avalere did not calculate the additional savings that could result from the avoidance of hospital stays, and hospital-acquired infections.

We hope you will consider cosponsoring the Medicare Home Infusion Site of Care Act. Please contact Heidi Ross with Rep. Engel at Heidi.Ross@mail.house.gov or 5-2464 or Whitney Daffner with Rep. Pat Tiberi at Whitney.Daffner@mail.house.gov or 5-5355 to cosponsor or if you have any questions.

Sincerely,



Eliot L. Engel
Member of Congress



Pat Tiberi
Member of Congress