

**CONNECT.
COLLABORATE.
ADVOCATE.**
2016



VISION

TO BE THE NATION'S LEADING ADVOCATE FOR OFFICE-BASED INFUSION CENTERS.

OUR MISSION IS TO IMPROVE PATIENT ACCESS TO OFFICE-ADMINISTERED INTRAVENOUS AND INJECTABLE MEDICATIONS.

WHO WE ARE.

Established in 2010, the National Infusion Center Association (NICA) is a 501(c)(3) non-profit organization formed with the purpose to improve patient access to office-administered intravenous and injectable medications and therapies. Our efforts are primarily focused on patient access to office-administered non-chemotherapeutic drugs in non-hospital sites of care (e.g., office-based Infusion Centers).

Discussions about how to improve access to care for these patients began in 2009 when a small group of entrepreneurs and infusion nurses engaged in conversations about access problems with insurers, infusion drug manufacturers, and other infusion service providers. From those conversations, it was clear that no organization was tackling this problem on a national scale.

WHAT WE DO.

We link patients with the care they need by being the nation's voice for office-based Infusion Center patient access in three ways: Connect, Collaborate, and Advocate. We **CONNECT** stakeholders to the resources they need to effectively educate, communicate and care for patients in office-based Infusion Centers. We **COLLABORATE** with a network of stakeholders to develop all-win solutions to national patient access challenges. We **ADVOCATE** for the office-based Infusion Center as a more affordable, accessible and compassionate alternative to inpatient and outpatient hospital sites of care.

WHY WE ARE NEEDED.

Healthcare providers, pharmaceutical manufacturers and insurers have historically looked at the access issue in silos - addressing only one particular drug and/or disease state at a time. However, all infusion and injectable medications face similar obstacles that restrict patient access. Restricted access to appropriate, office-based sites of care that safely and economically deliver infusion or injectable medications is a common problem facing many patients, prescribing providers, intravenous and injectable drug manufacturers, as well as payers. The nation needs a neutral advocacy voice to unite stakeholders in the interest of developing all-win solutions that improve patient access to the high-quality, cost-effective care they need.



NICA EMAIL NEWSLETTER (2,200+ ACTIVE CONTACTS)

The email newsletter is one of our best tools to inform our partners and industry community about NICA's advocacy efforts. The newsletter is released at least 1-2 times quarterly and more often for special announcements regarding NICA advocacy updates and/or important industry news. The newsletter is also used as a resource for our audience to forward to other contacts throughout the healthcare and infusion space.

**SEE AN EXAMPLE OF OUR
[NICA NEWSLETTER](#)**



NICA TWITTER FEED (684 FOLLOWERS)

NICA uses twitter to reach our industry partners, strategic partners, as well as our provider partners and their patients. This is an important medium through which we are able to reach all of our stakeholders and keep them up-to-date on our advocacy initiatives, activities, and the outcomes of our efforts.

[TWITTER.COM/INFUSIONCENTER](https://twitter.com/infusioncenter)

NICA AUDIENCE

The National Infusion Center Association utilizes many different media and publication channels to keep our partners and audience informed of important industry updates and advocacy efforts. We update and monitor these channels to ensure we maintain active contacts who are directly connected to the office-based Infusion Center market. Our active audience includes Infusion Center operators, staff, physicians, patients, infusion nurses, manufacturers, payer relations, payer policy staff, CMS representatives and other like-minded advocacy groups.



NICA LINKEDIN GROUP (524 ACTIVE MEMBERS)

We maintain a growing, active community on the NICA LinkedIn group where we release important updates about industry news and our advocacy efforts. We also use the group for industry discussions and feedback about problems faced by our NICA partners.

[NICA LINKEDIN GROUP](#)



NICA FACEBOOK PAGE (1,099 FOLLOWERS)

NICA focuses on patients and their families through our Facebook page. In addition to important industry and advocacy updates, we also provide helpful patient access information regarding financial assistance, medication information and research.

**[FACEBOOK.COM/
INFUSIONCENTER](https://facebook.com/infusioncenter)**



NICA WEBPAGE & INFUSION DIRECTORY (5,000+ PAGEVIEWS & 1,500 VISITS MONTHLY, 130+ ACTIVE DIRECTORY LISTINGS)

The webpage is where most of our audience and partners find NICA for the first time. Our presence and rank in preferred search engines continues to climb so that NICA can easily be located when an office staff or patient is looking for resources related to infusion access. Our independent directory is dutifully maintained so that only active and authentic infusion centers make the list to ensure that patients and providers have a reliable method to locate infusion centers in their area that can service their needs.

[INFUSIONCENTER.ORG](https://infusioncenter.org)

[NICA INFUSION CENTER DIRECTORY](#)

NICA EFFORTS AND ACCOMPLISHMENTS

2015

NICA is frequently involved in both state and national advocacy efforts regarding reimbursement, patient access, and regulatory barriers for office-based Infusion Centers. We focus our resources on objectives where we have specific expertise and can quickly influence change to achieve all-win solutions. However, we do not hesitate to address highly complex, large-scale issues on both a state and national level that require tenacious effort. The recent accomplishments outlined below are evidence of the successful execution of our mission and focus.

NICA HIRES COMMUNICATIONS COORDINATOR TO BOOST OUTREACH AND ENGAGEMENT

NICA hired Savannah Rudkin to oversee the organization's communication and marketing strategies. Ms. Rudkin previously served as the Design and Communications Specialist at Highland Lakes Camp and Conference Center, a non-profit organization in central Texas, where she spearheaded a re-branding campaign which was instrumental in increasing public recognition and fundraising efforts. Having worked in publications, design and communications, Ms. Rudkin brings a dynamic skill set to the organization and is excited to give a voice to the infusion industry. Ms. Rudkin received her Bachelor of Arts degree in Journalism with a concentration in New Media from Baylor University.

NICA LETTERS AND TESTIMONY BEFORE TEXAS MEDICAID RATE COMMITTEE

NICA personally testified at the rate committee hearing on behalf of in Texas. In addition, NICA wrote letters to the Texas Medicaid Rate Committee expressing concern with methodologies used to determine Medicaid reimbursement rates and the financial unsustainability of these rates for many office-administered therapies. As a result of continued advocacy efforts by NICA, several of our provider partners and other coalition groups, the Medicaid rates were adjusted and released on October 22, 2015. Final reimbursement rates for 9 of 10 medications we brought to their attention were increased up to 33% over the proposed reimbursement rates, effective November 1, 2015.

NICA CAMPAIGN IN OPPOSITION OF STEP THERAPY FOR BIOLOGICS

NICA launched a campaign against Step Therapy policy where health plans interfere with the patient-physician relationship to determine the correct course of therapy. As a result, these policies significantly impact access to intravenous and injectable medications. NICA sent letters and emails to BlueCross BlueShield of Michigan, Regence BlueShield, and Health Alliance Plan of Michigan regarding their Step Therapy requirements, taking a stance in support of preserving the physician-patient collaborative approach to determining the most appropriate treatment. We are awaiting responses and opportunities to discuss the impact of these policies.

NICA ESTABLISHES HEADQUARTERS IN AUSTIN, TEXAS

NICA operated virtually since it was founded in 2010. In 2015, the organization moved operations to brick & mortar with the establishment of its headquarters in Austin, Texas minutes from the State Capitol and just a very short direct flight to all major cities, including Washington, D.C.

NICA HIRES EXECUTIVE DIRECTOR TO PROVIDE FULL-TIME LEADERSHIP

NICA appointed Brian Nyquist, MPH to lead and grow the organization. Mr. Nyquist left his role in the Texas House of Representatives where he served as the Policy Analyst for the House Committee on Public Health. Mr. Nyquist brings a strong background in public and health policy, strategic learning and performance management to the table as the new Executive Director. Mr. Nyquist received his bachelor's degree in Human Biology from the University of Texas at Austin and his Master of Public Health degree focusing in health policy and management from the Texas A&M Health Science Center School of Public Health.

LETTERS TO PAYERS RE: SPECIALTY PHARMACY MANDATES

NICA joined with industry partners on a campaign against Specialty Pharmacy mandates implemented by BCBS of MA to move specialty drugs, like Remicade, from the medical to pharmacy benefit. We are still working with affected partners to address and resolve this issue.

2014

AETNA CLAIM EDITS ADDRESSED FOR WEIGHT-BASED UNIT LIMITS

A public and private campaign by NICA was created to target Aetna claim edits that limited the number of weight-based units allowed without regard for the FDA approved weight-based dosing. Aetna reviewed their claim edits and responded by increasing the upper limits, effectively eliminating this issue affecting providers and patients.

NICA FORMS ADVOCACY COALITION TO ADDRESS PAYER CLAIM EDITS LIMITING WEIGHT-BASED UNITS

The Coalition includes the National Psoriasis Foundation (NPF), Alliance for Patient Access (AfPA), and the National Organization of Rheumatology Managers (NORM). Coalition letters and campaign efforts proved successful in addressing claim edits that are hurting patient access.

HUMANA CLAIM EDITS ADDRESSED FOR WEIGHT-BASED UNIT LIMITS

A public and private campaign by NICA was created to target Humana claim edits that limited the number of Remicade units allowed without regard for the FDA approved weight-based dosing. Humana responded by increasing the upper limits, effectively removing this issue affecting providers and patients.

2013

INFUSION CENTER DIRECTORY AND UPDATED NICA WEBSITE LAUNCHED

The NICA infusion center directory is one of the only independent infusion center directories (i.e. our directory is not maintained by a pharmaceutical company). The directory is a vital part of NICA's mission to improve patient access to infusible and injectable medications.

PUBLICATIONS AND CALLS TO ACTION FOR PROPOSED MEDICARE ASP+6% CUTS

Email newsletter and social media campaign educating our partners about possible cuts to ASP+6% reimbursement and the negative effects on patient access.

2012

MEDICARE PATIENT ASSISTANCE CAMPAIGN BEGINS

NICA introduces the co-pay assistance problem to our partners.

OVER 100 ADVOCACY LETTERS SENT TO KEY POLICY MAKERS AND COMMERCIAL PAYER EXECUTIVES PROMOTING INFUSION CENTERS

Many policy makers who had never heard the term "Infusion Center" outside of oncology were introduced to and educated on the delivery model, resulting in many new relationships which we maintain today.

2011

NICA LETTERS AND TESTIMONY BEFORE TEXAS MEDICAID RATE COMMITTEE

NICA personally testified at the rate committee hearing on behalf of in Texas regarding rate changes that negatively affect dual-eligible patients receiving biologic therapies in infusion center. As a result of continued advocacy efforts by NICA and other coalition groups, the Medicaid rates were adjusted and released on April 1, 2012.

REGIONAL ADMINISTRATIVE CONTRACTOR OR RAC AUDITS FOR HIGH LEVEL ADMIN CODES FOR IVIG

The audits were dismissed by CMS and Connolly Consulting (RAC) after NICA letters and phone conferences with Connolly, Trailblazer (MAC), and CMS demonstrated such audits were unwarranted. The dismissal of these audits likely established a national precedent as no other national RACs decided to target additional providers/practices for this issue.

LETTERS TO CMS, GAO AND PUBLICATION REGARDING THE USE OF HIGH LEVEL ADMIN CODES FOR IVIG

Our compilation of information has helped several of our partners to appeal and overturn high level denials.

REGIONAL ADMINISTRATIVE CONTRACTOR OR RAC AUDITS FOR BIOLOGICS (KX MODIFIER ISSUE)

The audits were dismissed by CMS and Connolly Consulting (RAC) after NICA letters and phone conferences with Connolly, Trailblazer (MAC), and CMS demonstrated such audits were unwarranted.

NICA 2016 PRIMARY INITIATIVES

This is a very exciting time in the history of the National Infusion Center Association. Big 2014 and 2015 advocacy wins have allowed NICA to engage in many more conversations with our national partners who promote infusion access. We have outlined the following primary initiatives for 2016 based on notes from NICA partner conversations and from our board members' experiences as infusion center providers. We believe the following primary objectives are consistent with our mission of improving patient access to injectable and infusible medications and will help our partners address some of the unique challenges faced when providing infusion access to their patients.

CO-PAY ASSISTANCE FOR MEDICARE, VETERANS, AND OTHER GOVERNMENT SUBSIDIZED HEALTH PLAN PATIENTS

It is inconceivable that free non-taxpayer funded assistance be withheld from some of our most financially at risk patients and veterans while allowing, uninhibited, that same free financial assistance for patients with commercial insurance.

This issue is one that is very near and dear to our NICA leadership. We need to correct an enormous policy failure regarding allowing co-pay assistance for one of our most disadvantaged patient groups. Currently, all patients on any government subsidized health plan are ineligible for millions of dollars of free manufacturer co-pay assistance otherwise available to patients with commercial insurance. This issue is not new for NICA, however, it has surfaced back to the top of the list after the HHS cleared the use of co-pay assistance programs for patients enrolled in ACA Healthcare Exchange plans. We believe that this precedent along with other formative arguments may be used to persuade the Office of the Inspector General (OIG), HHS, and/or other federal agencies to release a safe-harbor statement allowing patients with government-subsidized insurance (e.g. Medicare, veterans, etc.) access to free manufacturer co-pay assistance programs. This statement would simply need to state that co-pay assistance programs for patients with government insurance receiving specialty injectable and infusible medications will not be considered as violations of the Federal Anti-Kickback Statute when there is no cheaper generic alternative available.

MEMBERSHIP CAMPAIGN

A key initiative for NICA in 2016 is the launch of our membership campaign. We will have three membership types: Industry Partners, Strategic Partners, and Provider Partners. The benefits vary by membership group to provide maximum value tailored to the needs of each unique organization across each group. Key, high-value benefits for members will include access to member-restricted educational resources and tools and access to NICA forums.

LAUNCHING INFUSION CENTER RESOURCES AND EDUCATIONAL TOOLS

NICA has been developing our new website to provide greater value to both our member and non-member stakeholders. Through this initiative, we will be providing high-value resources centered on connecting patients with Infusion Centers and educational tools tailored for Infusion Center staff. A key resource will be our enhanced Infusion Center locator directory designed to connect patients with office-based Infusion Centers in their area. This resource will be available to non-members and members. Provider Partner members will experience the added benefit and visibility of an enhanced directory page. The enhanced directory page will allow for our Infusion Center members to post pictures of their Infusion Center, provide more detailed information about their facility and services, and provide greater interactivity with prospective patients. Educational resources include an “Infusion Center IOI” presentation for Infusion Center operators and an “Infusion Billing IOI” presentation for Infusion Center billers. Additional resources include the “Injectable & Intravenous Pipeline List” and the “Biosimilar Pipeline List”, a tool that keeps members up-to-date on injectable, intravenous, and biosimilar medications. We will have these high-value resources and more with the launch of our new and improved NICA website in early 2016.

INFUSION CENTER SITE OF CARE RESEARCH INITIATIVE

NICA, in collaboration with a major nationally recognized research firm, is in the process of developing a multi-faceted research initiative to analyze the cost and clinical efficacy associated with providing non-chemotherapeutic intravenous and injectable medications across different sites of care. NICA is frequently contacted for data that supports the conclusion that the office-based Infusion Center (i.e., provider’s office setting) is the most economic, efficient and beneficial means of delivering these unique medications. While some supporting data does exist in the market, no independent comprehensive study by a nationally recognized firm exists. Specifically, this research initiative will examine costs to private/commercial payers, Medicare, and the patients receiving treatment.

We believe that the completed research initiative will produce valid force-multiplying tools for many of our NICA partners to utilize in discussions with commercial payers, policy makers, and healthcare leaders when building all-win solutions. NICA plans on making the study results publicly available to all of our partner members.

DEVELOPMENT OF THE INFUSION CENTER STANDARDS PROGRAM

If the infusion center site of care research initiative is the first step in legitimizing the office-based Infusion Center delivery model with payers and policymakers, then a office-based Infusion Center of Excellence Standards Program is the second step. Once adequate data supporting the efficiency and safety of this non-hospital delivery model is formally compiled, unified standards to determine what qualifies as a safe and clinically excellent Infusion Center will need to be formed. NICA is uniquely suited to partner with other clinical industry groups and their leaders to develop a set of Infusion Center standards that can be used by industry as a guideline for this important emerging medication delivery model.

INFUSION CENTER INDUSTRY ADVISORY COMMITTEE

NICA is developing an Industry Advisory Committee comprised of industry leaders with the purpose of addressing access and advocacy issues within the office-based Infusion Center site of care. This committee will provide input into the development of current and future NICA initiatives. Collaboration and communication are critical in supporting patient access as well as the preservation and advancement of the office-based Infusion Center site of care model. This committee will be a driving force in addressing current and future patient access challenges.

NICA ANNUAL MEETING AND CONFERENCE

There are many conferences and trade shows hosted by organizations targeting a specific disease and/or specialty, or a specific niche within a particular specialty. However, there is no single conference or meeting for key personnel working within the non-chemotherapeutic office-based Infusion Center site of care across all specialties. We believe that many patient access and advocacy issues are not specialty-specific. Therefore, a venue in which the entire office-based infusion group can congregate and collaborate about common problems in order to develop transferable solutions is critical to the preservation and advancement of the industry. NICA plans to focus on finalizing logistics throughout 2016 in order to host the first Infusion Center industry conference in 2017.

BOARD OF DIRECTORS

BRYAN JOHNSON *PRESIDENT*

Mr. Johnson serves as the President of NICA. Mr. Johnson has been working in the infusion industry since 2001. He started the Austin Infusion Center which has grown to be one of the largest office-based Infusion Centers in Texas. Mr. Johnson received his BBA in Entrepreneurship from Baylor University. Mr. Johnson resides in Austin, Texas and remains passionate about the infusion industry.



REECE NORRIS, JD *SECRETARY AND TREASURER*

Mr. Norris serves as the Secretary and Treasurer of NICA. Mr. Norris has worked in the infusion industry since 2008. Prior to his experience in healthcare, Mr. Norris was a corporate attorney at Thompson Knight LLP in their Dallas, Texas office. Mr. Norris received his BBA in Finance and Entrepreneurship from Baylor University and a Juris Doctorate from the University of Texas Law School. Mr. Norris resides in the Dallas, Fort Worth area and remains passionate about the infusion industry.



AMY ARREDONDO, RN *VICE PRESIDENT*

Mrs. Arredondo is the Vice President of NICA. She has extensive experience in managing Infusion Centers. With her nurse management experience, Mrs. Arredondo has become an expert in infusion medication delivery, access and protocol. Mrs. Arredondo has helped compile protocol's on over 100 infusion medications. Mrs. Arredondo resides in the Austin, Texas area and remains passionate about the infusion industry.



LEADERSHIP



BRIAN NYQUIST, MPH *EXECUTIVE DIRECTOR*

Mr. Nyquist serves as the Executive Director for NICA. Before joining the NICA, Mr. Nyquist served as the Policy Analyst for the Texas House of Representatives Committee on Public Health. Mr. Nyquist received his Bachelor's degree in Human Biology from the University of Texas and graduated summa cum laude with his Master's degree in Public Health from the Texas A&M Health Science Center School of Public Health, with a focus in Health Policy and Management. Mr. Nyquist runs the NICA headquarters in Austin, Tx.

BOARD OF ADVISORS

NICA has recruited industry peers to form a distinguished Advisory Board compiled of individuals who are leaders in their respective fields and areas of expertise. NICA's Board of Advisors provides its Directors and Executive Director with objective and seasoned counsel on patient access issues, financial stewardship, fund raising initiatives, advocacy objectives, and infusion industry updates.



RICHARD M. ALLEN
PD, RPH, DIRECTOR

Mr. Allen has served Paragon Infusion Care, Inc. as CEO and President since September 2002. In September 2011, Paragon Infusion Care Inc. became a wholly owned subsidiary of Paragon Healthcare Inc. of which Allen currently serves as President, CEO, & Chairman of the Board. Prior to forming Paragon he served as vice president of Infusion Operations for Park Pharmacy Corporation's offices in Dallas, San Antonio, and Houston until February 2002. He also founded and served as clinical infusion director for DHI, a home infusion company in Dallas, Texas.

Mr. Allen is past pharmacy director of Option Care, a nationally based home infusion company and previous owner/CEO of North Star Pharmacy, Inc. Mr. Allen received a degree in pharmacy from Southwestern Oklahoma State University and has over forty years of experience in retail and home infusion pharmacy. He is a national speaker on oncology, pain management, multiple therapies and computer generated care plans/interventions. He has served as an Advisory faculty member for Amgen, a global biotechnology company. Mr. Allen also served as founding director of Texas Heritage Savings & Loan, Rowlett, Texas; director of First Federal Savings Bank, Denton, Texas; and director of Jefferson Heritage Bank, St. Louis, Missouri. He also served on the board of directors of Park Pharmacy Corporation until July, 2002. Mr. Allen currently serves as an executive director of Premier Bancshares, Inc. and on the board of directors of Synergy Bank, Garland, Texas.

Allen is active in the Dallas community and has been involved with a number of philanthropic organizations including Habitat for Humanity, Family Compass (Child Abuse Prevention Center), Community Hospices, and currently serves on Executive Leadership Committee for the American Heart Association.



SETH GINSBERG
CO-FOUNDER AND PRESIDENT, GLOBAL HEALTHY LIVING FOUNDATION

Seth Ginsberg is a patient advocate, spokesperson, and humorist. He is the Co-Founder and President of CreakyJoints, an arthritis advocacy organization he helped create from his college dorm room bunk bed a decade ago with social entrepreneur Louis Tharp. Today, CreakyJoints, along with several other disease-specific groups, is a part of the Global Healthy Living Foundation—which actively advocates on the State and Federal level for improved access-to-care. Seth is President of the Board of GHLF.

Diagnosed with Spondylarthritis (also known as spondyloarthropathy) at 13, Seth quickly realized the importance of support, education, advice and up-to-date information for people living with a chronic illness such as arthritis.

For more information about Seth and GHLF, please visit www.ghlf.org or www.creakyjoints.org.



NORMAN GAYLIS *MD, FACP, FACR*

Norman B. Gaylis is recognized as one of this country's leaders in the field of arthritis and related diseases, and is a practicing rheumatologist based in Miami, Florida. Dr. Gaylis has presented numerous scientific papers at medical meetings around the world, and he is the author of a number of research articles on rheumatoid arthritis and systemic lupus erythematosus.

The recipient of many awards and honors, Dr. Gaylis is an active member of the American College of Rheumatology, for which he served on the Council of Rheumatology Care. He is one of the founders and is a Past President of the International Society for Musculoskeletal Imaging in Rheumatology (ISEMIR).

Dr. Gaylis is a medical graduate of the University of Witwatersrand, Johannesburg, South Africa, and he completed his residency in Internal Medicine and fellowship in Rheumatology in Miami. He is the owner and chief operating partner of Arthritis & Rheumatic Disease Specialties, AARDS Research, Inc., and Infusion and Immunotherapy Center of South Florida (IIC). He is a Consultant for Genentech and a Consultant and Speaker for Janssen Pharmaceutical Company. He also serves on the Editorial Board for Rheumatology News.

For more information about Dr. Gaylis and his practice, please visit: www.rheum-care.com.



GARY COOPER *PALMETTO INFUSION*

Gary Cooper has spent his entire career in health care namely under the Winyah portfolio of companies and brand which includes nursing homes, assisted living facilities, retail and institutional pharmacies, adult day care, home health care, hospice, home medical equipment, and home and ambulatory IV companies. Gary attributes his success to his early exposure and subsequent hands-on experience with his father, mentor, and boss in establishing meaningful and

valuable relationships and creating win-win situations out of those relationships. Gary has continued to build successful businesses based upon integrity, hard work, and simply "doing the right thing." Gary has been recognized as one of the top three Entrepreneurs in Health Sciences in both North and South Carolina by Ernst & Young.

Gary graduated from Wofford College with a BS in Economics and went on to acquire his Masters of Health Care Administration from the University of South Carolina. Gary's expertise initially gave Winyah's health care companies a new ability to obtain new customer relationships while ensuring current customers are receiving the services they were promised.

For more information about Gary and Palmetto Infusion, please visit: www.palmettoinfusion.com.



LOUIS THARP
***CO-FOUNDER AND EXECUTIVE DIRECTOR, GLOBAL
HEALTHY LIVING FOUNDATION***

After running Clay Marketing, an international public relations, advertising, and marketing company, for nearly 20 years, and working for some of the largest international PR and marketing agencies specializing in maritime, technology, health and dot coms, Louis Tharp became a social entrepreneur in 1999.

Louis co-founded and acted as venture capitalist for Global Healthy Living Foundation and its brands, namely, CreakyJoints, an international service organization and social media site for people with arthritis.

Louis served on the Board of Visitors for the College of Business Administration at Butler University, Indianapolis where he graduated with both a B.S. and B.A. in Journalism in 1972.

For more information about Louis and GHLF, please visit www.ghlf.org or www.creakyjoints.org.



MICHAEL R. HESS, JD
BASS BERRY & SIMS

Mike Hess is a member in the Memphis office of Bass Berry and Sims. He provides guidance to specialty and rare disease pharmaceutical sector clients, including small and large manufacturers, specialty pharmacies, wholesalers and distributors, service companies and pharmacy benefit managers. His experience includes contracting for the purchase of rare disease and specialty drugs; managing or supporting the acquisition of pharmaceutical and infusion

service companies; structuring arrangements between pharmaceutical companies, pharmacies and support organizations; and managing issues associated with new product launches including compliance with REMS requirements, structuring co-pay assistance programs and implementing patient registries.

Mike also assists health care clients across the country including physician practices, hospitals, imaging centers, ambulatory surgery centers and health care real estate investment trusts with regulatory and reimbursement issues. His experience includes supporting the acquisition of hospital real estate throughout the United States, passage of key legislation supporting a client's business model and structuring 340B contract pharmacy arrangements.

Prior to his current role, Mike was a shareholder at Baker Donelson. Prior to that role, Mike was Chief Counsel and VP of Strategic Development for Accredo Health Group, the nation's largest specialty pharmacy, and Assistant General Counsel for Accredo's corporate parent, Medco Health Solutions, the nation's largest pharmacy benefit manager.

For more information about Mike and Bass Berry & Sims, please visit www.bassberry.com.



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