



NATIONAL
INFUSION CENTER
ASSOCIATION

**CONNECT.
COLLABORATE.
ADVOCATE.**



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VISION

TO BE THE NATION'S LEADING ADVOCACY VOICE 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 issue on a national scale.

WHAT WE DO.

We link patients with the care they need by being the nation's advocacy 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 ACCOMPLISHMENTS

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 complex, large-scale issues on both a state and federal level that require tenacious effort. The recent accomplishments outlined below are evidence of the successful execution of our mission and focus.

2018 EXPANSION OF ADVISORY COMMITTEE

We expanded our Advisory Committee, and it is now comprised of the biggest players, thought leaders and subject matter experts in the in-office infusion space. Including eight organizations that represent over 300 in-office infusion facilities across the country, this advisory body continues to meet quarterly in the interest of preserving and expanding patients' access to the delivery channel.

NEW HAMPSHIRE USP 797 ISSUE

After receiving letters regarding mandatory United States Pharmacopeia (USP) Chapter <797> compliance from New Hampshire's Board of Pharmacy, infusion providers across the state contacted NICA to help address this immediate threat to patient access. NICA worked with other concerned stakeholders to draft New Hampshire Senate Bill 581 (NH SB 581), which amends the definition of compounding to preclude the preparation of a single dose of a non-hazardous, commercially available drug or licensed biologic for administration to an individual patient prepared in accordance with the manufacturer's approved labeling. On June 12, 2018, the bill was signed into law by Governor Chris Sununu.

EXECUTIVE DIRECTOR SPEAKS AT A NATIONAL LEVEL

Brian Nyquist was a panelist at the National Leadership Summit on 340B, a Senate briefing on The 340B Drug Discount Program. Nyquist also met with leadership of the U.S. Department of Health and Human Services (HHS) regarding 340B reform.

EXECUTIVE DIRECTOR ATTENDS PRESIDENTIAL BRIEFING

Brian Nyquist attended President Trump's drug pricing reform briefing in the White House Rose Garden in May. NICA was the only non-oncology nonprofit organization in attendance.

EXECUTIVE DIRECTOR SPEAKS AT MCKESSON'S INAUGURAL ONMARK RHEUMATOLOGY SUMMIT

In a joint presentation with Texas Representative Pete Sessions, Brian Nyquist spoke to a room of professionals who administer IV and/or injectable medications in their offices about the importance of advocacy, engaging patients, and fighting for access to care.

NICA SPEARHEADS TEXAS NON-MEDICAL SWITCHING COALITION

NICA and the Texas Chapter of the National Alliance on Mental Illness (NAMI) are spearheading the Coalition for Stable Patients in Texas in order to improve statutory protections for patients against non-medical switching. To begin this process, NICA and coalition partners launched a survey in July to collect data on the impact of non-medical switching on Texas patients.

COMMENTS TO CMS ON THE AMERICAN PATIENTS FIRST BLUEPRINT

On July 16, NICA submitted formal comments to Secretary Alex Azar of the U.S. Department of Health and Human Services (HHS) in response to the agency's request for information on the American Patients First blueprint to lower drug prices.

LAUNCH OF MEMBER RESOURCES CENTER

To better serve our growing number of Provider Members, NICA created and launched its Member Resource Center in July to help infusion providers better connect with and care for their patients. Resources for purchase include sponsored Infusion Center Locator listings, at-stage Biologic & Biosimilars Pipeline Reports, current IV/injectable drug list, and Infusion Center Locator reports.

THE FIRST IN-OFFICE INFUSION CONFERENCE IS ANNOUNCED

NICA will host its first conference June 21-22, 2019 at the JW Marriott in downtown Austin, Texas. The purpose is to bring together infusion providers and their staff as well as industry professionals and thought leaders to discuss issues that are crucial to the advancement and preservation of the industry, as well as those that affect patient access.

“SHARE YOUR CHAIR” AWARENESS CAMPAIGN LAUNCHED

“Share Your Chair” is a social campaign to build awareness for the in-office infusion delivery channel. Patients are encouraged to get a picture of themselves receiving their infusion, post it on a social media channel and, using the hashtag #ShareYourChair, share how important access to care is for them.

COALITION PRESENCE EXPANDS

NICA's Education & Policy Coordinator expanded its coalition presence to participate, along with other national nonprofit organizations, in more than 15 state and national coalitions aimed at improving patient access by promoting legislation that improves statutory protections for patients and increase access to care.

2017 LOCATOR RELAUNCH

NICA kicked off 2017 with the relaunch of its new and improved Infusion Center Locator. With a new look, improved searchability features, and the option for an office to build a much more robust and detailed profile, the Locator became the largest, most sophisticated list of outpatient infusion facilities that is publicly available. It spans all 50 states, the District of Columbia, and Puerto Rico. The Locator continues to connect patients with the infusion delivery channel by helping them identify the most accessible site of care in their community to receive their medications.

EXPANDED EDUCATIONAL RESOURCES

In a continuing effort to address deficits in education relating to infusions delivered in the office setting, as well as to assist in expanding the available education related to in-office infusions, NICA created and launched new educational modules including Biologics 101, How to Purchase Insurance in the Marketplace, How to Prepare for Your Infusion, Health Insurance Glossary, and What to Expect from MACRA/MIPS in 2018.

STRATEGIC PARTNERSHIPS EXPAND

NICA continued to build a robust portfolio of Strategic Partnerships to improve the capacity of the infusion delivery channel. By partnering with organizations that offer goods and services within the infusion market, NICA procured discounted access to these goods and services for NICA Provider Members.

PROVIDER MEMBERSHIP RESTRUCTURED

In an effort to be more cost effective for every office providing IV/injectable medications to their patients, NICA ended the year with the restructure of its Provider Membership. The membership includes many of the same benefits as outlined in the previous structure, all for a lesser price.

2016 LAUNCH OF INFUSION CONFUSION FORUM COMMUNITY

In order to further unite the office-based infusion delivery channel, we created an online forum community for infusion providers. The Infusion Confusion community allows infusion professionals to ask questions, discuss advocacy and clinical concerns, share resources and advice, and ultimately to come together to better understand and support patients.

COMMENTS TO U.S. PHARMACOPEIAL CONVENTION RE: MEDICARE MODEL GUIDELINES

NICA submitted comments to U.S. Pharmacopeia (USP) regarding the updated Medicare Model Guidelines (USP MMG v7.0) to voice our concerns over aspects of the guidelines that may restrict patient access to care.

COMMENTS TO PALMETTO GBA RE: DOWN-CODING ADMINISTRATION CODES FOR BIOLOGICS

NICA submitted comments to Palmetto GBA, a Medicare Administrative Contractor (MAC), to express our concerns with their decision to down-code the administrative coding for biologics from complex to simple.

LAUNCH OF NATION-WIDE INFUSION CENTER LOCATOR

We launched our nation-wide, interactive Infusion Center Locator in September 2016. This tool is available through the NICA website and allows offices around the country to better connect with patients seeking infusion services in their area. Office staff are able to list a variety of features which make their centers unique. Patients can dynamically search based on specific needs and can contact office staff or get gps-based directions directly through the locator.

PROVIDER MEMBERSHIP CAMPAIGN

The launch of the third tier of our membership campaign allows providers to more directly connect with our team and support our vision for complete patient access to infusible and injectable medications. Members have access to a number of high value benefits, including member-only resources and enhanced listings in our Infusion Center Locator.

OFFICIAL COMMENTS ON MEDICARE PROVISIONS OF THE MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015 (MACRA)

When we learned of the pending provisions to MACRA, our team was concerned that the performance measures being used to define quality, value, and patient-centeredness, might unduly penalize infusion patients and providers. Our official comments to CMS urged them to consider the uniqueness of this particular patient body and to contextualize and adjust expectations, so that care in out-patient settings remains a viable option for chronically ill patients

INDUSTRY ADVISORY COMMITTEE MEETING

NICA formed the Infusion Center Advisory Committee, comprised of leaders and innovators in the infusion industry, with the purpose of creating a mechanism by which the industry can begin to take a more proactive approach to increasing patient access. As professionals in the field, members of the committee provide the NICA with feedback concerning patient and provider needs for education, resources, standards and advocacy. The first official committee meeting was held in Austin, Texas on July 26, 2016.

NICA LETTERS AND TESTIMONY BEFORE TEXAS MEDICAID RATE COMMITTEE

NICA personally testified at the 2016 rate committee hearing on behalf of providers 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.

OP-ED PUBLISHED NATIONALLY

NICA Executive Director Brian Nyquist wrote an opinion editorial regarding the Part B Payment Demo which has now been syndicated by over 30 media outlets nationally. The article addresses our many concerns and explains the potentially harmful effects this demo could have on patients with chronic illness, specifically those managing rheumatoid arthritis with office-administered biologics. The article sheds light on the great difficulties that patients and providers will face if the experiment proceeds as written, concluding that eventually most Medicare patients will be shifted to hospitals as primary site of care for infusions and injections.

NICA MEETING WITH CMS LEADERSHIP

As a result of advocacy efforts on behalf of stakeholders across the nation, NICA was able to secure a meeting with key members of CMS leadership to discuss the Part B Payment Demonstration and its potentially catastrophic affects on infusion providers and patients. The NICA team presented concerns and a list of questions coupled with compelling data from an infusion provider based in Texas in order to convince CMS decision-makers to reconsider the ill-conceived proposal.

MEDICARE PART B ADVOCACY PORTAL

In response to the proposed Medicare Part B payment demonstration, we launched our first ever online grassroots advocacy campaign. We built an advocacy portal through which patients, providers and concerned citizens could easily voice concerns to their elected representatives by sending emails, tweets and even calling at the district office. Through our portal, members of advocacy organizations, providers and health care organizations could also sign on to the coalition letter NICA sent to CMS administration, submit official comments to CMS administration or download educational handouts. In just a short time we saw an overwhelming response. Since launching the campaign, more than 40,000 letters have been sent through our advocacy portal. We have also seen an enormous increase in activity on our social media networks, with many stakeholders responding to the portal and sharing updates, opinions and concerns regarding the proposed demonstration.

NICA PROVIDER COALITION LETTER TO CMS

We formed a coalition comprised of almost 200 infusion providers across the country and drafted a letter in opposition of the proposed payment demonstration to CMS Administration. We secured a meeting with CMS Administration on behalf of our coalition on May 12, 2016

LETTERS TO CMS, CMMI + MEMBERS OF SENATE COMMITTEE ON FINANCE, HOUSE COMMITTEE ON WAYS & MEANS, AND HOUSE COMMITTEE ON ENERGY AND COMMERCE

Following the March 8, 2016 CMS News Brief outlining the proposed Medicare Part B payment demonstration, we drafted a letter to CMS and CMMI Administration expressing our (overwhelming) concern and requesting withdrawal of the proposal. Our letter focused on the non-hospital, non-Oncology office-based Infusion Center delivery channel and the significant population of non-cancer patients that would be impacted. This letter was also distributed to the Committee Chairmen and Ranking Members of the Senate Committee on Finance., House Committee on Ways & Means, and House Committee on Energy & Commerce. Through our efforts, we were involved in closed-door meetings with committee staff and the industry's leading advocacy/lobby groups.

AETNA RITUXIN DOSAGE DENIALS

We sent a letter to Aetna regarding Rituxan dosage denials many providers were encountering across the nation. We quickly began communications with the individuals who oversaw the claim edit system to identify the issue and develop a solution to ensure Rituxan was appropriately covered per FDA dosage guidelines. Although the situation has been resolved, and many providers are now receiving the appropriate coverage, we continue to work with Aetna and providers to ensure appropriate processing of all affected claims. Through these engagements, we discovered additional coverage issues affecting Orencia and Simponi Aria. We are working with Aetna to identify and correct the underlying causes.

2015

CAMPAIGN IN OPPOSITION OF STEP THERAPY FOR BIOLOGICS

We sent several letters to prominent private health plans across the nation regarding their Step Therapy policies. We were involved in numerous conversations with BlueCross BlueShield of Michigan regarding their Step Therapy policies for biologics and the exemption processes they had in place for providers to circumvent these requirements through the Prior Authorization phase.

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.

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 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 program 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.

FOLLOW NICA

Stay up-to-date on all the cool things NICA is up to in the infusion industry via your favorite social media platforms!



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National Infusion Center Association



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NICA 2019 PRIMARY INITIATIVES

This is a very exciting time in the history of the National Infusion Center Association. Big 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 2019 based on notes from conversations with infusion providers across the country. We believe the following primary objectives are consistent with our mission of improving patient access to injectable and infusible medications and will help infusion providers address some of the unique challenges faced when offering infusion services through their practice.

ADVOCATE FOR PATIENT ACCESS AND THE OFFICE-BASED INFUSION CENTER

In 2019 we will continue to advocate for patient access to the office-administered IV/injectable medications they need and we will continue to advocate for the office-based Infusion Center as a more affordable, accessible, and compassionate alternative to hospital-based sites of care.

Our focus will be to oppose policy decisions and legislation that may: (1) threaten patient access to the office-based infusion delivery channel or their prescribed medication; and/or (2) limit healthcare providers' ability to deliver the high-quality care that their patients need, jeopardizing patient safety, quality of life, or health outcomes.

We are currently working with several coalitions, working groups, and/or task forces to improve patient protections against utilization management strategies like Step Therapy and Non-Medical Switching in targeted states across the country.

As we continue navigating a changing political environment and uncertain health care infrastructure in 2019, we stand ready to engage on issues impacting patient access to the critical care they need.

DEVELOPING INFUSION CENTER RESOURCES

NICA launched a new website in 2016 to host a series of resources intended to provide greater value to both our member and non-member stakeholders. Through this initiative, we will be providing high-value resources centered on improving infusion providers' capacity to care for patients. Key resources launched in 2016 include: the Infusion Center Locator that helps patients find the most conveniently accessible site of care in which to get their infusions; the Infusion Confusion Forums Community that provide an online support network community for infusion providers and their staff to openly discuss both clinical and non-clinical challenges and collaboratively develop strategies to overcome these challenges; and, our education initiative, which aims to help improve education, awareness, and understanding of office-based infusion.

Resources in development include two late-stage pipeline reports, the first outlining IV/injectable medications and the second outlining IV/injectable biosimilars in Phase III clinical trials or later in the biopharmaceutical development pipeline. We also plan to publish a list of provider-administered intravenous and injectable medications currently on the market with non-cancer indications.

NICA EDUCATION INITIATIVE

Another way that NICA is committed to supporting the office-based infusion delivery channel is through our education initiative. Our goal is to address deficits in education relating to infusions delivered in the office setting. Through this initiative, we hope to improve awareness and instill a deep understanding of infusion among stakeholders and decision-makers whose decisions are shaping the infusion delivery landscape. With some of our foundational content currently available, we will be focused on co-hosting existing relevant educational material developed by other nonprofit organizations and developing content to fill any deficits or voids in content.

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 vulnerable patients and veterans while allowing unrestricted access to the same free financial assistance for patients with commercial insurance.

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 resurfaced 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 updated guidance that provides a safe-harbor statement allowing patients with government-subsidized insurance (e.g. Medicare, veterans, etc.) to access free manufacturer co-pay assistance programs.

2019 INAUGURAL NICA MEETING

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. Until now, there has been no multispecialty conference/meeting/tradeshow event specifically for infusion providers and staff working within the non-hospital, non-Oncology office-based infusion delivery channel. We believe that many patient access and advocacy issues are not specialty-specific. Therefore, a venue in which the entire office-based infusion channel can connect, collaborate, and advocate for all-win solutions to patient access challenges is critical to the preservation and advancement of the industry. NICA plans to host its inaugural office-based Infusion Center meeting June 21-22, 2019 in Austin, Texas.

INFUSION CENTER STANDARDS PROGRAM

Standards of care and best practices vary widely across the non-hospital, non-Oncology office-based infusion delivery channel. To demonstrate our collective commitment to providing safe, high-quality, and cost-effective care, we, along with our Advisory Committee, are developing unified standards to identify what qualifies as a safe, effective, and clinically excellent Infusion Center. Until we come together as a delivery channel to collaboratively identify what these standards should be, we risk a government agency identifying irrelevant metrics and standards by which Infusion Centers should be measured. NICA is uniquely suited to bring stakeholders together to develop a set of Infusion Center standards that can be used by industry as a guideline for this important emerging medication delivery channel.

TEAM NICA



BRIAN NYQUIST, MPH

executive director

Mr. Nyquist serves as 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, Texas.



CHRIS COUNTS

operations manager

Mr. Counts serves as Operations Manager for NICA and oversees the organization's strategic planning, finances, policies and procedures, employee development, and HR. Mr. Counts received his Bachelor of Arts degree in Business Management from Concordia University and previously served as an Executive Vice President of Operations for AZUMA Leasing, in Austin, Texas. Mr. Counts is eager to help shape the vision of the organization and help it to continue to grow and prosper.



MORGAN GRUBBS
development coordinator

Ms. Grubbs serves as Development Coordinator for NICA and oversees the organization's development strategies and membership initiatives. Ms. Grubbs received her Bachelor of Arts degree in Public Relations from Texas Tech University and previously served as a Business Development Manager and Executive Recruiter and for Creative Financial Staffing in Nashville, Tenn. Ms. Grubbs now resides in Austin, Texas, and is eager to support and foster growth within the infusion industry continue to grow and prosper.



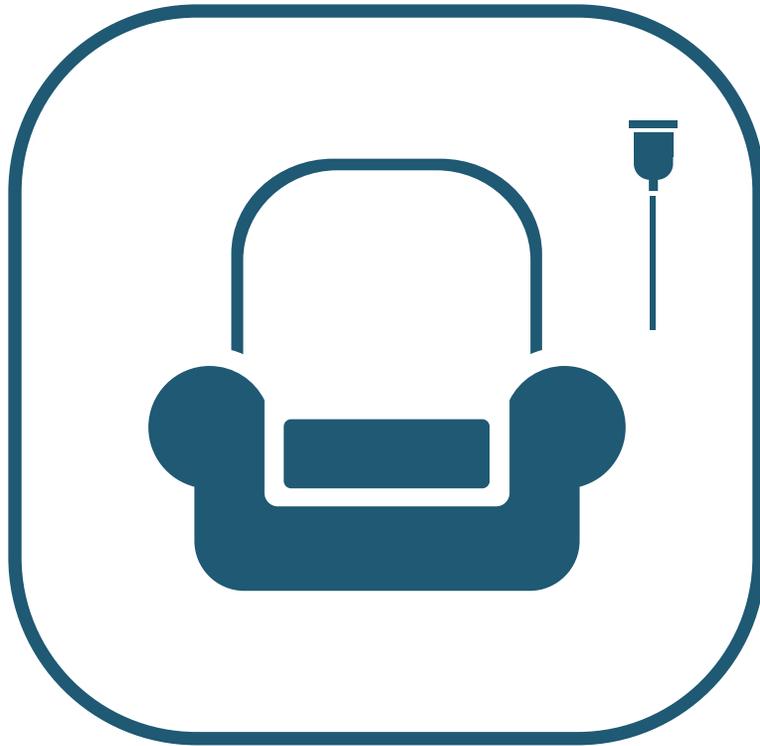
AMY RIOS
marketing & communications coordinator

Ms. Rios serves as Marketing & Communications Coordinator for NICA, overseeing all communication and marketing efforts and strategies. Ms. Rios received her Bachelor of Science degree in Healthcare Administration from Central Michigan University and previously served as a communications specialist for the University of Michigan Health System in Ann Arbor, Mich. Ms. Rios now resides in Austin, Texas and is passionate about providing a voice for the organization and the infusion delivery channel.



KASKA WATSON, MPH
education and policy coordinator

Ms. Watson serves as NICA's Education & Policy Coordinator. She is working to cultivate relationships to share existing materials and identifying opportunities to develop original, organic content in order to expand the education program. She also multiplies the organization's advocacy efforts at the state and federal levels. Ms. Watson received a Bachelor of Science degree in Allied Health from Texas A&M University, and a Master's degree in Public Health, with a focus in Epidemiology, from the University of Texas Health Science Center. In 2015, Ms. Watson served as a policy analyst for the Texas House of Representatives Committee on Public Health.



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