

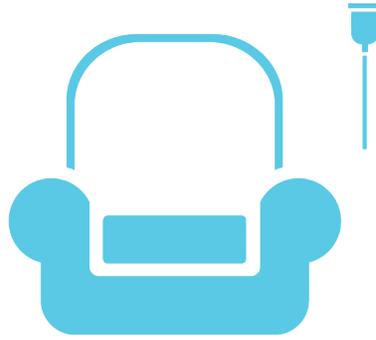


**NATIONAL
INFUSION CENTER
ASSOCIATION**

IMPACT REPORT



2022 EDITION



2022 ANNUAL REPORT

EXECUTIVE SUMMARY

Transparency and accountability are critical for any non-profit organization looking to provide value to its membership and partners. As NICA endeavors to support, advocate for, and represent the nation's community-based infusion centers in major state and federal policy discussions, we hope to reaffirm our commitment to transparency and accountability on a quarterly basis. NICA's success lies in aligning its day-to-day operations with our members' passion for helping people, their challenges in supporting their communities, commitment to ensuring that infusion center capacity can keep pace with innovation, and our communities' demands for access to the right drug at the right time. This Executive Summary and expanded report is intended to provide insight into the work NICA does on behalf of the nation's infusion centers and the people they serve.

2022 Advocacy Progress and Wins:

- Delivered 315 letters to federal lawmakers in response to Medicare pricing negotiations in the Inflation Reduction Act.
- Sent four (4) advocates to Washington, D.C. to meet with 10 U.S. Congress offices. Requested their support with the HELP Copays Act and the Safe Step Act.
- Submitted 20+ letters of comment to various federal and legislative agencies, including CMS and MedPAC, regarding provider reimbursement and delivery channel sustainability.
- Influenced three (3) states to pass legislation that ensures all copay assistance counts toward a patient's deductible/out-of-pocket maximum; NICA advocated for similar legislation in 15 states.
- Worked with four (4) states as they signed meaningful step therapy reform legislation into law; NICA advocated for step therapy reform in eight (8) states.
- Colorado passed non-medical switching protections; Advocated for non-medical switching reform in six (6) states
- Advocated for white bagging reform in 13 states.
- Designed model language for future anti-specialty pharmacy mandates/white bagging legislation.

2022 Membership Highlights:

- 31% increase in Total Provider Membership in 2022
- Now representing more than 10,000 infusion sites spanning all 50 states, Washington, D.C., and Puerto Rico

- The number of Elite Provider Members doubled in 2022

Elite Provider Members		
AleraCare	Arthritis & Rheumatology Associates of South Jersey, PC	AYSA Infusions
Beacon Infusion Healthcare Services	Bendcare	Encore Infusion
Flexcare	Hy-Vee Health	Infectious Disease Services of Georgia, PC
Infusion for Health	Infusion Solutions	IV Care Options
Ivira Infusions	LivWell	Local Infusion
Metro Infusion Center	OI Infusion	Option Care Health
Palmetto	PURE Infusion Suites	Smart Infusion Therapy Services
Soleo Health	Superior Biologics	VIVO Infusion

Technology – Infusion Center Locator Statistics:

- Number of locations: 11,634
- Number of unique users: 675,000 (11.2% increase)
- Average engagement time: 2.06 minutes per session (30.1% increase)
- Custom branded (“white label”) Locator Tools in the wild: <https://www.leqvio-locator.com> ; <https://spevigo.infusioncenter.org> ; <https://locator.patientaccess.org>

Standards, Accreditation, & Education – Accreditation Pilot Program:

- Built custom, proprietary program management software platform to support full-scale program
- Developed a dedicated, core team comprised of infusion experts to implement and manage the program
- In process: seven (7) infusion enterprises
- Pending: four (4) enterprises are pending a board determination

Communications:

- 2022 audience reach: 22,890 infusion operators
- Annual newsletter/eblast open rate snapshot: 7% higher than industry average

- Number of communications sent to membership: 167,771
- 2022 newsletter open snapshot: 78,890
- 2022 organic contact growth: 1,424

Awards & Accolades:

The National Infusion Center Association's Chief Executive Officer, Brian Nyquist, MPH, and Chief Clinical Officer, Kaitey Morgan, RN, BSN, CRNI received the NewYorkBIO "COVID Hero" award for the NICA team's unique vision, talents, and leadership during the COVID-19 pandemic.

Findings and Recommendations:

NICA's efforts in 2022 undeniably preserved and supported non-hospital, community-based infusion centers across the country. Together, we were effective at insulating the delivery channel from various threats, while better positioning new drug launches for quicker and more efficient integration of new therapeutic options for your patients. From overturning payer policies to unlocking millions of dollars in delayed payments, in 2022 NICA helped keep the infusion center model viable, patients in chairs, and infusion providers in business. Little can stand against the single, consolidated voice of NICA's Provider Membership (comprising thousands of infusion sites across all 50 states, D.C., and Puerto Rico). This model has clearly demonstrated it is as critical and influential as oncology has been for the last 25 years. Our membership must continue to mobilize and engage in our calls to take action. Going forward, NICA will continue to help our infusion centers drive these efforts and changes with improved Quarterly Impact Reports, increased written communication around advocacy and membership goals, and the implementation of quarterly, live NICA Town Halls focused around informing and empowering NICA membership and partners.

TRADE ASSOCIATION STRUCTURE: MISSION, GOAL & OBJECTIVES

The following report follows the structure, mission, goal, objectives, strategic imperatives, and government relations strategies developed by NICA's Board and Advisory Committee.

Board of Directors: (*The association's governing body*)

- Brian Nyquist, Chief Executive Officer (National Infusion Center Association & Infusion Access Foundation)
- Reece Norris, Secretary (WeInfuse)
- Charlie Schadewald, Director (Option Care Health)
- Christine Mann, Director (DENT Neurologic Institute)
- David Goodall, Director (Palmetto Infusion)
- Josh Smith, Director (Pure Healthcare)

Proposed Mission:

Preserve, optimize, and advance the trade of furnishing provider-administered medications.

Proposed Goal:

Make key decision-makers understand the value and cost-savings potential infusion centers can unlock through efficient, cost-effective disease management when patients can access the right drug at the right time in a cost-effective setting.

Proposed Objectives:

- (1) Protect the buy-and-bill model and improve office-based infusion care model economics;
- (2) Build relationships with key influencers and decision-makers to convey the value that delivering provider-administered medications in office-based care settings brings to the health care system, patients, and payers;
- (3) Identify, address, and overcome internal and external factors, as well as market forces, that threaten the sustainability of non-hospital care settings for provider-administered medications;
- (4) Preserve the provider-patient relationship and clinicians' prescribing authority; and,
- (5) Develop and administer industry standards to support access to consistent, high-quality medication preparations in a safe environment across care settings.

Strategic Imperatives:

- (1) Collaborate to engage stakeholders across the disease management continuum to preserve, optimize, and expand access to care through a consolidated and unified voice for access to provider-administered medications in more affordable alternatives to hospital-affiliated care settings; and,
- (2) Preserve, optimize, expand, and position the non-hospital, office-based infusion care model as the premier access point for patients requiring provider-administered medications.

Government Relations Strategy:

- Leverage stakeholder input platforms to inform NICA policy and advocacy priorities and position.
- Leverage existing relationships (e.g., Office of the Vice President, influential Congressperson, key decision-makers) to influence and shape major policy and reform discussions.
- Engage a DC-based, bi-cameral, bi-partisan government relations (GR) firm to inform comprehensive strategic plan to advance legislative and regulatory priorities, and define short- and long-term goals, strategies, and objectives to direct lobbying and inform grassroots advocacy efforts to advance NICA's federal legislative, regulatory, and rulemaking priorities.

- Engage state-based lobby assets as needed in target states to inform strategic plans to advance key legislative, regulatory, and state priorities and to direct lobbying and inform grassroots advocacy efforts to advance NICA's state legislative, regulatory, and payor priorities.
- Establish strategic relationships with additional key influencers in DC, target states, and national payors.
- Lobby heavily to preserve and protect infusion centers, and to position infusion centers to unlock the future of healthcare.
- Incorporate the provider perspective through meetings, grassroots advocacy, Hill Days, legislative briefings, and lobbying to attack direct and indirect operational/clinical/access issues and drive positive reform measures aligned with infusion providers' policy/advocacy priorities and objectives.

NICA ADVOCACY IMPACT

NICA's goal is twofold: first, to help decision makers understand the value and cost-savings in receiving provider-administered medications in non-hospital, community-based infusion centers; and, second, to leverage coverage and payment policy to maximize that value and cost-savings potential. Advocacy, lobbying, and engagement from infusion centers are essential to fulfilling these goals.

At NICA, we support policies that promote appropriate reimbursement, improve drug affordability, increase price transparency, reduce disparities in quality of care, and enable care delivery in the highest quality, lowest-cost setting. Through grassroots advocacy and lobbying at the state, federal, and regulatory levels, we strategically inject and amplify the infusion center perspective and value proposition when and where it is needed to move the needle.

The advocacy priorities of NICA and our position on those advocacy topics in 2022 were informed by our Provider Members, Board Members, and Advisory Committee. The below priorities and positions represent member input gathered through surveys and engagements throughout the year. Moving forward, our community will continue to define our advocacy priorities and shape our position on those priorities.

Our 2022 advocacy priorities fell into five categories:

- 1) Buy-and-bill protection
- 2) Delivery channel sustainability
- 3) Responsible, net-positive reimbursement reform
- 4) Promoting care quality & consumer safety
- 5) Treatment adherence

Buy-and-Bill Protection

Most of the delivery channel's capacity relies heavily or exclusively on the buy-and-bill model to support the agility of their care model. The delivery channel does not currently have the capacity to meet tomorrow's demand as the R&D pipeline grows richer with complex provider-administered medication formulations. Patients have waited for these innovative therapies long enough and cannot afford to lose access to the lowest cost site-of-care option. In the absence of a viable, infusion provider-informed alternate reimbursement methodology, protecting and preserving the buy-and-bill model is critical for the future of chronic disease management and a sustainable health care system.

WE SUPPORT provider choice and autonomy to acquire drugs using whatever model is conducive to effective and efficient patient care coordination.

WE OPPOSE specialty pharmacy mandates and other broad models that reduce efficiency, limit provider choice, increase office burden, increase cost, and/or add waste.

Delivery Channel Sustainability and Expansion

The office-based infusion delivery channel represents the most economical care setting for provider-administered medications. Ensuring that these care settings remain economically viable and capable of meeting present and future demand is critical to: (1) optimizing health outcomes, (2) maximizing quality of life; (3) minimizing burdens of disease; and, (4) reducing cost, administrative burden, and wasteful consumption within the U.S. healthcare system.

WE SUPPORT measures that will make it easier for the most economical care setting to accommodate existing patient demand, as well as measures conducive to market expansion to keep pace with innovation and accommodate tomorrow's patient demand.

WE OPPOSE changes that will make it harder for providers to treat existing patients, as well as those that will restrict, delay, or prevent market expansion to build additional capacity to treat more patients and/or accept new patient populations.

Reimbursement Reform

Maintaining viable economics in lower cost alternatives to hospital-affiliated care settings is critical to the improvement of the affordability and accessibility of provider-administered medications. The current reimbursement environment is volatile with increasing pressure to reduce medical benefit drug spend. There is also pressure to reduce or remove drug payments (i.e., eliminate buy-and-bill) and reduce reimbursement for professional services ("down-code").

It is crucial that the infusion care model economics, particularly on the professional service side, keep pace with inflation to cover practice expenses, including increasing wages for workforce requiring highly specialized training.

WE SUPPORT responsible (net positive) reimbursement of professional services (furnishing complex provider-administered medications) at high-level CPT codes. We also support increased professional service reimbursement. Finally, we support supplementary payment models (e.g., facility fee, monthly patient management fee).

WE OPPOSE reductions in net reimbursement.

Promoting Care Quality & Consumer Safety

NICA members strive to deliver the safe, high-quality infusion care their patients deserve. To that end, NICA is proud to have published the industry's first standards of care for office-based infusion, and continues to develop resources to support providers' efforts to meet those standards and achieve clinical excellence.

WE SUPPORT evidence-based national standards that reduce disparities in quality of care, practice, and consumer safety across infusion/injection care settings.

WE OPPOSE poor practices that increase risk and incidence of adverse reactions.

Treatment Adherence

Treatment adherence is a significant factor influencing the upward trend in health spend through sub-optimal disease management, particularly among our nation's sickest and most vulnerable patients managing complex, chronic diseases—like autoimmune diseases—resulting in poor health outcomes, reduced quality of life, and increased physical, emotional, and economic burdens of disease. Treatment adherence is also a leading cause of lost market share and revenue for infusion providers, serving as a threat to the sustainability of this care model.

Improving primary and secondary treatment adherence will reduce cost and administrative burden in the health care system by supporting optimized health outcomes, maximized quality of life, and minimized burdens of

disease.

NICA will continue to collaborate with the Infusion Access Foundation to better understand the key factors driving treatment nonadherence and develop strategies focused on the point of prescription and point of care to improve adherence.

WE SUPPORT interventions at the points of diagnosis, prescription, and care to address factors contributing to primary and secondary non-adherence. We also support patients' ability to achieve and maintain clinical stability using a medical benefit drug and little to no reliance on other health care to manage the burdens of disease.

WE OPPOSE reform measures that promote or exacerbate non-adherence.

NICA Efforts to Support Our 2022 Priorities

On behalf of our Provider Members, NICA sent 38 letters to and held dozens of meetings with lawmakers, agencies, and payors. In this outreach, we covered a wide range of topics ranging from support for step therapy reform, the abolishment of copay accumulator programs and specialty pharmacy mandates, drug pricing transparency, Medicare Advantage reform, proper reimbursement for providers, MAC downcoding reform, unlocking millions of dollars in delayed payments for high-dollar claims, and concerns over the unintended consequences of drug affordability boards and drug pricing negotiations to the infusion center delivery channel.

NICA sent letters to the Washington state legislature, Kentucky state legislature, and the governor of Florida; all of which led to successful passage of "all copays count" legislation and step therapy reform.

At the federal level, the biggest issue impacting the channel was the consideration of *Build Back Better* and ultimate enactment of the *Inflation Reduction Act (IRA)*. NICA weighed in on this legislation at every step of the legislative process to ensure that providers who administer Part B medications were heard. Among other things, the IRA gives Medicare the power to negotiate drug prices for certain medications, including those covered by Part B. NICA supports lower drug prices, but we thought it was important to make sure the infusion voice was heard, since the buy-and-bill channel is highly sensitive to changes.

To that end, NICA kicked off a grassroots email campaign in 2021 that sent 315 letters to federal lawmakers reminding them that non-hospital infusion providers rely on the buy-and-bill model to acquire medications for their practices and that the new pricing mechanism could leave providers underwater. Additionally, NICA engaged in significant bicameral congressional lobbying to push a solution that would remove providers from the process completely by requiring drug companies to directly pay Medicare the difference between the Average Sales Price (ASP) and the maximum fair price (MFP).

In addition to conversations at the staff level, we engaged with congressional and committee leadership to drive home these concerns, including most recently a letter to Senator Schumer and Senator Wyden to express how the drug pricing negotiation mechanism under consideration could leave providers underwater for medications that are subject to the bill's MFP and to exempt providers from the impact. Specifically we lobbied the Senators to remove providers from the MFP mechanism entirely by amending the legislation to:

- 1) Require drug companies to make Medicare whole for the difference between Average Sales Price (ASP) and the MFP;
- 2) Ensure that beneficiary cost-sharing would be assessed against the MFP, so patients experience immediate savings; and
- 3) Remove providers from the middle by allowing the continued operation of the existing ASP-based buy-and-bill system, which would avoid disruptions to community-based care delivery.

We urged that if removing providers from the middle of the new MFP structure were not possible, Congress should provide an offsetting payment to office-based infusion providers that is equivalent to the losses created by this mechanism. You can read the complete letter [here](https://infusioncenter.org/bbbjuly2022) [https://infusioncenter.org/bbbjuly2022]. Despite this

aggressive lobby push by NICA and like-minded stakeholders in the Part B drug administration world, the IRA was signed into law on August 15, 2022 without the provider carve-out, but we minimized the immediate impact to providers.

The law will allow Medicare to negotiate certain drug prices and also require drug manufacturers to pay rebates to Medicare should their prices rise faster than inflation. Although the pricing mechanism was passed without the provider carve-out, it is important to note that, thanks to NICA's lobby efforts and pressure from stakeholders, the scope of the legislation narrowed significantly from the initial proposal, so that the government-set price will only apply to biologics that have been on the market for 13 years and still have no biosimilars. Additionally, the program will not apply to any Part B drugs until 2028. This gives NICA plenty of time for active engagement in the regulatory process, to ensure that infusion providers' unique concerns are represented. We have already requested a pre-rule-making meeting with the agency and will use every opportunity to work with CMS as the agency implements the legislation.

It's important to note that NICA did not focus on drug reimbursement alone. As part of our 2022 federal advocacy work, NICA engaged in significant outreach on other topics, including weighing in with the Congress as it considered future pandemic preparedness, engaging with medication-specific coverage issues, establishing a code for observation, educating MedPAC (the independent Commission that makes recommendations to Congress regarding Medicare payments) on current reimbursement volatility and the consequential reliance on drug payment add-ons, and reaching out to correct Physician Fee Schedule instability. Additionally, NICA met with the U.S. Food and Drug Administration (FDA) to discuss publishing proper guidance on how offices should navigate a drug shortage. NICA staff met with the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), and the Department of Health and Human Services' Administration for Strategic Preparedness and Response separately to discuss COVID-19 monoclonal antibodies (CmAbs) and guidance for sites that were administering CmAbs.

Over the course of the year, NICA staff engaged with congressional staff on an ongoing basis, particularly staff on committees of jurisdiction over Medicare payments, to gather intel on legislation under consideration, including the IRA, but also other legislative initiatives such as federal reform of utilization management, site of care optimization in Part B, consumer site of care cost transparency, as well as congressional activity related to administration code cuts resulting from sequestration and a conversion factor reduction.

As for official outreach, NICA hosted an in-person 2022 Hill Day on July 13, during which NICA's Government Affairs Team, Board, and Committee Members met with six U.S. House of Representatives offices and four Senate offices in Washington, D.C. to champion the value and cost-savings infusion centers represent and the problems they can solve by unlocking the future of healthcare. NICA Director of Advocacy, Kindyl Boyer, and one of NICA's Federal Government Relations professionals and Lobbyists, Matt Duckworth, were accompanied by NICA Advisory Committee Members Connie Hartley, Chief Reimbursement Officer for Palmetto Infusion, and Dan McCarty, CEO of Infusion for Health, as they met with the offices of Rep. Buddy Carter (R-GA-01), Rep. Neal Dunn (R-FL-02), Rep. Michael Burgess (R-TX-26), Rep. Young Kim (R-CA-39), Rep. Nanette Diaz Barragán (D-CA-44), and Rep. Gary Palmer (R-AL-06).

On the Senate side, NICA's Chief Executive Officer, Brian Nyquist, and one of NICA's Federal Government Relations professionals and lobbyists, Judith Gorsuch, visited offices with Board Members Joshua Smith, CEO for PURE Infusion, and Charlie Schadewald, VP of Infusion Services for Option Care Health. The team connected with health staff for Sen. John Barrasso (R-WY), Sen. Debbie Stabenow (D-MI), Sen. Mitt Romney (R-UT), Sen. Michael Bennet (D-CO), Sen. Tim Scott (R-SC), and Sen. John Cornyn (R-TX).

With each office, we drove home the value proposition of office-based infusion and discussed the need for federal utilization management reform and reimbursement relief. We explained that patients with federally-regulated insurance, such as Medicare Advantage, are not protected under state law from certain harmful insurance practices. We expressed the need for bills like the *Improving Seniors Timely Access to Care Act* (S.3018/H.R.3173), the *Safe Step Act* (S.464/H.R.2163), and the *Help Ensure Lower Patient (HELP) Copays Act* (H.R.5801) to protect patient access to provider-administered drugs. If the office was already in support or cosponsoring any of these

bills, we served as a resource for their questions on insurance practices and the office-based infusion center landscape.

On the state side, NICA advocated for step therapy reform, non-medical switching protections, “all copays count” legislation, PBM transparency and reform (e.g., PBM rebate pass-through to patients), and protections against specialty pharmacy mandates. We actively lobbied bills to address these issues in each of the states listed below.

Advocacy Issue	States
Step Therapy Reform	California, Kansas, Missouri, Kentucky, Tennessee, Pennsylvania, New Jersey, Massachusetts
“All Copays Count” Legislation	Washington, Utah, Texas (in preparation for 2023 session), Nebraska, Minnesota, Iowa, Missouri, Tennessee, Mississippi, Michigan, Ohio, Pennsylvania, New York, Massachusetts, Maine
PBM Transparency and Reform (“Share the Savings” Legislation)	New Jersey, Iowa, Colorado, Nebraska, Oklahoma, Kentucky, Rhode Island, California, Minnesota, Arkansas, Georgia, Tennessee, New York
End to Specialty Pharmacy (White Bagging) Mandates	California, Oklahoma, Minnesota, Wisconsin, Tennessee, Illinois, Indiana, West Virginia, Arizona, New York, Kentucky, Ohio, Nebraska
Non-medical Switching Restrictions	Massachusetts, California, Colorado, Iowa, New York, Texas (in preparation for 2023 session)

NICA also launched several impactful digital grassroots campaigns allowing participants to call or send letters to their representatives requesting support for the following bills and issues:

State / Bill #	Issue	Status
Massachusetts H 4929	Step Therapy Reform	Signed by the governor on November 2, 2022.
Louisiana SB 112	Prior Authorization Reform, “Gold Card” Rule	Signed by the governor on June 16, 2022.
Delaware SB 267	“All Copays Count” Legislation	Passed both chambers, awaiting governor signature or veto.
Colorado HB 1370	PBM Transparency and Reform (“Share the Savings” Legislation)	Signed by the governor on May 18, 2022.
Oklahoma HB 4087	PBM Transparency and Reform (“Share the Savings”)	Recommended to pass by the Retirement and Insurance Committee.

	Legislation)	
Ohio HB 135	"All Copays Count" Legislation	Referred to the Committee on Health.
All 50 states	Non-medical Switching restrictions	10 states have enacted non-medical switching restrictions, 5 states proposed legislation this year.
All 50 states	End to Specialty Pharmacy (White Bagging) Mandates	One state has enacted an anti-white bagging law, 14 states have proposed bills against specialty pharmacy mandates.
All 50 states	Step Therapy Reform	35 states have passed step therapy reform, 8 states proposed bills this year.

NICA's successful lobbying efforts contributed to positive legislative outcomes in the following states:

State / Bill #	Issue	Status
Kentucky SB140	Step Therapy Reform	Signed by the governor on March 17, 2022.
Colorado HB 1370	PBM Reform and Non-medical Switching restrictions	Signed by the governor on May 18, 2022.
Washington SB 5610	"All Copays Count" Legislation	Signed by the governor on March 30, 2022.
Florida HB 459	Step Therapy Reform	Signed by the governor on April 6, 2022.
Maine LD 1783	"All Copays Count" Legislation	Became law without the governor's signature on May 7, 2022.
Tennessee SB 1310	Step Therapy Reform	Signed by the governor on May 25, 2022
Louisiana SB 112	Prior Authorization Reform, "Gold Card" Rule	Signed by the governor on June 16, 2022.
California AB 1880	Step Therapy Reform	Vetoed by the governor on September 25, 2022; passed both chambers on August 25, 2022.
Massachusetts H 4929	Step Therapy Reform	Signed by the governor.
Delaware SB 267	"All Copays Count" Legislation	Signed by the governor on October 26, 2022.

NICA participated in the following meetings with lawmakers and agencies on major policy issues:

Date	Agency / Legislator	Action(s)
January 2022	Tennessee General Assembly	NICA developed and advocated for language to ban specialty pharmacy mandates in Tennessee. NICA hired Capitol & 5th, an independent TN state government relations firm with a close relationship with the TN Hospital Association which was also particularly motivated to end specialty pharmacy mandates along with the TN Medical Association. Capitol & 5th met with TN lawmakers on our behalf in hopes of amending a 2021 PBM transparency law to include specialty pharmacy mandate protections.
February 2022	Florida Board of Pharmacy	Following NICA Chief Executive Officer Brian Nyquist's presentation at the Florida Board of Pharmacy White and Brown Bagging WorkGroup in 2021, NICA met and developed strategy with Florida partner organizations on strategy to address specialty pharmacy mandate issues in the state. NICA submitted comments to the Florida Board of Pharmacy regarding specialty pharmacy mandates and partnered with the Florida Society of Rheumatology to hire legal representation to represent NICA at the Florida Board of Pharmacy meetings. The attorney from Grossman, Furlow & Bayo was set to be present at every Board of Pharmacy meeting and to monitor any discussions or proposed rules regarding white bagging and brown bagging and to participate in the rulemaking process as directed. However, it became clear that members of the Board were not willing to take any serious steps against white bagging.
July 2022	Texas State Representative James Frank	NICA is a member of the Coalition for Stable Patients, a coalition of Texas patient and provider advocacy groups who have coalesced around the need for legislation that will protect patients from the insurance practice known as non-medical switching. On July 12, NICA's Director of Advocacy, Kindyl Boyer, along with Greg Hansch from the National Alliance on Mental Illness (NAMI) Texas, and Chase Bearden from the Coalition of Texans with Disabilities met with Texas Representative James Frank virtually to discuss the necessity of non-medical switching legislation.
July 2022	Texas Representative Sam Harless	On July 21, Kindyl Boyer (NICA Director of Advocacy) along with members of the Coalition for Stable Patients met with Rep. Sam Harless' office at the

		Texas State Capitol. Representative Harless is the Chair of the Health Care Reform Select Committee. During our in-person meeting, we were able to discuss why the Texas non-medical switching bill is important for each of the patient and provider populations we represent.
August 2022	National Conference of State Legislatures (NCSL) Summit - Multiple lawmakers	The National Conference of State Legislatures (NCSL) is a bipartisan public officials' association representing state, territory and commonwealth legislatures of the U.S. The NICA State Advocacy Team attended NCSL's Legislative Summit and met with legislators and staff from all over the country sharing who we are as an organization and describing the issues that matter to infusion centers and patients in their state (e.g., specialty pharmacy mandates, utilization management strategies, and copay accumulator policies).

NICA published 20 volumes of our biweekly advocacy update newsletter: *The BiWeekly Push* in 2022. We will continue to publish the newsletter through 2023. *The Push* has approximately 3,000 subscribers composed of infusion business owners, industry professionals, providers, nurses, patients, and caregivers. It keeps our readers informed of current legislation, advocacy efforts, calls-to-action, and events that impact the non-hospital infusion delivery channel.

NICA STANDARDS & ACCREDITATION IMPACT

Standards of Excellence for Ambulatory Infusion Centers

In 2022, NICA expanded upon the work that it began with the launch of its 2019 Minimum Standards for In-Office Infusion. NICA is committed to bringing the delivery channel a set of comprehensive standards developed by the infusion industry for the infusion industry in a process that affords all stakeholders the opportunity to be involved. To that end, in 2021 NICA achieved designation as an American National Standards Institute (ANSI) Accredited Standards Developer by demonstrating that our standards development process aligns with the ANSI Essential Requirements to ensure fairness and transparency. It is a rigorous process, however, it brings validity and credibility to the end product, ultimately positioning the NICA Standards to become a trusted and readily adopted resource by the ambulatory infusion therapy industry.

In an ideal world, all health care would consist of evidence-based practices derived from only the strongest evidence. In the real world, however, the growth of infusion therapy has outpaced the development of such evidence. Guidance is needed more than ever. When evidence is limited or contradictory, a robust validated Delphi-based methodology is used to generate consensus among a group of experts. For the development of the NICA Standards, the consensus body is the Standards Development Committee (SDC). The SDC is comprised of 18 thought-leaders and subject-matter experts, and every effort was made to ensure representation from various interest categories (determined by members' relationship to the industry and/or classes of trade), professions, and specialties. The resulting committee includes infusion operators and clinicians, infusion patients, patient advocates, and representatives from specialty medical societies like the American College of Rheumatology, the American Gastroenterological Association, and the American Academy of Neurology.

Following a modified Delphi methodology the Standards Development Committee, incorporating feedback

received from the Stakeholder Review Council, ultimately reached nearly unanimous consensus on all 400+ elements. The proposed Standards of Excellence for Ambulatory Infusion Centers were made available for public review and comment for the ANSI-required 45-day period from September 30 to November 14, 2022. As no objections were received during the public comment period, the Standards were finalized. The NICA Board of Directors reviewed the Standards development process to ensure compliance with the ANSI-approved NICA Standards Development Procedures. Following Board approval, the proposed NICA Standards were submitted to the ANSI Executive Standards Council (ExSC) to complete an independent review to affirm that the Standards were developed in accordance with approved procedures and meet all the ANSI Essential Requirements. In December 2022 the ANSI ExSC approved the NICA Standards of Excellence for Ambulatory Infusion Centers, granting them the designation of Approved American National Standards. The Standards will be available for purchase in 2023.

NICA Accreditation Program

The NICA Accreditation Program was introduced at the 2022 NICA Annual Meeting, generating quite a buzz. Infusion providers have been asking NICA for an accreditation program for years. They consistently report that while payers are increasingly requiring accreditation, the existing accreditation products available on the market leave a lot to be desired. Not only are they resource-intensive and confusing to navigate, but they simply aren't applicable to their care settings, and do more to increase administrative burden than to actually improve the quality of patient care. We endeavored to solve this problem and worked throughout 2022 to build an accreditation program and proprietary software platform designed to address the gaps left by other programs by working collaboratively with infusion centers to ensure their patients can expect safe, consistent, high-quality care.

Following the 2022 Annual Meeting, the Accreditation team began fielding inquiries about the program in an effort to enroll participants from a variety of care models, specialties, practice sizes and geographic areas, ensuring the inaugural group of practices are representative of the diverse delivery channel. Ultimately, twelve organizations were selected to be the first to seek accreditation as a NICA Infusion Center of Excellence. The pilot organizations will begin the accreditation process in January 2023. Through a series of virtual and on-site assessments, infusion providers will be required to demonstrate compliance within each of the program domains, including human resource management, infection prevention and control, education and training, consent, parenteral medication preparation and administration, adverse events, emergency management and planning, quality assurance and performance improvement, and facility environment of care requirements. We are thrilled at the overwhelming response to the program, and look forward to supporting the delivery channel in attaining our shared goal of reducing disparities in care quality and promoting infusion center excellence.

NICA INFUSION CENTER LOCATOR SOLUTIONS IMPACT

Locator Analytics Dashboard

In early 2020, NICA delivered an analytics dashboard to administrators with a claimed location in the NICA Infusion Center Locator Tool. This dashboard provides heat map displays of query data within a 30-mile radius of that location's market with basic analytics. In 2022 the NICA team began building out an enhanced analytics dashboard for Elite Provider Members that includes a variety of advanced analytics and reporting capabilities.

The goal is to provide Elite Provider Members with more powerful and valuable analytics that can better drive their local marketing strategies, market footprint expansion strategies, and strategies for entering a new market.

Custom Branded ("White Label") Locator Solutions & Locator Tool Metrics

In 2022, NICA launched a historic, and potentially first, fully functional pharma-branded commercialized Locator tool. This version of our Infusion Locator Tool allows patients to more quickly identify a site where they can receive a drug immediately following its launch. NICA was engaged by Novartis to develop the [Leqvio Injection Site](#)

Locator, and engaged by Boehringer Ingelheim to develop the Spevigo Infusion Center Locator. NICA has two additional white label versions of the Locator Tool in development and potentially releasing in 2023.

By offering these Locator Tool solutions powered by NICA's proprietary Infusion Center Database, we hope to drive a paradigm shift in how manufacturers approach provider-administered drug launches, potentially allowing infusion centers to more quickly and efficiently unlock the value and cost-savings of these medications for their community.

NICA COMMUNICATIONS IMPACT

The Communications team is under new leadership. As a part of that transition we began work on a gap/SWOT analysis for the 2023 program.

The Communications program has re-aligned focus to better support the following programs:

- NICA Standards & Accreditation program's branding efforts. *Please see the Standards & Accreditation program section of this report for more information.*
- NICA Membership program. *Please see the Membership program section of this report for more information.*
- NICA Advocacy program. *Please see the Advocacy program section of this report for more information.*

2022 Initiatives:

- Two monthly newsletters: *Monthly Drip* newsletter for stakeholder members & *BiWeekly Push* for advocacy efforts
- New thought leadership program focused around content written by industry-leading healthcare and medical professionals. Will expand in 2023
- NICA Communications Council formed and composed of AdCom member organizations. Will expand in 2023 to align NICA's messaging with leading voices in the distribution channel

On the Horizon:

- Implement 2023 brand refresh and website update
- Improve SEO implementation
- Increase Paid Search Ad & PPC efforts

Inbound Marketing & Communications Metrics:

Annual LinkedIn Visitor Engagement (2022 compared to 2021):

- Page Views: Up 1,641.3%
- Unique Visitors: Up 1,663.7%
- Convert to Website Visit: Up 3,075%
- Added 1,666 New Followers in 2022
- Content Reactions: Up 1,170%
- Content Comments: Up 1,510%
- Content Reposts: Up 491.5%

Email Newsletter Engagement (2022):

- Audience of 22,890
- Annual Open Rates Increased 23% from 2021 (Currently 7% higher than industry average)
- 167,771 Emails Sent in 2022 to-date
- 78,890 Newsletter Opens to-date
- 1,424 Contacts Added Organically to-date

NICA ANNUAL CONFERENCE IMPACT

#NICA2022 conference numbers were as follows:

- Held In New Orleans, LA June 25-26, 2022
- Almost 800 in Attendance
- 87 Vendors in Exhibit Hall
- 26 Sessions provided on various infusion-specific topics across 4 education tracks

#NICA2019 Historical Reference:

- 550 in attendance
- 53 Vendors in Exhibit Hall
- 26 sessions on various infusion-specific topics