



Chairman Ron Wyden
Senate Finance Committee
221 Dirksen Senate Office Building
Washington D.C., 20510

March 28, 2024

Re: CMS Proposed “Stacking” Policy Threatens Infusion Providers and Patients

Dear Chairman Wyden:

The National Infusion Center Association (NICA) is a nonprofit organization formed to support non-hospital, community-based infusion centers caring for patients in need of provider-administered medications. To improve access to medical benefit drugs that treat complex, rare, and chronic diseases, we work to ensure that patients can access these drugs in safe, more efficient, and cost-effective alternatives to hospital care settings. NICA supports policies that improve drug affordability for beneficiaries, increase price transparency, reduce disparities in quality of care and safety across care settings, and enable care delivery in the highest-quality, lowest-cost setting.

I’m writing to express NICA’s serious concern with a proposed change to the Medicaid Drug Rebate Program (MDRP) and the potential harm it will have on infusion providers and patients. The Centers for Medicare and Medicaid Services (CMS) has [proposed a rebate “stacking” policy](#) that would limit access to lifesaving, provider-administered treatments in the lowest-cost care settings: non-hospital, community-based infusion centers. For that reason, **NICA urges you to call on CMS to withdraw the proposed “stacking” proposal to protect infusion providers and the patients they care for.**

In 2023, CMS proposed changes to the MDRP that would require drug manufacturers to “stack” drug discounts provided to all stakeholders in the healthcare supply chain to establish a drug’s “best price.” If finalized, the proposed policy threatens the offering of discounts from drug companies to providers who buy medications for in-office administration. Infusion providers – particularly those in rural and underserved areas – rely on these discounts from drug companies to break even on certain medications. Thus, if these discounts were to be reduced or even entirely eliminated, providers could not continue offering these medications, harming patient access to life-saving drugs by consolidating access points and driving patients to the hospital, which is by far the higher cost setting. Furthermore, in order to comply with this proposal,



extensive tracking of prices through the healthcare supply chain would be required, posing a risk to patient privacy.

A recent poll found that 80% of adults in Oregon consider non-hospital, community-based infusion centers important to the healthcare system, which explains why Oregonians are raising alarm about the harms this policy could have on patients and infusion centers. To date, more than 2,600 Oregonians have written to your office to express concerns about the proposed stacking policy. A nationwide [poll](#) shows that two-thirds of Americans worry about the impact this rule will have on infusion centers.

The CMS “stacking” policy would threaten infusion centers’ ability to continue providing high-quality, community-based care and harm patient access to life-changing treatments in the process. NICA urges you to call on CMS to withdraw this proposal.

Thank you for your attention to this critical matter.

Sincerely,

A handwritten signature in black ink that reads "Brian Nyquist". The signature is written in a cursive style with a large, stylized "B" and "N".

Brian Nyquist, MPH
President and Chief Executive Officer
National Infusion Center Association