



**The Nation's Advocacy Voice for In-Office
Infusion**

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September 14, 2026

House Energy and Commerce Committee
Health Subcommittee
2125 Rayburn House Office Building
Washington, DC 20515

Re: Health Subcommittee Hearing, *Examining Legislative Proposals to Reform Medicare Provider Payment and Bolster Health Care Cybersecurity*

Dear Members of the House Energy and Commerce Committee Health Subcommittee:

The National Infusion Center Association (NICA) is a nonprofit organization that supports community-based infusion centers caring for patients who need 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. Despite their value to the health system, infusion centers face significant regulatory and economic pressures that threaten their viability, including instability within the Medicare Physician Payment System.

NICA appreciates the Subcommittee's commitment to working with stakeholders to identify comprehensive, long-term solutions to the challenges facing the Medicare physician payment system. Throughout the 119th Congress, NICA has engaged with Committee members, including members of the [House Doctors Caucus](#), to provide feedback on Medicare payment reform proposals, such as the *Provider Reimbursement Stability Act* and the *Patients First Act*, and their potential impact on infusion providers and the patients they serve nationwide. We appreciate the opportunity to share our comments on the proposals currently under consideration by the Subcommittee to address structural challenges within the Medicare Physician Fee Schedule (MPFS).

H.R. 8163, the Provider Reimbursement Stability Act

NICA urges the Committee to advance H.R. 8163, the bipartisan *Provider Reimbursement Stability Act*, which would modernize the MPFS budget neutrality mechanism and provide much-needed payment stability for infusion providers. Unlike other Medicare payment systems, the MPFS does not provide physicians and other clinicians with a consistent annual inflationary update. As the cost of running infusion practices has continued to rise, providers have encountered increasing difficulties in maintaining access to care for Medicare beneficiaries. Over the past 20 years, Medicare physician payments have declined by 33 percent when adjusted for inflation, a trend that is simply unsustainable.¹

H.R. 8163 would address these issues by raising the budget neutrality threshold and establishing a permanent inflationary update linked to the Medicare Economic Index (MEI). Collectively, these reforms

¹ American Medical Association, *Medicare Updates Compared to Inflation in Practice Costs (2001–2025)*, updated Jan. 2025, <https://www.ama-assn.org/system/files/2025-medicare-updates-inflation-chart.pdf>.

would enhance financial stability and predictability for infusion practices, ultimately preserving access to care for Medicare beneficiaries.

H.R. 9693, Patients First Act of 2026

NICA recognizes that the *Patients First Act of 2026* represents a significant step toward addressing long-standing structural challenges within the MPFS and appreciates the bill sponsors' efforts to develop a more sustainable and effective approach to Medicare physician payment and quality reporting.

NICA welcomes the proposed elimination of the Merit-based Incentive Payment System (MIPS), which has historically suffered from a lack of meaningful quality measures and performance benchmarks relevant to infusion providers. For many infusion practices, MIPS has become a costly and complex administrative burden, requiring significant resources for reporting, compliance, and contractor oversight without demonstrably improving patient care quality.

As the Committee considers the bill's proposed transition from MIPS to the Patient Outcome Improvement National Tabulation System (POINTS), NICA urges careful consideration of how the new program is designed and implemented so that it does not replicate the challenges infusion providers currently face under MIPS. Specifically, we recommend that office-based infusion centers, which primarily furnish the single service line of drug administration, be exempt from POINTS when participation would not meaningfully advance quality improvement or patient care. Because infusion practices are concentrated almost entirely in infusion and drug administration services, they are particularly well suited for an expanded application of the low-volume threshold, which would provide appropriate flexibility under the new program. Additionally, the absence of infusion-specific quality measures reinforces the need to ensure that infusion providers are not subject to reporting requirements or performance measures that do not meaningfully apply to the care they provide.

We are also encouraged by POINTS' vision as a clinician-led quality program. To ensure the measures are meaningful and appropriately account for the diverse care delivered under the MPFS, we urge the Committee to ensure broad stakeholder representation on the proposed Quality Task Force. This representation should include specialized organizations, such as NICA, that can offer expertise on the unique characteristics of infusion care and the quality considerations pertinent to patients receiving provider-administered medications.

NICA appreciates the Subcommittee's continued leadership in addressing challenges within the Medicare physician payment system. We urge the Committee to advance reforms that provide greater payment stability, reduce unnecessary administrative burdens, and preserve Medicare beneficiaries' access to community-based infusion care. Please do not hesitate to contact me, should you have any questions or wish to further discuss this issue: Brian.nyquist@infusioncenter.org

Sincerely,

A handwritten signature in black ink that reads "Brian Nyquist". The signature is fluid and cursive, with the first name "Brian" and last name "Nyquist" clearly legible.

Brian Nyquist, MPH
Chief Executive Officer
National Infusion Center Association