



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

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Washington Prescription Drug Affordability Board,

On behalf of the infusion providers we represent in your state, thank you for your service and commitment to the people of Washington. As a nonprofit trade association that provides a national voice for non-hospital, community-based infusion providers; we ask you to please consider our concerns surrounding upper payment limits.

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 infused and injectable medications. 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.

Our organization writes to express concerns with upper payment limits for drugs that the board may set if a drug is found to be unaffordable. We applaud Washington lawmakers for attempting to address drug costs for patients. However, we believe that not only would an upper payment limit fail to achieve this goal, it would also harm the very vulnerable groups it intends to serve, unless certain measures are taken.

In practice, upper payment limits will hinder patient access to life-saving medications by disrupting the delicate economics of medical benefit drug delivery and putting smaller, community providers—that represent the lowest-cost care setting for these expensive medications—out of business. Infusion providers typically acquire, administer, and bill for drugs through a buy-and-bill model. Providers are reimbursed for the drug and provided a small payment for professional services that does not begin to cover the overhead of their business. To remain in business, infusion centers must rely on their drug payments to offset the incredible cost-reimbursement disparity on the professional services side. Drug payments are the economic lynchpin to offset practice expenses, including inventory management, staff salaries, and office space. Lower drug payments to infusion providers will force most of the state's community-based infusion centers to shutter their doors or discontinue administering certain drugs, forcing patients into more expensive hospital care settings or potentially ending their treatments.

Upper pricing limits put a ceiling on the reimbursement for certain drugs, but they do not guarantee that the drug will actually be cheaper for patients. An upper payment limit will only establish how much insurers in the state pay for a drug. It will not change the actual cost of drug acquisition and administration for providers, and it will not change what insurers require from patients through copays and coinsurance (most infusion patients use copay assistance to cover the cost of their medications, which insurers are trying to prevent through copay accumulator programs). Though well-intended, we fear that upper payment limits will harm infusion providers and their patients, leading to access issues across the state.

NICA suggests that the WA PDAB takes time to understand the buy-and-bill model that most, if not all, infusion providers rely on. We hope that the board will be open to exploring other options, such as protecting infusion providers from the impact of negative reimbursement side effects. This would avoid disruptions to community-based care delivery and keep Washington infusion centers and patients safe. Thank you for your consideration. If we can provide any additional information, please do not hesitate to reach out.

Sincerely,
National Infusion Center Association (NICA)