



The Nation's Advocacy Voice for In-Office  
Infusion

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Prescription Drug Affordability Board  
Washington Health Care Authority  
Cherry Street Plaza  
626 8th Avenue SE  
Olympia, WA 98501

March 18, 2026

**Re: Concerns with Upper Payment Limits (UPLs)**

Dear Members of the 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 the potential consequences of establishing upper payment limits (UPL) for certain infusion drugs that require provider administration.

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. 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 high-quality, non-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.

Our organization writes to express our continued concerns with the WA PDAB, specifically its ability to establish an Upper Payment Limit (UPL) for drugs that the board believes will cause affordability challenges for Washington patients and the healthcare system. We applaud Washington policymakers for attempting to address drug costs for patients. However, we believe that not only would UPLs for infusion drugs fail to achieve this goal, it would also harm the very vulnerable groups it intends to serve, unless certain measures are taken.



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In practice, we believe the current process to establish UPLs would 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. Unchecked implementation of UPLs would disrupt drug reimbursement for infusion providers and force most of the state's community-based infusion centers to shutter their doors, forcing patients into more expensive hospital care settings or potentially ending their treatments.

In conclusion, an upper payment limit would only limit how much insurers in the state pay for a drug, but it would not change the actual cost of drug acquisition and administration for Washington providers. Though well-intended, UPLs would harm infusion providers and their patients.

NICA continues to reaffirm our request that Washington policymakers explore other options or a policy that would exempt infusion providers from the impact of this bill, essentially a provider carve-out. This would avoid disruptions to community-based care delivery and keep Washington infusion centers in business. Thank you for your consideration. If I can provide any additional information, please do not hesitate to contact me.

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 CEO  
National Infusion Center Association