

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Attn: CMS-2434-P

Ms. Shalanda Young
Director, Office of Management and Budget
725 17th St. NW
Washington DC 20503

March 27, 2024

Dear Administrator Brooks-LaSure and Director Young:

I am writing on behalf of the Infusion Providers Alliance, the leading voice for in-office and freestanding ambulatory infusion providers, with over 1,000 community-based, non-hospital infusion sites across 43 states, regarding the proposed rule (CMS-2434-P), which would require manufacturers to “stack” price concessions provided to various supply chain entities for purposes of determining the Medicaid “Best Price”. Our facilities are major access points of safe and efficient care for non-cancer patients with complex chronic health conditions like Crohn’s Disease, Multiple Sclerosis, and rheumatoid arthritis, and save Medicare more than 60 cents on the dollar for their Part B drug administrations compared to hospitals.

As you know, our facilities are still reeling from lack of liquidity due to the recent cyber-attack on Change Healthcare, which has hampered our ability to bill and be reimbursed for very costly medications that we purchase in advance of reimbursement to ensure our patients receive the care they need. The average cost of the therapies we administer is over \$6,000/encounter, translating into millions of dollars per week on drug spend for each company.

We are concerned that the proposed Medicaid stacking rule will exacerbate our financial condition and ability to serve patients by discouraging manufacturers from providing voluntary rebates and other price concessions that enable us to provide care efficiently. If manufacturers must aggregate every price concession provided to a sundry of unrelated entities in the supply chain and then pay that “stacked” amount to the Medicaid program in a new Best Price rebate, price concessions to infusion providers are likely to diminish. This would raise our acquisition costs of these complex and expensive drugs and undermine infusion providers’ ability to compete with large hospital systems that have access to 340B and other revenue streams.

We would welcome the opportunity to speak to you or your team on this issue and hope to be a resource on these issues.

Sincerely,



Doug Ghertner
President
Infusion Providers Alliance



Brad Traverse
Executive Director
Infusion Provider Alliance
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