

PROTECTING ACCESS TO CLINICIAN-ADMINISTERED MEDICINES

Patients with serious, chronic and life-altering conditions depend on complex treatments with unique active ingredients, formulations or routes of delivery. Many of these treatments are clinician-administered, where providers can monitor patients closely, manage dosing and respond quickly to complications or severe reactions.

That care model is now at risk.

Changes to Medicare Part B reimbursement for certain clinician-administered drugs could make it harder for providers to continue offering these treatments in community settings. For doctors' offices that purchase, store and administer complex medicines, reduced reimbursement may not cover the real cost of care.

THE CHALLENGE

The problem is not the treatments themselves. It is the unintended consequences of the Medicare Drug Price Negotiation Program and the practical realities of delivering care.

Clinician-administered medicines come with unique cost challenges, including drug acquisition, storage, staffing and administration. If reimbursement within Medicare, along with broader spillover in the commercial market, no longer reflects those higher costs, some providers may be financially unable to continue offering these treatments in their offices.

That could reduce access, threaten community-based care and shift patients into more expensive care settings.

WHY THIS MATTERS FOR PATIENTS

When community and independent practices can no longer offer these medicines, patients may face:



Fewer local sites of care



Disruptions in continuity of care



More treatment in higher-cost settings



New barriers to adherence

For patients who rely on infused or clinician-administered therapies, access to the right setting of care matters. These treatments often require specialized training, clinical oversight and flexibility to deliver the appropriate dose safely.

HOW POLICYMAKERS CAN HELP

Policymakers should pursue solutions that:

- Protect patient access to clinician-administered treatments
- Preserve care in community and independent practices
- Maintain reimbursement that reflects the unique cost of administering complex therapies

WHAT IS AT STAKE

Patients should not lose access to their treatments because of an unintended consequence of Medicare Drug Price Negotiation Program. Policy should support appropriate clinician reimbursement, access to treatment, patient stability and outpatient care for the people who depend on these treatments.



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