

April 10, 2020

Brian Webb
Assistant Director, Health Policy and Legislation
National Association of Insurance Commissioners
444 North Capitol Street NW, Suite 700
Washington, DC 20001-1509

SUBJECT: Emergency Insurance Flexibilities Needed for COVID-19 Relief

Dear Mr. Webb,

The National Infusion Center Association (NICA) is asking the National Association of Insurance Commissioners to review the below information in light of the COVID-19 pandemic to help alleviate barriers to care and support continuity of care for "high-risk" category of patients susceptible to COVID-19 infections.

BACKGROUND

The National Infusion Center Association (NICA) supports patients' access to non-hospital non-oncology infusion centers where they can receive provider-administered medical benefit drugs for the treatment of autoimmune diseases, immunodeficiency disorders, rare and genetic disorders, and other chronic, complex conditions. **These patient populations are at high risk of severe COVID-19 disease** should they be exposed.

Patient access to infusion therapy services is at risk. As cases of COVID-19 increase around the country, we are hearing from patients and providers that infusion therapy sites of care are being profoundly impacted.

- Hospital outpatient departments are diverting patients away from their overwhelmed facilities to devote all available resources to the surge of COVID-19 patients. Of note, we are hearing this from sites all over the country, regardless of their region's current reported COVID-19 case count.
- Office-based and freestanding infusion centers are struggling to staff their sites due to employee illnesses, childcare challenges, and self-isolation or quarantines imposed following exposure.
- Infusion sites that *are* able to keep their doors open are working with fewer resources and reduced bandwidth, making it tough to take on the increased workload associated with a wave of incoming referrals from displaced infusion patients.
- It is imperative that we think proactively to anticipate the impacts of increased volume during this time and take actions to reduce administrative burden and avoid treatment delays/disruptions wherever possible.



Treatment adherence is absolutely critical for the management of the hundreds of thousands of patients with autoimmune and other complex, chronic diseases being effectively managed in infusion centers, as disruptions to therapeutic regimens results in symptom flares and often irreversible disease progression.

- High-risk patients will be forced to seek care in high-cost settings for emergency department services, diagnostic testing, hospitalization and/or surgical procedures, with financial ramifications for not only the payer but the beneficiary as well. Increased healthcare utilization is particularly problematic during this public health emergency as the system struggles to meet the demands of the COVID-19 surge.

NEEDED INSURANCE FLEXIBILITY

There are several policy options which can be proactively used to facilitate continuity of care for discharged, diverted or otherwise disrupted patients while also allowing the acute care settings to focus resources on the critically ill:

- Allow patients to utilize an out-of-network site of care at the in-network benefit level in the event they are unable to get treatment in their usual care setting due to a drug shortage or closure related to COVID-19;
- Waive prior authorization requirements for established patients currently on therapy that are switching site of care;
- Extend existing prior authorizations that are due to expire during the public health emergency; and,
- Waive step therapy policies and formulary restrictions in the event of drug shortages.

With these flexibilities during the public health crisis, infusion providers will be able to ensure continuity of care for their existing patients, while also accommodating the increasing influx of patients displaced from other facilities that have closed due to COVID-19.

I respectfully request the National Association of Insurance Commissioners' consideration on this matter. Any guidance or assistance the NAIC is willing and able to provide to its membership, expeditiously, in regard to the issues and asks outlined in this document would be greatly appreciated.

Thank you for your time and consideration,

BRIAN NYQUIST, MPH | EXECUTIVE DIRECTOR
NATIONAL INFUSION CENTER ASSOCIATION

