

The Nation's Advocacy Voice for In-Office Infusion

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Representative/Senator Name Senate Commerce Subcommittee of Westrich, Klimesh, Trone Garriot State Capitol 1007 East Grand Avenue Des Moines, IA 50319

January 24, 2024

Re: Support for HF 626

Dear Chairman Brown and Honorable Members of the Senate Commerce Subcommittee:

On behalf of the infusion providers we represent in your state, thank you for your service and commitment to the people of Iowa. As a nonprofit trade association that provides a national voice for non-hospital, community-based infusion providers; we ask you to please support HF 626.

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.

When dealing with complex diseases, conventional drugs are not always effective. Oftentimes, biological products are the only hope for patients suffering from complex and chronic conditions. However, it can take several years to exhaust conventional treatments before starting a biologic. When a patient and provider team finally find the right medication to control their condition; formulary changes, higher co-pays or new prior authorization requirements subject lowa infusion providers to unnecessary administrative burdens.

Through the utilization management strategy known as non-medical switching, insurers are essentially allowed to practice medicine by taking stable patients off of their prescribed



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medications. This not only leads to prolonged under-management of debilitating conditions and unnecessary clinical risk, but it also places immunocompromised patients in the hospital.

HF 626 would allow lowa providers to do what they are trained to do - practice and prescribe medicine - without insurer influence and allow patients to remain on their life-saving medications without fear of treatment disruption. On behalf of the providers we serve, tending to patients battling chronic conditions, we sincerely request your support for HF 626.

Sincerely,

Kindyl Boyer

Kindyl Boyer Director of Advocacy National Infusion Center Association