



CMA Monthly Medicare Column – July, 2005

## **ACCESS TO LIFE SAVING TREATMENT LIMITED FOR MEDICARE BENEFICIARIES**

Individuals with conditions that make them susceptible to life threatening infections may no longer have access to the treatments which, until recently, were provided in physicians' offices. A recent reduction by Medicare in the payment to physicians' offices for the administration of intravenous immunoglobulin, or IVIG, makes it financially difficult for physicians to continue providing the costly treatment to their patients. This leaves immune deficient individuals with few viable options for continuing treatment. Without IVIG treatment which boosts the immune system, some patients may be literal prisoners in their own homes, unable to go outside due to the risk of exposure to infection. There is also that realistic possibility that some patients will go without this necessary treatment and develop serious illnesses or die from complications associated with an acquired infection.

Individuals who find themselves faced with this situation have two possible options. Beneficiaries can obtain treatment from hospital outpatient departments or receive treatment in their homes. However, due to the high risk of exposure to infection, receiving treatment in the hospital is not the optimum setting for administration of the drug. According to one patient, administration of the drug in the hospital outpatient setting might take up to five hours, a procedure which took an hour in her physician's office. Treatment in the hospital outpatient department means a longer time of possible exposure to infection.

The second option is for patients to receive treatment at home. However, this option is only available to patients with specific diagnoses. A provision in the Medicare Modernization Act, passed in December 2003, allows Medicare coverage for IVIG treatments in the home, so long as the beneficiary has one of the specified primary immune deficiencies and the patient's physician determines administration at home to be medically appropriate. In practice, setting up treatment in the home can be difficult. Medicare policy requires that the supplier of the IVIG be a Medicare certified supplier who accepts Medicare assignment as full payment for the medication. The administration of the serum is complicated, requiring preparation under sterile conditions and must be administered by a skilled nurse within 24 hours of preparation. The difficulty of meeting these requirements creates potential barriers to coverage which can make access to the new benefit an exercise in frustration for those seeking treatment in their homes as an alternative to the physician's office.

Judy Turetsky, a Connecticut Medicare beneficiary who recently was advised by her physician that he could no longer provide IVIG treatment, states without the treatments she receives every two weeks, “I would not be allowed to go anywhere. I would basically be homebound for fear of picking up an infection.” Ms. Turetsky, who currently receives her IVIG at her local hospital outpatient department, “dreads” going to the hospital for treatment as she fears acquiring an infection from another patient. Ms. Turetsky says that due to the combination of her diabetes and her limited immunity, her overall condition begins to suffer if she picks up an infection. “One thing just leads to another, things just snowball.”

According to a report released last week by the Kaiser Family Foundation, U.S. Department of Health and Human Services Secretary Michael Leavitt is actively reviewing a recommendation to declare the situation to be a public health emergency in an effort to get the physician reimbursement for IVIG increased. However, for many who require this treatment, a resolution in favor of an increase in the amount physicians are reimbursed for this treatment cannot come soon enough. “Stress is one of the worst things for an immune deficient person. Not knowing where your next treatment is going to come from does not improve your condition,” says Ms. Turetsky.

Beneficiaries who are without access to IVIG or for whom safe alternatives are not available are encouraged to contact their Congressman or Senator to voice their support for an increase in the rate paid to physicians for this life sustaining treatment. Without an increase to the physician reimbursement rate which prevents access to IVIG, persons with compromised immunity are facing certain complications which ultimately could jeopardize their lives.

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The Center for Medicare Advocacy, Inc. is a national, non-partisan education and advocacy organization that promotes fair access to Medicare and health care. The Center’s national office is in Mansfield with offices in Washington DC and throughout the country. For more information contact Attorney Lara Stauning at (860)456-7790 or visit the Center’s website: [www.medicareadvocacy.org](http://www.medicareadvocacy.org). Se habla español.