

## Practice Settings

### **Home Intravenous Therapy (1623)**

*Source: Council on Public Policy*

To support the continuation of a home intravenous therapy benefit under federal and private health insurance plans and expansion of the home infusion benefit under Medicare at an appropriate level of reimbursement for pharmacists' patient care services provided, medications, supplies, and equipment.

*This policy supersedes ASHP policy 0414.*

### **Use of Two Patient Identifiers in the Outpatient Setting (1024)**

*Source: Council on Pharmacy Practice*

To encourage the use of two identifiers to confirm patient identity when transferring filled prescriptions to the possession of the patient or patient's agent in outpatient settings.

*This policy was reviewed in 2014 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.*

## ASHP Policy Positions 2009–2017 (with Rationales): Practice Settings

**1623**

### **Home Intravenous Therapy**

*Source: Council on Public Policy*

To support the continuation of a home intravenous therapy benefit under federal and private health insurance plans and expansion of the home infusion benefit under Medicare at an appropriate level of reimbursement for pharmacists' patient care services provided, medications, supplies, and equipment.

*This policy supersedes ASHP policy 0414.*

### **Rationale**

The Medicare Modernization Act of 2003 created an outpatient prescription drug benefit for Medicare beneficiaries, Medicare Part D. The new benefit provided prescription drug coverage for Medicare beneficiaries by private health plans and pharmacy benefit managers (PBMs). Although the law requires certain basic coverage packages across the plan continuum, it provides no coverage for services and supplies used in home infusion. The result is that the drug products used in home infusion may be covered, but the supplies (e.g., IV bags, tubing) and services related to providing and administering the drug products are not.

Over the years, efforts have been made to address this gap by moving coverage for the drug products from Part D to Part B, and including supplies and services within that coverage. Initially, this effort resulted in federal legislation to move home infusion coverage from Part D to Part B; however, projected costs to the Medicare program have prevented Congress from passing the legislation. ASHP supports continuation of a home intravenous therapy benefit under federal and private health insurance plans and expanding the home infusion benefit under Medicare to include supplies and services related to providing and administering the therapy.

**1024**

### **USE OF TWO PATIENT IDENTIFIERS IN THE OUTPATIENT SETTING**

*Source: Council on Pharmacy Practice*

To encourage the use of two identifiers to confirm patient identity when transferring filled prescriptions to the possession of the patient or patient's agent in outpatient settings.

### **Rationale**

Errors caused by dispensing medications to the wrong patient are largely preventable. The Joint Commission's National Patient Safety Goal 1A requires using at least two patient identifiers when administering medications within the health care system. However, there is no similar requirement to confirm patient identity in the outpatient setting at the time the patients pick up their filled prescriptions. ASHP supports The Joint Commission's National Patient Safety Goal

1A and believes that this safety strategy should be used to confirm patient identity in the outpatient setting at the time patients or their agents pick up filled prescriptions.