



The Nation's Advocacy Voice for In-Office Infusion

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Rhode Island Senate  
Committee on Health and Human Services  
State House, 82 Smith Street  
Providence, RI 02903-1105

March 24, 2026

**Re: Concerns with SB 2384**

Dear Committee Members:

On behalf of the infusion providers we represent in your state, thank you for your service and commitment to the people of Rhode Island. As a nonprofit trade association that provides a national voice for non-hospital, community-based infusion providers, we ask you to please amend SB 2384.

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.

Our organization writes to express concerns with SB 2384, which would set reimbursement for certain drugs at Medicare's Maximum Fair Price (MFP). We applaud Rhode Island lawmakers for attempting to address drug costs for patients. However, we believe that not only would the MFP proposal of SB 2384 fail to achieve this goal, it would also harm the very vulnerable groups it intends to serve, unless certain measures are taken to amend the law.

In practice, we believe this legislation would hinder patient access to life-saving medications by disrupting the delicate economics of medical benefit drug delivery and putting smaller, community providers that represent the lowest-cost care setting for these expensive medications out of business. Infusion providers typically acquire, administer, and bill for drugs



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through a buy-and-bill model. Providers are reimbursed for the drug and provided a small payment for professional services that does not begin to cover the overhead of their business. To remain in business, infusion centers must rely on their drug payments to offset the incredible cost-reimbursement disparity on the professional services side. Drug payments are the economic lynchpin to offset practice expenses, including inventory management, staff salaries, and office space.

Unfortunately, while SB 2384 allows pharmacies to continue collecting dispensing fees, it fails to preserve the comparable reimbursement mechanism of infusion center drug payments. Eliminating this critical revenue stream would leave many providers operating below cost, creating unsustainable financial conditions for community-based infusion centers. As a result, many of these lower-cost care settings could be forced to close, driving patients into more expensive hospital environments or, in some cases, disrupting or discontinuing treatment altogether. While the bill caps what insurers pay for drugs, it does nothing to reduce the underlying costs of acquiring and administering those medications, further widening the gap between reimbursement and actual expenses.

NICA suggests that Rhode Island lawmakers explore other legislative options, or an amendment that would ensure infusion centers in the state can still receive critical drug payments in the same manner as pharmacies. This would avoid disruptions to community-based care delivery and keep Rhode Island infusion centers in business. Thank you for your consideration. If I can provide any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Brian Nyquist". The signature is written in a cursive, flowing style.

Brian Nyquist, MPH  
President & CEO  
National Infusion Center Association