

July 18, 2025

Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Oz,

The undersigned organizations representing physician, patient and other health care provider advocates write to request that the Centers for Medicare & Medicaid Services (CMS) expeditiously approve Colorado's Medicaid State Plan Amendment to allow dispensing fees for the preparation and dispensing of parenteral nutrition (PN) as approved by the Colorado General Assembly and signed into law [SB 25-084].

Approval of Colorado's Medicaid State Plan Amendment is necessary to grow an adequate network of infusion pharmacies in Colorado. Several years ago, there were at least six specialized infusion pharmacies in the state serving Medicaid patients; that number has dwindled significantly and today there is just one serving pediatric patients. Infusion pharmacies have exited the state because of high costs and low reimbursement. Colorado's Medicaid program pays just \$11.91 per claim¹ to mix and deliver PN, which does not even begin to cover the provider's full cost of preparing and dispensing the infusion.

Patients who rely on PN are unable to absorb nutrition. They suffer from medical conditions such as congenital abnormalities, premature birth, gastrointestinal surgery, cancer, and trauma. In many cases, PN is a person's *only* source of nutrition and a life-long requirement for survival.

Access to home PN infusion in Colorado is on fragile footing. If the last infusion pharmacy to serve pediatric patients who are PN dependent was to cease operation, patients would have no choice but to receive care in the hospital. Some patients need IV nutrition 10 to 22 hours per day, which would require patients to essentially live at the hospital until they are able to access home PN supplies again. Moving PN infusions to a hospital would be costly to the health care system, take up valuable hospital bed space, and prevent children from attending school and participating in activities. In rural parts of Colorado, shifting PN infusions to the hospital would require families to move or travel hours to a facility that can provide PN care. Families could consider moving to another state where access is better, but Colorado is not the only state that has an infusion pharmacy availability crisis.

¹ Fiscal Note, SB 25-084; https://leg.colorado.gov/sites/default/files/documents/2025A/bills/fn/2025a_sb084_00.pdf

Access to home PN for children and adults on Medicaid has reached a crisis level in Colorado. The Colorado General Assembly recognized this when it passed SB 25-084 with overwhelming and bipartisan support. We are now counting on CMS to approve the Medicaid State Plan Amendment so there can be a sufficient network of infusion pharmacies in Colorado.

For questions or to request additional information, please contact Camille Bonta with the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition at (202) 320-3658 or cbonta@summithealthconsulting.com.

Sincerely,

American College of Gastroenterology

American College of Surgeons

American Gastroenterological Association

American Society for Parenteral and Enteral Nutrition

The Association of Pediatric Gastroenterology and Nutrition Nurses

Children's Hospital Colorado

Colorado Society for Parenteral and Enteral Nutrition

Crohn's & Colitis Foundation

The Global Gastroschisis Foundation

NASPGHAN Council for Pediatric Nutrition Professionals

North American Society for Pediatric Gastroenterology, Hepatology and Nutrition

The Oley Foundation