ASTRO
TARGETING CANCER CARE

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August 11, 2026

The Honorable John Joyce, MD
2102 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Murphy, MD
407 Cannon House Office Building
Washington, DC 20515

The Honorable Kim Schrier, MD
1110 Longworth HOB
Washington, DC 20515

Dear Chairs Joyce, Murphy, and Schrier:

On behalf of the American Society for Radiation Oncology (ASTRO), thank you for your leadership in developing the Patients First Act (H.R. 9693) and for seeking stakeholder input on strengthening Medicare physician payment policy. ASTRO strongly supports your efforts to stabilize physician reimbursement, preserve independent medical practice, advance value-based care, and improve patient access. We appreciate the opportunity to provide feedback in response to the Request for Information.

As you advance the Patients First Act, ASTRO respectfully urges consideration of the bipartisan Radiation Oncology Case Rate (ROCR) Value Based Payment Program Act (S.1031/H.R.2120) as a complementary reform and offset that furthers the legislation's core objectives. ROCR was designed to generate Medicare savings while improving payment stability and access to cancer care through an episode-based payment framework that aligns reimbursement with evidence-based treatment and modern cancer care delivery. Together, the Patients First Act and the ROCR Act would help ensure that patients can continue receiving high-quality cancer care close to home while strengthening the economic sustainability of community-based physician practices.

Broad Congressional and Stakeholder Support

The ROCR Act was introduced by a bipartisan and bicameral group of lawmakers including Representatives Brian Fitzpatrick (R-PA), Jimmy Panetta (D-CA), John Joyce, MD (R-PA), and Paul Tonko (D-NY), as well as Senators Thom Tillis (R-NC) and Gary Peters (D-MI). The legislation currently enjoys broad bipartisan support across both chambers, with more than 40 bipartisan cosponsors.

Congressional support for the two initiatives already overlaps in meaningful ways. Congressman John Joyce, MD, sponsor of the Patients First Act, is also an original cosponsor of the ROCR Act. In addition, Representatives Ami Bera, MD, Greg Murphy, MD. Jimmy Panetta, Suzan DelBene, and Gus Bilirakis support both measures. This bipartisan overlap demonstrates the strong alignment between ROCR and the Patients First Act and reflects growing recognition that both proposals advance shared objectives.

In May 2026 (*letter attached*), more than 135 organizations representing physicians, hospitals and health systems, freestanding cancer centers, patient advocacy organizations, radiation therapy professionals, manufacturers, and other stakeholders urged the respective Doctors Caucuses to include ROCR in a broader physician payment reform package. The coalition specifically highlighted ROCR's ability to address physician payment instability, improve patient access, support community-based care delivery, and generate Medicare savings to help offset the cost of physician payment reforms. As notable as the breadth of community support is the *absence of organized opposition* to the ROCR Act. Following years of stakeholder engagement, technical analysis, policy refinement, and legislative development, ROCR has emerged as a consensus-driven reform that unites stakeholders around the shared goals of improving patient access, preserving community-based care, promoting high-quality treatment, and providing greater payment stability.[1]

Radiation Oncology Illustrates the Need for Structural Reform

Radiation oncology provides one of the clearest examples of why structural reform is needed. Longstanding flaws in Medicare payment methodology, combined with recent coding and reimbursement changes, have created a full-fledged payment crisis that threatens access to cancer care nationwide. ASTRO submitted testimony in May to the House Energy and Commerce Committee highlighted ROCR's ability to address affordability and indicated that total allowed Medicare charges for radiation therapy have fallen by approximately 27 percent since 2013, despite the specialty's reliance on highly specialized personnel, sophisticated technology, and substantial capital investments.[2]

The consequences of Medicare payment instability are no longer theoretical. The recent Sindhu et al. analysis highlighted in *Newsweek* found that radiation oncology practice sites are disproportionately disappearing from rural and freestanding community-based settings, with rural clinics facing 44 percent higher odds of disappearance and freestanding centers facing 56 percent higher odds of closure than hospital-based facilities. The study found that 427 counties lost radiation oncology sites between 2018 and 2025 and that more than 50 million Americans now live in counties without a radiation oncology practice site. The authors further noted that patients in these communities often face substantial travel burdens to obtain treatment and pointed to ROCR as a policy solution.[3]

These findings are particularly concerning because radiation therapy frequently requires patients to travel for daily treatment multiple times per week for up to eight weeks. This is unique to radiation therapy compared to other specialties. Greater travel distances have been associated with lower utilization of radiation therapy and worse outcomes for cancer patients. As community-based access points disappear, patients face longer travel times, delayed treatment, greater financial burdens, and growing challenges receiving care close to home.

Even more alarming, the Sindhu study reflects conditions preceding major coding changes that took effect on January 1, 2026. According to a March 2026 ASTRO survey, clinics across the country are now experiencing severe financial distress, service reductions, delayed investments, staffing cuts, and, in

some cases, closure. These challenges disproportionately affect rural and underserved communities and place additional burdens on cancer patients and their families.[2]

More recent Medicare payment policy developments further reinforce the need for structural reforms like the Patients First Act and ROCR. While the CY 2027 Medicare Physician Fee Schedule proposed rule includes modest increases for certain radiation treatment delivery services, many freestanding practices remain significantly underwater after years of cumulative reimbursement reductions and the dramatic reductions that occurred in 2026. Furthermore, the proposal would reduce payment for several treatment planning, management, and advanced treatment services that are essential components of a patient's overall course of care and likewise rely on expensive equipment and specialized staff.

ROCR Directly Addresses These Challenges

ROCR was specifically developed to address these structural payment challenges and can reverse the current crisis. As documented in ASTRO's ROCR Policy Report, current fee-for-service payment methodologies continue to reward longer courses of treatment despite substantial clinical evidence demonstrating that shorter, hypofractionated treatment regimens often provide equivalent outcomes while improving convenience and access for patients. This fundamental flaw in current payment policy financially penalizes radiation oncologists for delivering shorter, evidence-based treatment regimens that improve outcomes and reduce costs. Annual fee schedule adjustments cannot solve a payment system that remains fundamentally misaligned with modern cancer care. ROCR directly addresses this problem by creating a stable framework grounded in historical hospital outpatient payment experience and aligning incentives with evidence-based treatment decisions.

The report further notes that payment disparities between hospital outpatient departments and freestanding centers contribute to inefficiencies, consolidation, and barriers to community-based care. ROCR addresses these distortions through an episode-based payment model that aligns reimbursement with modern evidence-based cancer care, supports community-based practices, and promotes more predictable and sustainable payment policy.[4]

ROCR advances many of the same goals embodied in the Patients First Act by:

- Aligning payment incentives with evidence-based clinical guidelines rather than treatment volume;
- Supporting independent physician practices and community cancer centers through predictable, stable reimbursement;
- Reducing payment disparities that disadvantage community-based providers and contribute to consolidation;
- Strengthening accountability through accreditation-based quality incentives and updated quality standards that are meaningful to radiation oncology;
- Reducing transportation barriers and improving access for rural and underserved patients; and
- Providing predictable annual payment updates tied to medical inflation.

The broad coalition supporting the ROCR Act has emphasized the model's potential to improve quality, increase access, reduce disparities, enhance payment stability, and generate Medicare savings. The May 2026 coalition letter further highlighted that ROCR is designed to save Medicare approximately $200 million over ten years and could help offset the cost of physician payment reforms under the Patients First Act.

Request for Congressional Budget Office Analysis

As Congress and the Doctors Caucuses evaluate options to strengthen Medicare physician payment policy, ASTRO believes an independent Congressional Budget Office (CBO) assessment of the ROCR Act is essential. Congress has previously requested that CBO evaluate the proposal to assess its budgetary impact and potential Medicare savings; however, CBO has not yet completed such an analysis.

As outlined above, the policy rationale for ROCR is well established. Beyond sound policy, ROCR was designed to generate Medicare savings. An independent actuarial analysis conducted by Wakely Consulting Group in 2023 projected that the model could generate more than $200 million in Medicare savings over five years while maintaining annual payment updates and supporting quality and access initiatives. Notably, Wakely's analysis was built upon a replication of the CMS Radiation Oncology Model payment methodology and validated against Medicare claims data, providing a strong analytical foundation for evaluating the model's fiscal impact.[5]

As the Doctors Caucus considers policies that could support the goals of the Patients First Act, understanding ROCR's fiscal impact is critical. While the Wakely analysis demonstrates that ROCR can be structured to generate meaningful Medicare savings, only CBO can provide Congress with an official budget estimate and identify the adjustment factors required to achieve the model's intended savings target. ASTRO therefore respectfully requests that the Doctors Caucus ask CBO to evaluate ROCR and provide Congress with answers to the following questions:

1. How much would the ROCR Act increase direct spending over the 10-year budget window?
2. What is the multiplicative savings adjustment factor that would achieve budget neutrality in the implementation year?
3. What annual adjustment factor would need to be applied in each subsequent year to maintain budget neutrality over the ten-year budget window?

Answers to these questions would provide Congress with the information necessary to calibrate the ROCR legislative language to establish the adjustment factors required to achieve approximately $200 million in Medicare savings over ten years. This analysis would allow policymakers to determine how ROCR can most effectively support the objectives of the Patients First Act as both a value-based payment reform and a fiscally responsible offset.

Conclusion

The Patients First Act recognizes that Medicare physician payment reform must improve stability, support independent practice, reduce administrative burden, strengthen value-based care, and protect patient access. ROCR advances each of these same objectives within oncology while offering Congress a bipartisan, bicameral, stakeholder-supported payment approach that has been extensively developed,

rigorously analyzed, and specifically designed to be financially responsible while protecting access to care.

The breadth of support reflected in the May coalition letter demonstrates that ROCR is a value-based reform that advances many of the same objectives embodied in the Patients First Act. At a time when Congress is seeking durable solutions to longstanding physician payment challenges, ROCR represents a rare opportunity to advance patient access, payment stability, value-based care, and fiscal responsibility simultaneously.

ASTRO therefore urges confirmation of ROCR's intended savings target through Congressional Budget Office analysis and inclusion of the ROCR Act provisions as part of its Patients First Act package.

Thank you for your leadership and your commitment to strengthening Medicare for both patients and physicians. ASTRO stands ready to work with you and your staff as you continue development of this important legislation and pursue solutions that truly put patients first.

Sincerely,

Vivek S. Kavadi, MD, MBA, FASTRO
Chief Executive Officer
American Society for Radiation Oncology

Sameer R. Keole, MD, FASTRO
Chair, Board of Directors
American Society for Radiation Oncology

Citations

[1] May 2026 coalition letter to the House Doctors Caucus signed by more than 135 organizations supporting inclusion of the ROCR Act in physician payment reform legislation (*attached*).

[2] ASTRO testimony submitted to the House Energy and Commerce Committee regarding Medicare reimbursement reductions in radiation oncology and March 2026 ASTRO survey of radiation oncology practices.

[3] Sindhu et al.; *Newsweek* coverage regarding radiation oncology site closures, rural access challenges, and county-level availability of radiation therapy services.

[4] American Society for Radiation Oncology, *The Radiation Oncology Case Rate (ROCR) Report* (June 2023).

[5] Wakely Consulting Group, *Proposed ROCR Program Analysis* (June 26, 2023).

Attachment

May 21, 2026

GOP Doctors Caucus
Congressional Doctors Caucus
U.S. House of Representatives
Washington, DC 20515

Sent electronically to Catherine.Hayes@mail.house.gov and Amy.Zhou@mail.house.gov

Dear Members of the GOP Doctors Caucus and Congressional Doctors Caucus,

The more than 135 undersigned organizations representing radiation oncology physicians, radiation therapy professionals, patients, hospitals and health systems, freestanding radiation centers, equipment manufacturers, and other stakeholders nationwide appreciate your longstanding support for access to high quality radiation oncology care. That leadership is urgently needed now, as flaws in Medicare physician payment policy are directly threatening patient access to cancer care, forcing difficult decisions in clinics across the country and increasing the risk that patients will lose timely access to radiation therapy close to home.

Against this backdrop, we commend your leadership in advancing a comprehensive physician payment reform package and write to express strong support for including the bipartisan Radiation Oncology Case Rate (ROCR) Value Based Payment Program Act (S. 1031/HR. 2120) to permanently address acute and long-term payment declines and its growing impact on patient access. Importantly, ROCR is designed to save Medicare an estimated $200 million over 10 years. These savings would help offset the cost of other physician payment reforms in your draft package, while demonstrating bipartisan leadership on value-based payment policy.

Among the package's proposed reforms, we support efforts to align physician reimbursement updates with medical inflation, modernize budget neutrality rules, and address flawed quality reporting programs, and we believe ROCR would enhance the legislative package. The ROCR Act has meaningful bipartisan and bicameral support, with more than 35 cosponsors across chambers, including physician members and lawmakers serving on key committees of jurisdiction. This growing cross party coalition reflects broad agreement that ROCR represents the type of targeted, value-based reform that can be responsibly incorporated into your broader physician payment package to improve stability, affordability and patient access.

Recent impact survey data underscore the urgency of action. A significant share of radiation oncology practices report Medicare payment cuts exceeding 10 percent in early 2026, with many experiencing substantially larger losses driven by recent coding changes. Physicians describe an escalating financial emergency that is already forcing clinic closures, as well as physician layoffs, staffing reductions, delayed investments, service consolidation and more draconian impacts that reduce patient access. Combined, this unprecedented scenario is leading to patients travelling longer distances to receive timely cancer care.

ROCR offers a consensus-backed, bipartisan solution aligned with the goals of your draft. It addresses structural flaws in the current fee for service system that penalize radiation oncologists for following evidence-based guidelines. By better aligning payment with modern cancer care, ROCR would:

- Harmonize payment incentives with clinical guidelines, supporting shorter and more convenient treatment courses for patients
- Reduce transportation related barriers for rural and underserved patients

Attachment

- Encourage innovation through updated quality standards consistent with modern technology and practice
- Strengthen accountability through accreditation-based quality incentives
- Promote alignment across care settings
- Provide predictable annual updates tied to medical inflation

Thank you for your leadership and for the serious, bipartisan work to address physician payment instability and the urgent radiation oncology payment crisis. We respectfully urge inclusion of the ROCR Act in the final Medicare physician payment reform package, and we stand ready to work with you to support swift inclusion and enactment.

Sincerely,

Accuray Incorporated
AdvaMed
Advocate Health
Advocate Radiation Oncology
AHN Cancer Institute
American Association of Medical Dosimetrists (AAMD)
American Association of Physicists in Medicine (AAPM)
American College of Radiation Oncology (ACRO)
American College of Radiology
American Society for Radiation Oncology (ASTRO)
American Society of Radiologic Technologists
Anchorage and Valley Radiation Therapy Centers
Angelhaven, LLC (Dexter, Michigan)
APIS Oncology Solutions
Appalachian Radiation Oncology
Associates in Radiation Medicine, PC
Association for Clinical Oncology (ASCO)
Association of Cancer Care Centers (ACCC)
Association of Northern California Oncologists (ANCO)
Atrium Health
Ballad Health
BAMF Health
Baptist Health South Florida
Baptist Hospitals of Southeast Texas
Baylor College Of Medicine
Birmingham Radiological Group
Boston Scientific
Brown University
Cancer Care Northwest
Cancer Care of Hattiesburg, PLLC
CancerCare
Carolina Regional Cancer Center
Cedars-Sinai Medical Center
Coastal Edge Radiation Oncology
Coastal Radiation Oncology Medical Group
Combined Radiation Provider Group (Anchorage, Alaska)
Community Cancer Center (Roseburg, Oregon)
Compass Oncology
Comprehensive Cancer Centers of Nevada/Las Vegas Cyberknife
Connecticut Radiation Oncology
Corewell Health
Duke University
Elekta, Inc.
Elsevier, Inc.
Emory University
Florida Oncology Tavares
Florida Society of Clinical Oncology
Gamma West Cancer Services
Generations Radiotherapy and Oncology PC
GenesisCare
Hackensack University Medical Center
Hunterdon Medical Center
Indiana Oncology Society
Ironwood Cancer and Research Centers
Johns Hopkins University School of Medicine Department of Radiation Oncology
JointGlow
Karmanos Cancer Institute-Wayne State University
Las Vegas Prostate Cancer Center
Lawrence Radiation Oncology
Loyola Medicine

Attachment

LUNGevity Foundation
Maimonides Cancer Center
Maryland Oncology Hematology
Massachusetts Society of Clinical Oncologists
McLeod Health
Medical Oncology Association of Southern California (MOASC)
Michigan Healthcare Professionals
Minnesota Oncology
Minnesota Society of Clinical Oncology (MSCO)
Mississippi Oncology Society
Mount Sinai Health System
Nebraska Oncology Society
New York Oncology Hematology
North Cascade Cancer Center, LLC
Northeast Radiation Oncology
Northern New England Clinical Oncology Society
NorthMain Radiation Oncology
Northwestern Medicine - Department of Radiation Oncology
Novocure
Nuvance Health
OC Radiation Oncology
Oklahoma Cancer Specialists and Research Institute
OneOncology
Ovarian Cancer Research Alliance
Penn Medicine Department of Radiation Oncology and Proton Therapy
Penn State Health
Photon Physics Services Inc.
Pioneer Valley Radiation Oncology, PC
Prostate Cancer Institute of Arizona
Providence
Radiation Oncology Associates (Augusta, Georgia)
Radiation Oncology Associates (Daytona Beach, Florida)
Radiation Oncology Associates of Northern Virginia
Radiation Oncology Centers, PC
Radiation Oncology of Lexington, PSC
Radiation Oncology Physicians, Inc. (Salem, Ohio)
RaySearch Laboratories AB (publ)
RCCS Revenue Cycle Coding Strategies
RefleXion
Renaissance Institute of Precision Oncology and Radiosurgery
Rocky Mountain Cancer Center Rad Onc
Saint Francis Hospital and Medical Center
Sanford Health
SERO
Siemens Healthineers
Society for Radiation Oncology Administrators (SROA)
Spectrum Healthcare Partners
Stanford University Department of Radiation Oncology
Sun Nuclear, a Mirion Medical Company
Sutter Health
Tampa Bay Radiation Oncology
Tennessee Oncology
Texas Cancer Institute
Texas Radiotherapy
The Radiosurgery Society
Thomas Jefferson University
Toledo Clinic Inc.
Trinity Health
Trinity Mid-Atlantic
University of Iowa Hospitals and Clinics
University of Kansas - Department of Radiation Oncology
University of Louisville
University of Maryland
University of Miami Sylvester Comprehensive Cancer Center
University of Michigan
University of North Carolina, Chapel Hill
University of Rochester Medical Center
University of Texas Medical Branch, Galveston
US Oncology Network
Valley Health System
Vision RT
Washington University Department of Radiation Oncology
Wellspring Oncology
Western Radiation Oncology
Willis-Knighton Health System
WVU Cancer Institute at Wheeling Hospital