

July XX, 2023

To House/Senate Leadership

As members of the radiation oncology community representing physicians, X, Y, and Z, we appreciate the longstanding bipartisan, bicameral Congressional support for policies to ensure access to high quality cancer care in clinics across America. Despite these efforts, radiation oncology has experienced severe Medicare reimbursement cuts, exceeding 20% over the last 10 years. These cuts impact patient care, forcing patients to travel farther from home to receive needed radiation treatments. People with cancer and their radiation oncology team deserve better. We therefore urge Congress to advance new legislation to create a Radiation Oncology Case Rate (ROCR) Program to increase patient access to care, improve the quality of cancer treatments, reduce disparities for rural and underserved patients, and lower patient costs. All of this can be achieved while also creating significant savings for Medicare.

As you know, radiation is a highly cost-effective cancer treatment. In fact, Medicare spends less on radiation oncology treatments than it does on just three cancer drugs; yet radiation oncologists treat more than twice as many beneficiaries. Despite its high value, Medicare has cut radiation oncology payments more than nearly all other physician specialties, threatening access to state-of-the-art cancer care close to home. The current Medicare fee-for-service payment system for radiation oncology is broken beyond repair and fails to support the higher quality care patients deserve.

Recent data shows that more Medicare beneficiaries are seeking radiation therapy, with numbers expected to continue growing and uses for the treatment increase and the population ages in coming years. At the same time, radiation oncology practices continue to face rising costs as cutting-edge technology and skilled treatment teams get more expensive. The Centers for Medicare and Medicaid Services (CMS) has recognized and attempted to address these unique challenges with a proposed radiation oncology model (RO Model). However, the RO Model failed to achieve value-based care goals due to excessive payment cuts and administrative burden. We are grateful for Congress' efforts to fix Medicare's well-intentioned, but flawed effort to reform radiation oncology payments.

We have learned from the RO Model and are committed to moving forward with value-based payment. If passed, ROCR would:

- Ensure access to technologically advanced cancer treatments close to where patients live.
- Support shorter treatments for certain cancers, providing enhanced quality of life allowing patients more time to work and spend time with loved ones.
- Reduce disparities that limit people from underserved and rural populations from accessing and completing treatments.
- Align payment incentives with best practices and use a systematic quality and safety approach.
- Unify payments across different care settings, and
- Save Medicare more than \$200 million over the first 5 years.

ROCR increases value-based care by changing radiation oncology payment from per-treatment to per-patient. It ends decade-long declines in Medicare payments for radiation therapy services, protecting the viability of radiation oncology practices across settings.

Radiation therapy is primed to make incredible gains for people with cancer, but the current Medicare payment system is prohibiting the investments necessary to further reduce cancer mortality. We remain committed to payment reform that achieves better outcomes and lower costs for patients.

We appreciate the continued bipartisan Congressional efforts to support fair payment policy for radiation oncology, and we urge Congress to usher in a new era of stable payments, higher quality care, lower costs, and reduced disparities.

Sincerely,

American Society for Radiation Oncology,

Others