November XX, 2026

The Honorable John Thune
Majority Leader
US Senate
SD-511
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
US Senate
SH-322
Washington, DC 20510

The Honorable Mike Johnson
Speaker
US House of Representatives
521 Cannon House Office Building
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
US House of Representatives
2267 Rayburn House Office Building
Washington, DC 20515

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, and Minority Leader Jeffries:

The [NUMBER] undersigned organizations representing radiation oncology physicians, radiation therapy professionals, patients, hospitals and health systems, freestanding radiation therapy centers, equipment manufacturers, and other stakeholders nationwide appreciate Congress' longstanding bipartisan and bicameral support for radiation oncology. **As Congress works to pass bipartisan priorities that have widespread support before the end of year, we urge you to include and pass the Radiation Oncology Case Rate (ROCR) Value Based Payment Program Act (S. 1031/HR. 2120) in an end-of-year legislative package. ROCR would permanently address acute and long-term payment instability threatening patients' access to cancer care.**

Introduced in the Senate by Sens. Thom Tillis (R-NC) and Gary Peters (D-MI), and in the House of Representatives by Reps. Brian Fitzpatrick (R-PA), Jimmy Panetta (D-CA), John Joyce, MD (R-PA), and Paul Tonko (D-NY), the ROCR Act has meaningful bipartisan and bicameral support, with more than 55 cosponsors across chambers, including physician members and lawmakers serving on key committees of jurisdiction. This growing cross-party coalition reflects broad agreement for a targeted, value-based reform that strengthens clinic stability and patient access to affordable treatments. ROCR is endorsed by more than 140 organizations across the radiation oncology community and has no known opposition.

Medicare's Payment Structure Is Threatening Access to Radiation Oncology For Patients

Longstanding flaws in Medicare payment methodology, compounded by recent coding and reimbursement changes, have created a full-fledged payment crisis that increasingly threatens access to cancer care nationwide. ASTRO submitted testimony in May to the House Energy and Commerce Committee highlighting ROCR's ability to address affordability and noted 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.[1]

The consequences of Medicare payment instability are increasingly visible in communities across the country. A recent analysis by Sindhu et al., highlighted in *Newsweek*, found that radiation oncology practice sites are disproportionately disappearing from rural and freestanding community settings. Rural clinics faced 44% higher odds of disappearance, while freestanding centers faced 56% higher odds of closure compared with hospital-based facilities. Between 2018 and 2025, 427 counties lost radiation oncology sites, and more than 50 million Americans now live in counties without a radiation oncology practice site. The authors pointed to ROCR as a potential policy solution.[2]

These findings are particularly concerning because radiation therapy frequently requires patients to travel for treatment multiple times per week over several weeks. 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.[1]

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. The result is a payment system that can financially penalize radiation oncologists

for delivering shorter, evidence-based treatment regimens that reduce costs and lessen the burden on patients.

Annual fee schedule adjustments cannot solve a payment system that remains fundamentally misaligned with modern cancer care. Instead, ROCR establishes a stable episode-based payment framework that aligns reimbursement with evidence-based treatment decisions and draws on historical hospital outpatient payment experience to provide greater stability and predictability. The model also addresses payment disparities between hospital outpatient departments and freestanding centers that contribute to inefficiencies, consolidation, and barriers to community-based care.[3]

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
- 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

Cost-effective, high-value radiation therapy is primed to make incredible gains for the more than 1 million people with cancer treated with radiation therapy annually, but the current reimbursement system is holding back progress. **Congress has an opportunity to enact a bipartisan, bicameral solution that addresses the immediate payment crisis while establishing a more sustainable payment structure for the future. We urge you to include and pass the ROCR Act in an end-of-year legislative package.**

We stand ready to work with you to support its swift inclusion and enactment.

Sincerely,
The undersigned ROCR supporters

cc: The Honorable Jason Smith, Chair, House Committee on Ways and Means

The Honorable Richard Neal, Ranking Member, House Committee on Ways and Means

The Honorable Brett Guthrie, Chair, House Committee on Energy and Commerce

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The Honorable Frank Pallone, Ranking Member, House Committee on Energy and Commerce

Citations

[1] 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.

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

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

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