

2026



ASTRO  
ADVOCACY  
DAY

# IN THEIR OWN WORDS



## Why Congress **MUST** Pass the Radiation Oncology Case Rate (ROCR) Act S.1031 / H.R.2120

### Medicare policy changes are disrupting cancer care in communities nationwide.

Recent Medicare changes and cuts are destabilizing radiation oncology care, particularly in freestanding and community-based centers that serve as critical access points for patients with cancer. These impacts are not theoretical. Patients, doctors, staff, small businesses and local health systems are reporting the **crisis** right now.

Across urban, suburban and rural America, clinics report the same consequences:

- Delayed or disrupted treatment
- Layoffs and hiring freezes
- Reduced investment in advanced cancer technology
- Clinic closures with more possible

“National survey findings point to a serious and immediate threat to cancer care in the United States. These cuts are potentially catastrophic for patient access across the country.”

— Sameer Keole, MD, FASTRO,  
Chair, ASTRO Board of Directors

“If we close, these patients will have to travel over an hour to receive care.”

— Radiation oncologist, ASTRO national survey

“This is destroying access in rural areas.”

— Radiation oncologist, ASTRO national survey

“This is a financial emergency for our practice...we are struggling to make payroll.”

— Radiation oncologist, ASTRO national survey

“We are closing a freestanding center in Athens, Tennessee, because we cannot make the economics work. This is a tragedy for patients in this rural region, who will lose all access to local radiation therapy. We need help urgently or this crisis will grow and more centers will close.”

-- Casey Chollet-Lipscomb, MD, FASTRO,  
Chief Medical Officer, Tennessee Oncology

“Community Cancer Center is the only radiation therapy provider in our region. Without it, patients would face a two-to three-hour round trip every day for treatment — a reality that for many elderly or economically vulnerable patients means delayed care, incomplete treatment, or no treatment at all.”

— Tammy Turner, Executive Director  
Freestanding, rural nonprofit cancer center  
(Oregon)

  
**FREESTANDING  
CANCER CENTERS  
ARE CLOSING**

“Without payment stability, centers like mine which serve vulnerable populations will disappear. We are very near the tipping point, and once we're gone, patients will suffer tremendously.”

— Christopher D. Jahraus, MD, FASTRO  
Radiation Oncologist and Owner, freestanding community  
practice (Alabama)

“Ongoing payment cuts have eroded our economic viability, which is already at a critical state. The ROCR Act provides a lifeline for practices like ours serving small communities of Medicare patients.”

— Constantine Mantz, MD, FASTRO  
Senior Physician, freestanding community-based practice (Florida)

These are small businesses, local employers and essential health care providers.  
**Once freestanding centers close, they do not reopen.**

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**Protecting access to care close to home**

“Payment instability threatens the viability of community-based radiation oncology, putting local jobs and life saving cancer care at risk. Passing the ROCR Act this year is essential to keep care available close to home.”

— Radiation oncologist, community-based practice

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**A rational, patient-centered payment approach**

“Payment reform should begin with a simple principle: preserve patient access to high quality care in the communities where people live. The ROCR Act provides the stability needed to keep advanced radiation therapy available close to home.”

— Gopal K. Bajaj, MD, MBA, FASTRO  
Community practice in Northern Virginia

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**Why passing the ROCR Act  
this year is critical**

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**An existential issue without congressional action**

“For small private practices, passage of the ROCR Act is an existential issue. Without stable reimbursement, practices will close and patients will lose access to local cancer care.”

— James Yu, MD, MHS, FASTRO  
Experience in Northeast academic and private practices

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**Protect community-based care**

“Even busy community hospital cancer centers are struggling to stay afloat. The current fee for service system no longer works for modern radiation oncology. The bipartisan ROCR Act would stabilize access to care and support the expert teams patients depend on.”

— Leland Rogers, MD, FASTRO  
Medical Director, community hospital cancer center (Utah)

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**BROAD, BIPARTISAN SUPPORT**

The ROCR Act is supported by more than 135 organizations nationwide, including physicians, hospitals and health systems, freestanding radiation centers, patient advocates, equipment manufacturers and professional societies.

**THE BIPARTISAN SOLUTION**

The Radiation Oncology Case Rate (ROCR) Act replaces an unstable per treatment system with predictable, episode-based reimbursement that:

- ✓ Protects patient access in rural, suburban and underserved communities
- ✓ Supports evidence-based care, not volume
- ✓ Preserves local clinics and small businesses
- ✓ Encourages responsible investment and cost stewardship

**CONGRESSIONAL  
ASK**

Cosponsor and advance the ROCR Act (S.1031 / H.R.2120).