



**AMERICAN SOCIETY
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March 20, 2023

The Honorable Bernie Sanders

Chairman

Senate Committee on Health, Education, Labor and Pensions

U.S. Senate

428 Senate Dirksen Office Building

Washington D.C. 20510

The Honorable Bill Cassidy

Ranking Member

Senate Committee on Health, Education, Labor and Pensions

U.S. Senate

428 Senate Dirksen Office Building

Washington D.C. 20510

Dear Chairman Sanders and Ranking Member Cassidy-

The American Society for Radiation Oncology (ASTRO) appreciates the opportunity to provide written comments to the Senate Health Education Labor and Pensions Committee's request for information on health care workforce shortages. ASTRO members are medical professionals practicing at hospitals and cancer treatment centers in the United States and around the globe. They make up the radiation treatment teams that are critical in the fight against cancer. These teams include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, patient navigators, nutritionists, and social workers. They treat more than one million patients with each year. ASTRO members practice in a variety of settings, including rural and urban communities. Many clinics are experiencing extreme shortages of some non-physician staff vital to radiation oncology patient care. In this letter, we describe issues facing the radiation oncology workforce and suggest policy solutions.

This month, ASTRO released a comprehensive analysis of the radiation oncology physician workforce, entitled, "*Projected Supply and Demand for Radiation Oncologists in the U.S. in 2025 and 2030.*" While the analysis predicts a relative balance in the supply of radiation oncologists and demand of patients through 2030, ASTRO remains concerned about the equitable distribution of radiation oncologists nationwide, given a 2017 survey of the of the radiation oncology workforce. Drawing from responses from more than 1,100 physicians across the country, the survey found that fewer radiation

oncologists are practicing in rural communities and that these doctors are more likely to retire in the coming years. Nearly nine in 10 radiation oncologists work in urban or suburban communities (47 percent and 41 percent, respectively), and the proportion of rural radiation oncologists declined from 16 to 13 percent since 2012, indicating that rural access to radiation therapy services may be under threat. The trend is exacerbated by disproportionately more physicians leaving the rural workforce and fewer new physicians taking positions in these communities. The survey found that nearly 30 percent of radiation oncologists in rural communities planned to retire or reduce hours in the next five years, compared to 18 percent of urban/suburban physicians. Moreover, surveys of recent radiation oncology graduates point to growing interest in jobs in major cities coupled with waning interest in smaller cities. Anecdotally, it appears the pandemic worsened this rural/urban maldistribution.

Given these concerns, ASTRO urges the committee to advance the bipartisan Specialty Physicians Advancing Rural Care (SPARC) Act, introduced by Senator Jacky Rosen (D-NV), a member of the HELP Committee, and Senator Roger Wicker (R-MS), to help address the shortage of physicians in rural communities by creating a student loan repayment program for specialist physicians practicing in rural areas. In addition, to ensure a steady supply of physicians nationwide and in underserved communities, ASTRO urges the committee to support the bipartisan “Resident Education Deferred Interest (REDI) Act” (S 704). Introduced by Senators Rosen and John Boozman (R-AR), if passed, the REDI Act would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program.

The cost of graduate-level medical and dental education is substantial. Further, those who must undertake several years of residency with very low pay are often unable to begin repaying student debt immediately. As a result, they qualify to have their payments halted during residency through deferment or forbearance processes, but they continue to accrue interest that is added to their balance. The REDI Act prevents physicians and dentists from being penalized during residency by precluding the government from charging them interest on their loans during a time when they are unable to afford payments on the principal. The ability for medical and dental residents to save thousands of dollars in interest on their loans makes the concepts of opening practices in underserved areas or entering faculty or research more attractive and affordable to residents.

Beyond the radiation oncology physician workforce, it takes a highly skilled team to effectively treat cancer with radiation therapy, and shortages are impacting some vital members of that team. Radiation, once delivered, cannot be taken back. In addition, radiation therapy involves some of the most technologically advanced equipment in health care, necessitating a significant attention to safety and quality that can mean life and death for a patient. Cutting corners on staffing is not an option. As the Committee considers policy solutions spanning the health care workforce, we encourage specific inclusion of programs directed to the non-physician oncology workforce, including radiation therapists, medical dosimetrists, nurses, and medical physicists.

Radiation therapists and medical dosimetrists are key members of the treatment team, and both groups are experiencing shortages, according to a 2022 survey by the American Society of Radiologic Technologists (ASRT). Radiation therapists go through a 2- or 4-year training program

and are certified to operate radiation therapy machines, carefully and skillfully setting up patients for their daily treatments. Dosimetrists use treatment planning software to generate the radiation plan prescribed by the radiation oncologist. Many begin their careers as radiation therapists and receive advanced training, including accredited schooling and certification. According to ASRT, radiation therapy facilities have an estimated 10.7% unfilled FTE positions for radiation therapists and an estimated 11.4% of unfilled FTE positions for dosimetrists, both of which are up sharply since the start of the pandemic. These unfilled positions can lead to treatment delays and impede access to care. Research shows that radiation treatment delays are associated with increased mortality¹. Incentivizing ways to hire and retain this non-physician workforce is critical to achieving optimal patient outcomes.

Medical physicists help ensure that complex treatments are properly tailored for each patient. They develop and direct quality control programs for equipment and procedures to ensure maximum treatment safety. Their responsibility also includes making sure the equipment works properly by taking precise measurements of the radiation beam and performing other safety tests, such as end-to-end testing of the various software and hardware involved in patient treatment, on a regular basis. They are trained with advanced graduate degrees and are appropriately credentialed to provide this important service. These highly skilled, highly educated professionals are a critical component of the radiation therapy team and, anecdotally, they are increasingly hard to find. Recent workforce studies suggest that there is an undersupply of 3% per year of medical physicists entering the field, and we are hearing from clinics that they are having a very challenging time hiring medical physicists. Physics staffing levels below standards risks patient safety.

Radiation oncology nurses work with every member of the treatment team to care for patients before, during and after treatment. They explain and help manage the possible side effects patients may experience, and help patients cope with the issues they experience during treatment.

Radiation oncology nurses are licensed registered nurses or licensed practical nurses. Many have earned additional certification in the specialty of oncology nursing, and advanced practice nurses, including clinical nurse specialists and nurse practitioners, have completed a master's degree program. Extreme nursing shortages are well known, and those shortages are intersecting with rising cancer diagnoses to create a significant hole in nursing services for cancer patients. We urge the committee to carefully consider oncology nurses as part of any solution to address the nursing shortage.

Patient navigators who are skilled at helping patients, particularly those who experience significant social risk factors, make their way through complex health systems to receive the care they need. Many patients receive concurrent chemo-radiation, and navigators help ensure patients get the required tests, referrals, etc., while also providing recommendations for social supports that might be needed. A recent national survey found a shortage of patient navigators to assist patients with lung cancer, which is a cancer frequently treated with radiation therapy².

¹ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0213209>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9328452/>

In addition to these skilled professionals that are needed to help care for patients, we have also heard about significant shortages in staff needed to support clinical trials. Clinical trial coordinators and managers are responsible for providing support and guidance for clinical studies including planning, review, and IRB approval, and maintaining regulatory compliance of a study. Anecdotally, we have heard that many centers have 25-50% shortages of these key research staff. Without these professionals, clinical trials cannot advance, and the promise of new, better treatments remains unrealized.

Without action, these non-physician staff shortages will impact the timely delivery of safe and effective radiation therapy for patients with cancer, as practices are forced to scale back hours or cut back other services, such as equipment upgrades and wraparound services, to devote higher than expected resources to staffing. As we have seen throughout health care, health care workers, including physicians, are burning out, and the field of radiation oncology is no exception. The last three years have been extremely challenging for frontline radiation oncology staff. Finding people to fill open positions and keeping them is an ongoing challenge that needs to be addressed. Beyond hiring, increasing retention by improving the quality of life and engagement in the work environment is needed, and Congress should pursue policy solutions that support health care workers, or at minimum, not further increase stresses by creating new administrative burdens or cutting reimbursements.

Radiation oncology has been among the hardest hit specialties from the double whammy of restrictive coverage policies coupled with significant reimbursement cuts. The radiation oncology workforce has enough to worry about caring for their patients without the insatiable appetite of Medicare Advantage and commercial health plans interfering in clinical decisions, forcing delays or inferior treatment choices. To help support the wellness of the radiation oncology team, we urge Congress to pass the Improving Seniors Timely Access to Care Act, which would streamline prior authorization practices under Medicare Advantage and allow the radiation oncology team to do what they do best: treat cancer.

After Medicare physician fee schedule cuts totaling more than 20% over the last 10 years, community-based radiation oncology clinics, particularly those in rural and underserved communities, are at the breaking point. These cuts have impacted the treatment team's ability to provide high quality care. Congress must intervene and protect radiation oncology workers from the year-after-year onslaught of Medicare physician fee schedule cuts and legislate payment stability to ensure access to state-of-the-art care close to patients' homes.

According to recent data from the American Cancer Society, the number of cancer cases is rising, with 1.9 million new cancer cases projected to occur in the U.S. in 2023,³ meaning more will be treated with radiation therapy. With better treatments and early detection, mortality rates are decreasing, and the number of cancer survivors is expected to increase by 24% (to 22.5 million) over the next 10 years, with many requiring subsequent cancer treatment, including radiation therapy. Radiation oncology is a high value cancer treatment, particularly when compared with the

³ Siegel RL, Miller KD, Wagle NS, Jemal A. Cancer statistics, 2023. *CA Cancer J Clin.* 2023 Jan;73(1):17-48. doi: 10.3322/caac.21763. PMID: 36633525.

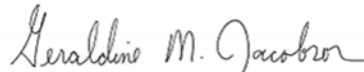
increasing costs of other cancer treatments. The incredible teams that deliver that value are being put at severe risk due to the stresses of the pandemic and insufficient government action against payment cuts and prior authorization. Again, we recommend that the Committee specifically address radiation oncology health professionals as it develops policy solutions to ensure that patients have access to timely, high-quality cancer care close to home.

It's not too late to reverse these trends. We applaud the HELP Committee for exploring these issues, and we look forward to working with you to address these serious issues facing the health care workforce broadly and radiation oncology workforce specifically. Please contact Dave Adler, ASTRO's vice president of advocacy, at 703-839-7362 or dave.adler@astro.org with any questions.

Sincerely,



Laura Thevenot
Chief Executive Officer



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Chair, Board of Directors