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June 4, 2021

Elizabeth Fowler Deputy Administrator and Director, CMS Innovation Center Centers for Medicare & Medicaid Services 2810 Lord Baltimore Drive Baltimore, MD 21244

Dear Deputy Administrator Fowler:

I write today to reaffirm my commitment to working with you and the Centers for Medicare and Medicaid Innovation (CMMI) to help ensure that the innovative delivery system models designed, implemented, and assessed by CMMI improve patient care and lower health care costs. While CMMI has achieved significant success in its mission over the past decade, I believe that there is an opportunity for increased and improved collaboration between Congress and CMMI to further strengthen the agency's delivery system reform efforts, and to draw on lessons learned with existing and previous models including the Alternative Payment Model (APM) for radiation oncology (RO) services.

As a strong proponent of delivery system reform for all payers as a component of the Patient Protection and Affordable Care Act when it was enacted in 2010, I appreciate the particularized way Congress contemplated the facilitation and development of APMs, which has been affirmed and enhanced in both the Patient Access and Medicare Protection Act (PAMA), the Medicare and CHIP Reauthorization Act (MACRA), and other legislation. While Congress did not mandate an APM for RO, given the nature of the broad authority provided to the Innovation Center under Section 3021 of the ACA, Congress did call on CMS to facilitate a report on parameters for the development of an APM for RO services in Medicare. As you know, in a 2017 report to Congress mandated by PAMA, CMS found that a RO APM could address several existing issues in RO care, including site-of-service payment differentials and financial incentives to furnish higher-cost services, while providing benefits to patients, providers, and Medicare. The Radiation Oncology Model now represents a potentially important step towards increasing the quality of patient care, providing stable payments for providers, and rewarding value, rather than volume, of radiation oncology services.

Further, we appreciate the considerable and rigorous evaluative measurements that the Innovation Center subjects itself to so as to meet the goals of delivery system reform on behalf of patients. We understand that, in order to achieve the results we all want to bend the cost curve, model tests need to be tailored. However, based on our conversations with the RO stakeholder community, which supported the PAMA language and the report to Congress as a precursor to the development of the RO Model, we believe this process should be further honed. As more providers rely upon APMs for payment, there is a greater need for transparency with stakeholders on method and evaluation. This is particularly true in situations where model parameters would implement significant payment cuts in excess of what was contemplated in preparatory language, like in the report to Congress on the parameters of the RO Model. Given the critical nature of the care that radiation oncologists provide, it is important that model tests minimize market volatility.

In order to achieve the goals of delivery system reform – improved patient care, lower health care costs, and better population health – it is vital that Congress and CMMI work together – alongside outside stakeholders – to give alternative payment models the greatest chances of success, and prevent the lengthy implementation timelines and delays faced by the RO Model from similarly affecting future model proposals. As Congress continues to evaluate means upon which the authorizing language for the Innovation Center, it is my hope that we may be able to work with the agency to address stakeholder concerns so that model tests do not result in unintended consequences on patient care.

Thank you for your attention, and I look forward to working with you on this issue.

Sincerely,

Sin Hai

Brian Higgins Member of Congress