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CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES

October 31, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
P.O Box 8016
Baltimore, MD 21244-8013

Dear Administrator Verma:

I are writing regarding the Centers for Medicare & Medicaid Services (CMS) proposed Radiation Oncology Model (RO Model), which would test whether making prospective episode-based payments to radiation therapy providers would reduce Medicare expenditures while maintaining or improving the quality of care. Radiation therapy services are a critical component in the safe and effective treatment of cancer, and I have a longstanding commitment to ensuring that Idahoans and all Americans have access to these life-saving treatments. I appreciate the Agency's work to develop this Alternative Payment Model (APM), but I am concerned about some elements of the proposal that could risk patient access for my constituents.

As you know, Congress has acted in a bipartisan manner on numerous occasions to protect patient access to radiation therapy, and I have worked to prevent cuts to these services several times in recent years. I voted for legislation to freeze key payments in 2015 and again in 2018, while encouraging the agency to work with the radiation oncology community to develop an APM. Unfortunately, I have heard numerous concerns from constituents that the proposed RO Model does not fully represent the input from the community and needs important changes to its overall structure and payment methodology.

Based on my review of the model, I believe it is inappropriate at this time to pursue a mandatory APM for radiation oncology when this model has not yet been tested. I encourage CMS to reconsider its participation approach and allow practices to volunteer based upon what's best for their practice and patients. In addition, I have heard from providers and patients that CMS' proposed payment methodology needs revisions to account for the costs of radiation therapy delivered in both the hospital and physician office setting, as well as ensuring that palliative cases are appropriate accounted for in payment rates.

I am very concerned about the proposed discount factors, which will certainly result in excessive cuts to all participants. These discount factors risk patient access by causing significant financial stress on practices that must invest significantly in expensive capital. Likewise, I am opposed to CMS waiver of the 5% APM incentive payment on freestanding center technical payments. This move undercuts MACRA's goals of encouraging providers to participate in APMs.

As a strong supporter of medical innovation and the contribution radiation oncology advancements have made for cancer patients, I am concerned that the RO Model does not adequately account practices that want to invest in new technology and new service lines that provide clinical benefit to patients. It is my priority that citizens of Idaho, particularly in our rural areas, have access to the best medical technology to treat their conditions, and CMS must ensure that nothing in this model inhibits such innovation.

These RO Model shortcomings combine to exacerbate problems for all potential participants from Idaho, but also those in the region that specialize in proton therapy technology, such as the Seattle Cancer Care Alliance Proton Therapy Center. This state-of-the-art clinic has treated more than 2,000 patients in a six-state area, including Idaho. It is critical that the model not risk patient access to any radiation therapy treatment option, including proton therapy.

I recommend that CMS make these essential reforms and others suggested by the radiation oncology community to better strike the appropriate balance between savings, access and quality. This includes ensuring that the model does not put financial or administrative burden on practices that are willing to take on risk under the model.

Thank you for your consideration of these concerns and for working to protecting access to high quality cancer care for Idaho's cancer patients and all Americans.

Sincerely,

Mike Simpson

Member of Congress