

**Congress of the United States**  
**Washington, DC 20515**

October 22, 2021

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Secretary Becerra and Administrator Brooks-LaSure:

We are grateful for your leadership in the fight against cancer and advancement of health equity in the United States. We write to express our concern with the proposed cuts to cancer care in the Calendar Year (CY) 2022 Medicare Physician Fee Schedule Proposed Rule, as well as payment rates for the Radiation Oncology (RO) Model under the CY 2022 Hospital Outpatient Prospective Payment System (HOPPS) Proposed Rule. We urge you to make changes to these proposed rules to ensure continued equitable access to cancer care.

Due to the pandemic, substantial decreases in cancer screenings, visits, therapy, and surgeries occurred for Medicare beneficiaries in March-July 2020 compared to prior year. For Hispanic women specifically, breast cancer screenings through CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) declined in April 2020 compared to the five-year average by 84%. Black women saw a similar 82% decrease in cervical cancer screenings.

Minorities were already experiencing cancer disparities before the pandemic. The National Cancer Institute's Surveillance, Epidemiology, and End Results Program reports that:

- Black/African-American patients have higher death rates than all other racial and ethnic groups for nearly all cancer types.
- Despite having similar rates of breast cancer, Black/African-American women are more likely than White women to die of the disease.
- Hispanic/Latino and Black/African-American women have higher rates of cervical cancer than women of other racial and ethnic groups, with Black/African-American women having the highest rates of death from the disease.
- American Indian and Alaska Native patients have higher death rates from kidney cancer than any other racial/ethnic group.<sup>1</sup>

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<sup>1</sup> <https://www.cancer.gov/about-cancer/understanding/disparities>

Radiation therapy is a primary modality for the nation's cancer care delivery system, providing non-invasive and cost-effective care for 50-60% of all diagnosed cancer patients. The Centers for Medicare & Medicaid Services (CMS) estimates that the proposed changes will result in a -8.75% reduction in payments for radiation oncology (RO) services and -9.75% for interventional radiology services. These proposed cuts would be detrimental for providers, severely impacting smaller and rural providers. More specifically, the impact of the proposed rule could force community-based cancer clinics, many of which serve minority neighborhoods, to close their doors, lay off staff, and limit Medicare patients.

The CY 2022 Hospital Outpatient Payment System Proposed Rule compounds the impact of the Physician Fee Schedule cuts by implementing the RO Model, which increases financial risk for participants without payment bonuses or reimbursement for technical challenges associated with implementation of the model. **We request you change the model's discount factors to 3% and institute a 5% bonus for both model components, aligning with other Center for Medicare and Medicaid Innovation (CMMI) models.**

The RO Model represents a new opportunity to address health disparities in radiation therapy. Unfortunately, the proposed combined payment cuts undermine the promise of the RO Model and the chance to improve health equity. To target health disparities, a Health Equity Achievement in Radiation Therapy (HEART) payment should be designated for wraparound services, such as transportation and other social supports, as a core component of the RO Model. Poor social determinants of health lead to worse outcomes in many neighborhoods across our country, and a substantial body of evidence suggests that these must be considered and incorporated for value-based payment models to be successful. <sup>2</sup>

The Biden-Harris administration has prioritized improving cancer care and supporting cancer patients who suffer from health disparities, with the Cancer Moonshot and proposal to establish the Advanced Research Projects Agency for Health (ARPA-H) being just two examples of this. Finalizing these proposed CMS rules would undermine the Administration's ongoing efforts to eradicate cancer, and disproportionately impact vulnerable communities that already face poor access to cancer screening and care. We respectfully urge you to refrain from finalizing cuts to cancer care and request the RO Model be similarly aligned with other alternative payment models. We believe these changes are necessary for the health of our communities and appreciate your timely attention to this important matter

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<sup>2</sup> "Social Determinants of Health." *New England Journal of Medicine Catalyst* (2017).

Sincerely,



Tony Cárdenas  
Member of Congress



Bobby L. Rush  
Member of Congress

\_\_\_\_\_/s/\_\_\_\_\_  
Alma S. Adams, Ph.D.  
Member of Congress

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Pete Aguilar  
Member of Congress

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Colin Allred  
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Henry Cuellar  
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