

November 19, 2021

The Honorable Nancy Pelosi  
Speaker of the House of Representatives  
U.S. Capitol Building, H-222  
Washington, DC 20515

The Honorable Kevin McCarthy  
House Republican Leader  
U.S. Capitol Building, H-204  
Washington, DC 20515

The Honorable Charles Schumer  
Senate Majority Leader  
U.S. Capitol Building, S-221  
Washington, DC 20510

The Honorable Mitch McConnell  
Senate Minority Leader  
U.S. Capitol Building S-230  
Washington, DC 20510

Dear Speaker Pelosi, Majority Leader Schumer, Republican Leader McCarthy, and Minority Leader McConnell:

On behalf of radiation oncology stakeholder organizations, including radiation oncologists, medical physicists, medical dosimetrists, radiation oncology administrators, and other members of the radiation oncology cancer care team, patients, group practices, hospitals, device manufacturers and more, we urge you to protect patients' access to life-saving cancer care by passing legislation this year to prevent massive Medicare payment cuts to radiation oncology. Radiation oncology is poised to meaningfully contribute to ending cancer as we know it and advancing health equity, but the nearly \$300 million in cuts starting on Jan. 1, 2022, will devastate a critical component of our nation's cancer care delivery system, reducing access to high quality care close to patient's homes.

On Nov. 2, 2021, Medicare finalized proposals to cut radiation oncology reimbursement by approximately 8% (or nearly \$150 million) under the physician fee schedule (PFS) and by \$150 million under the Radiation Oncology Alternative Payment Model (RO Model). The fee schedule cuts will reduce payments for some radiation treatments for breast and prostate cancer by nearly 10% and an advanced, life-saving lung cancer treatment by nearly 14%. Excessive discount factor payment cuts are driving the significant reductions in the RO Model, which is a mandatory payment model testing bundled payments to 950 radiation oncology group practices and hospitals.

The combined cuts will be disastrous for radiation oncology clinics across the country. Practices inside and outside of the RO Model will have difficulty financially supporting the sophisticated technology and high-skill staff essential for a modern radiation therapy clinic. This is particularly dire as patients present with more advanced stage disease requiring more expensive treatment, following delays in diagnosis and surgeries related to COVID-19. Further, the combined cuts will exacerbate health care disparities in cancer treatment among rural and minority populations. Practices treating underserved populations will be hit hardest, preventing them from providing critical patient support services, such as care navigation and transportation.

Congress has long supported radiation oncology's value-based payment goals, passing bipartisan legislation in 2015 and 2018 to freeze Medicare payments and allow for a smooth transition away from a fee-for service model. In October, more than 100 bipartisan Members of Congress signed three letters to the Biden

Administration objecting to excessive radiation therapy payment cuts under the fee schedule and the RO Model. We urge Congressional leadership to respond to these concerns and intervene.

The undersigned members of the radiation oncology community are united around a legislative proposal that would help the country's radiation therapy clinics continue to provide life-saving cancer care. We ask that Congress build upon prior bipartisan action to pass legislation that:

- Freezes most radiation therapy payments under the fee schedule for five years at 2021 levels,
- Reduces the RO Model discount factors to 3%, and
- Restores the 5% APM incentive payment to eligible freestanding centers.

By freezing fee schedule payment rates, community-based practices will finally experience payment stability, allowing them to maintain services and recover from pandemic revenue declines. Additionally, a payment freeze will allow for a clean evaluation of the RO Model to better inform the future of value-based payment models. Reducing the RO Model discount factors to 3% will more evenly distribute the payment impact across Model participants, while still producing approximately \$100 million in Medicare savings over 5 years. Finally, restoring the 5% APM incentive payment would ensure the RO Model adheres to Medicare Access and CHIP Reauthorization Act requirements.

Radiation oncology has held strong through the public health emergency and stands ready to continue providing safe, cost-effective cancer care. Thank you for your efforts to protect cancer patients' access to radiation therapy services by passing this legislation before year-end.

Sincerely,

Academy of Oncology Nurse & Patient Navigators

Accuray

AdvaMed

American Association of Medical Dosimetrists

American Association of Physicists in Medicine

American College of Radiology

American Society for Radiation Oncology

Association for Clinical Oncology

Association of Community Cancer Centers

Cancer Support Community

Children's Cancer Cause

Community Oncology Alliance

Elekta

GenesisCare

Isoray

Johns Hopkins Medicine

Medical Device Manufacturers Association (MDMA)

MGMA: Medical Group Management Association

National Coalition for Cancer Survivorship

Prevent Cancer Foundation

Providence

Radiosurgery Society  
RefleXion  
Society for Radiation Oncology Administrators  
The US Oncology Network  
Varian, a Siemens Healthineers Company  
ViewRay

Cc. Senate Finance Committee Chair Ron Wyden  
Senate Finance Committee Ranking Member Mike Crapo  
House Ways and Means Committee Chair Richard Neal  
House Ways and Means Committee Ranking Member Kevin Brady  
House Energy and Commerce Committee Chair Frank Pallone  
House Energy and Commerce Committee Ranking Member Cathy McMorris Rodgers