

September 24, 2021

President Joseph R. Biden  
The White House  
1600 Pennsylvania Ave., NW  
Washington, DC 20500

Dear Mr. President:

On behalf of radiation oncology stakeholder organizations, including radiation oncologists, medical physicists, members of the radiation oncology cancer care team, patients, group practices, hospitals, device manufacturers and more, we urge you to prevent the \$300 million in Medicare payment cuts to radiation therapy scheduled to start in 2022. Radiation oncology is poised to meaningfully contribute to your goals of ending cancer as we know it and advancing health equity. However, these draconian cuts will devastate a critical component of our nation's cancer care delivery system, reducing access to high quality care close to patient's homes.

Our organizations greatly respect your leadership and commitment in the fight against cancer. Earlier this year, we were proud that you celebrated the 11<sup>th</sup> anniversary of the signing of the Affordable Care Act with a visit to a radiation oncology clinic where you helped expand patient access and accelerate innovation. We share your vision of expanding access to high quality, affordable cancer care, but are concerned the proposed cuts put forth by the U.S. Department of Health and Human Services would undermine this effort.

With further investments in innovation and a stable payment foundation, radiation oncology is primed to make the next great leap to increase cancer cures. However, the field's ability to advance is at significant risk because of policies in the Centers for Medicare and Medicaid Services (CMS) 2022 Hospital Outpatient Prospective Payment System (HOPPS) and Medicare Physician Fee Schedule (MPFS) proposed rules. Roughly half of the \$300 million in cuts stem from the Radiation Oncology Alternative Payment Model (RO Model), while the rest stems from proposed changes to the 2022 MPFS. This comes as practices continue to reel from patient volume declines due to COVID-19, which resulted in an 8% revenue reduction in 2020.

On March 1, 2021, many of our organizations jointly wrote CMS urging major reforms to the flawed RO Model, following upon numerous letters from bipartisan congressional leaders. Unfortunately, the July 20, 2021 revised proposal from CMS fell significantly short of addressing our concerns, particularly regarding the \$160 million in excessive payment cuts to hospitals and community-based clinics compelled to participate in the model. We remain committed to a value-based payment model in radiation oncology and believe that, at minimum, reducing the discount factors will better balance the model's ability to achieve a reasonable level of savings with practices' capacity to

provide high quality, state-of-the-art care. **The radiation oncology community urges you to direct CMS to reduce the model's punitive discount factors payment cuts to 3%.**

In the 2022 MPFS proposed rule, CMS is proposing to cut radiation oncology payments by 8.75%, or about \$140 million. If finalized and implemented, the 2022 MPFS would result in a combined 25% reduction in payment rates over the last ten years, while the cost to deliver radiation oncology care continue to rise. The 2022 cuts result from the expiration of an increase in the conversion factor physician payment update and changes to clinical labor prices under the fee schedule. While we agree with the long-overdue update to clinical labor prices, the policy will have a significant negative impact on radiation oncology under the fee schedule's budget neutrality requirements. Some life-saving radiation treatments for breast, prostate and lung cancer will be cut by as much as 22%, threatening patient access to these services. **We urge you to direct CMS not to proceed with discretionary policies that disproportionately harm cancer patients and direct CMS to work with Congress on other changes to ensure patients are not disproportionately affected by the policy.**

The combined cuts will be disastrous for radiation oncology clinics across the country. This will limit access to care by making it difficult for practices, inside and outside of the RO model, to financially support the sophisticated technology and high-skilled staff essential for a modern radiation therapy clinic. This is particularly dire as patients continue to present with more advanced stage disease, requiring more expensive treatment, following delays in diagnosis and surgeries related to COVID-19.

Further, we are concerned that the combined cuts will exacerbate health care disparities in cancer treatment. Practices treating underserved populations will be hit hardest, preventing them from providing critical patient support services, such as care navigation and transportation. We've learned that minorities are 30% more likely than whites not to begin their radiation treatments, despite having those treatments planned. The RO Model cuts represent a missed opportunity to foster innovative approaches to reduce disparities in radiation therapy. A Mayo Clinic analysis of the RO Model found that practices caring for socioeconomically disadvantaged populations will face significant revenue reductions, with treatments for later-stage disease (more common among underserved populations, particularly during the pandemic) reimbursed less under the RO Model. While our community has submitted policy ideas to CMS that could advance health equity via the model, we are disappointed that we have not seen progress on these ideas to date. By stripping resources from practices, instead of capitalizing on the opportunity to address social determinants of health, these cuts will worsen disparities in care.

Radiation oncology has been resilient throughout the COVID-19 pandemic, providing safe and effective treatments to patients. However, these dual payment cuts come at the worst possible time, as the pandemic again disrupts cancer services. We believe it is misguided for CMS, particularly during a public health emergency, to propose such a severe decline in reimbursement rather than provide stable and predictable reimbursement for care rendered to its beneficiaries. **Before the MPFS and RO Model cuts are finalized, please intervene to stabilize payments for**

**radiation oncology services and preserve access to high quality care for patients by directing CMS to reduce the RO Model's punitive discount factor payment cuts to 3% and hold harmless radiation oncology from the proposed cuts under the Physician Fee Schedule.**

Thank you for your consideration of these requests. We look forward to working with you to address these urgent matters and to achieve your cancer goals.

Sincerely,  
Radiation Oncology Stakeholder Organizations

Accuray  
AdvaMed  
American Association of Physicists in Medicine  
American Association of Medical Dosimetrists  
American Brachytherapy Society  
American College of Radiology  
American Society for Radiation Oncology  
Association of Community Cancer Centers  
Community Oncology Alliance  
GenesisCare  
Elekta  
IntraOp Medical Corporation  
Isoray, Inc.  
Medical Device Manufacturers Association  
Prevent Cancer Foundation  
Providence  
RefleXion  
Society for Radiation Oncology Administrators  
Sun Nuclear  
Theragenics Corporation  
Trinity Health  
US Oncology Network  
Varian, a Siemens Healthineers Company  
ViewRay