

March 26, 2025

The Honorable John Thune
Majority Leader
US Senate
SD-511
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
US Senate
SH-322
Washington, DC 20510

The Honorable Mike Johnson
Speaker
US House of Representatives
568 Cannon House Office Building
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
US House of Representatives
2267 Rayburn House Office Building
Washington, DC 20515

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, and Minority Leader Jeffries:

The undersigned organizations – representing radiation oncology physicians, radiation therapy professionals, patients, hospitals and hospital systems, freestanding radiation centers, health care professionals, equipment manufacturers, and organizations across the country – appreciate Congress’ longstanding bipartisan and bicameral support for radiation oncology and urge passage of new bipartisan legislation to shift Medicare’s current payment system to a more patient-centered approach that ensures access to high quality radiation therapy services.

Despite concerted bipartisan congressional efforts, radiation oncology has experienced severe Medicare reimbursement cuts of 25% since 2013, contributing to a 51% increase in consolidation into larger practices. These cuts negatively impact patient care and force patients, including rural and underserved patients, to travel farther from home to receive needed radiation treatments in freestanding centers and hospitals. People diagnosed with cancer and the radiation oncology teams responsible for their care deserve better.

We urge Congress to pass the bipartisan Radiation Oncology Case Rate (ROCR) Value Based Payment Program Act of 2025, introduced in the Senate (S. 1031) by Sens. Thom Tillis (R-NC) and Gary Peters (D-MI), and in the House of Representatives (H.R. 2120) by Reps. Brian Fitzpatrick (R-PA), Jimmy Panetta (D-CA), John Joyce, MD (R-PA), and Paul Tonko (D-NY). This legislation would increase access to patient care, enhance the quality of cancer treatments, encourage innovation, reduce disparities for rural and underserved patients, and lower patient costs by saving Medicare about \$200 million over 10 years.

Radiation oncology is a high value, cost-effective cancer treatment. Despite its cost effectiveness, Medicare has cut radiation oncology payments more than nearly all other physician specialties, which threatens state-of-the-art cancer care close to home. The current Medicare fee-for-service payment system is broken beyond repair and is not aligned with clinical guidelines that recommend shorter courses of radiation treatment for some cancers.

Recent data show that more Medicare beneficiaries are seeking radiation therapy, with numbers expected to continue growing and uses for the treatment to increase as the country’s population ages. Simultaneously, radiation oncology practices continue to face rising costs as cutting-edge

technology and skilled treatment teams get more expensive. The Centers for Medicare and Medicaid Services (CMS) recognized and attempted to address these unique challenges with a proposed radiation oncology model (RO Model). However, the RO Model failed to achieve value-based care goals due to excessive payment cuts and administrative burdens. We are grateful for Congress' efforts to fix Medicare's well-intentioned, but flawed effort to reform radiation oncology payments.

We have learned from the RO Model and are committed to moving forward with value-based payment. If passed, the ROCR Act would:

- Ensure access to technologically advanced cancer treatments close to where patients live.
- Align payment incentives with guidelines by supporting shorter treatments for certain cancers, allowing patients more time to work and spend time with loved ones.
- Remove transportation-related barriers to treatment for rural and underserved patients.
- Improve upon already excellent quality through enhanced practice accreditation incentives.
- Encourage innovation through quality standards consistent with modern technology and practice.
- Unify payments across different care settings.
- Update payments based on medical inflation on an annual basis.

Radiation therapy is primed to make incredible gains for people with cancer, but the current Medicare payment system is prohibiting the investments necessary to further reduce cancer mortality. We remain committed to payment reform that achieves better outcomes and lower costs for patients.

We appreciate the continued bipartisan Congressional efforts to support fair payment policy for radiation oncology. We urge Congress to usher in a new era of stable payments, higher quality care, lower costs, and reduced disparities by passing the ROCR Act this year.

Thank you for your consideration. Please contact Dave Adler, Vice President of Advocacy for the American Society for Radiation Oncology (ASTRO), at dave.adler@astro.org for more information.

Sincerely,

Accuray Incorporated
AdvaMed
Advocate Health
American Association of Medical Dosimetrists (AAMD)
American Association of Physicists in Medicine (AAPM)
American College of Radiation Oncology (ACRO)
American College of Radiology
American Society of Radiologic Technologists
American Society for Radiation Oncology (ASTRO)
Appalachian Radiation Oncology
Association for Clinical Oncology (ASCO)
Association of Northern California Oncologists (ANCO)
BAMF Health

Baptist Health South Florida
Baptist Hospitals of Southeast Texas
Baylor College Of Medicine
Birmingham Radiological Group
Boston Scientific
CancerCare
Cancer Care of Hattiesburg, PLLC
Cancer Care Northwest
Cancer Support Community
Carolina Regional Cancer Center
Cedars-Sinai Medical Center
Compass Oncology
Comprehensive Cancer Centers of Nevada
Connecticut Radiation Oncology
Corewell Health
Emory University
Florida Society of Clinical Oncology
Gamma West Cancer Services
Generations Radiotherapy and Oncology PC
GenesisCare
Hackensack University Medical Center
Indiana Oncology Society
Johns Hopkins University School of Medicine Department of Radiation Oncology
Las Vegas Prostate Cancer Center
Loyola Medicine
LUNgevity Foundation
Maryland Oncology Hematology
Massachusetts Society of Clinical Oncologists
Medical Oncology Association of Southern California (MOASC)
Michigan Healthcare Professionals
Minnesota Oncology
Minnesota Society of Clinical Oncology (MSCO)
Mississippi Oncology Society
National Coalition for Cancer Survivorship
Nebraska Oncology Society
New York Oncology Hematology
North Cascade Cancer Center, LLC
Northeast Radiation Oncology
Northern New England Clinical Oncology Society (Maine, Vermont, New Hampshire)
NorthMain Radiation Oncology
Northwestern Medicine - Department of Radiation Oncology
Novocure
Oklahoma Cancer Specialists and Research Institute
Ovarian Cancer Research Alliance (OCRA)
Penn Medicine Department of Radiation Oncology and Proton Therapy
Penn State Health
Prostate Cancer Institute of Arizona
Providence

Radiation Oncology Associates (Augusta, Georgia)
Radiation Oncology Associates (Daytona Beach, Florida)
Radiation Oncology Associates of Northern Virginia
Radiation Oncology Centers, PC
Radiation Oncology Physicians Inc. (Salem, Ohio)
RCCS Revenue Cycle Coding Strategies
Renaissance Institute of Precision Oncology & Radiosurgery
Rocky Mountain Cancer Center
Saint Francis Hospital and Medical Center
SERO
Siemens Healthineers
Society for Radiation Oncology Administrators (SROA)
Sun Nuclear, a Mirion Medical Company
Tennessee Oncology
Texas Cancer Institute
Texas Radiotherapy
The Radiosurgery Society
Thomas Jefferson University
Trinity Health
Trinity Mid-Atlantic
University of Arkansas for Medical Science
University of Iowa Hospitals and Clinics
University of Kansas - Department of Radiation Oncology
University of Kentucky Health Care
University of Louisville
University of Maryland
University of Michigan
University of North Carolina, Chapel Hill
University of Rochester Medical Center
US Oncology Network
Washington University Department of Radiation Oncology
Western Radiation Oncology
Willis-Knighton Health System
WVU Cancer Institute at Wheeling Hospital