United States Senate
WASHINGTON, DC 20510

November 19, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma:

We write with regard to the Centers for Medicare and Medicaid Services (CMS) proposed Radiation Oncology Model (RO Model). This model would test whether making prospective episode-based payments to radiation therapy centers for episodes of care would "preserve or enhance the quality of care" while also reducing Medicare program expenditures. We appreciate CMS' effort to develop this Alternative Payment Model (APM), however, we have concerns that this will disproportionately impact Proton Beam Therapy (PBT) and ultimately undermine the APM's goals.

Through PBT, providers are able to minimize the level of radiation impacting healthy tissues and organs, which reduces side effects and mitigates the patient's chance of developing a secondary cancer compared with standard radiation therapy. For many pediatric patients, PBT is the standard of care and can prevent the serious, long-term damage traditional radiation can have on children's developing organs.

If implemented, the RO Model would reduce Medicare payments for PBT by upwards of 50 percent, compared to the proposed reduction of 4 percent for all other modalities. While Medicare payments are not developed for anyone but Medicare beneficiaries, we are concerned that the RO Model places PBT centers' entire existence at risk due to the significant percentage of PBT patients that are Medicare beneficiaries. Those potential closures would harm all patients benefitting from proton therapy, including pediatric cancer patients, as noted previously. As a result of these significant cuts to reimbursement, this model would also significantly hinder the development of new centers in areas of need, continuing to limit access to rural and underserved communities.

To prevent these consequences and achieve CMS's goals with this APM, we respectfully request that CMS exclude low-volume modalities, such as PBT, from the RO Model. Of the episodes of care delivered between 2015 and 2017 that CMS used to develop the RO Model, PBT represented less than one percent of hospital outpatient episodes of care reviewed. CMS has set low volume thresholds in other alternative payment models and we believe that CMS needs to establish one for the RO Model.

Additionally, we request for CMS to develop tiered base rates centered on radiation therapy resource levels and clinical complexity. The proposed RO Model impacts PBT significantly more than any other modality. If the Agency has a savings target because of the

Patient Access and Medicare Protection Act, then such savings should be proportionately applied to all modalities.

Furthermore, it is our understanding that the proposed payment adjustments could harm efficient practices and create a disincentive for providers to use PBT when clinically appropriate. The RO Model would further reduce payments by applying a discount factor of four percent for the professional component and five percent for the technical component. These discount factors are in addition to the nearly 50 percent base payment reduction. CMS should adjust and scale back the efficiency factor discounts to ensure that CMS payments do not discourage providers from using clinically appropriate therapies.

We agree with CMS' goals of improving the quality of care for cancer patients and reducing provider burden through innovative APMs. To achieve these goals, we encourage CMS to modify the RO Model, or delay its implementation, and continue to work with the oncology community on proposed payment models.

Thank you for considering these important matters. We look forward to working with you on our mutual goal to improve the lives of those battling cancer.

Sincerely,

Marco Rubio
U.S. Senator

Richard Shelby
U.S. Senator

James M. Inhofe
U.S. Senator

Rob Portman
U.S. Senator

David A. Perdue
U.S. Senator

James Lankford
U.S. Senator

Lisa Murkowski
U.S. Senator