June 7, 2022

VIA Electronic Submission to www.regulations.gov

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Specialty Care Models to Improve Quality of Care and Reduce Expenditures CMS-5527-P2 (Proposed Rule)

Dear Administrator Brooks-LaSure:

The National Association for Proton Therapy (NAPT) and the Particle Therapy Co-Operative Group – North America (PTCOG-NA) are pleased to submit the following comments in response to the above-referenced Proposed Rule to indefinitely delay the Radiation Oncology Alternative Payment Model (RO Model).

NAPT is a nonprofit organization whose members – both hospital-based and freestanding – are world-renowned cancer centers, including many National Cancer Institute (NCI) designated comprehensive cancer centers and National Comprehensive Care Network (NCCN) members. PTCOG-NA is the North American not-for-profit scientific society of radiation oncologists, biologists and medical physicists who are committed to the advancement of science, clinical practice, patient outcomes, and cooperative research related to particle therapy, including proton therapy.

Our organizations have been and remain firmly committed to promoting high-quality, evidence-based cancer care and improving outcomes for Medicare beneficiaries while reducing costs. To this end, we have supported value-based care and have proposed solutions to advance alternative approaches to care.[1]

We applaud the Administration's efforts to focus on cancer and look forward to continuing to work with you and the White House on advancing the Cancer Moonshot. Since the initial proposal of the RO Model in 2019, the body of evidence supporting the value of proton therapy has continued to grow.[2] To achieve the goals of the Cancer Moonshot, advanced treatments such as proton therapy should be nurtured to ensure that as we treat cancer, we are utilizing treatments that also minimize harmful, debilitating and costly side effects. [3]

As evidenced in a diverse group of stakeholder comment letters including Members of Congress[4], there has been widespread concern about the flaws of the RO Model. There continues to be significant stakeholder divergence on how best to remedy the flaws in the model. ***Of paramount importance to Medicare beneficiaries and the Medicare trust fund, we encourage CMS to develop models that appropriately incentivize targeted therapies that provide***

[1] See e.g., September 16, 2019 Letter to CMS Administrator from NAPT and PTCOG-NA
[2] See e.g., March 31, 2021 Letter to CMMI Director from Physician Stakeholders
[3] See e.g. Blue Ribbon Panel Report-BRP-Cancer Moonshot - NCI
[4] See e.g., November 19, 2019 Senate Letter to Administrator Verma
November 20, 2019 House Letter to Administrator Verma
November 1, 2021 Letter to President Biden from Congress
November 19, 2021Florida Delegation Letter to Administrator Brooks-LaSure

short, medium, and long-term value. Unfortunately, as we have repeatedly shared with CMS, the proposed RO Model as currently constructed narrowly focuses on short-term costs, ignoring long-term clinical and economic benefits for cancer survivors treated with proton therapy.

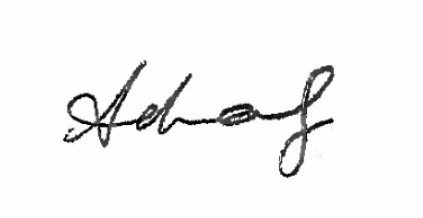
We applaud the Cancer Moonshot's focus on health equity in cancer care and encourage CMS to carefully consider the impact of value-based oncology models on equitable access to proton therapy and the development of future advances in radiation oncology. Targeted savings without consideration to cancer patients' unique and complex needs will reduce resources for proton centers focused on developing research and navigating care for their patients. We encourage any value-based care model to follow the Cancer Moonshot's lead and ensure rural and underserved communities have equitable access to high-quality treatment options.

While we do not oppose the indefinite delay being proposed, it would be our recommendation that the RO Model as currently constituted ultimately be permanently retired. But, if CMS chooses to proceed with implementing this RO Model in future rulemaking, we strongly encourage CMS to engage with a broad-based group of stakeholders, including NAPT and PTCOG-NA, to redesign the model such that (a) all high-value modalities (including emerging modalities) remain accessible to a diverse population of Medicare beneficiaries and (b) if there are any savings targets, such targets should be proportionally applied to ensure that one modality is not disproportionately impacted. Any redesigned model should incentivize the most clinically appropriate use of cancer treatments that lead to the highest quality of care and the best patient outcomes.

We appreciate your consideration of our feedback on this Proposed Rule. Should you have any questions, please do not hesitate to contact me at jennifer@proton-therapy.org.

Respectfully submitted,

Jennifer Maggiore
Executive Director, NAPT



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