118TH CONGRESS
2D SESSION

S. ______

To amend Title XVIII of the Social Security Act to create a Radiation Oncology Case Rate Value Based Payment Program exempt from budget neutrality adjustment requirements, and to amend section 1128A of title XI of the Social Security Act to create a new statutory exception for the provision of free or discounted transportation for radiation oncology patients to receive radiation therapy services.

IN THE SENATE OF THE UNITED STATES

Mr. TILLIS introduced the following bill; which was read twice and referred to the Committee on ____________________

A BILL

To amend Title XVIII of the Social Security Act to create a Radiation Oncology Case Rate Value Based Payment Program exempt from budget neutrality adjustment requirements, and to amend section 1128A of title XI of the Social Security Act to create a new statutory exception for the provision of free or discounted transportation for radiation oncology patients to receive radiation therapy services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the "Radiation Oncology
3 Case Rate Value Based Program Act of 2024" or the
4 "ROCR Value Based Program Act".

5 **SEC. 2. FINDINGS.**

6 (a) FINDINGS.—Congress finds the following:
7 (1) Radiation therapy is the careful use of var-
8 ious forms of radiation, such as external beam radi-
9 ation therapy, to treat cancer and other diseases
10 safely and effectively. Radiation oncologists develop
11 radiation treatment plans and coordinate with highly
12 specialized care teams to deliver radiation therapy.
13 Nearly 60 percent of cancer patients will receive ra-
14 diation therapy during their treatment.
15 (2) In 2021, the Centers for Medicare & Med-
16 icaid Services reported approximately
17 $4,200,000,000 in total spending for radiation on-
18 cology services between the Medicare physician fee
19 schedule and hospital outpatient departments.
20 (3) The Centers for Medicare & Medicaid Serv-
21 ices has historically faced challenges in determining
22 accurate pricing for services that involve costly cap-
23 ital equipment, resulting in fluctuating payment
24 rates under the Medicare physician fee schedules for
25 services involving external beam radiation therapy.
26 Additionally, the Medicare physician fee schedule

1 has inadequately recognized the professional exper-
2 tise physicians and nonphysician professionals need
3 to deliver radiation therapy.

4 (4) The current payment systems incentivize
5 greater volumes of care while bundled payments
6 incentivize patient centered, efficient, and high value
7 care.

8 (5) In 2017, the Centers for Medicare & Med-
9 icaid Services recognized that the Medicare payment
10 systems were not adequately addressing radiation
11 oncology services, and the Center for Medicare &
12 Medicaid Innovation released a congressionally re-
13 quested report on the pursuit of an alternative pay-
14 ment model for radiation oncology (referred to in
15 this section as the ''Radiation Oncology Model'')
16 that addresses the issues in the Medicare physician
17 fee schedule and the Medicare hospital outpatient
18 prospective payment system payment methods.

19 (6) Concerns regarding the proposed Radiation
20 Oncology Model included the significant payment re-
21 ductions proposed in the model that would jeop-
22 ardize access to high-quality radiation therapy serv-
23 ices and the onerous reporting requirements for par-
24 ticipating providers. The Radiation Oncology Model
25 saw indefinite implementation delays.

(7) It is necessary, therefore, to create a payment program for radiation oncology services that appropriately recognizes the value of quality radiation oncology services through its financial incentives while containing costs and providing patient-centered care.

SEC. 3. RADIATION ONCOLOGY CASE RATE VALUE BASED PAYMENT PROGRAM.

(a) IN GENERAL.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by adding at the end the following:

"SEC. 1899C. RADIATION ONCOLOGY CASE RATE VALUE BASED PAYMENT PROGRAM.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—Not later than 1 year after the date of enactment of the ROCR Value Based Program Act, the Secretary shall promulgate regulations, using the procedures described in paragraph (5), establishing a Radiation Oncology Case Rate Value Based Payment Program (referred to in this section as the 'ROCR Program') under which per episode payments are provided to radiation therapy providers or radiation therapy suppliers for covered treatment furnished to a covered individual during

1 an episode of care (as such terms are defined in sub-
2 section (j)) in accordance with this section.

3 ‘‘(2) MAINTAINING PAYMENT RATES DURING
4 PERIOD PRIOR TO EFFECTIVE DATE OF REGULA-
5 TIONS.—The Secretary shall not reduce the estab-
6 lished payment rates for radiation therapy services
7 under the physician fee schedule under section 1848
8 or the hospital outpatient prospective payment sys-
9 tem under section 1833(t) during the time period
10 beginning on the date of enactment of the ROCR
11 Value Based Program Act and ending on the date
12 that the regulations issued by the Secretary pursu-
13 ant to paragraph (1) become effective.

14 ‘‘(3) ROCR PROGRAM GOALS.—The ROCR
15 Program shall seek to—

16 ‘‘(A) create stable, unified payments for
17 radiation therapy services under this title;

18 ‘‘(B) reduce disparities in radiation ther-
19 apy care for Medicare beneficiaries by increas-
20 ing access to radiation therapy services close to
21 the homes of beneficiaries;

22 ‘‘(C) enhance quality of radiation therapy
23 care through practice accreditation and shorter
24 courses of treatment, when appropriate;

1 "(D) leverage and encourage the utilization
2 of state-of-the-art technology to improve care
3 and outcomes; and
4 "(E) protect Medicare resources by achiev-
5 ing reasonable spending reductions in Medicare
6 for radiation therapy services.
7 "(4) PAYMENTS.—Under this section, with re-
8 spect to covered treatment furnished to covered indi-
9 viduals, payments shall include—
10 "(A) per episode payments, as described in
11 subsection (b), to radiation therapy providers or
12 radiation therapy suppliers of radiation therapy
13 services which meet such requirements as the
14 Secretary shall establish by regulation; and
15 "(B) the health equity achievement in radi-
16 ation therapy add-on payment described in sub-
17 section (g).
18 "(5) NOTICE AND COMMENT RULEMAKING.—
19 The Secretary shall promulgate the regulations de-
20 scribed in paragraph (1) in accordance with section
21 553 of title 5, United States Code, and issue an ad-
22 vanced notice of proposed rulemaking and notice of
23 proposed rulemaking with a comment period of not
24 less than 60 days for each.
25 "(b) PER EPISODE PAYMENTS.—

1 "(1) IN GENERAL.—
2 "(A) PAYMENTS.—The Secretary shall pay
3 to a radiation therapy provider or radiation
4 therapy supplier an amount equal to 80 percent
5 of the per episode payment amount determined
6 under paragraph 3 (referred to in this section
7 as 'the per episode payment amount') for each
8 covered individual furnished covered treatment
9 for an included cancer type to cover all profes-
10 sional and technical services furnished during
11 such treatment by the radiation therapy pro-
12 vider or radiation therapy supplier during an
13 episode of care (as defined in subsection (j)).
14 "(B) DEDUCTIBLES AND COINSURANCE.—
15 Subject to subsection (e), the Secretary shall
16 pay the per episode payment amount (subject to
17 any deductible and coinsurance otherwise appli-
18 cable under part B) to the radiation therapy
19 provider or radiation therapy supplier for an
20 episode of care, as described in subsection (c).
21 "(2) PER EPISODE PAYMENT REQUIREMENTS
22 AND TIMING.—
23 "(A) IN GENERAL.—Subject to subpara-
24 graph (B), for each episode of care furnished to
25 a covered individual:

1 "(i) FIRST-HALF OF PAYMENT.—The
2 Secretary shall issue ½ of the payment
3 amount under paragraph (1) prospectively
4 not later than 30 days after the day of the
5 first delivery of covered treatment.
6 "(ii) SECOND-HALF OF PAYMENT.—
7 The Secretary shall issue, with the excep-
8 tion of an episode of care for treatment of
9 bone or brain metastases and subject to
10 clause (iii), the remaining half of the pay-
11 ment amount under paragraph (1) on the
12 date that is the earlier of—
13 "(I) the day the course of cov-
14 ered treatment is scheduled to end; or
15 "(II) the 90th day of the episode
16 of care.
17 "(iii) SECOND-HALF OF PAYMENT FOR
18 BONE AND BRAIN METASTASES.—The Sec-
19 retary shall issue the remaining half of the
20 payment amount under paragraph (1) for
21 an episode of care for treatment of bone or
22 brain metastases on the date that is the
23 earlier of—
24 "(I) the day the course of cov-
25 ered treatment is schedule to end; or

"(II) the 30th day of the episode of care.

"(B) PATIENT DEATH.—If a covered individual dies during treatment, both episode of care payments under subparagraphs (A) and (B) shall be paid to the radiation therapy provider or radiation therapy supplier not later than 30 days after the day of the final delivery of radiation therapy treatment to the covered individual.

"(C) CONSISTENCY OF PAYMENT.—

"(i) IN GENERAL.—The per episode payment amount shall not change depending on the site of service.

"(ii) SITE OF SERVICE DEFINED.—For the purposes of this subparagraph, the term 'site of service' means the hospital outpatient department or physician office in which radiation therapy treatment is furnished by the radiation therapy provider or radiation therapy supplier.

"(3) DETERMINATION OF PER EPISODE PAYMENT AMOUNT.—

"(A) IN GENERAL.—The Secretary shall determine a per episode payment amount for

1 the professional component and technical com-
2 ponent of treatment for each included cancer
3 type.
4 ''(B) AMOUNT.—The Secretary shall deter-
5 mine the per episode payment amount based on
6 national base rates, as described in subsection
7 (d)(1) and as updated in subsection (d)(2).
8 ''(C) ADJUSTMENTS.—The per episode
9 payment amount shall be subject to—
10 ''(i) the adjustments as described in
11 subsection (d)(2) and (d)(3);
12 ''(ii) a geographic adjustment, as de-
13 scribed in subsection (d)(3)(A);
14 ''(iii) an inflation adjustment, pursu-
15 ant to which the Secretary shall adjust the
16 per episode payment amount by the per-
17 centage increase in the Medicare Economic
18 Index (as described in section 1842 for the
19 professional component payments and the
20 applicable percentage increase in the Hos-
21 pital Inpatient Market Basket Update (as
22 described in section 1886(b)(3)(B)(i)) for
23 the technical component payments during
24 each 12-month period, and which varies for

1 the professional and technical components
2 of the service;
3 "(iv) a savings adjustment, as de-
4 scribed in subsection (d)(3)(B);
5 "(v) a health equity achievement in
6 radiation therapy adjustment applicable
7 only to the technical component payments,
8 as described in subsection (g); and
9 "(vi) a practice accreditation adjust-
10 ment, as described in subsection (h), that
11 is only applicable to technical component
12 payments.
13 "(c) TREATMENT OF INCOMPLETE EPISODES OF
14 CARE; CONCURRENT TREATMENT.—
15 "(1) INCOMPLETE EPISODE OF CARE.—In the
16 case of an incomplete episode of care, payment shall
17 be made to the radiation therapy provider or radi-
18 ation therapy supplier for services furnished under
19 the physician fee schedule under section 1848 or the
20 hospital outpatient prospective payment system
21 under section 1833(t), as applicable.
22 "(2) MULTIPLE EPISODES OF CARE FOR THE
23 SAME COVERED INDIVIDUAL.—A radiation therapy
24 provider or radiation therapy supplier may initiate a
25 new episode of care for the same beneficiary for the

1 same course of therapy by providing another radi-
2 ation therapy treatment planning service and billing
3 under an applicable radiation therapy planning trig-
4 ger code (as defined in subsection (j).

5 "(3) CONCURRENT TREATMENTS.—In the case
6 where a treatment modality described in subsection
7 (j)(3)(B)(i) is furnished to a covered individual dur-
8 ing an episode of care for an included cancer type,
9 payment may be made concurrently for the treat-
10 ment modality under the applicable payment system
11 under this title with per episode payment under this
12 section for covered treatment during the episode of
13 care.

14 "(d) NATIONAL BASE RATE.—

15 "(1) DETERMINATION OF NATIONAL BASE
16 RATES.—For purposes of the Secretary determining
17 the per episode payment amount under subsection
18 (b)(3), the national base rates for the professional
19 component and technical component of radiation
20 therapy services for each included cancer type are
21 based on the M-Code national base rates identified
22 in table 75 (including HCPCS Codes for radiation
23 therapy services and supplies) of the Federal Reg-
24 ister on November 16, 2021, 86 Fed. Reg. 63458,
25 63925.

1 "(2) UPDATES TO THE NATIONAL BASE
2 RATES.—
3 "(A) ANNUAL UPDATES.—
4 "(i) IN GENERAL.—Subject to clause
5 (ii), the Secretary shall annually update
6 the initial national base rates by—
7 "(I) in the case of the profes-
8 sional component of the covered treat-
9 ment, the percentage increase in the
10 Medicare Economic Index; and
11 "(II) in the case of the technical
12 component of the covered treatment,
13 the applicable percentage increase de-
14 scribed in section 1886(b)(3)(B)(i).
15 "(ii) PAYMENT FLOOR.—For each an-
16 nual update, the Secretary shall not reduce
17 the national base rates below the estab-
18 lished rates from the prior year.
19 "(B) PERIODIC UPDATES.—
20 "(i) IN GENERAL.—The Secretary
21 shall, through notice and comment rule-
22 making, rebase or revise the national base
23 rates in 5-year intervals, beginning on the
24 day that is 5 years after the date the regu-

lations issued pursuant to subsection (a)(1) become effective.

"(ii) REBASING LIMIT.—The Secretary shall not reduce the national base rates through the process of rebasing by more than 1 percent every 5 years.

"(iii) INPUT FROM PROVIDERS AND SUPPLIERS.—In rebasing or revising the national base rates pursuant to clause (i), the Secretary shall seek significant input from radiation therapy providers, radiation therapy suppliers, and other stakeholders.

"(C) REBASE AND REVISE DEFINED.—In this subsection:

"(i) REBASE.—The term 'rebase' means to move the base year for the structure of costs of the national base rates.

"(ii) REVISE.—The term 'revise' means types of changes to national base rates other than rebasing, such as using different data sources, cost categories, or price proxies in the national base rates input.

"(D) NEW TECHNOLOGY OR SERVICES.—

1 "(i) IN GENERAL.—For purposes of
2 this subparagraph, the term 'new tech-
3 nology or services' means any technology
4 or services that, after the date of enact-
5 ment of this section, receives a Category 1
6 Current Procedural Terminology code or is
7 established in the yearly update to the
8 Medicare physician fee schedule direct
9 practice expense inputs or any successor
10 repository of the direct practice expense
11 input for the delivery of radiation therapy
12 services.
13 "(ii) TREATMENT UNDER THE NA-
14 TIONAL BASE RATES.—
15 "(I) EXCLUSION DURING INITIAL
16 PERIOD.—The Secretary shall not in-
17 corporate a radiation therapy service
18 that is a new technology or service
19 into the national base rates for an in-
20 cluded cancer type prior to the date
21 that is 10 years after such service is
22 first identified as a new technology or
23 service described in clause (i).
24 "(II) INCORPORATION AFTER INI-
25 TIAL PERIOD.—After the date speci-

1 fied in subclause (I) with respect to a
2 radiation therapy service that is a new
3 technology or service, the Secretary
4 shall, through stakeholder meetings,
5 requests for information, and notice
6 and comment rulemaking, engage pro-
7 viders, suppliers, radiation therapy
8 vendors, patient groups, and the pub-
9 lic on possible incorporation of the
10 new technology or service into the na-
11 tional base rates for included cancer
12 types under paragraph (1).
13 ''(iii) BEFORE INCORPORATION INTO
14 THE NATIONAL BASE RATE.—Until incor-
15 porated into the national base rates under
16 clause (ii)(II), any new technology or serv-
17 ice shall be paid under the applicable pay-
18 ment system under this title.
19 ''(iv) ASSESSMENT OF CERTAIN CRI-
20 TERIA.—Prior to incorporating a new tech-
21 nology or service into the national base
22 rates pursuant to clause (ii)(II), the Sec-
23 retary shall consider market penetration
24 and adoption, costs relative to base rates,
25 clinical benefits of the new technology or

1 service, and the clear consensus of the
2 stakeholder community.
3 "(3) ADJUSTMENTS TO NATIONAL BASE
4 RATES.—
5 "(A) GEOGRAPHIC ADJUSTMENT.—Prior to
6 applying the savings adjustment described in
7 subparagraph (B), the Secretary shall adjust
8 the national base rates for local cost and wage
9 indices based on where the radiation therapy
10 services are furnished—
11 "(i) in the case of the professional
12 component payment rates, the geographic
13 adjustment processes described in the
14 Medicare Physician Fee Schedule Geo-
15 graphic Practice Cost Index; and
16 "(ii) in the case of the technical com-
17 ponent payment rates, the geographic ad-
18 justment processes in the hospital out-
19 patient prospective payment system under
20 section 1833(t).
21 "(B) SAVINGS ADJUSTMENT.—
22 "(i) IN GENERAL.—The Secretary
23 shall apply a savings adjustment under
24 this subparagraph after the geographic ad-

1 justments have been applied under sub-
2 paragraph (A).
3 ''(ii) SAVINGS ADJUSTMENT DE-
4 FINED.—The term 'savings adjustment'
5 means the percentage by which the profes-
6 sional component and technical component
7 payment rates are each reduced to achieve
8 Medicare savings.
9 ''(e) AVAILABILITY OF PAYMENT PLANS FOR PAY-
10 MENT OF COINSURANCE.—Following the application of
11 the adjustments described in subsection (d), but before the
12 application of any sequestration order issued under the
13 Balanced Budget and Emergency Deficit Control Act of
14 1985 (2 U.S.C. 900 et seq.), radiation therapy providers
15 and radiation therapy suppliers shall collect coinsurance
16 for services furnished under the ROCR Program subject
17 to the following rules:
18 ''(1) IN GENERAL.—Radiation therapy pro-
19 viders and radiation therapy suppliers may collect
20 coinsurance applicable under subsection (b)(1) for
21 covered treatment furnished to a covered individual
22 under the ROCR Program in multiple installments
23 under a payment plan.
24 ''(2) LIMITATION ON USE AS A MARKETING
25 TOOL.—Radiation therapy providers and radiation

1 therapy suppliers may not use the availability of
2 payment plans for such coinsurance as a marketing
3 tool to influence the choice of health care provider
4 by covered individuals.
5 "(3) TIMING OF PROVISIONS OF INFORMA-
6 TION.—Radiation therapy providers and radiation
7 therapy suppliers offering a payment plan for such
8 coinsurance may inform the covered individual of the
9 availability of the payment plan prior to or during
10 the initial treatment planning session and as nec-
11 essary thereafter.
12 "(4) BENEFICIARY COINSURANCE PAYMENT.—
13 The beneficiary coinsurance payment shall equal 20
14 percent of the payment amount to be paid to the ra-
15 diation therapy provider or radiation therapy sup-
16 plier prior to the application of any sequestration
17 order issued under the Balanced Budget and Emer-
18 gency Deficit Control Act of 1985 (2 U.S.C. 900 et
19 seq.) for the billed ROCR Program episode of care,
20 except as provided in paragraph (5).
21 "(5) INCOMPLETE EPISODE OF CARE.—In the
22 case of an incomplete episode of care, the beneficiary
23 coinsurance payment shall equal 20 percent of the
24 amount that would have been paid in the absence of
25 the ROCR Program for the radiation therapy serv-

1 ices furnished by the radiation therapy provider or
2 radiation therapy supplier that initiated the profes-
3 sional component and, if applicable, the radiation
4 therapy provider or radiation therapy supplier that
5 initiated the technical component.

6 ''(f) MANDATORY PARTICIPATION.—

7 ''(1) IN GENERAL.—Except as provided under
8 paragraph (2) or (3), a radiation therapy provider or
9 radiation therapy supplier that is participating in
10 the program under this title and furnishes a covered
11 treatment to a covered individual shall be required
12 to participate in the ROCR Program.

13 ''(2) CONCURRENT PARTICIPATION IN THE
14 ROCR PROGRAM AND OTHER MODELS.—A radiation
15 therapy provider or radiation therapy supplier that
16 is participating in a State-based Center for Medicare
17 & Medicaid Innovation model—

18 ''(A) shall not be prohibited from also par-
19 ticipating in the ROCR Program; and

20 ''(B) is not required to participate in the
21 ROCR Program.

22 ''(3) SIGNIFICANT HARDSHIP EXEMPTION.—

23 ''(A) IN GENERAL.—The Secretary may,
24 on a case-by-case basis, exempt a radiation
25 therapy provider or radiation therapy supplier

1 from the ROCR Program if the Secretary de-
2 termines that application of the program would
3 result in a significant hardship for such radi-
4 ation therapy provider or radiation therapy sup-
5 plier or for beneficiaries in the geographic area
6 of the radiation therapy provider or radiation
7 therapy supplier.
8 ‘‘(B) PROCEDURE.—The Secretary shall
9 promulgate regulations, using the procedures
10 described in subsection (a)(5), regarding eligi-
11 bility and the procedure for applying for a sig-
12 nificant hardship exemption.
13 ‘‘(g) HEALTH EQUITY ACHIEVEMENT IN RADIATION
14 THERAPY ADD-ON PAYMENT.—
15 ‘‘(1) IN GENERAL.—Pursuant to paragraph (2)
16 and subject to paragraph (7), the Secretary shall ad-
17 just the per episode payment amount in the amount
18 of a health equity achievement in radiation therapy
19 add-on payment to advance health equity and sup-
20 port covered individuals in accessing and completing
21 their radiation therapy treatments for covered treat-
22 ments of included cancer types through the provision
23 of transportation services, subject to the succeeding
24 provisions of this subsection.
25 ‘‘(2) ELIGIBILITY.—

"(A) IN GENERAL.—The health equity achievement in radiation therapy add-on payment shall be made when the ICD–10 diagnosis code Z59.82, transportation insecurity is reported pursuant to subparagraph (B).

"(B) DETERMINATION OF REPORTING CODE.—The radiation therapy provider or radiation therapy supplier shall follow the following procedures to determine if the ICD–10 diagnosis code Z59.82, transportation insecurity needs to be reported:

"(i) The radiation therapy provider or radiation therapy supplier shall ask the patient at the time of patient intake during the initial patient consultation if, within the previous 2 months, a lack of reliable transportation has kept the patient from attending medical appointments, meetings, or work, or from completing activities of daily living.

"(ii) If the patient answers yes to the question in clause (i), ICD–10 diagnosis code Z59.82 shall be reported.

1 "(3) AMOUNT.—The health equity achievement
2 in radiation therapy add-on payment shall be in the
3 amount of—
4 "(A) for services furnished during the year
5 following the date the regulations issued pursu-
6 ant to subsection (a)(1) become effective, $500
7 per patient per episode of care; and
8 "(B) for services furnished in subsequent
9 years, the amount determined under this para-
10 graph for the preceding year, increased by $10.
11 "(4) PAYMENT RECIPIENT.—The health equity
12 achievement in radiation therapy add-on payment
13 shall be paid to the radiation therapy provider or ra-
14 diation therapy supplier that provides the technical
15 component of the radiation therapy services.
16 "(5) NOT TO BE USED IN ADDITION TO OR IN
17 LIEU OF OTHER SERVICES.—The health equity
18 achievement in radiation therapy add-on payment
19 shall not be made in addition to or in lieu of any
20 other State or Federal program benefits that may be
21 used for transportation services.
22 "(6) DOCUMENTATION.—
23 "(A) IN GENERAL.—Radiation therapy
24 providers and radiation therapy suppliers who
25 receive the health equity achievement in radi-

1 ation therapy add-on payment shall maintain all
2 documentation related to the spending of such
3 payment on transportation services per covered
4 individual for a period of 5 years after the end
5 of the episode of care of the applicable covered
6 individual.
7 ''(B) AVAILABILITY TO THE SECRETARY.—
8 The documentation described in subparagraph
9 (A) shall be made available to the Secretary
10 upon request.
11 ''(7) NO MODIFICATION OF COINSURANCE.—
12 The Secretary may not modify any coinsurance obli-
13 gation when implementing the health equity achieve-
14 ment in radiation therapy add-on payment.
15 ''(h) QUALITY INCENTIVES IN THE ROCR VALUE
16 BASED PAYMENT PROGRAM.—
17 ''(1) IN GENERAL.—
18 ''(A) INITIAL INCREASE IN PAYMENT.—
19 With respect to covered treatment for an in-
20 cluded cancer type furnished to a covered indi-
21 vidual on or after the date the regulations
22 issued pursuant to subsection (a)(1) become ef-
23 fective and before the date that is 3 years after
24 such date, in the case of a radiation therapy
25 provider or radiation therapy supplier that

1 meets the requirements described in paragraph
2 (2), payments otherwise made to such radiation
3 therapy provider or radiation therapy supplier
4 under the ROCR Program for the technical
5 component of such services shall be increased
6 by 0.5 percent (or 0.25 percent in the case of
7 such a provider or supplier that is a small radi-
8 ation therapy supplier or small radiation ther-
9 apy provider.
10 ''(B) REDUCTION IN PAYMENT.—
11 ''(i) IN GENERAL.—Subject to clause
12 (ii), with respect to covered treatment for
13 an included cancer type furnished to a cov-
14 ered individual on or after the date that is
15 3 years after the regulations issued pursu-
16 ant to subsection (a)(1) become effective,
17 in the case of a radiation therapy provider
18 or radiation therapy supplier that does not
19 meet the requirements described in para-
20 graph (2), the per episode payment to such
21 provider or supplier under the ROCR Pro-
22 gram shall be reduced by 1.0 percent.
23 ''(ii) EXCLUSION OF SMALL RADI-
24 ATION THERAPY PROVIDERS AND SMALL
25 RADIATION THERAPY SUPPLIERS.—This

1 subparagraph shall not apply with respect
2 to a small radiation therapy provider or a
3 small radiation therapy supplier.
4 ‘‘(C) DEFINITION OF SMALL RADIATION
5 THERAPY PROVIDER AND SMALL RADIATION
6 THERAPY SUPPLIER.—In this subsection, the
7 terms ‘small radiation therapy provider’ and
8 ‘small radiation therapy supplier’ mean, with
9 respect to a radiation therapy provider or radi-
10 ation therapy supplier, a provider or supplier
11 that meets the criteria specified by the Sec-
12 retary, that may include criteria relating to the
13 number of linear accelerators owned or used by
14 the radiation therapy provider or radiation ther-
15 apy supplier, the volume of patients treated by
16 the radiation therapy provider or radiation ther-
17 apy supplier, or such other criteria as the Sec-
18 retary determines is appropriate, in consulta-
19 tion with radiation therapy stakeholder organi-
20 zations.
21 ‘‘(2) ACCREDITATION REQUIREMENTS.—
22 ‘‘(A) IN GENERAL.—The requirements de-
23 scribed in this subparagraph with respect to a
24 radiation therapy provider or radiation therapy
25 supplier (other than such a provider or supplier

1 that is a small radiation therapy provider or
2 small radiation therapy supplier) are that the
3 supplier or provider must—
4 "(i) maintain or be in the process of
5 obtaining accreditation by the American
6 College of Radiology, American College of
7 Radiation Oncology, or American Society
8 for Radiation Oncology;
9 "(ii) comply with certified electronic
10 health record technology requirements as
11 determined by the Secretary with excep-
12 tions that are consistent with those of the
13 Merit-based Incentive Payment System es-
14 tablished under section 1848(q); and
15 "(iii) submit to the Secretary proof of
16 the accreditation described in clause (i) in
17 such form and manner as specified by the
18 Secretary.
19 "(B) REQUIREMENTS FOR SMALL RADI-
20 ATION THERAPY PROVIDERS AND SMALL RADI-
21 ATION THERAPY SUPPLIERS.—A radiation ther-
22 apy provider or radiation therapy supplier that
23 is a small radiation therapy provider or small
24 radiation therapy supplier may elect to satisfy

1 the accreditation requirement under this para-
2 graph by—
3 ‘‘(i) meeting the requirements of sub-
4 paragraph (A);
5 ‘‘(ii) using an external audit that en-
6 compasses similar criteria as a nationally
7 recognized radiation oncology accreditation
8 organization and submit the outcome of
9 such external audit to the Secretary; or
10 ‘‘(iii) complying with certified elec-
11 tronic health record technology require-
12 ments as determined by the Secretary with
13 exceptions that are consistent with those of
14 the Merit-Based Incentives Payment Sys-
15 tem established under section 1848(q).
16 ‘‘(C) NEW PROVIDERS.—A new radiation
17 therapy provider or new radiation supplier shall
18 complete an initiation of accreditation or exter-
19 nal audit not later than the date that is 1 year
20 after such provider or supplier begins fur-
21 nishing covered treatment to covered individ-
22 uals.
23 ‘‘(i) REPORTING REQUIREMENTS.—
24 ‘‘(1) REPORT ON THE ROCR PROGRAM.—Not
25 earlier than 7 years after the date of the enactment

1 of this section, the Comptroller General of the
2 United States (referred to in this subsection as the
3 'Comptroller General') shall, after seeking out the
4 perspectives of radiation oncology stakeholders, sub-
5 mit to the appropriate committees of jurisdiction of
6 the Senate and the House of Representatives a re-
7 port that—
8 ''(A) evaluates—
9 ''(i) the implementation of the ROCR
10 Program, and the impact such Program
11 has had on Federal healthcare spending;
12 ''(ii) the impact the ROCR Program
13 has had on the ability of covered individ-
14 uals to access covered treatment;
15 ''(iii) whether any cancer types or ra-
16 diation therapy services, such as
17 brachytherapy, proton therapy, or thera-
18 peutic radiopharmaceuticals, should be
19 added or removed from the ROCR Pro-
20 gram; and
21 ''(iv) the potential application of the
22 ROCR Program to benefits provided under
23 part C of this title; and
24 ''(B) includes any recommendations for ad-
25 ministrative and legislative changes.

1 "(2) REPORT ON ACCESS TO RADIATION THER-
2 APY IN RURAL AND UNDERSERVED AREAS.—Not
3 later than 3 years after the date of the enactment
4 of this section, the Comptroller General shall submit
5 a report to the appropriate committees of jurisdic-
6 tion of the Senate and the House of Representatives
7 that identifies the following:
8 "(A) Radiation therapy deserts.
9 "(B) Methods to increase access to new ra-
10 diation therapy technologies in rural and under-
11 served areas, including technologies required for
12 clinical treatment planning, simulation, dosim-
13 etry, medical radiation physics, radiation treat-
14 ment devices, radiation treatment delivery, radi-
15 ation treatment management, and such other
16 items as the Comptroller General may deter-
17 mine are medically necessary.
18 "(C) A program to provide assistance in
19 the form of grants or loans to radiation therapy
20 providers or radiation therapy suppliers for the
21 purpose of ensuring access to the most current
22 radiation therapy technology.
23 "(3) DETERMINATION AND DEFINITION OF RA-
24 DIATION THERAPY DESERTS.—

1 “(A) DEFINITION.—For purposes of this
2 subsection, the term ‘radiation therapy desert’
3 means a region determined by the Comptroller
4 General under subparagraph (B) with a mis-
5 match between radiation therapy resources and
6 oncologic need.
7 “(B) DETERMINATION.—In determining
8 whether a region qualifies as a radiation ther-
9 apy desert, the Comptroller General shall take
10 into account the ratio or density of radiation
11 therapy providers and radiation therapy sup-
12 pliers practicing in a geographic area as com-
13 pared to the population size in that geographic
14 area.
15 “(j) DEFINITIONS.—In this section:
16 “(1) APPLICABLE RADIATION THERAPY PLAN-
17 NING TRIGGER CODE.—The term ‘applicable radi-
18 ation therapy planning trigger code’ means services
19 identified, as of the date that the regulations issued
20 pursuant to subsection (a)(1) become effective, by
21 the following HCPCS codes (and as subsequently
22 modified by the Secretary):
23 “(A) 77261, therapeutic radiology treat-
24 ment planning, simple.

1 “(B) 77262, therapeutic radiology treat-
2 ment planning, intermediate.
3 “(C) 77263, therapeutic radiology treat-
4 ment planning, complex.
5 “(2) COVERED INDIVIDUAL.—The term ‘cov-
6 ered individual’ means an individual who—
7 “(A) is enrolled for benefits under part B;
8 “(B) is not enrolled in a Medicare Advan-
9 tage plan under part C or a PACE program
10 under section 1894; and
11 “(C) is diagnosed with an included cancer
12 type.
13 “(3) COVERED TREATMENT.—
14 “(A) IN GENERAL.—The term ‘covered
15 treatment’ means, subject to subparagraph (B),
16 radiation therapy services furnished to a cov-
17 ered individual.
18 “(B) EXCLUSIONS.—Such term does not
19 include—
20 “(i) during the period beginning on
21 the date on which the regulation issued
22 pursuant to subsection (a)(1) become effec-
23 tive and ending on the date that is 10
24 years after such date, brachytherapy, pro-
25 ton beam radiation therapy services,

1 intraoperative radiotherapy, superficial ra-
2 diation therapy, hyperthermia, and thera-
3 peutic radiopharmaceuticals;
4 ''(ii) inpatient radiation therapy serv-
5 ices furnished in a subsection (d) hospital
6 or ambulatory surgical center;
7 ''(iii) radiation therapy services fur-
8 nished in cancer hospitals that are exempt
9 from the hospital outpatient prospective
10 payment system under section 1833(t);
11 ''(iv) physician services that are fur-
12 nished or supervised by the physician fur-
13 nishing radiation therapy or by another
14 physician, such as cancer surgeries, chemo-
15 therapy, and other services; or
16 ''(v) physician services that are fur-
17 nished using technology represented by
18 Healthcare Common Procedure Coding
19 System codes.
20 ''(4) EPISODE OF CARE.—The term 'episode of
21 care' means, with respect to a covered individual, the
22 period—
23 ''(A) beginning on the day radiation ther-
24 apy planning for an included cancer type, billed
25 under an applicable radiation therapy planning

trigger code, is furnished to a covered individual if radiation therapy treatment is initiated not later than 30 days after the day such radiation therapy planning service is furnished; and

"(B) ends—

"(i) for treatment of all included cancer types except bone and brain metastases treatment, the day that is 90 days after the day the episode of care begins under clause (i); and

"(ii) for bone and brain metastases treatment, the day that is 30 days after the day the episode of care begins under clause (i).

"(5) INCLUDED CANCER TYPES.—The term 'included cancer type' means any of the following types of cancer:

"(A) Anal.

"(B) Bladder.

"(C) Bone Metastases.

"(D) Brain Metastases.

"(E) Breast.

"(F) Cervical.

"(G) Central Nervous System Tumors.

"(H) Colorectal.

1 “(I) Head and Neck.
2 “(J) Lung.
3 “(K) Lymphoma.
4 “(L) Pancreatic.
5 “(M) Prostate.
6 “(N) Upper Gastrointestinal.
7 “(O) Uterine.
8 “(6) HEALTHCARE COMMON PROCEDURE COD-
9 ING SYSTEM.—The term ‘Healthcare Common Pro-
10 cedure Coding System’ means the standardized cod-
11 ing system used by Medicare and other health insur-
12 ance programs to ensure that claims are processed
13 in an orderly and consistent manner.
14 “(7) INCOMPLETE EPISODE OF CARE.—The
15 term ‘incomplete episode of care’ means, with re-
16 spect to a covered individual, an episode of care that
17 is not completed because—
18 “(A) the individual being treated ceases to
19 be a covered individual, including in the case
20 where the individual loses benefits under this
21 title, at any time after the initial treatment
22 planning service is furnished and before the epi-
23 sode of care for the covered treatment is com-
24 plete; or

1 "(B) a covered individual switches radi-
2 ation therapy provider or radiation therapy sup-
3 plier before all included radiation therapy serv-
4 ices in the episode of care for the covered treat-
5 ment have been furnished.

6 "(8) PROFESSIONAL COMPONENT.—The term
7 'professional component' means the included radi-
8 ation therapy services that may only be furnished by
9 a physician.

10 "(9) RADIATION THERAPY.—The term 'radi-
11 ation therapy' means the careful use of various
12 forms of radiation, such as external beam radiation
13 therapy, to treat cancer and other diseases safely
14 and effectively.

15 "(10) RADIATION THERAPY PROVIDER.—The
16 term 'radiation therapy provider' means a hospital
17 outpatient department enrolled under this title that
18 furnishes radiation therapy services.

19 "(11) RADIATION THERAPY SERVICES.—The
20 term 'radiation therapy services' means the treat-
21 ment planning, technical preparation, special serv-
22 ices (such as simulation), treatment delivery, and
23 treatment management services associated with can-
24 cer treatment that uses high doses of radiation to
25 kill cancer cells and shrink tumors.

1 "(12) RADIATION THERAPY SUPPLIER.—The
2 term 'radiation therapy supplier' means a physician
3 group practice or freestanding radiation therapy cen-
4 ter enrolled under this title that furnishes radiation
5 therapy services.

6 "(13) TECHNICAL COMPONENT.—The term
7 'technical component' means the included radiation
8 therapy services that are not furnished by a physi-
9 cian, including the provision of equipment, supplies,
10 personnel, and administrative costs related to radi-
11 ation therapy services.

12 "(14) TRANSPORTATION SERVICES.—The term
13 'transportation services' means the provision of free
14 or discounted transportation made available to cov-
15 ered individuals furnished covered treatment which
16 are not air, luxury, or ambulance-level transpor-
17 tation, but may include car services, ride shares, or
18 public transportation.".

19 (b) EXCLUSION OF PARTICIPATING RADIATION
20 THERAPY PROVIDERS, RADIATION THERAPY SUPPLIERS,
21 AND PHYSICIANS FROM THE MERIT-BASED INCENTIVE
22 PAYMENT SYSTEM.—Section 1848(q)(1)(C)(ii) of the So-
23 cial Security Act (42 U.S.C. 1395w-4(q)(1)(c)(II)) is
24 amended—

1 (1) in subclause (II), by striking "or" at the
2 end;
3 (2) in subclause (III), by striking the period at
4 the end and inserting "; or"; and
5 (3) by adding at the end the following new sub-
6 clause:
7 "(IV) is a radiation therapy pro-
8 vider or radiation therapy supplier (as
9 those terms are defined in subsection
10 (j) of section1899C) that is partici-
11 pating in the Radiation Oncology Case
12 Rate Value Based Payment Program
13 established under that section.".
14 **SEC. 4. REVISION TO CIVIL MONETARY PENALTIES RE-**
15 **GARDING RADIATION ONCOLOGY CASE RATE**
16 **PATIENT TRANSPORTATION SERVICES.**
17 Section 1128A of the Social Security Act (42 U.S.C.
18 1320a–7a) is amended—
19 (1) in subsection (i)(6)—
20 (A) in subparagraph (I), by striking "or"
21 at the end;
22 (B) in subparagraph (J)(iii), by striking
23 the period at the end and inserting "; or"; and
24 (C) by adding at the end the following new
25 subparagraph:

1 "(K) the provision of transportation serv-
2 ices by an eligible entity, as defined in sub-
3 section (t), if—
4 "(i) the availability of the transpor-
5 tation services—
6 "(I) is set forth in a policy that
7 the eligible entity, as defined in sub-
8 section (t), applies uniformly and con-
9 sistently; and
10 "(II) is not determined in a man-
11 ner related to the past or anticipated
12 volume or value of Federal health care
13 program business;
14 "(ii) the eligible entity does not pub-
15 licly market or advertise the transportation
16 services;
17 "(iii) the driver who provides the
18 transportation services does not market
19 health care items or services during the
20 course of the transportation or at any
21 time;
22 "(iv) the driver or individual arrang-
23 ing for the transportation services is not
24 paid on a per-beneficiary-transported basis;

1 “(v) the eligible entity makes the
2 transportation services available only to an
3 individual who—
4 “(I) is an established patient, as
5 defined in subsection (t), of the eligi-
6 ble entity that is providing or facili-
7 tating free or discounted transpor-
8 tation;
9 “(II) resides—
10 “(aa) within a 75 miles ra-
11 dius of the radiation therapy pro-
12 vider or radiation therapy sup-
13 plier to or from which the patient
14 would be transported; or
15 “(bb) in a rural area, as de-
16 fined in subsection (t); and
17 “(III) is receiving radiation ther-
18 apy services for the purpose of obtain-
19 ing medically necessary items and
20 services; and
21 “(vi) the eligible entity that makes the
22 transportation services available bears the
23 costs of the transportation services and
24 does not shift the burden of those costs

1 onto any Federal health care program,
2 other payers, or individuals.''; and
3 (2) by adding at the end the following new sub-
4 section:
5 ''(t) For purposes of subsection (i)(6)(K), the fol-
6 lowing definitions apply:
7 ''(1) The term 'eligible entity' means any indi-
8 vidual or entity, or any individual or entity acting on
9 behalf of such individual or entity that does not sup-
10 ply health care items as the primary occupation of
11 the individual or entity.
12 ''(2) The term 'established patient' means an
13 individual who—
14 ''(A) has selected and scheduled an ap-
15 pointment with a radiation therapy provider or
16 radiation therapy supplier; or
17 ''(B) has attended an appointment with
18 such provider or supplier.
19 ''(3) The terms 'radiation therapy provider',
20 'radiation therapy services', and 'radiation therapy
21 supplier' have the meaning given such terms in sec-
22 tion 1866G(k).
23 ''(4) The term 'rural area' means an area that
24 is not an urban area.
25 ''(5) The term 'transportation services'—

1 "(A) means the provision of free or dis-
2 counted transportation made available to Fed-
3 eral health care program beneficiaries receiving
4 radiation therapy services;
5 "(B) includes car services, ride shares, and
6 public transportation; and
7 "(C) does not include air, luxury, or ambu-
8 lance-level transportation.
9 "(6) The term 'urban area' means—
10 "(A) a Metropolitan Statistical Area or
11 New England County Metropolitan Area, as de-
12 fined by the Office of Management and Budget;
13 "(B) Litchfield County, Connecticut;
14 "(C) York County, Maine;
15 "(D) Sagadahoc County, Maine;
16 "(E) Merrimack County, New Hampshire;
17 and
18 "(F) Newport County, Rhode Island.".

19 **SEC. 5. EXEMPTION OF RADIATION ONCOLOGY CASE RATE**
20 **VALUE BASED PAYMENT PROGRAM FROM**
21 **BUDGET NEUTRALITY ADJUSTMENT RE-**
22 **QUIREMENTS.**

23 (a) PAYMENT OF BENEFITS.—Section 1833(t) of the
24 Social Security Act (42 U.S.C. 1395l(t)) is amended by
25 adding at the end the following new paragraph:

1 "(23) NON BUDGET NEUTRAL APPLICATION OF
2 REDUCED EXPENDITURES RESULTING FROM THE
3 RADIATION ONCOLOGY CASE RATE VALUE BASED
4 PAYMENT PROGRAM.—The Secretary shall not take
5 into account the reduced expenditures that result
6 from the implementation of section 1899C in making
7 any budget neutrality adjustments under this sub-
8 section.".
9 (b) PAYMENT FOR PHYSICIANS' SERVICES.—Section
10 1848(c)(2)(B) of the Social Security Act (42 U.S.C.
11 1395w–4(c)(2)(B)) is amended—
12 (1) in clause (iv)—
13 (A) in subclause (V), by striking "and" at
14 the end;
15 (B) in subclause (VI), by striking the pe-
16 riod at the end and inserting "; and"; and
17 (C) by adding at the end the following new
18 subclause:
19 "(VII) section 1899C shall not be
20 taken into account in applying clause
21 (ii)(II) for a year following the enact-
22 ment of section 1899C."; and
23 (2) in clause (v), by adding at the end the fol-
24 lowing new subclause:

1 "(XII) REDUCED EXPENDITURES
2 ATTRIBUTABLE TO THE RADIATION
3 ONCOLOGY CASE RATE VALUE BASED
4 PAYMENT PROGRAM.—Effective for
5 fee schedules established following the
6 enactment of section 1899C, reduced
7 expenditures attributable to the Radi-
8 ation Oncology Case Rate Value
9 Based Payment Program under sec-
10 tion 1899C.".