



September 9, 2024

VIA Electronic Submission to www.regulations.gov

Ms. Chiquita Brooks-LaSure
Administrator
Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, MD 21244-1850

RE: Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments [CMS-1807-P]

Dear Administrator Brooks-LaSure:

On behalf of the National Association for Proton Therapy (“NAPT”), we are pleased to submit comments to the Centers for Medicare & Medicaid Services (“CMS”) in response to the above-captioned CY 2025 Medicare Physician Fee Schedule (“MPFS”) Proposed Rule (the “Proposed Rule”).¹

NAPT is a nonprofit organization of world-renowned cancer centers, a number of whom are National Cancer Institute (NCI) designated comprehensive cancer centers and National Comprehensive Care Network (NCCN) members.² NAPT’s mission is to work collaboratively to: (i) educate and raise awareness of the clinical benefits of proton therapy among patients, providers, payers, policymakers, and other stakeholders, (ii) ensure patient choice and access to affordable proton therapy, and (iii) encourage cooperative research and innovation to advance the appropriate and cost-effective utilization of proton therapy for certain cancers.

Our comments on the CY 2025 MPFS Proposed Rule address the following:

- Request to Address Drop in Conversion Factor; and
- Feedback on Roadmap for Future Practice Expense Updates

Our detailed comments are presented below.

A. Request to Address the 2.80% Reduction to Conversion Factor

Medicare physician payment is based on the application of a dollar-based conversion factor (CF) to work, practice expense (PE) and malpractice relative value units (RVUs), which are then geographically adjusted. The CY 2025 proposed resource-based relative value scale (RBRVS) CF is \$32.3562, a decrease of \$0.9313 or negative 2.80 percent from the CY 2024 RBRVS CF of \$33.2875.³ NAPT has concerns about the magnitude of the cuts to payments that providers continue

¹ 89 Fed Reg. 61596 (July 31, 2024) (CY 2025 MPFS Proposed Rule)

² Listing of members can be found on the NAPT website, please visit: <http://www.proton-therapy.org>.

³ 89 Fed Reg. 62158 (July 31, 2024) (CY 2025 MPFS Proposed Rule)

to face. We recognize the limited authority CMS has to modify statutorily mandated budget neutrality adjustment when calculating updates to the conversion factor. However, we are concerned about the continuing cascading impact that these drops in the RBRVS CF have on both physician practices and clinical patient outcomes.

Full resolution of this issue may require action by Congress and others outside of CMS. NAPT strongly urges CMS to use all administrative authority it can lawfully take as well as to coordinate with these entities to mitigate these significant cuts to the fee schedule. The magnitude of the proposed cuts to the RBRVS CFs is substantial especially in light of the continuing financial struggles for practices that have experienced significant cost increases due to inflation and may still be recovering from the COVID-19 pandemic. The proposed RBRVS CF of \$32.3562 is actually 12-percent less than the RBRVS CF in 1998 of \$36.6873 (the first year that CMS established a single RBRVS CF) despite the fact that costs have increased by 92-percent over the same time period.⁴ ***We ask CMS to take measures to protect our nation's medical practitioners and suppliers and the patients that they serve.***

B. Request for Feedback on Roadmap for Future Practice Expense Updates

In recent years, CMS has developed policies geared toward providing more consistent updates to the direct practice expense inputs, including supply and equipment pricing updates finalized in CY 2019 and clinical labor pricing updates finalized in CY 2022, each phased in over a four-year period. In the CY 2025 MPFS Proposed Rule, CMS requests general information from the public on ways the agency can continue to improve the stability and predictability of future updates and specifically seeks feedback from interested parties on scheduled, recurring updates to PE inputs for supply and equipment costs.

With regards to broad efforts in developing a future roadmap for updates, we support the Agency's interest in accounting for changes in the health care landscape. We urge that any changes the Agency considers should be made carefully to ensure they reflect actual practice costs incurred by all types of physician practices and other service suppliers. More specifically, we put forth the following recommendations:

- Provide transparency in the timing of these updates to the supply and equipment PE inputs
- Give greater granularity into the data sources that serve as the basis of input pricing changes (e.g., invoices, web-based research)
- Maintain the current process that allows for invoice submission in advance of rulemaking each year in February

Finally, all changes that impact physician practices should be phased in so as to minimize the redistributive impact on payment.

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We appreciate the opportunity to submit comments in response to the CY 2025 MPFS Proposed Rule. Please contact Jennifer Maggiore at jennifer@proton-therapy.org if you have any questions or need additional information.

⁴ From July 1998 to July 2024, the CPI-U has increased from 163.2 to 314.540 (Sources: Bureau of Labor Statistics (<https://www.bls.gov/cpi/tables/historical-cpi-u-201710.pdf>, <https://www.bls.gov/news.release/pdf/cpi.pdf>)). The CPI-U for Medical Care grew at an even higher percentage, 149.7%, from 244.7 to 611.137 during the same timeframe ([Consumer Price Index 1998](#) and [CPI-U by Expenditure Category, 2024](#))

Administrator Brooks-LaSure
September 9, 2024
CMS-1807-P
Page 3

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Maggiore". The signature is written in a cursive, flowing style.

Jennifer Maggiore
Executive Director, NAPT