

The New **Radiation Oncology Case Rate Value-Based Payment Program Act (S.4330/H.R. 8404)** will increase patient access to care, enhance the quality of cancer treatments, reduce disparities for rural and underserved patients, and lower Medicare and patient spending.

BACKGROUND

Radiation therapy is a highly cost-effective cancer treatment. In fact, Medicare spends less on radiation oncology than it does on just two cancer drugs, yet radiation oncologists treat more than three times as many beneficiaries. Despite this high value, Medicare has cut radiation oncology payments more than nearly all other physician specialties, threatening access to state-of-the-art cancer care close to home. **The current Medicare payment system is broken and fails to support the higher quality care patients deserve.**

THE FACTS

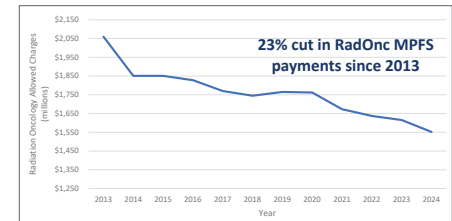
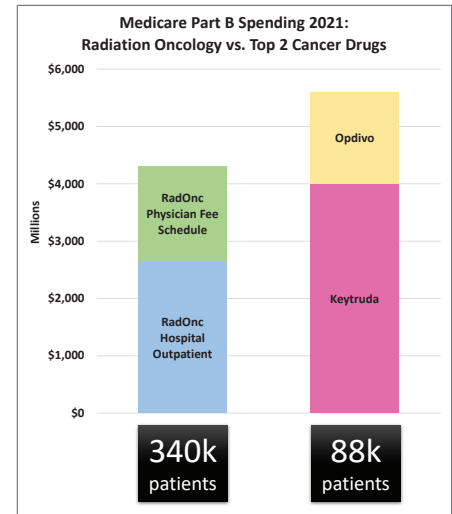
- Medicare has cut radiation oncology physician fee schedule payments by 23% since 2013, leading to challenges accessing care.
- Practice costs are rising, as cutting-edge technology and skilled staff get more expensive.
- More Medicare beneficiaries and cancer survivors need access to lifesaving radiation therapy close to home to complete treatment regimens successfully.

Without stable payments, access to quality care will suffer.

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. **Radiation oncologists are committed to payment reform that achieves better outcomes and lower costs for patients, as well as creating savings for Medicare.**

WHY ROCR? Because it will:

- ✓ Increase value-based care by changing radiation oncology payment **from per treatment to per patient**, similar to other payment reform models.
- ✓ End decade-long declines in Medicare payments for radiation therapy services, protecting the viability of clinics across settings.
- ✓ Build off payment reforms for other capital-intensive health care services, such as End Stage Renal Disease.
- ✓ Unify payments across different care settings, and
- ✓ **Save Medicare more than \$200 million over 10 years.**



ROCR FOR PATIENTS. Enhances patient care by:

- Supporting shorter treatments for certain cancers, when appropriate, allowing patients more time to work and spend time with family and loved ones.
- Ensuring access to technologically advanced cancer treatments close to freestanding and hospital clinics where patients live.
- Using a systematic approach to **improve quality and protect patient safety.**
- Reducing disparities that limit underserved and rural patients from accessing and completing treatments.

HOW ROCR WORKS.

1. Sets case rates derived from values published by Medicare for 15 cancer types commonly treated with radiation therapy.
2. Applies an annual inflationary update and savings adjustment.
3. Adds funds to cover transportation services for eligible rural and underserved patients to reduce disparities.
4. Adjusts payment based on practice accreditation, which ensures comprehensive quality assurance and improvement.

Launch a new era of stable payments, higher quality care, lower costs, and reduced disparities by cosponsoring the **ROCR Value-Based Payment Program Act (S.4330/H.R.8404).**

ASTRO is grateful to the following Members of Congress for their years of efforts on behalf of thousands of radiation oncology providers across the country and the patients with cancer we treat: **Senator Thom Tillis (NC), Congressmen Brian Fitzpatrick (PA-01), Jimmy Panetta (CA-19), John Joyce, MD (PA-13), and Paul Tonko (NY-20).**

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Follow this link to ASTRO's ROCR section-by-section, legislative text, and a growing list of supporting organizations!