

228 Lawmakers Threaten Legislative Fix If CMS Doesn't Stabilize Radiation Oncology Pay

A bipartisan group of 228 lawmakers warned that if CMS doesn't stabilize payments to freestanding radiation oncology centers, they'll consider a legislative fix. Radiation oncologists disagree over legislative options to stabilize their Medicare reimbursement.

"We look forward to working with you to ensure that community-based oncologists have the payment stability necessary to ensure our constituents have access to the radiation oncology they need, including continued dialog regarding potential legislative options that achieve these goals," according to a letter spearheaded by Senators Richard Burr (R-NC) and Debbie Stabenow (D-MI).

Senators, House representatives and the Congressional Black Caucus sent separate letters asking CMS to scrap its proposal to cut freestanding oncology center pay by 6 percent in 2016. The agency has targeted the sector with cuts for several years. Often, CMS backs off those proposed cuts, but the lawmakers say freestanding oncology centers should not have to operate under the constant threat of major reductions to Medicare reimbursement.

The Congressional Black Caucus is involved because CMS is proposing especially deep pay cuts to therapies that disproportionately hurt blacks and latinos. CMS proposes to cut pay by 25 percent for

prostate intensity-modulated radiation therapy (IMRT) and by 19 percent for breast cancer IMRT. The death rate for prostate cancer is 2.4 times greater for black men than white men. Black women also have higher death rates from breast cancer than white women and black women are more likely to have mastectomies instead of getting radiation oncology treatments that could avoid surgeries. The Caucus is concerned about the impact that these cuts could have on all patients' access to care, specifically African Americans.

The Radiation Therapy Alliance and the American Society for Radiation Oncology (ASTRO) praised the letters. However, the groups disagree over legislative solutions. The Radiation Therapy Alliance would like to stabilize payment rates until alternative payment models take effect in 2019 by setting payment for freestanding centers at a fixed percentage of hospital payment.

ASTRO has serious concerns with the Radiation Therapy Alliance's proposed legislative approach. ASTRO states that it would be difficult to tie payment for radiation oncology services at hospitals to pay for those services at freestanding centers because CMS calculates hospital outpatient payment differently than physician payment, which is how freestanding centers are reimbursed.