Reps. Brian Fitzpatrick (PA-1), Jimmy Panetta (CA-19), John Joyce, M.D. (PA-13), and Paul Tonko (NY-20) introduced the bipartisan Radiation Oncology Case Rate (ROCR) Value-Based Program Act of 2024 on May 15th. The ROCR Act would modernize Medicare reimbursement for radiation therapy. This legislation would safeguard access to high quality cancer treatments for patients nationwide, improve patient outcomes and reduce health disparities while generating savings for Medicare.

ROCR would also end decade-long declines in Medicare payments for radiation therapy, which is prescribed to more than a million Americans with cancer each year. Despite the outsized value that radiation oncology delivers for patients and Medicare, reimbursements for radiation therapy under the Medicare Physician Fee Schedule have been cut by 23% over the past decade, more than nearly any other medical specialty.

ROCR program shifts Medicare’s current per-treatment payment system to a more patient-centered approach. With substantial advances in cancer treatment, shorter courses of radiation therapy are increasingly recommended in evidence-based clinical guidelines, yet the outdated fee-for-service approach of Medicare’s current payment system penalizes radiation oncologists for following best practices in patient care.

ROCR builds off the strengths of the indefinitely-delayed Medicare-proposed Radiation Oncology Alternative Payment Model — specifically the use of episode-based payments — and seeks to address its shortcomings, including outsized payment cuts, burdensome quality requirements and the absence of mechanisms to reduce disparities.

Senator Thom Tillis (R-NC) introduced the ROCR Act (S. 4330) into the Senate the previous day on May 14th.