ASTRO’s 2017 Legislative Priorities
Table of Contents

Preserving Access to Care Through:

Stable Medicare Payments

Alternative Payment Models (APMs)

Promoting Stable Cancer Research Funding

Protecting Access to Radioactive Isotopes

Avoiding Disruptions in Coverage for Cancer Patients
Radiation oncology rates have sustained significant cuts in recent years resulting in cumulative reductions in reimbursement totaling approximately 20 percent for freestanding cancer centers. Passage of the Patient Access and Medicare Protection Act (PAMPA) has created a bridge enabling the field of radiation oncology to work with the Centers for Medicare and Medicaid Services on treatment delivery coding and valuation issues, as well as alternative payment models (APM).

Where do we go from here?

Congress must prevent any additional payment cuts to community-based radiation therapy centers and preserve access to these critical services.

2014 Medicare Spending: Oncology Drugs vs. Radiation Oncology (per $billion)

- Radiation Oncology: 2%
- Part B Oncology Drugs: 98%

Medicare Part B Spending

98%
Radiation oncology reimbursement rates have sustained significant cuts in recent years resulting in cumulative payment reductions totaling approximately 20 percent for freestanding cancer centers. While passage of the Patient Access and Medicare Protection Act (PAMPA) has temporarily created a more stable environment to allow the Centers for Medicare and Medicaid Services to work on critical coding and valuation issues and development of alternative payment models (APMs), it is important to prevent any additional payment cuts to community-based radiation therapy centers and preserve access to these critical services. Some of these centers are in rural areas where there are already barriers to care. Inadequate payment rates exacerbate access issues in rural and underserved areas.

**BACKGROUND**

We want to thank you for supporting the bipartisan Patient Access and Medicare Protection Act (PAMPA) passed in 2015.

This legislation stopped additional cuts to reimbursement, following cumulative cuts of 20% sustained by radiation oncology over the past 8 years.

PAMPA was meant to provide stability in reimbursement as the system transitions to one focused on quality, as envisioned by MACRA.

If PAMPA runs out before payments are stabilized and APMs are operational, access to care will be threatened.

If those reimbursement rates are not fully reflective of the true costs of providing care, the foundation for APMs will be based on rates far below what can be sustained.

We are concerned that continued instability will jeopardize access to care and restrict efforts to transition into APMs that will improve quality.

We urge Congress to review the history of continued cuts to the specialty and understand the impact these cuts have on patient care.

We ask that you join your colleagues in showing your continued commitment to supporting community cancer care by signing onto a Congressional letter to HHS.
PROVIDE OPPORTUNITIES TO PARTICIPATE IN ALTERNATIVE PAYMENT MODELS

ASTRO HAS BEEN WORKING WITH STAKEHOLDERS TO DEVELOP A RADIATION ONCOLOGY ALTERNATIVE PAYMENT MODEL (APM) THAT DRIVES GREATER VALUE IN CANCER CARE AND ACHIEVES THE GOALS OF MACRA.

TO REALIZE THE GOALS OF MACRA, IT IS CRITICAL THAT RADIATION ONCOLOGISTS HAVE THE OPPORTUNITY TO FULLY PARTICIPATE IN AN ADVANCED APM.

THE ONCOLOGY CARE MODEL IS THE ONLY ONCOLOGY-FOCUSED MODEL IN THE ADVANCED APM PORTFOLIO BUT DOES NOT ADDRESS HOW MANY CANCERS ARE TREATED.

APMS SHOULD BE PATIENT-CENTERED AND GUIDELINE-BASED FOR A BROAD RANGE OF SERVICES—INCLUDING RADIATION THERAPY—TO PROVIDE CANCER PATIENTS WITH THE BEST OUTCOMES AND LOWER OVERALL COSTS.
The Medicare Access and CHIP Reauthorization Act (MACRA), passed in 2015, replaced the untenable sustainable growth rate (SGR) formula with the Quality Payment Program (QPP), which is intended to transition the health care system away from a fee-for-service model. The ultimate goal of this legislation is to transform the payment system into one that rewards physicians for providing high-quality, low-cost care, shifting the focus from volume to value. The QPP provides a vehicle for physicians to develop and implement alternative payment models (APMs) that are meaningful to their specific patient population and practice. The QPP is launching this year with only one Advanced APM relevant to cancer care. Known as the Oncology Care Model (OCM), this Advanced APM is focused on chemotherapy cancer treatment. It does not focus on significant areas of cancer care, including radiation oncology.

**BACKGROUND**

ASTRO supports and is an active participant in the development of a new value-based Medicare physician payment system, known as the QPP, under MACRA.

ASTRO is working to ensure that all radiation oncologists can actively participate in the QPP, including the Merit-based Incentive Program (MIPS) and APMs.

ASTRO has been working with stakeholders to develop a Radiation Oncology APM that meets the criteria of MACRA.

The model involves episodes of care for radiation oncology and applies quality measures to four distinct disease sites: breast, prostate, lung and colorectal cancers. The model features shared savings to the Medicare program and participating radiation oncologists.

ASTRO urges Congress to use its oversight authority to ensure that:

- Radiation oncologists and all physicians have the opportunity to participate in an Advanced APM that supports higher quality care at lower cost, consistent with the goals of MACRA.
- CMS can build upon its work on the OCM to launch models that reflect the multidisciplinary nature of how most cancers are treated.
- The MIPS “Pick Your Pace” approach is continued in 2018 to ensure that physicians can get off to the right start and develop the infrastructure to succeed in future years.
- Protect against overly burdensome reporting requirements under the QPP that would have a chilling effect on MIPS participation and quality improvement.
THE FIGHT AGAINST CANCER IS NOT FINISHED

CONGRESS SHOULD PRIORITIZE FUNDING FOR PROJECTS THAT LEVERAGE EFFECTIVE EXISTING TREATMENTS, SUCH AS RADIATION THERAPY, AND NOVEL TREATMENTS TO IMPROVE CURE RATES AND PATIENT OUTCOMES.
ASTRO applauds Congress’ long-standing support for biomedical research and appreciates the passage of the 21st Century Cures Act, particularly its increase in funding for cancer research at the National Institutes of Health (NIH) and the National Cancer Institute (NCI). The additional funding and structural improvement will help drive advancement cancer treatment. The federal investment in cancer research has played a role in every major innovation in the fight against cancer, including significant advances in radiation oncology, and has led to a decline in the overall number of cancer deaths in the United States.

BACKGROUND

- Cancer deaths are **down 23%** in the last 21 years. There are currently **15 million** people living with cancer. **Treatments are improving.**

- Colon cancer incidence in people under 50 has **increased 22%** from 2000-2013. **More research is needed** to understand why and also what combination of treatments, including radiation therapy, will be **most effective** for this growing demographic.

- Recent research is investigating the role that radiation plays in **increasing the efficacy** of immunotherapy.

- **Unpredictable funding** leads to interruptions in progress and causes leading scientists to leave the research field.

- In 2020, the economic **impact of cancer** will be roughly **$460 billion** in direct medical costs and lost wages.

  The President’s budget proposes **cutting $6 billion** from the $32 billion NIH budget, which **could lead** to a **$1 billion cut in NCI’s $5 billion budget**, or about a **20% cut**.

- We ask that Congress **reject any proposed cuts** to NIH/NCI and instead **support an increase** in NIH’s total budget of $2 billion, with a proportional increase for NCI.
PROTECT ACCESS TO RADIOACTIVE ISOTOPES

SAFETY

The culture of safety and quality is woven through every step of the radiation therapy process, to ensure that the safest and most effective care is delivered to patients.

SECURITY

The Nuclear Regulatory Commission (NRC) is the only federal government agency required to measure both the risks and the benefits of radioactive isotopes through the licensing process, which ensures safety and security for all domestic radioisotope users.

ENACTING GOVERNMENT MANDATES TO ABANDON RADIOACTIVE SOURCE-BASED TECHNOLOGY IN HEALTH CARE WOULD PUT CANCER PATIENTS AT RISK.

SAFE USE OF ISOTOPES IS ALL AROUND US

WELDS USED IN BRIDGES ARE X-RAYED TO ENSURE INTEGRITY

HOSPITALS USE SEALED SOURCE ISOTOPES DELIVERING RADIATION THERAPY AND ALSO FOR EQUIPMENT STERILIZATION

DRILLING FOR FUEL USES SOURCE MATERIALS
PROTECTING ACCESS TO RADIOACTIVE ISOTOPES

BACKGROUND

Radiation therapy requires strict adherence to inviolable policies and procedures that ensure secure storage and handling, use and disposal of these materials. A recent Nuclear Regulatory Commission (NRC) analysis\(^1\) found that, for 30 years, there have been no violations with actual safety or security consequences, and the nation’s robust regulatory infrastructure has appropriately managed the protection of sources. Despite radiation oncology’s culture that prioritizes safety and security, there remain attempts by those concerned about potential radiologic incidents to limit access to these cost-effective treatments that often cure cancer. Misinformation can lead to fear-driven policies that could potentially reduce access to radiation therapy. Additionally, pressures to abandon these technologies in favor of “replacement technologies” fail to consider that, in most cases, there are no equivalent technologies.

- A culture of safety and quality is woven into the fabric of radiation oncology, with checks and balances at every level to ensure that the safest and most effective care is delivered to patients.

- Radiation oncologists and medical physicists receive extensive training in the safe use of radioactive isotopes.

- The NRC has a strong track record and is uniquely situated to maintain safety and security for all domestic radioisotope users, including the medical use of radioactive isotopes. Further, it is the only agency within the federal government required to measure both the risks and benefits of radioactive isotopes through its licensing process.

- Cancer care is highly personalized and having access to all therapies ensures the most successful outcome. Limiting access to radiation therapy could result in lower overall effectiveness, higher mortality and recurrence rates, and would represent a major step back in cancer care. Calls to abandon radioactive source-based technology in health care could interfere with physician and patient treatment decisions, leading to less effective cancer treatments.

- In addition to being one of the leading treatments available in the fight against cancer, the industry also contributes to the financial health of the country by employing tens of thousands of individuals. In addition to health care, radioisotopes play a vital role in all aspects of our economy, including agriculture, gas and manufacturing.

- We are committed to promoting policies that enhance the safe and effective use of radioisotopes. We ask that Congress and the administration strive for the same goals.

As the new Congress and administration wrestle with policy decisions on the provision of high quality, affordable coverage, ASTRO urges policymakers to include physicians in discussions surrounding federal policies related to patient care. ASTRO recommends that the following bipartisan principles act as a guidepost for Congress as it considers alternative approaches to provide cancer patients and all Americans with quality care.

### Access
- Maintain bans on pre-existing condition exclusions and annual and lifetime limit caps
- Preserve guaranteed issue and guaranteed renewability
- Access to clinical trials
- Safeguard access to cancer screening and prevention programs

### Affordability
- Prohibit cost-shifting to cancer patients and providers to cover uncompensated or underfunded care
- Provide sufficient funds for public health, preventive services and patient navigator services for cancer patients

### Quality and Efficiency
- Simplify burdensome systems to reduce costs, create a more efficient system and maximize funding for health care services
- Ensure that patient safety and quality programs improve quality and enhance the doctor/patient relationship and are meaningful to patient and physician alike

### Network and Benefit Design
- Provide access to specialty care, provider choice and the range of services that cancer patients need
- Health plans must provide useful, understandable information about health plan options, physician specialist networks and transparent provider network participation criteria
Earlier this year, Congress attempted to pass the American Health Care Act (AHCA). This bill represents the first of what could be many efforts that Congress may undertake to replace portions of the Affordable Care Act. Supporters of the bill have said that their overall goal is to provide access to care, increase choice and reduce premiums and health care costs; however, ASTRO is concerned that cancer patients may be adversely impacted by some of the AHCA provisions. As we expect these discussions to be ongoing for a considerable length of time, it is important that we maintain an open dialogue with lawmakers on both sides of the aisle to educate them on the unique needs of cancer patients.

ASTRO appreciates efforts to provide Americans access to affordable coverage.

However, we are concerned that the some of the proposals put many Americans living with and fighting cancer at too great a risk.

We believe that any proposal considered should:

- maintain bans on pre-existing condition exclusions and annual and lifetime limit caps.
- preserve guaranteed issue and guaranteed renewability.
- protect access to clinical trials.

We are also concerned the some proposals shift the financial burden to the patients and the physicians and providers that treat them.

We encourage Congress move forward on a bipartisan basis to create a system that provides affordable, quality coverage for all Americans.