



June 3, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-5527-P2 – Radiation Oncology (RO) Model Proposed Rule
87 Fed. Reg. 20800 (April 8, 2022)

Dear Secretary Becerra and Administrator Brooks-LaSure:

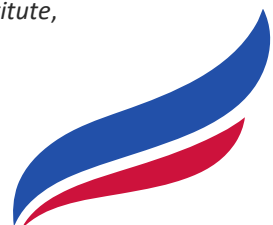
The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the proposed rule delaying the implementation of the Radiation Oncology (RO) Model. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

ACS CAN supports CMS' decision to delay implementation of the RO Model. We agree with CMS that multiple legislative delays of the RO Model have posed challenges for RO participants as they work to implement RO Model changes and educate beneficiaries about what these changes will mean for their care. We encourage CMS to reach out to stakeholders to assist with the development of these materials and we welcome the opportunity to be part of that process.

The delay is particularly warranted given the COVID-19 pandemic's negative impact on cancer screening rates¹ potentially resulting in patients who are treated for cancer with radiation having more advanced disease than before the COVID-19 pandemic. It is critical that access to needed treatment not be constrained during this period and we are concerned that imposing a new payment model, such as the RO Model, on practices already contending with the ongoing effects of the pandemic may result in the unintended consequence of impacting patients access to these critical services.

We do, however, support the concept of a value-based payment model for radiation oncology and hope that CMS will implement a version of the RO Model in the future, ensuring patient access is fully considered. As CMS continues to refine the model, we urge you to continue consulting with a variety of stakeholders – including cancer patients – to solicit input on changes that are needed to ensure that the RO Model can be operationalized in a manner that ensures a successful model for patients and their

¹ K Robin Yabroff, PhD, Xiao-Cheng Wu, MD, MPH, Serban Negoita, MD, DrPH, Jennifer Stevens, Linda Coyle, Jingxuan Zhao, MPH, Brent J Mumphrey, Ahmedin Jemal, DVM, PhD, Kevin C Ward, PhD, MPH, Association of the COVID-19 Pandemic With Patterns of Statewide Cancer Services, *JNCI: Journal of the National Cancer Institute*, 2021;, djab122, <https://doi.org/10.1093/jnci/djab122>.



radiation oncology providers. New models of care should not only improve care delivery and save money for the program, but should also help to make cancer care more affordable for patients.

We share CMS' commitment to addressing health equity and access to care issues and thus in a future version of an RO Model, we urge CMS to pay particular attention to how the model will impact care to beneficiaries who reside in rural areas where beneficiaries have a limited choice of providers. CMS should also pay particular attention to how an RO Model would further exacerbate transportation issues faced by beneficiaries. Transportation issues can also impede access to care for all beneficiaries. We urge CMS to ensure that beneficiary access issues are monitored in real time, allowing CMS to identify any potential problems that could negatively impact beneficiary access and address them before widespread issues result. Finally, because the RO Model has been delayed multiple times, we strongly urge CMS to engage in a robust beneficiary education campaign in those areas that are impacted by a future RO Model. Such educational materials should be developed in coordination with stakeholders, including patient advocates, to ensure that they address the needs of beneficiaries.

CONCLUSION

Thank you for the opportunity to comment on the Radiation Oncology Model proposed rule. If you have any questions, please feel free to contact me or have your staff contact Anna Schwamlein Howard, Policy Principal, Access and Quality of Care at Anna.Howard@cancer.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa A. Lacasse". The signature is fluid and cursive, with the first name "Lisa" and last name "Lacasse" clearly legible.

Lisa A. Lacasse, MBA
President
American Cancer Society Cancer Action Network