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Congress of the United States House of Representatives

Washington, **DC** 20515-1302

September 25, 2015

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, D.C. 20201

Dear Mr. Slavitt:

We are writing to express our strong objections to the Centers for Medicare and Medicaid Services (CMS) proposal in the Physician Fee Schedule for 2016 to cut Medicare payments for radiation therapy for patients with prostate and breast cancer. As you know, radiation therapy is an important treatment option for cancer patients, offering patients less invasive care that allows many patients to continue living their lives while receiving treatment. And, currently, freestanding radiation therapy centers serve more than 40% of all cancer patients and offer a convenient and personalized care alternative to hospital outpatient facilities.

Unfortunately, however, if CMS' proposed rule is finalized, freestanding radiation oncology services would face a 6% payment cut in 2016 on top of cumulative payment reductions of almost 20% over the last decade. These cuts would be particularly onerous to patients with prostate and breast cancer, the leading sites of all new cancer cases (excluding skin cancer) and the second leading cause of death. The proposed rule cuts payments for a total course of care for prostate and breast cancer patients by 25% and 19%, respectively. From a site-of-service perspective, the payments to freestanding centers are 36% and 32% less, respectively, than the hospital setting.

Overall, we are very concerned about the impact that these cuts could have on all patients' access to care, specifically African Americans. For example, peer reviewed data show that the lack of a radiation oncologist in less populated areas is associated with increased rates of prostate cancer mortality. African American men would be particularly vulnerable given that data shows the death rate for prostate cancer is 2.4 times higher in African American men than in white men. African American women also have higher death rates overall for breast and several other cancer sites. Moreover, African American women are less likely to receive breast conserving therapy than mastectomy. Because peer-reviewed literature shows that longer travel times to oncology care are associated with decreases in breast conserving therapy for women with breast cancer, these cuts will further disadvantage African American women.

In light of the important strides we have made in reducing disparities in cancer care and deaths from prostate and breast cancer in recent years, we strongly oppose these cuts to radiation

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therapy in the 2016 Physician Fee Schedule Proposed Rule and urge you to work to ensure access for *all* patients to the radiation oncology treatment they need.

Thank you in advance for your consideration.

Sincerely, Member of Congress Corrine Brown Member of Congress n Convers Member of Congres Alcee L. Hastings Member of Congress Member of Jerni Dewell Terri Sewell Member of Congress Bonnie Watson Coleman Member of Congress Donald M. Payne, Jr.

Member of Congress

e D. Clarke Member of Congress André Carson Member of Congress E. Cummings Member of Congress Barbara Lee Member of Congress David Scott Member of Congress Bennie Thompson Member of Congress Alma Adams Member of Congress Hank Johnson

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