

PROTECT ACCESS TO PROTON THERAPY

CY 2027 MEDICARE PHYSICIAN FEE SCHEDULE (MPFS) PROPOSED RULE

THE ISSUE:

Access to cancer care should be determined by medical need - not flawed reimbursement policy. The national pricing methodology for reimbursement of proton therapy included in the CY 2027 MPFS Proposed Rule does not come close to reflecting the actual costs of delivering proton therapy. If included in the Final Rule, many freestanding proton centers across 11 states would be in imminent jeopardy of being financially unsustainable.

The 52 proton centers in the U.S. represent a critical component of our nation's cancer care infrastructure and should be supported by payment policies that preserve patient access to a treatment that preserves healthy tissue, reduces treatment-related side effects, and improves outcomes for appropriately selected patients.

Freestanding cancer centers with proton therapy already face rising costs and inadequate reimbursement. Today, fewer than 9% of eligible patients receive proton therapy. If these cuts to reimbursement are finalized, that number will decline as financially unsustainable centers are forced to limit patient care and close their doors to the community.

BENEFITS OF PROTON THERAPY

- Proton therapy delivers radiation directly to a tumor while reducing exposure to nearby healthy organs and tissues. This precision is especially important for children and young adults, for patients whose tumors are close to critical organs, and for those who need treatment in an area that has already received radiation.
- By reducing treatment-related complications and acute toxicity, proton therapy is associated with higher survival rates in certain cancers, fewer hospitalizations, fewer emergency department visits, and lower overall Medicare spending during the 90-day episode of care.
- Local access is essential for patients, as radiation therapy is a daily treatment administered for many weeks or even months at a time.

KEEPING AMERICA HEALTHY REQUIRES ACCESS TO EFFECTIVE CANCER CARE

- The Trump Administration has committed to improving cancer treatment, advancing medical innovation, and helping Americans live longer, healthier lives.
- The CMS rulemaking process should support those goals, not create new barriers to a treatment that protects healthy tissue and can reduce the long-term burden of cancer care.
- The policy would discourage future investment in specialized cancer care and weaken the clinical research conducted through these advanced cancer centers. More than 60 new cancer centers with proton therapy are being developed in countries like China, India, Korea, Italy, Spain, Taiwan, among others.

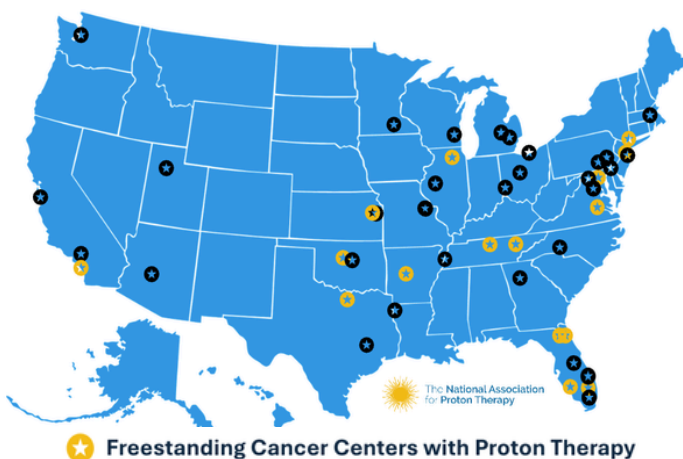
WHY THE PROPOSED POLICY IS FLAWED

- The national pricing proposal in the Rule would replace Medicare Administrative Contractor pricing with a national methodology that does not fully reflect the specialized equipment, highly complex case mix, increased staffing requirements, and extensive clinical resources required to deliver proton therapy and contribute to clinical research.
- This flawed methodology would reimburse freestanding centers at a rate approximately 30% less than hospital outpatient departments for the same treatment, even though proton therapy has the same resource intensity and therefore costs across both settings.
- CMS should use validated, evidence-based methodology to determine reimbursement for advanced cancer treatments like proton therapy, ensuring that patients have access to precise, targeted care rather than having treatment options limited by poorly designed payment models.

THE ASK

NAPT and proton therapy providers across the country are urging CMS to NOT include this flawed national pricing proposal in the CY 2027 MPFS Final Rule and instead continue further dialogue with stakeholders to develop a national payment approach that accurately reflects the cost of providing this highly specialized treatment.

PLEASE JOIN IN OUR CONCERN.



PATIENT ACCESS DEPENDS ON WHERE CARE IS AVAILABLE

65%+

Of patients live 100+ miles from the nearest proton therapy center.

With only 50 centers nationwide, losing access at even a few locations could leave patients hundreds of miles from treatment.