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Testimony of:

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The American Society for Radiation Oncology (ASTRO) represents more than 10,000 members who strive to give cancer patients the best possible care and to advance the science of oncology. ASTRO's membership includes radiation oncologists, nurses, cancer biologists, medical physicists, and other health care professionals who specialize in treating patients with radiation therapy. Our members work in various clinical settings including hospitals, freestanding community-based radiation oncology centers, and academic research institutes. Together, they make up the radiation therapy treatment teams that are critical in the fight against cancer. Of the estimated 1.76 million people diagnosed with cancer each year, ASTRO's medical professionals treat more than one million of them, as approximately 60 percent of all cancer patients receive some form of radiation therapy as part of their treatment. As the leading organization in radiation oncology, ASTRO is dedicated to improving patient care through professional education and training, support for clinical practice guidelines, the advancement of research, patient education, and advocacy.

Radiation Therapy

Radiation therapy, or radiotherapy, is the use of ionizing radiation to treat cancer and certain other diseases. Radiation therapy is proven to be safe and effective across a broad spectrum of cancer types. Radiation therapy works by disrupting the genetic material that drives cancer cells to grow and spread. When these damaged cancer cells die, the body's natural healing processes remove them. Normal tissues are also affected by radiation, but they are able to repair themselves in ways that cancer cells cannot. Radiation therapy has many benefits, including allowing patients to maintain their quality of life during treatment. Nearly all radiation therapy treatments are delivered as out-patient procedures.

Modern cancer care requires the coordination of multiple cancer disciplines and specialists who contribute to the overall care and well-being of the patient. For each patient, radiation oncologists develop and operationalize a multi-step, customized plan to deliver radiation exclusively to the tumor-

bearing area while protecting the surrounding normal tissue to the maximum extent possible. Radiation therapy is delivered in several ways: externally, internally, and through surface application. During external beam radiation therapy, the radiation oncology team uses a machine to direct high-energy x-rays or particle beams toward the cancer. Internal or surface radiation therapy, also called brachytherapy, involves placing radioactive material (i.e., radioactive seeds) inside the patient or on the surface of their body. Depending on patient-specific considerations, the total radiation dose prescribed for the patient may be given in one session or over the course of multiple sessions. Systemic therapies, such as chemotherapy or immunotherapy, are often combined with radiation therapy to provide synergistic benefits for patients with certain types of cancer. In some cases, radiation therapy is used as the only treatment modality and is directed locally to the tumor, and in other cases it is given pre-or post-surgery to maximize the chance of the complete eradication of a primary tumor.

Investments in Radiation Oncology Care

ASTRO's membership is committed to putting patients first by delivering high-quality cancer care. Radiation oncology centers differ from most other specialty centers in that they have extremely high fixed costs. The minimum total capital required to build a freestanding radiation oncology center is approximately $5.5 million. These facilities require an additional minimum $2 million in annual operating and personnel expenses. A linear accelerator is the primary machine used to provide radiation treatment, and it stands about nine feet tall and 15 feet long and weighs more than nine tons. The machine must be housed in a specially shielded room with thick concrete walls. As a result, millions of dollars are needed to install the basic machinery before the first patient is seen built. This substantial upfront capital investment, combined with required machine maintenance contracts and salaries for highly skilled technical staff, means that fixed costs in radiation oncology are significant. Like all businesses, radiation oncology practices need to meet their regular financial obligations to keep their

doors open, which is why the increasingly restrictive coverage policies and benefit managers' "denial-by-delay" tactics must be addressed to protect patient access to life-saving cancer care.

Prior Authorization Negatively Impacts Cancer Patient Outcomes

Prior authorization requires physicians to obtain approval from health insurance companies to prescribe a specific treatment, procedure, or medication for their patients. Prior authorization is intended to minimize health care costs, but this is often done at the expense of a patient's well-being. When prior authorization is required, insurance companies will only pay physicians if the medical care has been pre-approved by the insurance company or a benefit manager.

Nationwide, physicians and their patients are bearing the brunt of excessive prior authorization practices. In September 2018, the Office of the Inspector General (OIG) released a report on Medicare Advantage Organization (MAO) appeal outcomes. The OIG found that many MAO denials were overturned upon appeal.

> "The high number of overturned denials raises concerns that some Medicare Advantage beneficiaries and providers were initially denied services and payments that should have been provided. MAOs may have an incentive to deny preauthorization of services for beneficiaries, and payments to providers, in order to increase profits."[1]

In an ASTRO survey of radiation oncologists, longer treatment delays due to prior authorization for Medicare Advantage plans were reported versus private payers. The payment delays and outright denials have created immense instability throughout the field, specifically jeopardizing the continued viability of these free-standing centers and patient access to the high-level care the centers provide.

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[1] U.S. Government Accountability Office, Office of the Inspector General. 25 September 2018. *Medicare Advantage Appeal Outcomes and Audit Findings Raise Concerns About Service and Payment Denials.* OEI-09-16-00410. https://oig.hhs.gov/oei/reports/oei-09-16-00410.pdf.

The purpose of prior authorization is to ensure patients receive the appropriate and most efficacious treatment for their conditions. When equivalent treatment options are available, prior authorization should ensure patients are treated in the most efficient way possible, thus preventing overutilization of medical services.

Radiation oncologists and cancer patients have been particularly hard hit by prior authorization's unnecessary burdens and interference in care decisions. In ASTRO's 2018 annual member survey, radiation oncologists named prior authorization as the greatest challenge facing the field. To determine the extent of the burden on patients treated by these physicians, ASTRO launched an additional nationwide survey of radiation oncologists in late 2018. An online survey was sent to all 3,882 radiation oncologists in ASTRO's member database, which includes 86% of board-certified radiation oncologists in the United States. Six hundred twenty physicians completed the survey via email. One email reminder was sent in January 2019, and the survey closed in February 2019. ASTRO staff also administered paper surveys at the ASTRO Annual Meeting in October 2018 and collected 53 responses for a combined total of 673 radiation oncologist responses.

The findings from ASTRO's physician survey align with recent reports from the American Medical Association (AMA)[2] and American Cancer Society Cancer Action Network (ACS CAN),[3] demonstrating the pervasiveness of prior authorization obstacles throughout the American health care system. Restrictive prior authorization practices cause unnecessary delays and interfere in care decisions for cancer patients.

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[2] Robeznieks, Andis. "1 in 4 doctors say prior authorization has led to a serious adverse event." *American Medical Association, Sustainability.* 5 February 2019. https://www.ama-assn.org/practice-management/sustainability/1-4-doctors-say-prior-authorization-has-led-serious-adverse.

[3] Harrington, Elizabeth. Campbell, Jay. "Key highlights from national surveys of cancer patients/caregivers and physicians who treat cancer patients." *American Cancer Society Cancer Action Network*. 12 March 2019. https://www.fightcancer.org/sites/default/files/National%20Documents/ACS%20CAN%20UM%20Survey%20Key%20Findings%203.28.19%20FINAL.pdf.

Nearly all radiation oncologists (93%) surveyed said their patients face delays in receiving life-saving treatments, and a third (31%) said the average delay lasts longer than five days – a full week of standard radiation treatments. These findings are cause for alarm given research linking each week of delay in starting cancer therapy with a 1.2% to 3.2% increased risk of death.[4] In addition to treatment delays, prior authorization adds stress to patients already concerned about their health. One survey respondent shared:

> "For many of my patients the prior authorization process adds significant stress and concerns over financial liabilities associated with treatment. When an initial submission is denied or delayed, and a peer-to-peer consultation is requested, this adds to the stress level. In these increasingly frequent instances, the authorization is not obtained for several days and can even exceed a week. Denials for a particular service are most traumatic experiences and I had several patients break down in tears fearing that they would now have to receive an inferior treatment."

More than seven in 10 radiation oncologists (73%) surveyed said their patients regularly express concern about the delay caused by prior authorization, and 32% of radiation oncologists were forced to use a different therapy for a substantial number of their patients due to prior authorization delays. One radiation oncologist illustrated the negative effects the prior authorization process had on his patient, saying:

> "In some situations, patients with severe acute problems such as obstructive tumors [or] painful tumors, rapid review still is multiple days. Certainly, this can lead to patients not overcoming a severe situation and [instead] dying from it. However, in addition, this can leave patients with

[4] Khorana AA, Tullio K, Elson P, et al. Time to initial cancer treatment in the United States and association with survival over time: An observational study [published correction appears in PLoS One. 2019 Apr 4;14(4): e0215108]. *PLoS One*. 2019;14(3): e0213209. Published 2019 Mar 1. doi:10.1371/journal.pone.0213209.

very severe symptoms while waiting for their treatment authorization to occur. The system is made to put off treatment for days at a time, which is very unfortunate. It is not right, it is inhumane."

Physicians also detailed many frustrations that reveal a broken prior authorization peer-review process. Many vented frustrations about an inability to get in touch with their peer-reviewer and peer-reviewers who took several days, or even weeks, to respond to requests.

More than four in 10 respondents (44%) said their peer-reviews typically are not conducted by a licensed radiation oncologist. Only a radiation oncologist has the proper training to determine if a radiation treatment is appropriate for the patient. As one survey respondent explained,

"Patients have experienced financial toxicity as treatments have been initiated [with] approval only to retroactively be rejected. Most frustrating is 'peer-to-peer' by non-radiation oncologists who simply state, 'The policy is to reject this,' with no ability to discuss the clinical case or provide medical judgement — not a fair representation of what 'peer-to-peer' should be."

Radiation oncologists increasingly are restricted from exercising their clinical judgment in determining what is in the best interest of their patients, yet they are held accountable for treatment outcomes even in situations when care decisions have been taken out of their hands by peer-reviewers.

Prior Authorization Takes Physicians Away from Caring for Their Patients

Nearly one in five radiation oncologists (17%) surveyed said they lose more than 10% of the time they could be caring for their patients on dealing with prior authorization. An additional 39% spend 5-10% of their average workday on prior authorization. More than 4 in ten radiation oncologists (44%) need prior authorization for at least half of their treatment recommendations. An additional third (37%) need it for at least a quarter of their cases. Eighty-five percent of respondents said that radiation

oncology benefit management companies (ROBMs), who perform prior authorization duties for insurance payers, required them to generate multiple treatment plans, which require physicians and medical physicists to spend several hours developing alternatives to their recommended course of treatment. While perhaps intended to reduce administrative burden, prior authorization instead increases burden. In fact, many radiation oncologists (63%) had to hire additional staff in the last year to manage the prior authorization process.

Many prior authorization practices are merely unnecessary delay tactics insurance payers use to deter physicians. This is illustrated by the fact that nearly two-thirds of radiation oncologists (62%) surveyed said most denials they receive from prior authorization review are overturned on appeal. These numbers are not consistent with the premise that prior authorization methods are being performed to protect patients and prevent overutilization of services. Rather, the high number of overturned denials raises concerns that some Medicare Advantage beneficiaries and providers were initially denied services and payments that should have been provided.

Patients at Community-based Clinics Face Disproportionate Burden from Prior Authorization

The majority of cancer patients receive care from private practitioners in community-based settings, and this is where the burden of prior authorization is especially pronounced. Patients treated at community-based, private practices experience longer delays than those seen at academic centers. For example, according to the survey, average treatment delays lasting longer than a week were reported by 34% of private practitioners versus 28% of academic physicians. Radiation oncologists in private practice are almost twice as likely to spend more than 10% of their day focused on prior authorization, compared to physicians at academic centers (23% versus 13%). These practices often have less staff to handle increased prior authorization requests, and radiation oncologists are forced to spend time on

prior authorization paperwork that they could better spend on patient care. One radiation oncologist in private practice reported:

> "The added anxiety from the letter that cancer patients receive from their health plan explaining that the care plan we submitted is not standard, or not approved according to their guidelines is absolutely unnecessary, since most times it gets approved on appeal. [This is] detrimental to patients already overwhelmingly anxious about life and death and undermines the sacrosanct doctor-patient relationship. This requires undue extraordinary reassurance and valuable time on our part."

Conclusion

Prior authorization is meant to ensure patients receive the appropriate and most efficacious treatment for their conditions, in the most efficient way possible. ASTRO's survey findings clearly show that current prior authorization practices do not meet these goals. If left unchecked, these methods will lead to increased financial toxicity and worse outcomes for cancer patients, as well as increased administrative burden for physicians.

The prior authorization process must be a productive use of physician and patient time, instead of a delay tactic that often results in no change of treatment. While an equivalence of choices can be difficult to establish, physician judgment for individual case circumstances cannot be indiscriminately infringed upon. Radiation oncology and cancer patients have been particularly hard hit by this unnecessary burden and interference in care decisions. Congress must put an end to restrictive prior authorization practices, particularly those employed by Radiation Oncology Benefit Managers (ROBMs), that oversimplify the process of individual patient care management and abrogate the professional and personal judgments of physicians and patients.

The following response from ASTRO's survey summarizes the negative impact prior authorization has on patients:

> "Prior authorization can be extremely negative from the psychological point of view. Patients are very anxious to get [treatment] started, and some have even had panic attacks during this process. It places stress on [radiation oncologists] to get multiple plans done quickly – rushing an already complicated process. There is no transparency or effective way to expedite treatment."

The Improving Seniors' Timely Access to Care Act takes crucial steps to require accountability from insurance payers and benefit management companies by streamlining and standardizing prior authorization under the Medicare Advantage program and providing much-needed oversight and transparency of health insurance for America's seniors. Members of this body can put themselves in the shoes of a newly diagnosed cancer patient to appreciate the significantly negative impact that treatment delays have on their lives. Cancer patients deserve to be able to focus on their medical care and opportunity for cure. ASTRO appreciates Congress' longstanding strong support of radiation oncology. We look forward to continued opportunities to work with Congress to protect cancer patients from unnecessary delays in care due to prior authorization.