



**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

October 9, 2009

The Honorable Kathleen Sebelius  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

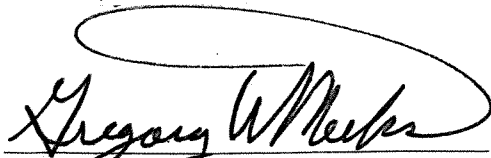
Dear Secretary Sebelius:

With African Americans having the highest death rate and shortest survival of any racial and ethnic group in the United States for most cancers, we are deeply concerned about a proposed governmental policy that would create a significant barrier to cancer treatment. This concern is particularly acute with respect to African American men for whom a significant disparity continues to exist in the incidence and mortality of prostate cancer as compared to American men generally. It is astounding to us that the Centers for Medicare & Medicaid Services (CMS) is proposing a payment change in the physician fee schedule for 2010 which, if finalized, will result in a 44 percent reduction in reimbursement for radiation therapy used to treat prostate, breast, brain and other cancers.

With cuts of this magnitude, patients with cancer would face greatly reduced access to treatment, which we find especially disturbing for African American men for example, who, studies show, are less likely to receive treatment for prostate cancer than the overall population of American men. The CMS proposal would exacerbate this racial disparity in treatment of cancer. What is particularly troubling about the CMS proposal is that it applies assumptions about the utilization of high-end diagnostic imaging equipment to the completely different area of therapeutic services like radiation therapy. It is compelling to us that MedPAC did not recommend that its data regarding utilization of diagnostic imaging equipment, on which the CMS proposal is based, be applied to radiation therapy machines (August 31, 2009 MedPAC comment letter to CMS at p. 5).

We ask that CMS exclude therapeutic services like radiation oncology used to treat prostate and other cancers from the changes in equipment utilization assumptions. Important work is being undertaken to reduce the significant disparities that exist in the incidence of and mortality rates associated with cancer in African Americans. We simply cannot take a step backwards with policies that will reduce treatment options and access to comprehensive cancer care.

Sincerely,



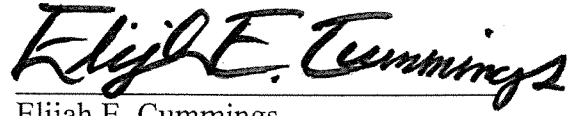
Gregory W. Meeks  
Member of Congress



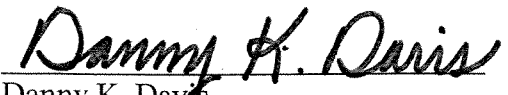
Corrine Brown  
Member of Congress



Donna M. Christensen  
Member of Congress



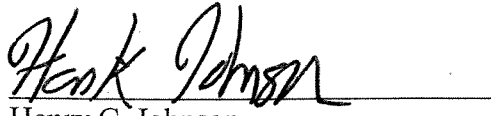
Elijah E. Cummings  
Member of Congress



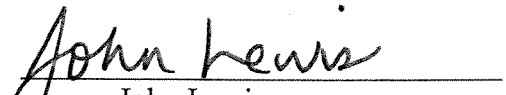
Danny K. Davis  
Member of Congress



Eddie Bernice Johnson  
Member of Congress



Henry C. Johnson  
Member of Congress



John Lewis  
Member of Congress