Medicare Policy Changes Threaten Access to Cancer Care Nationwide

Radiation oncologists report double-digit cuts and widespread risk of clinic closures.

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ARLINGTON, Va. — A new national survey from the American Society for Radiation Oncology (ASTRO) finds that recent Medicare payment changes are causing significant financial harm to cancer clinics and threatening patient access to radiation therapy, a critical component of cancer treatment.

The survey of U.S.-based radiation oncologists reveals that large majorities of physicians are experiencing sharp declines in reimbursement following new federal payment changes for radiation oncology services that took effect January 1, including a major restructuring of how Medicare pays for radiation therapy. Federal officials estimated the changes would reduce payments by about 1% for the specialty overall, but more than two-thirds of physicians surveyed reported declines of 10% or greater, with many clinics anecdotally reporting cuts in the 20-30% range.

“These findings point to a serious and immediate threat to cancer care in the United States,” said Sameer Keole, MD, FASTRO, Chair of the ASTRO Board of Directors. “Radiation therapy is a cornerstone of modern cancer treatment and plays a vital role in improving survivorship rates, but these cuts are potentially catastrophic for patient access across the country.”

The survey shows widespread financial strain across both freestanding and hospital-based practices, with the most severe impact reported in independent, community-based clinics. Respondents described the potential consequences for patients in their communities: “If we close, these patients will have to travel to a facility over an hour away,” one physician reported. Another wrote, “This is destroying access in rural areas.”

Clinics are already acting in response to these pressures, and many have voiced concerns about whether they can continue operating under current conditions. Survey respondents reported being forced to lay off staff – including physicians – and implement hiring freezes. As one physician wrote, “This is a financial emergency for our practice… we are struggling to make payroll.” Another said, “We are operating in a critical deficit. We will be forced to close the door of our cancer center if this continues.” In a 2025 ASTRO survey, nearly 40% of radiation oncologists at freestanding centers said that another cut of 3-5% would force them to close, consolidate, sell or

leave their practice.

“This is a real and immediate threat to cancer care delivery in the United States,” said Dr. Keole. “Community-based radiation oncology practices are lifelines that provide critical access to cancer care in rural and suburban areas. When these centers are forced to scale back, close or consolidate, patients don’t stop needing care. It just becomes harder for them to find and complete it.”

Radiation therapy is typically delivered daily over several weeks, making proximity to care essential. When clinics close or reduce services, patients may face long travel distances, increased costs and additional time away from their daily lives. Greater distance from a radiation therapy clinic is significantly associated with worse cancer outcomes, underscoring the importance of maintaining local access to care.

The survey also found that operational challenges from the code restructuring are compounding the financial strain. Half of the survey respondents said advanced radiation treatments are frequently delayed or denied by insurers, often due to prior authorization requirements or difficulties processing the new billing codes. Physicians reported increased payment delays and claim denials, as well as greater administrative burden. “It feels like insurance companies are trying to drown us in paperwork to avoid paying for the standard of care,” one respondent wrote.

The new cuts build on a longer-term trend of undervaluing radiation therapy services at the federal level. Reimbursement for radiation therapy has fallen by more than 25% over the past decade, even as the cost of delivering care has increased. Financial pressures have led to rampant consolidation in the field, a trend decried by Republicans and Democrats alike for reducing competition, creating radiation therapy deserts and increasing the distance many patients must travel for treatment.

“What we are seeing now is the tipping point,” said Dr. Keole. “Years of cuts, combined with these new changes, are pushing many practices to the brink. Without intervention, clinic closures and consolidation will accelerate, further limiting access to cancer care.”

ASTRO is calling on policymakers, including Medicare officials and Congress, to take immediate steps to stabilize patient access to radiation therapy, particularly for community-based and rural practices facing the greatest financial strain. “This is not an abstract policy issue. It is a direct threat to patient care,” said Dr. Keole. “We need urgent, targeted action to ensure that patients can continue to access high-quality cancer treatment close to home.”

ASTRO also supports bipartisan efforts to address ongoing Medicare reimbursement challenges, including recent legislation introduced in Congress to mitigate physician payment cuts, as well as the Radiation Oncology Case Rate (ROCR) Act as a long-term solution to ensure reimbursement more accurately reflects the cost and complexity of care. Radiation oncologists from across the country will convene in Washington later this month to advocate for ROCR and other policies that support access to cancer care.

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