

S 1031

ROCR Value Based Program Act

Congress: 119 (2025–2027, Current)

Chamber: Senate

Policy Area: Health

Introduced: Mar 13, 2025

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Mar 13, 2025)

Official Text: <https://www.congress.gov/bill/119th-congress/senate-bill/1031>

Sponsor

Name: Sen. Tillis, Thomas [R-NC]

Party: Republican • **State:** NC • **Chamber:** Senate

Cosponsors (4 total)

| Cosponsor | Party / State | Role | Date Joined |
|-----------------------------------|---------------|------|--------------|
| Sen. Peters, Gary C. [D-MI] | D · MI | | Mar 13, 2025 |
| Sen. Coons, Christopher A. [D-DE] | D · DE | | Jul 15, 2025 |
| Sen. Marshall, Roger [R-KS] | R · KS | | Jul 15, 2025 |
| Sen. Sullivan, Dan [R-AK] | R · AK | | Apr 28, 2026 |

Committee Activity

| Committee | Chamber | Activity | Date |
|-------------------|---------|-------------|--------------|
| Finance Committee | Senate | Referred To | Mar 13, 2025 |

Subjects & Policy Tags

Policy Area:

Health

Related Bills

| Bill | Relationship | Last Action |
|-------------|----------------|---|
| 119 HR 2120 | Identical bill | Mar 14, 2025: Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. |

Radiation Oncology Case Rate Value Based Program Act of 2025 or the ROCR Value Based Program Act

This bill establishes a specialized payment program under Medicare for providers and suppliers of radiation oncology services.

Specifically, the Centers for Medicare & Medicaid Services (CMS) must establish a program under which radiation therapy providers (i.e., hospital outpatient departments) and suppliers (i.e., physician group practices and freestanding radiation therapy centers) receive payments for each episode of care provided to individuals with specified types of cancer. An *episode of care* means the period beginning on the day radiation therapy planning is furnished to the individual and ending (1) for individuals with bone or brain metastases, 30 days later; and (2) for individuals with other cancer types, 90 days later.

Participation in the program is mandatory for providers and suppliers that participate in Medicare, unless the provider or supplier is part of a state-based Center for Medicare & Medicaid Innovation model or qualifies for a significant hardship exemption. The CMS must set payment rates for the program based on national payment rates with specified adjustments (e.g., geographic adjustments). Providers and suppliers who provide certain transportation services for individuals under their care may receive an additional payment. Providers and suppliers must be accredited in accordance with certain standards, subject to payment reductions.

The Government Accountability Office must report on (1) implementation of the program, and (2) underserved areas that are in need of more or newer radiation therapy resources.

Mar 13, 2025: Introduced in Senate

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