March 19, 2012

Dear Member of Congress:

On behalf of the 24 undersigned members of the Health Care Freedom Coalition and our ally organizations, representing industry, policy, taxpayer, and medical professional groups, and their millions of patients and members, we are writing to express our concerns regarding the Independent Payment Advisory Board provision of the Patient Protection and Affordable Care Act and the disastrous impact of its implementation on both patient care as well as Congressional authority.

Section 3403 of the Patient Protection and Affordable Care Act (PPACA) established the Independent Payment Advisory Board (IPAB) to reduce Medicare spending. But ultimately this panel of 15 independent, unelected bureaucrats with unilateral authority and whose decisions are freed from judicial and administrative review will most certainly cut payments to physicians under Medicare, will limit patient access to, and quality of, medical care.

**Independent, Unelected, Politically-Appointed Bureaucrats**

Of the 15 members, twelve will be appointed by the President, and the law actually prevents practicing medical professionals - like doctors - from membership. The rules almost guarantee that the members will be academics. The highly-paid bureaucrats will likely be paid more than many of the doctors they are second-guessing. These six-year terms come with an anticipated paycheck of $165,300 - more than the average family practice physician earns in many cities in Ohio, Pennsylvania and Florida.

**Undemocratic, Unilateral Authority and Lack of Redress or Review**

The decisions cannot be challenged in the courts and are freed from the normal administrative rules process - require no public notice, public comment or public review. IPAB "recommendations" carry the full force of the law, unless 2/3 of the House and Senate vote to override. In essence, Congress has given this Board the authority to legislate.

**Decisions Will Impact Physicians & Patients**

The board is specifically forbidden from "any recommendations to ration health care", but PPACA fails to define the word "ration." Instead, it allows IPAB to pay doctors reimbursement rates below costs, which in essence would constrict a physician's ability to treat patients. Longitudinal studies already show that about one-fourth of doctors already refuse new Medicare patients, and as many as 50% restrict the services they are willing to perform for their current patients. And this is expected to worsen, as even more doctors will be unable to afford to take Medicare patients.

**Absolves Congress from Oversight & Decision-Making**

IPAB is intended to take tough decisions about Medicare spending out of the purview of Congress, in effect, delegating away its legislative responsibilities under the Constitution to either a 15-member Board, or by default, the Secretary of Health and Human Services. IPAB was simply created to absolve Congress of having to make decisions that directly impact the quality and access of care for Seniors, and also insulate them from having to make tough decisions.

The ill-advised quest for “cost effectiveness” is doomed to failure. As we have seen in Great Britain, any de facto price controls are likely to do nothing to control the growth of spending. Further, this one-size-fits-all approach to dictating medical care in a country of more than 300 million is ill-advised.
If Congress believes that these decisions handed over to IPAB are too much of a hot political potato for it to decide, then perhaps it is a clear indication that this is the wrong course of action.

Sincerely,
Kathryn Serkes
CEO & Chairman
Mark Schiller, MD
Co-Founder & Director
Doctor Patient Medical Association

Grover Norquist
President
Americans for Tax Reform

Dean Clancy
Legislative Counsel & VP, Health Care Policy
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