INDEPENDENT PAYMENT ADVISORY BOARD (IPAB)

To rein in excessive growth in Medicare spending, the Independent Payment Advisory Board (IPAB) was established and given unprecedented executive power. Specifically, if the CMS Actuary projects that Medicare spending will exceed an arbitrary, formula-based target, then the IPAB is charged with proposing policies to achieve a certain amount of savings in Medicare. IPAB's proposals will take effect unless Congress acts to achieve at least the same amount of cuts to Medicare spending as is required by the savings target. Only a simple majority of its 15 members - who are appointed by the President and subject to Senate confirmation - are needed to approve a proposal before it is submitted to the Secretary of HHS and Congress. In addition, if the IPAB fails to submit a proposal to Congress (or if IPAB members have not been appointed or confirmed, as is currently the case), then the HHS Secretary must submit a proposal for meeting the savings target in lieu of IPAB. In other words, the support of just eight IPAB members or one HHS Secretary is sufficient to make cuts to Medicare unless Congress, including a supermajority in the Senate, can agree on an alternative. Proposals under IPAB, whether submitted by the board itself or by the Secretary, may not be challenged in court or by administrative review. Medicare's trustees project that IPAB's responsibilities will be triggered for the first time in 2017.

Despite legislative intent to protect the interests of patients, IPAB's structure and functions will ultimately have adverse effects on healthcare quality and accessibility. The Healthcare Leadership Council joins other advocates for patient-centered healthcare in believing IPAB is at odds with the ultimate goal of achieving a Medicare program that is cost-effective and that offers high value, high quality care to all beneficiaries. We are joined by a broad cross-section of health care stakeholders including patient advocates like the Easter Seals and the National Alliance on Mental Illness and providers like the American Medical Association and the American College of Emergency Physicians. Please see the attached letter to Congress of November 29, 2016 for the complete list of over 660 employers, trade associations, and national, state, and local organizations supporting the repeal of IPAB.

PROTECTING QUALITY OF CARE FOR MEDICARE BENEFICIARIES

ACA calls upon IPAB to implement changes that will improve quality of care, to the extent feasible. In practical terms, though, quality care improvements are highly unlikely. IPAB cuts must be achieved in a single year in order to meet the arbitrary savings target. Few quality improvements are scored by the Congressional Budget Office or the Office of Management and Budget as saving money in such a short timeframe. In its structure, IPAB realistically has a narrow focus on cutting spending. It is not designed as an instrument to encourage the kind of delivery reform that is now recognized as the way to slow the growth Medicare spending.
TRANSPARENCY AND ACCOUNTABILITY
IPAB divests Congress of its authority for Medicare payment policy and places it in the hands of an unelected executive branch entity. In essence, IPAB takes away Congress's ability to shape Medicare to provide the most effective programs and policies for the beneficiaries they represent. Placing this authority in the executive branch eliminates state and community input into Medicare decisionmaking, diminishing the ability to develop policies that best meet the needs of diverse patient populations.

Because IPAB members are not directly answerable to voters and the Board's recommendations cannot be challenged in court, this concept is highly unusual in its lack of checks and balances. Without congressional oversight or judicial review, IPAB replaces the transparency of the legislative process with opaque decisionmaking. Without an open and transparent legislative process, Medicare beneficiaries and the providers who deliver their care will be limited in their ability to advocate new approaches to improve the quality and cost-effectiveness of healthcare.

Further, according to a March 2011 report by the Congressional Research Service, the President can use the recess appointment process to place members on IPAB board, bypassing the Senate confirmation process. If this occurs, it would further isolate IPAB from any sort of public input.

LIMITED SCOPE AND COST SHIFTING
IPAB is barred from examining changes to Medicare that would result in fundamentally changing the current system for beneficiaries. That places matters like premiums, cost-sharing and benefit design off limits. Because of these restrictions, IPAB's efforts to control spending will inevitably focus on reducing payments to providers, thus limiting patient access to quality healthcare and innovative therapies. Also, IPAB cuts to provider payments under Medicare will likely result in additional cost shifting onto private payers, increasing healthcare costs for millions of working Americans and exacerbating a problem that already exists.

PROJECTED IPAB IMPLEMENTATION
Since its enactment as part of ACA, IPAB has not been triggered into action because Medicare's per-beneficiary spending fell below the target rates of growth that would have activated the Board's authority. However, in its June 2016 report, Medicare's trustees projected that they expect IPAB to be triggered in 2017. Should that occur as anticipated, spending reduction recommendations will be made by the Board (or the HHS Secretary) in 2018 with implementation to begin in 2019.

COST CONTAINMENT PROVISIONS IN THE AFFORDABLE CARE ACT
The ACA includes a number of provisions intended to contain increases in healthcare costs, while also improving quality of care. The Healthcare Leadership Council (HLC) is committed to ensuring access to high quality, affordable healthcare and is encouraged by ACA provisions that will enable patients and communities to benefit from promising new healthcare delivery models. HLC urges members of Congress and the Administration to allow these provisions to take effect and study the results before resorting to an approach such as the IPAB that would make arbitrary cuts in Medicare spending and, in so doing, reduce healthcare access and undermine
medical innovation. These promising ACA provisions include: Patient Centered Medical Homes, Accountable Care Organizations, Value-Based Purchasing, and Payment Bundling.
Drug spending growth slowed from 9 percent in 2015 to 6 percent last year due to a drop in use of hepatitis C drugs, according to 2016 projections that the CMS actuary's office reported Wednesday (Feb. 15). The actuaries' projections of health-spending growth overall are slightly slower than they were last year, even though spending in Medicare and Medicaid is expected to speed up a bit, and the ACA's Independent Payment Advisory Board is still projected to be triggered this year.

Annual health care spending is projected to grow at an average of 5.6 percent from 2016 through 2025, and health care spending is estimated to account for 19.9 percent of GDP by 2025, according to CMS. Last year's projections put health care spending at 21.1 percent of GDP by 2025. Actuary projections are based on current law, so GOP plans to change the health care system are not considered.

“Among the major goods and services sectors, the category with the largest projected slowdown in 2016 is prescription drug spending,” the report states.

Drug spending is volatile. The actuaries expect drug spending to speed back up to an average of 7 percent for 2018 and 2019. By 2025, spending on drugs is expected to grow at a rate of 6.4 percent. Those projections try to account for rebates and concessions that plans and pharmacy benefit managers negotiate with drug makers, said Sean Keehan, an economist in the actuary office who briefed reporters Wednesday (Feb. 15).

Medicare spending growth has been slow since 2010, and it is expected to remain below 6 percent in both 2016 and 2017. However, starting in 2018 both Medicare and Medicaid expenditures are projected to speed up more rapidly than private health insurance spending as growth in the use of Medicare services is expected to increase, baby boomers are aging into Medicare and Medicaid beneficiaries are getting older and sicker, according to the report. Although Medicaid-enrollment growth is expected to average 1.7 percent in 2018 and 2019 and 1.1 percent for 2020 to 2025, spending per-beneficiary is projected to increase to 4.8 percent over those periods. Also, disproportionate-share hospital pay cuts expire late in the period, according to the report, which increases projected spending.

The Independent Payment Advisory Board is still on track to be triggered this year, an actuary office economist told Inside Health Policy, although the report does not mention the controversial board. Medicare trustees last year predicted that 2017 would be the first year that IPAB is triggered.
The Affordable Care Act created the board to keep the growth of per-person Medicare spending in check when other payment and health care delivery reforms do not suffice. Republican and Democratic lawmakers say the board usurps their authority to determine Medicare policy. The board makes annual recommendations that automatically become law if Congress does not replace them with alternatives that save as much money, and a super-majority vote is required to pass legislation to undue IPAB recommendations. Drug makers and Medicare Advantage plans are particularly at risk of pay cuts because of limits on what IPAB may recommend. The board may not ration care, raise premiums, increase cost sharing for beneficiaries or restrict benefits or eligibility. Also, hospitals and hospices are exempted from cost-cutting proposals until 2020.

Sen. Ron Wyden (D-OR) recently introduced a bill to weaken the Independent Payment Advisory Board due to fear that President Donald Trump might use the board to cut Medicare payments.

In the private sector, which represents the largest category of enrollment, per-enrollee growth is projected to slow near the end of the 10-year window due to slower economic growth, increases in out-of-pocket spending and employer-sponsored plans using additional measures to shift costs on to beneficiaries, according to the report. -- John Wilkerson (jwilkerson@iwpnews.com)
If the IPAB process is triggered in 2017, what happens next?

**APR 2017**
- Medicare actuaries determine if Medicare growth rate exceeds target growth rate

**SEP 1, 2017**
- IPAB submits draft recommendations to MedPAC & HHS Sec.

**MAR 1, 2018**
- HHS Sec. & MedPAC report on IPAB proposal

**JAN 2018**
- 15th: IPAB submits proposal to President & Congress
- 25th: HHS Sec. submits proposal to Congress (if IPAB doesn’t)

**APR 1, 2018**
- Deadline for Congressional committees to act

**OCT 1, 2018**
- FY payment rate recommendations effective

**JAN 1, 2019**
- CY payment rate recommendations effective

**AUG 15, 2018**
- HHS Sec. implements recommendations

February 17, 2017

Dear Member of Congress:

The undersigned organizations – representing Medicare beneficiaries and patients, all sectors of the healthcare industry as well as employers and other purchasers of health care – believe strongly that the Medicare program must protect patient access to quality healthcare. The Independent Payment Advisory Board (IPAB), a provision of the Patient Protection and Affordable Care Act (PPACA), not only poses a threat to that access but also, once activated, will shift healthcare costs to consumers in the private sector and infringe upon the decisionmaking responsibilities and prerogatives of the Congress. We request your support to repeal IPAB.

IPAB, as constructed under PPACA, is a board comprised of Presidential appointees who will be charged with making recommendations to cut Medicare expenditures if spending growth reaches an arbitrary level. Once the Secretary of Health and Human Services (HHS) implements an IPAB recommendation, that action is not subject to administrative or judicial review. As constructed, IPAB is granted unprecedented powers – even the ability to change laws previously enacted by Congress – with virtually no oversight.

The potential impact of this board causes deep concern among our organizations and the millions of Americans we represent. IPAB proponents suggest that the board will be an asset in developing needed healthcare delivery reforms. That goal, however, is not realistically achievable. The law requires IPAB to achieve scoreable savings within a one-year time period. Thus, instead of pursuing long-term reforms that may not achieve immediate savings, IPAB is more likely to consider short-term savings in the form of payment cuts for healthcare providers. This was, in fact, the conclusion of the Congressional Budget Office, which stated that IPAB is most likely to focus on payment rates or methodologies for services provided by non-exempt providers.

This would be devastating for patients, affecting access to care and innovative therapies. Already, the number of physicians unable to accept new Medicare patients due to low reimbursement rates has been increasing over the past several years. IPAB-generated payment reductions would only increase the access difficulties faced by too many Medicare beneficiaries. Furthermore, payment reductions to Medicare providers will almost certainly result in a shifting of health costs to employers and consumers in the private sector.

Under IPAB’s provisions, the responsibility for enacting healthcare system changes of this magnitude would be transferred from the legislative branch to the executive. More specifically, an unelected board without adequate oversight or accountability would be taking actions historically reserved for the public’s elected representatives in the U.S. House and Senate. This is an unacceptable decisionmaking process for a program that millions of our nation’s seniors and individuals with disabilities rely upon.

Moreover, if IPAB does not act within the law’s required timeframe or if IPAB members are not appointed by the President or confirmed by the Senate, the law transfers IPAB’s responsibilities solely to the HHS Secretary. This places an enormous degree of power in the hands of one unelected individual.

We strongly support bringing greater cost-efficiency to the Medicare program. We also advocate continuing efforts to improve the quality of care delivered to Medicare beneficiaries.
The Independent Payment Advisory Board will achieve neither of these objectives and will only weaken, not strengthen, a program critical to the health and well-being of current and future beneficiaries. We urge Congress to eliminate the IPAB provision.

Sincerely,

1 in 9: The Long Island Breast Cancer Action Coalition
60 Plus Alabama
60 Plus Association
A Partnership of Diabetics
Abbott
Actelion Pharmaceuticals
Action CF
ADAP Advocacy Association (aaa+)
Advocate - the Advanced Medical Technology Association
Advocacy Council of ACAAI
Advocates for Responsible Care (ARxC)
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Community Research Initiative of America
AIDS CT
AIDS Foundation of Chicago
AIDS Outreach Montana
AIDS Resource Center Ohio
AIDS Response Seacoast
AIDS Services for the Monadnock Region
Alabama ACEP
Alabama Association of Ambulatory Surgery Centers
Alabama Council of Community Mental Health Boards
Alabama Hospital Association
Alabama Lifespan Respite Resource Network
Alabama Podiatric Medical Association
Alabama Society for Clinical Social Work
Alabama Society for the Rheumatic Diseases
Alaska ACEP
Alaska Rheumatology Alliance
Alaska State Medical Association
Alliance for Patient Access
Alliance of Specialty Medicine
Alzheimer's & Dementia Alliance of Wisconsin
Alzheimer's Arkansas
Alzheimer's Association - Capital of Texas Chapter
Alzheimer's Texas
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Physical Medicine & Rehabilitation
American Association for Hand Surgery
American Association of Clinical Endocrinologists
American Association of Clinical Urologists
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Oral and Maxillofacial Surgeons
American Association of Orthopaedic Surgeons
American Autoimmune Related Diseases Association
American Behcet's Disease Association
American College of Allergy, Asthma & Immunology
American College of Cardiology
American College of Emergency Physicians (ACEP)
American College of Mohs Surgery
American College of Osteopathic Family Physicians
American College of Osteopathic Surgeons
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Congress of Obstetricians & Gynecologists
American Congress of Obstetricians & Gynecologists, Oklahoma Chapter
American Gastroenterological Association
American Kidney Fund
American Liver Foundation
American Liver Foundation Pacific Coast Division
American Medical Association
American Military Society
American Orthopaedic Foot and Ankle Society
American Orthopaedic Society for Sports Medicine
American Osteopathic Academy of Orthopedics
American Osteopathic Association
American Osteopathic College of Rheumatology
American Physical Therapy Association
American Podiatric Medical Association
American Shoulder and Elbow Surgeons
American Society for Dermatologic Surgery Association
American Society for Mohs Surgery
American Society for Surgery of the Hand
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Echocardiography
American Society of Ophthalmic Administrators
American Society of Plastic Surgeons
American Spinal Injury Association
American Urological Association
Amgen
AMN Healthcare
Arizona Bioindustry Association (AZBio)
Arizona College of Emergency Physicians
Arizona Radiological Society
Arizona United Rheumatology Alliance
Arizona Urological Society
Arkansas Chapter ACEP
Arkansas Orthopaedic Society
Arkansas Podiatric Medical Association
Arkansas Rheumatology Association
Arthritis Foundation
Arthritis Foundation South Central Region
Arthroscopy Association of North America
Ascension
Asthma and Allergy Foundation of America
Asthma and Allergy Foundation of America, New England Chapter
Austin Radiological Association
BEACON - Biomedical Engineering Alliance & Consortium
Bingham County Senior Center
Bio Nebraska Life Sciences Association
BioBuzz Workforce Foundation
Biocom
BioFlorida
BIOForward
BioHouston
BioKansas
BioNJ
BioNorthTX
BioOhio
Bioscience Association of West Virginia
Biotechnology Industry Organization (BIO)
BioUtah
Birmingham Neurosurgery and Spine Group, PC
Brain Injury Association of Nebraska
California ACEP
California Asian Pacific Chamber of Commerce
California Association of Health Facilities
California Association of Neurological Surgeons, Inc
California Chronic Care Coalition
California Health Collaborative
California Hepatitis C Task Force
California Life Sciences Association - CLSA
California Medical Association
California Orthopaedic Association
California Podiatric Medical Association
California Rheumatology Alliance
California Senior Advocates League
California Society for Cardiac Rehabilitation
California Urological Association
Cambridge Chamber of Commerce
Campbell Clinic
Center for Health Care Services
Center for Healthcare Innovation
Center of Health Engagement
Central Florida Behavioral Health Network
Centro de mi Salud
Cervical Spine Research Society
Charleston Parkinson's Support Group
Chattanooga-Hamilton County Medical Society
Chemed Corporation
Citrus Council NKFF
City of New Orleans
Cleveland Clinic
CNY HIV Care Network
COAAA
Coalition of Asian-American IPA
Coalition of State Rheumatology Organizations (CSRO)
Colon Cancer Alliance
Colorado BioScience Association
Colorado Cross-Disability Coalition
Colorado Gerontological Society
Colorado Medical Society
Colorado Podiatric Medical Association
Colorado Radiological Society
Colorado Rheumatology Association
Colorado's Insurance Consultant, LLC
Communicating for America, Inc.
Community Access National Network (CANN)
Community Health Action Network
Community Health Charities of Nebraska
Community Liver Alliance
Community Oncology Alliance
Congress of Neurological Surgeons
Connecticut Orthopaedic Society
Connecticut Podiatric Medical Association
Council for Affordable Health Coverage
Council of State Neurosurgical Societies
CPEM, Inc
Crohn's & Colitis Foundation of America, Georgia Chapter
CSRA Area Agency on Aging
Delaware Ecumenical Council on Children and Families
Delaware HIV Consortium
Dia de la Mujer Latina
Easter Seals
Easter Seals Central and Southeast Ohio Inc.
Easter Seals Central Texas
Easter Seals Iowa
Easter Seals Massachusetts
Easter Seals Nebraska
Easter Seals North Georgia
Easter Seals of Southeastern PA
Eastern Orthopaedic Association
EDSers United Foundation
Eisai Inc.
Eli Lilly and Company
ELLAS
Emergency Department Practice Management Association
Endometriosis Association
Enterprise Family Healthcare
Epilepsy Association of the Big Bend
ICAN, International Cancer Advocacy Network
Idaho Association of Nurse Anesthetists
Idaho Medical Association
Idaho Orthopaedic Society
Idaho State Dental Association
Illinois Biotechnology Innovation Organization
Illinois College of Emergency Physicians
Illinois Manufacturers’ Association
Illinois Neurological Institute
Illinois Podiatric Medical Association
Illinois State Ambulance Association
Illinois State Medical Society
INACEP
Independent Medical Providers Action Council
Indiana Health Industry Forum
Indiana Medical Device Manufacturers Council
Indiana Neurosurgical State Society
Indiana Podiatric Medical Association
Indiana State Medical Association
Indiana University Health, Inc.
Infectious Diseases Society of America
Insight Human Services
Integral Rheumatology and Immunology Specialists (IRIS)
International Foundation for Autoimmune Arthritis
International Institute of Human Empowerment
International Society for the Advancement of Spine Surgery
Iowa ACEP
Iowa Biotechnology Association
Iowa Orthopaedic Society
Iowa Osteopathic Medical Association
Iowa Podiatric Medical Society
Iowa State Grange
J. Robert Gladden Orthopaedic Society
JobKeeper Alliance
Johnson & Johnson
Julian CNA Training School
Kansas Association of Osteopathic Medicine
Kansas Orthopaedic Society
Kansas Podiatric Medical Association
Kansas Rheumatology Alliance
Kansas Urological Association
Kentuckiana Rheumatology Alliance
Kentucky ACEP
Kentucky Chamber of Commerce
Kentucky Life Sciences Council
Kentucky Medical Association
Kentucky Psychiatric Medical Association
Kidney Cancer Association
Kidney Care Partners
Latin American Chamber of Commerce
Latino Commission on AIDS
Latino Diabetes Association
Licensed Professional Counselors Association
Life Science Tennessee
Life Sciences Greenhouse of Central PA
Life Sciences Pennsylvania
Limb Lengthening and Reconstruction Society
Louisiana Alumni, Sigma Kappa GNO
Louisiana Association of Neurological Surgeons
Louisiana Liberty 64
Louisiana Lifespan Respite Coalition
Louisiana Orthopaedic Association
Louisiana Podiatric Medical Association
Louisiana Womens' Network
Lower New York Chapter, The American Association of Clinical Endocrinologists
Lupus Alliance of Long Island/Queens
Lupus Alliance of Upstate New York
Lupus and Allied Diseases Association
Lupus Foundation New England
Lupus Foundation of America, DC/MD/VA Chapter
Lupus Foundation of Arkansas, Inc.
Lupus Foundation of Colorado
Lupus Foundation of Florida, Inc.
Lupus Foundation of Northern California
Lupus Foundation of PA
Lupus Foundation of Southern California
Lupus LA
Lupus Society of Illinois
MA Health Council
MACEP - Massachusetts College of Emergency Physicians
Maine ACEP
Malecare Cancer Support
Mallinckrodt Pharmaceuticals
Manufacture Alabama
Maryland Chapter American College of Emergency Physicians
Maryland Orthopaedic Association
Massachusetts Association for Mental Health, Inc.
Massachusetts Medical Device Industry Council (MassMEDIC)
Massachusetts Orthopaedic Association
Massachusetts, Maine, and New Hampshire Rheumatology Association
MassBio
Maxim Healthcare Services
Maxima Home Health LLC
MedChi, The Maryland State Medical Society
Medical Alley
Medical Association of Georgia
Medical Association of the State of Alabama
Medical Device Manufacturers Association (MDMA)
Medical News
Medical Oncology Association of Southern California
Medical Society of the State of New York
Medical Society of the State of South Carolina (MUSC)
MedTech Association
MemorialCare Health System
Men's Health Network
Mental Health America of Montana
Mental Health Systems
Merck
Metropolitan Milwaukee Association of Commerce
Michigan Association of Neurological Surgeons
Michigan Association of Osteopathic Family Physicians
Michigan Biosciences Industry Association - MichBio
Michigan Chamber of Commerce
Michigan College of Emergency Physicians
Michigan Lupus Foundation
Michigan Orthopaedic Society
Michigan Osteopathic Association
Michigan Rheumatism Society
Minnesota Chapter ACEP
Minnesota Medical Association
Minnesota Neurosurgical Society
Minnesota Orthopaedic Society
Minnesota State Grange
Mississippi Osteopathic Medical Association
Mississippi State Medical Association
Missouri Ambulance Association
Missouri Association of Rural Health Clinics
Missouri Biotechnology Association
Missouri Chamber of Commerce and Industry
Missouri Hospital Association
Missouri State Medical Association
Missouri Urological Society
MoCEP - Missouri College of Emergency Physicians
Montana ACEP
Montana BioScience Alliance
Montana Chamber of Commerce
Montana Medical Association
Montana Orthopedic Society
Multiple Sclerosis Resources of Central New York, Inc.
Musculoskeletal Tumor Society
NAMI - Sheridan
NAMI Alabama
NAMI Buffalo & Erie County
NAMI Clackamas
NAMI Florida
NAMI Greater Des Moines
NAMI Indiana
NAMI Iowa
NAMI Kansas
NAMI Knox Licking County Ohio
NAMI Lewis County
NAMI Maine
NAMI Maryland
NAMI Mass
NAMI Minnesota
NAMI Montana
NAMI Nebraska
NAMI New Mexico
NAMI North Dakota
NAMI Northern Nevada
NAMI Ohio
NAMI Rochester
NAMI Sioux Falls
NAMI Skagit
NAMI Stark County
NAMI Upper Valley Idaho
NAMI Virginia
NAMI Washington
NASW Texas Chapter
National Alliance on Mental Illness
National Alliance on Mental Illness of Central Suffolk
National Alliance on Mental Illness of Park County, WY
National Association for Home Care & Hospice
National Association for Uniformed Services
National Association of Hepatitis Task Forces
National Association of Manufacturers
National Association of Nutrition and Aging Services Programs (NANASP)
National Association of Social Workers - NC Chapter
National Association of Social Workers - Virginia Chapter
National Association of Spine Specialists
National Center for Policy Analysis
National Coalition for LGBT Health
National Council for Behavioral Health
National Council of Asian Pacific Islander Physicians
National Fibromyalgia & Chronic Pain Association
National Grange
National Hispanic Medical Association
National Minority Quality Forum
National Psoriasis Foundation
National Retail Federation
National Rural Health Association
National Spasmodic Torticollis Association
NCCEP North Carolina College of Emergency Physicians
Nebraska Medical Association
Nebraska Rural Health Association
Nebraska State Grange
Nebraska Taxpayers for Freedom
Neuro Network Partners
Neurofibromatosis, Inc. Mid-Atlantic
Neurosurgical Society of Kentucky
Nevada Chapter ACEP
Nevada Orthopaedic Society
New England Biotech Association
New Jersey Association of Mental Health and Addiction Agencies, Inc.
New Jersey Chapter ACEP
New Jersey Mayors Committee on Life Science
New Jersey Orthopaedic Society
New Jersey Rheumatology Association
New Mexico Biotechnology & Biomedical Association (NMBio)
New Mexico Chapter ACEP
New Mexico Podiatric Medical Association
New York ACEP
New York Regional Society of Plastic Surgeons
New York State Neurological Society
New York State Rheumatology Society
New York State Society of Orthopaedic Surgeons, Inc.
New York State Society of Plastic Surgeons, Inc
New York State Urological Society
NHACEP
North Carolina Biosciences Organization
North Carolina Chamber
North Carolina Foot & Ankle Society
North Carolina Psychological Association
North Carolina Rheumatology Association
North Dakota Chapter ACEP
North Dakota Medical Association
North Dakota Podiatric Medical Association
North Macon Family Healthcare Associates
Northeast Kidney Foundation
Northern Utah Coalition, Inc.
Novartis Pharmaceuticals Corporation
Occasional Riot
Ogden Branch of the NAACP
Ohio ACEP
Ohio Association of County Behavioral Health Authorities
Ohio Association of Medical Equipment Services
Ohio Association of Rheumatology
Ohio Chamber of Commerce
Ohio Council for Home Care and Hospice
Ohio Foot and Ankle Medical Association
Ohio Jewish Communities
Ohio Orthopaedic Society
Ohio Osteopathic Association
Ohio State Grange
Ohio Veterans United
OKBio
Oklahoma ACEP
Oklahoma Association of Nurse Anesthetists
Oklahoma Osteopathic Association
Oklahoma Podiatric Medical Association, Inc.
Oklahoma Society of Anesthesiologists
Oklahoma Society of Oral and Maxillofacial Surgeons
Oklahoma State Medical Association
ONEgeneration
Oregon Chapter of American College of Emergency Physicians
Oregon Medical Association
Oregon Neurosurgical Society
Oregon Podiatric Medical Association
Oregon Rheumatology Alliance
Oregon Urological Society
Orthopaedic Research Society
Orthopaedic Society of Oklahoma
Orthopaedic Trauma Association
Osteopathic Physicians & Surgeons of California
PA Prostate Cancer Coalition
Partnership to Fight Chronic Disease
PCa Blue Inc.
Pediatric Orthopaedic Society of North America
Pennsylvania Chamber of Business and Industry
Pennsylvania College of Emergency Physicians
Pennsylvania Neurosurgical Society
Pennsylvania State Grange
Perennial Services Network
Pfizer
Philadelphia Rheumatism Society
PhRMA
Plaza Community Services
Premier healthcare alliance
Prescription Assistance Network of Stark County, Inc.
Prevent Blindness Iowa
Prevent Blindness, Ohio Affiliate
Progressive Democrats of Central New Mexico
Progressive Leaders of Louisiana
Prostate Health Education Network
Radiology Associates of Macon
Rainy Day Patriots
Respiratory Health Association
RetireSafe
Rheumatism Society of the District of Columbia
Rheumatology Alliance of Louisiana
Rheumatology Association of Iowa
Rheumatology Association of Minnesota and the Dakotas
Rheumatology Association of Nevada
Rheumatology Society of North Texas
Rhode Island Chapter ACEP
Rhode Island Medical Society
Rhode Island Tech Collective
Rio Grande Valley Diabetes Association
RIPMA
Rocky Mountain Stroke Center
RTI Surgical Inc.
Rush To Live
SAGE Utah
Salud U.S.A.
San Diego County Podiatric Medical Association
Sanofi US
SC Podiatric Medical Association (SCPMA)
Scoliosis Research Society
Sea Island Pediatrics
Senior Connections, The Capital Area Agency on Aging
Seniors Golden Hammer
Seniors Hospitality Center / Bonners Ferry Senior Center
Sickle Cell Disease Association of Florida
Sjogren's Syndrome Foundation
Small Business & Entrepreneurship Council
Smile Community Action Partnership
Society of Academic Urologists
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
Society of Military Orthopaedic Surgeons
Society of Urologic Oncology
Solidarity Project Advocacy Center
South Carolina BIO
South Carolina Hospital Association
South Carolina Medical Association
South Carolina Medical Group Management Association (SCMGMA)
South Carolina Nurses Association
South Carolina Orthopaedic Association
South Carolina Rheumatism Society
South Carolina Society of Ophthalmology
South Carolina Urological Association
South Dakota Biotech
South Dakota State Medical Association
South Dakota State Orthopaedic Society
South Florida Cancer Association
Southern Orthopaedic Association
State Chamber of Oklahoma
State of Texas Association of Rheumatologists
State of Texas Kidney Foundation
Statewide Independent Living Council of Hawaii
StopAfib.org
Suicide Awareness Voices of Education
Sunovion Pharmaceuticals Inc.
Survivors Cancer Action Network
Takeda Pharmaceuticals, USA Inc.
TCEP Texas College of Emergency Physicians
Tech Council of Maryland
Tennessee Association of Long Term Care Physicians
Tennessee Geriatrics Society
Tennessee Hemophilia and Bleeding Disorders Foundation
Tennessee Medical Association
Tennessee Orthopaedic Society
Tennessee Rheumatology Society
Texas Association for Home Care and Hospice
Texas Association of Business
Texas Association of Neurological Surgeons
Texas BioAlliance
Texas Health Resources
Texas Healthcare and Bioscience Institute
Texas Life-Sciences Collaboration Center
Texas Medical Association
Texas Neurological Society
Texas Nurse Practitioners
Texas Orthopaedic Association
Texas Osteopathic Medical Association
Texas Pain Society
Texas Radiological Society
Texas State Grange
The AIDS Institute
The Arc in Hawaii
The Benefits Consultancy
The Jewish Federations of North America
The Marilyn Fagan Ovarian Cancer Patient Advocacy Program (ICAN-Hawaii)
The Meeting Group, Inc.
The National Association of Catholic Nurses - U.S.A.
The National Catholic Bioethics Center
The New England Council
The Surgery Center of Huntsville
The US Oncology Network
The Wall Las Memorias Project
Twin Falls Senior Center
U.S. Chamber of Commerce
U.S. Pain Foundation
Union Pacific Railroad Employees Health Systems
Utah Advocates
Utah Medical Association
Utah Podiatric Medical Association
Utah Pride Center
Utah State Orthopedic Society
Utah Support Advocates for Recovery Awareness
Vermont State Association of Osteopathic Physicians & Surgeons, Inc.
Veterans Health Council
Vietnam Veterans of America
Vietnamese Social Services of Minnesota
Virginia Bio
Virginia Chamber of Commerce
Virginia Hispanic Chamber of Commerce
Virginia Podiatric Medical Association
Visiting Nurse Association
Visiting Nurse Association of Ohio
VITAS Healthcare
Vizient, Inc.
Washington ACEP
Washington Biotechnology & Biomedical Association
Washington Rheumatology Alliance
Washington Rural Health Association
Washington State Medical Association
Washington State Orthopaedic Association
Washington State Podiatric Medical Association
Washington State Prostate Cancer Coalition
Washington State Urology Society
Wellness Station
West Virginia Academy of Otolaryngology - Head and Neck Surgery, Inc.
West Virginia Orthopaedic Society
West Virginia State Rheumatology Society
Western Orthopaedic Association
Western Section of the American Urological Association
Wisconsin Academy of Nutrition and Dietetics
Wisconsin Association of Osteopathic Physicians & Surgeons (WAOPS)
Wisconsin Hospital Association
Wisconsin Manufacturers & Commerce
Wisconsin Medical Society
Wisconsin Rheumatology Association
Wisconsin State Grange
Wound Care Clinic - ESU
WPMA - Wisconsin Podiatric Medical Association
Wyoming Chapter American College Emergency Physicians
Wyoming Epilepsy Association
Wyoming Medical Society
ZERO - The End of Prostate Cancer
The older we get, the more we rely on healthcare professionals. This dependence is a big reason many seniors are so close to their doctors.

That relationship is why I am so concerned about the Independent Payment Advisory Board, a panel of 15 presidential appointees who could soon be given the authority to impose major, somewhat arbitrary cuts to Medicare.

Those cost-saving measures are bound to force patients to pay a greater share of their healthcare costs and make it harder for doctors to accept new patients covered by Medicare. The cuts might even make it too expensive for some physicians to maintain their existing load of Medicare patients, jeopardizing the close patient-doctor relationship many seniors enjoy.

Some 55 million Americans depend on Medicare to cover some or all of their health care costs. The Independent Payment Advisory Board (IPAB) was created to slow the growth of that program. Congress included it in the Affordable Care Act to help offset the costs of covering millions of Americans who previously lacked health insurance.

The board has been given wide latitude to find savings in Medicare. Many patient advocate groups expect the 15-member panel to recommend fairly significant cuts to the program. That changes could force seniors to pay a large share of their healthcare costs.

This is particularly troubling at a time when half of the people on Medicare earn less than $23,500 a year, which is just twice the poverty limit, according to Census figures. Any direct cuts to Medicare or limits on what the program covers could have a dire impact on many of these seniors who depend on Medicare and other assistance programs just to survive.

The worst part is that many older Americans who depend on Medicare have no idea that the cuts are coming. The president isn’t required to name members of IPAB until Medicare spending eclipses a certain growth threshold. The program missed that target in 2016, but most experts, including Medicare’s trustees, think it will blow past that level later in 2017, triggering the board’s formation.

Once the board kicks into gear, Congress has very little recourse to reverse its recommendations. A two-thirds majority is required to overturn the entire bucket of changes IPAB recommends for Medicare. And lawmakers don’t have the authority to pick out specific things they don’t like because they must consider all of the changes as a single package.
IPAB is like using a sledgehammer to pound in a nail; it might accomplish the task, but it will certainly break other things in the process. There are smarter ways to achieve Medicare savings – more utilization of electronic health records, more innovative treatments and delivery systems, and a greater focus on outcomes.

The silver lining in this cloud for seniors is that there is growing agreement among Republicans and Democrats alike that Congress must step in to block IPAB before the panel is even formed. For example, in this last Congress, an IPAB repeal bill was introduced by Reps. Phil Roe (R-TN) and Linda Sanchez (D-CA), and it drew 19 additional Democratic co-sponsors, including one member of the leadership, Rep. John Larson (D-CT), and a prominent member of the House Ways and Means Committee that oversees Medicare, Rep. Bill Pascrell (D-NJ).

These lawmakers and others are joined by more than 650 advocacy groups from around the country who represent various patients and providers who could suffer if IPAB is formed. This coalition has already sent members of Congress a letter urging them to take immediate action to repeal IPAB early next year. I proudly serve as Executive Director for one of these groups, the National Association of Nutrition and Aging Services Programs.

Much of the discussion about this board has been lost among all the clamor about repealing the Affordable Care Act in its entirety. This push to repeal the entire health law would be just as bruising as the fight to establish it, fostering more disunity in an already splintered country. And it would likely take years for lawmakers to agree on a suitable substitute.

Instead, wouldn’t it be more productive to start with an issue on which there is more bipartisan agreement? Nine in 10 seniors want Congress and the new president to “keep the promise and integrity of Medicare without cuts to the program,” according to a recent Morning Consult poll. Three-quarters of all respondents opposed any limits on treatments or medication.

It’s safe to assume that many seniors have no idea that a group of 15 unelected officials could soon have the authority to dictate what Medicare will cover and what it won’t. It’s an even safer bet that many of these same seniors will be furious once IPAB-related cuts impact them directly. Just imagine the uproar.

Congress should intervene before we even reach that point by repealing IPAB and making sure seniors get to keep the doctors they have.

Bob Blancato is the National Coordinator of the bipartisan 3000-member Elder Justice Coalition, and the Executive Director of the National Association of Nutrition and Aging Services Programs. Bob has more than 20 years of service in the Congressional and Executive branches, including the senior staff of the U.S. House Select Committee on Aging and an appointment by President Clinton to be Executive Director of the 1995 White House Conference on Aging. Most recently, Bob is the Chair of the Board of the American Society on Aging and on the National Board of AARP. He also serves on the Board of the National Council on Aging and the Advisory Panel on Outreach and Education of the Centers for Medicaid and Medicare Services. He holds a BA from Georgetown University and an MPA from American University. Bob has won numerous awards for advocacy including being knighted by the Italian Republic in 2011.