



### **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.



## Daily News

### Rx-Spending Growth Slows But Remains One Of The Fastest Growing Sectors

February 15, 2017

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.

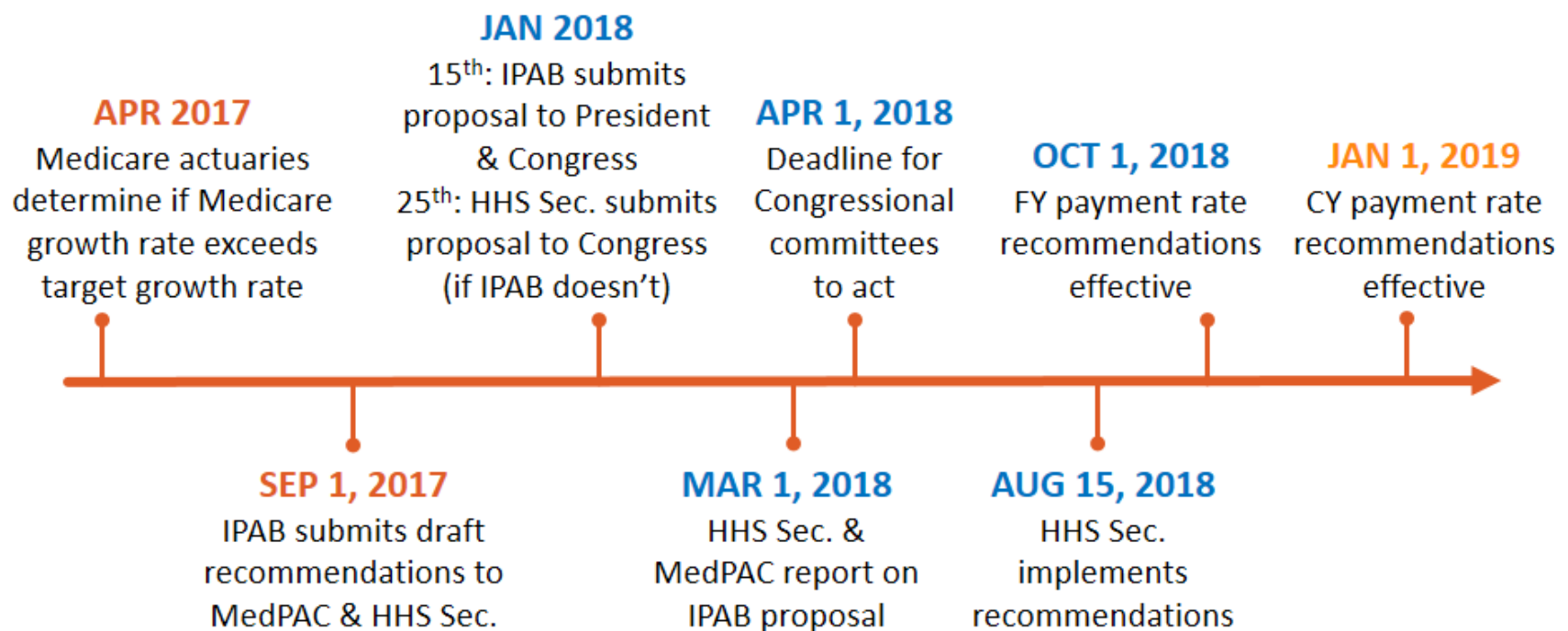
**The Independent Payment Advisory Board is still on track to be triggered this year, an actuary office economist told *Inside Health Policy*, although the report does not mention the controversial board. Medicare trustees last year [predicted that 2017 would be the first year](#) that IPAB is triggered.**

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@iwppnews.com](mailto:jwilkerson@iwppnews.com))

# If the IPAB process is triggered in 2017, what happens next?



SOURCE: Kaiser Family Foundation, "The Independent Payment Advisory Board: A New Approach to Controlling Medicare Spending," 2011, <http://kff.org/health-reform/issue-brief/the-independent-payment-advisory-board-a-new/>.

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+)  
AdvaMed - 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

Epilepsy Foundation of Greater Chicago  
Epilepsy Foundation of Greater Southern Illinois  
Epilepsy Foundation of San Diego County  
Epilepsy Foundation of Western Wisconsin  
Familia Unida Living with MS  
FCEP Florida College of Emergency Physicians  
Federation of American Hospitals  
Federation of Families for Children's Mental Health ~ CO Chapter  
First Step House  
Fleet Reserve Association  
Florida Allergy, Asthma & Immunology Society  
Florida Neurosurgical Society  
Florida Orthopaedic Society  
Florida Osteopathic Medical Association  
Florida Partners in Crisis  
Florida Podiatric Medical Association  
Florida Society of Dermatology and Dermatologic Surgery  
Florida Society of Rheumatology  
Florida State Hispanic Chamber of Commerce  
Friends of Our Lady of Good Counsel  
Geaux Group  
Georgia Bio  
Georgia College of Emergency Physicians  
Georgia Commission on Women  
Georgia Neurosurgical Society  
Georgia Orthopaedic Society  
Georgia Osteoporosis Initiative  
Georgia Podiatric Medical Association  
Georgia Society of Clinical Oncology  
Georgia Society of Dermatology and Dermatological Surgery  
Georgia Society of Rheumatology  
Georgia Women's Institute  
Global Genes  
Global Healthy Living Foundation  
Global Liver Institute  
Granite State Taxpayers  
Greater North Dakota Chamber  
Greater Providence Chamber of Commerce  
H.E.A.L.S of the South (Hepatitis Education, Awareness and Liver Support)  
Hawaii ACEP  
Hawaii Independent Physicians Association  
Hawaii Medical Association  
Hawaii Podiatric Medical Association  
Healthcare Innovation Exchange  
HealthCare Institute of New Jersey (HINJ)  
Healthcare Leadership Council  
HealthHIV  
Healthy African American Families  
Hispanic CREO  
Home Care Association of Washington  
Hopkins County Memorial Hospital

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 University 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

# A Medicare Issue We Can All Agree On

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**Bob Blancato** 

I am an aging advocate.

**Full link:** <http://www.huffingtonpost.com/entry/585447f2e4b0d5f48e164f24>

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.*