



*The Maryland State Medical Society*

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## **PROTECT MARYLAND'S SENIORS BY REPEALING IPAB**

*Op-ed in the Daily Record, by Gene Ransom*

BALTIMORE, March 28, 2013 - In the weeks and months ahead, many components of the Affordable Care Act will begin to be implemented. Our country will see firsthand what parts of the law are successful and where additional reforms are needed.

All the while, a national discussion will be taking place. Health-care reform affects everyone, including patients, advocates, families, doctors and hospitals, and all key stakeholders must talk candidly about how our nation can best achieve the goals laid out in the Affordable Care Act: lower costs and increased access to quality care.

In that spirit, MedChi, The Maryland State Medical Society, met with members of Maryland's congressional delegation last month to discuss our concerns about the new Independent Payment Advisory Board.

IPAB is composed of 15 presidential appointees, who are tasked with keeping Medicare costs in line. If the program's budget threatens to exceed a set limit for the year, IPAB must decide how to bring costs down to the specified level. But because IPAB can't change benefit levels, co-payments, deductibles or eligibility rules, our concern is that the only choice the board will have is to ratchet down payments to doctors, pharmacies, clinics, labs and eventually hospitals.

Worse, once IPAB authorizes cuts, Congress will be virtually powerless to stop them. The law mandates that IPAB's decisions automatically go into effect. Lawmakers can only overturn an IPAB ruling by quickly outlining a different package that hits the same spending target — or by mustering a supermajority to override the board. Both of these remedies are nearly impossible to accomplish, leaving IPAB devoid of checks and balances that guarantee accountability.

Moreover, arbitrarily cutting provider payments will only exacerbate a serious and growing access problem for seniors.

The fact is Medicare already underpays doctors, which has forced many to quit the program. A 2009 survey by the American Academy of Family Physicians, for example, found that 13 percent of family doctors weren't taking new Medicare patients, more than double the rate from 2004. An American Medical Association survey found that almost a third of primary care doctors now restrict the number of seniors they will see.

A more recent survey by Jackson Healthcare reported that almost 20 percent of doctors can't afford to see new Medicare patients, and 10 percent are out of the Medicare business entirely. The unfortunate reality is that Maryland already faces a doctor shortage. A Maryland Hospital Association study found that the state has 19 percent fewer doctors per 100,000 residents than the national average, and suffers shortages in 19 of 28 specialties. A further drop in the physicians able to serve Medicare enrollees would be devastating.

While the law technically forbids IPAB from rationing care, we fear that's exactly what will happen.

IPAB will be cutting deep into the bone of Medicare's doctor payments just as huge numbers of baby boomers start retiring. The result will be de facto rationing, as seniors find it increasingly difficult to locate doctors who will treat them.

IPAB's defenders say Congress has proved itself politically incapable of making tough spending decisions on Medicare, so there's little alternative but to transfer that responsibility to an unaccountable board.

However, that claim is not fair. Over the years, Congress has adopted numerous cost-cutting reforms, many of which are working well. In fact, over the past decade, Medicare's per enrollee costs have grown more slowly than costs for workers covered by private health insurance, according to the Centers for Medicare and Medicaid Services.

At the same time, Medicare still faces serious financial problems. Left unchanged, the program will exhaust its hospital trust fund within a decade and contribute significantly to the country's long-term debt problem.

But putting sensitive and potentially life-and-death spending decisions in the hands of unelected bureaucrats is hardly the appropriate response. The right approach is to trust the American people and their elected representatives to find the balance that protects seniors' health care while protecting taxpayers from runaway costs.

It's for all these reasons that we are calling on Maryland's congressional delegation to support the Protecting Seniors' Access to Medicare Act, a bipartisan bill that will repeal IPAB. Maryland — and the nation — deserve better. We look forward to working with lawmakers and key stakeholders to secure affordable and reliable health care for all.

<http://thedailyrecord.com/2013/03/28/gene-m-ransom-iii-protect-marylands-seniors-by-repealing-ipab/>

#### About MedChi

MedChi, The Maryland State Medical Society, is a non-profit membership association of Maryland physicians. It is the largest physician organization in Maryland. The mission of MedChi is to serve as Maryland's foremost advocate and resource for physicians, their patients and the public health of Maryland. For more information, please visit [www.medchi.org](http://www.medchi.org).