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IPAB: Unaccountable, Unreliable and a Risk to Medicare

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Specialty physicians have indicated they are reconsidering their participation in the Medicare program in light of the combined impact of the IPAB and SGR cuts, which will severely threaten Medicare beneficiary access to innovative therapies and specialty care.

Since healthcare reform failed to come up with any solution to Medicare's reimbursement formula for physicians, commonly known as the sustainable growth rate or SGR, doctors and patients have been subject to a series of patches and "fixes" with no real end in sight.

Because of these looming cuts and haphazard, temporary fixes, doctors have had to make hard choices in their budgets, resulting in less access to care for Medicare patients. And not knowing what Congress will do on the SGR in December with a 32% cut looming, patient access will continue to be in peril.

Given this dynamic, it is almost unconscionable that there is yet another mechanism to squeeze the Medicare community lurking around the corner in the form of the Independent Payment Advisory Board or IPAB.

As most observers know by now, IPAB is a 15-member board of non-elected officials created to recommend Medicare spending reductions in order to reduce the per capita rate of growth in Medicare in years when spending exceeds a targeted growth rate. These un-elected individuals will have the authority to make significant changes to Medicare and thereby influence important health care decisions.

The Alliance of Specialty Medicine believes that these decisions must not be made by individuals with little or no clinical expertise, resources, or the oversight required to protect seniors' access to care. Rather, Congress should be the entity to legislate Medicare policy, not the IPAB.

Consideration of the IPAB's recommendations sets a dangerous precedent for overriding the normal legislative process. The fast track rules for consideration are so onerous and unrealistic, that Congress would not have any real opportunity to come up with an alternative set of cuts to those endorsed by the IPAB, much less the 60 votes needed in the Senate to pass them. Yet, the IPAB's recommendations have the force of law if Congress fails to act on its recommendations.

Medicare reimbursement rates are already well below market rates and are likely to get worse if no long-term fix to SGR is enacted by Congress. But if targeted growth rates are surpassed, the IPAB could decide to make additional cuts, further pressuring physicians to stop seeing Medicare patients altogether.

Clearly, access to specialty care will be severely limited due to the payment cuts the IPAB will impose on physicians, particularly since the IPAB's authority to recommend payment cuts does not extend to other providers, such as hospitals, until 2020.

Congress needs to repeal the IPAB before it becomes the next SGR crisis, further risking patient access to medical care.

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*The **Alliance of Specialty Medicine** is an organization of national medical societies, based in Washington, DC, which represents specialty physicians in the United States. This non-partisan group is dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care.*