



# Guest column: Repeal board before it takes affect

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As a practicing physician, I recognize the urgent need to stem the rise in health care costs that threatens to overwhelm Medicare.

We won't achieve a sustainable victory over costs, though, by interfering with the ability of doctors to give elderly patients the care they need. Nor will we restore Medicare back to financial health by outsourcing difficult funding decisions to an unelected panel of political appointees. Responsibility for these decisions should remain with our elected officials who are held accountable for their actions with each election.

For all these reasons I am opposed to a provision in last year's healthcare reform bill, which creates something called the Independent Payment Advisory **Board** (IPAB). Thankfully, there is bipartisan legislation introduced in the House to abolish this **Board** before it is scheduled to take effect two years from now.

This new legislation was introduced by Rep. Phil Roe of Tennessee, one of the few medical doctors serving in Congress. He described this **Board** as a flawed mandate to cut spending with no responsibility for improving patient care. In calling for elimination of the **Board**, he cited

sentiment by Republicans and Democrats that "unelected bureaucrats shouldn't be able to make unaccountable decisions" on the health care for our seniors.

A closer look at this **Board** strengthens the case for repealing it.

Well-intentioned as it might have been, this **Board** is neither a fair nor practical way to cut Medicare spending. And despite what its title implies, the powers of this **Board** are more dictatorial than advisory.

The so called "recommendations" of the **Board** would be virtually beyond challenge. Its 15 members appointed by the President to six-year terms would in effect have the power cut Medicare spending. It would be almost impossible for even Congress to override the **Board** mandates. Physicians and their patients directly affected by those decisions would have zero opportunity to appeal them.

Under current regulations, a patient and their doctor can appeal to Medicare with a

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recommended test or treatment is denied coverage. It's a difficult time-consuming process, but it's worth it if my patient gets the care he or she needs. This type of appeal does not exist for the sweeping cuts this **Board** is empowered to enact and I am concerned that these cuts will mean that our seniors will have increasing difficulty in getting the care they need.

The new health care law requires that this **Board** to make recommendations each year for increasingly larger reductions in the Medicare spending rate. But hospitals are exempt from those recommendations for the first five years. That leaves payments to doctors for the care they provide seniors as a major target for mandated reductions. It also ignores the reality that this type of cut will limit the number of Medicare patients a medical practice can accept, making it harder for seniors to receive the care they need.

Due to short-sighted cost-cutting mandates in the past, Medicare is legally required to reduce payments to doctors every year. Congress has usually voted to rescind those cuts, but the Board's cuts would not be subject to cancellation by Congress. As American Medical Association President Cecil Wilson has warned, it would leave doctors subject to two arbitrary sets of annual cuts.

This kind of blind cost-cutting is no way to reduce spending on Medicare or the country's other entitlement programs. We need a solution that focuses on patient needs.. That solution will undoubtedly involve some difficult decisions, and those

decisions need to be made by people we can hold accountable at the next election, not by bureaucrats appointed by the President.

*Dr. David Charles is chairman of the Alliance for Patient Access and chief medical officer of the Vanderbilt Neuroscience Institute at Vanderbilt University in Nashville, Tenn.*

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