

**Congress of the United States**  
**Washington, DC 20515**

June 1, 2011

The Honorable Barack Obama  
President of the United States  
The White House  
1600 Pennsylvania Ave NW  
Washington, DC 20500

Dear President Obama,

As stated in the recent release of the 2011 Medicare Trustees Report, the Medicare Part A Trust Fund will be bankrupt in 2024, five years earlier than was reported one year ago. We can no longer afford to be complacent. The system is broken, and the time to act is now. As members of the House Republican Doctors Caucus, we implore you to work with us to find a solution, and help save Medicare for future generations.

Without meaningful spending reforms, the United States runs the risk of a sharp decline in both its economic strength and the standard of living of our citizens. It is undeniable that this Congress cannot tackle meaningful reform without strengthening the Medicare program. In Fiscal Year 2010, Medicare expenditures accounted for roughly 13% of the overall budget, and that number is expected to climb rapidly in the coming years. Earlier this month, former President Bill Clinton echoed these sentiments at the Peterson Foundation's Fiscal Summit, when he argued that Democrats need to tackle Medicare reform, stating "You cannot have healthcare devour the economy."

We could not agree more. As a body, the 21 members of the GOP Doctors Caucus – all medical professionals – have over 500 years of clinical experience safeguarding the health and welfare of our patients. We understand that Medicare reform needs to accomplish the goals of ensuring access to quality healthcare for seniors today as well as for future generations entering into the program.

Your proposal simply empowers and encourages an unelected commission — the Independent Payment Advisory Board (IPAB) created under the Patient Protection and Affordable Care Act — to make across the board cuts to Medicare.

IPAB is not a sufficient or appropriate solution to reforming Medicare. Rather it is a blunt tool that ignores the needs of individual patients. IPAB is charged with making cuts to Medicare based on a patient per-capita growth rate that sets hard cap spending targets. By doing so, IPAB will disproportionately cut care for the sickest and poorest seniors in the Medicare program today while ensuring no sustainable way forward for the seniors who will enter the program tomorrow. Across-the-board payment-rate reduction will result in driving willing suppliers of services (both treatments and providers) away from Medicare, weakening the system for those who need it most.

During the last Congress, the American people spoke loud and clear: they do not want Medicare savings derived from arbitrary and punitive rationing in their health care system. There is no question that in order to become solvent, Medicare needs comprehensive reform, but to ration care to sick, poor, or disabled seniors, who require health care services the most is not the answer. Unfortunately we fear that this is what your Medicare reform proposal will accomplish.

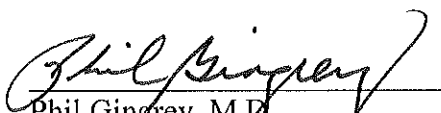
As doctors and nurses, we all agree that a Medicare reform plan based on one-size-fits-all economic model that prioritizes cutting areas of growth over the needs of individual patients is discriminatory. Simply put, creating a health care rationing board to cut patients and provider rates will make it harder for those in need to find the care and life savings treatments they require. Medicare reform should focus on creating a closer relationship between doctor and patient, not establishing more barriers.

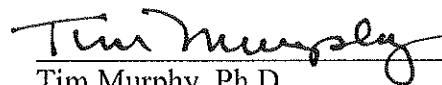
While budgetary caps are viable tools in overall budget considerations, they do not work as a reform model within Medicare. Your plan would merely perpetuate and even exacerbate a problem that Congress created back in the 1990s – the Sustainable Growth Rate (SGR) – and has yet been unable to fix. As you are aware, Congress and the Administration have forestalled planned SGR cuts for almost a decade because patients and providers have told Congress that these cuts would irreparably harm access for millions of Medicare seniors. Basing a reform program on a model similar in philosophy to the SGR appears to lack the foresight and leadership this issue requires.

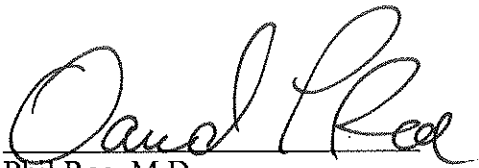
An advisory board panel should be practicing healthcare experts who are tasked with using their experience in the field of their respective medical disciplines to identify inefficiencies in the system, and find solutions, but not to make decisions for doctors and patients by using its authority to side-step the legislative process. There are many ways that we can work together to avoid rationing care to seniors. Medicare is a convoluted patchwork of laws that reflect decades of burdensome, duplicative, and costly statutory and regulatory changes. Today, Medicare is not a system focused on health outcomes but one focused on paying for sickness. It can be made more efficient by delivering better care at a better price.

For these reasons, we urge you to abandon your IPAB Medicare reform proposal and join with the House of Representatives in working towards real and sustainable Medicare reforms that protect seniors today as well as those who will become seniors tomorrow. Thank you for your consideration and we look forward to your response.

Sincerely,

  
Phil Gingrey, M.D.  
Co-Chair, GOP Doctors Caucus

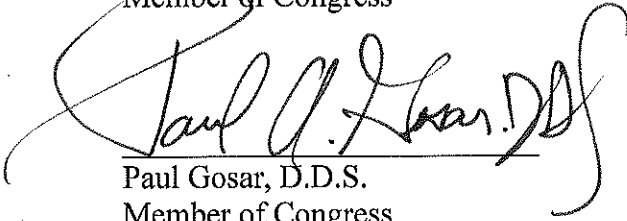
  
Tim Murphy, Ph.D.  
Co-Chair, GOP Doctors Caucus



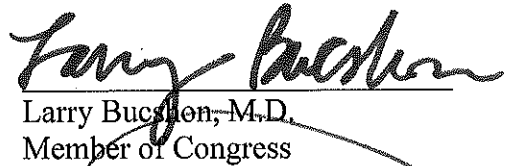
Phil Roe, M.D.  
Member of Congress



Andy Harris, M.D.  
Member of Congress



Paul Gosar, D.D.S.  
Member of Congress



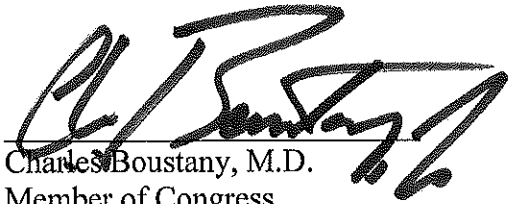
Larry Buchanan, M.D.  
Member of Congress



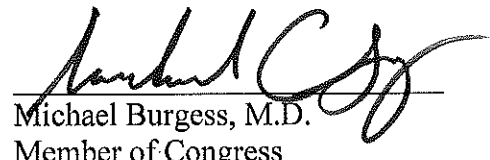
Diane Black, R.N.  
Member of Congress



Scott DesJarlais, M.D.  
Member of Congress



Charles Boustany, M.D.  
Member of Congress



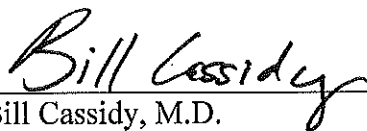
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Renee Ellmers, R.N.  
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Paul Broun, M.D.  
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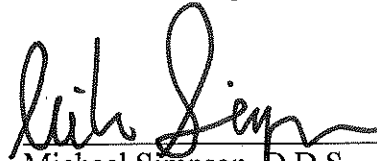
Bill Cassidy, M.D.  
Member of Congress



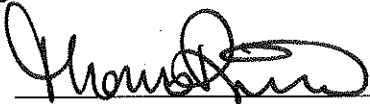
John Fleming, M.D.  
Member of Congress



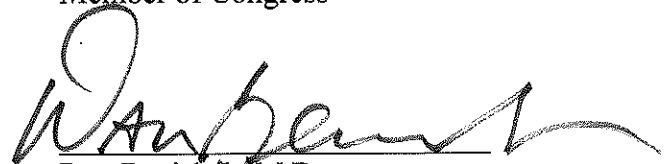
Joe Heck, M.D.  
Member of Congress



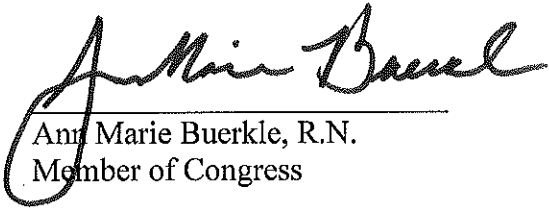
Michael Simpson, D.D.S.  
Member of Congress

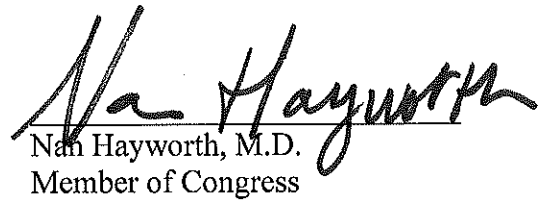


Tom Price, M.D.  
Member of Congress



Dan Benishok, M.D.  
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Ann Marie Buerkle, R.N.  
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Nan Hayworth, M.D.  
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