June 16, 2015

The Honorable John A. Boehner
Speaker
U.S. House of Representatives
H-232 U.S. Capitol
Washington, DC 20515

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
204 U.S. Capitol
Washington, DC 20515

Dear Mr. Speaker and Representative Pelosi:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our support for H.R. 1190, the “Protecting Seniors’ Access to Medicare Act of 2015,” as introduced by Representative Phil Roe, MD, and Representative Linda Sanchez to repeal the Independent Payment Advisory Board (IPAB).

The IPAB is a yet to be appointed panel that puts significant health care payment and policy decisions in the hands of an independent body with far too little accountability. The IPAB’s arbitrary, annual cost cutting targets will likely lead to short-sighted strategies that will threaten access to care for millions of Medicare patients across the country. Similar to the fatally-flawed SGR formula, which the Congress recently voted overwhelmingly to repeal, the IPAB would be another arbitrary and rigid system that relies solely upon payment cuts rather than thoughtful legislative proposals developed through regular order. Potentially significant changes to the Medicare program should instead be decided by elected officials through the regular legislative process. Getting rid of the IPAB will allow physicians and policymakers to focus on long-term efforts to improve care quality, improve health outcomes, and make Medicare more sustainable while preserving access to care for seniors now and in the future.

We also question the accuracy of the Congressional Budget Office’s (CBO) highly speculative estimate on the budgetary impact of enacting H.R. 1190. The CBO estimates a zero increase in direct spending between 2015 and 2021 while projecting a $7.1 billion increase over the 2022-2025 period. However, by the CBO’s own admission, this “estimate is extremely uncertain because it is not clear whether the mechanism for spending reductions under the IPAB authority will be triggered under current law for most of the next ten years.” In fact, the CBO’s current baseline projects that such authority will not be triggered until 2025.

Finally, given the currently inadequate allocation of funding for public health efforts, especially at the state and local levels, AMA policy does not support using the Prevention and Public Health Fund (PPHF) to pay for IPAB repeal legislation or any other unrelated purpose. This is especially true given the highly speculative nature of the CBO score. As H.R. 1190 advances, we hope to work with you, your House colleagues, and members of the United States Senate to identify a more appropriate offset if one is required.
We thank you for your leadership and efforts to repeal the IPAB and preserve seniors’ access to their physicians. We urge all members of the House of Representatives to support passage of H.R. 1190 and to continue working to address scoring and offset issues as the bill moves forward in the legislative process.

Sincerely,

James L. Madara, MD

U.S. House of Representatives