

**Rep. Joseph R. Pitts**  
**Opening Statement**  
**Energy and Commerce Subcommittee on Health**  
**Markup of “H.R. 452, the Medicare Decisions Accountability Act of**  
**2011”**  
**February 29, 2012**

*(As Prepared for Delivery)*

The bill we are marking up today, H.R. 452, repeals the Independent Payment Advisory Board (or IPAB) created by Sections 3403 and 10320 of the president’s health care law.

The purpose of IPAB is to reduce Medicare’s per capita growth rate.

The Board will be composed of 15 individuals, nominated by the president with the advice and consent of the Senate, who will be paid \$165,300 a year and serve six year terms.

If Medicare’s annual per capita spending is determined to exceed an arbitrary target growth rate, the Board is charged with submitting to Congress a proposal to reduce Medicare spending growth.

These recommendations will automatically go into effect unless Congress passes legislation that would achieve the same amount of savings.

Supporters of IPAB tell us that there is nothing wrong with having 15, unelected bureaucrats making binding decisions about Medicare policy.

They are not troubled by the fact that there is no requirement for public comment prior to IPAB issuing its recommendations.

That IPAB’s actions are not subject to judicial review does not alarm them.

Supporters point to the fact that IPAB is not permitted to “ration” care. A definition of “rationing,” however, does not appear in any federal law, including PPACA, to my knowledge.

For example, is it rationing if IPAB slashes provider reimbursements to the point that doctors decide they can no longer see Medicare patients? That’s already happening in many parts of the country. Further provider cuts will only exacerbate the trend.

And, if you are young and healthy and believe that this debate doesn’t impact you – or won’t for decades – you may be interested to know that IPAB is also charged with submitting to Congress annual detailed reports on health care costs, access, quality, and

utilization and recommendations regarding ways of slowing the growth in *private* national health care expenditures.

IPAB is the exact opposite of transparency and accountability. It is merely another example of valuing centralized decision-making by government appointed experts over judgments that should be made between a doctor and patient.

That Medicare is on an unsustainable growth path is undeniable. That IPAB is not the way to fix the problem would, I hope, be self-evident.

I'm pleased that H.R. 452 has a bipartisan group of cosponsors, including members of the full committee from both sides.