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By Congressman Charles F. Bass

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TWO YEARS AGO this past Friday, the President signed the controversial and long-debated Patient Protection and Affordable Care Act into law.

Since then, it has been hotly contested in living rooms, the media, and throughout the halls of Congress. Judging by recent public polling on the law that shows nearly two-thirds of Americans want to scrap the individual mandate or the law in its entirety, it's no surprise there were few, if any, celebrations last week.

We find ourselves at the halfway mark between its enactment and full implementation, and individuals and small businesses — those intended to be helped by this law — are already experiencing a disturbing preview of the long-term impact this law will have on their lives.

An overwhelming majority of Americans oppose this law, and for good reason. The uncertainty created by 2,000 pages of unknown mandates is having an impact on economic growth and the ability of individuals to make their own health care decisions.

Take, for example, how this law imposes mandates and provisions with the intention of phasing out the popular Medicare Advantage program. Over the past few months, thousands of seniors across the Granite State have already been forced out of their plans, left with no explanation or justification for this drastic and costly change to their lives.

Now fast forward two years to 2014 when we witness the full implementation of the law, and imagine the backlash and unprecedented change to current Medicare recipients' benefits when an unelected board of 15 bureaucrats will determine which services or programs doctors are allowed to administer to their patients.

They will do this by making significant cuts to Medicare Part B, the program that provides doctors' services and outpatient care, and to Medicare Part D, the program that covers seniors' prescription drug costs.

Cuts to doctors' services and other outpatient care in Medicare will have a serious impact on already uncertain physician reimbursement rates, which will ultimately lead to rationed care as doctors are forced to stop accepting new Medicare patients just to keep their practices afloat.

Today, as a result of these current and pending reimbursement cuts, more than 30 percent of primary care physicians are already restricting the number of Medicare patients they see, a number that will undoubtedly rise throughout the next two years, and especially after the board takes effect.

What is most alarming, however, is the complete lack of accountability that this board would have to Congress or the general public. Subject to neither the normal administrative procedures

nor safeguards, the Independent Payment Advisory Board (IPAB) will operate outside of Congressional oversight, accountable to no one. Simply put, the IPAB wedges a bureaucrat between the doctor and patient in the health care decision-making process, limiting patient options and the doctor's freedom to effectively care for his or her patients.

To put a stop to this, a bipartisan majority in the House of Representatives voted last week to repeal the IPAB and ensure health care decisions are left to patients and their doctors. I was proud to cast my vote to repeal the IPAB, yet whether the Senate will join the House in repealing this flawed and devastating provision of the health care law remains to be seen.

There is no viable, sustainable model for a "onesize- fits-all" approach to health care or Medicare, nor should the federal government, let alone a board of 15 unelected bureaucrats, be making these very personal decisions. I will continue to fight to repeal and replace this flawed health care law with bipartisan patient- and market-based health care reforms that will improve care, increase access, and lower costs for everyone.

As the debate continues in the halls of the Supreme Court this week, ask yourself this question: who would you rather have making your health care decisions, you and your doctor or bureaucrats in Washington?

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