



February 28, 2012

The Honorable Phil Roe
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Roe:

The American Podiatric Medical Association, representing more than 12,000 doctors of podiatric medicine and millions of patients for whom they provide care, strongly supports your legislation H.R. 452, the Medicare Decisions Accountability Act of 2011.

America's podiatric physicians are dedicated to improving health-care quality and practicing effective and efficient health care, and we support public policies aimed at better aligning payment systems to promote quality and achieve greater value. However, our members believe that the ill-conceived Independent Payment Advisory Board (IPAB) contained in the Affordable Care Act will not only severely limit Medicare beneficiaries' access to care but also increase health-care costs that are shifted onto the private sector. While we recognize the need for more sustainable health-care costs, we do not believe the IPAB is the way to accomplish this goal.

As has been noted by many observers, the bulk of any spending reductions recommended by the IPAB will almost certainly come in the form of payment cuts to Medicare providers. This focus is unfairly limited and does not treat all providers equally because the statute specifically exempts some providers, such as hospitals and nursing homes, from IPAB cuts for several years. This will increase pressure to achieve savings from physicians, at a time when Medicare physician payments already are well below market rates and continue to be subject to substantial, unprecedented cuts as a result of the flawed sustainable growth rate (SGR) formula.

Because of these inadequate reimbursement policies, more and more medical professionals are questioning whether it is feasible to continue seeing Medicare beneficiaries. And additional reimbursement cuts to Medicare physicians as envisioned by the IPAB will prevent access to care for millions of Medicare beneficiaries.

We are also concerned by the lack of oversight of IPAB. Ultimately, IPAB proposals do not require congressional approval and the Health and Human Services Secretary's implementation of IPAB's recommendations is exempt from judicial and administrative review. Equally troubling is the fact that there is only a minority of physician representation on the board and that the IPAB is not required to hold public meetings where the voices of patients, caregivers and other health-care stakeholders can be heard. Finally, the IPAB represents an unprecedented abdication of policymaking authority and responsibility by the Congress to an unelected and unaccountable board. It removes our

elected officials from the decision-making process for a program upon which millions of our nation's seniors and disabled individuals rely, endangering the important dialogue that takes place between elected officials and their constituents.

APMA believes that the challenge of putting Medicare on a more sustainable financial footing must be met through our normal legislative democratic process. At the end of the day, there is no magic bullet to controlling the costs of the Medicare program. For these reasons, we believe the IPAB is misguided policy and support its repeal.

Thank you for your leadership on this important issue. We look forward to working with you and your colleagues to enact this legislation into law.

Sincerely,

A handwritten signature in blue ink that reads "Michael J. King, DPM". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael J. King, DPM
President

cc: The Honorable Joe Pitts
The Honorable Frank Pallone, Jr.