



## Ensuring Access to Specialty Care

**NASS urges Congress to the repeal of the Independent Payment Advisory Board (IPAB) and allowing for unrestricted access to specialty care for Medicare patients.** By statutory directive, starting in 2014, the “Independent Payment Advisory Board,” will require a 15-member board of non-elected officials to recommend Medicare spending cuts in order to reduce the per capita rate of growth in Medicare in years when spending exceeds a targeted growth rate.

Medicare physician reimbursement rates, particularly for specialty physicians, are already well below market rates. If targeted growth rates are surpassed, the IPAB could decide to make additional cuts, which can be implemented without congressional approval, further pressuring more and more physicians to stop seeing Medicare patients altogether.

Although hospitals and long-term care facilities comprise over one-third of Medicare spending, they are exempted from IPAB cuts until 2020. This means that a disproportionate share of the burden will fall onto physicians, who make up only 12 percent of total Medicare expenditures.

**ONGOING CONCERNS:** Based on quickly rising Medicare expenditure projections included as a part of a recent report from the Medicare Board of Trustees, **IPAB could convene as early as 2017 to enact mandatory Medicare spending cuts.** Additionally, President Barak Obama’s fiscal year (FY) 2016 budget proposal included net reductions in Medicare spending by \$423 billion between 2016 and 2025. In order to achieve these cost reductions, the President would lower the IPAB target growth rate for Medicare spending for 2016 and beyond which, increases the likelihood of cuts that will unfairly burden physicians.

**LEGISLATIVE RESPONSE:** NASS supports unrestricted access to specialty care, including the following legislation pending in Congress:

- **H.R. 1190/S. 141, the “Protecting Seniors’ Access to Medicare Act”** introduced by Rep. Phil Roe, MD (R-TN) and Sen. John Cornyn (R-TX), this legislation fully repeals the IPAB. NASS thanks the House of Representatives for passing this bill and will continue to monitor this legislation until its potential passage in the Senate.

NASS appreciates concerns about the rising costs of health care and is willing to explore various options on how to contain costs, but only those that will not impact access and quality of care that seniors will receive. Entrusting a non-medical, unelected board like IPAB with reducing physician payment is an unacceptable course of action for achieving cost reductions that puts both providers and patients at risk.