

October 3, 2017

The Honorable Greg Walden
Chairman
House Energy and Commerce Committee
2125 RHOB
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
House Energy and Commerce Committee
2322A RHOB
Washington, D.C. 20515

Dear Chairman Walden and Ranking Member Pallone:

On behalf of the American College of Emergency Physicians (ACEP), our 37,000 members and the more than 130 million patients we treat each year, I am writing to express ACEP's support for H.R. 849, the "Protecting Seniors' Access to Medicare Act of 2017," and urge the committee to approve this legislation during tomorrow's mark-up.

As constructed in the Affordable Care Act, the Independent Payment Advisory Board (IPAB) will have 15 full-time members, appointed by the president and confirmed by the Senate, who, once approved, will have no accountability to Congress, health care providers or the public. IPAB decisions on how to implement Medicare cuts would force Congress to adopt the recommendations or find comparable savings and, without congressional action, the cuts will automatically be implemented by Health and Human Services (HHS).

Since hospitals and nursing homes (Medicare Part A) are not subject to IPAB's cost-cutting recommendations until at least fiscal year 2020, ACEP warns that IPAB's mandate to reduce spending would be primarily focused on Medicare Part B services, which will potentially reduce physician payments and cause health care providers to question the value of participating in the Medicare program, forcing more people to seek care in the emergency department. As you know, emergency physicians must treat everyone who comes to the emergency department, regardless of their insurance status or ability to pay, due to the federal Emergency Medical Treatment and Labor Act (EMTALA) mandate.

We also find it very disconcerting that only a minority of the commissioners can be health care providers, none of whom may be participating in the Medicare program. We question the fundamental wisdom and fairness of having individuals make significant policy decisions about a program that they neither have a stake in nor understand the ramifications of how their decisions will affect the physician-patient relationship and, ultimately, treatment decisions.

Sincerely,



Rebecca B. Parker, MD, FACEP
ACEP President

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