



## **GOP Warns of ObamaCare Rationing Panels**

The Obama administration has declared many times that ObamaCare will not institute death panels. Rationing panels may be another story. President Obama's healthcare law authorizes an independent panel, the Independent Payment Advisory Board, to control excessive Medicare costs. The Blaze notes, "IPAB has the power to force Medicare cuts if costs go up beyond certain levels and Congress fails to act. Although Medicare's long-term finances are troubled, it's unclear if short-run costs will rise enough over the next decade to trigger the board's intervention."



Currently, the law explicitly prohibits the IPAB from rationing care, or shifting costs, or limiting benefits, but Republicans have voiced concerns that such a panel may very well turn into a rationing panel.

Minnesota Representative Michele Bachmann told conservative bloggers, for example:

Senior citizens will lose control over what they actually get in Medicare because a politically appointed 15-member board that's unelected and unresponsive to the will of the people called IPAB will make the decisions about what care we get and what care we don't.

Likewise, Rep. Phil Gingrey (R-Ga., pictured above) stated at a GOP Doctors Caucus press conference:

Under this IPAB ... a bunch of bureaucrats decide whether or not you get care, such as continuing on dialysis or cancer chemotherapy. I'll guarantee you, when you withdraw that, the patient is going to die.

The IPAB currently remains in the planning stage and may not be appointed for another couple of years. While health industry lobbying groups, consumer advocates, and Republicans continue to push for a repeal of ObamaCare, the Democrats have put the panel on hold.

The Blaze reports:

But IPAB — an unusual delegation of power by Congress — may exist only on paper for a long while. The administration seems in no rush to set it up.

Just this spring, Obama had proposed beefing up IPAB to squeeze more out of Medicare. But as opposition grew, and prominent House liberals and AARP voiced their own objections, the administration downplayed that idea. In recent testimony before two House committees, Health and Human Services Secretary Kathleen Sebelius described IPAB as just a "backstop" and a "failsafe."

Sebelius asserted, "If Congress is actually paying attention to the bottom line of Medicare, IPAB is irrelevant ... and it never triggers in."

Sebelius added that President Obama has not taken any steps to set up the panel, except consulting



Written by [Raven Clabough](#) on July 19, 2011

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with possible board candidates. She attempted to assuage concerns by indicating that board members would be subject to Senate confirmation; however, analysts point to the fact that though Donald Berwick was not approved by the Senate as Administrator of Medicaid and Medicare, he is currently serving in that position because of a recess appointment by President Obama.

Economist Robert Reischauer, one of the public trustees overseeing Medicare finances, observed, “Rationing is a criticism Americans respond to. They are fearful that health reform might include limitations on their ability to access any care they consider worthwhile.”

Health and Human Services spokeswoman Erin Shields contends that the Republicans are merely using scare tactics, and that IPAB is “absolutely prohibited” from rationing. Other supporters of the panel assert that it is actually intended to monitor the overspending of Congress, and unlike Congress, would not be politically motivated to answer to hospitals, doctors, drug companies, nursing homes, and other businesses dependent on Medicare.

Senator Jay Rockefeller (D-W. Va.), a leading proponent of the IPAB, states, “The system now is that people come up here that work the Congress like crazy, lobbyists making millions of dollars. The Congress often doesn’t know how to say no. And the Congress has the practice of never saying no. And costs go up.”

Those who oppose IPAB say that because its function is to cap Medicare spending, such a cap could have an impact on new medical innovations, and could lead to payment cuts, which could make doctors and providers even less likely to take Medicare patients.

According to the Congressional Budget Office, IPAB cuts are not going to be required in the long run. However, Medicare’s Office of the Actuary, which makes the final decision, says cuts will be necessary.

The Congressional Research Services estimates that between the years 2015 and 2019, annual medicare spending per enrollee will increase from an average of \$13,374 to \$15,749.

According to [Forbes](#):

Although IPAB was a central part of the president’s health care reform law, it’s only beginning to attract Congress’s attention. A bill introduced by Phil Roe (R-Tenn.) that would scrap it has attracted 124 co-sponsors — both Republicans and Democrats.



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