

Panel setting health-care spending policy won't answer to voters, Congress

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Faced with the continued, widespread opposition to President Barack Obama's Affordable Care Act of 2010, backers often point to its provisions -- including requiring coverage of pre-existing conditions and allowing parents to keep their children on their plans until age 26 -- that have proved popular with many people. "Once they see what's in the bill, people will like it" has been their mantra.

What they don't like to discuss are all the provisions buried in the massive 2,000-plus page bill that likely would have the effect of reducing and rationing care.

One such item is the establishment of an Independent Payment Advisory Board, a group of 15 appointed -- not elected -- advisers who would make rulings about what kind of care is covered for everyone, or for certain groups of people -- all "without congressional consent or legal appeal," as the Wall Street Journal wrote in a recent editorial.

Billed as a way to control Medicare costs, the board would be charged with coming up with ways to control health-care spending.

Anyone with a passing knowledge of government intervention in free markets knows that there is no magic wand to reduce such costs within the existing framework; the only sure way to reduce costs is to eliminate some outlays, i.e. reduce care for Medicare recipients.

In an analysis released by the libertarian Cato Institute in June, the authors raised alarms about the extraordinary power given to IPAB and the enormous hurdles set up for legislators who would try to repeal it. In an overview of the study for National Review, authors Michael F. Cannon and Diane Cohen said the health-care law in effect "gives IPAB the power to raise taxes, spend money, place conditions on federal grants to states, and exercise other powers the Constitution reserves solely to Congress ... As if all this weren't bad enough ... if Congress fails to repeal IPAB during (a seven-month) window in 2017, then in 2020 Congress loses any and all power to restrain these super-legislators."

The Obama administration appears to understand how unpopular this idea would

probably be with Americans once they learn of it, and is avoiding drawing attention to the panel. According to the Journal, "The board was supposed to be up and running by the end of September, but the White House is avoiding naming names for Senate confirmation until after the election."

House Republicans, joined by a handful of Democratic colleagues, nevertheless made a run at eliminating IPAB in March. Rep. John Fleming, R-La., a practicing physician, called the board "a socialist dream, but it's a nightmare for the American people." The Protecting Access to Healthcare Act passed the House by a vote of 223-181, but went nowhere in the Democrat-controlled Senate.

Proponents of the health-care overhaul have long scoffed at the notion that the law would establish "death panels" -- but IPAB would have the power to dictate what end-of-life care is appropriate and "worth" the money, essentially determining what kinds of treatments most seniors would be able to receive. Questioned about this by Fox News Sunday's Chris Wallace last month, former White House press secretary Robert Gibbs didn't argue with the basic premise that IPAB is likely to lead to people being denied care in some cases.

Instead, Gibbs simply laughed off Wallace's characterization of the board as a group of unelected bureaucrats.

"I'm laughing at your characterization of (IPAB)," he told Wallace. "They are medical professionals. They are people that we trust to make medical decisions."

And unaccountable to Congress and the 300 million Americans affected by those decisions.

IPAB is just one of many features of the health-care overhaul that should and do alarm Americans -- once they find out about them. The problem is, Americans still are finding out what's in the bill, a bill which literally represents life-or-death matters but was rammed through in a partisan push with the aid of late-night, backroom deals in Washington.