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Rep. Blackburn's health care claim off base

By Bartholomew Sullivan. The Commercial Appeal

As the U.S. Supreme Court, after three days of oral arguments, moves toward determining the constitutionality of the Patient Protection and Affordable Care Act, we note that U.S. Rep. Marsha Blackburn, R-Tenn., has again weighed in on one of its provisions. Like many other Republicans, she is attacking the Independent Payment Advisory Board created in the legislation, and she voted to repeal the provision last month. The board is intended to rein in Medicare costs beginning in 2015 with Congress required to either accede to its recommendations or act to overrule them.

Specifically, Blackburn said: "Instead of giving patients control of their health care decisions, the president and his allies in Congress chose to delegate this power to a commission of 15 unelected bureaucrats in Washington." We asked Blackburn spokesman Mike Reynard for evidence backing the claim and he referred to Section 3404 of the law where the board is established and to an op-ed in The Wall Street Journal by House Budget Committee Chairman Paul Ryan, R-Wis. Ryan said the board would be "empowered by the new health care law to cut Medicare in ways that will lead to denied care for seniors."

Our PolitiFact Ohio colleagues took a look at a similar assertion about the IPAB by the former "TuttiFrutti" crooner Pat Boone on March 11 and rated it a "Pants on Fire" distortion of the truth.

Closer to what Blackburn said about the IPAB are the statements PolitiFact Minnesota looked at from U.S. Rep. Michele Bachmann, R-Minn., and PolitiFact Georgia looked at from U.S. Rep. Phil Gingrey, R-Ga., the latter an obstetrician-gynecologist. Both suggested the IPAB's "bureaucrats" would make medical decisions for patients. In both instances, those assertions were rated False.

PolitiFact Georgia asked four health experts about Gingrey's claim that "a bunch of bureaucrats" would "decide whether you get care." All four said Gingrey was wrong. **Cato Institute**, a libertarian think tank usually at odds with Democratic positions, said that the assertion that the IPAB would be controlling patients' health care decisions is "not even close to correct." Cato scholar Michael Tanner is himself an opponent of IPAB but said: "It (IPAB) has nothing to do with individual care at all. It's not making decisions on individuals."

The letter of the law shows the board has nothing to do with individual patients or their health care decisions, but would suggest cost-saving proposals within a mandate that

See BLACKBURN, 3B

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Rep. Marsha Blackburn, R-Tenn., on the Patient Protection and Affordable Care Act

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specifies it cannot ration care. The board might recommend, based on medical best practices, that every discharged hospital patient get guidance on wound care or that they drink plenty of cold water. They might find that surgery to install certain medical devices - like hip replacements - should not be done on Medicare beneficiaries over the age of 105. The goal is cost-savings, not micromanaging patient care.

The assertion that the board will be stocked with "unelected bureaucrats" capable of making life-and-death decisions was found to be not just false but outrageous by PolitiFact Georgia. "This claim is incorrect," it said. "The IPAB does not have anything close to the power that Gingrey suggests. It cannot raise costs to Medicare recipients, much less kill them off by denying lifesaving care."

Blackburn's claim that the IPAB will consist of "15 unelected bureaucrats in Washington" sounds very much like Bachmann's grievance that the IPAB consists of political appointees, but as PolitiFact National pointed out, "that leaves out a lot of detail of the law's requirements."

The law states that the members "shall include individuals with national recognition for their expertise in health finance and economics, actuarial science, health facility management, health plans and integrated delivery systems, reimbursement of health facilities, allopathic and osteopathic physicians, and other providers of health services, and other related fields, who provide a mix of different professionals, broad geographic representation and a balance between urban and rural representatives."

It says the board "shall also include representatives of consumers and the elderly."

And, it says individuals who are directly involved in providing or managing health care "shall not" constitute a majority of the board's members.

The president appoints 12 of the 15 members, who undergo confirmation by the Senate.

Once appointed to the board, the members become full-time government employees and are not allowed to hold other full-time employment.

OUR RULING

Blackburn to her credit did not mention rationing - connecting that practice to the IPAB is what pushed Boone's claim to be judged ridiculously false. But she did say President Obama - through the law - would be giving the "power" to control Medicare

patients' healthcare decisions to "a commission of 15 unelected bureaucrats in Washington."

Because we find that the IPAB would not affect decisions made at the individual patient level, we rate it False.