

## Members of Congress Say 'No' to IMAC

*The following letter, addressed to House Speaker Nancy Pelosi (D-Calif.) and issued at the end of July, was initiated by Rep. Richard E. Neal (D-Mass.), and is being circulated for signatures. Reports are that 75 Members of Congress, from both parties, have added their names as of Aug. 13. The letter is also being circulated by other institutions, including the Illinois Hospital Association.*

Dear Madam Speaker:

We, the undersigned members of Congress, write to voice our strong opposition to the "Independent Medicare Advisory Council (IMAC) Act of 2009" and the "Medicare Payment Advisory Commission (MedPAC) Reform Act of 2009" (H.R. 2718, S. 1110, S. 1380), and the inclusion of any of any of these proposals in the "America's Affordable Health Choices Act" (H.R. 3200), or any other legislation.

The role that Congress has traditionally played in crafting the Medicare program to provide the best policies for beneficiaries is one that has had a significant impact in our communities. Through the legislative process, Members are able to represent the needs of their communities by improving benefits for seniors and the disabled, affecting policies that fill the health care workforce pipelines, and ensuring that hospitals are equipped to care for diverse populations across our individual districts. Such a responsibility is one that is not taken, nor should be given away, lightly.

These proposals would eliminate the current advisory role of MedPAC and severely limit Congressional oversight of the Medicare program. By placing this authority within the executive branch, with no Congressional oversight or judicial review, the legislation eliminates the transparency of Congressional hearings and debate. Without the open and transparent legislative process, Medicare beneficia-

ries and the range of providers who care for them would be greatly limited in their ability to help develop and implement new policies that improve the health care of our nation's seniors.

The creation of this commission would also eliminate state and community input into the Medicare program, removing the ability to develop and implement policies expressly applicable to their different patient populations. These national policies that would flow from such a commission would ignore the significant differences and health care needs of states and communities. Geographic and demographic variances that exist in our nation's health care system and patient populations would be dangerously disregarded. Furthermore, all providers in all states would be required to comply even if these policies were detrimental to the patients they serve. Such a commission could not only threaten the ability of Medicare beneficiaries, but of all Americans, to access the care they need.

These legislative proposals would also limit Congress's ability to work with the Centers for Medicare and Medicaid Services to create and implement demonstration and pilot projects designed to evaluate new and advanced policies such as at home care for the elderly, the patient-centered medical home, new less invasive surgical procedures, and collaborative efforts between hospitals and physicians, and programs designed to eliminate fraud and abuse. Additionally, these proposals eliminate Members' ability to represent the needs of their own districts and states by addressing issues such as current and future provider workforce needs, the classification of hospitals that may qualify as critical access or rural hospitals, and obtaining critical health care services such as home health, ambulances, trauma centers, and nursing homes.

We urge you to reject the inclusion of these proposals or any like proposal in H.R. 3200 or any other legislation.

Sincerely,  
Richard E. Neal