

From: Jacobs, Chris (RPC)
Sent: Monday, July 11, 2011 6:54 AM
To: Jacobs, Chris (RPC)
Subject: A Modest Proposal for IPAB's Defenders

Apologies in advance for the personal nature of this (long) anecdote* – hopefully you will find it an amusing diversion at minimum...

Several months ago I began experiencing problems walking on my left foot. I was born with deformed bones in my left foot, and the pressure from walking on this abnormal foot structure for more than 30 years began to take its toll. I visited several podiatric and orthopedic specialists to evaluate my options; non-invasive methods like orthotics and therapy helped, but it became apparent to me that they weren't really solving the problem, as opposed to delaying the inevitable. So I consulted with a surgeon, and he arrived at a plan of action – fusions, grafts, and a tendon lengthening – which should significantly alleviate my pain and improve my gait. Feeling comfortable with the surgeon's level of expertise and with his recommended treatment plan, I scheduled surgery for a few weeks from now.

However, the recent debate over the IPAB – Obamacare's body of unelected bureaucrats who will control Medicare spending – has prompted me to reconsider my decision. After all, **who am I to decide how my own health care should be handled?**

- Paul Krugman has [taught me](#) that “Patients are Not Consumers” and that “making [health care] decisions intelligently requires a vast amount of specialized knowledge”;
- The Center for American Progress, in [making](#) “The Case for Bureaucrats in Health Care,” has taught me that health care is different from buying shoes;
- Ezra Klein has [taught me](#) that “consumer-directed health care is a silly idea” because “patients are not qualified to evaluate good care”; and
- CMS Administrator Donald Berwick has [taught me](#) that “I cannot believe that the individual health care consumer can enforce through choice the proper configurations of a system as massive and complex as health care. That is for leaders to do.”

These statements have left me in a serious conundrum, and forced me to reconsider my thinking. After all, I'm not an expert on health care – I'm not even close:

- I don't have a PhD in economics, which, as Secretary Sebelius recently [pointed out](#), qualifies individuals as “experts” in how to run a health care system;
- Neither I nor my surgeon graduated from an Ivy League school; and
- I don't even know all the words to [Fair Harvard](#).

I do however now recognize that I am not only clearly incapable of making my own health care choices, but also that my health – and our entire country – would be better off leaving those choices to “experts” who are my intellectual superiors. After all, President Obama promised that the stimulus would prevent unemployment from [rising above 8 percent](#) – and who thinks joblessness is still a major problem more than two years later? And just look at how Obamacare has already delivered the [\\$2,500 reduction in premiums](#) that candidate Obama repeatedly promised.

So all I need now is to find a suitable “expert” to tell me whether I should [have the surgery or take the painkiller](#). Therein lies my open request to IPAB’s defenders, to provide me with the enlightened knowledge of my own medical condition that I so clearly lack:

- Peter Orszag – [supporter of IPAB](#) as a way “to improve Medicare’s cost-effectiveness” – can tell me whether my surgery will cost too much;
- Zeke Emanuel can tell me where my procedure fits on his [chart](#) for the allocation of [scarce medical resources](#); and
- Dr. Berwick can tell me if I’m one of those [cases](#) where “Most people who have serious pain do not need advanced methods; they just need the morphine and counseling that have been available for centuries.”

I do hope that one of these individuals – or indeed other political commentators who have supported IPAB in recent weeks – can tell me how I should proceed when it comes to my foot. After all, I now realize that my surgeon could be recommending an operation [just for the reimbursement check](#) – because most medical professionals base their decision-making processes on whether they will obtain a [\\$50,000 payday](#) (as opposed to Obamacare’s “experts,” whose decisions will be [based on the fact](#) that “the social budget is limited – we have a limited resource pool”).

There is a catch however: While I will defer my own opinion to those of the “experts,” I do expect that any individual who passes judgment on my case will assume full financial and legal liability for same. That may be a problem for some of IPAB’s defenders. After all, Section 3403 of the [statute](#) exempts the IPAB and its members from ANY legal liability associated with its decisions.

And therein lies the point of this proposal, and this story: If the IPAB’s defenders – and its so-called “experts” – aren’t willing to put their own money where their mouths are, then how good will this board of unaccountable bureaucrats be?

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* And just in case you were wondering, the facts of this story are real, as is the sarcasm...