

FOR THE RECORD

House of Representatives
Energy and Commerce Committee

Hearing on:

“IPAB: The Controversial Consequences for Medicare and Seniors”

9:00 a.m.

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Wednesday, July 13, 2011

Statement Submitted for Consideration by the Committee

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Hearing on: "IPAB: The Controversial Consequences for Medicare and Seniors"

Summary of testimony of

Theresa Morrow, Co-Founder & President, Women Against Prostate Cancer

We are here today because we are concerned about the affect that implementation of the Independent Payment Advisory Board (IPAB) will have on Medicare patients and families. We do not believe that IPAB is the best way to achieve sustainable healthcare costs.

We believe that IPAB will have a negative impact on patient access to quality care. IPAB's power to dramatically cut payments to healthcare providers and physicians who provide services to Medicare beneficiaries, will likely mean that that fewer providers would be willing to accept new Medicare. IPAB also has the power to decide that Medicare will not cover certain treatments or medications purely based on their cost and that patients may not have access to new and innovative therapies to treat cancer that can ultimately improve and save lives.

IPAB's requirement to achieve savings in one-year periods means that the focus will largely be on cutting payments and other short-term savings rather than on long-term savings and reforms that could save money or help patients avoid unnecessary care in the future. More emphasis should be placed on prevention to ensure that seniors stay healthy and incur less expense to Medicare in the long run.

Finally, we are concerned by the lack of oversight of IPAB. Ultimately, IPAB proposals do not need Congressional approval to go into effect and the Secretary's implementation of IPAB's recommendations is exempt from judicial and administrative review. We are also troubled that there is no patient representation on the Board and that IPAB is not required to hold public meetings where the voices of patients, caregivers and families can be heard.

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Testimony of

Theresa Morrow, Co-Founder & President, Women Against Prostate Cancer

I would like to thank Chairman Upton and the Committee for holding this important hearing. I appreciate the opportunity to submit testimony on a topic that will have significant implications on the lives of thousands of men, women, and families.

Women Against Prostate Cancer's mission is to unite the voices and provide support for the millions of women affected by prostate cancer. Our membership is made up of the wives, partners, mothers, daughters, sisters, widows and caregivers of prostate cancer patients.

As health care leaders of the household, the role that women play in all phases of prostate cancer, from preventive screenings to treatment and follow-up care is critical. As you know, prostate cancer, as with any cancer, impacts the entire family emotionally, financially, physically and spiritually. Our own co-founder Betty Gallo, experienced the impact of this disease first hand when her husband, your former colleague, Representative Dean Gallo was diagnosed with prostate cancer in 1992 and subsequently died from the disease in 1994. Unfortunately by the time Mr. Gallo was diagnosed the cancer had already spread beyond his prostate and had metastasized in his bones. Since his passing, many advancements in treatment and access to screenings and quality healthcare have saved the lives of thousands of men diagnosed with prostate cancer and fewer families have to suffer the loss of their loved ones as the Gallo family did.

We are here today because we are concerned about the affect that implementation of the Independent Payment Advisory Board (IPAB) will have on Medicare patients and families, including the large number of seniors that are diagnosed with prostate cancer each year. We share your concerns for more sustainable healthcare costs, but do not believe that IPAB is the best way to achieve this goal.

We believe that IPAB will have a negative impact on patient access to quality care. IPAB has the power to dramatically cut payments to healthcare providers and physicians who provide services to Medicare beneficiaries. As a result, it is likely that fewer providers would be willing to accept new Medicare patients therefore limiting seniors' access to quality providers.

IPAB also has the power to decide that Medicare will not cover certain treatments or medications purely based on their cost. As a prostate cancer organization, we are particularly concerned that patients may not have access to new and innovative therapies to treat cancer that can ultimately improve and save lives. By targeting such treatments, IPAB decisions could lead to slower investment and development of new innovations in the US that deliver better health outcomes to our citizens, including seniors. Treatment decisions should be made between a health care provider and a patient and his or her family and not be limited by an unelected Board.

I recently spoke with a prostate cancer patient named Doug Magill from Northeast Ohio. When Doug was diagnosed with prostate cancer he began his quest to determine which treatment to pursue, he did all the things an informed patient would do; he got a second opinion, spoke with other patients, family, and friends and did a lot of research. Ultimately Doug chose to travel across the country to Loma Linda University Medical Center in Southern California to receive

proton radiation therapy. He chose proton therapy because of his fear of the side effects, such as impotence and incontinence, that may be caused by other treatments.

Doug expressed his concern to me that an entity like IPAB would have restricted his right to choose his treatment. He may have been forced to choose surgery instead of proton therapy and been left incontinent and impotent for the rest of his life. His quality of life would be of no consequence when considering how to keep the costs down.

Like Doug, each prostate cancer patient is unique and there are a number of factors that come into play when determining a treatment path; patients and providers should have the right to choose what is best for them.

IPAB could even go so far as to say that any man diagnosed with prostate cancer over the age of 85 will not receive any treatment, but rather recommend that these men should get watchful waiting with the perception that prostate cancer is only a slow growing disease that will not affect an older man in his lifetime. The Board should not have the authority to make overarching decisions that do not take into account whether a man is in poor health with a short life expectancy or if he is completely healthy and can expect to spend 15 more years with his wife and grandkids.

Another negative impact to seniors will be IPAB's requirement to achieve savings in one-year periods. This means that the focus will largely be on cutting payments and other short-term savings rather than on long-term savings and reforms that could save money or help patients avoid unnecessary care in the future.

Instead more emphasis should be placed on prevention. Catching health problems, or signs of

developing health problems, in their early stages, when they are still treatable or preventable is the best way to ensure that seniors stay healthy and incur less expense to Medicare in the long run. More emphasis should be placed on participation in benefits like the Welcome to Medicare Physical which was passed by Congress in 2003 as part of the Medicare Prescription Drug, Improvement and Modernization Act (MMA). Currently, less than 10% of those eligible participate in this health screening even though it can serve to provide guidance for seniors' health maintenance as they age.

Finally, we are concerned by the lack of oversight of IPAB. The Board has the power to change laws previously enacted by Congress. IPAB proposals must be accepted unless Congress can submit a proposal with the same cost savings. If Congress fails to adopt a substitute proposal, IPAB's proposal must be implemented, meaning that IPAB's proposal does not need Congressional approval to go into effect. Furthermore, the Secretary's implementation of IPAB's recommendations is exempt from judicial and administrative review.

We are also troubled that there is no patient representation on the Board and that IPAB is not required to hold public meetings where the voices of patients, caregivers and families can be heard. Important health care decisions that can dramatically impact patients will be made by an unelected Board without accountability to the public.

Our organization is dedicated to ensuring that prostate cancer patients and their families have access to quality care and can achieve healthy, happy lives after diagnosis. And while we share the concerns of the President and Congress for the increasing burden of healthcare costs in Medicare, we do not believe that IPAB is the right way to do so.

In conclusion, I would like to thank the Committee for all of its work on this issue and allowing

the opportunity for me to provide input into this important discussion whose outcome will surely have an impact on prostate cancer patients and their families.