

10 Reasons Rationing Is In The Health Care Overhaul

1. In the House version of the health care legislation, H.R. 3200, Section 1233, titled “Advance Care Planning Consultation”, the bill expands coverage for “end-of-life” planning consultations optional for patients every five years, which could include pressure to choose refusal of nutrition and hydration as a treatment option and which requires doctors to offer a list of organizations that could include pro-euthanasia groups like Compassion and Choices (formerly known as The Hemlock Society).
2. The provision on “end-of-life” planning for seniors in the House bill comes from Rep. Earl Blumenauer, a Democratic congressman from Oregon who filed an amicus brief back in 2005 in support of Oregon’s assisted suicide law.
http://blumenauer.house.gov/index.php?option=com_content&task=view&id=442&Itemid=170
Congressman Blumenauer wrote the language alongside the pro-euthanasia group Compassion and Choices. <http://compassionandchoices.org/blog/?p=445>
3. Congressman Blumenauer’s home state of Oregon has sent seniors letters “consulting” them that, while the state run plan would not pay for their cancer treatments, the state would be happy to pay for assisted suicide if they choose that option.
<http://www.foxnews.com/story/0,2933,392962,00.html>
4. Section 1401 establishes the Center for Comparative Effectiveness Research. This Center seems to mirror the “Federal Coordinating Council for Comparative Effectiveness Research” established in the economic stimulus bill passed in February. The report issued by the House Appropriations Committee at that time explained what they hoped to accomplish with this “research.”: “By knowing what works best and presenting this information more broadly to patients and healthcare professionals, those items, procedures and interventions that are most effective to prevent, control and treat health conditions will be utilized, *while those that are found to be less effective and in some cases, more expensive, will no longer be prescribed.* (Emphasis added)”
5. Additionally, President Obama himself has made several public statements indicating the federal government would be making decisions on what sort of treatments people get, including in this *New York Times*
http://www.nytimes.com/2009/05/01/us/politics/30webbaker.html?_r=3&hp piece where he stated: “[T]here is going to have to be a very difficult democratic conversation that takes place. It is very difficult to imagine the country making those decisions just through normal political channels. And that’s part of why you have to have some independent group that can give you guidance. It’s not determinative, but I think has to be able to give you some guidance.” The “independent group” he refers to would be a government run entity and most likely take form in the “Center for Comparative Effectiveness Research.”

6. In committees looking at health care legislation there were at least five different attempts to ensure that “comparative effectiveness research” is not used for rationing purposes. Three times in the Senate Health, Education, Labor and Pensions Committee and twice in the House of Representatives (once in Ways and Means and once in Energy and Commerce). Each time the Democrats on the committees voted the amendments down. (House results are here:

<http://republicans.waysandmeans.house.gov/tallysheet/herger3.htm> and here <http://republicans.energycommerce.house.gov/news/PRArticle.aspx?NewsID=7215>.)

7. In a July 14, 2009 *Newsweek* piece Senator Ted Kennedy (D-Mass.), the original architect of the Senate Health, Education, Labor and Pensions (HELP) Committee bill, stated, when talking of how to save money within the Medicare system, that: “Most of these readmissions are unnecessary, but we don't reward hospitals and doctors for preventing them. By changing that, we'll save billions of dollars while improving the quality of care for patients.” Translation by William Kristol: “the government will reward hospitals and doctors for denying care they now provide, care the government will now deem ‘unnecessary.’”

<http://www.washingtonexaminer.com/opinion/blogs/beltwayconfidential/Kennedy-Lets-Ration-Health-Care-51145997.html>

8. In a Townhall meeting on June 24, 2009 President Obama tells Jane Sturm, a woman taking care of her 105 year old mother: “[W]hat we [the federal government] can do is make sure that at least some of the waste that exists in the system that’s not making anybody’s mom better, that is loading up on additional tests or additional drugs that the evidence shows is not necessarily going to improve care, that at least we [the federal government] can let doctors know and your mom know that, you know what? Maybe this isn’t going to help. Maybe you’re better off not having the surgery, but taking the painkiller.” <http://thepage.time.com/transcript-obama-in-abcs-health-care-special/>

9. The Obama plan relies heavily on cuts to Medicare to pay for the new benefits. The Congressional Budget Office (CBO) has estimated that one such cut would lead to a total of \$162.2 billion in cuts being taken from Medicare Advantage plans that provide a choice of health care options to seniors. These harmful and arbitrary cuts could result in Medicare Advantage plans dropping out of the program, harming beneficiary choice and causing millions of seniors to lose their current coverage; other seniors could see premiums rise or additional benefits curtailed. Despite additional cuts proposed to Medicare none of the cuts address the solvency issue of Medicare, inevitably leading to reduction of benefits to participants.

10. It’s in the bill! Liberty Counsel, working from a piece authored by Peter Fleckenstein and posted on his blog, <http://blog.flecksoflife.com>, has found additional rationing concerns in Section 1145 (cancer treatments), Section 1162 (outcome-based measures) and Section 1308 (mental health programs.)

http://lc.org/media/9980/attachments/healthcare_overview_obama_072909.pdf