

Will Senate Democrats Allow an Unelected Board to Ration Americans' Health Care? *A Bureaucratic Takeover of Health Care...*

"The chronically ill and those toward the end of their lives are accounting for potentially 80 percent of the total health care bill out here....There is going to have to be a very difficult democratic conversation that takes place."

— President Obama, [interview](#) with *The New York Times*

Health "reform" legislation introduced by Senate Majority Leader Reid (H.R. 3590) would create a new bureaucracy to micro-manage Americans' health care—and an amendment (#3240) offered by Sen. Jay Rockefeller (D-WV) would make these provisions worse. Multiple [press reports](#) indicate that Sen. Reid has accepted such an amendment as part of his back-room negotiations to obtain 60 votes to pass the Democrats' bill. Not known to many Americans is the implications the bill, and the Rockefeller amendment, would have on their own personal health care:

- The underlying bill would create a new Independent Medicare Advisory Board required to make binding recommendations for cost savings within the Medicare program. The bill requires the Board to ensure Medicare spending grows no more than a specified percentage—in the years after 2019, the Board would be required to make cost saving recommendations if Medicare grows faster *per capita* than the health care system as a whole. The bill makes the Board's recommendations binding unless a majority of Congress disapproves.
- The Rockefeller amendment would significantly increase the power of unelected bureaucrats on the Board to affect Americans' health care in two ways. First, the amendment would require the Board to hold *per capita* Medicare spending to the growth of GDP plus 1.5 percent.
- Secondly, the Rockefeller amendment would expand the Board's remit beyond Medicare spending to include other forms of health insurance. Specifically, the amendment would require the Board to consider changes that should be made to the definition of a "qualified health plan" that, among other things, would "decrease health care spending." The amendment further gives the Health and Human Services Secretary the authority to require private health plans to adopt such cost-cutting measures in order to be considered "qualified" plans for purposes of the individual mandate. In other words, federal bureaucrats would be empowered under the Rockefeller amendment to *require* private health plans to ration access to costly but effective services—and individuals would be *required* to purchase such coverage.
- Many may believe that the Rockefeller amendment closely resembles a concept advocated by former Senator Tom Daschle—a board of unelected bureaucrats making health care decisions for all health plans nationwide, including decisions about which therapies and treatments the federal government will cover. In his book *Critical*, Daschle wrote that, "We won't be able to make a significant dent in health-care spending without getting into the nitty-gritty of which treatments are the most clinically valuable and cost-effective."

- Many of President Obama's key advisers have echoed his comments about questioning the need for the federal government to finance costly but effective health treatments. In addition to Sen. Daschle's long-time advocacy of a federal health board to regulate treatments' cost-effectiveness, a [report](#) released by the liberal Commonwealth Fund earlier this year argued that up to \$634 billion could be saved by denying individuals access to treatments that are not "cost-effective."

"In health care, waiting lines...can reduce the average cost of health capital, even while raising patient costs in terms of time and inconvenience. Health care waiting lines represent a trade-off between patient costs and capital costs."

— Senior Obama Administration Official Sherry Glied,
writing in *Critical Condition: Why Health Reform Fails*

Given comments by many key liberal groups—as well as the President himself—many may be concerned that Democrats' trillions in spending on a government takeover of health care will increase federal bureaucrats' role in making patients' personal health decisions—and lead to unacceptable delays in life-saving treatments for many Americans.

STAFF CONTACT

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