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## The Health Bill Is Scary

*Government guidelines would likely have forbidden the test I used to discover Sheila's cancer.*

By TOM COBURN

I recently suggested that seniors will die sooner if Congress actually implements the Medicare cuts in the health-care bill put forward by Senate Majority Leader Harry Reid. My colleagues who defend the bill—none of whom have practiced medicine—predictably dismissed my concern as a scare tactic. They are wrong. Every American, not just seniors, should know that the rationing provisions in the Reid bill will not only reduce their quality of life, but their life spans as well.

My 25 years as a practicing physician have shown me what happens when government attempts to practice medicine: Doctors respond to government coercion instead of patient cues, and patients die prematurely. Even if the public option is eliminated from the bill, these onerous rationing provisions will remain intact.

For instance, the Reid bill (in sections 3403 and 2021) explicitly empowers Medicare to deny treatment based on cost. An Independent Medicare Advisory Board created by the bill—composed of permanent, unelected and, therefore, unaccountable members—will greatly expand the rationing practices that already occur in the program. Medicare, for example, has limited cancer patients' access to Epogen, a costly but vital drug that stimulates red blood cell production. It has limited the use of virtual, and safer, colonoscopies due to cost concerns. And Medicare refuses medical claims at twice the rate of the largest private insurers.

Section 6301 of the Reid bill creates new comparative effectiveness research (CER) programs. CER panels have been used as rationing commissions in other countries such as the U.K., where 15,000 cancer patients die prematurely every year according to the National Cancer Intelligence Network. CER panels here could effectively dictate coverage options and ration care for plans that participate in the state insurance exchanges created by the bill.

Additionally, the Reid bill depends on the recommendations of the U.S. Preventive Services Task Force in no fewer than 14 places. This task force was responsible for advising women under 50 to not undergo annual mammograms. The administration claims the task force recommendations do not carry the force of law, but the Reid bill itself contradicts them in section 2713. The bill explicitly states, on page 17, that health insurance plans "shall provide coverage for" services approved by the task force. This chilling provision represents the government stepping between doctors and patients. When the government asserts the power to provide care, it also asserts the power to deny care.

If the bill expands Medicaid eligibility to 133% of the poverty level, that too will lead to rationing. Because Washington bureaucrats have created a system that underpays doctors, 40% of doctors already restrict access to Medicaid patients, and therefore ration care.

Medicaid demonstrates, tragically in some cases, that access to a government program does not guarantee access to health care. In Maryland, 17,000 Medicaid patients are currently on a waiting list for medical services, and as many as 250 may have died while awaiting care, according to state auditors. Kansas, the home state of Health and Human Services Secretary Kathleen Sebelius, faces a Medicaid backlog of more than 15,000 applicants.

Other unintended consequences of the Reid bill could wreak havoc on patients' lives. What happens, for instance, when savvy consumers commanded to buy insurance realize the penalty is the de facto premium? It won't take long for younger, healthier Americans to realize it's cheaper to pay a \$750 tax for coverage instead of, say, \$5,000 in annual premiums when coverage can't be denied if you get sick.

OMB Budget Director Peter Orszag's belief that mandatory health insurance will become a "cultural norm" is bureaucratic naivete that will produce skyrocketing premiums and reduced care for everyone. My state's own insurance commissioner, a Democrat, recently confirmed this concern to me in a letter noting that "the result will be higher insurance rates due to a higher percentage of insured being higher risk/expense individuals."

But the most fundamental flaw of the Reid bill is best captured by the story of one my patients I'll call Sheila. When Sheila came to me at the age of 33 with a lump in her breast, traditional tests like a mammogram under the standard of care indicated she had a cyst and nothing more. Because I knew her medical history, I wasn't convinced. I aspirated the cyst and discovered she had a highly malignant form of breast cancer. Sheila fought a heroic battle against breast cancer and enjoyed 12 good years with her family before succumbing to the disease.

If I had been practicing under the Reid bill, the government would have likely told me I couldn't have done the test that discovered Sheila's cancer because it wasn't approved under CER. Under the Reid bill, Sheila may have lived another year instead of 12, and her daughters would have missed a decade with their mom.

The bottom line is that under the Reid bill the majority of America's patients might be fine. But some will be like Sheila—patients whose lives hang in the balance and require the care of a doctor who understands the science and art of medicine, and can make decisions without government interference.

The American people are opposing this bill in greater numbers every day because the facts of the bill—not any tactic—are cause for serious concern.

**Dr. Coburn, a physician, is a Republican senator from Oklahoma.**

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