

**REPUBLICAN STUDY COMMITTEE INFORMATION
ALERT:
Conservative Concerns on the Comparative Effectiveness
Research Provision in the American Recovery and
Reinvestment Act ('Stimulus')**

Next week the House will consider the Democrat's "stimulus" package. In addition to many other provisions of concern to conservatives, the legislation (in the portion marked up by the Appropriations Committee) establishes a Federal Coordinating Council for Comparative Effectiveness Research (CER). This new health board will grant Obama's nominee for Secretary of HHS, Tom Daschle, his wish of a permanent government rationing board prescribing care in place of doctors and patients.

The stimulus bill would provide \$1.1 billion for this board and give Tom Daschle full reign over \$400 million of this money to spend as he sees fit. The draft report language accompanying the Appropriations health portion of the bill clearly lays out the Democrats' grand plan for their new CER board:

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.*

This statement from Daschle's blue print for health reform, "Critical: What We Can Do About the Health Care Crisis", shows that the intent of federally funded comparative effectiveness research is to enable the government to ration care. While the provision does not *yet* have teeth it is a place holder for the liberals' universal health care plan. In the words of Daschle:

The Federal Health Board wouldn't be a regulatory agency, but its recommendations would *have teeth* because all federal health programs would have to abide by them...Congress could opt to go further with the Board's recommendations. It could, for example, link the tax exclusion for health insurance to insurance that complies with the Board's recommendation.

Conservative Concerns:

Government Board Empowered Over Patients and Doctors: Conservative may disagree with the premise of this provision, which is that a government board is better at making personal health care decisions than patients and doctors.

Another Step Toward Washington-Run Single Payer Health Care: Conservatives may be concerned that this provision marks the first skirmish in a longer-term campaign by liberals to demolish independent private-sector health care in America. Ultimately, every

policy and standard will be decided by this board and would be the law of the land for every doctor, drug company, hospital, and health insurance plan.

Inability to “Stimulate”: Conservatives may be concerned that the purpose of this provision is not to “stimulate” anything; the Congressional Budget Office (CBO) has found that it will take 10-15 years until any savings are realized.

Quality of Research: Conservatives may be concerned about the quality of the board’s scientific findings as the cost to perform rigorous clinical studies, which are currently underway in the private-sector, far exceeds the proposed \$1.1 billion appropriation in this bill.

Importance of CER in the Market: Many conservatives think there is a need for peer reviewed clinical data and believe that this information should be available through the private market or even a private/public partnership to help doctors and patients if they so choose. This government board could easily co-opt the growth of this information in the private sector.