

Congress of the United States

Washington, DC 20515

June 25, 2010

President Barack Obama
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Obama:

We contact you to express significant concerns about the nomination of Dr. Donald Berwick for CMS Administrator and urge you to withdraw his nomination.


The federal government is having substantial difficulty implementing the new health-care overhaul without endangering seniors' access to care. Medicare's own chief actuary, Richard Foster, warns that massive Medicare cuts in the bill risk "jeopardizing access to care for beneficiaries." CBO warns that millions of seniors who like the Medicare Advantage coverage they have will not be able to keep it. Seniors also face new hidden taxes and premium increases included in the new law.


With seniors' access to care already threatened by these cuts, we are especially troubled by Dr. Berwick's history of support for government rationing of medical services. We believe that Dr. Berwick's recommendation for the federal government to use ration-based, cost-effectiveness research to restrict patients' access to medically-necessary care is wrong. In June 2009, he stated some life-saving care might be a misuse of taxpayer funds: "The decision is not whether or not we will ration care – the decision is whether we will ration with our eyes open."

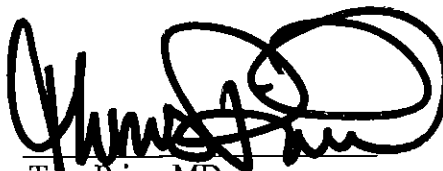
In his book on health reform, *Escape Fire*, Dr. Berwick argues our health-care system should reduce medication costs with "simplified formularies" that limit access to medication a patient might need. He also promotes reducing the "total supply of high-technology medical and surgical care" available to seniors because of where they live, including treatments for heart disease and kidney failure. Dr. Berwick has stated that Britain's National Health Service (NHS) "is not just a national treasure; it is a global treasure." Furthermore, Dr. Berwick praises Britain's rationing board, the National Institute for Clinical Excellence (NICE), as a model for health reform. Unfortunately, NICE limits patients' access to needed care based on cost; if a treatment is found to cost more than about \$30,000-\$45,000 per "quality-adjusted life-year," it is rarely covered. For example, NICE has required patients to suffer blindness in one eye before it will allow medication to treat the other eye.

While we support efforts to ensure quality care for all, we must guarantee that unelected government bureaucrats or boards do not make one-size-fits-all judgments prohibiting treatment options on the basis of cost. Health-care reform efforts should aim to ensure that seniors who rely on Medicare have access to needed treatment options. Seniors deserve a Medicare program that puts the individual needs of patients first and protects the doctor-patient relationship. For these reasons we encourage you to withdraw the nomination of Dr. Berwick as CMS Administrator. We look forward to working with the administration to implement solutions that lower costs while ensuring patient-centered health care.

Yours Truly,


Charles Boustany, Jr. MD
Member of Congress


Phil Gingrey, MD
Member of Congress


Tom Price, MD
Member of Congress

Cathy McNamee-Rodgers John Linde

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Jerry Moran

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