

From: Jacobs, Chris (RPC)
Sent: Monday, November 07, 2011 6:38 AM
To: Jacobs, Chris (RPC)
Subject: Rationing Comes to Capitol Hill

Later today, the Alliance for Health Reform hosts a [briefing](#) with the CEO of Britain's National Institute for Health and Clinical Excellence (NICE). Its acronym notwithstanding, NICE has proven to be anything but for British patients – denying access to important life-saving, and life-extending, treatments based solely or primarily on their cost. (A series of examples can be found in [this one-pager](#); further examples are listed below.)

Today's briefing is being sponsored by the prominent liberal think-tank the Commonwealth Fund. In providing intellectual support for Obamacare's big-government approach to changing the health care system, Commonwealth has published a series of papers on "[Realizing Health Reform's Potential](#)." Apparently Commonwealth may also believe that realizing the potential of health "reform" also involves denying treatments to sick patients because government bureaucrats deem them too expensive.

It's also worth noting that un-confirmed CMS Administrator Donald Berwick – whose controversial views about "[rationing with our eyes open](#)" have made [Democrats afraid to even consider his nomination](#) – has also asserted that NICE and other similar rationing bodies

... are functioning very well and are well respected by clinicians, and they are making their populations healthier and better off. Nor are their policies resulting in injury to patients in any way like what is being speculated here in the United States. These organizations have created benchmarks of best practices that we could learn from and adapt in this country.

Below are some examples of NICE's "best practices" in action. While reading them, it's worth taking a minute to stop and consider that one of Washington's most prominent liberal think-tanks wants to hear more about this model of cost-based rationing – and that an unaccountable and unconfirmed bureaucrat [managing a budget bigger than the Pentagon's](#) has stated he wants to make this model of rationing a reality for American patients.

Blindness fear as diabetics denied drug by NHS rationing watchdog

Hundreds of diabetes patients could lose their sight after the NHS rationing watchdog said it was too expensive to give them a treatment for an eye condition from which many suffer.

The National Institute for Health and Clinical Excellence acknowledged that the drug Lucentis was effective in treating diabetic macular oedema, which affects 50,000 Britons.

But in final draft guidance on the drug yesterday, it refused to make Lucentis available on the NHS, saying it was not “cost-effective” compared with laser treatment....

[Daily Mail](#), July 15, 2011

You must go blind in one eye before NHS will treat you

Thousands of patients will be condemned to blindness because of a decision to ration the NHS treatment which could save their sight, leading charities warned last night.

They said that patients with macular degeneration, the most common cause of blindness in the elderly, would effectively have to lose the use of an eye before qualifying for therapy to save their remaining vision.

Their condemnation came as the NHS drug rationing body, the National Institute for Clinical Excellence (NICE), recommended restrictions on funding a treatment for the condition....

“Despite the fact that we have an effective treatment, NICE wants to limit the number of treatments given by the NHS and is recommending that PDT should only be offered to those patients who have already lost the sight of one eye,” he said.

“Patients whose circumstances compel them to rely upon the NHS will be condemned by NICE to Russian roulette for their one good eye.

“An accident or a sudden haemorrhage, or failure to get a clinic appointment within a matter of days, may take away at a stroke life's quality as they know it.”

He added that he agreed with critics of NICE who argue that, in many cases, new treatments are being held up simply to save money....

[Daily Mail](#)

NHS rationing body rejects prostate cancer drug

A drug that can give advanced prostate cancer sufferers an extra two months to live has been rejected by the NHS's rationing body, just days after experts said it was “futile” to keep giving chemotherapy to the terminally ill.

The National Institute for Health and Clinical Excellence (Nice) said that the medicine, called cabazitaxel, was not a cost-effective treatment for men who have already undergone hormone therapy.

It said that although the drug did extend survival for patients with advanced prostate cancer, it was “concerned” about the side-effects experienced in clinical trials and that at an average cost of £22,000 per patient it was too expensive....

Sir Andrew Dillon, the chief executive of Nice, said: “The committee concluded that cabazitaxel would not be a cost effective use of limited NHS resources....”

[Daily Telegraph](#), September 30, 2011

Kidney cancer patients denied life-saving drugs by NHS rationing body NICE

Thousands of kidney cancer patients are likely to lose out on life-prolonging drugs.

The NHS rationing body, NICE, has confirmed a ban on three out of four new treatments.

It has reversed its position on just one, Sutent, which will now be allowed for patients with advanced cancer....

Kate Spall, head of the Pamela Northcott Fund campaign group, said the ruling meant that fewer than half of newly diagnosed patients would be eligible for therapy.

She added: "Families will be denied time together and doctors will be unable to give patients the best treatment...."

[Daily Mail](#), April 29, 2009

Chris Jacobs
Health Policy Analyst
Republican Policy Committee