CCHC Rebuttal to Rep. Fran Bradley's Form Letter

Citizens' Council on Health Care and citizens opposed to HF 1681, authored by Rep. Bradley, have received several copies (diff. heading info) of the following form letter from Rep. Bradley:

Date: Wed, 31 Mar 2004 17:49:05 -0600
From: "Fran Bradley" <rep.fran.bradley@house.mn>
To: <[…]>, "Chris Gerlach" <rep.chris.gerlach@house.mn>
Cc: <info@cchconline.org>, <tim.pawlenty@state.mn.us>
Subject: Re: House File 1681 State-issued medical practice directives

Thanks for your letter. I hope you have read the bill. You will find nothing that even comes close to the threats to our private health care market that you suggest. The provisions are supported by the Minn Medical Association, The Minnesota Hospital Association, The Mn Chamber of Commerce, The Business Partnership, and a wide variety of employer/provider/health plan/consumer groups. How can anyone fear a private market approach to good science?
I would think that you would be a champion of health care quality improvement. I'm sure you do not want to see tens of thousands of Americans continue to die each year because of preventable errors.

Representative Fran Bradley
Chair, Health & Human Services Finance
WEB Site: www.franbradley.org

CCHC Response to Specific Statements

Thanks for your letter. I hope you have read the bill.

We have. In fact, Citizens' Council on Health Care has placed the language online for the public to read: http://www.cchconline.org/pr/leg_lang.php3. *However,* because the term "best practices" is even not defined in the bill, the public cannot know from reading the bill what is being proposed for new law. Government health officials will be authorized to write law by defining the term to their own liking. Why are people who are not licensed in medicine, and are not in the clinic exam room with patients, going to define what is "best" for all patients?

You will find nothing that even comes close to the threats to our private health care market that you suggest.

Allowing state government to make a list of "best practices" for patient care, to promote them, to set criteria for what they are, to report on adherence to them, to intrude in patient's private medical records, and to use adherence to the state-issued "best practices" as a negotiating chip in state contracts with health care providers is not free-market. It's Big Government. In fact, this type of plan was in Title V of the Clinton Health Security Act.

The provisions are supported by the Minn Medical Association, The Minnesota Hospital Association, The Mn Chamber of Commerce, The Business Partnership, and a wide variety of employer/provider/health plan/consumer groups.

Have you talked to independent, hard-at-work physicians? There has been virtually nothing in the news on this issue. Do individual doctors even know about this bill? Has there been a survey of Minnesota physicians to support the provisions or the MMA's position? And even if all physicians support it, legislators swear to protect and uphold the rights of citizens despite what anyone or any organization says.

Who are these "consumer groups"? Please fax the list of this "wide variety" of supporters to our office: #651-646-0100. Also, the very fact that it is supported by health plans and employer groups makes it doubtful that patient care is the top priority.

How can anyone fear a private market approach to good science?

Good science stands on its own. Free markets let the good ideas of science shine and the bad ideas of science fail. Putting the government's idea of "good science" into law and regulation guarantees that bad science and *biased* science will become law.

I would think that you would be a champion of health care quality improvement. I'm sure you do not want to see tens of thousands of Americans continue to die each year because of preventable errors.

Government has never been known for improving quality. Increasing paperwork and regulation and costs, yes. Quality, no. In fact, the more time spent fulfilling the regulatory requirements set by government, the less time available for doctors to spend with patients to better assess their needs and answer their questions.

The "tens of thousands of Americans" statistic is an exaggeration meant to scare the public and convince them to accept government micromanagement of health care. As CCHC has testified in the Health and Human Services Committees several times last year and this year, studies have refuted the 44,000 - 98,000 deaths per day figure reported by the 1999 Institute of Medicine report on medical errors.

In 2000, the Indiana-based Regenstrief Institute (RI) refuted the IOM study saying it relied "on studies without controls to make headline claims about huge numbers of preventable deaths" (JAMA, July 5, 2000). In 2001, the Institute released a study that strengthened the Institute's claims of poor research protocol. The author of the RI study estimates that only 5,000 - 15,000 deaths per year are caused by preventable errors (Associated Press, St. Louis Post-Dispatch, July 25, 2001). The National Safety Council claims even less. In 1999, they reported 2,823 deaths from "Complications of Medical and Surgical Care and Sequelae."

If the highest figure, 15,000 deaths a year, is used, there are only 0.82 deaths per day per state. How will more government bureaucracy improve this number?

Representative Fran Bradley
Chair, Health & Human Services Finance
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