Stronger Together

April 29, 2009

Re: Advertisement by Conservatives for Patients Rights

Dear Cable Network Manager,

I represent the Service Employees International Union, whose 2 million members support the passage of comprehensive healthcare reform that guarantees affordable coverage for every man, woman, and child. Your news network has begun running an advertisement sponsored by Conservatives for Patients Rights which is demonstrably false and maliciously misleads viewers with its statements and edited video content. These significant errors and falsehoods make this ad unfit to air. In the public interest, you should cease airing it immediately.

The two blatant falsities in this advertisement, which I outline in greater detail in the attached document, are:

- Rick Scott, the narrator featured in the advertisement, misleads viewers about the Federal Coordinating Council for Comparative Effectiveness Research, a newly-created entity by the economic recovery package signed into law by President Obama in February. Mr. Scott makes a specific claim: "not only could a government board deny your choice in doctors, but it can control life and death for some patients." This statement is demonstrably false. In reality, the powers of this so-called "government board" are clearly defined and cannot do what Mr. Scott claims. The statutory authority of the Council specifically excludes the power "to mandate coverage, reimbursement, or other policies for any public or private payer." It is worth noting that even under President Bush, the National Institutes of Health already had an annual budget of $355 million to conduct precisely this type of research. Plainly, this has not led to the sort of catastrophic consequences in America that Mr. Scott warns against.

- The advertisement further deceives viewers by blatantly misrepresenting the positions of two physicians. While the advertisement paints both as opponents of any role for government in health care reform, in reality, just the opposite is true. Both physicians are in fact supporters of universal health care. What they are opposed to is the U.S. 'two-tiered' system that already rations health care based on the ability to pay. In fact, Mr. Scott misrepresented Dr. Day's comments, and Dr. Day openly mocked the ineffectiveness of the U.S. health care system. What Dr. Day is opposed to is Canada's outdated funding model, not Canada's healthcare system. Dr. Day actually advocates reform of the funding structure to preserve Canada's healthcare system, not dismantle it.

This advertisement is false, deceitful, and a distortion. We request that you immediately cease airing it.

Sincerely,

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Rick Scott And CPR:
"Not So Innocent," And Just Plain Wrong

On April 27, 2009, Richard L. Scott's group, Conservatives for Patients Rights, released an ad titled "Not So Innocent." In the ad, Scott issues misleading information about a newly formed council and its possible effect upon the health care of Americans.

Conservatives for Patients' Rights Ad: Not So Innocent

> **Scott:** "Deep inside the stimulus bill, Congress buried an innocent sounding board: the Federal Coordinating Council For Comparative Effectiveness Research. It's not so innocent – it's the first step in government control over your health care choices. This federal council is modeled after the national board that controls Britain's health system...Not only could a government board deny your choice in doctors, but it can control life and death for some patients."

But The Council "Will Not Recommend Clinical Guidelines" For Treatment...

Council "Will Not Recommend Clinical Guidelines." The published guidelines for the Council are very clear about the decisions its members will make: The Federal Coordinating Council For Comparative Effectiveness Research "**will not recommend clinical guidelines for payment, coverage or treatment**." [HHS.gov, 3/19/09, emphasis added]

Council does not have the statutory authority to mandate policy: The law creating the Council explicitly states: "Nothing in this section shall be construed to permit the Council to mandate coverage, reimbursement, or other policies for any public or private payer. ...None of the reports submitted under this section or recommendations made by the Council shall be construed as mandates or clinical guidelines for payment, coverage, or treatment." [Recovery Act, § 804]

...And The Council Is Practicing Transparency

The Council Has Begun To Proceed With Full Transparency. If citizens are concerned about the actions of the Council, they should take comfort that there has already been a public hearing. According to *Reuters*: "The Federal Coordinating Council for Comparative Effectiveness Research will hold a public listening session on April 14, 2009, in Washington, DC. The council will hear public comment regarding comparative effectiveness research and the Coordinating Council's activities...Individuals interested in addressing the council may nominate themselves to deliver a three minute oral presentation before the council. Individuals and organizations may also submit written comments for the Council's consideration. The public may also attend the

session, listen live via audio conference or watch the session online at www.hhs.gov/recovery." [*Reuters*, 4/7/09]

Additional Public Hearings Are Scheduled. According to the American Society of Hematology: "The main objective of the listening session is to obtain public input on CER priorities and how this research can improve the health-care system. More than 30 provider groups, pharmaceutical industry organization groups, and patient groups provided input to the Council at the April 13 session. Additional listening sessions have been tentatively scheduled for May 6 and May 13." [Hematology.org, 4/15/09]

Comparative Effectiveness Research Has Been Conducted By The Government Since Bush's Presidency

NIH Had A Budget Of $335 Million For Comparative Effectiveness Research Last Year. According to Steven Pearlstein of the Washington Post, "there's nothing particularly new about comparative effectiveness research -- the National Institutes of Health, along with the Agency for Healthcare Research and Quality, have been doing it for years, with a budget last year of about $335 million." [Washington Post, 2/13/09]

Comparative Effectiveness Research (CER) Is Necessary So That Doctors And Patients Can Make An Informed Decision About Care

Comparative Effectiveness Research Is The Comparison Of Medical Treatments. According to Steven Pearlstein of the Washington Post, "comparative effectiveness research" refers to "research done by doctors and statisticians who troll through large number of patient records to determine, for any particular disease, which treatments work best." [Washington Post, 2/13/09]

CER Supplements Physicians' Knowledge To Ensure The Best Treatment Is Provided To The Patient. David Dale, MD of the American College of Physicians, testified in a House Ways and Means Committee hearing: "The availability of valid, comparative effectiveness data supplemented by the physician's clinical experience and professional knowledge, helps ensure that an effective treatment choice is made—one that meets the unique needs and preferences of the patient." [American College Of Physicians' Statement for the Record, 6/12/07]

CER "Is Simply A Rigorous Evaluation" Of Medical Treatment Options. According to a December 2007 report released by the Congressional Budget Office titled *Research on the Comparative Effectiveness of Medical Treatments*: "As applied in the health care sector, an analysis of comparative effectiveness is simply a rigorous evaluation of the impact of different options that are available for treating a given medical condition for a particular set of patients." [CBO.gov, 12/07]

Research *Must* Be Conducted By An Impartial Third-Party, Such As The Government

Conducting Research Trials Is Not Always Financially Beneficial For Private Companies. According to a December 2007 report released by the Congressional Budget Office titled *Research on the Comparative Effectiveness of Medical Treatments*: "For drug manufacturers, the costs of conducting additional trials to demonstrate safety and efficacy for a broader set of patients or conditions may outweigh the benefits from the increased sales that would result; in particular, the potential gains from finding a favorable result for a different population would have to be weighed against the risk that safety and efficacy could not be demonstrated conclusively." [CBO.gov, 12/07]

- **Big Business Fears CER Because Less Profitable Generics May Prove Equally Effective.** *Bloomberg* reported, "U.S. drugmakers are working to ensure that President Barack Obama's move to encourage cheaper medical care doesn't end up dictating treatments to doctors and insurers… 'The companies fear that older generic drugs might very well turn out to be better than the newer advertised drugs, which bring in much more of a profit,' said Julian Zelizer, a history and public affairs professor at Princeton University in Princeton, New Jersey." [*Bloomberg*, 4/17/09]

"Comparative Trials Can Be Risky For Manufacturers To Conduct." According to a December 2007 report released by the Congressional Budget Office titled *Research on the Comparative Effectiveness of Medical Treatments*: "A trial of two statin drugs, which was sponsored by the maker of one of those drugs, found that its competitor's product was more effective both at lowering cholesterol levels and at reducing the risk of mortality – illustrating the point that comparative trials can be risky for manufacturers to conduct." [CBO.gov, 12/07]

Conservatives For Patients' Rights' Featured Pro-Universal Health Care Doctor

An ad released by Conservatives for Patients' Rights on April 27, 2009, featured Dr. Brian Day, a Canadian surgeon, discussing the negative effects of a universal health care system. The ad conveniently left out the fact that Dr. Day is a supporter of universal health care; he merely opposes the funding model currently used in Canada.

Conservatives For Patients' Rights Featured Canada's Dr. Brian Day. Rick Scott's Conservatives for Patients' Rights featured a statement by Canadian doctor, Dr. Brian Day. Day said: "Patients are languishing and suffering on wait lists, our own Supreme Court of Canada has stated that patients are actually dying as they wait for care…" [Conservatives for Patients' Rights, 4/27/09]

Dr. Day Supports Universal Health Care

Dr. Brian Day "Says His Goal Is The Survival Of The Universal Health System." As reported by the *Montréal Gazette*: "He's been called Dr. Profit and the Darth Vader of health care, but the Canadian Medical Association's new president says his goal is the

survival of the universal health system. Orthopedic surgeon Brian Day, co-founder of the private Cambie Surgery Centre in Vancouver, says he's not promoting a two-tiered United States-style system." [*Montréal Gazette*, 11/1/07]

Dr. Day Mocked America's Current Health Care System

Dr. Brian Day Mocked The Ineffectiveness Of America's Private Health Care System. As reported by the *Montréal Gazette*, Dr. Brian Day said, "Canada's health system has been ranked 30th by the World Health Organization, and the U.S. was ranked 37th...Why would anyone copy a system that ranks substantially below ours?" [*Montréal Gazette*, 11/1/07]

- **Day Supports Using Health Care Model Used By Britain & Australia – Not The U.S.** As reported by *Maclean's*: "'Say an MRI costs $750,' [Dr. Brian] Day said on a short break between knees. 'Every time St. Paul's performed an MRI, they would get $750.' The more MRIs, CT scans, joint replacements and bypass surgeries hospitals like St. Paul's perform, the more money they bring in. This model, which Britain adopted in 2004, is known as 'patient-based funding' or 'payment-by-results' and is used, says Day, in Britain, Australia, Norway, France-in fact, in every developed country except Canada. To some, B.C.'s approach, which injects business principles like incentives and competition into the public system, amounts to an 'Americanization' of medicare [sic]. To Day, it's simply a step away from a 'foolish' approach to funding hospitals. 'This is how everyone else is doing it,' he says, hands thrown skyward in exasperation." [*Maclean's*, 6/30/08]

Dr. Day Merely Opposes Canada's Out-Dated Funding Model

Day Supports Publicly Funded Health Care, He Merely Opposes "Flat" Funding. According to *Montréal Gazette*, "The way provinces fund hospitals promotes waiting lists, he argued. Hospitals ration care and operating-room time because they get block funding - that is, an annual budget. Instead, Day proposes, hospitals should get funded for each patient they treat. 'Hospitals look upon patients as a cost,' he said. 'But once a hospital realizes that patients are a source of revenue, albeit government funding ... they will get doctors and operating room time.' What government officials fail to recognize is that they will save billions of dollars when they get rid of waiting periods, Day said." [*Montréal Gazette*, 11/1/07]

- **Day Supports Public Health System That Pays Hospitals Per Patient, Rather Than Per Year.** *Maclean's* reported, "'If you give someone all the money upfront, every patient who comes along is just bust to you--they're just using up your money,' says [Dr. Brian] Day. 'That's bad management. It doesn't encourage productivity or provide any incentive to fill spots when procedures are cancelled.' Within three to four years of the program being implemented, he says, B.C. will see significantly shorter wait times and more efficient hospitals." [*Maclean's*, 6/30/08]

"He Argues That Public Funding For Hospitals Should Be Attached To Patients... Giving Hospitals An Incentive To Treat More People." The *Financial Post* reported, "His ideas have little in common with the creation of a two-tier medical system favouring the wealthy that his opponents fear most. Instead, he talks about the need to revise the 23-year-old Canada Health Act, which he says is out of date, given the progress medicine has made thanks to new and costly technologies, such as MRIs, high-performance drugs and 'laser this and robotics that.' He says Canadian hospitals lag behind other countries in terms of developing information systems to monitor and assess the quality of care they provide. And he argues that public funding for hospitals should be attached to patients -- just as it is for family doctors-- giving hospitals an incentive to treat more people. Not exactly nightmare stuff." [*Financial Post*, 10/1/07]

"Having Hospitals Billing Governments Based On The Services Provided Will Foster Rapid Change." The *Financial Post* reported, Dr. Brian Day "argues that having hospitals billing governments based on the services provided will foster rapid change. It will give incentives for hospitals to perform more procedures and clear up backlogs. 'This is what's happening in Britain, right now,' Day says. 'It's doable simply by changing the funding system and introducing market principles into the way hospitals are run.'" [*Financial Post*, 10/1/07]

CPR Ad Features Doctor Who Supported Government-Managed Cancer Center

On April 27, 2009, Rick Scott and Conservatives for Patients' Rights posted an ad featuring Dr. Karol Sikora discussing "what happens to patients once the government takes over." However, Rick Scott left out Dr. Sikora's support of a national cancer center to develop treatments and "raise standards of care" in the United Kingdom.

Conservatives for Patients Rights Ad: Not So Innocent

Scott: "Deep inside the stimulus bill, Congress buried an innocent sounding board: the Federal Coordinating Council For Comparative Effectiveness Research. It's not so innocent – it's the first step in government control over your health care choices. This federal council is modeled after the national board that controls Britain's health system. Listen to Britain's Dr. Karol Sikora about what happens to patients once the government takes over:"

Dr. Sikora: "They'll lose their own choice, completely…lose control of their own destiny within the medical system."

Dr. Sikora Once Openly Supported A Government-Managed Center "To Develop Future Treatments" In Britain

In 1999, Dr. Sikora Publicly Supported A National British Cancer Center. *Reuters Health* reported in March 1999: "Calls for Britain to set up a national cancer centre to develop future treatments and raise standards of care have won support from Dr. Karol Sikora, of the World Health Organisation Cancer Programme…Dr. Sikora, a former NHS cancer consultant, agreed that '...the need for a leading institution has never been greater.' He called on the Government to show the necessary political will and for capital investment by the public and private sectors." [*Reuters Health*, 3/12/99]