

**Oral Testimony**

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**to the**

**United States Congress**

**House of Representatives**

**Committee on Energy and Commerce**

**Subcommittee on Health**

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Good morning. I want to thank Chairman Pallone and the rest of the committee.

My name is Eric Novack and I am a medical doctor who has spent the last 23 years training and working in health care.

Make no mistake—the very ability for everyone in this room and your families to seek out the kind of health care you believe is best is under direct assault. And the risk that you will lose control over your health and health care has never been greater.

Unbelievably, nowhere in the US Constitution, or in the constitution of any of the 50 states, do any of us have any right to be in control of our own health. In November 2008, Arizona's Proposition 101 sought to place two basic rights in the state Constitution. First, preserve the right of Arizonans to always be able to spend our own money for lawful health care services. And second, to prevent the government from forcing us to join a government-sanctioned health system—because once we are forced into a plan, our health care options will be restricted by the rules of the plan, public or private. It was a true grassroots campaign, and an idea went from concept to over 1 million votes in 18 months, ending up less than 0.5% short of winning.

Fortunately, the Arizona legislature has courageously recognized the critical issues raised by the initiative, and just yesterday referred the Arizona Health

Care Freedom Act to the ballot in 2010, with more information available at [www.azhealthcarefreedomact.com](http://www.azhealthcarefreedomact.com).

Unfortunately, the reforms that have recently passed Congress and the bulk of those that are being considered do not appear to have much respect for the basic freedoms that the Arizona initiatives seek to protect.

The stimulus bill was used as a tool to vastly expand the federal health care bureaucracy. By the end of 2014, every American will be forced to have an accessible electronic health record that can be viewed by government officials without consent, permission, or notification.

The stimulus bill created the Federal Coordinating Council for Comparative Effectiveness Research—whose ultimate function will be to become a federal health care rationing board for all Americans, starting with seniors. As Health and Human Services Secretary Kathleen Sebelius said during her confirmation testimony “Congress did not impose any limits on it.”

And now, MedPAC may be empowered to make the full slate of recommendations for *every condition and treatment*. Congress will only be able to make an up or down vote on the entire package.

President Obama recently spoke to the American Medical Association touting the importance of using ‘evidence based medicine’ to figure out what works and what does not.

When it comes to the best treatments for our ailing health care system, we have some compelling evidence.

Leaders in Congress regularly cite Massachusetts as the model for reform. But what really is going on in Massachusetts, and do we want to repeat it on a grand scale? Costs are even more out of control than in the country as a whole. Use of the emergency room for care has not diminished despite the higher percentage of people with insurance. And there is exactly zero evidence that forcing people to have insurance has made any difference on slowing health care spending.

Medicare has tried several disease management and prevention projects. The idea is that spending money up front to prevent Medicare patients from needing expensive hospitalizations and disease complications will save money in the long run. Among the conclusions in the June 2007 report to Congress on the trials: “fees paid to date far exceed any savings produced.” In other words, the costs of administering the plan made the prevention plan *more expensive*.

Real research also suggests that obesity and smoking prevention, while admirable, do nothing to reduce health care spending. Supporters of the President have also reviewed the literature on the impact of electronic health records on spending, and concluded, “[w]e need the president to apply real scientific rigor to fix our health-care system rather than rely on elegant exercises in wishful thinking.”

Research has been done demonstrating geographical variations in health care spending—but there is no evidence that having Washington forcibly take money being spent in Massachusetts, New York, or California, and sending it to lower spending states in the south will improve the anyone's health.

We cannot afford to make mistakes that will mean our grandchildren will, in the words of the president, suffer “from spiraling costs that we did not stem, or sicknesses that we did not cure.”

Congress should fix the popular ponzi scheme known as Medicare first, before radically changing the health care of every American. Congress should demonstrate that the government can prevent the disturbing failures of the VA system first before radically changing the health care for all Americans. Congress should work to increase the options for the 3% of Americans who are truly “uninsurable” before radically changing the health care for the other 97%.

Health care reforms are critically needed. Our path is unsustainable.

But jamming through a piece of legislation that few will have read and the American public will not have had time to fully review makes no sense.

The cynics who shout that we cannot have health care reform without sacrificing our personal freedoms are false prophets offering a false choice.

I urge the members of this committee to consider health care legislation that protects individual liberty, preserves privacy, limits government power, and

has reforms have actually been shown to work: in other words, reforms that protect patients first.

Thank you very much for the opportunity to present my views to you today.