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ObamaCare's One-Size-Fits-All Approach Bars Innovative Cures

By Betsy McCaughey

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Even Republicans gushed with enthusiasm when President Barack Obama announced funding for personalized medicine during the State of the Union last week. "I'm launching a new precision medicine initiative," Obama said, to usher in a "new era of medicine, one that delivers the right treatment at the right time."

Sounds good, but don't be fooled. The biggest impediment to these cures is Obamacare, and the loudest critic of personalized medicine is Obamacare's chief architect, Dr. Ezekiel Emanuel.

Scientists already have turned the corner from one-size-fits-all medicine to fashioning cures based on a patient's genetic make-up. Not all breast cancers, or lung cancers, or other afflictions are alike. They differ depending on a patient's genes. Testing patients to see what genetic mutation is causing their sickness and then using a drug that targets it avoids wasting time on drugs that won't work or will even make a patient sicker.

It should be the future of medicine, but Obamacare stands in the way. Members of Congress would know that if they had bothered to read the law. Obamacare forces doctors to practice one-size-fits-all medicine. The law whacks them with financial penalties if they stray from what Washington calls "evidence-based" treatments.

Evidenced based means the treatment that works best for the majority of patients. Too bad if you're not the typical patient. As Jeffrey Singer, a surgeon and adjunct fellow at the Cato Institute, says, "It is easy to standardize treatment protocols. But it is difficult to standardize patients."

Then there's the delay between discovering a new treatment and when it becomes standard practice. That takes 17 years, complains Eric Topol, a cardiologist and geneticist at the Cleveland Clinic. Too long for a patient with cancer or heart disease.

In a debate with Topol at the Aspen Institute, Emanuel objected that tailor-making treatments is extravagant, like wearing a custom-made suit rather than one off the rack. Emanuel advocates standardizing how doctors treat patients. He says, “We need to be skeptical that personalized medicine is going to produce cost savings and be so much better for the system.”

Better for the system? Maybe that’s what Emanuel thinks is important. But the goal should be what’s better for the patient, and there’s no question that personalized medicine is better.

Yet Obamacare makes it almost impossible to get.

First, because Obamacare health plans limit access to cancer hospitals and specialists. The Associated Press showed in 2014 that most Obamacare enrollees weren’t covered to use Memorial Sloan-Kettering in New York City or MD Anderson in Houston, for example. In 2015, access is just as limited, reports Kaiser Health News.

Second, these Obamacare plans jack up copays for targeted therapies the president is praising. A new HealthPocket report shows that patients in silver plans will be socked with a \$5,569 copay for the cancer drug Gleevec (for chronic myelogenous leukemia). That’s after already spending \$5,000 or more to meet the plan’s deductible.

Third, seniors are also losing access to personalized medicine because of Obamacare’s Medicare Shared Savings Program. The Obama administration announced on January 26 that Medicare will gradually stop paying doctors for the care they provide to an individual patient, and instead pay a fixed fee to take care of a large group. Doctors and hospitals that spend less than the fixed fee get to keep a portion of the “savings.” This will encourage them to skimp on care. It’s the old HMO model rewrapped.

In 2010, the Affordable Care Act launched this idea as a pilot program. It didn’t work, yet HHS Secretary Sylvia Burwell announced on Monday that it will be expanded to cover at least 50 percent of Medicare patients by 2018. Good luck to patients who need expensive targeted gene therapies. Whatever is prescribed for the patient comes out of doctors’ own pockets at the end of the year. It sets up a conflict between you and the doctor you should be able to trust.

So hold the applause for the president’s seemingly magnanimous offer to fund research on personalized medicine. Research is good, but scientists and investors are already bringing these breakthroughs to market. What’s standing between you and these life-saving treatments is Obamacare.