

Obama Renominates Rationing Czar Berwick to Medicare Post

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Late Wednesday night, President Barack Obama renominated “rationing czar” Donald Berwick to his current post as the administrator of the Centers for Medicare and Medicaid Services and the chief of implementation of the Obamacare law.

Berwick has been deluged with criticism from pro-life advocates, who cite his fondness for rationing and his failure to level with a Senate committee about his pro-rationing views.

Obama previously used a recess appointment to place Berwick in the prominent position after the Senate couldn't find enough votes to overcome a Republican-led filibuster against his nomination. A recess appointment can be used when the Senate is not in session but the appointment is temporary – he could serve through this year in his current role but not beyond that.

Sen. Orrin Hatch of Utah, ranking Republican on the committee that oversees Medicare, told the Washington Post he is disappointed Obama chose to renominate Berwick to the position.

Ed Morrissey, a conservative writer at Hot Air, panned Obama's move.

“Barack Obama spent Tuesday night telling the American people that he understood the midterm message as the electorate demanding that Democrats and Republicans need to work together in the final two years of his term as President. He spent the rest of the week talking out the other side of his mouth,” he said.

“Even some Democrats at the time objected to the recess appointment. Senator Max Baucus (D-MT) would have voted to confirm Berwick but slammed the White House for bypassing the Senate entirely. Berwick hadn't even filled out the standard questionnaire that forms part of the basis for confirmation hearings, which is why Baucus had yet to schedule a hearing for Berwick,” Morrissey noted.

At the time, Baucus said, “Senate confirmation of presidential appointees is an essential process prescribed by the Constitution that serves as a check on executive power and protects Montanans and all Americans by ensuring that crucial questions are asked of the nominee, and answered.”

In a November Senate committee hearing, Berwick backed away from the pro-rationing positions he's taken previously. Berwick told senators he has long opposed rationing health care and said he believed people who are near death still have a right to medical treatment.

He said his guiding principle is that patients should get “all the care they want and need, when and where they want and need it.” Berwick also told lawmakers he doesn’t think a one-size-fits-all scheme is appropriate for the United States because it is such a large and diverse nation.

Tony Perkins, the president of the Family Research Council, calls Berwick “the most important man that you’ve never heard of” and he called on lawmakers to ask about “his radical plans for health care.”

“Berwick, whom the President entrusted with \$962 billion dollars, heads up the Centers of Medicare and Medicaid—a job he was never approved by Congress to do,” he said. “Instead, the White House, sensing that his pro-euthanasia socialist views would pose problems even for his own party, made Berwick a recess appointment.”

Berwick is an outspoken admirer of the British National Health Service and its rationing arm, the National Institute for Clinical Effectiveness (NICE).

During a 2008 speech to British physicians, Berwick said “I am romantic about the National Health Service. I love it,” and calling it “generous, hopeful, confident, joyous, and just.”

Michael Tanner, a senior fellow at the Cato Institute, wrote about the problems with Berwick in an opinion column at the Daily Caller in May.

Recalling that opponents of the government-run health care bill were blasted for bringing up “death panels,” Tanner writes: “But if President Obama wanted to keep a lid on that particular controversy, he just selected about the worst possible nominee.”

In his comments lauding the British health care system, Tanner says “Berwick was referring to a British health care system where 750,000 patients are awaiting admission to NHS hospitals.”

“The government’s official target for diagnostic testing was a wait of no more than 18 weeks by 2008. The reality doesn’t come close. The latest estimates suggest that for most specialties, only 30 to 50 percent of patients are treated within 18 weeks. For trauma and orthopedics patients, the figure is only 20 percent,” he writes.

“Overall, more than half of British patients wait more than 18 weeks for care. Every year, 50,000 surgeries are canceled because patients become too sick on the waiting list to proceed,” he continues.

“The one thing the NHS is good at is saving money. After all, it is far cheaper to let the sick die than to provide care,” Tanner adds.

NICE is at the forefront of the rationing in the British health care system.

“It acts as a comparative-effectiveness tool for NHS, comparing various treatments and determining whether the benefits the patient receives, such as prolonged life, are cost-efficient for the government,” Tanner explains. “NICE, however, is not simply a government agency that helps bureaucrats decide if one treatment is better than another. With the creation of NICE, the U.K. government has effectively put a dollar amount to how much a citizen’s life is worth.”

Tanner points out that Berwick has already admitted health care rationing is coming.

“It’s not a question of whether we will ration care,” the Obama nominee said in a magazine interview for *Biotechnology Healthcare*, “It is whether we will ration with our eyes open.”

Liberal writer Nat Hentoff has also criticized Berwick’s views.