

S.L.C.  
*Tom Coburn*

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To ensure that government health care rationing does not harm, injure, or deny medically necessary care or endorse the taking of life as a form of health care.

**IN THE SENATE OF THE UNITED STATES—111th Cong., 1st Sess.**

**H. R. 3590**

**AMENDMENT NO 2964**

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By Coburn modify  
To: Amdt. No. 2786 members  
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Page(s)

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AMENDMENT intended to be proposed by  
\_\_\_\_\_ to the amendment (No. 2786)  
proposed by Mr. REID

Viz:

- 1 On page 17, strike line 11 through line 14.
- 2 On page 396, between lines 8 and 9, insert the fol-
- 3 lowing:

1 **SEC. 1563. ENSURING THAT GOVERNMENT HEALTH CARE**  
2 **RATIONING DOES NOT HARM, INJURE, OR**  
3 **DENY MEDICALLY NECESSARY CARE.**

4 Notwithstanding any other provision of law—

5 (1) no individual may be denied health care  
6 based on age or life expectancy by any Federal  
7 health program, the community health insurance op-  
8 tion established under section 1323, or any Ex-  
9 change established under this Act; and

10 (2) no entity of the Federal Government may  
11 develop Quality-Adjusted Life Year measures or  
12 other similarly designed government formulas for  
13 limiting access to treatment.

14 Strike section 3403.

15 Strike section 4105.

16 On page 1680, between lines 20 and 21, insert the  
17 following:

18 “(2) PROHIBITION.—The findings of the Insti-  
19 tute are prohibited from being used by any govern-  
20 ment entity for payment, coverage, or treatment de-  
21 cisions. Nothing in the preceding sentence shall limit  
22 a physician or other health care provider from using

1 Institute reports and recommendations when making  
2 decisions about the best treatment for an individual  
3 patient in an individual circumstance.”.

4 At the end of subtitle G of title I, add the following:

5 **SEC. 15 \_\_. IDENTIFICATION OF FEDERAL GOVERNMENT**

6 **HEALTH CARE RATIONING.**

7 (a) IN GENERAL.—The Comptroller General of the  
8 United States shall conduct, and submit to Congress a re-  
9 port describing the results of, a study that compares, with  
10 regard to the programs described in subsection (b)—

11 (1) any restrictions or limitations regarding ac-  
12 cess to health care providers (including the percent-  
13 age of health care providers willing or permitted to  
14 care for patients insured by each program);

15 (2) any restrictions, denials, or rationing relat-  
16 ing to the provision of health care, including medical  
17 procedures, tests (including mammograms and cer-  
18 vical cancer screenings), and prescription drug  
19 formularies;

20 (3) average wait times to see a primary care  
21 doctor;

22 (4) average wait times for medically necessary  
23 surgeries and medical procedures; and

1           (5) the estimated waste, fraud, and abuse (in-  
2           cluding improper payments) in each program.

3           (b) PROGRAMS.—The programs referred to in sub-  
4           section (a) are—

5           (1) Medicare;

6           (2) Medicaid;

7           (3) the Indian Health Service;

8           (4) the Department of Veterans Affairs; and

9           (5) the Federal Employee Health Benefits Pro-  
10          gram.