



Media Release

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Minnesota Citizens Say: “No Bureaucrats at the Bedside”

(St. Paul, Minnesota) — To draw attention to a piece of controversial health care cost containment legislation at the Minnesota legislature, Citizens' Council on Health Care (CCHC) today held a press conference at the State Office Building, across the street from the State Capitol. CCHC's president, Twila Brase, made comments and introduced a panel of four citizens, who shared their personal stories and concerns about the legislation.

Ms. Brase called the legislative proposal, “this year's most hidden and least discussed health care legislation.”

At issue is the “evidence-based medicine” legislation which was added last Wednesday by Sen. Kiscaden (I-Rochester) as an amendment to the Senate Health and Human Services omnibus budget bill. The proposal is also in the health care cost containment bill (HF 2438) authored by Rep. Jim Abeler (R-Anoka). It was scheduled to be heard by the House Health Policy and Finance Committee shortly before the press conference began.

“This legislation will extend or make permanent the authority of government to tell doctors how to practice medicine. It essentially mandates managed care,” she said.

Last year, Rep. Bradley (R-Rochester) proposed legislation dubbed “best practices.” After a public outcry, demonstrated by a large stack of citizen petitions delivered by CCHC to the Governor and legislative leadership, an expiration date was added to the bill in the last hours of the 2004 session. The 2005 legislation *repeals* the expiration date, making it permanent policy, and changes all “best practices” references to “evidence based health care guidelines.” The term is not defined in the bill.

The legislation requires the Minnesota Department of Health to identify and disseminate “evidence based health care guidelines.” The department must also publicly report the adherence of physicians and other health care providers to these treatment protocols. And combined with other language in the bill, low compliance rates could result in financial penalties.

“Patients don't want bureaucrats at the bedside,” said Brase. To make her point, she unveiled a large poster. Surrounded by a sea of black was the universal “no” sign in red. In the middle of the “no” sign were the words, “Bureaucrats at Bedside” In other words, “No Bureaucrats at the Bedside.”

“Bureaucrats make lousy doctors. They aren't licensed to practice medicine. They may have political agendas. They may want to become health plan executives. And they have no ethical obligation to ‘first do no harm’” Brase emphasized.

Expressing their concerns through personal stories were:

- Margaret Minegar, Apple Valley - story about her mother's hospitalization
- Mary Galen O'Connor, Brooklyn Center - her experience with a generic prescription
- Susan Zappa, St. Paul - fearing the loss of individualized diabetic care
- Wayne Liebhard, MD, Prior Lake - conflict of ethics forces change of career

“Patients have the most to lose,” concluded Brase. “The legislation sanctions health care rationing. It attacks the patient-doctor relationship. And it will not lower health care costs.”

“Most of the public knows nothing about what is planned for them or how their health care choices could be limited. There's been no public discussion. We hope you'll change that,” she told the news media.

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