

Reject Health Policies that Devalue and Ration Care for Any American

All lives are valuable, and our health care policy should adhere to this fundamental American belief. We strongly urge policymakers to reject policies that would devalue and ration care for any American whether modeled after foreign or domestic value assessment methodologies.

As organizations representing patients, people with disabilities, older adults, healthcare professionals, children and family caregivers, we strongly oppose policies that rely on discriminatory, one-size-fits-all value metrics such as the Quality-Adjusted Life Year, or QALY. The reason is simple: value assessments that use QALYs or similar metrics don't just value treatment. They assign a financial value to the group of people for whom a given treatment is intended based on their health status. In practice, treatments for a group of people that are sicker, older, or disabled, may be assessed as less valuable. Health policies based on these methods justify public and private payers restricting access by not covering them or using benefit management techniques that effectively ration access. Instead, policies should drive equal access to quality healthcare for every American.

Therefore, we are eager to work productively with policymakers to improve the health of Americans. We agree people should not be denied or face barriers to medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person's relative "worth" based on the presence or absence of disabilities or age. There is a long history of robust, bipartisan opposition to QALY-based policies in Medicare and Medicaid that underscores America's core belief that the lives of individuals with disabilities, older adults and infants are worth just as much as any other person.

A wide range of organizations and leaders across the political spectrum and health care landscape have echoed our concerns. And the National Council on Disability has repeatedly warned Congress against enacting policies that reference QALY-based metrics and has explicitly recommended that CMS refrain from pursuing policies to reduce Medicare and Medicaid prescription drug costs that utilize pricing models from foreign countries relying heavily on QALYs and similar measures. We are concerned about policies that would prioritize cost savings by, in effect, both dictating and rationing care based on assessing the perceived value of those receiving care.

We are committed to collaborating with the administration, Congress and states on common sense health reforms that address affordability while also preserving equal access to care. We will work across the aisle to ensure the implementation of solutions that allow America's patients, families, and their healthcare professionals to decide the best care for them.