

HEALTHCARE

Following is the text from the presentation, Winning the Second American Civil War, by Twila Brase, R.N. at the Educational Policy Conference 29 on January 25-27, 2018. Twila is the president and co-founder of Citizen's Council for Health Freedom and has been called one of the "100 Most Powerful People in Health Care" and one of "Minnesota's 100 Most Influential Health Care Leaders." A public health nurse, Brase has been interviewed by CNN, Fox News, Minnesota Public Radio, NBC Nightly News, NBC's Today Show, NPR, New York Public Radio, the Associated Press, Modern Healthcare, TIME, The Wall Street Journal, The Washington Post and The Washington Times, among others. She is at the forefront of informing the public of crucial health issues, such as intrusive wellness and prevention initiatives in Obamacare, patient privacy, informed consent, the dangers of "evidence-based medicine" and the implications of state and federal healthcare reform.



Winning the Individual Health Decision War

Restoring Patient Power, Individual Choice, Privacy Rights & Health Freedom

As published in Front Line®, Vol. XXXIX, No. 2,
Summer 2018, 15820 Clayton Road, PO Box 37054,
St. Louis, MO 63141, (636) 386-1789, Fax (314) 434-7028

A lot of people think healthcare is very, very complex. But it's only been made complex by all the third-party payers that are in between the patient and the doctor. So, let me share five facts to help you better understand the healthcare issue.

Fact Number One: There's no such thing as healthcare. Healthcare is a socialist term. There is medical care or medical services, and there is health insurance. But there's no such thing as healthcare. But everyone has grabbed onto that term, saying for instance, "I get healthcare at my employer." You don't get healthcare at your employer. You get coverage at your employer. Not healthcare. But because everybody is still holding onto that term, you don't blink twice when the hospitals are buying the health plans and the health plans are buying the hospitals creating an enormous conflict of interest against the patient: the payer and the deliverer of care are the same.

Fact Number Two: Obamacare: The individual mandate and the penalty for being not covered have not been repealed. Thirty percent of people think that Obamacare has been repealed, and almost everybody thinks that the penalty and the mandate have been repealed, but they have NOT been repealed. The only thing that has happened is that the penalty has been zeroed-out. So, now instead of a penalty of \$695 or 2.5 percent of your income, the law says zero dollars or zero percent of your income. None of the words have been repealed—of the mandate or of the penalty.

Fact Number Three: Health plans are not insurance. They are prepaid healthcare. They provide third-party payment for

treatment, but true insurance does not set up a network that limits where you go for treatment, doesn't tell you what medications you can have, and doesn't tell you which doctors you can go to. True insurance sets a price, and then you go wherever you want. Health plans are actually the corporate version of socialized medicine. It is the centralization of dollars, data and decisions in the hands of a corporation. Ted Kennedy, when he set these things up in 1973, knew exactly what he was doing. They would get you used to the idea of somebody telling you "no" at a corporate level so that eventually it could move to a single-payer system where the government tells you "no," and you would accept it.

Fact Number Four: The mandate to cover pre-existing conditions is the cornerstone of Obamacare. It is the centerpiece of any socialized medicine system. It means that there is no insurance anymore. We just have third-party payment for medical care. So now you have to be a little bit concerned when Governor Scott Walker said he wants a state law that mandates that health insurers (or health plans) cover *uninsurable* conditions. Preexisting conditions are uninsurable conditions, so this is something that Republicans and Democrats all like the idea of doing, but it means we no longer have insurance in this country, and it means that we are on our way to single-payer.

Fact Number Five: Republicans in power are often socialist in thinking when it comes to healthcare. Often free market in many things, but not when it comes to healthcare. Thus the example of Scott Walker. And as well, Scott

1942 – War Board Offers Health Insurance to Employees
 1950s – Codified Federal Law
 1965 – Medicare and Medicaid
 1973 – HMO Act of 1973
 1994 – Clinton Health Security Act
 1996 – Health Insurance Portability and Accountability Act (HIPAA)
 1997 – Clinton Administration Linked Medicare and Social Security
 1999 – Healthcare Research and Quality Act of 1999 (HRQA)
 2009 – Health IT for Economic & Clinical Health Act (HITECH/ARRA)
 2010 – Patient Protection and Affordable Care Act (ACA)
 2015 – Medicare Access and CHIP Reauthorization Act (MACRA)
 2017 – The Consolidated Appropriations Act, 2017

Walker wants to have reinsurance. I want to take this opportunity to tell you all that whatever state you are in, when the words “reinsurance” comes up in your state, you should oppose it. What it really means is a brand new government program for the individual market that puts everyone in a government program. Government pays the health insurers taxpayer dollars to get them to lower premiums. Reinsurance takes money out of your back pocket in taxes so that you will spend less out of your front pocket in premiums. Thus, you should oppose reinsurance. Unfortunately, this is exactly what Congress wants to do: to give money to the states to create reinsurance plans all over the country. Scott Walker is asking for \$200 million dollars to do it in Wisconsin.

How did we get here, and how do we change the socialized medicine trajectory of today? To what extent is privacy a part of it? And how did we get to where it seems like socialized medicine is imminent?

“He who pays the piper picks the tune.” You don’t pay the piper anymore. It’s the government who does it. It’s the employer who does it, and it’s the health plan. Those are the ones who have the control of treatment decisions. What we like to say at Citizens Council for Health Freedom is, “He who holds the dollars and the data, makes the rules.” When you understand that, you’ll understand how to stop socialized medicine.

The Socialists are Winning, So Far

Let’s look at a few of the laws leading toward single-payer. In 1942, the War Board decided that offering health insurance to employees could be considered a tax deduction for the business. In the mid 1950s, it was codified into federal law, thereby grouping you all into individual employer groups and moving away from individually purchased and owned health insurance. Then, we have Medicare, Medicaid, the HMO Act of 1973 (that was Kennedy and Nixon’s brainchild). The HMO has morphed now into the Health Plan. Then there’s the

Clinton Health Security Act and little pieces of that have become law, even though it failed. The Health Insurance Portability Act and Accountability Act (HIPAA) is how you’ve all lost your privacy. You think you have your privacy under HIPAA. You’re not alone.

Congressional staffers in 22 meetings said that when they sign that HIPAA form it means that their medical information is between them and their doctor. Not true. They haven’t read the Notice of Privacy Practices, which is really a notice of **disclosure** practices, which says you have no privacy—unless a state privacy law says otherwise.

In 1999, the Healthcare Research and Quality Act (HRQA) started the reporting of your medical data to the government, first on a voluntary and later on a mandatory basis. The Health IT for Economic and Clinical Health Act (HITECH/ARRA) mandated government-certified electronic health records (EHRs) in the exam rooms. President Obama signed it into law four weeks after his inauguration. It’s foundational to achieving socialized medicine. Then came the Affordable Care Act in 2010 to further embed government into care and coverage decisions.

In 2015, the Republicans enacted MACRA, which requires extraordinary reporting to the government to get paid. The Consolidated Appropriations Act gave funding to develop a national patient matching strategy. And who cheered the loudest? The proponents of a national patient ID, which will bring us to “no card/no care.”



The “Merit-based Incentive Payment System” graph above is MACRA that the Republicans put in place. This is all the data that doctors have to report if they want to be fully paid by Medicare: Quality Data, Cost Data, Clinical Improvement Activities, and Advancing Care Information. Advancing Care Information (*recently renamed Promoting Interoperability-ed.*) means they have to report that they are using their EHR “meaningfully,” according to the government’s definition, which includes transmitting individually-identifiable patient data to state health departments.

This is right out of the HHS architecture of the National Health Information Network (NHIN) system. The red oval in the Figure 1 below is the Internet. It means that they anticipate an Internet-based electronic national medical records system that shares all the information. They can do it **BECAUSE** of HIPAA. Because they don’t have to ask for your consent to put your data into an electronic record where everyone can access it. **They don’t have to ask for your consent to put it online or for sharing and using your data.**

HIPAA does NOT protect privacy.

- Patient consent is NOT required for data sharing, except in very, very few instances.
- HIPAA is a permissive rule, which means that everybody that holds your data is permitted to share it unless **they** decide not to. It doesn't matter what you think.

HIPAA Does NOT Protect Privacy

- Patient consent not required for data sharing.
- HIPAA is a permissive rule
- 12 National Priority Purposes
- Treatment, Payment and Health Care Operations (TPO)
- 2.2 million entities can access with permission from 'covered entity'
- Plus ... government access without consent

- There are twelve National Priority Purposes in HIPAA: things like law enforcement, administrative hearings, public health, and oversight of the entire healthcare system, organ transplantation.

- Then there are Treatment, Payment and Health Care Operations (TPO). I would encourage all of you to Google "Treatment HIPAA," or "Payment HIPAA," or "Healthcare Operations HIPAA." You will see that the definitions do not mean what you think. "Healthcare Operations" is nearly 400 words with a long list of business activities that could each have its own definition.
- There are 2.2 million entities that could access your information with permission from the *covered* entity, which is the health plan, the hospital, the clinic, etc. **Not you.**
- Plus, government can access information, too. They are not part of the 2.2 million, which is a federal number in a 2010 HHS rule. The Institute for Health Freedom put this list (Insert Chart) together. It includes 1.5 million businesses associates. Again, the 2.2 million does not include any of the state, local or federal government agencies that also have data access under HIPAA.

Americans Want Medical Privacy

Do Americans want privacy? Yes, they do. Only one percent is willing to give access to researchers without their consent. In 1999, fifteen percent said that they were protecting their information. How were they doing it? They'd give false names; falsify questionnaires, not go to see the doctor, not tell one doctor about another. That was before the electronic health record mandate. *All of Us* (allofus.nih.gov) is the new name for President Obama's genetic Precision Medicine Initiative (PMI). It's interesting that 20% to 30% who have already agree to participate are refusing to give researchers access to their data in

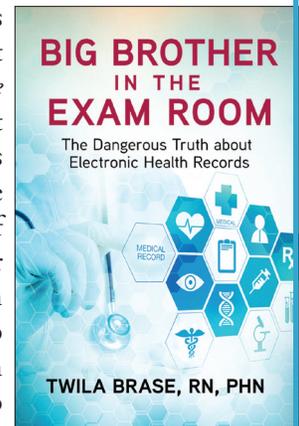
the EHR. Furthermore, one Gallup Poll shows that 92% don't want government to have access without their consent.

However, in 2017, the CDC said they're planning to use *The Cloud* to tap into patient information **buried** in the electronic health record. This is data about you that is not sitting in your doctor's office or the hospital. It is sitting on the servers of the EHR companies. It is in *The Cloud*. So, the government is planning to tap into all that data. This is a violation of the Fourth Amendment, but HIPAA ignores it.

Stop Socialized Medicine

These are some of CCHF's initiatives to stop socialized medicine.

- **Health Freedom Minute** is my voice on more than 800 radio stations in 47 states. We use it to change the hearts and minds of people and let them know what's happening, connect the dots, blow holes in the myths, and educate them on healthcare complexities.
- **"Big Brother in the Exam Room"** is a book that is available on Amazon. It explains how the EHR is being used to surveil patients and doctors and to control their treatment decisions. *"Big Brother in the Exam Room"* is our attempt to change everything that's happening in healthcare today by going to the root of socialized medicine: outsider control. It has more than 1,500 footnotes. It is meant to be credible. I expect the health data industry is not going to be happy. The government's not going to be happy. It was written to be completely credible.



- Through our **Truth About HIPAA Campaign**, we tell people not to sign the HIPAA form and then tell us what happens. Some people have been denied access to care. Just yesterday, somebody was being treated for breast cancer and the mammography place refused to give her a mammography, because she refused to sign the HIPAA form. But the federal government says you do not have to sign it. I was just in conversation with the head of the Office of Civil Rights, Roger Severino. I told him the stories about the people who are being denied access to care because they refused to sign the

4. Know What You are Signing.

The law requires your doctor, hospital, or other health care provider to ask for written proof that you received the Notice of Privacy Practices, or what they might call an "acknowledgement of receipt." The law does not require you to sign the acknowledgement form.

If you choose not to sign, your provider must keep a record that they did not get your signature, but they still have to treat you.

If you choose to sign, you have not given up any of your rights or agreed to any special uses of your health records. You are just stating you got the Notice.

To learn more, visit www.hhs.gov/ocr/privacy.

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HIPAA form, and he is very interested in the stories. He wants to know how many people this is. So, please don't sign the HIPAA form. And don't sign that little statement that says,

"I agree that I have received the Notice of Privacy Practices." Cross it out. See what happens. We have a HIPAA button on our website or go to hipaahurtme.com. Tell us your story and let us use it to reveal the truth about HIPAA.

- **The Wedge of Health Freedom:** is our initiative to turn the entire healthcare system back to freedom, back to TRUE insurance, back to a patient/doctor relationship, back to direct payment, affordability, confidentiality, patient-centeredness and simplicity. We want every direct pay physician to Join The Wedge (jointhewedge.com). These physicians currently accept only cash, check or charge and have no contracts with the government, no contracts with health insurers. They will see anyone (Medicare, Medicaid, uninsured). One doctor looked at the eight Wedge principles and responded, "You mean, all I'd have to do is my job?" I said, "Yes." She said, "Oh. That'd be wonderful." That's every doctor. That's your doctor. Let them know that there's a way to get out and back to freedom. This is not insurance. This is care.

- **Delinking Medicare and Social Security:** We're talking with top people in Centers for Medicare & Medicaid Services about giving senior citizens the right to opt-out of Medicare. CMS officials have asked us to build a coalition of groups interested in pushing this forward. Right now, senior citizens lose their Social Security benefits they've worked for all their life if they refuse to enroll in Medicare. This is not a law. It's not a rule. It is something that Clinton put in a booklet and the Social Security Administration is following. It can and should be undone.

We have additional initiatives in which you can actively engage with us at CCHF. Here are two:

- **End Coercive Consolidated Consent forms:** If the consent form you're asked to sign includes not only consent for treatment, but consent for data-sharing, and if they have only a single signature line, they are coercive, forcing you to sign away your privacy rights to get access to care. Send us your consolidated consent forms.

- **Pre-Birth Health Insurance:** We're encouraging state legislatures to pass laws to encourage insurers to offer individual coverage for a child pre-birth. This is one way to move toward portable individually-owned lifetime policies and away from the problem of people getting uninsurable, pre-existing conditions while under employer-based or family-based coverage.

Conclusion

Patient and doctor freedom, and the right to make and have personal and affordable choices for care and coverage, is critical to protecting the right of every American to be free.



Photo courtesy of Mark Hoffman, published in the Wisconsin News, November 24, 2010.

Citizens' Council for Health Freedom is a patient-centered national health freedom organization based in St. Paul, Minn., that exists to protect healthcare choices and patient privacy. CCHF sponsors the daily, 60-second radio feature, Health Freedom Minute, which airs on approximately 350 stations nationwide, including 200 on the American Family Radio Network and 100 on the Bott Radio Network. Listeners can learn more about the agenda behind healthcare initiatives and steps they can take to protect their healthcare choices, rights and privacy. Contact: CCHF at 651-646-8935, twila@cchffreedom.org

