

*****NEWS RELEASE*****

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CONTACT:

Deborah Hamilton, Hamilton Strategies, Media@HamiltonStrategies.com, 610.584.1096, ext. 102, or Patrick Benner, ext. 104

Government EHRs—The High Cost of Coercion

Citizens' Council for Health Freedom: Congress Forced Government Electronic Health Records Upon Doctors, and Both Doctors and Patients Are Paying the Price

ST. PAUL, Minn.—Stories abound about how Americans travel to other countries for medical treatment or surgeries. Do these citizens choose international care because it is better? Not necessarily. Because the recovery is faster? Not likely. It's because the price of medical services is often higher in the U.S.—and part of the problem, says [Citizens' Council for Health Freedom \(CCHF\)](#), is the government-mandated electronic health record (EHR).

Lawmakers are being made aware, too. Testimony in the Senate last month highlighted the fact that the EHR adds significant regulatory costs to physicians and hospitals while [failing](#) to reduce unnecessary tests and procedures.

But the admonition may be falling on deaf ears, as members of Congress are the ones who forced doctors and hospitals to install what *CCHF* calls a “government EHR,” the data-collecting, command-and-control surveillance system in the exam room today. This government-certified EHR technology (CEHRT) does what the government wants it to do, not what the patient and doctor need it to do, as *CCHF* president and co-founder Twila Brase details in her new book, [“Big Brother in the Exam Room: The Dangerous Truth About Electronic Health Records.”](#)

“Once upon a time, purveyors of electronic medical records made lofty claims about cost savings, which were used to push the EHR mandate,” Brase writes in “Big Brother in the Exam Room.” “Less than a month before the mandate became law, HIMSS, a leader in the effort, announced that EHRs would, along with better coordination of patient care through primary-care doctors, would result in 10-year savings of \$530 billion. The RAND Corporation backed this up by estimating health care efficiency savings of approximately \$80 billion annually after a 15-year implementation period. The estimated savings were to come from various sources, including reductions in length of stay and increases in nurse productivity. Frustrated nurses nationwide who feel their productivity hampered by the EHR may not agree with the assertion.”

But the Congressional Budget Office (CBO) knew better. In 2008, one year before the EHR mandate was enacted, the CBO said RAND's claims suffered “significant flaws.” In fact, the CBO found potential financial harm because those who pay the costs may not reap the benefits, Brase adds.

“Office-based physicians in particular may see no benefit if they purchase such expensive EHR products—and may even suffer financial harm,” Brase says. “Even though the use of health IT could generate cost

savings for the health system at large that might offset the EHRs cost, many individual physicians might not be able to reduce their office expenses or increase their revenue sufficiently to pay for it.

“Doctors and hospitals were forced to pay,” Brase continues. “And, therefore, taxpayers and patients were forced to pay as well. Despite the experimental nature of EHRs and the likelihood and evidence of harm, the threat of government penalties led to wholesale adoption of government EHRs. Today, a large portion of America’s health care professionals use government-certified EHR systems—not because they want to but because their hands are tied by financial penalties for failure to comply.”

Besides highlighting the cost of coercing physicians to use government-certified EHRs, **“Big Brother in the Exam Room,”** published in July by Beaver’s Pond Press and previously ranked as the No. 1 best-seller on Amazon in the Medical History and Records category, also includes the negative impact of EHRs on privacy, personalized care, costs, patient safety and more, according to doctors and data from more than 125 studies. **“Big Brother in the Exam Room”** is available at Amazon.com and www.BigBrotherInTheExamRoom.com.

For more information about **CCHF**, visit www.cchffreedom.org, its [Facebook](#) page or its Twitter feed @CCHFFreedom. Read more about **“Big Brother in the Exam Room”** [here](#), and view the [media page for CCHF here](#). For more about **CCHF’s** free-market, cash-based care initiative, **The Wedge of Health Freedom**, visit www.JointheWedge.com, **The Wedge Facebook** page or follow **The Wedge** on Twitter @wedgeoffreedom.

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To interview Twila Brase of **Citizens’ Council for Health Freedom** or for a review copy of **“Big Brother in the Exam Room,”** contact Deborah Hamilton, Media@HamiltonStrategies.com or 610.584.1096, ext. 102, or Patrick Benner, ext. 104.