



## American Health Freedom – in Jeopardy!

PROVISION	HILLARYCARE 1993	OBAMA ADMINISTRATION	U.S. HOUSE TRI-COMMITTEE SUMMARY 2009	KENNEDY AFFORDABLE HEALTH CHOICES ACT 2009	GOP PATIENTS' CHOICE ACT 2009
<b>Individual Health Insurance Mandate</b> <i>(Unconstitutional)</i>	“Must enroll in an applicable health plan for the individual”	“I am open to your ideas on shared responsibility...with a hardship waiver to exempt Americans who cannot afford it” (Obama letter to Senators Baucus & Kennedy, 6/2/09)	“Establishes shared responsibility among individuals, employers, and government” (p. 1) with exception in case of hardship (p 3)	Shared Responsibility –  PENALTY imposed for failure to have qualifying coverage in effect (p. 103)	Facilitating Universal Coverage through <i>Automatic Enrollment</i> in “Exchange-based health insurance coverage” through ERs, State Revenue Departments, Employers and DMVs (p 20-21).  <i>Forces citizen to enroll and creates burden on individuals to opt out.</i>  <i>Central registry of the insured?</i>
<b>National Health Care/Universal Coverage</b> <i>(Unconstitutional and Harmful to Patients)</i>	Universal Coverage Mandate with National Health Security Card	“Public Health Insurance Option “ (letter to Baucus/Kennedy, 6/2/09)  “By the end of the first term of the next president, we should have universal health care in this country” (Obama, Families USA Conference, 1/25/07)	“Creating a new public health insurance options within the Exchange” (p. 3)	Penalty for being uninsured (p 103) + FEHBP (pg 38) + American Health Benefit Gateways (p. 40)  “Machine-readable health plan identification card” (p. 342)	Universal Coverage through Automatic Enrollment + State and Regional Exchanges??
<b>Health Insurance Exchanges</b> <i>(Building Intrusive Bureaucracy)</i>	Regional Alliances with HMO Mandate	National Health Insurance Exchange – a one-stop shop for health care plan” (Obama letter to Senators Baucus & Kennedy, 6/2/09)	“Creates a new national health Exchange that permits States the option of developing a State or regional exchange in lieu of the national Exchange” (p. 1)	American Health Benefit Gateways – State and Federal (p. 40)  Regional Gateways (p 53)	State-based health care Exchanges for health plan coverage with State-created process for premium collection (p. 18)  Regional options authorized (p. 24)

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*To support patient and doctor freedom, medical innovation, and the right to a confidential patient-doctor relationship*

<p><b>Medical Home or Health Care Home</b>   <i>(New Managed Care Capitation/Gatekeeper Model)</i></p>	<p>NONE</p>	<p>“We hope to move forward with that [medical home] in Medicare.”  (Nancy-Ann DeParle, Director, White House Office of Health Reform, Health Care Reform Briefing, Kaiser Family Foundation, 4/14/09.</p>	<p>Not listed</p>	<p>Payment structure of increased reimbursement for improving outcomes through “...use of the <b>medical home</b> model” (p 57)   Grants to establish community health teams to support a medical home model (p259)</p>	<p>SEC 504. Premium based on “whether or not the individual participates in certain healthy behaviors, such as weight management, exercise, nutrition counseling, refraining form tobacco use, designating a <b>health home</b> and other behaviors” (p 155)</p>
<p><b>National Patient ID</b>   <i>(Surveillance, Tracking &amp; Data Linking Number)</i></p>	<p>“Unique identifier number...for eligible individual”</p>	<p>Single health record proposed in ARRA 2009 will likely require national ID or national methodology for patient identification across all health care providers.</p>	<p>Not listed</p>	<p>“Machine-readable health plan identification card” for the electronic exchange and use of health information for purposes of financial and administrative transactions (p. 342)</p>	<p>Biometric Identifier?   “The new Medicare beneficiary identifier includes biometric identification protections.” (p. 157)</p>
<p><b>Eliminating Patient Consent for access to and sharing of private medical records</b>   <i>(Violation of Medical Ethics and Fourth Amendment Rights)</i></p>	<p>HIPAA – Administrative Simplification moved from consent requirements to implied consent and legally authorized sharing of private medical records.</p>	<p>ARRA 2009 does not require consent for placement of data into national health data system;   One ARRA 2009 provision appears to eliminate State preemption regarding State patient privacy laws. (ARRA, Sec 13421, page 162)</p>	<p>Not listed</p>	<p>Encourage the development and use of clinical registries and the development of health outcomes research data networks from electronic health records, post marketing drug and medical device surveillance efforts and other forms of electronic health data. (p 315)</p>	<p>“Current Federal security and confidentiality standards and State security and confidentiality laws shall apply (p. 193), <i>including the so-called federal HIPAA privacy Rule.</i>   SEC 842. “Provide for the establishment of a nationwide health information technology network” (p 216)</p>
<p><b>National Electronic Medical Record System – EMR &amp; Health Information Technology</b>   <i>(Enables Outside Control, and Medical and Genetic Research)</i></p>	<p>“Health information system,” electronic data network...of regional centers that collect, compile and transmit data”</p>	<p>Econ. Stimulus bill moves toward a single medical record for each person and provides \$19 million for building a national health information infrastructure (HITECH Act, ARRA 2009)   “If all you did was put in an advanced HIT system in the absence of some structure to use that information and tie</p>	<p>“Introduces administrative simplification and standardization to reduce administrative costs across all plans and providers” (p. 2</p>	<p>Reimbursement structure that includes payment for use of “health information technology” (p 14)   Secretary required to adopt and update standards implementation specification and operating rules for the electronic exchange and use of health information for purposes of</p>	<p>“Improving the coordination of health information through an infrastructure for the secure and authorized exchange and use of healthcare information” (p. 193)   SEC 842. “Provide for the establishment of a nationwide health information technology network” (p 216)   No State shall have in effect a State law that imposes a criminal or civil penalty for a transaction described in section</p>

<p><i>on Americans, Without Their Consent)</i></p>		<p>financial incentives to it, I believe that many of the estimates that are floating around, with regard to the cost savings that will just accrue from putting in an HIT system are very substantially exaggerated and would not show up in any way in a CBO score of that kind of approach. So HIT as part of a broader system of changes that may help to arrest cost growth or slow cost growth is something that seems, many analysts believe is promising. By itself, not clear. (Peter Orszag, Budget Director and former CBO Director, November 13, 2007)</p>		<p>financial and administrative transactions (p 342)</p> <p>SEC 205. Quality Measurement to “be incorporated into health information technology to allow collection of measures at the point of care, and integrate data from public sources... and private sources.” (p. 242)</p>	<p>1128A(b)(4) (P 194/203)</p>
<p><b>Government Access to Data</b>  <i>(Fourth Amendment Violation)</i></p>	<p>Administrative Simplification in HIPAA excludes government as a covered entity and provides data to government for public health and other purposes without consent...under §164.512 (formerly “national priority purposes”).</p>	<p>ARRA:  Comparative Effectiveness Research + National Health Data System + Quality Reporting Requirements</p>	<p>“Targets community-based programs and new data collection efforts to better identify and address racial, ethnic and other health disparities” (p. 2)</p>	<p>SEC. 332 Data Collection Analysis and Quality related to race, ethnicity, gender and other “disparities” – (p 410)</p> <p>SEC. 204 Public reporting of performance data (p 225)</p>	<p>“Secretary shall make available to the public data on claims and patient encounters.... [and] shall submit such data directly to a State Exchange and health insurance issuers” (p 156)</p> <p>Public Health Reporting not prohibited (p232)</p> <p>“[E]nforce compliance of health care providers with the guidelines, standards, performance measures, and review criteria adopted” including “exclusion from participation in Federal health care programs...and imposition of a civil money penalty on such provider. (p 214)</p>

<p><b>Pay-for-Performance - pay physicians according to “value” or “performance” or “quality”</b></p> <p><i>(Rationing &amp; Control)</i></p>	<p>“Establish and oversee a performance-based program of quality management”</p>	<p>Encouraging physician to form “accountable care organizations to improve the quality of care for Medicare patients” (letter to Baucus/Kennedy, 6/2/09)</p> <p>We have to change the incentives... We need to identify the best practices across the country... We should change the warped incentives that reward doctors and hospitals based on how many procedures they do (President Obama, Green Bay speech, June 11, 2009)</p> <p>And you can imagine systems of payments where financial incentives for providers are such that <b>if they do Intervention A, they’re paid more than if they do the less effective Intervention B.</b> Or some system where you still allow some individual physician flexibility but try to provide incentives for what the evidence suggests is more effective. (Peter Orszag, Budget Director and former CBO Director, November 13, 2007)</p>	<p>“Adopts innovative payment approaches and promotes better coordinated care ...though programs such as accountable care organizations” (p. 4)</p>	<p>“A reimbursement structure for making payments to health care providers that provides incentives for “the appropriate use of best clinical practices, evidence based medicine, and health information technology.” (p 14)</p> <p>“Rewarding Quality” provides increased reimbursement for improving health outcomes through activities including quality reporting, effective case management, care coordination, chronic disease management, medication and care compliance initiatives, use of the medical home, prevention of hospital readmissions, and implementation of wellness and health promotion activities (p 57-58)</p>	<p>“Providers in participating ACOs (Accountable Care Organizations) are eligible for bonuses based on performance” (p 140)</p> <p>“Participating ACO is eligible for bonuses if (A) it meets certain quality performance measures...if they generally follow consensus-based guidelines established by non-government professional medical societies” (p 144)</p> <p>PENALTY - “enforce compliance of health care providers with the guidelines, standards, performance measures, and review criteria adopted” including “exclusion from participation in Federal health care programs...and imposition of a civil money penalty on such provider. (p 214)</p> <p>“Nationwide health information technology network that “produces greater <b>value</b> for health care expenditures by reducing health care costs that result from inefficiency, medical errors, inappropriate care, and incomplete information” (p 217)</p>
<p><b>Federal Health “Rationing” Board</b></p> <p><i>(Politics-Based Medicine)</i></p>	<p><b>National Health Board</b></p>	<p><b>Federal Health Board</b> (Orszag/Daschle)</p> <p><b>Federal Coordinating Committee for Comparative Effectiveness Research</b></p>	<p>“Independent public/private advisory committee recommends benefit packages based on standards set in</p>	<p><b>Center for Health Outcomes Research and Evaluation</b> “to collect, conduct, support, and synthesize research with respect to comparing health</p>	<p><b>Health Care Service Commission</b> (p 206) to “enhance the quality, appropriateness, and effectiveness of health care services and access to such services, through the establishment of a broad base of scientific research and</p>

		(ARRA 2009)  “MedPAC’s recommendations on cost reductions would be adopted unless opposed by a joint resolution of the Congress” (letter to Senators Baucus & Kennedy, 6/2/09)	statute. (p. 3)	outcomes, effectiveness and appropriateness of health care services and procedures in order to identify the manner in which disease, disorders, and other health conditions can most effectively and appropriately be prevented, diagnosed, treated, and managed clinically” (p 314)  ALSO - Sen. Baucus and Conrad introduce bill to create national institute for comparative effectiveness – <b>Patient-Centered Outcomes Research Institute</b> , June 9, 2009	through the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services” (p 207)...including research and guideline development on “the effectiveness, efficiency, and quality of health care services, the outcomes of health care services and procedures, clinical practice, health care technologies, health care costs, productivity, health promotion and disease prevention, health statistics and epidemiology and medical liability (p. 207-208)
<b>Federal “Quality” Measurement and Reporting</b>  <i>(Intrusive Big Government Control Mechanism)</i>  <i>(Failure to define “quality” violates rule of law)</i>	National Quality Management Council  National measures of quality performance	“Requiring hospitals to collect and report health care cost and quality data,” (Barack Obama’s Plan for a Healthy America,” paid for by Obama for America)  “Qualified Electronic Health Record”...has the capacity to capture and query information relevant to health care quality (ARRA, p 115)  SEC 3002 – HIT POLICY COMMITTEE shall make recommendations for standard development which may consider “the collection of quality data and public reporting” (ARRA, p 121)	“Uses federal health programs (Medicare, Medicaid and the new public health insurance option) to reward high quality, efficient care and reduce disparities” (p 4)	Interagency Coordinating Working Group on Health Care Quality (p 218)  Development of quality measures to all assessment of health outcomes, functional status of patients...and the appropriate use of health care resources and services (p 222)  Process established to collect, validate, aggregate data on quality measures to facilitate public reporting. (p 242-3)  A system of public reporting of quality to be	SEC 811. “Office for Quality and Effectiveness in Health Care (p. 210)... “for the purpose of promoting transparency in price, quality, appropriateness and effectiveness of health care” which shall:  “Arrange for the development and periodic review and updating of standards of quality, performance measures, and medical review criteria thorough which health care providers and other appropriate entities may assess or review the provision of health care and assure the quality of such care.”

				established (p 236)	
<p><b>Require “evidence-based” medicine</b></p> <p><i>(One-size-fits-all medicine. Whose evidence?? Who decides?)</i></p>	<p>“The development of clinical practice guidelines”</p>	<p>“Promoting the best practices, not simply the most expensive” (6/2/09 letter to Senators Baucus &amp; Kennedy)</p> <p>\$650,000,000 – “shall be to carry out evidence-based clinical and community-based prevention and wellness strategies” (ARRA, p. 66)</p>	<p>Not listed</p>	<p>Payment to health care providers for the appropriate use of clinical practices, evidence based medicine (p 14)</p>	<p>Accountable Care Organizations shall have in place “processes to promote evidence-based medicine” (p. 142)</p>
<p><b>Preventing “Waste, Fraud &amp; Abuse”</b></p> <p><i>(Undefined terms open door to outside control, intrusion and rationing)</i></p>	<p>Hillary Clinton, was quoted using those words in The Washington Post, February 5, 1994</p>	<p>“Rooting out waste and fraud and abuse” ((President Obama, Green Bay speech, June 11, 2009)</p> <p>Also stated in letter written to Senators Kennedy &amp; Baucus, June 2, 2009</p>	<p>“Expands authority to prevent waste, fraud and abuse” (p. 1)</p>	<p>“Detection and prevention of fraud, waste, and abuse involving <i>public and private</i> health insurance coverage (p. 581)</p>	<p>Relating to . . . alleged instances of waste, fraud and abuse” (p. 109)</p>
<p><b>Focus on Prevention and Public Health</b></p> <p><i>(Intrusive Lifestyle Focus)</i></p>	<p>Conduct research on “promoting health and preventing disease, disorders, and other health conditions”</p>	<p>Prevention and Wellness Fund -\$1,000,000,000 (ARRA 2009, p. 66)</p> <p>“Too little is spent on prevention and public health” – (Barack Obama’s Plan for a Healthy America,” paid for by Obama for America)</p>	<p>“Invests in prevention and public health programs” (p. 1)</p> <p>“Strengthens state, local, tribal and territorial public health departments and programs” (p. 2)</p>	<p>National Prevention, Health Promotion and Public Health Council established to “achieve national wellness, health promotion and public health goals.” (p 346)</p>	<p>National Strategic Plan for Prevention (p. 4) including a list of national priorities on health promotion and disease prevention to address lifestyle behavior modification, and initiatives to achieve Healthy People 2010, and a media campaign (p. 6) COST: \$800 million</p> <p>SEC 504. Premiums based on “whether or not the individual participates in certain healthy behaviors, such as weight management, exercise, nutrition counseling, refraining form tobacco use, designating a health home and other behaviors” (p 154)</p>