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South Dakota Ballot Initiative Could Give Patients Health Care Freedom

Citizens’ Council for Health Freedom: IM-17 Restores Patient Choice

ST. PAUL, Minn.—Next month, South Dakota voters will see an initiative on their ballots that could put health care decisions back in their own hands.

South Dakota’s Initiated Measure 17 (IM-17) is premised on patient choice and will allow state residents to decide if they will have the freedom to choose their own doctors and hospitals, rather than choose from providers inside a limited network, pay extra out-of-pocket expenses to see doctors outside the network, and travel long distances to see specialists who are covered through the network but may be located far away.

Twila Brase, president and co-founder of Citizens’ Council for Health Freedom (CCHF, www.cchfreedom.org), a Minnesota-based national organization dedicated to preserving patient-centered health care and protecting patient and privacy rights, says South Dakota’s measure, if passed, could have far-reaching effects, as other states could decide to follow suit and offer their voters a similar option.

“The push for ‘any willing provider’ is seeing a resurgence now that Obamacare is taking patients’ health care freedoms away from them and putting enrollees in narrow network policies,” Brase said. “There was an effort to call for ‘any willing provider’ initiatives when HMOs were up and coming, so the time is right again for this push as narrow networks and the Obamacare Accountable Care Organizations, which some have called ‘HMOs on steroids’ emerge.

“‘Any willing provider’ requirements essentially cut off a key piece of managed care control, their contracts with doctors and hospitals to be part of the health plan’s network,” she continued. “If ALL providers are considered ‘in the network,’ doctors will likely sign contracts with no health plans. No doctor or hospitals would need to sign a contract or have themselves under managed care controls if the health plan is forced to pay for their services. Essentially, managed care plans would be forced to act like traditional insurance companies. Patients will pick their own health plan and doctors will set their prices, and health plans will declare how much they will pay for services to the enrollee.”
Brase added that managed care plans have become an arm of the government and that network limits are a rationing strategy. The HMO Act of 1973 empowered the government to build managed care plans nationwide. Obamacare then further empowered the government by making true health insurance (major medical policies) illegal for anyone over the age of 29.

“Under Obamacare,” Brase continued, “the government is telling us that we have to buy their product—limited networks and all. Under Obamacare, unless we want to pay the fine, become involved in health sharing or report an exemption, we are all essentially forced to buy managed care plans and send our dollars to the corporation. The corporation can then tell us that the care, the hospital or the doctor we want to see is not ‘cost effective’ or ‘medically necessary.’ In turn, we have less money in our pocket to pay cash to get the care we need from the doctor and hospital we trust to provide it.”

If the measure is passed in November, South Dakotans will be declaring, “We’re out of managed care. In fact, we’re undoing managed care and Obamacare in our state,” Brase said. Passage of IM-17, she added, could also create a ripple effect where other states will think about making similar changes. And that ripple effect would be another mechanism to permanently unravel government health care and put Obamacare out of existence completely.

According to a document detailing ballot questions from the Office of the South Dakota Secretary of State Jason M. Gant, IM-17 is an “initiated measure to require health insurers to include all willing and qualified health care providers on their provider lists.” The Attorney General’s explanation follows: “Some health insurers offer health benefit plans in which the insurer maintains a list of health care providers. Plan members must use listed providers in order to obtain the maximum plan coverage, or to have coverage at all. ‘Health care providers’ include doctors and other licensed health care professionals, clinics and hospitals. The initiated measure establishes who is entitled to be on the insurer’s list of providers. The measure requires that these insurers list all health care providers who are willing, qualified and meet the conditions for participation established by the insurer.”

The Secretary of State’s explanation further explains that a “yes” vote is for the law requiring health insurers to include all willing and qualified health care providers on their provider lists, while a “no” vote is against the proposed law.

Celebrating its 20th year, Citizens’ Council for Health Freedom is a patient-centered national health freedom organization based in St. Paul, Minn. CCHF exists to protect health care choices and patient privacy. CCHF sponsors the daily, 60-second radio feature, Health Freedom Minute, which airs on more than 150 stations nationwide on the American Family Radio Network and 90-plus stations on the Bott Radio Network. Listeners can learn more about the agenda behind proposed health care initiatives and steps they can take to protect their health care choices, rights and privacy.
CCHF president and co-founder Twila Brase, R.N., has been called one of the “100 Most Powerful People in Health Care” and one of “Minnesota’s 100 Most Influential Health Care Leaders.” Brase, a public health nurse, 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 health care reform.

For more information or to interview Twila Brase, president and co-founder of Citizens’ Council for Health Freedom, contact Deborah Hamilton, Hamilton Strategies, 215.815.7716, 610.584.1096, DHamilton@HamiltonStrategies.com.