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Good Intentions Can Be Dangerous

Outsiders want to tie your doctor's hands using data. A new report says health care price transparency is urgently needed to reduce health care spending. Their intention seems good, however, the data is primarily for employers, doctors, health plans and policymakers to use to restrict your health care access and choice.

This ignores the true solution. The key to reducing spending is putting health care dollars in the hands of patients, who will suddenly care about the costs. But the West Health report instead proposes three "select interventions" that give outsiders greater access to price data so that costs – and care – can be restricted:

1. **Patient Tool:** Require all private plans to provide enrollees with a price transparency tool – even though the report acknowledges most people will not use them.

2. **Physician Tool:** Require that EHRs [electronic health records] provide price data to physicians when ordering laboratory and imaging services – so *"the physician can consider resource costs at the point of order entry."* West Health says studies show this kind of data leads to fewer services being ordered.

3. **Government Tool:** Gather and report hospital-specific prices using state all-payer claims databases (APCD) – so employers *"can use the price data to identify high-price providers and, with health plans, develop strategies to steer patients away from these providers."* Besides explicitly interfering with choices, this intervention wrongly presumes all doctors have the same experience and expertise (ie. any neurosurgeon can do what Dr. Ben Carson did), no doctor should be paid more, and no doctor has more value to a patient than another.

The government database is key to their "control health care" plan. The APCD is a government "tool to control healthcare costs through healthcare data collection," reports the National Conference of State Legislatures (NCSL).

Thirteen states (CA, CO, KS, MN, TN, ME, MD, MA, NH, UT, VT, WA, WI) already have an APCD. Five states are implementing it: CT, NY, RI, VA, and WV. But in a **shocking admission**, the NCSL says, "It is too early to determine whether all-payer claims databases can help states control costs."

Minnesota's APCD was a failure. Established in 2008, the state health department admitted failure in 2012. They could not generate accurate cost and quality profiles of doctors and hospitals. But instead of repealing the system, the 2012 Republican-controlled legislature gave it a new Obamacare-related task in (risk-adjustment and individualized risk scoring) and the 2014 Democrat-controlled legislature "repurposed" the database to instead initiate a vast array of government research projects, including evaluation of a $45

million Obamacare State Innovation Model grant and analysis of "variations in health care costs, quality, utilization, and illness burden based on geographical areas or populations."

At every juncture, **CCH Freedom has opposed the APCD**, but too many politicians on both sides of the political aisle believe data-based tracking and control of medical decisions is the cure for health care.

Americans cannot depend on politicians or pundits to protect their rights, their choices or their lives. Donate $15, $75 or $150 today as CCH Freedom continues our campaign to inform Americans that they alone have the power to regain control over life and death medical decisions by taking back their data and their dollars.

Standing with you for freedom,

Twila Brase
President and Co-founder
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