Health Freedom Watch
Volume 20: Issue 1: 1st Quarter 2017

Obamacare – Making Repeal Happen

CCHF believes the American people are key to getting Obamacare repealed. We’ve held two “Congressional Call-ins” (Jan 11 and Feb 15) with this message: “Repeal it all. Repeal it now. Do not delay.” People from around the country have made the call. If you haven’t please do so now.

We’re pleased President Donald Trump took decisive action against Obamacare on his first day in office. His first executive order requires his administration to lower the economic burden of Obamacare. Americans struggling with impossible premiums and limited access to care cheered.

But GOP members of Congress who promised to pass a repeal bill are scared. Every major media outlet wants to know what they’re going to do with the “20 million” people covered by Obamacare.

CCHF president Twila Brase was asked this question in every meeting she had with a member or staffer when she was last in Washington, D.C. Each time she explained how most would still be covered – likely at a lower cost.

A month later The Daily Caller (The DC) published her op-ed describing who these 20 million people are – and aren’t – and why Congress should not be afraid. For example, most people enrolled in Medicaid by the ACA were eligible for Medicaid before the ACA.

The “20 million” number has been weaponized to scare Republicans into paralysis or into leaving the worst parts of Obamacare in place, such as the mandate to cover people with pre-existing conditions, which is the centerpiece of Obamacare (and all single-payer programs) and the prima-
There are at least two camps of competing ideas. President Trump speaking at the CPAC convention said “from a purely political standpoint, the single best thing we an do is nothing. Let it implode completely.” Trump, an “art of the deal” expert, said in two years, “The Democrats will come to us and beg for help.” He’s probably right, but ultimately he didn’t think it would be good for the American people, so he said, “we’re going to repeal and replace Obamacare.”

Another camp is represented by U.S. Senator Mike Lee (R-UT), a conservative stalwart who forced Senate Majority Leader Mitch McConnell’s hand on repeal in 2015, insists that Congress just repeal Obamacare and not muddy the water with a replacement. We agree and look forward to Senator Lee’s game plan.

Meanwhile, there are two repeal and replace bills up for consideration. U.S. Senator Rand Paul (R-KY) introduced “The Obamacare Replacement Act” (S. 222) in late January to repeal the coverage mandates (and other sections), authorize buying health insurance across state lines, and provide significant freedom for access to and use of Health Savings Accounts (HSAs).

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Like many of you, I’m cheered by Trump’s election. However, health care solutions are still too federally-focused. Obamacare must be repealed, of course. That federal solution goes without saying. But many Americans are looking at Washington as the answer for health care’s future when Washington has always been the problem.

Congress caused unaffordable health care. During WWII, it gave employers a tax deduction to buy insurance for their employees, disconnecting them from costs, generating entitlement behavior, diverting wages to insurers, and discouraging personally-owned insurance. Then Congress gave 19 million senior citizens “free” access to care in 1965 (Medicare) and prices skyrocketed, threatening the U.S. Treasury.

In response, Sen. Ted Kennedy teamed up with President Nixon to pass the HMO Act of 1973, which established “managed care,” merged financing and delivery of care, mandated that certain employers offer an HMO, and provided $375 million to develop HMOs nationwide. Once HMOs were big enough, Congress created Medicare Advantage (managed care for seniors) and most recently, the Affordable Care Act forced everyone over the age of 29 into managed care plans.

And now, who is in control of health care? Managed care. Health plans have the lobbyists. They have the campaign dollars. And because Congress made itself dependent on them for everything from Medicare to Obamacare, health plans have Congress over the barrel. They are the tail wagging the dog.

But do most members of Congress see this? I’m not sure.

Too many think health plans are the “private market.” But managed care corporations only got as big and powerful as they are because Congress paved the way for them to become indispensable, essentially pricy, for-profit public utilities.

Health plans are not insurance. People don’t know that true insurance doesn’t interfere with individual choices or practitioner options. People are paying upwards of $12,000 - $30,000 in premiums and deductibles each year to a corporation that tells them where they can and cannot go and what their doctor can and cannot do.

It’s crazy. The ACA forces Americans to buy these unaffordable policies that limit access to care.

So here come the Republicans with a replacement plan for Obamacare. Rightly so, true conservatives in Congress are howling. The first thing that caught my eye in the 106-page leaked draft is the mandate that insurers increase premiums 30 percent for individuals without continuous health insurance coverage. This is the GOP version of the Obamacare mandate to buy insurance or be fined. How does this mandate make a market? Where’s the return to affordable, catastrophic, non-interference health insurance that people want to buy and can take anywhere?

First things first. Congress must repeal Obamacare. Then Congress must work to end its involvement in health care and its dependency on managed care. I have some ideas, starting with building an escape hatch for Medicare recipients. Stay tuned…

Twila Brase, RN, PHN
President and Co-founder

Twila Brase, RN, PHN, President & Co-founder, CCHFreedom.org

A Letter From The President

IN THE NEWS

December
“Trump’s appointment of Rep. Tom Price as the HHS Secretary” – KDOV TV & Radio, Focus Today, 12/1/16

“From the Right, Critics Hit Paul Ryan’s Obamacare Repeal Plan” – Bruce Japsen, Forbes, 12/20/16

“21 Principles to Restore Health Freedom” – Jim Schneider, Crosstalk, VCY America 12/28/16

January
“Don’t Let the ‘Uninsured 20 Million’ Statistic Fool You” – Twila Brase, The Daily Caller, 1/9/17

“Democrats Look for an Upside in Obamacare’s Repeal” – Haley Sweetland Edwards, TIME, 1/16/17

“Big Brother Has Your Baby’s DNA” – Jennifer Fallon, LifeZette.com 1/23/17

February
“Lawmakers Call on President Trump to Address REAL ID: PA Legislators Ask Trump to Reevaluate REAL ID Implementation” – Julia Erynn, Alpha News, 2/7/17


“It’s Mid-February-So, Ahem, Where’s the Bill?” – Chris Woodward, OneNewsNow.com, 2/14/17

“Where Cutting Taxes and Obamacare Meet: the Woodlands’ Kevin Brady” – Kevin Diaz, Houston Chronicle, 2/15/17
Citizens’ Council for Health Freedom has been at the forefront of a controversial battle surrounding REAL ID at both a State and a national level. We oppose this state-issued Federal ID. Many Americans have heard they will not be able to fly or access military bases without a REAL ID. This is not true. The REAL ID rule states: “individuals without REAL ID-compliant documents will still be able to enter Federal facilities and board commercial aircraft.”

States are being pressured to conform to the 2005 REAL ID Act. However, in 1997, the U.S. Supreme Court ruled in Printz vs. United States that the federal government “may not compel the States to enact or administer a federal regulatory program.” The REAL ID Act is unconstitutional.

REAL ID threatens health freedom. The federal law requires REAL ID for “official purposes,” including boarding a commercial aircraft and entering federal facilities and nuclear facilities “and any other purposes that the Secretary shall determine.” Medical care is a likely fourth official purpose.

Other official purposes which could be unilaterally imposed by the Secretary of Homeland Security (DHS) include purchasing firearms, hotel registration, filing taxes, buying alcohol and more.

Both sides of the aisle can no doubt envision an administration or individual that could do great harm to the American people while wielding such ultimate power.

A few more facts about REAL ID:

- **REAL ID won’t keep Americans safe.** As Maine Secretary of State, Matthew Dunlap, wrote on February 9, 2017: “If we were to comply with REAL ID today and the 9/11 terrorists were to stroll into the Bangor branch of the Bureau of Motor Vehicles and apply for REAL IDs, the...
irony is that they would get them.” REAL ID was not a key recommendation of the 9/11 security report. Securing IDs and drivers’ licenses is mentioned once in a four-sentence paragraph in the 567-page report.

- “National Identity Registry” is the name 116 Pennsylvania legislators give to the database created by the REAL ID Act, which requires states “to provide electronic access to all other states to information contained in the motor vehicle database.” The DHS Privacy Report in 2008 recommended that states plan a “Breach Notification Protocol” for when this highly sensitive data is compromised.

- **REAL ID is a FEDERAL ID.** REAL ID reverses longstanding states’ authority over state identification and drivers’ license privileges. If states conform, the federal law imposes design, documentation and use requirements for identification cards and drivers’ licenses. DHS could require the RFID tracking chip proposed in 2007 and additional biometrics, such as fingerprints. Claims of an opt-out card are faulty. The law includes requirements for such “not for federal purposes” cards, which become increasingly useless as new official purposes are added.

After Congress passed REAL ID in the middle of the night without a public hearing, many outraged states passed laws prohibiting REAL ID. However, since DHS began issuing “you can’t fly” threats, 25 states have given up state control over identification, movement and commerce, and the rest are moving in that direction. If all 50 states succumb to federal threats, a national ID system will be in place. CCHF is working with concerned legislators in a variety of states and continues to share facts about the unconstitutional REAL ID ([bit.ly/cchfreaid](http://bit.ly/cchfreaid)).
CCHF’s Health Freedom Minute is now heard on almost 800 stations around the nation. Find our station list at cchfreedom.org and tune in every week day!
(To listen: www.healthfreedomminute.net)

What if Doctors Only Take Cash?
February 10, 2017

TIME magazine has a great exposé on the Surgery Center of Oklahoma, in which I’m quoted. I told the reporter about the Center during our interview in Washington, D.C. and she decided it was worth writing about. I was encouraging a return to cash for care and the affordability, simplicity and confidentiality offered by direct payment. The Center’s prices for surgical procedures are all online. There is no government or insurance paperwork, and all the costs, staff, and the need for a large building necessary to handle third party payment and controls does not exist. This is where affordability lies, and this is how we get back to freedom. Are you ready to go cash, check or charge?


Doctors “Teach to the Test”

Time-consuming data reporting to secure payment has become a hindrance to good care, often harming the patient-doctor relationship, limiting time for patient history and physical examination, and giving a highly inaccurate picture of care. Dr. John Corsino writes, “Patients complain about how little attention they receive. … We all spend as much time with computers as we do with one another.” He concludes, “Our systems do our patients a disservice if they continue to emphasize numbers on paper at the very real expense of care quality.”

Heart Surgery for $1,800 in India

Dr. Devi Shetty is a heart surgeon performing advanced heart surgery on adults and children in Bangalore, India for an average cost of $1,800 – a tiny fraction of the $90,000 average in the U.S. His patient outcomes are among the best in the world. Some may think India is too far away to impact American medicine, but the 2,000-bed hospital being built in the Cayman Islands by Dr. Shetty may make medical tourism outside the U.S. even more attractive.

Leave it Blank!

The IRS will process your tax refund, even if you don’t report your insurance status to the IRS on line 61 of the tax form. So “Leave it blank!” Do not reveal this personal data to the federal government. In 2015, the IRS wrote, “4.3 million non-dependent taxpayers did not check the box, claim a health care coverage exemption, or report an individual shared responsibility (penalty) payment. We continue to analyze these cases to determine their status.”

This does not mean the IRS is suspending the individual mandate; but, given their only option to get the penalty from you is to reduce your refund, checking up on 4.3 million taxpayers is a big job. Such enforcement may never happen in the Trump administration. Leave it blank.
Send a Trusted Voice to D.C.

Maybe you’ve noticed that the Trump Administration is busy making changes and shaking things up. However, maybe you’ve also noticed that some in Congress are hemming and hawing when it comes to actually making change happen.

This is especially true with repealing Obamacare. Thus our message continues to be: **Repeal it all. Repeal it now. Do not delay.**

But some members are hedging. Some are delaying or, in some cases, endangering this process.

We MUST hold their feet to the fire.

To do that effectively, we need to be in Washington D.C. more, maybe once a month or so, making CCHF a trusted voice for common-sense ideas back to health freedom.

CCHF’s president has connections in this administration and we can leverage those relationships to first repeal Obamacare and then head 180 degrees back to freedom.

**But, we have to BE THERE.**

Your ongoing financial support helps us stay at our post – protecting your freedom and privacy every day – and helping to make real change in American health care itself.

It will also bring us face-to-face in D.C. Send CCHF to Washington. Help us carry the torch for freedom into the halls of Congress. Help us reinforce the message that Obamacare must go away. **Now, not next year.**

Help us work with Dr. Tom Price, Secretary of Health and Human Services, to get Obamacare repealed and craft solutions that restore liberty to ALL Americans. **Will you send us your gift today?**

To donate online, go to: www.bit.ly/give2cchf

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YES, SEND CCHF TO WASHINGTON!

Use my gift* to carry the torch for freedom! Enclosed is:

- $25
- $50
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- $350
- $750
- $1,500
- other $_

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Thank you for your support! Your **tax-deductible gift** supports health freedom, medical and genetic privacy rights, health care choices, physician freedom, and the protection and preservation of individualized patient care.

*CCHF has received 501(c)3 non-profit status from the IRS. CCHF has received permission to solicit charitable donations in all states except California. In August 2016, we withdrew our registration in CA to avoid the AG’s demand that we share the confidential names of certain donors. The full disclosure regarding solicitation is found on page 2 of this newsletter.*
“To use a medical analogy, ObamaCare is a Band-Aid that must be ripped off at once, rather than pulled tortuously for three years. Republicans might have to give some in order to replace it, but taking it off the table first and emphatically is the only way to get Democrats working on whatever follows it. As long as it’s still hanging around, Democrats will not budge or work with Republicans on its successor.”


“The most important thing a health plan now offers is not an insurance contract but rather a comprehensively managed provider network.”

– Robert Laszewski, in his health policy blog, March 1, 2017

“[A] very intelligent doctor – spending the vast majority of his day at a computer screen – said something very thought-provoking: “I’m surprised that the medical profession has allowed themselves to be so quickly turned into data-entry clerks without making a fuss.” So true... Why is there not a strong national movement to improve health care IT?”

– Suneel Dhand, MD, *KevinMD.com*, February 15, 2017

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