Defending the Strongest Patient Privacy Law in America

By Matt Flanders, State Legislative & Policy Director

Minnesota, “The Land of 10,000 Lakes,” is well known for bright, frigid and snow-filled winters and for having the largest shopping mall in the country, but it’s also home to a much more important and well-guarded gem. Minnesota has the strongest patient privacy and consent law in the nation – the Minnesota Health Records Act (MHRA, Minn. Stat. 144.291-144.298).

Most Americans think HIPAA (Health Insurance Portability and Accountability Act of 1996) protects patient privacy. Thus, CCHF has long worked to educate Americans and their policymakers about this pervasive myth, which has been propagated by “Big Brother,” “Big Business,” and “Big Data.” Because of HIPAA, these groups have sweeping carve-outs giving them access to confidential patient-identifiable information without patient consent. But in Minnesota, every clinic and each hospital must obtain the patient’s permission first. Now these self-interested groups and industries want to repeal major consent requirements in the MHRA.

Because of the MHRA, Minnesotans are in control of who sees, shares, and uses their confidential information. This is how it should be everywhere—not just in Minnesota. But bill supporters see patient information as a “gold mine” ripe for their own taking.

In February, CCHF president and co-founder, Twila Brase, testified against the bill (HF 831) that would repeal Minnesota patient consent requirements for treatment, payment and “health care operations,” a laundry list of at least 65 undefined business activities. She said, “This bill would undo our best-in-the-nation ‘better than HIPAA’ law and subject all... Continued on Page 2
Minnesotans to HIPAA’s ‘no-privacy’ rule, giving outsiders a license to intrude.” Brase continued, “Protecting patient privacy protects patient control. In short, ‘He who holds the data makes the rules.’ Using confidential patient data, payers can profile doctors, track and conduct predictive analytics on patients, intrude in private lives and use the patient’s data against them and their doctors.” She also noted that UnitedHealth Group’s data analytics and health care operations division, OptumInsights, had 2017 revenues of $8.1 billion. She said, “No wonder corporate supporters of this bill want to exempt health care operations from consent requirements. There is money to be made.”

**CCHF not only defends privacy and consent rights, we also work to improve them.** During the past two legislative sessions, CCHF helped create legislation that would give patients a “Yes” or “No” option for each item on a consent form instead of the coercive, bundled, single signature/multiple consent forms that condition treatment upon sharing confidential information.

In December 2018, the bipartisan MN Legislative Commission on Data Practices (LCDP) voted unanimously on a single universal consent form for use in Minnesota and recommended it to the full legislature. A new patient-choice consent bill following the LCDP recommendation gives patients a “Yes” or “No” choice on several items and prohibits clinics and hospitals from refusing to treat a patient if they refuse to share information. **HF 1686 (Scott) and SF 1744 (Limmer)** allow patients to share as much or as little as they choose – but most importantly, it lets patients, not third-parties, decide.

**Get our CCHF MN Alerts - Sign up at the top of cchfreedom.org!**
It may be March Madness this month, but with “health care,” it’s madness all year long. There’s so much happening it boggles the mind. The battle against patients, doctors and medical freedom has escalated. And with socialized medicine on the march, it’s important to have the right ammunition—and that starts with the right words.

Thus, I put “health care” in quotes above because there’s no such thing as “health care.” There is medical insurance and there is medical treatment. Caring for your health is what you do on your own; you don’t get it from your employer or the government, and you can’t buy it. Words shape minds. This term, which arose in the 1960s combines coverage and care into a single concept and has softened American minds to accept a government-run system because socialized medicine is exactly that: a single system for care and coverage.

The term “health care” is burned into the American psyche and rolls without hesitation off American tongues, but whenever possible, take the opportunity to share the truth: “There’s no such thing as health care.” For example, whenever someone says, “health care,” jump right in with a question: “Do you mean insurance or medical treatment?” Change the language and you’ll change minds.

This battle also needs laser-like focus. CCHF could work to solve every outbreak and result of socialized medicine from Obamacare to Medicare for All; from hospital consolidation to surprise medical bills; from health surveillance systems to socialist models (e.g. paying physicians based only on “value”).

Although that’s impossible, we do use the nationwide Health Freedom Minute radio program to update you on many issues and share our interpretation of current news each weekday. Find the Minutes 24/7 on our home page: cchfreedom.org.

This focus means CCHF identifies and targets the deep roots of socialized medicine, where we can do the most damage in the name of freedom and secure the longest wins. We could attack the visible leaves of tyranny, but leaf-whacking only feels good. Attacking the ROOT and pulling it out (along with its leaves) restores freedom. That’s a real win.

CCHF has targeted three roots: the HIPAA/EHR mandate, Medicare enrollment mandate, and managed care mandate. HIPAA lets outsiders intrude and the EHR gives outsiders control. Medicare puts Americans into a government program with no escape. And managed care (HMO, health plan) is the corporate version of socialized medicine into which all Americans are being herded. Today, in a lucrative public-private partnership with the government, managed care corporations control the dollars, data and decisions of most Americans. The U.S. Supreme Court said Congress put HMOs in place to ration care (Pegram vs. Herdrich, 2000) and that’s what they do. And now the ACA forced almost everyone into managed care HMOs—but CCHF is focused on shutting them down!

Thank you for joining us to uproot socialized medicine, and plant ever-green trees of freedom in its place. There’s much to be done to stop socialized medicine. Thank you for being on our team!

For freedom,

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
“Herring joins AGs filing motion to protect Obamacare” – Truman Lewis, Fairfaxnews.com, 12/18/18
“Policy Groups Ask Trump to Allow Medicare Opt-Out” – Ashley Bateman, The Heartland Institute, 12/18/18
“ACA Ruling” – Dan Celia, Financial Issues, 12/19/18

January
“Affordable Care Act Hangs in the Balance” – Crosstalk, VCY America, 1/18/18
“ACA Turns Patients Into Guinea Pigs” – Twila Brase, Townhall, 1/19/19
“Orwellian vision: Digital drivers licenses expose citizens to hackers and abuse, critics say” – Dan Boylan, Washington Times, 1/31/19

February
“Electronic Health Records Give Way to Disasters and Dangerous Intrusions” – Twila Brase, American Thinker, 2/8/19
“Doctor Burnout” – Op-Ed by Maureen Kennedy Boelter, Lake Mills Leader, 2/11/19
“The Importance of Patient Consent” – The Justice & Drew Morning Show, Twin Cities Talk Radio, 2/18/19
“Big Brother in the Exam Room” – The Sam Sorbo Show, 2/19/19
The book CCHF published is making the rounds. As author of *Big Brother in the Exam Room*, I’ve been talking about it on the radio, speaking to audiences, and meeting with some of its readers. A physician organization has also invited me to speak at a conference to be held in April at the Library of Congress in Washington, D.C. I’ll be talking about how the electronic health record (EHR) is causing doctors to leave the practice of medicine.

This book was written as a tool to stop socialized medicine, to stop surveillance-based control of physicians, and to stop the growing use of predictive analytics to profile patients and interfere in private lives. It informs Americans and actively engages them in stopping the Big Brother EHR system that has entered the exam room.

Therefore, we encourage you to buy it, give it as gifts, share with a doctor, and **ask your library to carry it**. Today, 17 libraries, including libraries in Minnesota, Ohio, Mississippi and Washington state, have it on their shelves.

**Paige Lovitt**, wrote a review posted at goodreads.com:

“…It was well worth reading and I plan on sharing this information with others. I just wish the sick feeling that I have in the pit of my stomach will go away soon. To have to worry about issues with health care being controlled by my government is scary!

“Big Brother in the Exam Room” by Twila Brase is a must-read for physicians and patients. It should also be considered as required reading in medical ethics and critical thinking courses. It is heavily referenced with resources that support the author’s claims. Everyone’s eyes need to be opened to what is going on in our health care system as more and more of it becomes controlled by the government.”

“Losing your doctor to burnout is just one casualty of the HIPAA/EHR beast forced on us by the Clinton administration’s ironically named Health Insurance Portability and Accountability Act [HIPAA].”
I met with a reader in Alabama, who had underlined and circled information throughout the book. She didn’t want us to use her name but let us use her picture. (photo on right)

Maureen Kennedy Boelter, from Lake Mills, Wisconsin, wrote the following in her local newspaper about an article on physician burnout:

“HIPAA allowed Big Brother to begin the collection, centralization and dredging of everyone’s medical records. Government bureaucrats now control doctors...and insurance companies...and ultimately, you. More and more, Big Brother now wields that information to formulate doctors’ reimbursements, mandate the care they give to you, mandate the drugs they can offer you...If you think this is all far-fetched, read Twila Brase’s Big Brother in the Exam Room....

Losing your doctor to burnout is just one casualty of the HIPAA/EHR beast forced on us by the Clinton administration’s ironically named Health Insurance Portability and Accountability Act [HIPAA]. As the doctors in the article’s survey know, there is much more to come. Like the loss of freedoms, privacy, money and potentially our health. Refuse to sign the HIPAA form next time you are asked...and read the book.”

We’ve created a simple two-page overview, providing section and chapter titles with page numbers, plus each subheading. It’s useful for anyone that’s considering the book or already has a copy. Thank you to the CCHF supporter who made this great suggestion! Find a link to it at BigBrotherintheExamRoom.com

Send us a photo of YOU! If you already have a copy of the book, please send us a photo with your name, city and state (creativity encouraged!). We plan to create a collage of these photos, and we’d like you to be in it! You just might find yourself featured in a future CCHF publication. Send it to info@cchfreedom.org with subject line: “BB pix”.

“Big Brother in the Exam Room” makes its debut at the MN Legislative Library
Democrats Plan Next Incremental Step to Single Payer

January 15, 2019

While progressive Democrats want “Medicare for All,” older, wiser Democrats plan a more incremental step to single payer, a less blatant version of socialized medicine: Medicare. They would let people buy into Medicare between the ages of 55 and 64. Years ago, the Clintons offered this very bad idea.

With Medicare set to go bust in seven years, no one knows how to pay for it. But Democrats have never worried about such details. Their goal is to get a law in place and let the chips fall where they may. Republicans could learn a thing or two from the Democrats—if only they were as committed to a freedom agenda as Democrats are committed to a socialist agenda.

“Medicare At 55 Could Gain Momentum In 2019,” Bruce Japsen, Forbes, Dec 30, 2018


Obamacare Provided a Cash Windfall to Big Industry

Stocks for major health and insurance companies have increased at high rates since the passage of Obamacare. The S&P 500 health care index, which measures the stocks of 63 health companies, has risen by 186% since 2010. Some companies have seen stock increases of 1,100% (Centene) and 700% (UnitedHealth Group) while Obamacare’s Medicaid expansion pushed millions of taxpayer dollars into the pockets of insurers operating private Medicaid plans. Meanwhile, rural hospitals are struggling.

“Red Tape” Leads Doctors to Consider Career Changes

A poll of 600 physicians across America revealed an overwhelming agreement in frustration with insurers. A vast majority of the physicians (87%) say insurance “red-tape” is causing harm to patients. Insurance company requirements and burden of paperwork led 85% of physicians to express frustration with these insurers. Moreover, two-thirds of the physicians polled would recommend against choosing medicine as a career and almost half are considering a career change themselves.

New Book Reveals How Americans Are “Overcharged” for Health Care

Cato Institute scholars David A. Hyman and Charles Silver share stories of individuals who have experienced price gouging from the hospital and health care system. The book also describes how the health care system, hospitals, and drug companies all profit off their monopolies in a third-party payment system that has no incentive to decrease spending. Overcharged argues that true competition and transparency in the price of medicine will not occur until consumers are in control of the money spent on health care.

Hospital Price Transparency “Difficult to Decode”

As hospitals began to comply with the Trump Administration’s order to publish prices for services, it became painstakingly clear that the information is confusing and unhelpful. The data for thousands of procedures is posted online in chargemaster form using numbers and medical terminology that vary among hospitals. Jeanne Pinder, founder and chief executive of Clear Health Costs, remarked “The posted prices are fanciful, inflated, difficult to decode and inconsistent, so it’s hard to see how an average person would find them useful.”
Practical Needs for the Battle!
Give a Gift—And Bring JOY to the Entire CCHF team!

English writer and politician Edward Bulwer-Lytton once wrote, “The pen is mightier than the sword.” This is still true. Words can be effective weapons. The best words are delivered at the right moment and in the most effective way, such as testimony, op-eds, handouts, and videos.

Today the “pen” is the computer, keyboard, copier, printer, email, tweet, post, podcast, video and website. CCHF uses these kinds of pens in policy battles every day to share big ideas, bring facts to the front lines and redirect incorrect thinking.

But these pens must be effective and properly functioning. So to that end we need to buy one new “pen” and refresh and rebuild another:

Copier/Printer - CCHF needs a new printer/copier—an UPGRADE—before our current one leaves us stranded without documents before an important meeting or in the middle of a legislative battle with no way to print and hand-deliver timely, informative bullet points.

The technicians that regularly repair our copier/printer can’t believe it’s still working nine years after we bought it. Only three of its kind remain in service and one is ours! But now the repairs are ever more frequent, so we need to buy a new one!

The total cost to rebuild our website and purchase a new copier/printer is $12,336. Would you send a gift to meet these important practical need? A gift of any amount would be appreciated and bring JOY to each and every member of our frontline team. The following levels/numbers of gifts would cover the entire cost:

$6,168 - 2 gifts  $500 - 27 gifts
$1,000 - 13 gifts  $100 - 124 gifts

Our staff is counting the days to an upgrade of our copier/printer and a fresh, rebuilt website. Please use the enclosed envelope to donate an UPGRADE GIFT today, or go online: www.bitly/give2cchf Thank you!

Website - We need to completely REBUILD our website to make it more appealing, easier to navigate and less “busy.” Our last rebuild was at least 10 years ago. It’s time!

The total cost to rebuild our website and purchase a new copier/printer is $12,336. Would you send a gift to meet these important practical need? A gift of any amount would be appreciated and bring JOY to each and every member of our frontline team. The following levels/numbers of gifts would cover the entire cost:

$6,168 - 2 gifts  $500 - 27 gifts
$1,000 - 13 gifts  $100 - 124 gifts

Our staff is counting the days to an upgrade of our copier/printer and a fresh, rebuilt website. Please use the enclosed envelope to donate an UPGRADE GIFT today, or go online: www.bitly/give2cchf Thank you!

But these pens must be effective and properly functioning. So to that end we need to buy one new “pen” and refresh and rebuild another:

Website - We need to completely REBUILD our website to make it more appealing, easier to navigate and less “busy.” Our last rebuild was at least 10 years ago. It’s time!

The total cost to rebuild our website and purchase a new copier/printer is $12,336. Would you send a gift to meet these important practical need? A gift of any amount would be appreciated and bring JOY to each and every member of our frontline team. The following levels/numbers of gifts would cover the entire cost:

$6,168 - 2 gifts  $500 - 27 gifts
$1,000 - 13 gifts  $100 - 124 gifts

Our staff is counting the days to an upgrade of our copier/printer and a fresh, rebuilt website. Please use the enclosed envelope to donate an UPGRADE GIFT today, or go online: www.bitly/give2cchf Thank you!

Practical Needs for the Battle!
Give a Gift—And Bring JOY to the Entire CCHF team!

Use my donation* to equip the CCHF team! Enclosed is:

☐ $35  ☐ $50  ☐ $100  ☐ $500  ☐ $1000  ☐ $5,000  ☐ other $______
☐ Direct Gift from IRA: $_______ or Donation of Stock (For instructions, call us at 651-646-8935)

Name__________________________________________
Organization/Company_____________________________________
Address__________________________________________
City ___________ State ___________ Zip ___________
Phone ___________ E-mail ___________________________

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.
“Access to a waiting list is not access to health care.”
– Beverly McLachlin, (now retired) Canada Supreme Court Chief Justice, *Toronto Sun*, April 2, 2018

“The federal government’s repeal of the ACA’s tax penalty has made it easier for more than 300,000 California consumers to flee the insurance market.”
– The Sacramento Bee, *Insurancenewsnet.com*, February 1, 2019

“I am horrified to see the number of my colleagues who have left medicine, are considering leaving medicine or scaling back their work because they’re overwhelmed.”
– Dr. Jeffrey Hoffman, MD, Associate Professor, *Becker’s Hospital Review*, January 29, 2019

“At the end of the day, any person’s medical data should belong to that person.”
– Jim Wang, CEO, NovaVision Group, CNBC, November 28, 2018

“For the most part, people’s homes are medical black boxes.”