Will Obamacare be repealed? That’s the six million, billion, trillion dollar question. Six months after the election, the battle over Obamacare repeal is raging. Unlike Democrats, Republicans do not agree on what they want. They don’t agree on health freedom. According to U.S. Rep. Tom MacArthur (R-NJ), many think it’s settled law (WashPost, May 23) Indeed, after attempting to repeal it fully or in bits and pieces some 60 times while President Obama was in office and it was impossible, they now refuse to repeal it when it is possible and they have the power. The closest they’ve come is to offload onto states the difficult political burden of waiving hot-button parts of Obamacare they refuse to repeal.

On May 13, CCHF president Twila Brase gave a speech she titled, “How to Get Out of the Healthcare Swamp” to a GOP women’s group. She said many policymakers don’t know what health freedom looks like so they don’t know how to get there. To show them the way, Brase explained CCHF’s The Wedge of Health Freedom (JointheWedge.com), which is not dependent on Obamacare being repealed, and discussed the essential Five Rights of Health Freedom:

- Right to Privacy
- Right to Real Insurance
- Right to Refuse Insurance and Medicare
- Right to Private Contract
- Right to Receive and Provide Charity

Let’s discuss the first three:

The Right to Privacy is actually a property right. Data about our personal life, our life choices, our home, our family, our genetic code and our...
A federal rule prohibits access to Social Security benefits if a person refuses Medicare.

The Right to Real Insurance is the right to a customized policy, the right to purchase a catastrophic policy, the right to a non-managed care policy, and the right to a portable and lifelong policy. Obamacare prohibits customized, catastrophic and non-managed care policies. Medicare prohibits a lifelong policy, and state insurance laws often prohibit you from keeping your insurance policy when you move.

If Republicans want to restore the Five Rights of Health Freedom, they must start by repealing Obamacare. If they don’t repeal the law — there are 2-page bills to do it — Americans will shift the blame on Republicans as premiums stay sky-high and federal controls remain in place. Will the GOP then lose elections allowing socialized medicine to advance and leaving the Five Rights far behind? The time to repeal the “Un-Affordable Care Act” is now — as close to the last election and as far from the next as possible. Send health care back to the people and to the states where it belongs.

Thankfully, calls to actually repeal Obamacare are re-emerging. For example, Senator Ron Johnson (R-WI) told THE HILL exactly what CCHF believes: “We could repeal all of ObamaCare…I just don’t buy the fact that we can’t do that.” (May 11, 2017) Neither do we. Repeal it all — now.
Where is Congressman Ron Paul when we need him?

When it came to privacy, physician and U.S. Rep. Ron Paul, M.D., was a champion unlike any other. If it were not for Ron Paul, you would already have Hillary’s National Patient ID and you would not be able to access care without this federally-issued tracking number. The day President Clinton waved his proposed “Health Security Card” on national television (September 23, 1993) was the day the plan for our organization began. I believed then, and still do, that the end of health freedom would lead to the end of individual freedom for Americans. And the end of health privacy would lead to the end of health freedom. As has been proven time and again, “He who holds the data makes the rules.”

Both sides are to blame. After Hillarycare failed in 1994, Republicans joined Democrats to impose a National Patient ID. The ‘Unique Patient Identifier’ (UPI), along with national ID numbers for employees, health plans and practitioners, became law through the bipartisan Health Insurance Portability and Accountability Act of 1996 (HIPAA), which opened up our medical records to countless outsiders, including the government.

In July 1998, HHS held its first hearing on the UPI in Chicago. As head of this organization, I was given an opportunity to testify against it. The New York Times published a negative article the next day and that was the last hearing ever held. Within months, Dr. Paul added language to an appropriations bill to stop the UPI. It prohibited “planning, testing, piloting or developing a national identification card.”

Paul’s language stopped the UPI for 19 years—until May 5, 2017, when President Trump’s signature ended the prohibition. The 2017 Appropriations bill specifies that HHS funding (“technical assistance”) can be used to help the private sector develop a national “patient-matching strategy.” The data industry is celebrating, as noted in an article titled, “National Patient Identifier Gains Congressional Support.” (EHR Intelligence. com, May 11, 2017)

So, while the U.S. Department of Homeland Security continues to bully states into imposing the unconstitutional REAL ID — a National ID that could easily become a national patient ID (“no card, no care”) — the GOP-led Congress authorized assistance for creating a national patient identification system. The group of 25 organizations that sent a letter to Congress on April 5 declared a need for a national patient-matching strategy to facilitate information exchange, enable research, and have access to “complete and non-duplicative” patient medical records.

This National Patient ID system must be stopped. There are still privacy stalwarts, such as Senators Cruz, Lee, and Rand Paul as well as Congressman Thomas Massie. They probably don’t know it’s law; we just discovered it ourselves. So, please share your concerns now (Capitol Switchboard: #202-224-3121). Ask them to stop the new national patient-matching strategy. It’s not too late. Full-fledged government access to your private health data is not only a violation of your Fourth Amendment rights, it’s a direct threat to your freedom.

For Freedom,

Twila Brase, RN, PHN
President and Co-founder

A Letter From The President
CCHF is engaged at the state and federal level. In light of the recent election, we have identified and built new relationships as well as strengthened existing ones. Legislatively, CCHF has been at the forefront pursuing freedom and privacy rights, and opposing Big Government policies such as REAL ID, Obamacare, the GOP (non-repeal) American Health Care Act (AHCA) and more.

**Obamacare**
With a new president and Republicans in charge, CCHF believes repeal of Obamacare and restoration of health freedom are possible. Senators Cruz, Lee and Paul are pressing for full repeal. In a May 8 letter to President Trump, CCHF president Twila Brase shared a two-part plan to “shut down Obamacare.” Her op-ed in The Washington Times (4/25/17) also outlines how Trump could drop Obama’s appeal of the cost-sharing reduction subsidies lawsuit and withhold CSR subsidies to collapse Obamacare.

In interviews, op-eds, and press releases, CCHF has pushed for FULL repeal. While in Washington, D.C., Virginia (Ginni) Thomas at The Daily Caller videotaped an interview with Ms. Brase on the GOP Obamacare “replacement” bill and CCHF’s “Wedge of Health Freedom.”

Because a single bureaucrat has the power to dictate its use, CCHF believes REAL ID could also be used to create a National Patient ID.

**REAL ID**
REAL ID, passed by Congress in 2005 without a single Senate hearing, is an unfunded, unconstitutional mandate. U.S. Senator Lamar Alexander opposed the bill saying, “This really is a National Identification card for the United States of America for the first time in our history. We’ve never done this before and we shouldn’t be doing it without a full debate.” Because a single bureaucrat has the power to dictate its use, CCHF believes REAL ID could also be used to create a National Patient ID (“no card, no care”).

**Speaking Truth to Legislative Power**

By Matt Flanders, CCHF Legislative Specialist

In a conference call with House Freedom Caucus leadership, we asked that access to catastrophic coverage and state high-risk pools be restored. At the MN legislature, CCHF opposed a state “reinsurance” program that shifts insurance risk of the entire individual market to taxpayers, but it passed. We also sent a letter to Gov. Mark Dayton and GOP leadership opposing HMO conversion loopholes, which made the news (Star Tribune).

**National ID**
REAL ID, passed by Congress in 2005 without a single Senate hearing, is an unfunded, unconstitutional mandate. U.S. Senator Lamar Alexander opposed the bill saying, “This really is a National Identification card for the United States of America for the first time in our history. We’ve never done this before and we shouldn’t be doing it without a full debate.” Because a single bureaucrat has the power to dictate its use, CCHF believes REAL ID could also be used to create a National Patient ID (“no card, no care”).
CCHF also focused on REAL ID because it is one of the greatest assaults on the American republic and our constitutional freedoms. CCHF legislative specialist Matt Flanders testified against REAL ID at the Minnesota legislature and, via teleconference, at the Alaska legislature. CCHF sent a letter to Montana Governor Bullock asking him to veto REAL ID legislation awaiting his signature, and communicated with staff of Alaska, Maine and Missouri legislators trying to stop REAL ID in their states.

Although MN legislators passed REAL ID, CCHF is working with a national coalition on strategies to stop this National ID card and its “national identity registry.” FMI: bit.ly/cchfreald

**Prescription Surveillance**
Legislators concerned about opioid addiction are expanding the surveillance powers of state Prescription Monitoring Programs (PMP). The PMPs, which exist in all states except Missouri, collect and store information about patients and prescribers without consent for certain prescriptions. This identifiable information is often used for research and shared with other state PMPs. Mr. Flanders testified against a Minnesota bill to require doctors to check the PMP every time they prescribe an opioid. Thankfully, the bill failed. Physicians at a conference in D.C. told CCHF the systems are difficult and time-consuming, cutting short their interactions with patients.

**What’s Next?**
CCHF is fully engaged to bring about FULL REPEAL of Obamacare. We’re also asking the Trump administration to disconnect Social Security benefits from participation in Medicare Part A (hospitalization) and building strategies to stop the National Patient ID system just approved by Congress (see page 3). Thank you for supporting CCHF! We will soon be in D.C. on Capitol Hill with proposed legislation, common-sense ideas and THE ANSWER for health care: The Wedge of Health Freedom.


Surveillance in the Exam Room
April 28, 2017
Imagine seeing a surveillance camera in the exam room. What would you do? Would you leave the room? Get up in a chair and cover the lens with a rubber glove? Tell the doctor to turn it off? Talk in whispers? I’ll bet you would remain as clothed as the moment you walked in.

You don’t realize it, but today almost every exam room is under surveillance. It’s called the electronic medical record. It gathers details about your visit, the doctor’s findings, the comments you make, diagnoses, your behavior, your family and sometimes even photographs and DNA. And it transmits this data far and wide without your consent. HIPAA allows it. Be careful what you say.


“Proposed Changes to Privacy Rule Won’t Ensure Privacy,” Sue Blevins, Health Freedom Watch (Institute for Health Freedom), September 2010.

Each day, doctors spend 3.08 hours with patients and 3.17 hours on the computer.

Health Insurance Exchanges Failed to Verify Identities and Eligibility

The Treasury Inspector General for Tax Administration analyzed tax year 2014 looking for improper payments of Obamacare tax credits. The report discovered that the exchanges did not successfully verify the identity of 13.5 percent of individuals who received the tax credits. This accounted for $112 million in 2014. In addition, 6 percent received approximately $22 million worth of tax credits even though the data showed they didn’t meet the eligibility requirements.

President Trump Could Stop Obamacare Without Congress

In May of 2016, U.S. District Judge Collyer declared Obama’s cost-sharing subsidies illegal because Congress, which has the constitutional authority to appropriate funds, never appropriated money for the subsidies. Collyer allowed time for President Obama’s administration to appeal the decision, but a May 22nd status conference on the lawsuit allowed the new Trump administration to change or withdraw the appeal. This one decision by President Trump would allow Collyer’s decision to stand and “gut Obamacare.” But on May 22, Trump asked for a 90-day extension.
The causes of FREEDOM, LIBERTY, and PRIVACY in health care are being assaulted on multiple fronts. Witness the dragging of feet on repealing Obamacare, new and renewed proposals to issue National Health IDs, and continuing efforts to impose REAL ID on all Americans.

WHO will stem these efforts? WHO will fight these battles? WHO will wage war on these assaults? It is up to all of us to do so.

If we don’t take action, we suffer all the consequences. If we acquiesce, we take what’s given to us. If, however, we fight on, we have a chance.

CCHF is fighting on your behalf and on behalf of all Americans who relish their freedom and privacy. We talk to legislators; we educate the public; we advocate for those policies that protect us and our liberty.

The job cannot be done without YOU. And we need more “YOUs.” Please consider what you can do to help us expand our influence:

- Can you contribute financially?
- Can you refer us to others through your relationship networks and social media?
- Can you share this publication or our weekly eNews with others?

Make no mistake: this is urgent. Those opposed to our personal freedom and those who want government to control and monitor us will not stop. They are fighting to win.

WE must not let them. Securing freedom sure didn’t come easy and protecting and reclaiming it will not be easy either. WILL YOU HELP US FIGHT THE FIGHT?

Your support will help us: go to D.C. to stay in front of and connected to key members of Congress — and now to staffers in the Trump administration that we’ve been able to build relationships with over the years. Your support will help us: advise legislators in multiple states, build The Wedge, grow our radio program; devise creative strategies, and rally the public at the grassroots level.

Your regular financial support is the only thing separating you from those who seek to control you and stop CCHF’s efforts. Will you make your gift today to help CCHF help YOU in protecting your freedom and privacy in health care? Together: WE CAN WIN THIS FIGHT.

Please send your gift today. Use the envelope or head to our website to donate online.

Thank you.

To donate online, go to: www.bit.ly/give2cchf
“63% of Americans said that receiving a medical bill they can’t afford is worse than or as bad as being diagnosed with a serious illness.” – from an Amino study with Ipsos regarding American attitudes about health care costs. Melissa Quinn, The Daily Signal, April 24, 2017

“Entitlements won’t entitle: Medicare will pay for an operation at a price no doctor will accept.” – Holman W. Jenkins, Jr. The Wall Street Journal, April 29, 2017

“Mr. Buchholz contrasts the liberal Social Security and Medicare funds going to today’s baby boomers – $327,000 in excess of what he paid in federal taxes – with what a newborn can expect: ‘She will pay $421,000 more in federal taxes than she will ever receive in future benefits.’” – George Melloan quoting Todd Buchholz from “The Price of Prosperity”, The Wall Street Journal, July 1, 2016

“People are not entitled to health insurance that creates higher costs for everyone to the point others might lose their own in the future. How, exactly, does it make sense? …That’s Health Musical Chairs… It is not justice… to force everyone to buy into your flawed system because, you say, it won’t work otherwise,” – Jack Perry in “The ‘Vietnam War’ Called Obamacare Cannot Be Won”, AAPS news, February 2017