Surveillance is and has always been a tool of control. That’s why America’s Founding Fathers put privacy protections in the U.S. Constitution, as part of the Bill of Rights. However, the emergence of new surveillance-enabled technologies today—such as computers, smartphones, digital driver’s licenses, and biometric scans—create new tracking and analytic powers. Unless Americans remain watchful and engaged, their freedom can be taken away, one law and one technology at a time.

In 2009, Congress mandated the use of government-certified electronic health records (EHRs). Certified EHR technology (CEHRT) means the EHR is built not to improve patient care but to do what the government wants it to do: government reporting, patient and doctor profiling, data analytics, health services research, linking to a national medical-records system, population health, standardized treatment protocols, compliance tracking, and much more. The government calls this Meaningful Use of the EHR. Doctors and hospitals that refuse to install a government-certified EHR and refuse to demonstrate Meaningful Use receive reduced Medicare payments. As a result, this surveillance technology is now present in virtually every doctor’s office and hospital room. Since 2009, the federal government has mandated specific uses of the EHR in three stages and Congress prohibited “information blocking” between EHR systems.

Patients face this intrusive system because they don’t pay their own medical bills. Third parties—the government, employers, and health plans—pay for most medical care. America’s third-party payer system began with employer-sponsored

From the Preface: *Big Brother in the Exam Room*
As Americans handed their responsibility for medical bills to third parties, they lost choices, privacy, control, and freedom.

A patient’s medical record must be disclosed before they’ll agree to pay part or all (or sometimes none) of the patient’s medical bills. The EHR was designed exactly for the purpose of billing, reporting, and data analytics not patient care.

The subject of this book is the government EHR — It’s not about the free-market EHR many doctors purchased before the mandate—and were forced to give up. Those free-market EHRs worked for the doctor. The government-certified EHR works for the government . . . Ralph Grams, MD, a professor of medical informatics, says the EHR mandate will centralize power in the federal government and “move our entire economy into a socialized system with czars and unelected dictators in control.” He says rationing of care will be enforced through this “federally controlled EHR.”

Taxpayers have paid more than $30 billion to put this system in place—but they have no idea what it is or what it’s doing to their care, their choices, and the confidentiality of their private information. . . .

Find this groundbreaking book on Amazon in mid-July! Details will also soon be available at: BigBrotherInTheExamRoom.com.

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A Letter From The President

Consider two possibilities. First, what if the Affordable Care Act is never repealed? Second, what if you could someday say, “So what?” CCHF is aiming for a day when Obamacare becomes irrelevant and completely ignored; a day when all 2,700 pages govern no one and nothing.

We’re being realistic about repeal and planning creative ways to make the law moot. If the GOP-led Congress had determination, will and guts, they could repeal it, but those noble virtues will most likely have to come from elsewhere. Perhaps the Trump administration, but most certainly the 50 states, and the American people.

On May 7, US Senator Lamar Alexander wrote as much in a letter to supporters. He said, “Given Democrats’ attitude, I know of nothing that Republicans and Democrats can agree on to stabilize the individual health insurance market [Obamacare] . . . So now efforts to help Americans paying skyrocketing premiums will turn to the Trump administration and the states.”

Yes and yes. His plan to stabilize the ACA was never the answer. It’s no wonder Alexander couldn’t get it done. It was the wrong plan. Furthermore, the Constitution reserves health care to the states and individuals. Obama’s legacy act ran roughshod over both. Meanwhile Medicare and Medicaid are destabilizing blemishes on a country of free people. These public programs are building a foundation of socialism in the American Republic.

But there is yet hope. Indeed, a people longing to be free and prosperous elected President Trump. These freedom-loving Americans are smiling from ear to ear as President Trump and his conservative cast and crew use every opportunity to pursue freedom through courts, states, executive orders, persuasion, provocation, and tweets. Whatever you may think of the methods, restoring opportunity, prosperity, American exceptionalism and the American Dream appear to be the goal.

When I was talking with people I know in the Rose Garden a few weeks ago, someone made a quip about “invading” the place. There certainly were a bunch of conservatives there, but the White House was built by and for a free people.

This is a special time. There are creative efforts to reclaim freedom and a new can-do spirit. Look at Iowa and Idaho. Iowa created a new catastrophic policy for farmers and called it “not health insurance,” exempting it from all ACA costs, mandates and regulations. Voila! Freedom from Obamacare. In Idaho, the Governor used his 10th Amendment rights to ask insurers to offer policies NOT compliant with the ACA. That hasn’t gone as smoothly -- he’s in negotiations with a sympathetic Trump administration—but it’s a great start. Other states should follow Iowa.

Meanwhile, CCHF is building The Wedge of Health Freedom—we recently added five new practices in less than 24 hours—to free patients and doctors from high-cost, time-limited, impersonal visits with harried physicians. We’re striking at the root of the problem—third-party-payment—and aiming toward a future of freedom for patients and doctors. Thanks for your support! We can’t do it without you.

In Freedom,

Twila Brase, RN, PHN
President and Co-founder

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IN THE NEWS

March

“Idaho Is Leading the Way Back to Affordable Health Insurance” – Dan Celia, Financial Issues, 3/1/18


“DNA Testing: Americans Sign Away Their Rights” – Twila Brase, StarTribune.com, 4/6/18

“Wedge’ Aims to Cut Insurers From Doctor and Patient” – Chris Woodward, OneNewsNow.com, 4/17/18

“The Farming and Healthcare Conundrum” – Brad Robb, Delta Farm Press, 4/19/18

May

“Cash Pay/ The Wedge” – Landon Roussel, Direct Primary Care Podcast, 5/7/18
“Big Brother in the Exam Room: The Dangerous Truth About Electronic Health Records” – Dr. Elaina George, Medicine on Call, 5/9/18

“Health Care Update: Rising Prices, DNA Splices” – Sam Rohrer, Stand in the Gap Today, 5/9/18

At the Minnesota Legislature

CCHF was actively engaged at the MN Legislature. With House members facing a contentious campaign season combined with the uncertainty of the gubernatorial election, many legislators and outside interests wanted to make big changes this year. CCHF fought hard to protect your patient consent rights, limit intrusions in the exam room, and unravel Obamacare.

Minnesota Health Records Act

MN has arguably the strongest medical privacy and patient consent law in the U.S. But business groups and health care industry players, eager to access and use patient data without consent, tried to repeal it and leave Minnesotans with the permissive federal HIPAA "no consent" data-sharing rule. It was an uphill battle, but CCHF’s Matt Flanders worked with a coalition of concerned GOP legislators led by Rep. Peggy Scott and Sens. Michelle Benson and Warren Limmer to stop the industry from taking control of your medical records.

Thank you to our supporters who contacted legislators. We won, but the industry will be back. A vetoed bill mandated recommendations from the MN Commission on Data Practices but we expect them to be working on this for 2019 without the mandate.

Intrusions in the Exam Room

CCHF also testified against establishing a taxpayer-funded Health Policy Commission led by the business and health care industry. CCHF had secured language to limit access to patient data, keep meetings public, and shut it down after 5 years instead of the proposed 15. CCHF also fought against the opioid tax, integration of the state prescription monitoring program (PMP) into the private electronic medical record, mandatory use of PMP, and telling doctors how and when they can or can’t prescribe. All were vetoed and none are law. A win!

I should be the one who decides who has access to my personal medical data.

The convenience of researchers and the profitability of pharmaceutical companies do not trump my right to privacy.

— from a constituent email to a MN legislator
CCHF Federal Efforts Expand

Given Congress’ ongoing refusal to repeal Obamacare, CCHF is focused on the Trump administration, which seems as determined as we are to obstruct and undercut Obamacare.

Here’s a small taste of the past few months. In March, CCHF’s president, Twila Brase, was invited to a roundtable discussion with physicians and physician organizations. Kansas Congressman Roger Marshall, MD, organized this event at the Capitol Hill Club with physicians and physician organizations. He asked for solutions and we brought him a list. Ms. Brase also attended a meeting of physicians held by Congressman Pete Sessions (R-TX), who at one point took time to ask her a few direct questions about medical privacy.

Then it was off to meet with senior leadership at the Medicare administration, the head of health policy for President Trump and his staff, a liaison to the president in the External Affairs Office, an Assistant to the President for Legislative Affairs, and a team at the HHS Office for Civil Rights. At one meeting, Ms. Brase was invited to return for a special meeting with officials and staff of the CMS Innovation Center to discuss CCHF’s November 2017 letter responding to their Request for Information (RFI) on possible “New Directions” for the Center.

CCHF’s president was also invited to the White House for President Trump’s announcement on his plan to “Lower Drug Prices for Americans.” She joined about 150 attendees plus major media reporters on a sunny day in the Rose Garden. For details and more photos, see the May 16, 2018, CCHF Health Freedom eNews in your email inbox or go to: http://www.cchfreedom.org/cchf.php/1425.

ALSO: HIMSS pushed for the 2009 EHR mandate. To see the health IT industry in action before her Big Brother book comes out, Brase attended its conference. In the book, she quotes many health IT leaders.
In Case You Missed It

To sign up for our weekly eNews, visit bit.ly/enews-letter

Drug Shortages: True Cause and Effect

Shortages of prescription drugs in the emergency room cause doctors to use less effective secondary drugs for treatment and can severely impede patient care. Dr. Susan Derry says shortages are often caused by group purchasing organizations (GPOs) and pharmacy benefit managers (PBMs), which control the supply of drugs to hospitals, and receive kickbacks from drug manufacturers for giving preference to their drugs. This lucrative system keeps the competition’s medications out of hospitals, leading to drug shortages and higher prices.

Company Wants Genetic Info to Build Global DNA Database

Intermountain Healthcare, a large health care system based in Salt Lake City, Utah, is asking for consumers to upload DNA tests such as AncestryDNA, My Heritage, or 23andMe. These tests, combined with an extensive family history, will be used to build a global DNA registry known as the GeneRosity Registry. According to Stacy Knight, PhD, MStat, of the Intermountain Medical Center Heart Institute, “We’ll be able to use the information people submit to validate new genetic and disease findings, discover new genetic mutation and genetic profiles, and drive future studies.”

CMS Administrator Supports Patient Control of Data

The Centers for Medicare and Medicaid Services (CMS) Administrator, Seema Verma, spoke at the HIMSS Conference – the largest health information technology conference in the world. She remarked, “It is important to me to speak for all patients. It’s our data. It’s our personal health information, and we should control it.” Verma also declared, “We are serious about putting patients first and giving them control of their records, not merely in words, but in deed.” But does she know HIPAA prohibits this control?

New Office Manager!

Our Office Manager, Barbara Smith, is stepping down to stay home with her children (but she’ll stay involved) and one of CCHF’s supporters has stepped forward to take on the task!

Karen Markowitz was previously with Andersen Windows, where she spent 14 years, most recently working in project management. She enjoys volunteering with animal rescues and fostering dogs. Karen has been a supporter of CCHF for many years and is passionate about the work being done to secure health freedom. We welcome her!

Amazingly, A Government Program is Going Away

May 8, 2018

In 1994, Congress almost shut down the federal agency that tried to get HillaryCare passed. But instead they renamed it the Agency for Healthcare Research and Quality and it’s been pushing Big Government ideas ever since. For example, it has the National Guideline Clearinghouse, which posts treatment protocols that conform to the way the federal government thinks doctors should treat patients.

Many protocols are outdated before they’re even published; others are biased. And lots of private entities publish their own protocols. Congress has wisely terminated funding for the Clearinghouse. The $19 million, five-year contract to run the website ends in July. Amazingly, a government program is going away!

“Guideline Clearinghouse to Shutter This Summer,” (Opioids, Opioids and More Opioids Today), Politico Pulse, April 24, 2018
CCHF’s annual fundraising dinner will be held at the Edinburgh USA Golf Course in Brooklyn Park, on **Thursday, September 27, 2018**.

We’re excited to announce our keynote speaker: **Keith Smith, MD**, the founder and CEO of the innovative, affordable, cash-based **Surgery Center of Oklahoma**. He will share stories from this special place where the *joy of freedom* and free markets is seen on the faces of patients that come from every corner of the continent, and in the smiles of the physicians and nurses that care for them.

Please mark your calendar and plan to join us on September 27 for a special evening to enjoy camaraderie, see freedom in action, and raise funds to **support CCHF**! If you’d like to sponsor a table, let us know!

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**YES, I WANT TO END “BIG BROTHER” CONTROL OF HEALTH CARE!**

Use my donation* to restore freedom to patients and doctors! *Enclosed is:*

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Saint Paul, MN 55103

*If you’d like to sponsor a table, let us know!*

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**Save the Date!**

*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.*
“It has been an industry norm in health care that whoever holds the patient’s data is king, and there’s a lot of reluctance to let that information go,”

– Sunil Budhrani, MD, Innovation Health’s chief medical officer and chief medical informatics officer. *Health Plan Weekly*, May 16, 2018

“If we have more data, we’re going to be able to advance medicine much more over the next 50, 60 years by observing patients instead of just guessing” – Nicholas Tatonetti, a data scientist at Columbia University Medical Center. Dr. Tatonetti came up with the idea of using emergency contacts while trying to figure out how to effectively study adverse reactions to medications. Genetics, he believes, frequently plays a role in why some people respond badly to a medication. *New York Times*, May 17, 2018

“Ethically this is really problematic. On Facebook, there is no expectation of privacy. It is clear that we pay for this free service by giving away our information. In medicine, there is a strong expectation of privacy” – Craig Klugman, a professor at DePaul Univ. & an editor at bioethics.net regarding generalized consent forms as cover for uses of medical records that patients are unlikely to expect. *New York Times*, May 17, 2018

“100% unhackable”

– Dr. Mark Gill, MD, regarding his use of paper medical records, March 18, 2018