It's been a busy summer in the fight for health freedom. In June, we were in D.C. on Capitol Hill (see pp 4-5). In July, CCHF president Twila Brase was at FreedomFest in Las Vegas, invited to discuss CCHF’s “The Wedge of Health Freedom.”

While there, Brase also found an opportunity to informally discuss the ‘health disparity’ data collection taking place in doctor's offices at an event featuring Dinesh D’Souza. During the Q&A that follows a powerful short film demonstrating the negative impacts of categorizing people by race, she encouraged the audience to refuse to designate race, ethnicity, gender, sexual orientation and more on forms at the doctor’s office.

The Health Disparities initiative uses data submitted by patients to profile patients and their doctors. Under the ACA, clinics and hospitals must collect and share the data, but patients are not required to provide the data – and should not. As shown in a 2016 document CCHF secured from the MN Dept. of Health and a 1999 U.S. Commission on Civil Rights report on health disparities, this information enables profiling and is key to centralized economic planning and universal healthcare initiatives.

Doctors and hospitals may eventually face debilitating lawsuits for “civil rights violations” based on how many patients of each race are seen and how their outcomes differ. NOTE: Outcomes are mostly patient-determined (physiology, adherence, belief systems, mental capacity, lifestyles, behaviors, genetics) and have nothing to do with the race of their doctors. But the health disparities initiative may lead doctors to prescribe one-

Continued on Page 2
size-fits-all treatments for protection against lawsuits, ending medical excellence and individualized care.

**Given the short time available to accomplish big things,** CCHF has also sent advice directly to the Trump administration and GOP leadership.

For example: in May, the Trump administration had to decide whether to continue President Obama’s appeal of the U.S. House Republican lawsuit against Obama’s unlawful payment of ~$7 billion per year in ACA cost-sharing reduction (CSR)subsidies (never appropriated by Congress). On May 8, we sent a letter to President Trump asking him to stop CSR payments, drop the appeal, and let the Obamacare exchanges collapse. Unfortunately, he chose to temporarily continue CSR payments and he asked for a three-month delay in the appeal decision.

On August 10th, while the Trump administration was deciding whether to make the August CSR payments and continue the appeal, we sent another letter to President Trump. We reminded him that health insurers will not collapse if CSR subsidies are withheld. Only the Obamacare exchanges (and taxpayer-funded premium subsidies) will collapse. Refusing to pay unlawful CSR insurer bailouts will unleash states to remember and resume their rightful place in health policy under the 10th Amendment.

On June 13, we sent a letter to GOP Senate Majority Leader Mitch McConnell asking him to bring a real repeal bill to a vote.

And on June 30, we sent a letter to President Trump and HHS Secretary Price asking them to continue their administrative hold on the final “Common Rule,” a regulation regarding human subjects and federally-funded research which was published the day before Trump’s inauguration. The administration has put a hold on many Obama regulations including the Common Rule. If finalized, the Rule will undo the law we secured in 2014 which requires parent consent for federally-funded research using newborn dried blood spots (DNA) stored by many states after newborn screening.

The Trump administration has incredible power to undo Obama’s ACA version of socialized medicine. Please encourage President Trump to use it:

CONTACT OPTIONS: Twitter: @realDonaldTrump @POTUS; Phone: Comments: 202-456-1111, Switchboard: 202-456-1414; Website: https://www.whitehouse.gov/contact; Mail: President Donald Trump, The White House, 1600 Pennsylvania Ave. NW, Washington, DC 20500)
Please, do not give up. The Affordable Care Act (ACA) gives the executive branch (President Trump and his leadership team) extraordinary power to neutralize much of the law. The worst thing would be a repeal bill that isn’t a repeal, like the Senate’s failed “skinny repeal” bill. In short, this bill would have:

- Zeroed out, but not repealed, the individual mandate
- Zeroed out, but not repealed, the employer mandate until 2025
- Extended the moratorium on the 2.3% medical device tax through 2020
- Increased HSA contributions to match deductible and out-of-pocket costs
- Prohibited payments for one year to certain facilities that perform abortions
- Repealed ACA Prevention and Public Health Fund in FY 2019
- Added $422 million for Community Health Centers in FY 2017
- Eased access to state waivers, allowing waivers of certain ACA requirements
- Provided $2 billion to help states apply for federal waivers

While most of you were sleeping, I watched the political drama play out on the U.S. Senate floor in the wee hours of Friday, July 28th when the “skinny repeal” bill came up for a vote: dramatic gestures by Sen. John McCain while talking with GOP leadership; Vice President Pence appearing, disappearing and never returning; and a roll call vote that began without McCain in the room (likely talking with Pence).

Then McCain walked into the chamber. He faced the Democrats, raised his arm up and held it high in a long dramatic pause. Then he dropped his hand. Democrats applauded. He’d voted no. Soon Sen. Lisa Murkowski (R-AK), who opposed the abortion restriction, gave McCain a hug and he gave her his chair. Minority Leader Chuck Schumer spoke, claiming Democrats weren’t celebrating.

Not once in eight years has a simple two-page repeal bill been given a vote. And as in 2010, pro-life language was useful for ACA supporters. Without former Congress-man Bart Stupak’s “no funding for abortion” language, which appealed pro-life House Democrats and secured their first “yes” vote, the ACA would have failed. Having done its job, Stupak’s language was stripped out of the final bill leaving prolifers apoplectic. Seven years later, pro-life language assured three GOP “no” votes, which sank the “skinny repeal” bill.

But perhaps McCain and the prolife language did Americans a favor. Had McConnell appeased all the factions (nine bullets above), much of the fury over Obamacare would have dissipated. Most of the 2,700 pages of law and its 20,000+ pages of regulations would have continued to operate below the radar, including the federal takeover of medical decisions and the centralization of the health insurance system through the exchanges. Most would have believed the law was repealed when it wasn’t.

I want real repeal, but CCHF is thinking long term, building escape routes that disempower the ACA (think: lifeless empty shell) if it stays in law -- we’re working with D.C. staffers on one such bill.

Thank you for supporting us as we work to make it happen.

In Freedom,

Twila Brase, RN, PHN
President and Co-founder
CCHF was on a mission during our week in Washington, D.C. The U.S. House had passed a bill to replace the ACA and the U.S. Senate was crafting their own. Over the course of 22 meetings, CCHF president Twila Brase and I talked with House Leadership, legislative directors, health policy staffers, four Congressmen, and a HHS official in Trump’s administration. We also presented at an event held at The Heritage Foundation.

On the Hill, we encouraged common sense initiatives to restore health freedom such as:

- repealing ACA prohibition on affordable catastrophic indemnity plans (true health insurance)
- eliminating the Clinton rule that requires senior citizens to give up their Social Security benefits if they opt out of Medicare Part A
- moving away from the uninsurable (pre-existing) condition problem by encouraging individual (not employer) ownership of health insurance through tax equity
- ending the uninsurable problem by facilitating parent purchase of insurance for each child pre-birth

As a stop gap measure, we suggested states restore high-risk pools to help those stuck today with uninsurable conditions. In addition, CCHF distributed a list of five Do’s and five Don’ts for legislative action. After reading through the list, Congressman Yoho’s staffer remarked, “Sounds like a Yoho wish list!” A meeting with one Congressman lasted over an hour as he peppered us with questions and his legislative counsel took notes.

We encouraged members to change their terminology. When referring to pre-existing conditions, we suggested saying “uninsurable conditions.”

To cover uninsurable conditions. As a reminder, insurance is a hedge against the financial risk of a condition you do not yet have. One Congressmen said, “That’s a good idea – I’ve never heard anyone say that.” Another remarked, “Frank Luntz hasn’t given me anything this good in a while!”
We shared an important CATO survey regarding mandated coverage for uninsurable conditions. While public support is initially 77% with only 20% opposed, if the mandate threatens quality of care, public opinion flips to 75% opposed and only 20% in support. The mandate to insure uninsurable conditions has already raised costs and reduced quality.

We met twice with House leadership. The meeting with Speaker Paul Ryan’s staff lasted twice as long as scheduled. He shared plans and we pressed for full repeal and shared concerns about the GOP’s American Health Care Act (AHCA).

Equally important, meeting with House Majority Leader Kevin McCarthy’s health policy staffer provided CCHF with additional insights. We suggested McCarthy offer the entire GOP caucus a presentation from the Surgery Center of Oklahoma, which many staffers indicated they knew nothing about. We said it would show how “the prices of today do not have to be the prices of tomorrow.”

During the event held at The Heritage Foundation, Ms. Brase successfully passed a packet of CCHF information to Kellyanne Conway’s chief of staff, including our five “Do’s” and five “Don’ts.” After Brase’s “Five Rights -- Six Myths -- Seven Actions” presentation, one attendee was overheard talking on the phone about how CCHF’s president made the incredibly complicated subject of health care easy to understand. A Congressman’s wife in attendance said her husband NEEDED to meet with us. She was on the phone with his staff then and there to get us on his calendar the very next day.

Every time we head to Washington, D.C., CCHF builds relationships. And we establish CCHF as a valuable resource for health freedom, medical privacy, and patient-centered policy. Some of our contacts are now in the Trump administration. These relationships change what’s possible. And your relationship with us makes everything we do possible. Thank you!!
Insurer Denying Payment for Emergency Room Care

July 27, 2017

Anthem Blue Cross is denying payment for unnecessary emergency room visits. The plan’s medical director looks at data showing symptoms and final diagnosis and decides to pay or not. There are nearly 2,000 diagnoses on the health plan’s list where payment will be denied.

Federal law requires that hospitals take every patient that comes to the ER. So, what happens when the insured patient refuses to pay the bill the insurer refused to pay? And how many patients know their chest pain is indigestion and not a heart attack? Anthem Blue Cross will penalize them if they don’t know. And that’s when the patient might have a real heart attack. When they see the surprise bill.

“Anthem Blue Cross expands program that denies claims for unnecessary ED services,” Les Masterson, Healthcare DIVE, July 12, 2017


Pacemaker Data Used Against Man in Court

A new case has arisen in the use of information collected from personal devices by law enforcement. This time the electronic device is a pacemaker. Police originally obtained a search warrant for his pacemaker data to view information about his heart rate before, during, and after his home was on fire. An Ohio judge ruled that the data collected from the man’s pacemaker could be used against him in a criminal case for arson.

Federal REAL ID Tactic Worked - Enforcement Dropped

Homeland Security has long threatened to keep citizens from flying if states refused to comply with the unconstitutional REAL ID (national ID card). Family members without REAL ID needed two IDs to enter military facilities. But now that all 50 states have acquiesced, the plain old driver’s license works everywhere: “No U.S. states or territories are currently subject to REAL ID enforcement.” If they don’t need it now, they didn’t need it then. But the threat and the inconvenience worked. State legislatures lined up to comply. As a reminder, CCHF is concerned that REAL ID will become a national patient ID (“no card, no care”).

Google’s DeepMind Program Used Patient Records without Consent

A Google product called DeepMind was testing its software on the actual health records of 1.6 million people in England. The program used a complex algorithm to sort through patient records and identify potential health issues. The problem was that patients were not all made aware or asked for consent. Phil Booth, coordinator for medConfidential said, “Such gross disregard of medical ethics by commercial interests – whose vision of ‘patient care’ reaches little further than their business plan – must never be repeated.”

Summer Intern

Kate Crockett joined our efforts to expand The Wedge this summer.

She was a delightful, hard-working addition to the CCHF team. We’re grateful for her work and enjoyed her input. We wish her all the best as she heads off to college!
An evening with PETE HEGSETH in support of Health Freedom

FOX NEWS CONTRIBUTOR & AUTHOR, “IN THE ARENA”

Tuesday, Oct. 24
MARRIOTT CITY CENTER
Minneapolis, MN

EMCEE: HOWARD ROOT
AUTHOR, "CARDIAC ARREST" & RETIRED CEO, VASCULAR SOLUTIONS

Contact us for table sponsorship, opportunities to sit with our Speakers, or other ticket information: 651-646-8935.

To register: bit.ly/cchf2017hegseth

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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.
“Ultimately this is not about the politics of left or right. Unlawful government power should worry everybody.”
– Philip Hamburger, constitutional scholar and winner of the Manhattan Institute’s Hayek Prize last year for his scholarly 2014 book, Is Administrative Law Unlawful?
The Wall Street Journal, June 10, 2017

“We got off track about twenty years ago as a society when we began treating pain as a fifth vital sign ... Everybody wants patients not to be in pain, but to incentivize physicians from a remuneration standpoint, to make it so that patients don’t have pain and give that smiley face on that survey is abhorrent to the practice of medicine ... it’s Washington, D.C. telling doctors what they ought to do and that’s wrong.”
– HHS Sec. Tom Price, M.D., who is an orthopedic surgeon, discussing the opioid crisis.
Politico Pulse, June 26, 2017

“[Individual ownership of data] is central to a lot of things that need to be accomplished. ... Everybody else has used computers to create less work for themselves. We’ve used computers to create more work for ourselves.”
– Don Rucker, ONC Head, in two comments on electronic health records.
Politico Morning eHealth, June 12, 2017

“The ‘repeal’ bill looks more like the ACA every day.”
– David Nather, Axios Vitals, June 30, 2017