We’re making steady progress in Washington, D.C. CCHF president and co-founder, Twila Brase, and CCHF’s state legislative and policy director, Matt Flanders, met with high ranking officials in the Trump Administration, including the National Economics Council, Centers for Medicare and Medicaid Services (CMS) and Eric Hargan, the Deputy Secretary of the U.S. Department of Health and Human Services (HHS).

These were extended and highly productive meetings. We came with printed agendas, key priorities, core principles, and very specific requests. They came with answers, questions, and specific requests of us.

Twila shared CCHF’s vision for the future of medical care and coverage with Deputy Secretary Eric Hargan and expressed concern over the shift from fee-for-service payment (the way everyone pays for everything else they buy) to payment based on “value” and “quality” as defined by outsiders. As we pointed out using three studies, these buzz words do not have a standard or agreed-upon definition in the medical world. We said, “Value and quality cannot be quantified.” Thus, the most powerful entities — the payers (government, employers and health plans) — will decide the definition that benefits them most. The patient and the doctor will not.

Deputy Secretary Hargan, upon hearing our concerns, said he’d like the patient to be the one deciding value. We agreed, but that can only happen when the patient controls the dollars. We’ll be following up with patient-focused solutions for the Administration.

Deputy Secretary Hargan also expressed interest in CCHF’s initiative
Health Freedom Watch

Health Freedom Watch is published quarterly by Citizens’ Council for Health Freedom (CCH Freedom), a 501(c)(3) tax-exempt health care policy research and education organization.

CCH Freedom’s mission is to protect health care choices, individualized patient care and medical and genetic privacy rights.

CCH Freedom does not endorse any health care treatment, provider, or product. Nothing in Health Freedom Watch should be construed as medical advice or legal counsel.

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to disconnect Social Security benefits from Medicare enrollment. We have been working for at least two years to undo the connection inserted by the Clinton Administration in 1993 without any legal authority. As a result, senior citizens are required to enroll in Medicare to receive Social Security retirement benefits. Because the Clinton mandate is not a law or an administrative rule, President Trump can simply strike the language, freeing Americans to opt out of Medicare.

We met with several Trump officials from the National Economic Council in the Eisenhower Executive Office Building, as well as various CMS officials at HHS, to discuss the necessary steps to achieve this freedom for America’s seniors.

We have been working with some of these individuals for two years. Rather than spending our time discussing the merits of our initiative, I am happy to report we talked about the logistics of making this vision a reality!

HHS officials also seemed pleased to report to us on successes they have achieved through CMS Administrator Seema Verma’s “Patients Over Paperwork” initiative. By simplifying and reducing physician evaluation (E&M) codes, CMS reduced the administrative burden of physician reporting by one-third.

We also learned that their efforts are projected to reduce the burdens on clinicians by 2.3 million hours per year. We are encouraged by this news, and we will soon provide them with more options for reducing administrative burdens on physicians, allowing them to spend more time with their patients.

Overall, the meetings with the Administration were encouraging. We look forward to working with them on each of these important issues and providing them with the guidance and recommendations they requested.

Stay tuned as we hope to report even more positive changes in the future!

Your gift is very much appreciated and fully deductible as a charitable contribution. A copy of our latest financial report may be obtained by writing to Citizens’ Council for Health Freedom, 161 St. Anthony Ave., Ste 923, St. Paul, MN 55103, 651-646-8935. If you are a resident of one of these states, you may obtain financial information directly from the state agency:


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Health care is a hot topic. Democratic presidential candidates are literally brawling over the issue.

Now, consider the term “health care”—and try to stop using it. This blending of care and coverage into one word is confusing the public about what’s at stake. I put the term in quotes—I typically say it using air quotes—because there’s no such thing as health care. There’s only medical treatment (care) and medical insurance (coverage).

There are also government programs (coverage), which are not insurance. Reporters often call Medicare, Medicaid and Obamacare “public insurance,” but there’s no such thing. Insurance is a commercial business. Government programs are taxpayer-funded.

We’re working to true the language so Americans can’t be misled in this campaign.

The distinction between care and coverage is very important. But watch and listen—the candidates almost never talk about care. They say “health care” but they discuss coverage: Medicare for All (single-payer) or a “public option,” a proposed government program all people could join.

Any public option will lead to single-payer. The controversial “stupidity of the American voter” ACA architect Jonathan Gruber once demonstrated that six people go off private insurance for every 10 people that go onto an expanded government program. Thus, a public option eventually shuts down private insurance.

Democratic candidates are all talking about the same thing—single-payer—but they differ on taking the fast route (Medicare for All) or the slow route (public option).

And none of them are talking about care. This should trouble Americans. Where is the discussion of how single-payer (coverage) will lead to socialized medicine? Single-payer coverage means less care and long waits for care by government doctors and government hospitals. It means a promise of coverage with no guarantee of medical care.

So, when a candidate says “health care,” ask them what they mean — care or coverage?

In their push to socialize doctors, hospitals and insurance, Democratic candidates ignore important facts. A January 2019 Kaiser Family Foundation survey found Medicare for All to be popular (71% if it would guarantee health insurance as a right)—until the details were revealed. If it threatened the current Medicare program (which it would), support sank to 32 percent. When told that it could lead to delays in getting care or higher taxes (which it would), support plunged to 26 percent.

“We should always be suspect of any public policy—especially when it comes to something as complicated as health care—when anybody tells us everybody is going to get more and pay less for it. It’s really not possible,” wrote policy analyst Chris Jacobs at Juniper Research Group. He’s right. It’s all promises and pipe-dreams in hopes of securing your vote in November 2020.

Twila Brase, RN, PHN
President and Co-founder
It was a mad rush. For five days CCHF raced around Capitol Hill: three meetings with the Trump Administration, 19 meetings with House and Senate Members and staffers, and three unexpected encounters with Members: Senator Ted Cruz (R-TX), Congressman Jim Hagedorn (R-MN), and Congressman Dean Phillips (D-MN).

Staffers gave us a lot of time. Meetings are typically scheduled for 15 minutes with a staffer. Our meetings ran long (a very good problem). Most of our meetings lasted 40-45 minutes. Meetings with Members lasted an hour. With ten meetings in the Senate and nine in the House, CCHF often used taxis to quickly get to the other side of the Hill for the next meeting.

CCHF focused on five issues: gathering support for the Retirement Freedom Act, stopping the development of a Unique Patient Identifier (a.k.a. National Patient ID), requiring parent consent for research using newborn DNA, opposing the proposed creation of a national All Payer Claims database (APCD), and opposing the price-fixing proposals to “fix” surprise medical billing.

On our first day, after Twila described how Congress empowered the health plans to limit access to care, one staffer remarked, “We need you here briefing all the members about this.”

A key priority for our visit was restoring to senior citizens the right to opt out of Medicare and keep Social Security benefits. We encouraged staffers to have their Members cosponsor the Retirement Freedom Act (H.R. 2108 and S. 1030) sponsored by Sen. Ted Cruz and Rep. Gary Palmer. The bill disconnects Medicare enrollment from Social Security benefits. Passing the bill is not our priority. It is unlikely to pass out of the Democrat-controlled House.

Instead, we are adding cosponsors to highlight and elevate the issue so President Trump will feel more comfortable striking the technical (not a law; not a rule) language that connects the two programs. To date, the bill has 11 cosponsors in the House and two cosponsors in the Senate, but we are pushing for more. **TAKE ACTION:** Ask your U.S. Representative and Senator to be cosponsors.

We also shared our opposition to the House’s plan to claim everyone’s DNA as government property. H.R. 2507, the Newborn Screening Saves Lives Reauthorization Act of 2019, would allow genetic research on the DNA taken during newborn (genetic) screening—without parent consent. It passed the House while we were in D.C. But our focus is on the Senate, where Senator Rand Paul stopped the bill in 2014 until parent consent was added.
Many staffers became very concerned when we brought this bill to their attention. They asked for more information to give to their Member to provide rationale for supporting a parent consent amendment. Thus, we have developed a group of staffers committed to helping Senators and Representatives require parent consent before the bill becomes law.

We also asked them to stop the proposed federal APCD (national database of patient information) and the “National Patient ID.” This Unique Patient Identifier (UPI) was a pillar of HillaryCare. If developed, it would create a life-long medical record, and permit patient tracking, profiling and predictive analytics. It would mean “no card, no care” and no unbiased second opinions. Stopping the UPI is essential to stopping single-payer.

Our concerns and suggested solutions were well-received. Numerous staff asked us to draft language for them to introduce as legislation!

Thank you for your generosity and for partnering with CCHF. With your support, we will continue “briefing all the members” on the Hill!
Let Nurses Be Nurses

July 15, 2019

What kind of nurse do you want? A registered nurse told me nursing has changed. The teamwork that she’s experienced over the years has diminished due to the more corporate environment of hospitals today where the emphasis is on completing tasks, documenting those tasks in the electronic health record, and making sure all the quality measurement checkboxes are checked.

Nurses are trained to care for patients, to be there in the scary moments, to answer the patient's questions, and to care for the patient’s needs when they can least care for themselves. The movement of nursing to a task-based job doesn’t bode well for the caring mission of medicine. Sick, hurt, and dying patients need nurses to be nurses, not hourly hospital workers.

Ron Paul: Unique Patient ID Undermines Quality Health Care

In 1998, Former Congressman Ron Paul authored a provision prohibiting federal funding for a national unique patient identifier. Last week, the House of Representatives voted to repeal this prohibition. After the vote, Ron Paul wrote the national patient ID will “facilitate the collection of health information without warrant by surveillance state operatives.” He continued, “Proponents of the unique patient identifier claim it will improve efficiency. But, in a free society, the government should never endanger privacy or liberty for efficiency.”

Trump’s Health Care Executive Order Focuses on Transparent Prices

In June, President Trump signed an executive order that laid out priorities for the administration to craft rules to make medical prices more transparent. This directive requires hospitals to publicly display prices for certain medical services, allowing patients to compare prices between hospitals and know their costs before receiving care. On July 29, the Trump administration proposed the first rule which places a financial penalty of up to $300 per day on hospitals that do not comply with the new transparency requirements.

URGENT CALL TO ACTION! CCHF has released a “Medical and Genetic Privacy Alert”. This alert covers three issues being decided right now: 1) National Patient ID and Unique Patient Identifier (UPI), 2) Newborn Screening (NBS), and 3) All-Payer Claims Database (APCD). These issues are the “master keys” to gain access to the most intimate details about your health and control it. Once this door is opened, it will be nearly impossible to shut again.

We are urgently asking for YOUR help to reach out to your representatives and talk to them about these issues. Go to: bit.ly/CCHFAction to read the alert, learn more and join the nationwide campaign.

NEW COMMUNICATIONS MANAGER!

Richard Larkin McLaw has created powerful narratives for outreach initiatives, and has diverse experience in grassroots campaigns, issue messaging, and community engagement. He holds a BA in political science with an emphasis in foreign relations from Saint John’s University, Minnesota. When he isn’t working to secure our health freedom, he enjoys the outdoors, scuba diving, and a good cup of coffee.
Register Before September 15th!

2019 CCHF FUNDRAISING CELEBRATION DINNER

STOPPING SINGLE-PAYER
Lessons from Canada

LET’S CELEBRATE CCHF’S AMAZING SUCCESSES IN MINNESOTA AND NATIONWIDE!

Come learn valuable lessons from Canada’s failed single-payer system and the patients who must escape to health freedom in America to receive timely medical care. Join us on this special evening as CCHF raises critical funds to stop socialized medicine, including Medicare for All.

SEPTEMBER 19TH 2019

5:30 SPONSOR RECEPTION
6:30 DINNER & PROGRAM

R.S.V.P. ONLINE @ BIT.LY/CCHFDINNER2019
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GUEST SPEAKER: RICHARD K. BAKER

Richard K. Baker is helping Canadians escape single-payer rationing. In 2003, he founded Timely Medical Alternatives in Vancouver, Canada, to help patients on long waiting lists receive surgery in the United States. Thousands of Canadians have received urgently-needed surgery and lives have been saved. His interviews on the dangers of socialized medicine include FOX & Friends, FOX Business News, ABC’s 20/20, and The Wall Street Journal.

DOUBLETREE BY HILTON - MINNEAPOLIS | PARK PLACE

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For more information, including a sample letter for your IRA custodian, please contact us:
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info@cchfreedom.org
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*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.
“In America today, the patient in the hospital bed is just the icon, a place holder for the real patient who is not in the bed but in the computer. That virtual entity gets all our attention.”


“We should always be suspect of any public policy—especially when it comes to something as complicated as health care—when anybody tells us everybody is going to get more and pay less for it. It’s really not possible.”

– Chris Jacobs, Juniper Research Group on Medicare for All claims, July 30, 2019

“[R]ecordkeeping is more expensive and burdensome as a result of electronic healthcare records.”

– U.S. Sen. Lamar Alexander on cost of digital conversion due to incompatible EHRs, Senate HELP Committee, March 26, 2019

“A UPI [unique patient identifier] would be the fastest, most reliable way to ensure that patients can be correctly matched and advance progress on the development of a uniform health record for all Americans.”

– Kristy Weber (M.D.); President, American Academy of Orthopedic Surgeons, June 03, 2019

“[I]t’s very dangerous.”

– President Donald Trump discussing Medicare for All, June 24, 2019