President-elect Donald Trump cannot repeal the “Affordable” Care Act (ACA) without Congress. So until then, its mandates and penalties remain.

ACA architect Jonathan Gruber, who was caught on video saying deception was used to pass the ACA, says the law can’t be repealed if Trump keeps the “popular” sections (e.g. ban on pre-existing condition exclusions) because they are funded by the unpopular sections (e.g. mandates, penalties).

All the more reason for a full repeal.

Gruber told CNN the ACA “is working as designed.” He said, “The whole idea of this plan...was that the individual mandate penalty would bring those people into the system and have them participate. The penalty right now is probably too low and that’s something ideally we would fix.” He called the penalty the price you pay for the “freedom” to be uninsured.

In short, they planned to force Americans into the exchanges where their incomes would be redistributed to cover the cost of expanding Medicaid and pre-existing conditions.

Gruber claims the increase in premiums is “a problem” but “not a crisis.” Ask the 10 million Americans facing premium increases of 30%, 50% and 100%, narrow networks and zero to only one “choice” of insurer.

The penalties are high. For 2016, the penalties are a flat-dollar rate or a percentage of modified adjusted gross income (MAGI), whichever is largest.

The flat-dollar penalty is $695 per adult ($347.50/child) to a maximum of $2,085 per family. The percentage penalty is 2.5 percent of one’s MAGI (household income in excess of the person’s or family’s return tax filing threshold). The 2016 under-age-65
Health Freedom Watch

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

CCHF 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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You have options. You don’t have to buy health insurance (The Supreme Court ruled the mandate unconstitutional) and most can escape the penalty. And many can still find coverage. First, see if you can claim one of nine ACA exemptions, including health sharing (exempt. #2), insurance costs more than 8% of your income (exempt. #5) or one of its 14 hardship waivers, especially #13 and #14.

Second, search for lower-cost insurance. Self-funded employers need only one ACA-compliant policy. Some offer employees a bare-bones policy option. There are also cancer, accident and critical illness policies that can be purchased separately. Or you can search for less expensive policies off the exchange that are NOT the same ones offered on the exchange and can thus offer lower premiums.

Third, if you want less expensive care, consider a cash-based clinic. Start by checking at JointheWedge.com. Or, if your deductible is high, say you’re “uninsured” and see what kind of price you get for cash. Also, check out SmartChoice MRI which promises “no MRI over $600” and cash-based options such as NolnsuranceSurgery.com and Surgery Center of Oklahoma.

Finally, refuse to enroll in Obamacare (refusetoenroll.org). By refusing to buy coverage on the exchange, Americans deprive the law’s command-and-control center of the funds needed to stay in operation. It will be a great day when Healthcare.gov and the 14 state and D.C. exchange websites go dark!

The ACA threatens America’s foundation of freedom. The key to ‘fixing’ it is to fully repeal it. We expect repeal, but if repeal goes south, a critical back-up plan is to let the law collapse and refuse resuscitation. These options maintain pressure toward its collapse.
Donald Trump won. Hillary lost. It was America’s “Brexit” vote. While liberals cried, most conservatives cheered. Obamacare can now be repealed, including its taxes and regulations. Let’s see how far we can go to bring freedom back.

Thankfully, it appears Republicans are not going to delay Obamacare repeal to find an agreeable replacement but the battle is not over. Mr. Trump says he wants to keep the law’s “guaranteed issue” provision (ban on pre-existing condition exclusions). But guaranteed issue is the centerpiece of Obamacare and it leads ultimately to single payer because it can’t be funded without forcing everyone to buy insurance.

Does Trump understand it’s not insurance if insurers are forced to cover the sick and injured? It’s just third-party payment for medical expenses. Insurance insures against risk, not certainty. Once third-party payment is required, we’re halfway to single payer. Comments on CNN Money by ACA architect Ezekiel Emanuel, M.D. show the danger:

“You have to get everyone in. … You actually have to force them to get in. It’s called a mandate. … If they don’t come in, if you don’t have coverage for everyone in the country, then you will not be able to guarantee people who have pre-existing conditions their coverage at an affordable price.” (11/18/16)

Let’s choose freedom instead.

Let’s restore affordable true insurance, often called catastrophic indemnity policies, the ACA banned. Let’s also eliminate the pre-existing condition problem altogether. Statistics vary, but about 1.5 million uninsured Americans (<1%) have a pre-existing condition, often from losing employer-sponsored coverage (ESI). So rather than making 150 million Americans with ESI vulnerable to getting sick and losing both their employment and their coverage, let’s encourage personal ownership of health insurance policies (same tax break whether through employer or not) you can take with you wherever you go (i.e. state portability laws that accept insurance issued by other states).

For the sick and injured, our “Top 10” list of action steps Trump can take on Day One includes an executive order reauthorizing the state high-risk pools for people with pre-existing conditions that were forced to close under the ACA. “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.” NOTE: States have the power to prohibit the powers delegated to Congress.

So yes, tell Congress and President-elect Trump to move quickly to repeal Obamacare, but don’t forget to tell your state leaders to take health care back!

In freedom,

Twila Brase, RN, PHN
President and Co-founder

Twila Brase, RN, PHN, President & Co-founder, CCHFreedom.org

IN THE NEWS

September
“MN Healthcare System in Crisis After Insurance Rates Skyrocket” – Alpha News, 9/1/16
“Congress Says HHS Has To Step Up Efforts to Secure Nation’s Medical Records” – Modern Healthcare, 9/28/16
“The Wedge of Health Freedom” – Business Game Changers, WBLQ-AM 1230, 9/30/16

October
“4 Ways Health Payers Could Decrease Medical Spending Growth” – Health Payer Intelligence, 10/5/16
“Concerns Over Proposed Rules for Preventing Spread of Infectious Diseases” – Healthline Media, Inc, 10/10/16
“There is No ‘Fix’ for Obamacare” – Twila Brase, LifeZette.com 10/13/16
“Obama Administration Announces Double Digit Healthcare Premium Increases, 5 Things To Do Once Obamacare Collapses” – KDOV TV & Radio, Focus Today, 10/28/16

November
“5 Things To Do Once Obamacare Implodes” – The Lars Larson Show, 11/2/16
“Will A Trump Presidency Fulfill Obamacare ‘Repeal and Replace’ Promises?” – Financial Issues, 11/17/16
Our goal for The Wedge of Health Freedom (“The Wedge”) is huge. We aim to use it to take the entire health care system back to freedom. THE WEDGE will restore simplicity, affordability and patient and doctor freedom to health care. THE WEDGE not only identifies the free-trade zone where patients and doctors currently have a direct payment relationship without interference from government or insurers, it’s our “Uber for health care,” our innovative disruption.

In September, physicians at the Association of American Physicians and Surgeons meeting in Oklahoma City gave CCHF’s Twila Brase a standing ovation after her Wedge presentation. A physician from Ohio said he’d received his first “Wedge patient.” And some of the physicians already in THE WEDGE posed for a photo.

In Dallas, at the “Nuts and Bolts” Direct Primary Care conference, which was teaching doctors how to go third-party-free, CCHF did a three-minute Facebook Live video of five DPC physicians describing that freedom (find it on our Wedge FB page). Event organizers encouraged attendees to check out THE WEDGE, many visited our display table and more physicians joined. One Texas doctor said he’d just cared for two patients who found him at JointheWedge.com.

“It’s simple,” we told audiences, including legislators, at town hall meetings in Minnesota. Buying health care in THE WEDGE is how you buy everything else in life – directly. We explained how our ultimate goal is to disassemble the three sides of today’s complex health care triangle into three simple, direct relationships (see diagram) – the affordable way it was before Medicare and managed care (HMO/ACO/HealthPlans) intruded.

Employers and employees are interested too. Brase discussed
THE WEDGE as a panelist at the post-election Minnesota Business Alliance health care event. She was also invited to address a quarterly employee meeting at a manufacturing company, where one woman told her, “It’s exciting!”

THE WEDGE is making the rounds on radio. We shared it nationwide on “The Lars Larson Show.” KCMI Radio, one of the largest stations in the Midwest, aired our conversation during their “Coffee Break” program. Listeners to “The Wake Up Show” in Cleveland, Ohio got a taste of The Wedge with their coffee. And CCHF’s “Five Things to do When Obamacare Collapses,” including cash-based Wedge practices, aired live on KDOV-TV and radio in Oregon. The host exclaimed, “That’s one of the best alternative explanations I’ve ever heard!”

Our online ‘Map of Freedom’ has nearly 190 practices in 40 states (JointheWedge.com). Although doctors and patients are already finding each other, many Americans cannot locate a Wedge practice where they live – and they’re telling us about it.

Can you help? Expanding THE WEDGE requires outreach and promotion. Doctors and patients need to learn about it and the benefits that a direct payment brings, including simplicity, affordability and privacy.

Ask your doctor to “Join the Wedge.” (use the SHARE tab at JointheWedge.com). Plant the seeds of freedom. Doctors want to be free, but most don’t know it’s possible. One orthopedist read our list of eight Wedge principles and said, “You mean all I’d have to do is my job?” Yes. She called it “wonderful.”

With your help we will restore simplicity, affordability and privacy.

Imagine American health care simplified. Let’s go direct. Imagine America with health freedom, affordable prices, trusted patient-doctor relationships and non-interference insurance. Together, we will do it!
Government Rule Imposes Government Control

October 28, 2016

A new Medicare payment rule forces doctors to comply in four areas or be penalized. For example, it requires use of a government-certified electronic health record (called an EHR) for data collection and government reporting.

Federal officials admit that they don’t have solid evidence that shows the EHR either improves quality of care or reduces health care costs. Yet, the Democrat-led Congress and President Obama forced doctors to buy and use the EHR or get paid less for every Medicare patient. That’s because the EHR was not mandated for care of patients. It was mandated so government could control doctors. Consider looking for a Wedge practice free from this rule.

“Medicare Program; Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models,” CMS, HHS, Federal Register, Page 1819.

Insulin Prices Rising - But Who’s Getting the Money?

Similar to the Epi-Pen, millions of Americans depend on insulin, but on a daily basis. Also similar to Epi-Pen, insulin is experiencing a steep price increase with top-selling insulins more than doubled in price in 5 years. Much of the money is going to pharmacy-benefit-managers (PBM’s) who are middlemen that negotiate rebates and fees – and skim much of the savings into their own pockets. Enrique Conterno at Eli Lilly emphasizes, “The better pricing we’re providing is not reaching the patients.”

High Cost of Doctors Dealing with Health Plans

Researchers sought to “provide the best estimate to date of the costs to physicians of administrative complexity in their interaction with payers [insurers].” On average each week, physicians spent 3 hours, support staff spent 19.1 hours, and clerical staff spent 35.9 hours. This adds up to costs of $68,274 per year per physician (1/3 of the average salary of primary care physicians) and a total U.S. cost of $31 billion – just for a physician to interact with insurers.

A low-end estimate of 45,000 Canadians leave the country each year to receive medical care in a more timely manner.

Canadians Leave the Country for Medical Treatment

A study from the Fraser Institute revealed a low-end estimate of 45,000 Canadians who leave the country each year to receive medical care in a more timely manner. The study explains, “Canadians who choose to seek treatment abroad do so for several reasons, many of which may relate to their inability to access quality health care in a timely fashion within Canada’s borders.” Patients wait nearly 10 weeks for medically necessary treatment – three weeks longer than what is clinically ‘reasonable.’

Should Your Boss Have Your Medical Records?

AARP filed a lawsuit opposing the federal government’s new rules for employer wellness programs, which allow employers to penalize employees for keeping medical information private. The rule allows discounts up to 30% on health insurance premiums for employees who submit private health information to their employers. “AARP believes strongly that these rules violate the law, harm workers’ privacy rights, and must be changed.” They charge the rule also violates anti-discrimination laws.
Go Direct to Freedom in 2017!

CCHF has a simple plan for freedom.

Because we are committed to the integrity of the doctor-patient relationship, we plan to put patients and doctors in direct relationship without outside interference. With Congressman Tom Price, M.D. as the new HHS Secretary, we have a real opportunity to restore freedom. CCHF’s president has twice met face-to-face with him.

Let’s return medicine to its mission. Patients are vulnerable by nature and need a trusted doctor in their corner, not one beholden to third-party dictates. Insurance should be true insurance, the affordable kind that’s there for the catastrophe, not for routine and minor care. These indemnity insurance policies - currently prohibited by Obamacare - send payment directly to the patient who pays hospitals and doctors directly. As cash-based practices and surgery centers prove, prices for medical care can be affordable.

President-elect Donald Trump has promised to repeal Obamacare, and that’s essential.

But we want more.

Managed care corporations (health plans) charge high prices, dig into private medical records, limit access to care and interfere with physician decisions and patient choices. Let’s go back to the freedom of true insurance.

THE WEDGE OF HEALTH FREEDOM is our transformative initiative to use direct payment and third-party-free practices to restore affordability and freedom long-term.

CCHF has strategies for repealing Obamacare, bringing healthcare back to the states, reclaiming privacy rights (to assure patient control), and expanding THE WEDGE -- protecting the patient-centered ethics of medicine and restoring freedom from the bottom up. As you consider your year-end giving, would you put CCHF high on your list?

Send us your most generous gift before December 31 to help us restore health freedom for all in 2017!

YES, MAKE HEALTH CARE SIMPLE!

Use my gift* to restore simplicity and affordability to health care! Enclosed is:

☐ $25  ☐ $50  ☐ $100  ☐ $350  ☐ $750  ☐ $1,500  ☐ other $_____

☐ Donation of Stock. (Please contact CCHF office at 651-646-8936 for instructions)

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.
“Going to the doctor is one of the few instances where neither the buyer nor the seller know the price.”
– Mitch Rothschild, Vitals’ Founder & Executive Chairman, Wall Street Journal, November 2, 2016

“None of us can see a patient in 7 minutes, and do a really thorough job. I don’t care how smart we are.”
– Kimberly Legg Corba, M.D. (Network Magazine 2015)

“At some point it’s not going to be worth it to have less food, less travel in order to spend money on health care.”

“I can no longer avoid discussing politics and health care with my patients, because ObamaCare is directly harming their health and well-being.”
– Fritz Butehorn, MD, Otolaryngologist in SC

“You’ve got this crazy system, where all of a sudden 25 million more people have health care [but] the people that are out there busting it – sometimes 60 hours a week – wind up with their premiums doubled and their coverage cut in half.”
– Bill Clinton in Flint, MI, Fox News Insider, October 5, 2016

“The law is working as designed.”
– ACA architect Jonathan Gruber on CNN