COMMENT TODAY: Nat’l Patient Tracking System

DEADLINE: This Friday, April 3, 2015 (5:00 p.m. EDT)

WHAT: Oppose the Federal plan to impose National Medical Records System to track and analyze patients – and control doctors.

COMMENT: Go to ONC Public Comment page and submit three of the 11 reasons listed below. Please make a personal comment on each.

WHY: We need lots of public comments AGAINST the federal plan!

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THE DOCUMENT: “Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap, Draft Version 1.0” – a 166-pages issued by the Office of the National Coordinator of Health Information Technology (ONC).


Data Fields on Online Comment Page:
- First and Last Name
- Title
- Email Address
- Organization
- General Comments (Pick 3 Points of Opposition; Add own comments)
- Specific Actions (Ideas: Start over; Require consent; Don’t take away privacy, etc.)

POINTS OF OPPOSITION: (Mix and Match: Pick Three!)

1. Proposes to repeal federal law that allows state legislatures to enact true medical privacy laws for citizens. The Roadmap proposes to undo state’s rights under HIPAA to enact state laws and conform all state laws to federal HIPAA “no privacy” rule. (p. 67)

2. Views patient data as public property rather than personal property: “Data holders ... should ensure standards are prioritized, developed and implemented to support the public interest, national priorities and the rights of individuals.” (p. 33)

3. Makes patients vulnerable to hacking of patient data: “As health IT systems have become increasingly connected to each other, cyber threats have concurrently increased at a significant rate. In an interoperable, interconnected health system, an intrusion in one system could allow intrusions in multiple other systems.” (p. 55)
4. **Turns medical system into a research endeavor at the bedside:** “The goal of this shift is to a nationwide learning health system—an environment that links the care delivery system with communities and societal supports in ‘closed loops’ of electronic health information flow, at many different levels, to enable continuous learning and improved health.” [Emphasis added.]

5. **Uses of data that many patients will not accept:** “An interoperable health IT ecosystem should support critical public health functions, such as real-time case reporting, disease surveillance and disaster response, as well as data aggregation for research and value-based payment that rewards higher quality care, rather than a higher quantity of care.”

6. **Newspeak and NO privacy:** The Roadmap claims, “The HIPAA Privacy Rule was designed to ensure that individuals’ health information is protected while allowing the flow of health information needed to provide high quality health care.” Also, “all organization regulated by HIPAA must understand in the same way that HIPAA, through its permitted uses and its privacy protections, actually enables interoperability.” HIPAA protects no one’s privacy. *It opens up the medical records of everyone, permitting broad access unless a stronger state law exists.*

7. **Encourages citizens to share daily activities and behaviors for entry into the national data system:** “Health information such as personally maintained dietary logs, medical device data such as blood glucose readings and many other bits of information that inform health-related decision-making (both inside and outside the care delivery system) must also be connected in reusable ways in a dynamic ecosystem supported by health IT.” (p. 17)

8. **Links data without consent for government and research use:** “As a learning health system evolves, more than individual/patient-specific information from health records will be matched and linked, including provider identities, system identities, and device identities and others to support public health and clinical research.” (p. 24)

9. **Proposes to turn EHR companies into public utilities to create a national medical records system:** “Data holders and entities facilitating interoperability of electronic health information should not establish policies or practices in excess of law that limit the availability of electronic health information by another entity that is in compliance with applicable laws and these governance principles.” (pp 32-33)

10. **Uses financial penalties to enforcing practitioner compliance with EHRs and interoperability (data sharing):** Among other penalties, the Roadmap calls for “requirements/penalties that raise the costs of not moving to interoperable systems.” (p. 39) It’s beginning: “In order to bill for [chronic care management, according to the 2015 Physician Fee Schedule] physicians will be required to utilize certified health IT to furnish certain services to beneficiaries.”

11. **Changes medical practice by giving outsiders access to data:** “Providers should have the tools they need to support a cultural shift in the way they practice medicine and use technology that supports the critical role of information sharing.” (p. 50). [Emphasis added]

*We’d love to know you did it!  info@cchfreedom.org*