

June 21, 2019

President Donald J. Trump
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500



Dear Mr. President:

We very much appreciate your efforts to reduce the oppressive burdens of the Affordable Care Act. We have read your administration's excellent June 11, 2019, "Statement of Administration Policy" opposing passage of H.R. 2740, the Labor, Health and Human Services, Education, Legislative Branch, Defense, State, Foreign Operations, and Energy and Water Development Appropriations Act. As free-market organizations we share the concerns found in the OMB statement.

We have an additional concern, which is not listed in the June 11 OMB statement.

An amendment added on June 12, 2019, strikes the longstanding prohibition on the use of federal funds to create a Unique Patient Identifier (UPI). The amendment to strike Section 510 of the Labor-HHS appropriations bill to permit federal funding for the development of a **National Patient ID** was offered by Rep. Bill Foster (D-Illinois) and approved 246-178 by the U.S. House of Representatives.

This national patient ID will become a national tracking number used to link patient medical records together for outsider access without patient consent. This ID card will also be required for patient access to medical care (i.e. "no card, no care"). The UPI was first proposed in the 1993 Clinton Health Security Plan. President Clinton called it a "Health Security Card."¹

Although the Clinton legislation did not become law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the creation of a UPI for all Americans and authorized broad sharing of patient information without patient consent. In 1998, Congressman Ron Paul stopped the development of the UPI by placing the following prohibition in the 1999 Appropriations bill:

None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act (42 U.S.C. 1320d-2(b)) providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual's capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard.

¹ "Everything you need to know about Bill Clinton's Social Security ID card proposal. And why it won't work," Jaime Fuller, *The Washington Post*, April 10, 2014: https://www.washingtonpost.com/news/the-fix/wp/2014/04/10/everything-you-need-to-know-bout-bill-clintons-social-security-id-card-proposal-and-why-it-wont-work/?utm_term=.603701bd8381.

This prohibition was added annually to the Labor-HHS appropriations bill. However, once Congressman Paul left office in 2013, proponents began to push Congress to allow the UPI to be developed. For example, in 2017, although the prohibition remained, the Appropriations Act of 2017 bill authorized HHS to examine “the issues around patient matching” and encouraged the National Coordinator for Health Information Technology and CMS “to provide technical assistance to private-sector led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.”² The advocates of a government-issued National Patient ID cheered.³

The U.S. House of Representatives has now voted to end the funding prohibition and advance a national patient identification number for every man, woman, and child in America. This unconstitutional federal number would be used to track patients, create a lifelong, fully linked, cradle-to-grave medical record, conduct research using patient data without consent (as permitted by the permissive HIPAA data-sharing rule), and become the only way to access medical care in America.

A national patient ID will lead to socialized medicine and a fully linked national medical records system. It will lead to government coercion, control, and interference in private medical decisions.

Therefore, Mr. President, we are asking you to stop the National Patient ID, singlehandedly if necessary.

Specific Request: For the sake of all Americans, and for the cause of patient freedom, we respectfully request that you veto H.R. 2740 if the language striking Section 510 and its prohibition on funding the development of a Unique Patient Identifier remains in the bill.

Thank you, Mr. President, for your attention to this important matter.

If you or anyone in your administration should have questions, please do not hesitate to contact Twila Brase, president of Citizens’ Council for Health Freedom: 651-646-8935.

Most respectfully,



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President and Co-founder
Citizens’ Council for Health Freedom

² “Unique Patient Health Identifier,” Congressman Tom Cole, *REPORT together with MINORITY VIEWS and ADDITIONAL VIEWS* (to accompany H.R. 5926), Committee on Appropriations, July 22, 2016: <https://www.congress.gov/114/crpt/hrpt699/CRPT-114hrpt699.pdf>

³ “After Nearly Two Decades, A Win for Patient Data Matching,” Carla Smith, HIMSS, May 9, 2017: <https://www.himss.org/news/after-nearly-two-decades-win-congress-patient-data-matching>; see also “National Patient Identifier Gains Congressional Support, Kate Monica, HER Intelligence, May 11, 2017: <https://ehrintelligence.com/news/national-patient-identifier-gains-congressional-support>

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