President’s Commentary:
Your Data Will Be Used Against You

The American public is concerned about medical privacy, but I’d like to tell you why you should be alarmed. This CCHF Health Freedom eNews post is longer than usual but I hope it’s eye-opening to the point of active engagement. First, remember this: “He who holds the data makes the rules.” Currently, that’s not you.

It all began with HillaryCare. The failed 1993 legislation sought to establish a national health information system “by which the [National Health] Board shall collect, report, and regulate the collection and dissemination of the health care information...” (Sec. 5101). The Clinton Health Security Act would also have required the Board to "oversee the establishment of an electronic data network consisting of regional centers that collect, compile, and transmit information.” The Board had to “establish a system to provide for a unique identifier number for each -- (1) eligible individual; (2) employer; (3) health plan; and (4) health care provider.” And a “health security card” was to be issued, “only for the purpose of providing or assisting the eligible individual in obtaining an item or service that is covered...” No card? No care?

It failed, so why even discuss HillaryCare? Because in 1996, the Health Insurance Portability and Accountability Act (HIPAA) mandated the creation of unique IDs for individuals, employers, doctors/hospitals and health insurers. Only the patient ID number is not created but they are working toward it. See our recent report. HIPAA eliminated long-established legal patient consent requirements for the sharing and use of private medical records. Thus, we now have the HIPAA “NO-privacy” rule.

G.W. issued an Executive Order. On April 23, 2004, President George W. Bush issued an executive order to build a national health information network (NHIN or NwHIN). As Wikipedia reports, “The Office of the National Coordinator for Health Information Technology [ONC] has been facilitating development of the NwHIN, which will tie together health information exchanges, integrated delivery networks, pharmacies, government, labs, providers, payors and other stakeholders [e.g. government] into a ‘network of networks.’”

Then came HITECH. President Obama turned Bush’s order into a federal law in the 2009 Recovery Act (“stimulus”), which includes a section called the Health Information Technology for Economic and Clinical Health Act ( HITECH). The HITECH Act gives $27 billion -- some say up to $36.5B -- to build the NHIN by providing millions of dollars to doctors and hospitals to install interoperable (online) computerized medical records and to States to build Health Information Exchanges (HIEs). HITECH penalizes doctors that refuse to use computerized linkable patient records “meaningfully” by January 1, 2015 (Sec. 4101).

HIEs link clinics, hospitals and government. To connect the state-based HIEs together, the U.S. Department of Health and Human Services provides free “NHIN software.” Daniel Lieberman, a
software security consultant recently warned, “a U.S. national HIE network will be the death of patient privacy.” Among other things, he says a Microsoft monopoly on the technology means life will be “sweet for attackers.”

Obamacare requires online electronic reporting of patient data for tracking government-defined “quality” such as compliant use of government-issued treatment directives. Section 3002 says, “Not later than January 1, 2012, the Secretary shall develop a plan to integrate reporting on quality measures...with reporting requirements...relating to the meaningful use of electronic health records.” This includes measures that “would both demonstrate - (i) meaningful use of an electronic health records...and (ii) quality of care furnished to an individual....[and]…Such other activities as specified by the Secretary.”

“Finally, we’re going to have access to millions and millions of patient records online,” said Blackford Middleton, a physician who is chairman of the Center for Information Technology Leadership. The Washington Post said the HITECH changes in the Recovery Act would allow “unprecedented data-mining into medical records and the practices of doctors, a kind of surveillance that also would enable insurers to cut costs by controlling more precisely the care that patients receive.” [emphasis added]

**Rationing is the plan.** The Obamacare Patient-Centered Outcomes Research Institute (PCORI) will conduct rationing-based research and issue “evidence-based” findings and standardized medical treatment recommendations. See our reports on the dangers of so-called “Evidence-Based Medicine.” The law’s 15-member Independent Payment Advisory Board (IPAB) will use PCORI’s findings to decide which treatments will be paid for -- and which treatments will be denied. Their decision cannot be appealed.

**Protect yourself.** Reassert your rightful ownership of your private data. Challenge your clinic's online computerized medical record. Ask for a paper record. Ask for certain data to be omitted. Ask them to stop typing while you’re talking. Refuse to fill out detailed questionnaires. Don’t sign the “HIPAA form.” You don’t have to.

**Pass a law.** Ask your state legislators to pass a state law letting your doctor refuse to implement an online computerized medical record. Ask them to restore your written informed consent rights over how your data is shared, including online. The only thing good about the HIPAA law is a provision that allows stronger, “more stringent” State patient privacy laws to supersede the so-called federal HIPAA privacy rule.

**Let’s build a market for confidential cash-based care** (video at 4:50). Tell your doctor you’ll pay cash for confidential care. Join a cash-based health sharing organization. The very busy Surgery Center of Oklahoma provides a fantastic example of a cash-based, no-insurance, third-party-free medical practice where care is excellent, privacy is preserved using paper records, and costs are much lower. Remember: *He who holds the data makes the rules.* That should be you.