CITIZENS' COUNCIL FOR HEALTH FREEDOM
cchfreedom.org

December 2, 2025

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

Dear President Trump,

**Thank you for jumpstarting a critical health care conversation in America.**

Citizens' Council for Health Freedom (CCHF) is a national, patient-centered, privacy-focused, nonpartisan, health freedom organization located in Minnesota. Our mission is to protect patient and doctor freedom. For 28 years we have worked nationwide at the state and federal level to support health freedom and to oppose socialized medicine in all its forms. Below you will find a request, a solution, and a list of recommendations.



As the Left tries to fully socialize medicine in America—by subsidy extensions and expansions—you have an unprecedented opportunity to reverse this dangerous trajectory. Unaffordable costs have primed the American people for change.

As you take the "health care bull" by the horns, we recommend 12 policy initiatives big enough and bold enough to make real and lasting change. But first . . .

**REQUEST: We ask that you not extend ACA subsidies but instead use your power to compel Congress to REPEAL the ACA prohibition on affordable REAL health insurance. Use this crisis to restore affordability.** [Policy recommendation #1 (p. 4)].

Your "give them the money" Truth Social post was music to our ears. Given health plans are the corporate version of socialized medicine—controlling the data, the dollars, the decisions, and the doctors—calling them "big" and "bad" was icing on the cake.

Importantly, in line with your "give them the money" declaration, we are working to give people the right to buy real health insurance and end health plan and other third-party payments and their unaffordable costs, unethical controls, and unseemly intrusions.

Also, with this goal in mind, we were honored to work with your first-term health policy team to secure **Executive Order 13890** (Section 11; 2019), which was designed to give

senior citizens the right to opt-out of Medicare without losing Social Security benefits or being required to pay back all Medicare and Social Security benefits received.

You directed HHS and SSA to explore mechanisms to restore voluntary participation in Medicare—without penalizing Americans who want to choose a non-Medicare path for coverage and care in their aging years.

Although this directive was not completed before the end of your first term, your leadership marked the first time since the two programs were linked in 1993 that a President of the United States has publicly recognized the problematic link and called for corrective action to restore freedom and choice to America's senior citizens.

Today, as Medicare slides toward insolvency, the need for choice is even greater.

**As President, you can use your platform to restore to all Americans:**

- Affordability
- Medical excellence
- Choice of care and coverage
- Physician and patient satisfaction
- Trust
- Privacy
- Compassion
- Medical ethics
- Patient-centered decision-making.



The nation is reeling from high costs and reduced access. Americans are ready, indeed desperate, for change. But this change must lead to more freedom, not socialism.

**You have the power to put patients and doctors back together – affordably and in freedom.**

Therefore, as you weigh the next phase of your health policy agenda, we urge you to move toward first-party payment and away from today's unaffordable, untenable third-party payment system of payers and contractors empowered against patients and doctors: health plans, government agencies, data industry, and health care corporations.

In short, we agree with you. Put the dollars in the hands of the people and the patients.

In addition, we offer you a three-part solution for health care in America – a guiding principle – and list of 12 policy recommendations for your consideration.

**See attached.**

**Health care in America is at a crossroads.**

One path leads toward more consolidation, more government control, more surveillance, higher costs, and less patient and physician autonomy. The other path restores the foundational American values of freedom, choice, privacy, and personal responsibility.

**Your well-stated inclination to NOT extend ACA subsidies demonstrates an instinct to choose freedom.** We encourage you to hold that position despite any pressures you may face to fold. Freedom is at stake. Not just health freedom. A country that loses health freedom is a country that eventually loses freedom at every level.

**Your leadership has opened doors that have been closed for decades.** With decisive action, the next three years can fundamentally transform American health care and create a system where patients and doctors—not federal agencies or corporate middlemen—are free to make each and every medical decision.

**I and my team would welcome the opportunity to meet with you and your advisors** to discuss the attached 3-C Solution and 12 policy recommendations and outline concrete steps your administration can take to implement them rapidly and effectively.



Do not hesitate to contact us by phone or email: 651-646-8935; info@cchfreedom.org.

As a national health freedom organization, we stand ready to support you as you continue the essential work of restoring patient and doctor freedom in America.

With deepest respect for your leadership,

Twila Brase, RN, PHN
Co-founder and President
Citizens' Council for Health Freedom
651-646-8935

**P.S. Actions taken today to liberate patients and their doctors will reverberate far into the future**, ending the Left's long and persistent march toward socialized medicine and bringing health freedom to all Americans, young and old. We would be pleased to help you make it so.

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# FOR YOUR CONSIDERATION

We believe our three-part solution and list of 12 policy recommendations will reduce federal overreach, strengthen patient autonomy, restore cost-cutting competition, and ensure that the still best medical system in the world serves the American people—not federal agencies, large insurers, the data and tech industry, or corporate hospital systems. As a basis for what follows, please consider the following concern:

***The mission of medicine has been taken over by the business of health care.***

Americans feel this every time they:

- Have only 5 minutes with a physician
- Cannot get an appointment with a physician
- Can't ask health questions unrelated to their visit without being charged double
- Discover their care is limited by a restrictive "network"
- Learn the care their doctor ordered has been denied.



Patients experience the business-centric *modus operandi* of today's health care system—care-by-protocol, exploitative data-collection, profits-before-patients—and they know it's the antithesis of what patient care and medical excellence is meant to be. Too often, patients and their families feel the patient is no longer the point of health care.

This must change.

# CCHF'S SIMPLE SOLUTION

We propose the **CCHF 3-C Solution** as a guiding principle for your health policy. This simple three-part formula to restore freedom, affordability and excellence to medical care and coverage is how health care in America used to work, and it can work again:

- **Cash**
  - For routine and minor care
- **Catastrophic Coverage**
  - Affordable, major medical, indemnity policies solely for insurable events
- **Charity**
  - For the few who actually need it, who will then be grateful for it

This is not rocket science.

This is how the rest of the American economy functions. It's how the American health care system used to function—affordably, compassionately, and transparently.

Notably, charity can be relatively inexpensive. Today, most doctors who see Medicaid patients are already providing "charity." Doing the work to get paid comes at a loss.

**One story**: A physician who recently billed for a 45-minute appointment with a Medicaid patient told an audience he received a check for $0.32 in the mail. **Yes, 32 cents!** The stamp on the envelope cost twice as much. This may be why health plans consider Medicaid a profit center. They use per member/per month payments from taxpayers (and their power to deny access to care) to benefit their bottom line.

## 12 CRITICAL POLICY RECOMMENDATIONS

The following policy initiatives would help to re-establish an affordable, patient-centered system of care, coverage, and a market-building, first-party payment system:



**1. RESTORE REAL HEALTH INSURANCE – Work with Congress to repeal the Affordable Care Act's age-based ban on catastrophic coverage to allow all Americans to purchase REAL health insurance—at any age.**

Americans need real health insurance. Unlike "qualified health plans," major-medical indemnity policies that cover catastrophic and insurable events are real insurance that pay patients directly, putting the decision-making power in the hands of patients, not health plans. These individually purchased policies remain one of the most affordable, sensible forms of coverage, particularly for middle-class Americans and small business owners. Yet, because the ACA **(Subtitle D, Part I, Section 1301(e))** prohibits the sale of these plans to individuals older than 29 (unless they qualify for a narrow hardship exemption), millions of Americans cannot buy them.

Major medical policies protect against major unexpected medical events without forcing families to pay inflated premiums for expensive, network-limited ACA "qualified health plans" they neither want nor need. Removing the ACA's prohibitive age restriction will immediately lower costs for millions, expand freedom of choice, reduce medical bankruptcies, and restore personalized coverage options. Americans deserve the right to purchase coverage that aligns with their priorities—not the government's.

**2. STOP THE STEAL – Establish tax equity for individuals, allowing employers to leave the insurance business, thus making individualized health insurance**

**affordable and portable for most Americans, forcing employers to compete on wages, and ending the ongoing diversion of wages to corporate health plans.**

Today, employer-sponsored coverage receives substantial tax benefits, while individuals who purchase coverage on their own bear the full cost with after-tax dollars. This policy unfairly disadvantages:

- small business owners
- early retirees
- gig-economy workers
- independent contractors
- stay-at-home parents
- the unemployed
- millions of ordinary Americans whose employers do not offer insurance.

This policy has also allowed health plans to divert ever-increasing percentage of employee wages to corporate coffers, reducing income and raises for millions of workers. Tax equity will expand affordability, increase portability, strengthen independence, and support market competition. It is one of the most powerful structural reforms your administration can champion.



**3. FREE THE HSA – Support the "Personalized Care Act" [H.R. 810 / S. 276; Authors: U.S. Rep. Chip Roy (R-TX) and U.S. Senator Ted Cruz (R-TX)], which would amend the IRS code to unleash and expand Health Savings Accounts, restoring personal control and reducing moral hazard.**

Health Savings Accounts (HSAs) are a powerful tool for restoring patient sovereignty, assuring price transparency and encouraging personal savings for future medical care. But federal restrictions currently prevent many Americans—especially those who would benefit the most—from opening or contributing to HSAs.

The HSA bills introduced in Congress offer a transformative shift:

- Expands eligibility for HSAs
- Ends the requirement that HSAs be linked to a 'high-deductible health plan'
- Expands allowable uses of HSAs
- Reduces regulatory roadblocks
- Allows families to purchase more affordable, individualized coverage
- Frees patients to interact directly with independent physicians and direct-pay practices that do not accept insurance.

These reforms align perfectly with your strong message: Health care dollars should be placed in the hands of patients—not health plans. Supporting this bill would strengthen your message and expand personal financial freedom across the health care landscape.

**4. MEDICARE FREEDOM FOR ALL – Let seniors opt out of Medicare without losing Social Security benefits. Complete the vision of your Executive Order (EO 13890, October 3, 2019) by also supporting the Retirement Freedom Act (Palmer/Cruz):**

Your first-term executive order was the first serious attempt to address the 1993 policy imposing bureaucratic-level restrictions written by the Clinton administration into the Program Operations Manual System of the SSA. Today, as Medicare faces unprecedented fiscal challenges and pending bankruptcy, and senior citizens seek more flexible, patient-friendly alternatives, the need to delink access to Social Security benefits from Medicare enrollment is even more pressing. Completing the work you began would:

- Restore choices to a program that has become effectively mandatory
- Give seniors the freedom to choose private coverage, direct primary care, or health care sharing
- Relieve pressure on Medicare finances.



Mandatory Medicare enrollment is age discrimination. **Retirement Freedom Act** bills introduced by Congressman Palmer (H.R. 2793) and Senate Ted Cruz (S. 2810) codify the right to opt out of Medicare without penalty. We urge you support these bills, which will bring market competition and health freedom to nearly 70 million Americans.

**5. "TRUTH ABOUT MEDICARE ADVANTAGE" NOTICE – Provide an escape route from Medicare (see #4) and issue "Truth about Medicare Advantage" notices to address growing concerns about Medicare Advantage prior authorization denials, and troubling HHS OIG reports of health care rationing.**

Some 54 percent of all seniors are enrolled in Medicare Advantage (MA). Although MA is marketed as an affordable choice, seniors may choose MA without being fully informed of restrictions they may face when they need care the most. They may be too sick or injured to battle the tight controls MA plans place on care using prior authorization, coverage denials, network restrictions, and algorithm-driven utilization review.

Rationing is noted in various HHS OIG reports, starting in 2015. As the 2018 report notes,[1] only 1 percent of denials are appealed, likely because the appeals process "may

[1] Medicare Advantage Appeal Outcomes and Audit Findings Raise Concerns About Service and Payment Denials," Daniel R. Levinson, Inspector General, HHS, September 2018: https://oig.hhs.gov/documents/evaluation/3140/OEI-09-16-00410-Complete%20Report.pdf

be especially burdensome for beneficiaries with urgent health conditions." Painful surprises many MA-enrolled seniors encounter only after getting sick include:

- Essential procedures are denied.
- Specialists are out of network.
- Approvals require lengthy delays.
- Step therapy with less effective medication delays access to effective treatment.
- Mid-treatment coverage changes without warning.

Furthermore, MA plans often shift costs back to American taxpayers through upcoding diagnoses and complex incentive structures. Sufficiently notifying senior citizens of the painful realities of low or "zero-premium" MA plans will go a long way toward protecting seniors, restoring health freedom, and limiting life-threatening delays and denials.

**6. <u>AVOID MEDICARE COERCION</u> – Oppose recommendations, such as the Project 2025 proposal to make Medicare Advantage the "default option," and legislation such as H.R. 3467 [Rep. David Schweikert (R, AZ)], which would force first-time enrollees into Medicare Advantage plans unless these senior citizens opt out.**



Forced enrollment into any coverage—government or private—is unconstitutional and inconsistent with the free-market principles you have long championed. Mandating participation in MA for three years, even with limited (and burdensome) opt-out escape routes, could endanger lives and would:

- Constrain patient choice
- Drive seniors into self-interested managed care (health plan) corporations
- Increase virtually unaccountable per member/per month federal spending
- Strengthen the power and profits of large health plans
- Undermine physician independence.

We urge you to unequivocally oppose any such proposals.

**7. <u>RESTORE PHYSICIAN-OWNED HOSPITALS</u> – Work with Congress to repeal ACA restrictions against physician-owned hospitals (POH) to restore competition, medical excellence, and patient-centered care.**

Despite years of research[2] showing physician-owned hospitals (POHs) offer higher quality care at lower costs, the Affordable Care Act effectively banned new physician-owned hospitals and the expansion of current physician-owned hospitals by prohibiting

[2] "Cost and Quality of Care in Physician-Owned Hospitals: A Systematic Review," Brian J. Miller et al, Mercatus Center, September 7, 2021: https://www.mercatus.org/research/research-papers/cost-and-quality-care-physician-owned-hospitals-systematic-review

physician-owned hospitals from participating in Medicare if they were established after March 23, 2010, the day the ACA was signed into law by President Obama.

The ACA prohibition remains one of the most damaging anti-competitive policies in U.S. health care, protecting large hospital systems from competitive forces and leading to:

- reduced access to specialty care
- increased consolidation
- higher prices
- longer wait times
- hospital closures in rural areas
- diminished patient choice.[3]

Physician-owned hospitals consistently outperform large systems in quality, efficiency, and patient satisfaction. Restoring their ability to operate and expand is essential to restoring equality under the law, reintroducing meaningful competition, and reducing the monopolistic power of large self-interested hospital systems.

**8. <u>LEVEL THE PLAYING FIELD</u> – Undo Stark Self-Referral and Anti-Kickback laws that prohibit independent doctors and POHs from expanding services and providing self-referrals while vertically-integrated health plan corporations and consolidated health systems are allowed to self-refer and grow without penalty.**



Corporate health plans acquiring hospitals, clinic systems, pharmacies, surgery centers, and physician practices – essentially building consolidated and monopolistic corporations for self-referral within their corporations – appear unlimited by Physician Self-Referral, or "Stark Law" prohibitions and regulations. For example, **UnitedHealth Group** has nearly 2,700 subsidiaries[4] and 90,000 employed or affiliated doctors.

We also note that CMS and HHS OIG have provided ACA-based Accountable Care Organizations (ACOs), often created by hospitals, with exceptions and waivers to the "Stark Law" and to Anti-kickback Statute that independent physicians are not given, showing favoritism toward the corporate industry and bias against the practitioners most needed by patients—and making medical care and coverage more expensive.

NOTE: The **CCHF 3-C Solution** would put patients in charge of their own dollars and choices, thus restricting kickbacks, high-cost consolidation, and monopolistic pricing.

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[3] "Reconsidering the ACA's ban on physician-owned hospitals," Grant Rigney, The Foundation for Research on Equal Opportunity, August 27, 2025: https://freopp.org/oppblog/reconsidering-the-acas-ban-on-physician-owned-hospitals/#:~:text=The%20Affordable%20Care%20Act%20(ACA)%20of%202010,*%20Entrench%20the%20dominance%20of%20large%20systems

[4] UnitedHealth Group, Sunlight Report on United Health Group, no date: https://www.sunlightreportinsurance.com

**9. <u>FIX PRICE TRANSPARENCY THE RIGHT WAY</u> – End federal price transparency mandates; instead, fix the system so transparency of pricing emerges naturally.**

Price transparency is important. But forcing hospitals and insurers to follow arbitrary transparency requirements and produce often incomprehensible pricing spreadsheets will not fix a system fundamentally distorted by government mandates and third-party payment structures.

Natural transparency arises when:

- Cash is the operating standard (first-party payment)
- Individuals (not insurers) control their spending
- Competitive markets force prices to reflect real costs
- Affordable health insurance (cash-paying medical indemnity policy) is an option
- Patients dictate their own choices.

Your administration's commitment to restoring patient-centered and cash-driven medical markets will be transformative.

By restoring to Americans the ability to contract with affordable, catastrophic, major-medical indemnity health insurance companies that provide direct payments to patients (first-party payments), price transparency will happen all on its own.



**10. <u>GIVE CASH TO MEDICARE ENROLLEES</u> – Allow Medicare dollars to flow directly to patients so they can choose their own care and coverage—including direct primary care (DPC), health care sharing, and REAL health insurance (See #1).**

Today, Medicare funnels nearly all funds directly to providers and health plans, creating layers of bureaucracy that limit choice, increase costs, and restrict medical innovation. Giving seniors direct control of their own health care funds would:

- Encourage cost-conscious decision-making and price transparency
- Empower individuals to choose the care and care providers they prefer
- Foster innovation in private coverage options
- Reduce administrative overhead
- Restore dignity and autonomy to the patient experience.

As Medicare heads toward insolvency, this shift would also support the development of affordable, flexible alternatives to traditional Medicare and Medicare Advantage.

**11. <u>RESTORE PATIENT PRIVACY RIGHTS</u> – Rescind the so-called federal HIPAA "privacy" Rule, and retract the CMS "Health Tech Ecosystem," which expands**

**HIPAA-enabled violation of patient privacy, grows government surveillance, and transfers medical authority to federal agencies and corporate platforms.**

Although called "patient-centric," the Health Tech Ecosystem (HTE) would expand unconstitutional data-sharing permitted by the **permissive data-sharing rule known as HIPAA** and the little-known government-funded national medical records exchange, the eHealthExchange, which exchanges medical records without patient consent.

The Health Tech Ecosystem will dramatically expand the unconsented sharing of confidential patient information in America. The HTE model, built on the unconstitutional premise of HIPAA-enabled data-sharing, would create:

- A *de facto* **National Patient ID** using digital credentials, mobile driver's licenses, and identity verification models, including biometric authentication
- Vast cross-network data access and transfers for insurers, government agents, vendors, and third-party apps
- Expanded use of private treatment, payment, and "health care operations" data
- Broader surveillance via health information exchanges and record locator services
- Increased national and personal security risks, including breaches and hacks
- Widespread data flow from and into corporate apps among the CMS Aligned Network corporations within the CMS Interoperability Framework potentially allowing this public-private partnership to build vast dossiers on Americans.[5]



Discontinuing movement toward a Health Technology Ecosystem is essential to preserving medical privacy, patient autonomy, essential trust in doctors and medical facilities, and the integrity of the patient-doctor relationship.

**12. STAY THE COURSE – Continue promoting the guiding principle you have articulated: Health care dollars belong in the hands of patients, under patient control—not in the hands of health plans, employers, or government agencies.**

This principle is the clearest philosophical distinction between your health care vision and the command-and-control models favored by bureaucratic agencies, corporate hospital systems, and centralized insurers.

**This clarifying vision is uniquely yours.** No modern president has articulated or pursued it as consistently as you have. Your message has resonated deeply with the American people. Now is the time to implement your vision of cash-based freedom.

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[5] White House, Tech Companies Commit to Create Patient-Centric Healthcare Ecosystem (press release), Centers for Medicare and Medicaid Services, July 30, 2025: https://www.cms.gov/newsroom/press-releases/white-house-tech-leaders-commit-create-patient-centric-healthcare-ecosystem