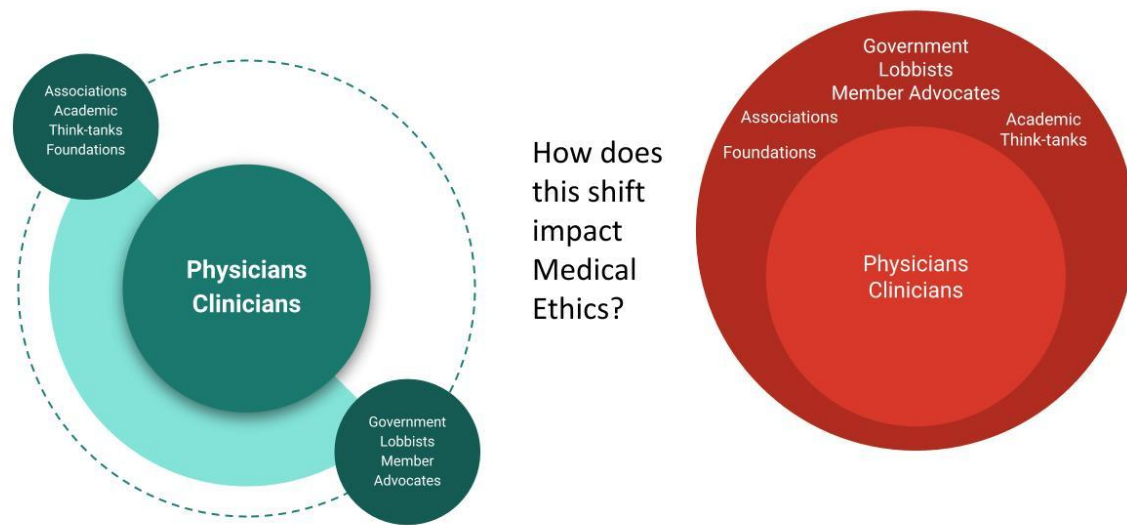


MEMBER CARE

Who is really in charge of clinical recommendations? “Standards of Care”



How does
this shift
impact
Medical
Ethics?

Let's discuss the current state of Member Care, medical standards and guidelines, and medical ethics. Historically, the structure of the clinical side of the healthcare spectrum known as the “medical industry” rather than the broader term of “healthcare industry,” was controlled by the trained physicians and clinicians. There have always been strict medical ethics imposed on this industry by themselves, via learning about it in school, and by taking an oath. We are all familiar with the “do no harm” phrase that comes from this oath. Physicians used to be at the center setting medical standard and care, and collaborating with various medical associations, non-profits, foundations, universities, etc. Physicians would work with government, lobbyists, and member advocates to advise and have input; however, the medical standards would go through a rigorous scientific process in order to be accepted in the medical industry as the “standard.”

Control of medical industry standards has shifted from being set by Medical Professionals using a scientific standard, to political partisan control that is set by a party agenda. This is extremely dangerous for individual people medically. It is also dangerous for individual people politically. Physicians and clinicians are now being told what to do by the government, and government is legitimizing its position by using associations, non-profits, and the like.

Let me provide a couple of examples:

- 1) California State government, intent on driving the transgender medical and surgical agenda, intentionally manipulated the Independent Medical Review (IMR) process in the state to game data that supported their agenda. Armed with this fiction, the government adopted “standards” and “guidelines” from the World Professional Association on Transgender Health (WPATH), and wrote them into the law via

regulations. These were not adopted because they were appropriately vetted, they were adopted to drive a political agenda. Once they had them in the “law” they were able to force Health Plans and Physicians to abide by them or face fines, license suspensions, and the like. Many physicians fought some of the points, as the government wanted to change the discrimination standard to force physicians to do procedures they were ethically against based on their “do no harm” oath. An example of this is the government wanted to force a physician who would provide mastectomies or hysterectomies for medical reasons, to provide them to a transgender person the doctor considered a health body, or face penalties or license seizure for “discrimination.”

- 2) With the success California regulators had with ordering their own made up medical standards and guidelines they began doing this regularly, and driving “standards” to their political agenda in many other areas. California more recently passed SB 855, and via the statute and regulations they specifically named “standards” from some non-profit organizations and ordered all health plans to adopt them in their UM process, contract with them, provide training to all staff AND all contracted clinicians in their network as to the “standards.” These were difficult to implement as they were not clinical criteria. The non-profits were not prepared for the onslaught of contract requests, nor did many of them have trainings available to meet the micromanaging edict. It was not a natural evolution of standards in the medical industry, it was politically motivated and driven by the government.
- 3) Many members of the Biden Administration come from California, including the Vice President, Kamala Harris and Health and Human Services Director, Xavier Becerra. During the COVID emergency, we all witnessed on a national level these same tactics. The first step was to change all the data, how it was counted and collected, in order to prevent any baseline information being available to dispute or question their narrative of the “deadly” virus. Next, they began to dictate what physicians could do, and what the “standards of care” would be to treat COVID, including persecuting any physicians who wanted to prescribe or treat their patients differently. Keep in mind, this was a “novel” virus...there couldn’t possibly be a scientific standard that was medically vetted.

The Health Care Liberty Plan to address and prevent this in the future is to draft in the Federal statute a prohibition on government entities adopting or prescribing in any way medical standards in regulation or policy. Additionally, Public Health powers need to be addressed and reigned in, we will discuss this further when we reach the Public Health section.

Government entities should not set any medical standards nor provide medical guidance. Oversight should be limited to review and approval of safety and efficacy for the public (such as the FDA), without additional guidance of use. Physicians are trained and capable of deciding that in conjunction with their patients, and do in spite of said guidance—such as off label use.

The government attempts to control physicians for political reasons, and has argued on both sides (for and against off label use), depending on the political agenda with the specific issue. This is clearly weaponization of government agencies and departments to control the medical industry in a Communist formula. They have and continue to threaten physicians licenses and

sovereignty to practice; this is unconstitutional, criminal, and corrupt.