



The implementation of “Obama Care” is forging full-steam ahead in the state of Oklahoma, despite the state’s lawsuit challenging the individual mandate and the citizen’s clear opposition, and despite the objections of the people of Oklahoma.

Implementing “Obama Care” While Appearing to Fight “Obama Care”

Oklahoma is establishing a universal health care system without the knowledge or informed consent of the people.

State officials and special interest groups intend to move this state a single-provider, single-payor health care system, requiring a biometric ID card to identify patients. This system transformation demands the adoption and meaningful use of privacy-killing electronic health records (EHRs) on every single person.

These EHRs are to begin at birth, accompany a person all through school and work; track their lifestyle and choices; measure their cost and worth to the state; are globally interoperable; and finally, accessible by the government without a search warrant.

This transformation is being overseen by state agencies such as the Oklahoma Health Care Authority ([OHCA](#)), the OK Dept. of Mental Health and Substance Abuse Services ([ODMHSAS](#)), and others, and especially by the incestuous public-beneficiary trust called the Health Information Exchange Trust ([OHJET](#)).

The transformation is primarily taking place in two ways - via legislation and federal grants.

Listed below are the laws passed in Oklahoma that are implementing this nightmarish health care system. As bills are found and researched they will be added to the list.

List of Legislation implementing global health care in Oklahoma:

- **2006 - HB 2842** - By Steele/Adelson - Oklahoma Medicaid Reform Act of 2006. Among other things, this bill gave the Oklahoma Health Care Authority (OHCA) the authority to design a database of clinical utilization information or electronic medical records for Medicaid provider and the authority to design and implement an electronic prescribing pilot program.

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House Votes on HB 2842 - 5/25/06

Senate Votes on HB 2842 - 5/25/06

- **2008- [SB 1420](#)** - By Sparks/Cox - Creating the Oklahoma Health Information Exchange Act. “The State Board of Health shall adopt and distribute a standard authorization form and accompanying instructions for use in obtaining authorization for the exchange of health information.” This was the form allowing our medical records to be shared electronically. Most people have no idea the degree of information sharing this form released - the form is ambiguous and does not detail the full extent or purpose of the sharing of their personal medical and health information.

Senate Votes on SB 1420 -

House Votes on SB 1420 -

- **2008 - [E.O. 2008-4](#)** - Issued by Gov. Brad Henry - Creation of the Oklahoma Health Information Security and Privacy Council (OKHISPC) - Robert H. Roswell named Chairman. A Program of the HITECH Act funded by ARRA Stimulus funds, the HISPC (created in most states) was created specifically to identify and eliminate variations in state laws that would interfere with the adoption and use of electronic health care records and related information technologies. The intent is to bring uniformity to state health care laws to allow for the seamless flow of health information, regardless of jurisdiction or institution.
- **2009 - [SB 757](#)** - By Burrage/Steele - Creating the Health Information Infrastructure Advisory Board (HIIAB). This bill was so significant in laying the foundation for “Obama Care” we’ve listed most of the bill’s language below. Several states established this same Health Information Infrastructure Advisory Board (HIIAB), indicating that this was from model language.

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-131 of Title 63, unless there is created a duplication in numbering, reads as follows:

- A. As used in this section:
1. “Electronic medical record” or “EMR” means an electronic record of health-related information on an individual that can be created, gathered, managed, and
 2. “Health data exchange” means record-level health data exchanged for the purpose of statistical data analysis, including, but not limited to, quality, expenditure, and utilization data, for the purpose of developing a uniform and routinely compiled dataset that will make possible the ongoing analysis, comparison, and evaluation of trends in the quality and delivery of health care services for the purpose of effective health care planning by public and private entities, cost containment, health facility development, and improving access to, and quality of care;

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3. “Health information exchange” or “HIE” means the electronic movement of health-related information among organizations according to nationally recognized standards for treatment purposes;
4. “Health information technology” or “HIT” means technology that allows comprehensive management of medical information and its secure exchange between health care consumers and providers for treatment purposes; and
5. “Hub” means a registry, a data repository, or a patient identity manager.

B. 1. There is hereby created the “Health Information Infrastructure Advisory Board”.

2. The purpose of the advisory board shall be to advise and assist the Oklahoma Health Care Authority in:

a. developing a strategy for the adoption and use of electronic medical records and health information technologies that is consistent with emerging national standards and promotes interoperability of health information systems. The strategy shall:

(1) be researched and contain the best practices in electronic medical records systems and health information technologies,

(2) be designed to reduce medical errors and enable patients to make better decisions about their own health care by promoting secure access to medical records online, and

(3) **assist in the design of the health information infrastructure roadmap, which shall contain the state plan for the exchange of health information,**

b. the determinations related to data elements to be collected, and

c. the governance structure and policies and procedures for the health information exchange, ensuring that the strategy and plan preserve the privacy and security of health information as required by state and federal law.

3. Duties of the advisory board shall not include the development of a health data exchange; however, key features of a health information exchange shall be designed to integrate with a state health data exchange.

4. **The Authority shall operate as a hub for health information exchange between health related state agencies and other health information organizations.** Information exchange shall be implemented through interagency agreements among all health related agencies.

The agreement shall ensure, but shall not be limited to:

a. confidentiality of information,

b. funding and implementation of the plan, which may include phased-in implementation, and

c. procedures for coordinating, monitoring, and improving data exchange that is compatible with current adopters of electronic medical record systems and health information technologies.

5. The advisory board shall consist of ten (10) members who shall be appointed by the directors of the following agencies and shall include, but not be limited to, individuals from:

a. the Oklahoma Health Care Authority,

b. the State Department of Health,

c. the Department of Mental Health and Substance Abuse Services,

d. the Department of Human Services,

e. the State and Education Employees Group Insurance Board,

f. the Insurance Department,

g. the Department of Corrections,

h. the State Department of Rehabilitative Services, and

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- i. the City-County Health Departments.
6. Vacancies occurring in the advisory board shall be filled by appointment of the director of the represented agency.
7. The member from the Oklahoma Health Care Authority shall chair the advisory board, and the Authority shall staff the advisory board.
8. Each agency shall receive one vote and a majority of the members in attendance at a meeting shall be able to take action on behalf of the advisory board.
9. Members of the advisory board shall serve without compensation, but shall be reimbursed their actual and necessary travel expenses in accordance with the State Travel Reimbursement Act.”

Senate Votes on SB 757 -

House Votes on SB 757 -

- **SB 2010 - [SB 1373](#)** - By Crain/Schwartz - Creating the Oklahoma Health Information Exchange Trust (OHIET). The language creating this trust was added in the last week of the 2010 session. The OHIET was created, “for the purposes of 1) servings as “Qualified State Designated Entity,” for purposes of any federal grant money awarded to facilitate and expand the electronic movement and use of health information among organizations according the nationally recognized health and 2) to promote, develop and sustain electronic health information exchange at the State level.”

This trust is governed by seven appointed trustees, without legislative oversight. The Trust and its beneficiary (the state of Oklahoma) have immunity against claims.

The trust’s indenture lists 16 purposes, including:

- Establish and maintain a framework for the exchange of health information, through a single or multiple health information exchanges, and encourage the **widespread adoption and use of electronic health records** systems among Oklahoma health care providers, payors and patients.
- Promote and facilitate the **sharing of health information among health care provider within Oklahoma and in other states by providing for the transfer of health information, medical records, and other health data** for...reduction of administrative costs and **any other benefits deemed appropriate by the Trust.**
- **Establish and adopt standards** for accessing the health information exchange(s) established by the Trust....consistent with applicable **federal and State standards and laws.**
- **Identify barriers to adoption of electronic health records systems...**
- **Solicit and accept grants, loans, contributions or appropriations from any public or private source and expend those moneys, through contracts, grants, loans, or agreements, on activities it considers suitable to the performance of its duties.**

Additionally, the trust is authorized:

- **To make and change investments, to convert real into personal property, and vice versa, to lease , improve, exchange or sell, at public or private sale, upon such terms as they deem proper, and to resell, at any time and as often as they deem advisable, ANY OR ALL THE PROPERTY IN THE TRUST, REAL AND PERSONAL.**
- **...to purchase and sell such supplies, goods, commodities and services as are incident to the operation of its properties.**

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The question is do the electronic health records, or data collected from their creation and exchange, become the property of the Trust? Can the OHIET exchange or sell that information?

[Senate Votes](#) on SB 1373 - 5/25/10

[House Votes](#) on SB 1373 - 5/27/10

- **2011- [HB 2130](#) - By Steele/Jolley** - Making the Secretary of Health and Human Services (Terry Cline) the Executive Director of the Health Care for the Uninsured (HUB) Board and for the oversight of the insurance exchange.

This bill is still alive and will have to be stopped in 2012.

This controversial bill passed 51 to 34, with 16 excused, by the House on March 17, 2011 but due to the controversy was not heard in the Senate in 2011. Amendatory language includes:

1. The Health Care for the Uninsured Board shall consist of:
 - a. three members to be appointed by the Governor who shall represent the actuarial interests of the top ten health insurance providers in the state who have expressed a commitment to participate in the HUB,
 - b. one member to be appointed by the President Pro Tempore of the Senate who shall represent the interests of insurance agents in the state,
 - c. one member to be appointed by the Speaker of the House of Representatives who shall represent the interests of Oklahoma employers,
 - d. the Chief Executive Officer of the Oklahoma Health Care Authority, or designee,
 - e. the Insurance Commissioner, or designee,
 - f. one member who shall represent the State and Education Employees Group Insurance Board, and
 - g. one member who shall represent the Oklahoma State Employees Benefits Council.
2. Appointees shall represent interests affected by insurance exchange requirements, including business interests, consumers and insurance providers.

House Votes on HB 2130 - 03/17/11

State laws, regulations and rules are being changed to accommodate interoperable health care records and the exchange of health data, to the benefit of one business sector - the IT (information technology) industry.

Partnered with the federal government, the IT industry is busy eliminating completion to assure their own financial rewards “saving lives, saving dollars.” (How many part time jobs are paying \$300/hr, as one Challenge Grant project implementer is earning?)

Federal health care grants (contracts between the feds and the state) contain provisions and benchmarks that must be achieved by the recipient. The Patient Protection and Affordable Care Act (PPACA, aka “Obama Care”), and the Stimulus’ bill’s HITECH Act of 2009, contained billions of dollars in grants, many of which the state of Oklahoma accepted.