Current Developments in Health Information Privacy & Security Compliance

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Developments

- The Health Information Technology for Economic and Clinical Health (HITECH) Act
- State Data Security Breach Notification
 Laws



The HITECH Act

- Title XIII of the American Recovery and Reinvestment Act of 2009
- Enacted February 17, 2009
- Most provisions effective February 17, 2010



The HITECH Act

- Promotion of HIT, with a view to universal EMRs by
 2014
 - Standards and certification criteria
 - Testing
 - Financial incentives for adoption
- Health information privacy and security
 - Strengthens HIPAA
 - Creates new data breach notification requirements



The HITECH Act - Enforcement

- Increases penalties for HIPAA violations (effective immediately)
- Penalties tiered, based on fault & whether corrected
- \$100 per violation for innocent violations
- Up to \$50,000 per violation for violations due to willful neglect that are not corrected



The HITECH Act - Enforcement

- Permits states' attorneys general to bring civil suits under HIPAA to recover penalties and attorneys' fees
- Clarifies that individuals who are not covered entities can be prosecuted criminally under HIPAA
- Beginning 2012, requires formal CMP investigations for violations involving willful neglect
- Requires HHS to conduct periodic HIPAA compliance audits



State Data Breach Reporting Requirements

- Most states require reporting of breach of security of consumer information
- Typically only electronic information
- Typically only name in conjunction with
 - SSN
 - State D/L or ID No.
 - Financial account number



- Requires HIPAA covered entities and personal health record providers to report breaches of "unsecured protected health information"
- FTC published final rule for PHR providers August 25, 2009
 http://www.dwt.com/LearningCenter/Advisories?find=126206
- HHS published interim final rule for covered entities August 24, 2009

http://www.dwt.com/LearningCenter/Advisories?find=130345

- Effective September 23, with 60-day comment period
- HHS will delay enforcement 180 days



- Unsecured protected health information is protected health information that has not been encrypted or destroyed
 - Initial guidance issued April 17, 2009; updated in interim final regs
 - NIST encryption standards for electronic data in use
 - Shredding or destruction of hard-copy media
 - NIST standards for purging or destruction of electronic media



- Conditions for reporting
 - Breach must be violation of the Privacy Rule
 - Breach must pose significant risk of harm
 - To whom disclosed
 - Possibility of mitigation
 - Type and amount of information disclosed
 - Risk analysis must be documented if no disclosure made



- Exceptions to reporting:
 - Good faith unintentional access by authorized person
 - Inadvertent disclosure by one authorized person to another
 - Unauthorized disclosure to a person who cannot reasonably retain it



- Report must be given to—
 - The individual
 - Prominent media outlets if ≥500 residents of the state are affected
 - HHS concurrently if ≥500 individuals are affected;
 otherwise annual log (including for 2009)



- Notice must describe:
 - What happened (including date of breach and date of discovery)
 - Types of information involved
 - Mitigation efforts
 - Contact information



- Notice must be given without unreasonable delay, and no later than 60 days following discovery (i.e., when breach is known or should have been known with reasonable diligence)
- Notice must be delayed at request of law enforcement official for the period requested (but the request must be written for a delay of more than 30 days)



Notice must be given by first-class mail, except

- Email notice is permitted if the individual has agreed to electronic notice
- Substitute notice if the CE does not have contact information.
 - If < 10 individuals, by written notice, telephone or other means
 - If ≥ 10 individuals, by—
 - Conspicuous posting on web site home page for 90 days, or
 - Conspicuous posting in major print or broadcast media

With toll-free telephone number



Business associates--

- Required to notify CE without unreasonable delay and in any event within 60 days
- Required to provide information that the CE must include in notification (but should not delay initial notification while they collect this information)

Covered entities deemed to discover breach--

- If the BA is an agent, when the BA discovers it (or is deemed to discover it)
- If the BA is an independent contractor, when the BA notifies the CE



State Security Breach Notification Laws

- HIPAA pre-emption rule applies
 - State laws survive unless it is impossible to comply with both, or the state law stands as an obstacle to the federal law



- Begin logging data breaches
- Assign compliance responsibility
- Prepare policies and procedures
 - Detection and investigation of breaches
 - Determining whether reportable
 - HIPAA analysis
 - Exceptions
 - Risk assessment
 - Coordinating with state reporting requirements
- Develop form of notice
- Train workforce
- Communicate with business associates
- Check security, especially portable media



The HITECH Act – Business Associates

Effective February 17, 2010—

- BAs must comply with the HIPAA Security Rule safeguards and documentation requirements
- BAs must comply with the required terms of the BA agreement
- BAs subject to the additional privacy and security provisions of the HITECH Act that apply to CEs



The HITECH Act – Business Associates

Must BAAs be amended?

"The additional requirements of this title that relate to [privacy][security] and that are made applicable with respect to covered entities shall also be applicable to such a business associate and shall be incorporated into the business associate agreement between the business associate and the covered entity."

HITECH Act § 13401(a), 13404(a)



The HITECH Act – Privacy Provisions

- Will allow patient to restrict disclosure of PHI to health plan if patient pays out of pocket in full (Feb. 17, 2010)
- Will restrict use and disclosure to LDS or minimum necessary when minimum necessary rule applies (Feb. 17, 2010)
 - Statutory provision to be replaced by guidance to be issued by HHS within 18 months
 - CE to determine minimum necessary disclosure
- Will require accounting of routine disclosures from qualified EHRs (requires regulations; earliest effective date Jan. 1, 2011)
- Will restrict sale of PHI (requires regulations to be issued within 18 months)
- Will permit patient to obtain copy of EHRs in electronic format (Feb. 17, 2010)
- Will prohibit remunerated marketing (Feb. 17, 2010)
- Will require opt-out for fundraising (Feb. 17, 2010)

