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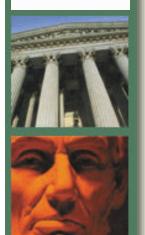


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Approach

- Privacy in an Overall Context
- Accepting the Intensified "Privacy"
 Environment
- Major Privacy Provisions
- Implementation Considerations



- Where Have We Been?
- Where Are We Now?
- Where Are We Going?



- Where Have We Been?
 - Confidentiality vs. Privacy
 - Traditional view -- doctor-patient confidentiality
 - Tech revolution has increased vulnerabilities
 - Patient and public concerns
 - Increase in governmental oversight



- Where Have We Been?
 - Traditional Theories of "Privacy"
 Protection
 - 4th Amend, U.S. Constitution
 - Privacy Act of 1974
 - Fair Credit Reporting Act
 - ADA and FMLA
 - State Constitutions
 - State Statutes
 - Common Law Invasion of Privacy



- Where Are We Now?
 - -From Confidentiality to Privacy
 - More comprehensive than simply avoiding inadvertent or inappropriate disclosures
 - Policies and systems to govern collection, use and maintenance of information
 - Education and notice
 - Access to and right to amend records about yourself
 - Accountability



- Where Are We Now?
 - -HIPAA
 - Statute passed in 1996; Title II, Administrative Simplification; Congress missed 8/20/99 deadline; HHS responded
 - Standards for the Privacy of IIHI (the "Privacy Rule")
 - Intersection of business developments and law
 - December 28, 2000 Final Rule Issued; April 14, 2001
 Effective Date; April 14, 2003 Compliance Date; Guidance Issued July 6, 2001



- Where Are We Now?
 - HIPAA
 - Standards for Electronic Transactions
 - August 16, 2000 Final Rule Issued; October 17, 2000
 Effective Date; October 17, 2002 Compliance Date
 - Security Standards
 - August 12, 1998 Proposed Rule Issued



- Where Are We Now?
 - Gramm-Leach-Bliley Act ("GLBA")
 - Notice, if required, by July 1, 2001
 - Administrative Policies and Procedures PR Pending
 - State Statutes
 - 21 States enacted Privacy Laws in last year
 - Continued Aggressive Action
 - Regulatory Uncertainties



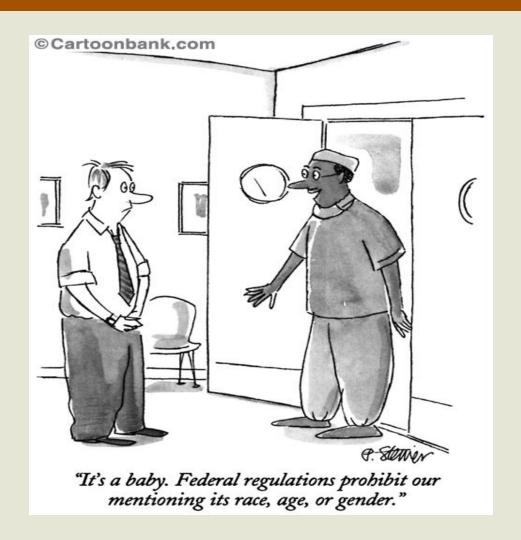
- Where Are We Going?
 - Privacy in the context of national concerns: impact of September 11th attack
 - An evolving landscape
 - HIPAA Guidance; anticipated modifications
 - HIPAA current constitutional challenges
 - GLBA continued concern regarding notices; implementation of policies and procedures; pending legislation



- Where Are We Going?
 - Have we gone too far?
 - Have we not gone far enough?
 - Are we where we should be?



Have We Gone Too Far?





Have We Gone Too Far?

- E-Health Law & Policy Report
 Strict Privacy Bill Fails in California (Oct.1, 2001)
- New York Times
 A Nation Challenged: Plan to List Who Receives Disaster Aid Stirs Concern (Sept. 27, 2001)



Have We Not Gone Far Enough?

- New York Times
 A Cautionary Tale for a New Age of Surveillance (Oct. 7,2001)
- Los Angeles Times AOL Using Bugs, Cookies, to Help Target Ads (Oct. 8, 2001)
- Federal Trade Commission FTC Chairman Announces Aggressive, Pro-Consumer Privacy Agenda



Are We Where We Should Be?

· Congress of the United States

House of Representatives, Committee on Ways and Means Implement HIPAA Administrative Simplification Without Delay (Oct. 3, 2001)

BNA Health Care Daily

National Governor's Association Wants Delay in Implementation of HIPAA Standards for Electronic Transactions



Accepting the Intensified Privacy Environment

- Stages of Acceptance
 - How to prepare your organization
 - Doing what is right
 - Maintaining competitive posture
 - Establish a new marketing tool
 - Develop your privacy philosophy.
 - How to prepare your customers and business associates
 - Education and training
 - Who is drafting your business associate agreements?
 - Implementation



Major Privacy Provisions

HIPAA

Gramm-Leach-Bliley

State Statutes



HIPAA – Some Issues to Highlight

- Individually Identifiable Health Information
- Covered Entities
- Business Associate
- Consent vs. Authorization
- Is HIPAA Subject to Change?
- Is HIPAA at Risk?



What is Protected Health Information?

- oral or recorded information relating to past, present or future physical or mental health of an individual or provision or payment of health care
- that is individually identifiable -- reasonably can be used to identify the individual to which it pertains
- created or received by a covered entity



- Individually Identifiable Health Information ("IIHI")
 - Protected Health Information
 - Summary Health Information
 - De-Identified Information



Who is a covered entity?

- health plans
- health care clearing houses
- health care providers who electronically transmit health information in connection with standard transactions
 - an HCP is a person who furnishes, bills or is paid for health care in the normal course of business
 - health care encompasses care, services or supplies related to the health of an individual



- Covered Entities Group Health Plans
 - Definition of GHP employer sponsored welfare benefit plans are covered if they have 50 or more participants or are administered by an entity other than the employer
 - Thus under definition, if GHP has <50 participants and is administered by an entity other than that employer = covered GHP
 - Only GHP not covered = <50 participants <u>and</u> selfadministered by employer



What are rules for use and disclosure of PHI2

- rules do not mandate disclosure, except to individual and HHS
- minimum necessary standard
 - not applicable to requests by HCP for treatment purposes
 - burden on requestor to comply
- notice, consent and authorization



- Requirements for Business
 Associate Agreement
 - Establish permitted and required uses and disclosures of PHI
 - Require reporting to covered entity uses and disclosures of PHI not permitted by contract
 - Include flow-down restrictions in contracts with agents and subcontractors
 - Permit individuals right of access, accounting, and amendment



- Business Associates
 - Contracting Considerations
 - Covered Entity
 - Whether the Business Associate Agreement ensures that the business associate is financially liable for all violations of the Privacy Rule by the business associate, or its agents or subcontractors?
 - Whether the Agreement requires the business associate to assume the cost of becoming and remaining HIPAA compliant?



- Business Associates
 - Contracting Considerations
 - Covered Entity
 - Whether there are issues beyond the minimum requirements for the Agreement that the covered entity believes should be included in the Agreement (e.g., functions, activities, or services to be provided the business associate?
 - » Should the Agreement impose specific terms for implementing the minimum HIPAA Privacy Rule requirements?



- Contracting Considerations
 - Does the covered entity seek to impose penalties on you as a business associate (e.g., through an indemnification clause)?
 - If penalties are imposed, do they relate only to your minimum HIPAA business associate obligations, or do the penalties have broader application?
 - Are your HIPAA Privacy Rule obligations limited only to the PHI created, received, used, or disclosed, or do Privacy Rule obligations attach to non-covered products (e.g., workers' compensation)?



- Contracting Considerations
 - Does the Business Associate Agreement contain terms beyond those minimally required by the HIPAA Privacy Rule?
 - If so, are these terms linked to the business associate requirements?
 - Does the Agreement address the cost of becoming HIPAA compliant (e.g., amending relevant contracts with agents and subcontractors), particularly if you also are not a covered entity in your own right?



- Contracting Considerations
 - Does the Agreement address the cost of remaining HIPAA compliant (e.g., costs of producing an accounting)?
 - Does the Business Associate Agreement seek to implement the requirements in ways that you believe are not warranted?
 - If so (and even if not), do you want to qualify any of the minimum requirements?



Consent vs. Authorization

- Consent
 - Mandatory for direct treatment providers
 - Optional for health plans
 - Reasons health plans might want consent:
 - Custom or habit
 - Litigation avoidance
 - Client request

Authorization

 Mandatory if use PHI outside the scope of TPO, national priority purposes, and other limited exceptions



Is HIPAA Subject to Change?

- Sure HHS Guidance
 - Rule by Reason
 - Mostly reassurance for HCPs.
 - "Substantial discretion" in implementing minimum necessary standard.
 - No soundproofing required, no need to provide logs of oral communications.
 - No expansion of current limits on marketing.
 - No expansion of Government access to PHI.
 - Rule Changes, Q&A guidance to come



IS HIPAA AT RISK?

- Two pending court challenges
 - South Carolina
 - Unconstitutional delegation of legislative authority to HHS.
 - Beyond scope of authority delegated by HIPAA.
 - Texas
 - Beyond scope of authority
 - Violates Fourth Amendment, First Amendment, Tenth Amendment, Paperwork Reduction Act, Regulatory Flexibility Act.
 - Will they delay the clock? Not expected to right now, but stay tuned.



- Applicable to Financial Institutions
 - Must be significantly engaged in financial activities described in section 4(k) of the Bank Holding Company Act to be considered a financial institution.
 - Credit counseling service
 - Medical service provider that establishes long term payment plans involving interest for significant numbers of customers
 - "Significantly Engaged" is a flexible standard



- Obligations to both Consumers and Customers
 - Consumers obtained a product or service
 - Initial notice of availability of privacy policy
 - Provide "opt-out" notice prior to sharing non-public personal information, with reasonable opportunity to opt out.
 - Advise of revisions to privacy policy and opt-out notice



- Obligations to both Consumers and Customers
 - Customers -establishment of relationship
 - Initial privacy notice when relationship established.
 - Provide "opt-out" notice prior to sharing non-public personal information with non-affiliated third parties.
 - Annual Privacy Notice
 - Advise of revisions to privacy policy and opt-out notice



- Current Environment
 - July 1, 2001 Deadline has passed
 - No lawsuits filed yet
 - A great deal of publicity ALL NEGATIVE
 - Nader et al petition regarding notices
 - FTC considering revising notice requirements



- Future Issues
 - Legislation introduced to revise GLBA
 - The Markey-Barton Bill
 - The Sessions-Pryce Bill



State Law Issues

HIPAA

- No preemption of "more stringent" state laws
- Patch-work of varied requirements
 - Laws addressing "sensitive" conditions
 - Authorization requirements
 - State Insurance Information and Privacy Protection Acts
- Very aggressive landscape



State Law Issues

• GLBA

- GLBA does not preempt state laws that are not "inconsistent."
- Laws that provide greater protection are not "inconsistent."
- Activities by state Departments of Insurance
 - North Dakota, Connecticut, Illinois



State Law Issues

- State Legislative Initiatives
 - Hawaii (HBs 1579 and 1604)
 - Illinois (HB 491)
 - Iowa (HB 110)

If State Law Is More Strict, It Rules

Beware of

Coverage of Broader Class of Entities

More restrictive marketing provisions

Differing Time Frames for Implementation



IMPLEMENTATION CONSIDERATIONS

- What is your privacy philosophy?
- Consider all applicable laws, including "more stringent" state laws.
- Work privacy requirements into contract negotiations and renegotiations now.
- Educate employees.
- Educate business associates.
- Educate customers.
- Stay tuned Keep abreast of continued flux of federal and state statutory and regulatory environment.

