



HIPAA RFI Breakfast

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Agenda

- + About Us
- + HIPAA Overview
- + RFI Context
- + Congressional Actions
- + Proposals in the RFI
- + Comments

+ About Us





Experienced team of 10 professionals bringing to bear diverse backgrounds, including CMS, Capitol Hill, medicine, legal and statistics

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+ Administration Priorities

- + HHS Secretary Alex Azar has identified four priority areas:
 - Health Reform
 - Drug Pricing Reform
 - Opioids and Mental Health
 - Value-Based Transformation and Innovation
 - Parallel tracks of model development/modification and regulatory relief

+ Value Movement

- The basic premise if providers take more financial risk, the administration will remove regulatory burdens and barriers
- + Dep. Secretary Eric Hargan Announces #RS2CC
 - Stark Law RFI
 - AKS RFI
 - HIPAA RFI
 - 42 CFR 2 RFI
- + Innovation Center activity
- + Medicare Shared Savings Program final rule



Health Insurance Portability and Accountability Act of 1996

- + The U.S. Department of Health and Human Services (HHS) published:
 - Original HIPAA Privacy Rule Final Rule in December 2000
 - Original HIPAA Security Rule Final Rule in February 2003
- + Applies to Covered Entities and Business Associates
 - Covered Entities include: health plans, health care clearinghouses, and health care providers who engage in electronic transactions (i.e., bill Medicare or private health insurance)
- + Generally prohibits use and disclosure of Protected Health Information (PHI) unless a permissible pathway applies
- + HIPAA Omnibus Final Rulemaking in January 2013 updated portions of the Privacy Rule, gave the Office for Civil Rights the authority to enforce HIPAA directly against Business Associates, and finalized a new Breach Notification Rule
- Despite Omnibus Rulemaking, portions of the HIPAA Privacy and Security Rules may warrant updating
- + RFI motivated in part by recognition from OCR that change or further guidance/education needed to accommodate efforts to deliver value-based health care, and form new innovative models of care coordination and case management





+ Proposals Discussed in the RFI

- + Requirement to respond to requests for PHI from other health care providers for treatment, care coordination or case management
- + Excepting care coordination and case management disclosures from the minimum necessary requirement
- + Express permission to disclose PHI to social service agencies or communitybased support programs
- + Revisiting the status of health care clearinghouses as Business Associates
- + Establishing new disclosure pathways for Covered Entities to share PHI with family members, caregivers, and others, including potential changes to the personal representative pathway
- + Expanding the HIPAA Privacy Rule's accounting of disclosures requirement to include disclosures through an Electronic Health Record (EHR) for treatment, payment and health care operations
- + Eliminating or modifying the obligation for health care providers to obtain an acknowledgment of the receipt of the provider's Notice of Privacy Practices upon the individual's first visit
- Requesting public input on other ways to modify HIPAA to remove regulatory obstacles and decrease regulatory burdens





+ RFI and Congressional Action

- + HIPAA is not the only regulatory mechanism for the Administration to address access to and sharing of protected personal health information:
 - Implementation of Cures
 - Information blocking
 - Implementation of opioids legislation
 - Patients over Paperwork and Meaningful Measures embedded into payment rules
- Congress works around the edges and falls short on larger changes to HIPAA
 - Mental health reform
 - Cures
 - Opioids
- + HIPAA RFI may lead to legislative changes





+ Tips for Drafting Comments

General v. Specific Comprehensive v. Targeted Permissive v. Required Regulatory v. Statutory

CAUTIONWatch for:

- ✓ Solutions in search of problems
- ✓ State and other federal law
- ✓ Prohibitions
- ✓ Ambiguity: Moving to red or green light



+ Questions?



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