

Health Insurance Portability and Accountability Act

Riley Davis, *Biomedical Engineering, University of Rhode Island*
BME 281 Second Presentation, November 9, 2011 <rileydavis_URI@hotmail.com>

Abstract—The Health Insurance Portability and Accountability Act, also known as HIPAA, was first delivered to congress in 1996 and consisted of just two Titles. It was designed to protect health insurance coverage for workers and their families while between jobs. It establishes standards for electronic health care transactions and addresses the issues of privacy and security when dealing with Protected Health Information (PHI). HIPAA is applicable only in the United States of America.

I. TITLE I

TITLE I of the HIPAA, titled Health Care Access, Portability, and Renewability, limits restrictions a group health plan can place on benefits for preexisting conditions. Health care entities can refuse to provide benefits for 12 months after enrollment or up to 18 months if enrolled late. It allows individuals to reduce this time if previously covered by insurance. Title I also regulates coverage and availability to groups and individuals and works to eradicate hidden exclusion periods. (Tribble, 2001).

II. TITLE II

Title II, Preventing Health Care Fraud and Abuse; Administrative Simplification; Medical Liability Reform, defines health care related offenses and outlines the consequences as civil and criminal penalties. It creates several programs to control fraud and abuse and, most importantly, demanded that the US Department of Health and Human Services create rules/regulations as standards for all health related entities. Title II demanded the HSS regulate the use and advertising/sharing of PHI and that they enforce their regulations. In response to Title II, the HSS created five rules that addressed all these issues.

[PHI: Any information held about health status, provision of healthcare, payment of healthcare, which can be linked to any individual. Any part of medical record or payment history]

III. PRIVACY RULE, COMPLIANCE DATE APRIL 14, 2003

The Privacy Rule, the first rule created by the HSS in response to Title II, creates regulations for use/disclosure of PHI. It outlines several things PHI holders must comply to such as, holders must disclose PHI within 30 days upon request by individual or when required by the law such as when reporting child abuse. Entities can only disclose minimum amount to get results, they must notify individuals when using their PHI, and they must keep track of disclosures and document privacy policy and procedures. Individuals can report misuse of PHI to the HSS Office of Human Rights (OHR), however, according to the Wall Street Journal, "Complaints of privacy violations have been piling up at the Department of Health and Human Services. Between April 2003 and Nov. 30, the agency fielded 23,896 complaints related to medical-privacy rules, but it has not yet taken any enforcement actions against hospitals, doctors, insurers or anyone else for rule violations." Francis, T. (2006).

IV. SECURITY RULE, APRIL 2005

The Security Rule deals specifically with Electronic Protected Health Information (ePHI). It is organized into three Safeguards, each of which identifies security standards and separate the "required" and "addressable" standards. All the required standards must be adopted.

The three Safeguards are as follows: The Administrative Safeguard creates policies and procedures designed to lay out how holders will comply with act, the Physical Safeguard deals with controlling physical access to ePHI, and the Technical Safeguard which controls access to computer system and safeguards against hacks and interception of ePHI.

V. UNIQUE IDENTIFIERS RULE, MAY 23, 2006

This rule states that all PHI holders using electronic communication must use a single NPI and that this NPI replace all other identifiers.

[NPI: National Provider Identifier. This number is 10 digits (may be alphanumeric). It is unique, never re-used, and each holder can only have one, some exceptions apply.]

VI. ENFORCEMENT RULE, MARCH 16, 2006

This last Rule defines civil penalties for violating HIPAA and establishes procedures for investigations and hearings.

VII. EFFECTS

The Effects of HIPAA on research could consist of: a large decrease in patient follow up (From 96% to 34% follow up surveys on patients of heart attacks, University of Michigan (Armstrong D, et.al 2005)). It is harder to recruit patients for studies such as cancer or AIDS studies because subjects cannot be found, they must come to the researchers. Information Consent Forms are required to go into copious amounts of detail on privacy. This info is important but becomes lengthy and non-user friendly.

The Effects of HIPAA on BME and Clinical Engineering could consist of changes in how devices collect/store/share info, for every old/new device BMEs must consider the type of ePHI, who has access versus who really needs access, the connections to other devices, and the types of physical and technical security. Types of equipment effected are things such as ventilators, ECG's, MRI, CT Scanners, ultra sound, monitoring systems, etc. (Grimes, S 2003)

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