Arizona Senate

SB 1258 Consent Amendment Opt-in vs. Opt-out Electronic Consent Solutions

Testimony of Deborah C. Peel, MD
Patient Privacy Rights
February 16, 2010

2,400 years of consensus on privacy reflected in American law, medical ethics, and professional standards of practice

The Elimination of Consent

1996

Congress passed HIPAA, <u>but</u> <u>did not</u> pass a federal medical privacy statute, so the Dept. of Health and Human Services (HHS) was required to develop regulations to specify patients' rights to health privacy.

"... the Secretary of Health and Human Services shall submit to [Congress]...detailed recommendations on standards with respect to the privacy of individually identifiable health information."

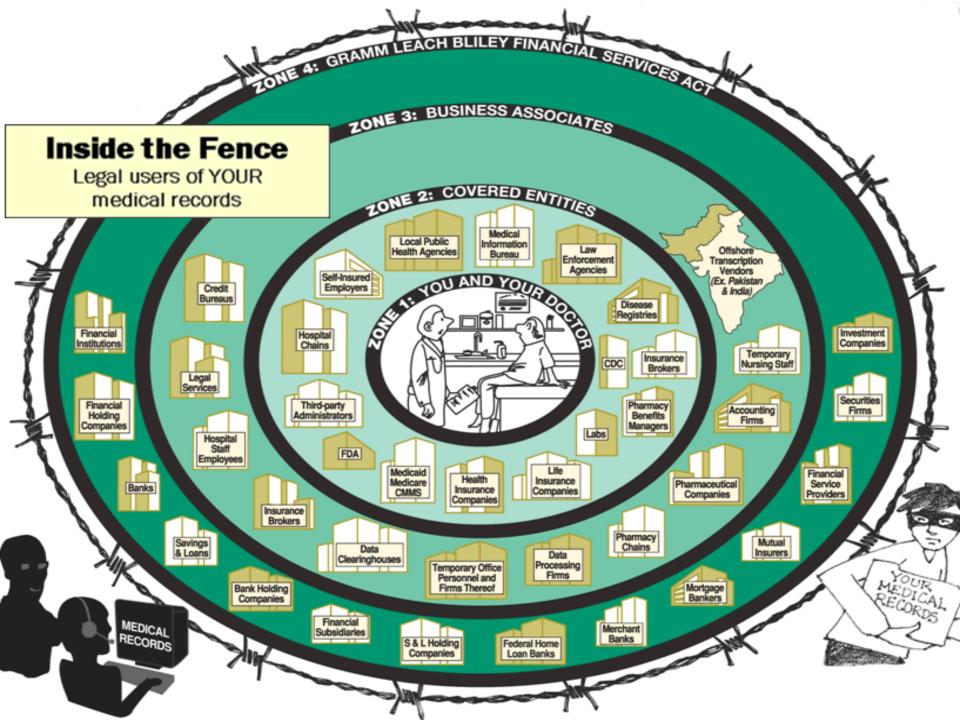
2001

President Bush implemented the HHS HIPAA "Privacy Rule" which recognized the "right of consent". "....a covered health care provider must obtain the individual's consent, in accordance with this section, prior to using or disclosing protected health information to carry out treatment, payment, or health care operations."

2002

HHS amended the HIPAA "Privacy Rule", eliminating the "right of consent".

"The consent provisions...are replaced with a new provision...that provides regulatory permission for covered entities to use and disclose protected health information for treatment, payment, healthcare operations."



Arizonans' Perceptions About Health Information Technology 2009 Healthcare Consumer Focus Group Findings

Arizona Health-e Connection Issue Paper

DRAFT



Advancing health and wellness through information technology

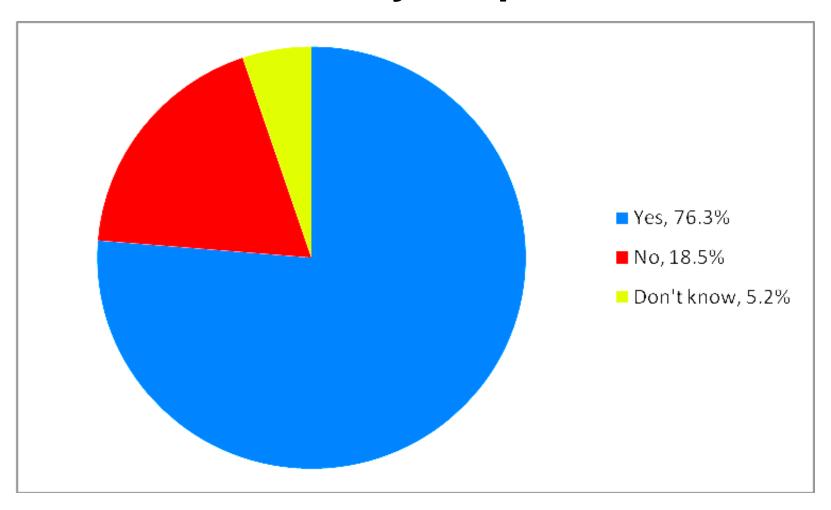
8 Focus groups/ 177 people

April 29 - June 17, 2009

Surprise
San Luis/Yuma (2)
Marana/Tucson
Arizona State University (2)
Flagstaff
Tempe

Statistical error rate of ±6.2 % 90% confidence level for the survey

Should Personal Health Information Be Included in HIE Only if Opt-In?



AHRQ: 2009 20 focus groups

- A majority want to "own" their health data, and to decide what goes into and who has access to their medical records (AHRQ p. 6).
- There was near universal agreement in all focus groups that if medical data are to be stored electronically, health care consumers should have some say in how those data are shared and used. (AHRQ p.29)

- A majority believe their medical data is "no one else's business" and should not be shared without their permission. This belief was expressed not necessarily because they want to prevent some specific use of data but as a matter of principle. (AHRQ p. 18)
- Participants overwhelmingly want to be able to communicate directly with their providers with respect to how their PHI is handled, including with whom it may be shared and for what purposes. Most believe they should automatically be granted the right to correct misinformation (AHRQ p.33)

In fact, in the AHRQ Report they learned there was no support for the establishment of general rules that apply to all health care consumers. Participants thought that health care consumers should be able to exert control over their own health information individually, rather than collectively. (AHRQ p. 29)

AHRQ Publication No. 09-0081-EF "Final Report: Consumer Engagement in Developing Electronic Health Information Systems" Prepared by: Westat, (July 2009)

Institute of Medicine Survey: People Won't Trust Research Without Privacy

by Dr. Alan F. Westin, October 2, 2007

- Only 1% agreed that researchers would be free to use personal medical and health information without consent
- Only 19% agreed that personal medical and health information could be used as long as the study "never revealed my personal identity" and it was supervised by an Institutional Review Board.

Why Opt-in?

- Consumers want choices and control
- Opt-out is deceptive/confusing
- Opt-out = opt-in to disclosure of all data to all users
- Public should not be forced into an "all or nothing choice" simply because some existing health IT doesn't permit choices
- Facilitates technology innovation

The Business Case for Opt-in

- Opt-in = consumer trust and control
- Ability to disclose some or all information (segmentation, granular control)
- Dynamic
- Allows Data to be connected for health and research
- Facilitates AZ as national research center/jobs
- Builds on ABRC technology for research
- No lawsuits

ARRA—historic new privacy rights

Old rights:

- Providers may offer consent (Original HIPAA Privacy Rule), so patients can restrict disclosures
- Psychotherapy Notes require consent to disclose

New rights:

- Ban on sales of PHI (Protected Health Information)
- Segmentation
- Audit trails x 3 years
- Breach notice
- Encryption
- Patient can prevent disclosures of PHI for 'payment and healthcare operations' if pays out-of-pocket

Draft Amendment to SB 1258

Out of compliance with ARRA:

- No ability to segment information
- No ability to prevent disclosure for payment and healthcare operations
- Audit trails only required for 2 years, require purpose and details of disclosure

How to evaluate HIT legislation

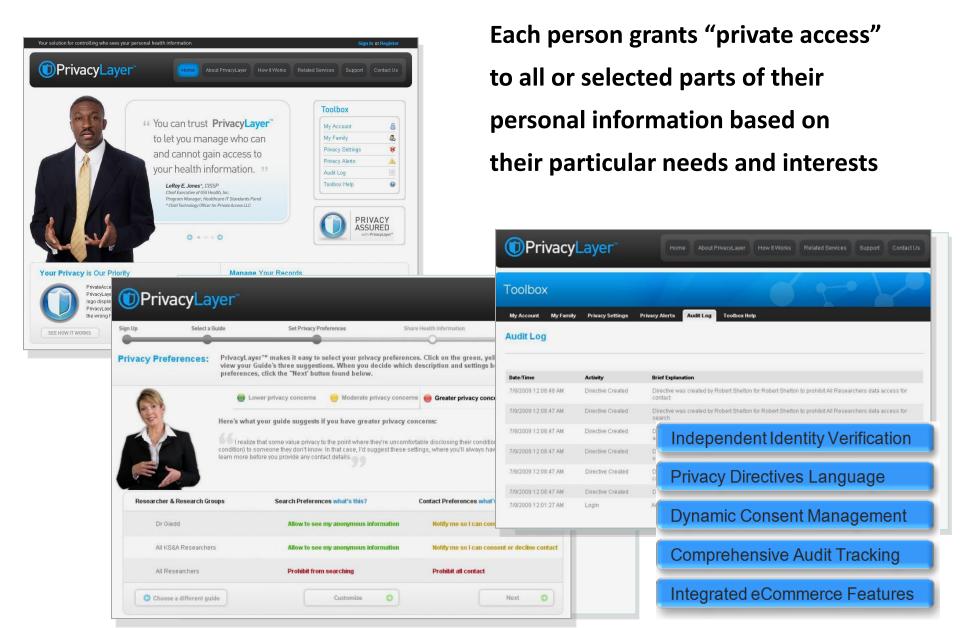
- Does it reflect national requirements?
- Does it reflect what Arizonans want?
- Does it give Arizonans choice?
- Does it promote technology innovation?
- Is it constitutional? The AZ constitution includes a right of privacy

Opt-in Consent Solutions

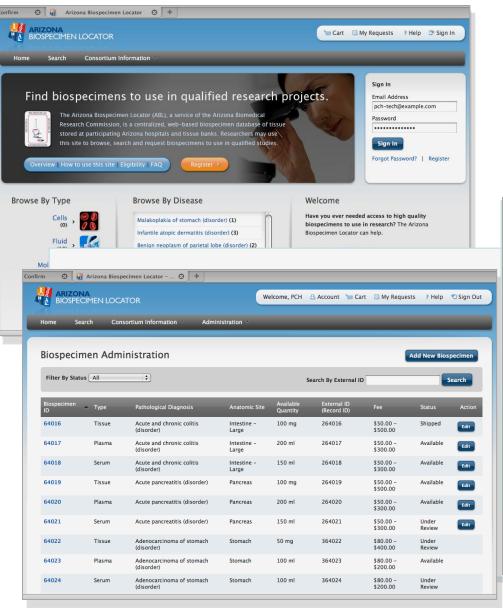
Empowers the following choices:

- Opt-out of all use of PHI in HIO
- Opt-in to all uses of PHI in HIO
- Obtain copies of protected health information (PHI)
- Opt-in to all research use of PHI
- Opt-in to use or research with consent for each project

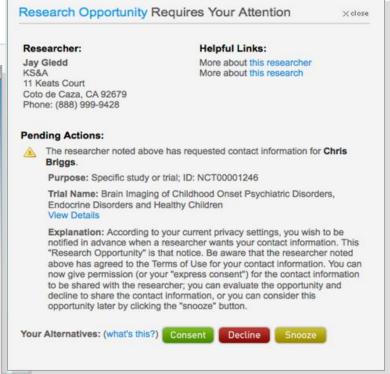
Consent Solutions So Far for Research Biobanks



ABRC Biospecimen Locator Service



... consent can be integrated into cutting-edge applications such as services for locating biospecimens for use in qualified research projects



Resources

- www.patientprivacyrights.org
- http://www.privateaccess.com/Pages/Home.aspx
- http://azabrc.gov/default.htm
- http://www.5amsolutions.com/

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