

### **Designated Record Set Issue:**

Designated record sets: Don't want (Tom Vetter LabCorp) DRS to go back to legacy info...Action: Need better definition and clarification of record set...(What is representative would include all of PHI- "How it is provided)...Spilling over into S&P WG

### **Consent- Issues of self-referral**

Page 7 – Concept of “admissible triad”, allowed concept of consent and request to object...Anything in the indirect vs. direct to be addressed. Lynn – Health system in GA. Action- More clear definition of indirect vs. direct provider (issues of referral in particular). Pharmacy and Ambulance services (other providers), (RX picked up on behalf of member and patient unconscious)- Was ER consent allowed to be considered? Obtaining consent either after or during can become expensive. Answer- an ambulance company could become part of an “arrangement.

Laura Radiology – Direct/ self-referred – mammography.

Tom at Labcorp...- Lab's always an “indirect” tx source? Always an agent of a physician in order to test...Costly to add a direct consent mechanism...(Carve out Lab, radiology, Mammography) - CLIA rules impact (judicial or occupational) – testing for illegal drugs etc...not done unless legal- or part of a judicial proceeding. = Exemption for judicial stuff...required to be controlled by physician. As long as they have a business partner agreement- why should an additional consent be needed? CLIA also forbids release of info and some laws already tougher than HIPAA. Don't see value of asking a lab to collecting for a consent every time needed. (Self-referral issue)

Leah DSS State of Washington – Add if test is being conducted under the basis of order from a physician = “indirect”, Bill B has not clarified. Suggest stay with definition broad so that we can decide and interpret depending on issue...allow for this to be scalable as well. ( Request for the definition to be scalable). If operating under physician order where results get reported back – should be considered as part of consent- ...Suggest – allowing relative to accept RX?

### **Min. Use and disclosure –**

Reasonably and tech feasible component - An IS system doesn't allow for the granularity – for an employee – wouldn't be technically feasible? Lots of comments.

### **Business Associate Contracts**

Application for BA – BA clarified so that BA's don't have to be pro-actively monitored. Should BA's be covered entities? (DHHS can't “mandate” all necessary- leaves gaping wholes)..IE; “Personal medical records fall under HIPAA as well).

Asked for BA transcription clarification. No comment.

Asked DHHS extend PHI disclosure to BA's.

### **Notification Rules**

Rules of notification/ etc... consent/ authorization and right to object...

Notice of info practices – Signed receipt from patient for receiving notice? No comments.

Examples of notices...all examples been taken away...Request samples if possible...expecting industry associations to begin developing these. We've been collecting and reviewing them in our workgroup.

Problem is that they are specific to certain segments of our industry...Beginning process for the workgroup. Consent's may need to be different from state to state. Could have some basic standard language across the industry...Parking lot on the implementation side...

**Cost and benefit summary** – analysis – still “way out of line”...Tom Vetter – has an opinion- that numbers are “frightening” and “confidential!”. Steve L. – Talk about ways to “contain the cost” Ideas that SNIP can assist...Recommendations to the WEDi board about how to contain costs. ABF Co-chair- next thirty day period – thoughts on cost should be reconsidered...”Don't give” up- use the thirty day comment period now...

**Clearinghouse issue-** “off-shore”.. Does HIPAA go into the other country?...Linda DHHS...covered entity would need to have BA...but in general- apply to US companies...Make sure to talk with vendors...Off shore transcription and data conversion...Taking away the requirement to proactively monitor the BA – should be reconsidered and put back into the recommendation?

