

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. schedule	Schedule of the President for Wednesday December 20 2000; RE: phone numbers [partial] (1 page)	12/18/2000	P6/b(6)
002. schedule	Schedule of the President for Wednesday December 20 2000; RE: phone numbers [partial] (1 page)	12/15/2000	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Anna Richter
OA/Box Number: 23736

FOLDER TITLE:

Medical Privacy 12/20

2011-0638-S

ms155

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or
financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President
and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of
personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed
of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C.
2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of
an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial
information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of
personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement
purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of
financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information
concerning wells [(b)(9) of the FOIA]

File
Medical
Privacy

**PRESIDENT CLINTON ISSUES STRONG NEW CONSUMER PROTECTIONS
TO ENSURE THE PRIVACY OF PERSONAL HEALTH INFORMATION
DRAFT: December 20, 2000**

Today, President Clinton will release a final regulation establishing the first-ever Federal privacy protections for the personal health information of all Americans. This rule, which applies to health plans, health insurers and health care providers, as well as to health care clearinghouses such as billing companies, will give consumers more control over their health information; set boundaries on the use and release of health records; ensure the security of that information; establish accountability for inappropriate use and release; and balance public responsibilities with privacy protections. The final regulation improves on the proposed rule by strengthening several key protections, including: extending protections to personal medical records in all forms – including paper records and oral communications; requiring consent for routine use and disclosure of health records; protecting against unauthorized use of medical records for employment purposes; and ensuring that health care providers have all the information necessary to appropriately treat their patients. The regulation, which is being issued under the authority of the bipartisan Health Insurance Portability and Accountability Act, underscores the Administration's commitment to safeguarding the security of personal health information. However, despite the importance of today's action, the President will note that because his regulatory authority is limited, additional federal legislation is still urgently needed. He will urge Congress to enact broader privacy protections without delay in order to extend protections directly to entities such as life insurers and worker's compensation programs at employers; to ensure that penalties for misuse of this information are real; and to create a private right of action so that citizens can hold health plans and providers directly accountable for inappropriate and harmful disclosures of information.

THE PRIVACY OF INDIVIDUAL HEALTH RECORDS ARE NOT CURRENTLY PROTECTED.

Today, despite the increase in the collection and dissemination of personal data, there is no comprehensive Federal requirement to provide patients with basic privacy protections such as the right to access their health file or to know to whom their health information is disclosed; nor are there basic protections to ensure that sensitive information is protected from inappropriate use or disclosure. Under the current loose patchwork of state laws, personal health information can often be distributed without consent for reasons that have nothing to do with a patient's treatment. Often, information held by an insurer can be passed on to a lender who can then deny that patient's application for a home mortgage or a credit card, or to an employer who uses it in personnel decisions. Personal health information may be disclosed for insurance underwriting purposes, for market research, or any other reason without any safeguards to protect it against misuse. In addition, patients wishing to access or control the release of such records may be prohibited by doing so by their insurance company, health care provider, or anyone else who holds their records.

PRESIDENT CLINTON TAKES FINAL ACTION NECESSARY TO IMPLEMENT NEW NATIONAL SAFEGUARDS FOR SENSITIVE HEALTH INFORMATION. The final regulation President Clinton is releasing today, which will be effective within two years, will:

GIVE CONSUMERS CONTROL OVER THEIR HEALTH INFORMATION

- **Limit the release of private health information without consent.** This rule establishes a new Federal requirement for doctors, hospitals, health plans, and other covered entities to obtain patients' written consent to use their health information even for routine purposes, such as treatment and payment. Other, non-routine disclosures would require separate, specific patient authorization. Under the existing patchwork of State laws, personal health information can too often be released to marketing firms, financial institutions, and employers, without knowledge or consent, and then used in direct marketing campaigns, in loan eligibility decisions, or for promotion and other purposes.

- **Inform consumers how their health information is being used.** This new regulation requires health plans and providers inform patients about how their information is being used and to whom it is being disclosed. It also gives each individual patient a right to a "disclosure history," listing the entities that have received information unrelated to treatment or payment, that must be provided within X days.
- **Give patients access to their own health file and the right to request amendments or make corrections.** The regulation gives patients the right to see and copy their own records as well as the right to request correction of potentially harmful errors in their health files. These access and amendment rights are a core part efforts to protect individual privacy. Without them, a person with an improper diagnosis in his or her medical file could be denied health insurance and left no redress.

SET BOUNDARIES ON MEDICAL RECORD USE AND RELEASE

- **Restrict the amount of information used and disclosed to the "minimum necessary."** Currently, health care providers and plans often release a patient's entire health record even if an employer or other entity only needs specific information, such as the information necessary to process a worker's compensation claim. This new regulation restricts the information that is used and disclosed to the minimum amount necessary.

ENSURE THE SECURITY OF PERSONAL HEALTH INFORMATION

- **Require the establishment of privacy-conscious business practices.** The regulation requires the establishment of internal procedures to protect the privacy of health records. They include: training employees about privacy considerations in the workplace; receiving complaints from patients on privacy issues; designating a "privacy officer" to assist patients with complaints and employees with questions; and ensuring that appropriate safeguards are in place for the protection of health information. Covered entities will have two years to meet these standards. Many responsible doctors, hospitals and health plans already provide these common-sense services for their patients, and were instrumental in advocating for a national standard.

ESTABLISH ACCOUNTABILITY FOR MEDICAL RECORD USE AND RELEASE

- **Create new criminal and civil penalties for improper use or disclosure of information.** In the past, there often has not been any legal basis to prosecute individuals who inappropriately disclose private medical information. This rule applies the standards included in HIPAA to create new criminal penalties for intentional disclosure – up to \$50,000 and up to a year in prison. Disclosure with intent to sell the data is punishable with a fine of up to \$250,000 and up to 10 years in prison. The regulation also establishes new civil penalties of \$100 per person for unintentional disclosures and other violations (up to \$25,000 per person per year). However, current statutory limitations prevent the imposition of more stringent penalties.

BALANCE PUBLIC RESPONSIBILITY WITH PRIVACY PROTECTIONS

- **Require that information be disclosed only for responsibly conducted research.** Since health care research is an important public priority, the regulation balances the need to support medical research, with the protection of personal medical records of individuals from use and abuse. The regulation encourages researchers to use de-identified records. If researchers are unable to use de-identified information, an institution may provide requested information if an "institutional review board" or "privacy board" has reviewed the research protocol and determined that the research meets certain privacy protection criteria.

FINAL REGULATION INCLUDES KEY CHANGES TO STRENGTHEN PRIVACY

PROTECTIONS. In response to over 50,000 comments submitted by the public on the final regulation being released today strengthens patient protection and control over their health information by:

- **Extending coverage to personal medical records in all forms – including paper records and oral communications.** The proposed regulation released last year was limited to electronic records and any paper records that previously existed in electronic form. The final regulation provides protection for paper and oral in addition to electronic information, creating a privacy system that covers all personal health information created or held by covered entities.
- **Requiring consent for routine use and disclosure of health records.** The proposed regulation released last year allowed routine disclosure of health information without advance consent for purposes of treatment, payment, and health care operations. The final regulation ensures that consent for all disclosures – even routine ones – be obtained in advance.
- **Protecting against unauthorized use of medical records for employment purposes.** The proposed regulation included a loophole that would have allowed companies sponsoring health plans to access personal health information sponsored plan for employment related purposes without consent. The final regulation eliminates that loophole.
- **Ensuring that health care providers have all the information necessary to appropriately treat their patients.** For most disclosures of health information, such as health information submitted with bills, providers may send only the minimum information needed for the purpose of the disclosure. However, when treating patients, health care providers often need to be able to share more complete information with other providers. The final rule gives providers full discretion in determining what personal health information to include when sending patient records to other providers for treatment purposes.

PRESIDENT CLINTON CALLS ON THE CONGRESS TO ENACT COMPREHENSIVE

PRIVACY LEGISLATION. Today, President Clinton will once again call on Congress to finish the job and enact the comprehensive protections that the American people want and need.

The regulation being finalized today represents a critical step towards protecting patient privacy that became necessary after Congress failed to act in the three-year timeframe it gave itself in 1996. However, the President's administrative authority is limited by statute and there remains an urgent need for comprehensive Federal privacy protections. Today's protections, do not directly extend to many entities, including life insurers and worker's compensation programs at employers – thus allowing for the unlimited reuse of information by such entities. Federal legislation is also needed to fortify the penalties and to create a private right of action so that citizens can hold health plans and providers directly accountable for inappropriate and harmful disclosures of information.

FINAL REGULATION TO PROTECT MEDICAL RECORDS PRIVACY

SUMMARY OF CHANGES

PROVISION	PROPOSED RULE	FINAL RULE
Expanding the Scope of Protections	The proposed rule limited covered information to information that was or at one point was in electronic form.	The final rule covers all medical record information – including paper records and oral communications.
Strengthening Consent Provisions	The proposed rule did not require health care providers to obtain consent for the disclosure of protected health information for treatment, payment, or health care operations. The proposed rule was silent on whether providers, for individuals who are suspected of being victims of abuse, neglect, or domestic violence, must receive consent before providing protected health information to appropriate government agencies.	The final rule requires health care providers to obtain written consent when disclosing information for the purposes of treatment, payment, or health care operations. The final rule requires that individuals be allowed to express an objection before information is released to facility directories. <i>(what are these?)</i> The final rule requires that health plans and providers attempt to determine patient preferences before disclosing information to someone involved in their care, a family member, or a disaster relief agency of the patient's location or condition. The final rule ensures that individuals who are suspected of being victims of abuse, neglect, or domestic violence are consulted before protected health information is released.

FINAL REGULATION TO PROTECT MEDICAL RECORDS PRIVACY

SUMMARY OF CHANGES

PROVISION	PROPOSED RULE	FINAL RULE
Providing Information to Patients in a Secure Manner	The proposed rule was silent on the manner in which confidential information should be communicated to patients.	The final rule requires that health plans and providers accommodate reasonable requests that information being sent to patients be handled in a manner that protects confidentiality. Health plans must accommodate these requests if the patient certifies that they are in danger if the request is not honored.
Ensuring that Providers Have the Information Necessary to Treat Their Patients	The proposed rule inadvertently limited the amount of information providers could send to other health care personnel treating a patient.	The final regulation does not apply the “minimum necessary” standard to information shared with other health care professionals for purposes of treatment.
Closing the Loophole for Employer Sponsored Health Plans	The proposed rule allowed employers sponsoring health plans to access protected health information without specific cause.	The final regulation limits the information accessed by employers sponsoring health plans to information necessary to administer the plan. The employer must pledge not to use the information for any other purpose.
Strengthening Public Health Requirements	The proposed rule permits disclosure to individuals working under the direction of a public health authority without consent.	The final regulation narrows this exception to allow disclosure only to those individuals who are undertaking specific activities related to FDA requirements or product recalls.
Streamlining Employer and Health Plan Administrative Requirements	The proposed rule holds health plans and providers responsible for monitoring their business associates for privacy violations and holding them responsible when violations occur. The proposed rule requires covered entities to inform patients of their actual information use practices.	The final rule does not require monitoring and holds health plans and providers responsible only for known privacy violations. The final rule allows covered entities to use standard language that describes all permitted or requires uses or disclosures.

**FINAL REGULATION TO PROTECT MEDICAL RECORDS PRIVACY
SUMMARY OF CHANGES**

PROVISION	PROPOSED RULE	FINAL RULE
Protecting the Public Safety	The proposed rule <i>(what were the proposed provisions)?</i>	The final rule clarifies the original proposal, stating that health plans and providers can alert law enforcement authorities if a patient admits to participating in a violent crime or escaping lawful custody. The final rule also permits health care providers to notify law enforcement officers of evidence of a crime.



Jennifer H. Smith
12/19/2000 05:33:07 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc: See the distribution list at the bottom of this message
Subject: FYI: Wed., 2 p.m. health care briefing for health publications

On Wednesday at 2 p.m., OMB and HHS will hold a conference call to discuss the final medical privacy regulations announced by the President and Secretary Shalala at tomorrow's health care event. Call participants will include Peter Swire, Chief Counselor for Privacy in OMB's Office of Information and Regulatory Affairs; and either Gary Claxton or Lisa Rovin at HHS. Please note: We are pitching this to trade press only, and are calling it a health care briefing (with no mention of the privacy regulations -- although everyone has a pretty good idea that's what it's about). Please feel free to listen in at 757-2100, code 7722.

Below are the press we're inviting to participate in the call:

Privacy Journal
Robert Smith
401-274-7861

Privacy Times
Evan Hendricks
202-829-3660

Health Data Management
Bill Siwicki
312-983-6124

Health Care Informatics
Charlene Marietti
956-835-3222 (central #)

Health Information Compliance Insider
Simone Hutchinson
973-895-6165

Health Lawyers News
Elizabeth Turqman
202-833-1100

Medicine and Health
John Reichard
202-822-1252

Modern Healthcare
Jeff Testa

312-649-5314

BNA (general number: 202-452-4200)
Cassie Chew
202-452-7509

National Journal
Spencer Rich
202-261-0394

Web MD
Sean Martin
202-662-7326

Medical Economics
Michael Pretzer
202-686-7910

Mental Health Law Reporter
Bonnie Becker
301-587-6300

NPR & Congressional Quarterly
Julie Rovner
202-414-2792

American Medical News
Susan Landers
202-789-7408

American Hospital Association publications
Glenn Hicks
202 626 2365

New Physician
Amy Myers-Payne
703-620-6600

E-week
Grant DuBois
415-547-8498

Marketplace (NPR show)
Madge Kaplan
617-300-2312

Business Week On-Line
Pam Mendels
212-904-4364

Physicians Weekly
Christina Kent
202-783-6521

InfoWorld
Brian Fonseca
617-239-7812

Modern Physician Magazine
Becky Lentz
312-649-5347

U.S. Medicine
Nancy Tomich
202-463-6000

AARP Bulletin
Elliot Carlson
202-434-3340

Industry Standard
Keith Perrine
202-661-8164

Managed Health Care Magazine
John Jesaitus
303-428-0139

Legal Times
Deidre Davidson
202-828-0312

Psychiatric News
Catherine Brown
202-682-6137

National Psychologist
Henry Saeman
614-861-1999

HIS Insider Weekly
Kerri Smith
480-558-0246

National Underwriters
Mary Jane Fisher
202-783-8443

Home Health Line
Burt Schorr
301-287-2258

Part B News
Vince Taylor
301-287-2389

Aspen Publishers

301-417-7500

FDC Reports
301-657-9830

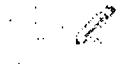
International Medical News Group
301-816-8700

Washington G-2 Reports
202-789-1034

Message Sent To:

Anne M. Edwards/WHO/EOP@EOP
Nanda Chitre/WHO/EOP@EOP
Mark A. Kitchens/WHO/EOP@EOP
Jason H. Schechter/WHO/EOP@EOP
Sarah E. Gegenheimer/WHO/EOP@EOP
Patrick E. Briggs/WHO/EOP@EOP
Victoria L. Valentine/WHO/EOP@EOP
Michael A. Hammer/NSC/EOP@EOP
Richard L. Siewert/WHO/EOP@EOP
Karen C. Burchard/WHO/EOP@EOP
Jenni R. Engebretsen/WHO/EOP@EOP
Denver R. Peacock/WHO/EOP@EOP
Mark C. Sheppard/WHO/EOP@EOP
Key C. German/WHO/EOP@EOP
Lisa Ferdinando/WHO/EOP@EOP
James E. Kennedy/OVP/EOP@EOP
Christine L. Anderson/WHO/EOP@EOP
Stephen N. Boyd/WHO/EOP@EOP
Gilbert S. Gonzalez/WHO/EOP@EOP
Margaret M. Suntum/WHO/EOP@EOP
Natalie S. Wozniak/NSC/EOP@EOP
Pamela P. Carpenter/WHO/EOP@EOP
Helen L. Langan/WHO/EOP@EOP
David B. Stockwell/NSC/EOP@EOP
Alice C. Cook/WHO/EOP@EOP
Drew T. Gardiner/WHO/EOP@EOP
Elliot J. Diringier/WHO/EOP@EOP
Valerie J. Owens/WHO/EOP@EOP
Jennifer H. Smith/WHO/EOP@EOP
Cheri L. Stockham/WHO/EOP@EOP
Craig A. Minassian/WHO/EOP@EOP
Miranda B. Carland/WHO/EOP@EOP
Gregory J. North/WHO/EOP@EOP
Leah M. Bryner/WHO/EOP@EOP
Oliver D. Pangborn/WHO/EOP@EOP

Message Copied To:



Barbara D. Woolley
12/19/2000 05:54:54 PM

Record Type: Record

To: Anna Richter/OPD/EOP@EOP, Karin Kullman/OPD/EOP@EOP, Timothy W. Emrich/WHO/EOP@EOP

cc:

Subject: Updated Validator List

Medical Privacy Event
Wednesday, December 20, 2000

Validators

Janlori Goldman, Director, Consumer Coalition for Health Privacy

Mary Foley, President, American Nurses Association

Joanne Hustead, Director of Legal and Public Policy, President, National Partnership for Women & Families

Ron Pollack, Executive Director, Families USA

Chai Feldblum, Consortium for Citizens with Disabilities

Chris Koyanagi, Policy Director, Bazelon Center for Mental Health Law

Terje Anderson, Executive Director, National Association of People with AIDS

Susan Sanbria, national Multiple Sclerosis Society

William Decker, AARP

Nancy Buelow, Genetic Alliance

Mark Smith, President and CEO, California HealthCare Foundation

Madeleine Golde, SEIU

Marilyn Park, AFL-CIO



Devorah R. Adler
12/18/2000 05:50:55 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc: Sarah E. Gegenheimer/WHO/EOP@EOP, mskolfie@os.dhhs.gov @ inet, Jennifer H. Smith/WHO/EOP@EOP
Subject: press plan for privacy

Hello --

Here's what our current plan is:

We are leaking this Tuesday afternoon beginning at 1 or 1:30. Chris will make the initial press contacts. We will be extremely broad in our discussion of the rule. Melissa Skolfield will work with Chris to answer additional detailed questions. The leak will include: NYT, WSJ, LAT, USA, WP, and AP wire. The AP wire story will be embargoed until 12 am Wednesday, 12/20. The briefings will be on background.

Immediately after the event on Wednesday, DES will brief the press at the top of Jake's briefing. Gary Claxton, Peter Swire, Chris Jennings, and Sally Katzen will be available if there are technical questions.

Wednesday afternoon at about 2 or 2:30, the press office will host a conference call with the trade press. Peter Swire and Gary Claxton / Lisa Rovin will brief on that call. Jennifer, will you start setting up that call tomorrow afternoon -- late? -- and tell them it's a health care briefing (not privacy)?

That's about it, I think. Sarah / Melissa, did I miss anything?

Thanks, Devorah

Message Sent To:

Peter P. Swire/OMB/EOP@EOP
Karin Kullman/OPD/EOP@EOP
Anna Richter/OPD/EOP@EOP
Stephanie A. Cutter/WHO/EOP@EOP
Lauren B. Steinfeld/OMB/EOP@EOP

**PRESIDENT CLINTON ISSUES STRONG NEW CONSUMER PROTECTIONS
TO ENSURE THE PRIVACY OF MEDICAL RECORDS
DRAFT / EMBARGOED UNTIL 12 AM 12/20/00: December 20, 2000**

Today, President Clinton will release a final regulation establishing the first-ever Federal privacy protections for the personal health information of all Americans. This rule, which applies to health insurers, most health care providers, and clearinghouses, will give consumers more control over and access to their health information; set boundaries on the use and release of health records; safeguard that information; establish accountability for inappropriate use and release; and balance public responsibilities with privacy protections. The final regulation ~~improves on the proposed rule by strengthening several key protections, including:~~ ^{strengthens} extending protections to personal medical records in all forms, ~~x~~ including paper records and oral communications; ~~providing~~ ^{inf} for written consent for routine use and disclosure of health records; protecting against unauthorized use of medical records for employment purposes; and ensuring that health care providers have all the information necessary to appropriately treat their patients. ~~However, The President will underscore that despite the importance of today's actions, additional Federal legislation is still needed to~~ ^{also} ~~x(1) extend these privacy protections to life insurers and worker's compensation programs; and x(2) create a private right of action so citizens can hold health plans and providers accountable for inappropriate and harmful disclosures of information.~~

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THE PRIVACY OF INDIVIDUAL MEDICAL RECORDS ARE NOT CURRENTLY PROTECTED. Today, despite the increase in the collection and dissemination of personal data, there is no comprehensive Federal requirement to ~~provide patients with basic privacy protections~~ ^{protect the} such as the right to access their health file or to know to whom their health information is disclosed; nor are there basic protections to ensure that sensitive information is protected from inappropriate use or disclosure. Recent studies show demonstrate a rising level of public concern about privacy; in 1999, over 80 percent of people surveyed agreed with the statement that they had "lost all control over their personal information." Under the current loose patchwork of state laws, personal health information can often be distributed without consent for reasons that have nothing to do with a patient's treatment. Often, information held by an insurer can be passed on to a lender who can then deny that patient's application for a home mortgage or a credit card, or to an employer who uses it in personnel decisions. Personal health information may be disclosed for insurance underwriting purposes, for market research, or any other reason without any safeguards to protect it against misuse. In addition, patients wishing to access or control the release of such records may be unable to do so because of overwhelming barriers established by their insurance company, health care provider, or anyone else who holds their records. ^{of patients, such}

PRESIDENT CLINTON TAKES FINAL ACTION NECESSARY TO IMPLEMENT NEW NATIONAL SAFEGUARDS FOR SENSITIVE HEALTH INFORMATION. The final regulation, which will be fully implemented within two years, is being issued under the authority of the bipartisan Health Insurance Portability and Accountability Act (HIPAA). This regulation, which underscores the Administration's commitment to safeguarding the security of personal health information, will:

GIVE CONSUMERS CONTROL OVER THEIR HEALTH INFORMATION

- **Inform consumers how their health information is being used.** This new regulation requires health plans and providers to inform patients about how their information is being used and to whom it is disclosed. It also gives each individual patient a right to a "disclosure history," listing the entities that received information unrelated to treatment or payment, that must be provided within 60 days.
- **Limit the release of private health information without consent.** This rule establishes a new Federal requirement for doctors treating patients and hospitals to obtain patients' written consent to use their health information even for routine purposes, such as treatment and payment. Other, non-routine disclosures would require separate, specific patient authorization.
- **Give patients access to their own health file and the right to request amendments or corrections.** The regulation gives patients the right to see and copy their own records as well as the right to request correction of potentially harmful errors in their health files. These access and amendment rights are a core part of efforts to protect individual privacy. Without them, a person with an improper diagnosis in his or her medical file could be denied health insurance and left with no redress.

SET BOUNDARIES ON MEDICAL RECORD USE AND RELEASE

- **Restrict the amount of information used and disclosed to the "minimum necessary."** Currently, health care providers and plans often release a patient's entire health record even if an employer or other entity only needs specific information, such as the information necessary to process a worker's compensation claim. This new regulation restricts the information that is used and disclosed to the minimum amount necessary.

ENSURE THE SECURITY OF PERSONAL HEALTH INFORMATION

- **Require the establishment of privacy-conscious business practices.** The regulation requires the establishment of internal procedures to protect the privacy of health records. They include: training employees about privacy considerations in the workplace; receiving complaints from patients on privacy issues; designating a "privacy officer" to assist patients with complaints; and ensuring that appropriate safeguards are in place for the protection of health information. Many responsible doctors, hospitals and health plans already provide these common-sense services for their patients, and were instrumental in advocating for a national standard.

ESTABLISH ACCOUNTABILITY FOR MEDICAL RECORD USE AND RELEASE

- **Create new criminal and civil penalties for improper use or disclosure of information.**

In the past, there often has not been any legal basis to prosecute individuals who inappropriately disclose private medical information. This rule applies the standards included in HIPAA to create new criminal penalties for intentional disclosure – up to \$50,000 and up to a year in prison. Disclosure with intent to sell the data is punishable with a fine of up to \$250,000 and up to 10 years in prison. The regulation also establishes new civil penalties of \$100 per person for unintentional disclosures and other violations (up to \$25,000 per person per year). Although these enforcement provisions will be helpful, they are no substitute for a private right of action, which makes it possible for patients to be compensated for harmful plan actions.

BALANCE PUBLIC RESPONSIBILITY WITH PRIVACY PROTECTIONS

- **Require that information be disclosed only for public health priorities and other responsible research.** The regulation balances the need to protect the public health and support carefully monitored medical research against the need to protect personal medical records from misuse and abuse. The regulation recognizes that threats to public health, such as life-threatening and easily transmitted infectious diseases, will require appropriate monitoring by public health authorities. The regulation encourages health professionals to use de-identified records whenever possible.

FINAL REGULATION INCLUDES KEY CHANGES TO STRENGTHEN PRIVACY PROTECTIONS. In response to over 50,000 comments submitted by the public, the final regulation being released today strengthens patient protection and control over their health information by:

- **Extending coverage to personal medical records in all forms – including paper records and oral communications.** The proposed regulation released last year was limited to electronic records and any paper records that previously existed in electronic form. The final regulation provides protection for paper and oral in addition to electronic information, creating a privacy system that covers all personal health information created or held by covered entities. Comments received on the proposed regulation affirmed that the Administration had the authority to extend coverage to paper records and overwhelmingly supported broadening the regulation to these records because it would be impractical to have two separate sets of privacy standards for different sets of records.
- **Requiring consent for routine use and disclosure of health records.** The proposed regulation released last year allowed routine disclosure of health information without advance consent for purposes of treatment, payment, and health care operations. The final regulation ensures that written consent for disclosures by front line providers– even routine ones – be obtained in advance. This new requirement was strongly supported by physician and patient advocacy groups.

- **Protecting against unauthorized use of medical records for employment purposes.** The proposed regulation included a loophole that would have allowed large self-insured employers to access personal health information for employment or other purposes unrelated to health care without consent. The final regulation eliminates that loophole.
- **Ensuring that health care providers have all the information necessary to appropriately treat their patients.** For most disclosures of health information, such as health information submitted with bills, providers may send only the minimum information needed for the purpose of the disclosure. However, when treating patients, health care providers often need to be able to share more complete information with other providers. The final rule gives providers full discretion in determining what personal health information to include when sending patient records to other providers for treatment purposes.

FINANCIAL IMPACT OF IMPLEMENTATION OF PRIVACY REGULATION.

Recognizing the savings and cost potential of standardizing electronic claims processing and protecting privacy and security, the Congress provided in HIPAA 1996 that the overall financial impact of the HIPAA regulations reduce costs. As such, the financial assessment of the privacy regulation includes the ten-year \$29.9 billion savings HHS projects for the recently released electronic claims regulation and the projected \$17.6 billion in costs projected for the privacy regulation. This produces a net savings of approximately \$12.3 billion for the health care delivery system while improving the efficiency of health care as well as privacy protection.

PRESIDENT CLINTON CALLS ON THE CONGRESS TO ENACT PRIVACY LEGISLATION TO FINISH THE JOB.

Today, President Clinton will once again call on Congress to finish the job and enact further protections that the American people want and need. The regulation being finalized today represents a critical step towards protecting patient privacy that became necessary after Congress failed to act in the three-year timeframe it gave itself in 1996. However, the President's administrative authority is limited by statute and there remains an urgent need for Federal privacy protections in critical areas. Today's protections, do not directly extend to many entities, including life insurers and worker's compensation programs at employers – thus allowing for the unlimited reuse of information by such entities. Federal legislation is also needed to fortify the penalties and to create a private right of action so that citizens can hold health plans and providers directly accountable for inappropriate and harmful disclosures of information.

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001. schedule	Schedule of the President for Wednesday December 20 2000; RE: phone numbers [partial] (1 page)	12/18/2000	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Anna Richter
OA/Box Number: 23736

FOLDER TITLE:

Medical Privacy 12/20

2011-0638-S

ms155

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or
financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President
and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of
personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed
of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C.
2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of
an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of
personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement
purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of
financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information
concerning wells [(b)(9) of the FOIA]

[001]

Wednesday, December 20, 2000

**SCHEDULE OF THE PRESIDENT
FOR
WEDNESDAY, DECEMBER 20, 2000**

Draft Schedule

SCHEDULING DIRECTOR:

STEPHANIE STREETT

HOME: P6/(b)(6)
OFFICE: 202-456-2823
SKY PAGER: 1150885

PRESS DESK:

HELEN LANGAN

HOME: P6/(b)(6)
OFFICE: 202-456-7465
WHCA PAGER: 4617

EVENT COORDINATOR:

SHARON KENNEDY

HOME: P6/(b)(6)
OFFICE: 202-456-6749
WHCA PAGER: 4389

EVENT COORDINATOR:

SARAH ROZENSKY

HOME: P6/(b)(6)
OFFICE: 202-456-2920
WHCA PAGER: 4578

EVENT COORDINATOR:

TIMOTHY EMRICH

HOME: P6/(b)(6)
OFFICE: 202-456-5306
WHCA PAGER: 4161

EVENT COORDINATOR:

KIM WIDDESS

HOME: P6/(b)(6)
OFFICE: 202-456-6330
WHCA PAGER: 4725

WEATHER:

WASHINGTON, D.C.

December 18, 2000 (1:58 PM)

Wednesday, December 20, 2000

**SCHEDULE OF THE PRESIDENT
FOR
WEDNESDAY, DECEMBER 20, 2000
*Draft Schedule***

9:00	am-	MEETING
9:15	am	RESIDENCE ELEVATOR Contact: John Podesta
9:15	am-	BRIEFING
9:20	am	RESIDENCE ELEVATOR Staff Contact: Ellen Lovell, Melanne Verveer, Capricia Marshall
9:20	am-	MEET AND GREET WITH AWARDEES AND FAMILIES
10:10	am	MAP ROOM, DIPLOMATIC RECEPTION ROOM, STATE FLOOR Staff Contact: Ellen Lovell, Melanne Verveer, Capricia Marshall Event Coordinator: Sharon Kennedy CLOSED PRESS
 Note: There will be approximately 350 guests in attendance.		
10:15	am	THE PRESIDENT and the First Lady depart The White House via motorcade en route Constitution Hall, Daughters of the American Revolution [drive time: 5 minutes]
10:20	am	THE PRESIDENT and the First Lady arrive Constitution Hall, Daughters of the American Revolution Greeters: TBD, President-General, Daughters of the American Revolution

December 18, 2000 (1:58 PM)

Wednesday, December 20, 2000

10:25 am-
10:40 am

MEET AND GREET

D STREET HALL

Constitution Hall, Daughters of the American Revolution

Staff Contact: Ellen Lovell, Melanne Verveer, Capricia Marshall

Event Coordinator: Sarah Rozensky, Sharon Kennedy

CLOSED PRESS

Note: There will be approximately 50 guests in attendance.

-- The President will greet members of the National Council on the Arts
National Council on the Humanities, President's Committee on the Arts
& Humanities, Design Award Recipients and Youth Giving Project.

10:40 am

THE PRESIDENT and the First Lady proceed to Reception Room for
announce

December 18, 2000 (1:58 PM)

Wednesday, December 20, 2000

10:45 am-
12:00 pm

**NATIONAL MEDAL OF ARTS AND HUMANITIES CEREMONY
ROOM TBD**

Constitution Hall, Daughters of the American Revolution

Remarks: John Pollack

Staff Contact: Ellen Lovell, Melanne Verveer

Event Coordinator: Sarah Rozensky, Sharon Kennedy

OPEN PRESS

Note: There will be a pre-program.

Note: There will be approximately 1,400 guests in attendance.

- Off-stage announcement of Bill Ivey, Chairman, NEA, Bill Ferris, Chairman, NEH, John Brademas, Chairman, President's Committee on Arts.
- Off-stage announcement of Recipients of the 2000 National Medal of Arts.
- Off-stage announcement of Recipients of the 2000 National Humanities Medal
- Off-stage announcement of **the President** and the First Lady to *Honors*.
- United House of Prayer performs.
- Chicago Children's Choir performs. (T)
- The First Lady makes remarks and introduces **the President**.
- **The President** makes remarks about each awardee and presents their medals individually.
- The Recipient proceeds to stage and stands between **the President** and the First Lady.
- TBD, Military Aide reads the citation (T) and presents medal to **the President**
- **The President** places medal around recipient's neck.
- After each presentation, **the President**, the First Lady and the Recipient pause for a photo and the Recipient returns to his/her seat.
- Upon conclusion of the TBD presentations, **the President** makes closing remarks and **the President** and the First Lady depart.

December 18, 2000 (1:58 PM)

2pm CALL
TUESDAY

Baerdrop: Medical Privacy - A Patient's Right

Wednesday, December 20, 2000

12:00 pm THE PRESIDENT departs Constitution Hall, Daughters of the American Revolution via motorcade en route Department of Health and Human Services
[drive time: 10 minutes]

Note: The First Lady departs separately at this time.

12:10 pm THE PRESIDENT arrives Department of Health and Human Services

Greeters: Secretary Donna Shalala
(curbside)

(inside) Deputy Secretary Kevin Thurm

* 1-2 Health and Human Services Persons TBD

B. Woolley * 4-5 Persons TBD

Audience: (300 total)

Cabinet Affairs } 150
Legislative Affairs }

OPL - 100

overflow Room
holds 100 PP

12:15 pm-
1:05 pm

MEDICAL PRIVACY EVENT
GREAT HALL
Department of Health and Human Services
Remarks: Paul Glasstris
Staff Contact: Bruce Reed
Event Coordinator: Timothy Emrich
OPEN PRESS

Note: There will be approximately 300 guests in attendance.

Janlori Goldman:
Consumer Coalition for
Health Privacy,
Director

-- Off-stage announcement of the President, accompanied by Secretary Donna Shalala, Janlori Goldman, Privacy Expert, and Consumer Patients Expert TBD.

-- Secretary Donna Shalala makes brief remarks and introduces Janlori Goldman, Privacy Expert.

-- Janlori Goldman makes brief remarks and introduces [Consumer Patients Expert TBD.]

-- Consumer Patients Expert TBD makes brief remarks and introduces the President.

-- The President makes remarks, works a ropeline and departs.

1:10 pm THE PRESIDENT departs Department of Health and Human Services via motorcade en route The White House
[drive time: 10 minutes]

December 18, 2000 (1:58 PM)

Wednesday, December 20, 2000

1:20	pm	THE PRESIDENT arrives The White House
1:30	pm-	HOLD
2:15	pm	
2:20	pm-	MEETING
2:30	pm	OVAL OFFICE Staff Contact: Stephanie Streett
2:30	pm-	STAFF PHOTOS
3:15	pm	OVAL OFFICE Staff Contact: Nancy Herrnreich WHITE HOUSE PHOTO ONLY
3:15	pm-	PHONE AND OFFICE TIME
7:00	pm	OVAL OFFICE
7:00	pm-	DOWN TIME
7:30	pm	RESIDENCE

Note: The following event is Black Tie.
--

7:30	pm-	RECEIVING LINE
8:45	pm	GRAND FOYER Staff Contact: Ellen Lovell, Melanne Verveer Event Coordinator: Kim Widdess POOL PRESS

Note: There will be approximately 500 guests in attendance.

8:45	pm-	NATIONAL MEDAL OF ARTS AND HUMANITIES DINNER
10:30	pm	PAVILION Remarks: Staff Contact: Ellen Lovell, Melanne Verveer Event Coordinator: Kim Widdess POOL PRESS (TOAST ONLY)

Note: Black Tie

Note: There will be approximately 500 guests in attendance.

BC / HRC RON	THE WHITE HOUSE WASHINGTON, D.C.
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December 18, 2000 (1:58 PM)

Devorah R. Adler
12/18/2000 02:57:14 PM

Record Type: Record

To: Karin Kullman/OPD/EOP@EOP, Barbara D. Woolley/WHO/EOP@EOP, Anna Richter/OPD/EOP@EOP
cc:
Subject: here's my quick draft rollout plan

I think that before I talk to the press office about the trade calls, I need to clear this with Chris -- but this is what I am thinking.

DRAFT: MEDICAL RECORDS PRIVACY ROLLOUT SCHEDULE

TUESDAY, DECEMBER 19

Mid-Afternoon: Heads Up Calls to Reporters
Chris Jennings / Melissa Skolfield

Mid Afternoon: Senate Staff Call
Jeffords, Kennedy, Frist, Dodd, Leahy, Daschle, Shelby and Bennett
Gary Claxton, Jane Horvath, Peter Swire

House Staff Call
Gephardt, Dingell, Waxman, Sherrod Brown, Markey, Stark,
McDermott, Cardin, Condit, and Thomas
Gary Claxton, Jane Horvath, Peter Swire

After 6:30 pm: Heads Up Call to Groups
Privacy Coalition
Barbara Woolley, Gary Claxton, Chris Jennings, Peter Swire

WEDNESDAY, DECEMBER 20

12:10 - 1:00 pm: Medical Privacy Event

Time TBD: Press Briefing
WH Briefing Room
DES (Chris Jennings, Gary Claxton, Peter Swire for backup)

Time TBD: Additional Hill Briefings
Senate HELP staff (bipartisan - Leahy, Feinstein, Bennett, and Shelby)

Ways and Means (bipartisan)
House Commerce (bipartisan)

Time TBD:

Briefing with Trade Reporters
Jennifer Smith, Peter Swire, Lisa Rovin

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. schedule	Schedule of the President for Wednesday December 20 2000; RE: phone numbers [partial] (1 page)	12/15/2000	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Anna Richter
OA/Box Number: 23736

FOLDER TITLE:

Medical Privacy 12/20

2011-0638-S

ms155

RESTRICTION CODES

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Wednesday, December 20, 2000

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FOR
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Draft Schedule

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SKY PAGER: 1150885

PRESS DESK:

KAREN BURCHARD

HOME: P6/(b)(6)
OFFICE: 202-456-7193
WHCA PAGER: 4769

EVENT COORDINATOR:

SHARON KENNEDY

HOME: P6/(b)(6)
OFFICE: 202-456-6749
WHCA PAGER: 4389

EVENT COORDINATOR:

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WEATHER:

WASHINGTON, D.C.

December 15, 2000 (12:31 PM)

Wednesday, December 20, 2000

**SCHEDULE OF THE PRESIDENT
FOR
WEDNESDAY, DECEMBER 20, 2000
*Draft Schedule***

9:00	am-	MEETING
9:15	am	RESIDENCE (T) Contact: John Podesta
9:15	am-	BRIEFING
9:20	am	RESIDENCE ELEVATOR Staff Contact: Ellen Lovell, Melanne Verveer, Capricia Marshall
9:20	am-	MEET AND GREET WITH AWARDEES AND FAMILIES
10:00	am	MAP ROOM, DIPLOMATIC RECEPTION ROOM, STATE FLOOR Staff Contact: Ellen Lovell, Melanne Verveer, Capricia Marshall Event Coordinator: Sharon Kennedy CLOSED PRESS
 Note: There will be approximately 350 guests in attendance.		
10:05	am	THE PRESIDENT and the First Lady depart The White House via motorcade en route Daughters of the American Revolution [drive time: 5 minutes]
10:10	am	THE PRESIDENT and the First Lady arrive Daughters of the American Revolution
10:15	am-	MEET AND GREET
10:30	am	ROOM TBD Daughters of the American Revolution Staff Contact: Ellen Lovell, Melanne Verveer, Capricia Marshall Event Coordinator: Sarah Rozensky, Sharon Kennedy CLOSED PRESS

Note: There will be approximately 50 guests in attendance.

December 15, 2000 (12:31 PM)

220
100
320

2:00pm Monday - call -

Wednesday, December 20, 2000

10:30 am-
11:45 am

**NATIONAL MEDAL OF ARTS AND HUMANITIES CEREMONY
CONSTITUTION HALL**

Daughters of the American Revolution

Remarks: John Pollack

Staff Contact: Ellen Lovell, Melanne Verveer

Event Coordinator: Sarah Rozensky

OPEN PRESS

Note: There will be approximately 1,400 guests in attendance.

- Program TBD.

11:50 am

THE PRESIDENT departs Daughters of the American Revolution via motorcade en route Department of Health and Human Services

[drive time: tbd minutes]

Note: The First Lady departs separately at this time.

12:05 pm

THE PRESIDENT arrives Department of Health and Human Services

12:10 pm-

1:00 pm

MEDICAL PRIVACY EVENT seats 300-400

~~Department of Health and Human Services~~ Great Hall 200 Independence Ave

Department of Health and Human Services

Remarks: Paul Glastris

Staff Contact: Bruce Reed

Event Coordinator: Timothy Emrich

PRESS TBD

Stage Participants: Drs w/ white coats? (TBD)

Audience: real time: 11:15am

Barbara: 100 (groups)

Marty: 15

Cabinet: HHS, OMB

150

Speaking Program:

Shalala

Privacy expert (Janlori)

Consumer/MD

POTUS

director of the health privacy project @ GT - law school

1:05 pm

THE PRESIDENT departs Department of Health and Human Services

via motorcade en route The White House

[drive time: tbd minutes]

1:20 pm

THE PRESIDENT arrives The White House

1:25 pm-

1:30 pm

MEETING

OVAL OFFICE

Staff Contact: Stephanie Streett

1:30 pm-

3:30 pm

PHONE AND OFFICE TIME

OVAL OFFICE

3:30 pm-

4:00 pm

BRIEFING AND MAKE-UP

OVAL OFFICE

Staff Contact: Jake Siewert

December 15, 2000 (12:31 PM)

Event is called:

don't start invites until Monday afternoon - Health Care Event

Wednesday, December 20, 2000

4:00 pm- **TAPED INTERVIEW WITH DAN RATHER OF CBS**
4:50 pm **LOCATION TBD**
Staff Contact: Jake Siewert

5:00 pm- **DOWN TIME**
7:45 pm **RESIDENCE**

Note: The following event is Black Tie.
--

7:45 pm- **RECEIVING LINE**
8:15 pm **GRAND FOYER**
Staff Contact: Ellen Lovell, Melanne Verveer
Event Coordinator: Kim Widdess
EXPANDED POOL PRESS (T)

Note: There will be approximately 130 (T) guests in attendance.

8:20 pm- **NATIONAL MEDAL OF ARTS AND HUMANITIES DINNER**
9:35 pm **PAVILION**
Remarks:
Staff Contact: Ellen Lovell, Melanne Verveer
Event Coordinator: Kim Widdess
POOL PRESS (TOAST ONLY) (T)

Note: Black Tie

Note: There will be approximately tbd guests in attendance.

9:45 pm- **NATIONAL MEDAL OF ARTS AND HUMANITIES DESSERT**
10:10 pm **RECEPTION**
PAVILION
Remarks:
Staff Contact: Ellen Lovell, Melanne Verveer
Event Coordinator: Kim Widdess
POOL PRESS (REMARKS ONLY) (T)

Note: Black Tie

Note: There will be approximately tbd guests in attendance.

BC / HRC RON **THE WHITE HOUSE**
WASHINGTON, D.C.

December 15, 2000 (12:31 PM)