OP-ED

It's time for serious legislation to protect medical privacy

By C.B. Rogers Jr.

Now that serious attention is being given to developing a being given to developing a I believe that Congress should enact a comprehensive medical information privacy law to protect the confidentiality and security of the personal health information of all Americans. I believe Congress must do this now, not three years after a national health reform plan is enacted, as originally proposed by the Clinton administration.

Federal action is needed for two fundamental reasons:

First, health industry leaders and the public see federal action as a priority in reshaping the nation's health care system. Last year, Equifax sponsored an in-depth national survey by the Louis Har-

C.B. Rogers Jr. is chairman and chief executive officer of Atlantabased Equifax Inc. ris organization and Dr. Alan Westin of Columbia University, one of the nation's leading privacy experts. The survey found:

85 percent of the public and similar percentages of health industry leaders rank "insuring the confidentiality of people's medical records" in any health care reform as "very important" or "absolutely essential."

■27 percent of the public — representing 50 million American adults, report that an organization to which they have given their medical information has disclosed it to others improperly. Fifty-nine percent of health industry leaders say they consider violations of medical record confidentiality "a serious problem" today.

The lack of legal guidelines for handling personal medical information beyond the places where direct health care is provided worries both the public and industry. That is why, even though laws defining medical privacy have traditionally been set at the state level, 56 percent of the public and 65 percent of hospital leaders told the Harris interviewers that the time has come for rules on health information confidentiality to be set on a national basis

The second reason we need national privacy standards is to guide the operations of computer systems that are increasingly being used to automate patient records and provide electronic health data exchanges. Information-technology firms such as Equifax know that electronic systems will be vital to improving patient care, reducing paperwork burdens, controlling fraud. The American public agrees:

6 percent believe it will be essential to increase individual record-keeping and apply advanced computer technology "if we are to manage health care reform efficiently."

84 percent say it is acceptable to issue everyone a national health insurance card for accurate identification and to administer a national health care system.

But the public is also concerned about the effects that increased computer uses could have on patient privacy. Three out of four worry that medical information in a computerized national health information system will be used for many non-health purposes, and 75 percent worry that persons inside the health care system may disclose information improperly. The bottom line is that the pub-

ic wants the benefits of technology applications in health care — and health care reform — but is worried about the way that personal medical information is being handled today. People want enforceable rules of the road from Congress.

Unlike some privacy situations in recent years — where business or government agencies disagree with consumer and privacy advocates about the content of federal regulation — the leading players in health care privacy have been moving toward a basic consensus during the past year. The key principles of a national health information privacy law have been well identified — and drew very strong public support

when they were tested in the Harris survey. A good statute should: Designate all personal medical

information as sensitive and penalize unauthorized disclosure (sup-

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ported by 96 percent of the public). Spell out who has access to medical records and what information can be obtained (supported by 96 percent of the public).

Provide a right of access by individuals to their medical records in the system. This not a legal right today in 23 states (supported by 95 percent of the public).

Encourage selection of data processing organizations handling personal medical information based on their record of implementing confidentiality and security standards (94 percent of the public agrees).

There will clearly be many balances of social interest to work out in any such law. But the time to develop and refine a national health information privacy law has come. As a company already involved in handling health measurement and health claims data, we have our own code of privacy and fair information practices for handling medical records. But we, like the health care professionals and health care support industries, need the standards of a sound national law to guide our relationships with each other and with all the individuals whose records are entrusted to us.

The message is clear: No health care reform plan will be acceptable to the American public unless the privacy, confidentiality, access, and security issues involved in a national health care system are directly and comprehensively addressed by federal legislation.

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