Overview

This bill specifies when health maintenance organizations (HMOs) are permitted to or prohibited from disclosing personal information, privileged information, and health information about enrollees or applicants. An existing subdivision of law (section 62D.14, subd. 4) prohibits the release of data relating to the health of any enrollee or any application, but it does not specify to whom it applies. This bill (1) rewrites that subdivision to make it apply to HMOs; (2) adds cross-references in chapter 62D to provisions in chapter 72A that govern the release of personal and privileged information; (3) classifies data obtained by the commissioner of health from HMOs; and (4) modifies a term used in chapter 72A.


2. **Classification of data.** Adds subd. 4a to § 62D.14. Classifies any data obtained by the commissioner of health in the course of regulating HMOs, as private data on individuals or as nonpublic data. Protects such data and allows it to be released consistent with a subdivision governing protection and release of information obtained by the commissioner of commerce in the course of supervising and examining insurance companies.

3. **Disclosure of information held by health maintenance organizations.** Adds § 62D.145. Subdivision 1 adds cross-references in chapter 62D to provisions in another chapter that govern an HMO's ability to disclose personal information and privileged information. Subdivision 2 specifies the circumstances under which an HMO may disclose individually identifiable health data or information.

   - **Subd. 1. Personal and privileged information.** Provides cross-references in chapter 62D, which governs HMOs, to provisions in chapter 72A that regulate the ability of HMOs and other insurers to disclose personal information and privileged information.
   - **Subd. 2. Health data or information.** Specifies that an HMO is prohibited from disclosing any individually identifiable data or information regarding the diagnosis, treatment, or health of any...
enrollee or any application obtained, except in the following circumstances:

to the commissioner of health to regulate HMOs, provided the data does not identify
particular patients or clients or contain unique personal identifiers;
with the enrollee's or applicant's consent;
pursuant to a statute or court order for the production of evidence or discovery;
as part of litigation or a claim between the subject of the data and a provider or HMO,
when the data is pertinent;
as otherwise authorized by statute; or

to meet the requirements of contracts for prepaid medical services with DHS.

Also allows the commissioner of health to obtain data that identifies patients or clients by
name when the data are needed for a case involving a suspected violation of law by an
HMO. Allows HMOs to claim any statutory privileges against the disclosure of the
information that a provider would be entitled to claim. (The content of this subdivision
comes from section 62D.14, subdivision 4, which is being repealed. This subdivision
differs from the subdivision being repealed by (1) specifying that it governs an HMO's
ability to disclose information, while the existing subdivision does not specify to whom it
applies; and (2) prohibiting the release of individually identifiable information, rather
than classifying the data as private.)

4  **Personal information.** Amends § 72A.491, subd. 17. In the definition of "personal information"
for sections 72A.49 to 72A.505, changes a term used from "health information," a term which is
not defined for these sections, to "health record information," a term which is defined. (Health
record information is defined in section 72A.491, subdivision 10.)

5  **Repealer.** Repeals section 62D.14, subd. 4.