

An aerial photograph of the University of California campus, showing various buildings and greenery. In the background, the San Francisco skyline is visible through a light haze. The text is overlaid on the upper portion of the image.

University of California
2019 Ethics, Compliance and Audit
Symposium

REACHING NEW HEIGHTS



Regulatory and Ethical Challenges in "Big Data" Research

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CALIFORNIA CONSUMER PRIVACY ACT

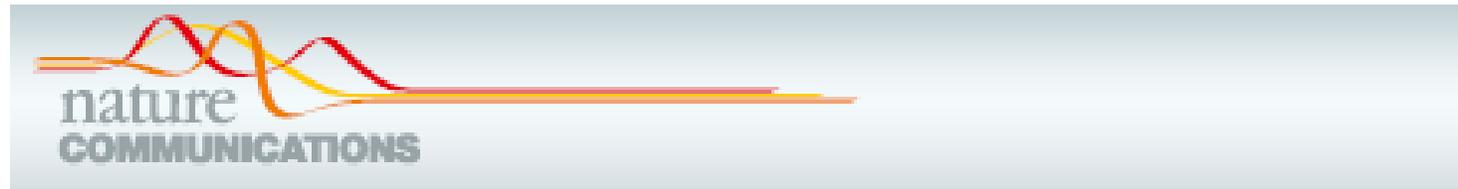


The New York Times

July 23, 2019, Gina Kolata

Your Data Were 'Anonymized'? These Scientists Can Still Identify You

Computer scientists have developed an algorithm that can pick out almost any American in databases supposedly stripped of personal information.



ARTICLE

<https://doi.org/10.1038/s41467-019-10933-3>

OPEN

Estimating the success of re-identifications in incomplete datasets using generative models

Luc Rocher ^{1,2,3}, Julien M. Hendriks¹ & Yves-Alexandre de Montjoye^{2,3}

Agenda

- Use of data without consent
 - HIPAA
 - Common Rule
 - 42 CFR Part 2
 - California Consumer Privacy Act (CCPA)
 - EU General Data Protection Regulation (GDPR)
- Use of data with consent
- Key elements of an ethical data governance process

HIPAA

- De-identified data
 - Is genetic information Protected Health Information (PHI)?
 - Genetic information is “health information”
 - Health information is PHI if it is “individually identifiable information”: identifies the individual or “there is a reasonable basis to believe the information can be used to identify the individual”
 - Office for Civil Rights (OCR) has concluded that not all genetic information is “individually identifiable,” but has not provided guidance on when genetic information is individually identifiable
 - Common interpretation: genetic information is not PHI unless it is accompanied by HIPAA identifiers or unless you know recipient has the ability to link the genetic information to a person’s identity

HIPAA

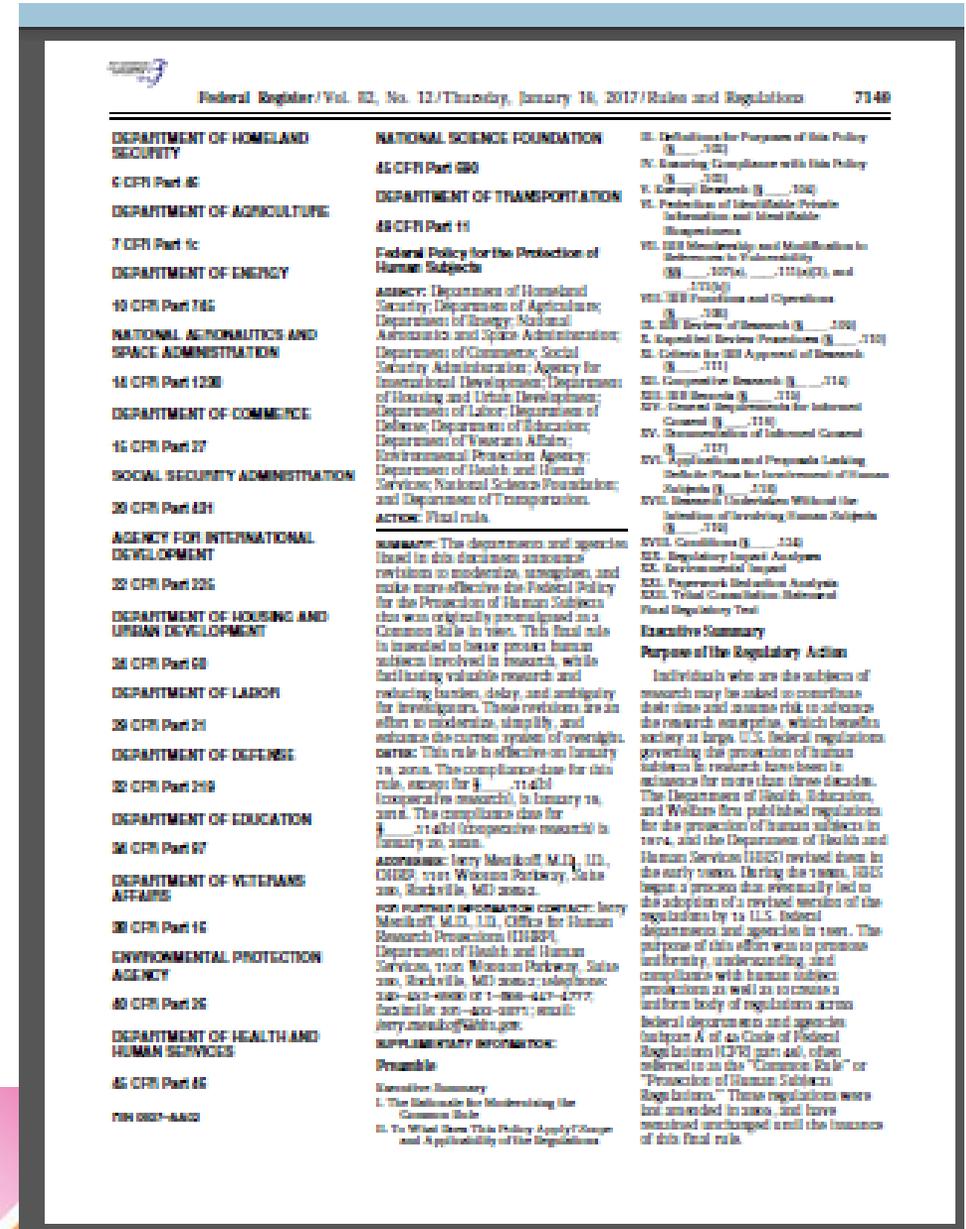
- De-identified data: data use agreement recommended
 - Prohibits re-identifying or contacting individuals*
 - Restricts use/disclosure to research project, prohibits any other use/disclosure unless required by law*
 - Restricts access to defined personnel/agents/subcontractors working on the research project (with agreement to comply with DUA terms)*
 - Expressly prohibits downstream disclosures without permission
 - Prohibits combining with other datasets without permission
 - Requires reporting of unauthorized use or disclosure*
 - Requires reasonable safeguards*
 - Data destruction when project is done (unless necessary to support research results or if validly retained for future research)
- Limited data sets: data use agreement required terms *

HIPAA

- IRB waiver of HIPAA authorization to use/disclose fully-identifiable PHI
 - Common documentation problem -- IRB grant of HIPAA authorization waiver does not include all required documentation requirements:
 - Date of action
 - Statement that IRB has determined that waiver satisfies the following criteria: (1) no more than minimal risk to privacy, based on an adequate plan to protect identifiers, adequate plan to destroy the identifiers at the “earliest opportunity consistent with conduct of the research,” adequate written assurance that no PHI will be reused or disclosed (except as required by law, for HIPAA-compliant research, or for authorized oversight of study); (2) research could not be conducted without the waiver; (3) research could not be conducted without the PHI
 - Description of PHI needed for the research
 - Statement that has been reviewed under normal or expedited procedures
- Preparatory to research activities
 - Cannot “remove” PHI from the covered entity

Common Rule

- Non-identifiable data
 - Upcoming guidance on what technologies will generate identifiable data – whole genome sequencing up first for evaluation
 - Potential disconnect with HIPAA
- The new exemption for secondary use of data that is regulated by HIPAA
 - Applies to research within and between covered entities – watch university “hybrid entities”
 - De-identified information



42 C.F.R. Part 2

- 42 C.F.R. Part 2 amended on 1/17/11 (effective 3/21/17) and on 1/3/18 (effective 2/2/18) -- new regulations expected soon!
- Part 2 regulations apply to (1) “federally assisted” substance use disorder “programs”; and (2) “lawful holders” that receive Part 2-protected data under the regulations (providers with consent and a re-disclosure notice, health plans with consent and researchers without consent)
- Part 2 –protected data
 - Identifies a patient as having (or having had) a substance use disorder
 - Was obtained by a “federally assisted” Part 2 “program”

42 C.F.R. Part 2

- 2017 amendments changed the old rule requiring approval by the program director for research
- Now may use or disclose Part 2 data if determination that the recipient:
 - Is a HIPAA covered entity or business associate and has HIPAA authorization or waiver of authorization;
 - Is subject to the Common Rule and has informed consent or waiver of informed consent or is exempt;
 - If both HIPAA covered entity and subject to Common Rule, complies with both

42 C.F.R. Part 2

- If not a HIPAA covered entity or business associate, and not subject to the Common Rule, requires patient consent
- Part 2 consent requirements are problematic for research
 - Consent form could permit disclosure to: (1) a research institution with a treating relationship with the patient; (2) to a research institution without a treating relationship if re-discloses only to treating providers; or (3) to specific named individuals
 - Other requirements not consistent with HIPAA or the Common Rule

42 C.F.R. Part 2

- An individual or entity that receives Part 2 for research:
 - Is fully bound by the Part 2 Regulations and must resist in judicial proceedings any efforts to obtain access to patient records except as permitted by the Part 2 Regulations;
 - Must not re-disclose patient identifying information except back to the individual or entity from whom that patient identifying information was obtained or as permitted under the data linkage provisions;
 - May include Part 2 data in research reports only in aggregate form in which patient identifying information has been rendered non-identifiable such that the information cannot be re-identified and serve as an unauthorized means to identify a patient, directly or indirectly, as having or having had a substance use disorder;
 - Must maintain and destroy patient identifying information in accordance with the security policies and procedures; and
 - Must retain records in compliance with applicable federal, state, and local record retention laws

42 C.F.R. Part 2

- Researchers may request linkages to data sets from data repositories:
 - Obtain IRB review by OHRP-registered IRB to ensure patient privacy is considered and the need for identifiable data is justified;
 - Upon request, provide evidence of the IRB approval of the research project that contains the data linkage component; and
 - Ensure that patient identifying information obtained is not provided to law enforcement agencies or officials
- Data repository that receives Part 2 data is fully bound by the Part 2 regulations and:
 - After providing the researcher with the linked data, must destroy or delete the linked data from its records, including sanitizing any associated hard copy or electronic media, to render the patient identifying information non-retrievable; and
 - Ensure that the patient identifying information is not provided to law enforcement agencies or officials

The California Consumer Privacy Act

- Cal. Civil Code 1798.100-1798.199
- New proposed regulations published October 11, 2019 at <https://www.oag.ca.gov/privacy/ccpa>
- Applies only to for profit entities
- Will affect any for-profit collaborators:
 - CCPA's definition of de-identified data is not harmonized with the HIPAA standards
 - CCPA's existing clinical trial exemption does not apply non-interventional data-based research

The EU General Data Protection Regulation

- See UCOP Research Policy Analysis and Coordination page :
<https://www.ucop.edu/research-policy-analysis-coordination/policies-guidance/general-data-protection-regulation/index.html>
- Jurisdictional reach:
 - Applies to organizations “established” (with a physician location) within the European Economic Area (EEA)
 - Applies to organizations outside the EEA that offer goods or services to data subjects within the EEA (clinical trial recruitment) or monitor the behavior of data subjects within the EEA (collection of research data from research participants)
- Applies to EEA research collaborator transfer of “Personal Data” to the United States

What is “Personal Data” under the GDPR?

- Any data that directly or indirectly identifies a living person (not just patients)
 - Name, identification number, location data, online identifiers, factors specific to the physical, psychological, genetic, mental, economic, cultural or social identity
- More sensitive data have special protection
 - Genetic data, biometric data for the purpose of creating unique identification, data concerning health, data regarding race, religion, politics, sex
- Treatment of de-identified data
 - No de-identification “safe harbor” – data is “anonymized” if under a “facts and circumstances” test, the data cannot be identified by any means “reasonably likely to be used ... either by the controller or by another person”
 - “Pseudonymised” (coded) still personal data

When is Consent Required under the GDPR?

- GDPR requires a legal basis for “processing” data
 - Consent;
 - Necessary for compliance with a legal obligation of “controller”;
 - Necessary for purposes of the “legitimate interests” of the controller (which includes research); or
 - Other provisions not generally relevant in the healthcare setting
- GDPR requires additional legal basis for processing special categories of sensitive data
 - Explicit consent;
 - Necessary for preventive or occupational medicine, medical diagnosis, the provision of health or social care or treatment;
 - Necessary for public health;
 - Necessary for scientific research; or
 - Other provisions not generally relevant in the healthcare setting

If Consent Is Sought under the GDPR?

- Guidance from the “Working Party” requires consent (“explicit” consent for sensitive Personal Data) to be:
 - Freely given
 - Specific
 - Informed
 - An unambiguous indication by a statement or a clear affirmative action
- May also need consent to transfer Personal Data to the US (see next slide)
- Right to withdraw consent

Transfer of Personal Data to US under GDPR

- Requirements for transfer of personal data from the EEA to the US may apply to the sender:
 - Consent (and advising data subjects of the risks of transfer to the US);
 - Contract that contains model contractual clauses approved by the European Commission (which impose some GDPR requirements on receiving entity);
 - To US for-profit entities that have been certified under the EU-US “Privacy Shield”; or
 - Pursuant to codes of conduct by associations

Key Elements of Good Data Governance

- Minimize amount of data, and use de-identified information when possible
- Control use of data through data use agreement (even if the data is de-identified and there is no regulatory requirement for a DUA)
 - See previous slide for recommendations
- Placement on UC-controlled data resources if possible, with carefully controlled access
- Oversight mechanism
 - Ensure regulatory compliance
 - Evaluate high risk or politically sensitive data requests

Questions?

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