

107TH CONGRESS
1ST SESSION

S. 1684

AN ACT

To provide a 1-year extension of the date for compliance by certain covered entities with the administrative simplification standards for electronic transactions and code sets issued in accordance with the Health Insurance Portability and Accountability Act of 1996.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. 1-YEAR EXTENSION OF DATE FOR COMPLIANCE**
2 **BY CERTAIN COVERED ENTITIES WITH AD-**
3 **MINISTRATIVE SIMPLIFICATION STANDARDS**
4 **FOR ELECTRONIC TRANSACTIONS AND CODE**
5 **SETS.**

6 (a) **IN GENERAL.**—Notwithstanding section
7 1175(b)(1)(A) of the Social Security Act (42 U.S.C.
8 1320d-4(b)(1)(A)) and section 162.900 of title 45 of the
9 Code of Federal Regulations—

10 (1) a health care provider shall not be consid-
11 ered to be in noncompliance with the applicable re-
12 quirements of subparts I through N of part 162 of
13 title 45 of the Code of Federal Regulations before
14 October 16, 2003; and

15 (2) a health plan (other than a small health
16 plan) or a health care clearinghouse shall not be
17 considered to be in noncompliance with the applica-
18 ble requirements of subparts I through R of part
19 162 of title 45 of the Code of Federal Regulations
20 before October 16, 2003.

21 (b) **SPECIAL RULES.**—

22 (1) **RULES OF CONSTRUCTION.**—Nothing in
23 this section shall be construed—

24 (A) as modifying the October 16, 2003,
25 date for compliance of small health plans with

1 subparts I through R of part 162 of title 45 of
2 the Code of Federal Regulations; or

3 (B) as modifying—

4 (i) the April 14, 2003, date for com-
5 pliance of a health care provider, a health
6 plan (other than a small health plan), or a
7 health care clearinghouse with subpart E
8 of part 164 of title 45 of the Code of Fed-
9 eral Regulations; or

10 (ii) the April 14, 2004, date for com-
11 pliance of a small health plan with subpart
12 E of part 164 of title 45 of the Code of
13 Federal Regulations.

14 (2) APPLICABILITY OF PRIVACY REQUIREMENTS

15 TO CERTAIN TRANSACTIONS PRIOR TO STANDARDS

16 COMPLIANCE DATE.—

17 (A) IN GENERAL.—Notwithstanding any
18 other provision of law, during the period that
19 begins on April 14, 2003, and ends on October
20 16, 2003, a health care provider or, subject to
21 subparagraph (C), a health care clearinghouse,
22 that transmits any health information in elec-
23 tronic form in connection with a transaction de-
24 scribed in subparagraph (B) shall comply with
25 the then applicable requirements of subpart E

1 of part 164 of title 45 of the Code of Federal
2 Regulations without regard to section 164.106
3 of subpart A of such part or to whether the
4 transmission meets any standard formats re-
5 quired by part 162 of title 45 of the Code of
6 Federal Regulations.

7 (B) TRANSACTIONS DESCRIBED.—The
8 transactions described in this subparagraph are
9 the following:

10 (i) A health care claims or equivalent
11 encounter information transaction.

12 (ii) A health care payment and remit-
13 tance advice transaction.

14 (iii) A coordination of benefits trans-
15 action.

16 (iv) A health care claim status trans-
17 action.

18 (v) An enrollment and disenrollment
19 in a health plan transaction.

20 (vi) An eligibility for a health plan
21 transaction.

22 (vii) A health plan premium payments
23 transaction.

24 (viii) A referral certification and au-
25 thorization transaction.

1 (ix) A transaction with respect to a
2 first report of injury.

3 (x) A transaction with respect to
4 health claims attachments.

(C) APPLICATION TO HEALTH CARE CLEARINGHOUSES.—For purposes of this paragraph, during the period described in subparagraph (A), an entity that would otherwise meet the definition of health care clearinghouse that processes or facilitates the processing of information in connection with a transaction described in subparagraph (B) shall be deemed to be a health care clearinghouse notwithstanding that the entity does not process or facilitate the processing of such information into any standard formats required by part 162 of title 45 of the Code of Federal Regulations.

18 (c) DEFINITIONS.—In this section—

(3) the terms “health care claims or equivalent encounter information transaction”, “health care payment and remittance advice transaction”, “coordination of benefits transaction”, “health care claim status transaction”, “enrollment and disenrollment in a health plan transaction”, “eligibility for a health plan transaction”, “health plan premium payments transaction”, and “referral certification and authorization transaction” have the meanings given those terms in sections 162.1101, 162.1601, 162.1801, 162.1401, 162.1501, 162.1201, 162.1701, and 162.1301 of part 162 of title 45 of the Code of Federal Regulations, respectively.

Passed the Senate November 27, 2001.

Attest:

Secretary.

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