

Comparisons between the identification systems in the 'Healthcare Identifiers' (2009-10), 'Australia Card' (1986-87) and 'Access Card' (2006-07) proposals, from Bills and related sources

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Comparative tables

The following tables compare the privacy-relevant features of the proposals for the Australia Card (1986-87), Access Card (2006-07) and Individual Healthcare Identifiers (2009-10).

Information about the Individual Healthcare Identifier (IHI) is largely drawn from the *Healthcare Identifiers Bill 2010* (the HI Bill) and *Healthcare Identifiers (Consequential Amendments) Bill 2010* and the Australian Health Ministers Advisory Council Discussion Paper (2009) (hereinafter 'DP'). The tables below are based on the tables in Greenleaf (2007), but the Access Card column reflects details of the final version of the Access Card proposal (Exposure draft, *Human Services (Enhanced Service Delivery) Bill*) from Greenleaf (2008), and earlier proposals (eg KPMG) where not covered by the Exposure draft Bill.

This comparison does not deal with Individual Healthcare Provider Identifiers, though they do raise privacy issues concerning healthcare professionals.

No conclusions are drawn in this draft about the desirability of the various features identified.

Key and further points of comparison

- The Australia Card and the Access Card schemes included a physical token, a card, as an essential part of the scheme; in the IHI scheme, the Medicare card (MCC) functions as the same token, due to Medicare numbers (MCNs) being linked to IHI numbers, and thereby accessible to all HCPs (DP A.3.1).
- Security of the Australia Card number or Access Card number is not included in following tables, but was very low because the number was included on the card face and could be recorded by many record-keeping systems. With IHIs there is a similarly low level of security because (i) they can be recorded in virtually any healthcare-related record; and (ii) they can be retrieved from Medicare by any HCP who knows a person's Medicare number (MCN) or simply knows their name and DOB¹ (and sometimes address and sex: A.3.1). There are however features of the HI Bill which should stop IHIs becoming completely public information about a person.
- Security of the HIS IHI database against unauthorized access is proposed to be advanced by NASH providing Public Key Infrastructure (PKI) for the health sector. Communications channels will thereby be secured. But the main problem is authorised, not unauthorised accesses.
- The HI Bill gives Medicare the necessary additional functions to operate the IHI and other health identifiers, and to use the MCN to allocate IHIs. This is not a proposal for comprehensive legislation concerning the IHI.
- The Howard Government's attempt to get part of an ID system authorized by legislation while refusing to disclose the details of the rest of the scheme was the principal reason that the Senate Committee condemned the Access Card proposed legislation. The Rudd Government is attempting to do much the same here, by only including in the HI Bill details of the 'Individual Health Identifier' (IHI) component of the overall scheme while not disclosing how the IHI will be used in relation to electronic health records, and what controls (if any) there will be on its use.

* This paper has benefitted from a draft submission on the IHI prepared by Juanita Fernando and comments by other members of the Board of the Australian Privacy Foundation.

¹ The DP contradicts itself in successive dot points by first claiming that IHI retrieval by use of an exact MCN match and card (token) provision 'provides significant privacy ... benefits', and then explaining that any HPI-I can obtain the IHI without using either of these.

Glossary

HCP = Healthcare Provider

HPO = Healthcare Provider Organisation

HPI-Is = Individual Healthcare Provider Identifier

HPI-Os = Healthcare Provider Organisation Identifier

HI Service ('HIS') = Healthcare Identification Service

IHIs = Individual Healthcare Identifiers

MCC = Medicare Card

MCN = Medicare number

NASH = National Authentication Service for Health

NEHTA = National eHealth Transition Authority

SO = Service Operator (of HI database etc)

Table 1 – Compulsion and coverage

<i>Point of comparison</i>	<i>'Australia Card' proposal 1986-87</i>	<i>Access Card proposal 2006-7</i>	<i>IHI etc Proposal 2009-10</i>
<i>Adult coverage</i>	Every adult	Every person eligible for a Cth benefit (cl 19)	IHIs allocatable to any individual who does, has or may receive healthcare (cl 5 defn 'healthcare recipient')
<i>Children</i>	Card from birth	No card until 18; Listed on parents' cards	As above; eligible for IHI from birth
<i>Compulsory?</i>	'Pseudo-voluntary' – top marginal rate of tax payable unless presented for transactions; no access to social security or health insurance benefits	'Pseudo-voluntary' – no Medicare benefits or other medically-related govt. benefits unless produced (cl 131); any other parties free to 'request' card when services are provided, but prohibited from 'requiring' (cl 133)	Compulsory: IHI automatically assigned, without consent (cl 9(4)); HCPs may obtain and use without consent; HCP can obtain IHI from Medicare if MCN or personal details known.
<i>Carriage?</i>	No legal compulsion (cl 8) – except when required to produce (very often)	No legal compulsion to carry – except when required to produce (to a medical practitioner assessing eligibility for a Cth benefit; and where claiming a concession)	N/A – no card; No legal compulsion to carry record of IHI; may be required to produce MCC
<i>Confiscation?</i>	<ul style="list-style-type: none"> • Illegal to confiscate if produced voluntarily (cl 170(1)) • Uncertain - confiscation 'for good cause' on compulsory production 	Purported individual ownership of card (cl 88) deceptive, as normal rights of ownership removed in cl 80 and elsewhere. Position of confiscation uncertain.	[Can MCC be confiscated and by whom? ²¹
<i>Registration requirements</i>	Attend government office to prove identity	Attend government office to prove identity; POI documents necessary, as determined by Dept. (cl 19, cl 22)	No registration; Automatic allocation if current MCN (DP A.3.1; cl 12(2)); prescribed data sources can be used to augment MCNs (cl 12(2)).
<i>Preventing issue of fraudulent IDs</i>	Registration requirements	Registration requirements and comparison of photograph templates (Case Study – Fraud; Fact Sheet - Technology); documents presented to be checked against new Document Verification Service (DVS)	[uncertain] No registration requirements. Reliance solely on Medicare CDMS as basis is implausible (low security). Substantial cross matching with cl 12(2) 'data sources' likely.
<i>Re-issue</i>	[uncertain]	7 years; new photo required (original proposal)	[uncertain]
<i>Lost/stolen cards</i>	[uncertain]	[uncertain] Fee to re-issue	Lost/stolen MCCs now more dangerous

Table 2 - Card content

<i>Point of comparison</i>	<i>'Australia Card' proposal 1986-87</i>	<i>Access Card proposal 2006-07</i>	<i>IHI etc Proposal 2009-</i>
<i>ID number</i>	Unique number for each person on card face and central register	Unique number for each adult, on card face (back); on chip; and on central register	Unique 16 bit IHI number for each person (DP A.3.1); no new card; linked to MCN and MCC
<i>Card face data</i>	<ul style="list-style-type: none"> • ID number; name; photograph; signature; card expiry date • DOB for children only 	<ul style="list-style-type: none"> • name; photograph (on front); ID number; signature; card expiry date (on back); DOB (on request) concession data (cls 71, 72) • change requires legislation 	IHI – n/a MCC (no legislative controls on card face data) [future uncertain]
<i>Card storage capacity</i>	<ul style="list-style-type: none"> • Miniscule – magnetic strip only (if implemented) • no chip - not a smart card 	<ul style="list-style-type: none"> • magnetic strip • At least 64KB on chip • Must support all Table 4 uses 	IHI – n/a MCC (no legislative controls on card storage capacity) [future uncertain]
<i>Data on magnetic strip</i>	<ul style="list-style-type: none"> • Might contain card face text content (not photo or signature) (cl17(7)) 	<ul style="list-style-type: none"> • ID number; name 	[check re strip on MCC]
<i>Data on chip (compulsory)</i>	<ul style="list-style-type: none"> • None - no chip 	<ul style="list-style-type: none"> • all card face data above except signature, plus the following (cl 73) • legal/preferred name • POI 'full' or 'interim' • MCN, Reciprocal Health Care Card no. • flags re agency relationships • disease codes for DVA • emergency payment no. • function creep possible (cl 74, item 14 and cl 187) 	IHI – n/a MCC – No chip at present
<i>Data on chip (optional)</i>	None – no chip	<ul style="list-style-type: none"> • date of birth; 	IHI – n/a MCC – No chip at present
<i>Data related to security</i>	None	<ul style="list-style-type: none"> • PIN protection for for name, DOB and POI status (cl 77) • other possible protections 	IHI – n/a MCC – No chip at present
<i>Contact required to read chip</i>	Contact required for magnetic strip; otherwise data only able to be viewed	<ul style="list-style-type: none"> • [Assumed] contact required for card reader • no legal prohibitions on reading content from chip 	IHI – n/a MCC – Contact required for magnetic strip
<i>Segmentation and encryption of card data & access to it</i>	N/A	<ul style="list-style-type: none"> • DVA, HIC and DHS readers only write-enabled readers • Encryption of data unknown 	IHI – n/a MCC – No chip at present

Table 3 – The central computer system, card readers and networking

<i>Point of comparison</i>	<i>'Australia Card' proposal 1986-87</i>	<i>Access Card proposal 2006-</i>	<i>IHI etc Proposal 2009</i>
<i>System operator</i>	Health Insurance Commission ('the Authority')	Department of Human Services ('Access Card Office')	<ul style="list-style-type: none"> • 'Service operator' (SO) is initially Medicare (cl 6(1)) • May be privatized by regulations (cl 6(2))
<i>Possession of card readers to access chip</i>	Uncertain who would possess; relevant to magnetic strip only; not significant	<ul style="list-style-type: none"> • No restrictions in Bill • DVA, DHS, HIC – 'full read and update' (KPMG p40) • Doctors, pharmacies – online readers (KPMG p40) • Ambulances, hospitals for health data - offline readers (KPMG p40) • Financial institutions, via ATM/EFTPOS terminals (Case Study – Emergencies) • Supermarkets, in EFTPOS registers (Hockey interview) 	<p>[uncertain] No IHI card, so relevant comparison is which HCPs and HPOs have technology to access SO's IHI database.</p> <ul style="list-style-type: none"> • All HCPs will be able to swipe MCC to access IHI database.
<i>Central computer system and content</i>	<p>'Australia Card Register' (cl 23) including</p> <ul style="list-style-type: none"> • name, ID number, nicknames, alias • DOB and DOD • citizenship status • digitised signature and photo (cl 25) • current address (as changed) + last 2 years • gender (+ re-assignment) • link to BD & M register (details of POI: Sched 1) 	<p>Register to include</p> <ul style="list-style-type: none"> • all compulsory data on chip • all contact details (addresses/ phone/ email) • photo template • optional data on chip • card status (revoked etc) • DOB & DOD (date of death) • Function creep possible (cl 35) 	<p>SO's IHI database (cl 10) must include –</p> <ul style="list-style-type: none"> • all IHIs assigned; • all info that SO has relating to an IHI; • logs of all disclosure requests for IHIs. <p>SO will hold 'identifying info.' (cl 7(3) including MCN; Vets' Affairs number; name, address, DOB, sex, sibling order</p> <p>SO is not prevented from keeping other info in database (eg Medicare records)</p>
<i>Linked systems for POI checks</i>	<ul style="list-style-type: none"> • National BD&M Register on same computer (cl 71) with remote t access (cl 75) • Authority can access BD&M Register to maintain Card Register 	<ul style="list-style-type: none"> • Links to A-Gs Document Verification System (DVS) to validate POI (KPMG p50) 	<p>SO authorized to collect, use and keep 'identifying info' from these 'data sources':</p> <ul style="list-style-type: none"> • Medicare (Linked to CDMS database); • Veteran's Affairs; • Anyone else (by Regs)
<i>Linked computer systems / access to Register</i>	<ul style="list-style-type: none"> • ATO, DSS & HIC only to have online access (cl 59) but oversight body sets terminal nos. (cl 65) • DIMEA to get address data on prohibited non-citizens (cl 180) • Updating data to flow to (but not from) Register from 6 agencies (cl 14) • Register can require agencies to advise client 	<ul style="list-style-type: none"> • [unknown] number of linked systems (deleted from KPMG) • Register will notify all DHS and DVA agencies of address changes etc (KPMG p46) • Agencies will advise when concession thresholds reached. • Readers of doctors, pharmacies 'accessing real-time concessional status' (KPMG 41) 	<ul style="list-style-type: none"> • SO can disclose where 'authorised under another law' (cl 15(2)(b)), including by any legislative instrument (s5 defn 'law'). Could involve system links. • Medicare as SO has conflict of interests re Medicare records • Uncertain until

	changes (cl 29); can be required to inform them (cl 67); can then inform Police (cl 174)		details of shared individual electronic health records (SIEHRs), available
<i>Ownership of network and readers</i>	Government	<ul style="list-style-type: none"> • Government owns network • Ownership of readers uncertain 	<ul style="list-style-type: none"> • Nothing necessarily owned by Govt. (cl 6) • Private ownership of many records with IHIs and access equipment

Table 4 – Uses of the Card and ID number by various sectors

<i>Point of comparison</i>	<i>'Australia Card' proposal 1986-87</i>	<i>Access Card proposal 2006-</i>	<i>IHI etc Proposal 2009</i>
<i>Technical restriction on expanded uses</i>	<ul style="list-style-type: none"> • No card storage capacity; more data could be added to card face on re-issue 	[Uncertain] Depends on size of chip; Chip size can be expanded on card re-issue	No technical restrictions possible to stop requesting/ recording of IHIs
<i>Legal restrictions on expanded uses</i>	<ul style="list-style-type: none"> • Cannot prevent change by legislation • Expansions of Card use or Register access required legislation • Bill did not allow changes by regulation 	<ul style="list-style-type: none"> • Cannot prevent change by legislation • Loopholes allowing expansion by regulations 	<ul style="list-style-type: none"> • Cannot prevent change by legislation • IHI is a NPP 7 identifier (cl 9(6); NPP 7 prevents adoption as identifier by private sector, or use or disclosure of IHI ; NPP 7 regs can remove 'identifier' status.
<i>Cth public sector uses of card</i>	Production required to 3 agencies only (ATO, HIC, DSS) for various benefits (cl 51, 52, 54)	<ul style="list-style-type: none"> • Production required to Medicare and all DHS agencies and DVA, for 17 benefits 	No IHI card
<i>Cth public sector uses of ID number</i>	<ul style="list-style-type: none"> • ID card Bill did not restrict; Privacy Bill may have done so 	<ul style="list-style-type: none"> • Possibly IPP 1 'excessive collection', untested as yet 	<ul style="list-style-type: none"> • NPP 7 not applicable; other agencies can adopt IHI as own, both in Cth and States,
<i>State/local govt. uses of card/number</i>	<ul style="list-style-type: none"> • Wide use of number expected • National Births Deaths & Marriages register to be on same computer as Aust. Card Register and run by HIC (cl 4) 	<ul style="list-style-type: none"> • Use by State agencies encouraged (PM) – cannot 'require'?? (cl 9(2) dubious) • To be used as 'a general proof of identification' (Case Study – Pensioner) 	<ul style="list-style-type: none"> • No IHI card • State/ Territory laws (including regs) can authorize uses of IHI (cl 26(2)(b))
<i>Health sector uses of card/number</i>	<ul style="list-style-type: none"> • Production required to hospitals (cl 53) 	<ul style="list-style-type: none"> • Required to doctors and pharmacies • All health sector organizations must have access to chip for Medicare and optional health information 	<ul style="list-style-type: none"> • HCPs can disclose IHI to anyone for broad healthcare or health-management or threat related purposes (cl 24(1)) • HCPs cannot disclose IHI for specified purposes (cl 24(2)) • Otherwise, Cth/State privacy laws (not in WA or SA public sectors) would apply to control use and disclosure • Any HCP can adopt an IHI as its own identifier (cl 25)
<i>Financial sector uses of card/number</i>	Production required to 10 types of financial institutions (cl 40-48) and to employers (cl49-50) for reporting to ATO only	<ul style="list-style-type: none"> • Chip readable by ATM/ EFTPOS terminals (when built) 'to access government emergency relief cash payments' (Case Study – Emergencies) 	<ul style="list-style-type: none"> • No IHI card • Same as other private sector uses (below)
<i>Other private sector uses of card</i>	<ul style="list-style-type: none"> • Otherwise illegal to require card (cl 167(1)) • But 'Pseudo-voluntary' production allowed – anyone can 'request' Card; holder has right to use cards as ID (cl 8(3)) 	<ul style="list-style-type: none"> • Card can only be required re health social security and related benefits • To be used as 'a general proof of identification' • Anyone many request Card 	<ul style="list-style-type: none"> • No IHI card

<i>Private sector uses of ID number</i>	<ul style="list-style-type: none"> • OK to require, record or use number – illegal to require Card to verify • Otherwise illegal to use numbers recorded when production required (s170(10)) 	<ul style="list-style-type: none"> • Private sector use and disclosure prohibited (cl 99) • NPP 7 limits use of ID number 	<ul style="list-style-type: none"> • Generally an offence to use or disclose IHI (cl 26(1)). • Exceptions for purposes authorized by law; or ‘personal, family or household affairs’ (cl 26(2)). • NPP 7 limits uses and disclosures of IHIs; HCPs will be authorised to use and disclose²
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² They will be given ‘specific authority’ (DP Executive Summary); this will not require legislation but only a regulation under NPP 7.2(c)

Table 5: Card-holder's rights and uses

<i>Point of comparison</i>	<i>'Australia Card' ID card proposal 1986-87</i>	<i>Australian national ID card proposal 2006-</i>	<i>IHI etc Proposal 2009</i>
<i>Data subject access / change card face data</i>	N/A – card face data only, so all data on card visible	<ul style="list-style-type: none"> • Data on chip not visible • Can access and update some of own details online (Case Study – Family) 	N/A – no IHI card
<i>Data subject access / change Register data</i>	Privacy Act IPPs 6 & 7	<ul style="list-style-type: none"> • Privacy Act IPPs 6 & 7 • Change of address feature (below) 	<ul style="list-style-type: none"> • HCP can disclose IHI to recipient (cl 23) • SO can disclose IHI and database content to recipient (cl 18)
<i>Data subject uses</i>	<ul style="list-style-type: none"> • Change address with any one agency to change with all • No user address change feature but assumed available 	<ul style="list-style-type: none"> • Change address with any one agency to change with all • User can change details online 	<ul style="list-style-type: none"> • N/A
<i>Prevention of fraudulent use</i>	Card face photo	Card face photo claimed to prevent non-owner from using card (Fact Sheet – Technology)	<ul style="list-style-type: none"> • No right of appeal against errors in Bill, requires regs (cl 9(5))

References

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