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No More No-Match, But Employers Should Still Beware

The following article was contributed by Jenifer Brown, Christl Glier and Sarah Akber, attorneys with Ice Miller LLP. For more information, contact Jenifer Brown at 317-236-2242 or jenifer.brown@icemiller.com; Christl Glier at 317-236-2314 or christl.glier@icemiller.com; or Sarah Akber at 317-236-2359 or sarah.akber@icemiller.com with any questions. © 2009 Ice Miller LLP. All Rights Reserved.

After more than two years of litigation, the Department of Homeland Security (DHS) has rescinded its Social Security No-Match rule, which would have required employers who received a no-match letter to follow certain "safe harbor" provisions or risk liability for hiring or employing unauthorized workers. DHS has not abandoned its worksite enforcement efforts, however, and employers should be diligent in developing policies and procedures for the appropriate handling of Social Security no-match letters and other circumstances that DHS may

consider actual or constructive knowledge by the employer that a worker is not authorized for employment.

What is a "No-Match" Letter?

An employee's earnings and deductions are reported by an employer to the Social Security Administration (SSA) and the Internal Revenue Service (IRS) on a Wage and Tax Statement (Form W-2). When an employee's name and Social Security Number (SSN) listed on the Form W-2 do not match SSA's records, SSA sends a "no-match" letter to the employer notifying it of this discrepancy. The now-rescinded DHS rule would have required employers to follow a set of specific "safe harbor" procedures upon receipt of an SSA no-match letter; and if an employer failed to do so, DHS could use an employer's receipt of a no-match letter alone as evidence that the

(See NO MATCH on page 3)

Stimulating HIPAA Enforcement

The following article was authored by Richard Campanelli, Regina Sharrow and Joan Antokol, attorneys with Baker & Daniels. You may reach Richard at richard.campanelli@bakerd.com or 202-312-2818; you may reach Regina at regina.sharrow@bakerd.com or 317-569-4604; or you may reach Joan at joan.antokol@bakerd.com or 317-569-4665.

The U.S. Department of Health & Human Services (HHS) published an interim final rule on October 30, 2009, announcing how it will enforce the expanded penalties for HIPAA violations adopted in the HITECH Act. The rule goes into effect on November 30, 2009.

The rule clarifies enhanced penalty tiers for HIPAA violations occurring after February 18, 2009, when the HITECH Act became law.

It also confirms that no civil penalty can be imposed if the violation is corrected in a timely manner and does not arise from willful neglect. However, if the violation is not corrected in a timely manner after the covered entity knew,

or by exercising reasonable diligence would have known, of the violation, then these tiered penalties may be imposed even if the violation is not due to willful neglect or there is reasonable cause.

The clear message of the interim final rule is that if HIPAA violations subject to civil penalties occur, quick recognition and appropriate and timely correction are key. The following article explains the interim final rule, penalty tiers, what constitutes timely correction, and how it treats terms like "willful neglect," in greater detail.

On February 18, 2009, Congress passed the HITECH Act as part of the ARRA/Stimulus legislation. Along with seeking to accelerate adoption of health information technology, the HITECH Act sought to enhance HIPAA enforcement and increased penalties for HIPAA violations.

(See HIPAA on page 6)

GDP Dynamics Shed Light on Economic Downturn in Indiana

The following article was contributed by the Indiana Business Research Center and appeared in its publication, *InContext*. The article was authored by Matt Kinghorn, *Demographer, Indiana Business Research Center, Indiana University's Kelley School of Business*.

There has been no shortage of information detailing the current economic downturn. Monthly reports on job losses and growing unemployment have chronicled the recession's impact on the labor force both nationally and locally. Quarterly releases of gross domestic product (GDP) and personal income have offered broader indicators of economic performance and well-being for the United States. However, recent releases of regional GDP data by the U.S. Bureau of Economic Analysis offer our first look at the economic performance of states and metropolitan areas through 2008.1

GDP, which is widely regarded as the most comprehensive indicator of economic activities, measures the total value of goods and services produced within an area after subtracting the cost of inputs for production. Recently released data indicate that Indiana was among the most hard-hit states through the initial stages of the recession, particularly in Elkhart-Goshen and Kokomo. However, declines in economic activity were not seen throughout the state. GDP growth in the Columbus, Bloomington and Lafayette metropolitan areas was comparable to their average rates of growth in the years preceding this downturn.

Change in GDP for States. Indiana's GDP (adjusted for inflation) declined 0.6 percent between 2007 and 2008. This mark ranked 43rd among states and, as Figure 1 shows, made Indiana one of 12 states to have a decline in real GDP in 2008. Alaska, Delaware, Florida and Michigan had the steepest drops with each state declining by more than 1 percent over the year. North Dakota, Wyoming, South Dakota and the District of Columbia posted the strongest growth in real GDP in 2008 while the United States grew by just 0.7 percent.

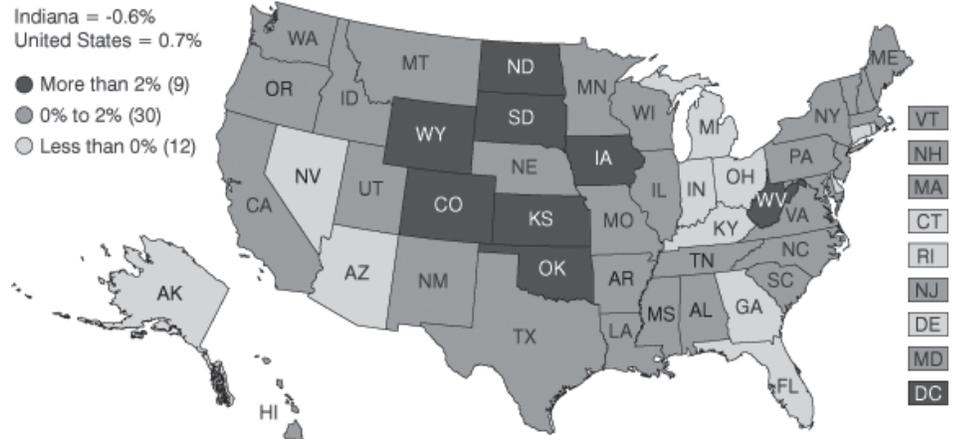
While many states experienced real GDP growth in 2008, all but nine grew at a slower pace than in prior years. The United States 2008 growth rate of 0.7 percent, for instance, falls far short of its 2.5 percent average annual rate of real GDP growth from 2001 to 2007. Figure 2 presents this rate comparison for the 12 states with GDP declines in 2008. Real GDP in Indiana grew at an average annual rate of 1.7 percent between 2001 and 2007, ranking 40th among states. Neighboring Michigan and Ohio recorded the nation's slowest rates of economic growth from 2001 to 2007 and remained among the poorest performers in 2008.

Notable shifts among this 12-state set include Nevada and Arizona, which had ranked first and third, respectively, in the average annual rate of real GDP change between 2001 and 2007. Florida, Alaska and Delaware also had average rates of change over this period that exceeded the national average.

The sharp turnabout in GDP change for Nevada, Arizona and Florida is directly related to the weakened housing market that has headlined this economic downturn. Construction was the largest contributor to real GDP decline in each of these states. As Figure 3 illustrates, construction was the largest negative contributor to real GDP change in 16 states as well as for the United States as a whole. Many of these states are located in the high population growth areas of the South and the West. Other common industries in decline in 2008 were nondurable goods manufacturing and finance and insurance.

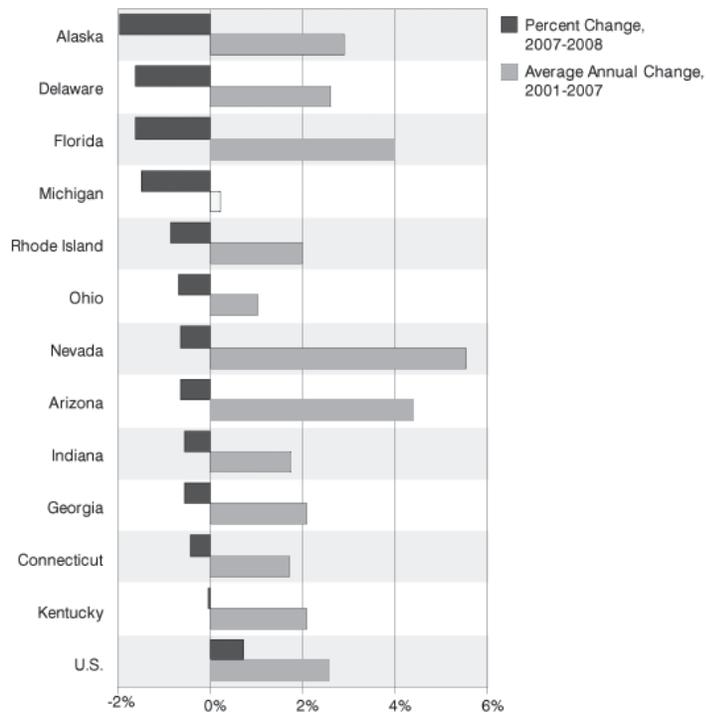
(See GDP on page 4)

Figure 1: Percent Change in Real GDP, 2007-2008



Source: IBRC, using data from the Bureau of Economic Analysis

Figure 2: Recent Activity for States with Real GDP Decline in 2008



Source: IBRC, using data from the Bureau of Economic Analysis

New Child Product Regulations Require Laboratory Testing

The following article was contributed by Jim Coplen, Vice President of Heritage Environmental Services. For more information, contact Jim at 317-874-4901 or at jim.coplen@heritage-environmental.com.

On August 14, 2009, the Consumer Product Safety Commission took another step in protecting children in the United States from the dangers of lead and phthalates in toys and childcare products by lowering the levels of these chemicals in such items. In addition, the Consumer Product Safety Improvement Act of 2008 (CPSIA) mandates that products manufactured after September 2009 be certified based on third-party testing of the product by an accredited laboratory. To ensure compliance, U.S. manufacturers, as well as importers of products manufactured overseas, must supply a certificate of compliance to retailers and distributors.

Lead has been found to cause a number of developmental problems in children and has long been a subject of concern related to environmental exposure. Lead is used in paints and coatings, as well as base metals, plastics and other component materials. The CPSIA lowered the amount of lead allowed to be present in children's toys and products from 600 ppm to 300 ppm. At the same time, the amount of lead allowed in paint and surface coatings was lowered to 90 ppm.

Phthalates in children's toys and child care products are of concern because of their potential for adverse effects on metabolic, endocrine and reproductive systems. Phthalates are commonly used in a wide variety of products as plasticizers in PVC plastics to increase the flexibility, durability and transparency of the plastic material. Three phthalates (DEHP, DBP, BBP) have been permanently banned and three additional phthalates (DINP, DIDP, DNOP) have been prohibited on an interim basis. None of these compounds can be present above 0.1 percent.

An informal review of business statistics indicates that there are at least 5,000 U.S.-based manufacturers of children's toy products and more than 100 of those have operations in Indiana. These vary from home-based businesses to international corporations. In addition to the manufacturers, there are many more companies who import children's products from overseas. Some of these manufacturers and importers now need to become familiar with the process of selecting a lab to perform this testing.

The manufacturer or importer should have several criteria in mind when selecting a lab. Many of the basics are covered by the lab accreditation program adopted by the CPSC. The accreditation process covers: the use of

appropriate sampling and testing protocols, adherence to an acceptable quality assurance and quality control program, the use of skilled staff, appropriate equipment and lab facilities. Accreditation by the American Association for Lab Accreditation (A2LA) is recognized as conformance to these requirements. Other quality performance standards, like ISO, can provide additional assurance and generally enhance the quality program. Acceptable results from participation in blind and double-blind performance studies can confirm a lab's ability to deliver quality results. The ultimate goal of the quality program is to deliver accurate, precise and defensible results to the manufacturer.

Areas which are no less important in selection include: the ability of the lab to provide informed advice, acceptable turnaround time for completion of the testing, the delivery of an understandable report of the testing results and delivery of services at a competitive price. These features, along with a high level of customer service, easy-to-use business processes and financial stability all contribute to a high-quality lab program. Manufacturers should consider lab selection carefully since real costs can be driven out of the manufacturer's compliance program by using a quality lab. The manufacturer and lab will work together as a team to ensure compliance with these new regulations.

No Match *(Continued from page 1)*

employer had "constructive knowledge" that an employee named in the no-match letter was not authorized for employment.

Why Has the DHS Rule Been

Rescinded? Shortly after the original rule was published by DHS in 2007, the AFL-CIO, the American Civil Liberties Union, the National Immigration Law Center, and other labor groups filed a lawsuit against DHS to enjoin the agency from implementing the rule, arguing that it violated federal laws, was too burdensome on employers, and would result in discrimination against existing and prospective employees perceived to be foreign nationals.

Implementation of the rule was preliminarily enjoined on October 10, 2007, and despite DHS' revisions to the rule in 2008 that were intended to address these arguments, the case has remained in litigation. In rescinding the rule, DHS emphasizes that it has not changed its position on the merits of the no-match rule but that the

rule was merely focused on compliance of those limited employers who receive SSA no-match letters. DHS believes that a more universal focus on employer compliance better targets its enforcement priorities. As noted in its final rescission rule published in the Federal Register, DHS will therefore "focus its enforcement efforts relating to the employment of aliens not authorized to work in the United States on increased compliance through improved verification, including participation in E-Verify, ICE Mutual Agreement Between Government and Employers (IMAGE), and other programs."

What Should Employers Do Now?

Despite the rescission of this rule, DHS has made it clear that illegal immigration and worksite enforcement will remain a top priority, and Immigration and Customs Enforcement (ICE) has confirmed that it will focus its resources on criminal

prosecution of employers who knowingly hire unauthorized workers. DHS also fully supports expansion of the E-Verify program, including use of E-Verify by federal contractors (which became mandatory for certain federal contractors on September 8, 2009). Given this focus by DHS and the expected return of SSA no-match letters (which have not been issued since 2006 as a result of the no-match litigation), all employers must remain diligent in their I-9 employment eligibility compliance efforts and should scrutinize their policies and procedures for addressing SSN discrepancies and other circumstances that may indicate that an individual is not authorized for employment. Employers should consult with legal counsel regarding implementing these and related policies, including consideration of voluntary participation in E-Verify and development of strategies for resolving historical and future no-match issues.

HIPAA (Continued from page 1)

The HHS interim final rule clarifies four tiers of penalties that will apply for “for each violation,” reconciling HITECH Act language that inconsistently would have applied penalty tiers “for each violation” and “for all such violations” of an identical requirement or prohibition in any calendar year. Under the rule, for violations occurring after February 18, 2009:

- If the covered entity did not know and by exercising diligence would not have known of the violation, the penalties for each violation can range from \$100 - \$50,000. (Note that even for this lowest tier, in the absence of correction in a timely manner, it is not an affirmative defense to argue that the entity did not know, and by exercising reasonable diligence would not have known, of the violation.)

- If the covered entity can show the violation was due to reasonable cause and not willful neglect, the penalties for each violation can range from \$1000 - \$50,000.

- If willful neglect is shown, but the covered entity can demonstrate that it corrected the violation in a timely manner, the penalties for each violation can range from \$10,000 - \$50,000.

- If willful neglect is shown and there is no correction in a timely manner, the penalty for each violation is set at \$50,000.

These penalty tiers are each capped at \$1.5 million per calendar year for identical violations.

Those looking for, or worried about, new approaches or meanings in terms like

“willful neglect” will not find anything new here. HHS confirms that it will use the same definitions for the terms “reasonable cause,” “reasonable diligence” and “willful neglect” as they appeared in prior enforcement rules. Willful neglect, for instance, is defined as “conscious, intentional failure or reckless indifference to the obligation to comply” with the violated provision.

Affirmative Defense Available if Corrective Action is Taken in a Timely Manner, and No Willful Neglect. For violations occurring after HITECH became law on February 18, 2009, unless there is willful neglect, a covered entity can assert an affirmative defense against imposition of these civil penalties if it has taken appropriate corrective action in a timely manner. This means taking action in the 30-day period starting when the covered entity knew or by exercising reasonable diligence should have known – through itself or its agents – that a violation occurred. The Secretary can extend the 30-day period depending on the nature and extent of the failure to comply.

Other Potential Limits on Penalty Imposition and Enforcement Flexibility. The interim final rule provides that the Secretary may waive civil money penalties to the extent they would be excessive relative to the violation. In addition, HHS advises in the preamble that it will not always impose the maximum penalty amount, but will determine the penalty amounts in accordance with the governing statutes and regu-

lations, based on the nature and extent of the violation and harm and other factors. Finally, the preamble reiterates that the Secretary may continue to use discretion in providing technical assistance, obtaining corrective action, and resolving possible noncompliance by informal means where the possible noncompliance is due to reasonable cause or the person did not reasonably know that the violation occurred.

The Bottom Line: Covered entities and business associates should make sure they have clear, well-understood mechanisms in place to recognize reports or complaints of violations that are subject to HIPAA penalties, and respond with adequate corrections in a timely manner. Practically speaking, this means:

- Making sure these complaints or reports are quickly recognized and assessed. Both in terms of whether willful neglect exists, and demonstrating that corrective action was taken quickly enough, it will be essential to recognize when the entity knew, or should have known by exercising reasonable diligence, that the complaints or reports were made.

- Determining what corrective action is appropriate and adequate.

- Making sure that corrective action is promptly taken – if at all possible, within the 30-day period that begins on the day the entity, or its agents, knew or should have known the violation occurred.

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