

# My Health My Data (ESHB 1155) -- Protect All Health Data

**There are a variety of possible negative consequences to many types of medical information not being kept private. All health data should be equally protected.**

Washington Privacy Organizers ask WA Legislators to **ensure that all consumer health data has the same strong protections afforded specifically to “reproductive or sexual health information” and “gender-affirming care information”**. While protection for reproductive, sexual, and gender-affirming care is vitally important, consumers’ efforts to research or obtain health supplies for all health conditions (i.e. depression, Alzheimer’s, eating disorders, incontinence, diabetes, sleep apnea, cancer & addiction) should be equally protected. As written, ESHB 1155 appears to provide additional protections for "reproductive or sexual health information" and "gender-affirming care information". For example:

- §3(24)(b) explicitly protects "efforts to *research or obtain* reproductive or sexual health services," and the definition of reproductive or sexual health services in §3(24) explicitly includes "*products*"
- By contrast, the definition of consumer health data in §3(8) only explicitly protects "data that identifies a consumer *seeking* health care services", and the definition of health care services in §3(15) doesn't explicitly include products other than medication

To better illustrate these gaps in ESHB 1155 (as passed out of the Senate Law & Justice Committee), below are three stories. While these are fictitious people, the situations are realistic in occurrence.

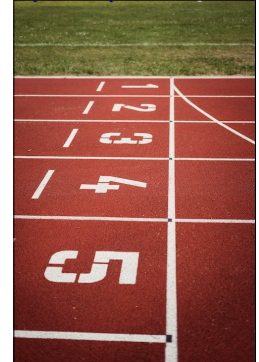
**(1) Jade is a 19 year old college track & field athlete.** Her running coach suggested she get a smartwatch fitness tracker. In addition to recording her daily physical activity, she also logs the food she eats and when she has her period. She noticed that she's eating less now that she can see how many calories each meal is.

Her average calories per day was sold to data brokers, who in turn sold it to advertising companies. Now Jade is receiving ads for weigh loss pills and diet programs.

**In high school, Jade didn't have an eating disorder, but now she does and the ads she receives are making it worse.** She's embarrassed to have an eating disorder so she tells no one and has not sought out any professional help. [People with an eating disorder have a roughly 5-to-6-fold risk of suicide attempts relative to those without eating disorders.](#)

The collection and re-selling of Jade's calorie data is not in scope of ESHB 1155; because she was not seeking "services" and the smartwatch fitness tracker is itself a **product**, not a service.

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**(2) Duane is a 72 year old retired veteran.** He's been losing things recently and forgot about a physical therapy appointment. He would have missed his dental surgery appointment too if his son

hadn't come to pick him up, since he didn't recall that either. **He's worried he might be having some cognitive impairments that are characteristic of Alzheimer's.**

He searched for self-assessments and purchased online a couple books about living with Alzheimer's. The self-assessment quizzes required he provide his email address in order to view the results.



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Web trackers were embedded in the quizzes and the book seller; in addition to both businesses having his contact information. His data showing that he may have Alzheimer's was sold to data brokers who in turn sold it to scammers. [These scammers sought out elderly and vulnerable targets for their schemes.](#) One of these scammers told Duane that he won a large amount of money and simply needed to pay their fee in order to receive the funds. **He emptied what little he had in his bank account.** While he did report the scam to the FTC, he's not sure if he'll ever get that money back.

The collection and re-selling of his data here is out of scope for ESHB 1155; because Duane was seeking "**supplies**", not "services" and was "**researching**" a health condition.

**(3) Sarah is a 36 year old woman diagnosed with schizophrenia and depression.** She has struggled in the past and turned to alcohol. But she's finally found good medication that doesn't cause her horrible side effects. She's also been sober for the last month and just got hired for a new full-time job. She's excited about her future.

She searched online for schizophrenia peer support groups and bought online a hard-cover schizophrenia journal for tracking her symptoms. She also searched online for tips on staying sober and found a group of folks recovering from addiction who do yoga in the park.



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Web trackers were embedded in the online book retailer and the blogs. The meet up platform for the peer-support group and yoga in the park sells their customer data to data brokers and advertisers.

Sarah wants to leave her boyfriend and move out. But, **when she applied to one of the few apartments she could afford, she was denied.** The landlord did a background check by paying for data on her from data brokers. That data showed that she likely had schizophrenia & depression and that she also has had a drug addiction. The landlord wrongly believed that she would make the apartment building unsafe so he denied her application.

The re-selling of Sarah's data here is not in scope of ESHB 1155; because she was "**researching**" her condition and buying a "**product**".