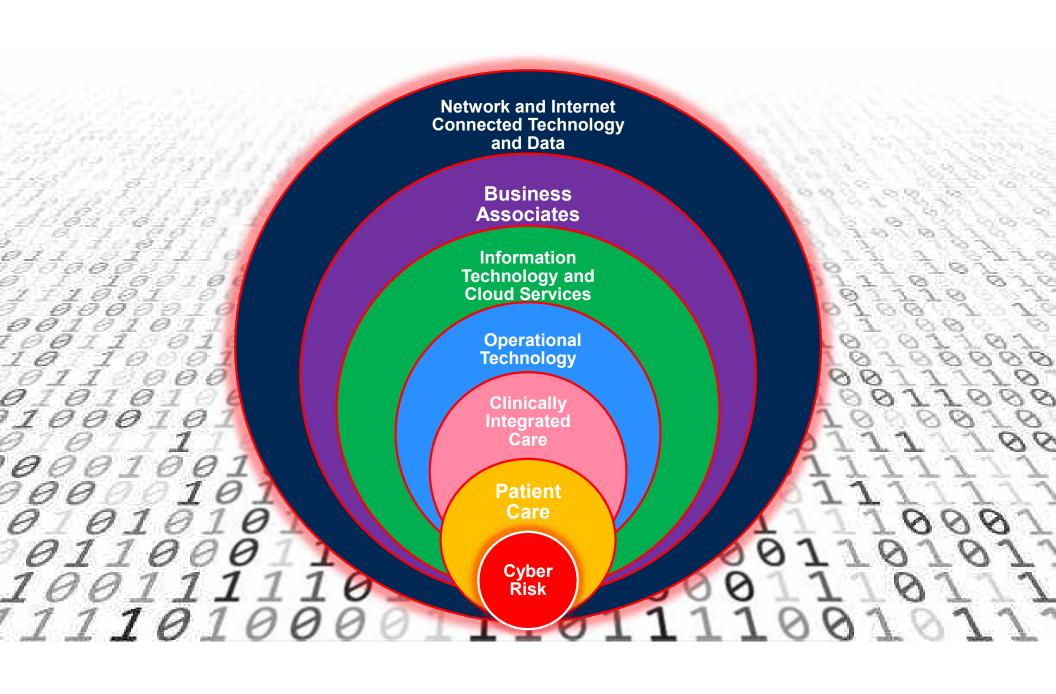


The Healthcare Cyber Threat Landscape: Ransomware Preparedness and Response





Presented by John Riggi, National Advisor for Cybersecurity and Risk American Hospital Association 04/11/2024











Hacking Incidents Reported to HHS - Office of Civil Rights 2020 Total:

425 Hacks Impacting 27 Million Individuals

2021 Total:

518 Hacks Impacting 43 Million Individual

2022 Total:

556 Hacks Impacting 44 Million Individuals

2023:

1/1/2023 - 12/31/2023 591 Hacks impacting A RECORD 135.9 Million individua

2024:

01/01/2024 - 03/22/2024 124 Hacks Impacting 15.6 Million Individuals

- 250 million people impacted by hacks of PHI since 2020 = ~ 72% of US population
- Ransomware attacks up 278% since 2020 per OCR
- Healthcare is the most attacked sector by ransomware per the FBI
- Sources: HHS, OCR website data accessed 01/11/2021, 01/15/2022, 01/15/2023 and 04/01/2024 www.ocrportal.hhs.gov. Active and arch
- breaches 2024 FBI Internet Crime Complaint Center 2022 Annual Report (March 2023)



Bloomberg

TechnologyCybersecurity

Still Disrupting Phare Cyberattack Is How a nationwing Providers

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REUTERS*

World ∨ Busines

Cybersecurity

US pharmacy outa 'Blackcat' ransom unit, sources say

By Raphael Satter and Christopher Bing

February 26, 2024 3:28 PM EST - Updated 2 days ag

Update

Change interrup experts became Cyberattack Is How a nationwide cyberattack is impacting Florida patients and hospitals

WUSF | By Gabriella Pinos Published March 11, 2024 at 5:00 Ma EDT



Vibran / /Stock School

3 X In 151

Change Healthcare, owned by insurance grant Distentificatift Group, is an important part of the U.S. Neath care system, princessing billions of transactions are using and matching up bills with insurance coverage.



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Cybersecurity Advisory

February 26, 2024

UPDATE: New Bulletin on Change Healthcare Cyberattack Highlights Network Connectivity





Dange Healthpare provides the fectorology for levelsua's pole and payment management formultiple sectors authoriti wathoose industry (Carty Images)

UPDATED: April 8 at 12:54 p.m.

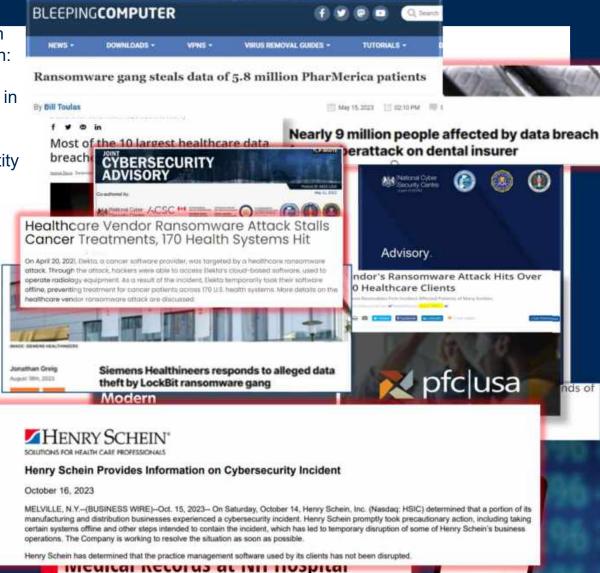
After the hackers responsible for the cyberattack on Change Healthcare took the reast and ran in a reported exit scam, cybersecurity experts have found a new post that is seeking a payout from United Health Group to recover the data.

A post from RansomHub claims to have four terabytes of data stolen from Change

Primary Healthcare Cyber Threats

Third- and fourth-party cyber risk exposure through business associates, medical devices and supply chain:

- Theft of large quantities of covered entity data in possession of business associates –
- Third-party as digital pathway into covered entity
- Software and hardware supply chain attacks
- Mission critical business associate becomes victim of ransomware attack
- Dynamic -Third Party Risk Management Program
 - Governance Committee Include Privacy
 - Strategic risk identification
 - Risk stratification and prioritization
 - Life, mission and business criticality
 - Storage or access to sensitive data
 - Network access –Privileged access?
 - Foreign operations and subcontractor risk
 - Technical cybersecurity posture
 - Consider aggregate risk from the 3rd party
 - Risk based cybersecurity requirements
 - Risk based cyber insurance requirements
 - Breach notification requirements
 - Requirements Must be in BAA Contractua



The third early data breach impacted estimat information out

Joint Cybersecurity Advisory













"Microsoft assesses with moderate confidence that this Volt Typhoon campaign is pursuing development of capabilities that could disrupt critical communications infrastructure en the United States and Asia region during future

FBI director to warn that Chinese hackers are preparing to 'wreak havoc' on US critical infrastructure



agencies believe the actor could apply the same techniques against these and other

VIVE BRIEF

Cisco routers abused by China-linked hackers against US, Japan companies

A longstanding group, identified as BlackTech, uses custom malware to evade

would alert on amount of activ

Microsoft mitigates China-based threat actor Storm-0558 targeting of customer email

MSRC / By MSRC / July 11, 2023 / 3 min read

tools this actor UPDATE: Microsoft has released threat analysis on Storm-0558 activity here. Microsoft additionally released additional defense-in-depth security fixes to help customers improve token validation in their custom applications.

> Microsoft has mitigated an attack by a China-based threat actor Microsoft tracks as Storm-0558 which targeted customer emails. Storm-0558 primarily targets government agencies in Western Europe and focuses on espionage, data theft, and credential access. Based on customer reported information on June 16, 2023, Microsoft began an investigation into anomalous mail activity. Over the next few weeks, our investigation revealed that beginning on May 15, 2023, Storm-0558 gained access to email accounts affecting approximately 25 organizations in the public cloud including government agencies as well as



PRC STATE-SPONSORED CYBER ACTIVITY: ACTIONS FOR CRITICAL INFRASTRUCTURE LEADERS









National Cyber



















Centre de la sécurité des télécommunications

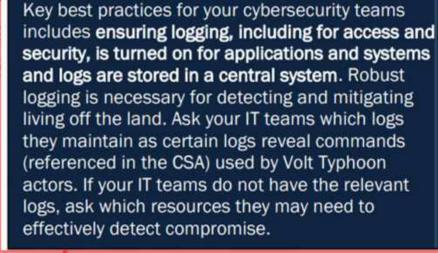
Centre canadien pour la cybersécurité





SUMMARY

This fact sheet provides an overview for executive leaders on the urgent risk posed by People's Republic of China (PRC) state-sponsored cyber actors known as "Volt Typhoon." CISA—along with the National Security Agency (NSA), the Federal Bureau of Investigation (FBI), and other U.S. government and international partners —released a major advisory on Feb. 7, 2024, in which the U.S. authoring agencies warned cybersecurity defenders that Volt Typhoon has been pre-positioning themselves on U.S. critical infrastructure organizations' networks to enable disruption or destruction of critical services in the event of increased geopolitical tensions and/or military conflict with the United States and its allies. This is a critical business risk for every organization in the United States and allied countries.²







Russian Cyber Actors Use Compromised Routers to Facilitate Cyber Operations

SUMMARY

The Federal Bureau of Investigation (FBI), National Security Agency (NSA), US Cyber Command, and international partners are releasing this joint Cybersecurity Advisory (CSA) to warn of Russian state-sponsored cyber actors' use of compromised Ubiquiti EdgeRouters (EdgeRouters) to facilitate malicious cyber operations worldwide. The FBI, NSA, US Cyber Command, and international partners – including authorities from Belgium, Brazil, France, Germany, Latvia, Lithuania, Norway, Poland, South Korea, and the

Actions EdgeRouter network defenders and users should implement to protect against APT28 activity:

- Perform a hardware factory reset.
- Upgrade to the latest firmware version.
- Change any default usernames and passwords.
- Implement strategic firewall rules on WAN-side interfaces.

United Kingdom – assess the Russian General Staff Main Intelligence Directorate (GRU), 85th Main Special Service Center (GTsSS), also known as APT28, Fancy Bear, and Forest Blizzard (Strontium), have used compromised EdgeRouters globally to harvest credentials, collect NTLMv2 digests, proxy network traffic, and host spear-phishing landing pages and custom tools.

The U.S. Department of Justice, including the FBI, and international partners recently <u>disrupted</u> a GRU botnet consisting of such routers. However, owners of relevant devices should take the remedial actions described below to ensure the long-term success of the disruption effort and to identify and remediate any similar compromises.

Five Vulnerabilities SVR is Exploiting Right Now and How to Stop Them

UNDERSTAND THE THREAT

The Russian Foreign Intelligence Service, known as SVR, poses a significant risk to U.S. and allied government networks. In addition to having compromised SolarWinds Orion software updates recently, SVR cyber actors are exploiting at least five publicly known vulnerabilities to gain footholds into victim networks. Network defenders should take action to mitigate compromises and prevent future loss of sensitive information.

Publicly known vulnerabilities SVR is exploiting:

CVE-2018-13379

CVE-2019-9670

CVE-2019-11510

CVE-2019-19781

CVE-2020-4006

TAKE ACTION



Update systems and products as soon as possible after patches are released.



Assume a breach will happen; review accounts and leverage the latest eviction guidance available.



Disable external management capabilities and set up an out-of-band management network.



Block obsolete or unused protocols at the network edge and disable them in client device configurations.



Reduce exposure of the local network by separating internet-facing services into a small, isolated network.



Enable robust logging of internet-facing services and authentication functions. Continuously hunt for signs of compromise or credential misuse, particularly in cloud environments.



Adopt a mindset that compromise happens: Prepare for incident response activities.







For more information on how to mitigate the vulnerabilities and techniques the Bussian Foreign Intelligence Service used, refer to the NSA, CISA and FBI advisory "Russian SVR Tergets U.S. and Allied Networks" on <a href="https://doi.org/10.1007/j.cs.2014/10.0007/j.cs.2014/j.c







HC3: Analyst Note
April 5, 2024 TLP:CLEAR Report: 202404051700

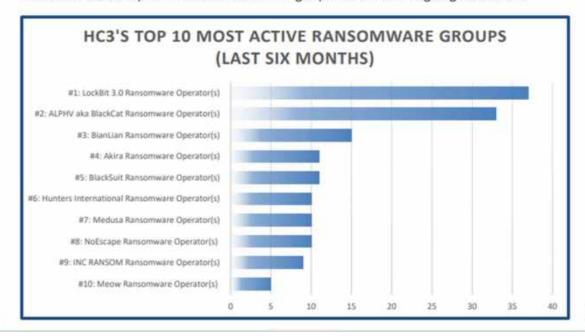
HC3's Top 10 Most Active Ransomware Groups

Executive Summary

HC3 monitors and tracks healthcare incidents across multiple platforms, including proprietary and opensource intelligence. As of mid-March 2024, in the last six months HC3 has tracked 730 attacks against the Healthcare and Public Health (HPH) sector worldwide. Of these attacks, more than 530 affected the U.S. HPH, and of those attacks, nearly half were ransomware related. This report provides high-level insight into the top ten ransomware groups HC3 has seen targeting the healthcare sector.

Report

This chart shows the top 10 most active ransomware groups HC3 has seen targeting the U.S. HPH:











#StopRansomware: ALPHV Bla

SUMMARY

Note: This joint Cybersecurity Advisory (CSA) is part of an ongoing #StopRansomware effort to publish advisories for network defenders that detail various ransomware variants and ransomware threat actors. These #StopRansomware advisories include recently and historically observed tactics, techniques, and procedures (TTPs) and indicators of compromise (IOCs) to help organizations protect against ransomware. Visit stopransomware.gov to see all #StopRansomware advisories and to learn more about other ransomware threats and no-cost resources.

The Federal Bureau of Investigation (FBI), the Cybersecurity and Infrastructure Security Agency (CISA), and the Department of Health and Human Services (HHS) are releasing this joint CSA to disseminate known IOCs and TTPs associated with the ALPHV Blackcat ransomware as a service (RaaS) identified through FBI investigations as recently as February 2024.

This advisory provides updates to the FBI FLASH BlackCat/ALPH

Table 5: ALPHV Blackcat/ALPHV Threat Actors ATT&CK Techniques - Reconnaissance

Technique Title	ID	Use
Phishing for Information	<u>T1598</u>	ALPHV Blackcat affiliates pose as company IT and/or helpdesk staff using phone calls or SMS messages to obtain credentials from employees to access the target network.

Table 6: ALPHV Blackcat/ALPHV Threat Actors ATT&CK Techniques - Resource Development

Technique Title	ID	Use		
Compromise Accounts	<u>T1586</u>	ALPHV Blackcat affiliates use compromised accounts to gain access to victims' networks.		

Table 7: ALPHV Blackcat/ALPHV Threat Actors ATT&CK Techniques - Credential Access

Technique Title	ID	Use			
Obtain Credentials from Passwords Stores	<u>T1555</u>	ALPHV Blackcat affiliates obtain passwords from local networks, deleted servers, and domain controllers.			
Steal or Force Kerberos Tickets	<u>T1558</u>	ALPHV Blackcat/ALPHV affiliates use Kerberos token generation for domain access.			
Adversary-in-the- Middle		ALPHV Blackcat/ALPHV affiliates use the open- source framework Evilginx2 to obtain MFA credentials, login credentials, and session cookies for targeted networks.			

Compromise released April 19, 2022, and to this advisory released December 19, 2023. ALPHV

Blackcat actors have since employed improvised communication methods by creating victim-specific

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summithealth.com

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Summit Health is a physician-driven, patientcentric network committed to simplifying the complexities of health care and bringing a more connected kind of care. Formed by the

(L) Updated: 01 Nov. 2023, 19:28 UTC

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NZ | NCSC-NZ

CYBERSECURITY ADVISORY



Product ID: AA23-061A November 13, 2023





#StopRansomware: Royal Ransomware Update

Update November 13, 2023

This CSA is being re-released to add new TTPs, IOCs, and information related to Royal Ransomware activity.

End of Update

Note: This joint Cybersecurity Advisory (CSA) is part of an ongoing #StopRansomware effort to publish advisories for network defenders that detail various ransomware variants and ransomware threat actors. These #StopRansomware advisories include recently and historically observed tactics, techniques, and procedures (TTPs) and indicators of compromise (IOCs) to help organizations protect against ransomware. Visit stopransomware.gov to see all #StopRansomware advisories and to learn more about other ransomware threats and no-cost resources.

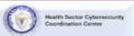
Actions to take today to mitigate cyber threats from ransomware:

- Prioritize remediating known exploited vulnerabilities.
- Train users to recognize and report <u>phishing attempts</u>.
- Enable and enforce multifactor authentication.

The Federal Bureau of Investigation (FBI) and the Cybersecurity and Infrastructure Security Agency (CISA) are releasing this joint CSA to disseminate known Royal ransomware IOCs and TTPs identified through FBI threat response activities as recently as June 2023.

Since approximately September 2022, cyber threat actors have compromised U.S. and international organizations with Royal ransomware. FBI and CISA believe this variant, which uses its own custom-made file encryption program, evolved from earlier iterations that used "Zeon" as a loader. After gaining access to victims' networks, Royal actors disable antivirus software and exciltrate large amounts of data before ultimately deploying the ransomware and encrypting the systems. Royal actors have made ransom demands ranging from approximately \$1 million to \$11 million USD in





HC3: Analyst Note November 6, 2023 TLP:CLEAR Report: 202311061700

BlackSuit Ransomware

Executive Summary

A relatively new ransomware group and strain known as BlackSuit, with significant similarities to the Royal ransomware family, will likely be a credible threat to the Healthcare and Public Health (HPH) sector. Discovered in early May 2023, BlackSuit's striking parallels with Royal, the direct successor of the former notorious Russian-linked Conti operation, potentially places the group with one of the most active ransomware groups in operation today. Both Royal and the now defunct Conti are known to have aggressively targeted the HPH sector, and if their purported ties to BlackSuit prove to be verified, then the sector will likely continue to be attacked profoundly. What follows is an overview of the potential new group, possible connections to other threat actors, an analysis of its ransomware attacks, its target industries and victim countries, impact to the HPH sector, MITRE ATT&CK techniques, indicators of compromise, and recommended defense and mitigations against the group.

Overview

BlackSuit operates using a double extortion method that steals and encrypts sensitive data on a compromised network. So far, the specific use of BlackSuit ransomware has been observed in a small number of attacks. The most recent suspected attack, in October 2023, was against a U.S.-based HPH organization whose servers and systems were encrypted with malware, tentatively identified as BlackSuit. One cybersecurity company also documented at least three attacks involving the BlackSuit encryptor, with ransoms below \$1 million. Another company annotated at least five attacks in the manufacturing, business technology, business retail, and government sectors spanning the United States, Canada, Brazil, and the United Kingdom. With only a small number of victims, the ransomware gang is considered more infamous for their purported connections to the more profilic Royal ransomware family. If their connection is confirmed, it would augment BlackSuit as a threat actor to be closely watched in the near future.

	BlackSuit Ransomware at a Glance			
Names Utilized	BlackSuit, Black Suit, BlackSuit Virus			
Threat Type	Ransomware; Crypto Virus; Files Locker; Double Extortion			
Encrypted Files Extension	.BlackSuit			
Ransom Demanding Message	README.Blacisuit.txt			
Detection Names	Avast Win32:Malware-gen Kaspersky HEUR:Trojan-Ransom,Win32,Generic Sophos Mal/Generic S (PUA) Microsoft Ransom:Win32/BlackSuit,B			
Distribution Methods	Infected email attachments (macros), torrent websites, malicious ads, Trojans			
Consequences	Files are encrypted and locked until the ransom is paid; data is leaked double extortion			

YBERSECURITY

TLP:CLEAR

Actions to take today to mitigate

Prioritize remediating known

exploited vulnerabilities.

Enable multifactor authentication

(MFA) for all services to the extent

possible, particularly for webmail,

VPN, and accounts that access

· Segment networks to prevent the

spread of ransomware.

malicious cyber activity:

critical systems.







#StopRansomware: Rhysida Ransomware

SUMMARY

Note: This joint Cybersecurity Advisory (CSA) is part of an ongoing #StopRansomware effort to publish advisories for network defenders detailing various ransomware variants and ransomware threat actors. These #StopRansomware advisories include recently and historically observed tactics, techniques, and procedures (TTPs) and indicators of compromise (IOCs) to help organizations protect against ransomware. Visit stopransomware.gov to see all #StopRansomware advisories and to learn more about other ransomware threats and no-cost resources.

The Federal Bureau of Investigation (FBI), Cybersecurity

and Infrastructure Security Agency (CISA), and the Multi-

State Information Sharing and Analysis Center (MS-ISAC) are releasing this joint CSA to disseminate known Rhysida ransomware IOCs and TTPs identified through investigations as recently as September 2023. Rhysida—an emerging ransomware variant—has predominately been deployed against the education, healthcare, manufacturing, information technology, and government sectors since May 2023. The information in this CSA is derived from related incident response investigations and malware analysis of samples discovered on victim networks.

FBI, CISA, and the MS-ISAC encourage organizations to implement the recommendations in the Mitigations section of this CSA to reduce the likelihood and impact of Rhysida ransomware and other ransomware incidents.



Critical Breach Detected - Immediate Response Required

This could inflict significant reputational and financial damage.

Dear company.

This is an automated alert from cybersecurity team Rhysida. An unfortunate situation has arisen-your digital ecosystem has been compromised, and a substantial amount of confidential data has been exfiltrated from your network. The potential ramifications of this could be dire, including the sale, publication, or distribution of your data to competitors or media outlets.

However, this situation is not without a remedy.

Our team has developed a unique key, specifically designed to restore your digital security. This key represents the first and most crucial step in recovering from this situation. To utilize this key, visit our secure portal-

(use for orowser) with your secret key = or write email:

It's vital to note that any attempts to decrypt the encrypted files independently could lead to permanent data loss. We strongly advise against such actions.

Time is a critical factor in mitigating the impact of this breach. With each passing monient, the potential damage escalates. Your immediate action and full cooperation are required to navigate this scenario effectively.

Rest assured, our team is committed to guiding you through this process. The journey to resolution begins with the use of the unique key. Together, we can restore the security of your digital environment.





Cyber Risk Impact to Patient Safety

Reported Clinical and Business Impact of Ransomware Attacks on Hospitals 2020 - 2023

- Radiology / Imaging / PACS down other diagnostic technology lost. Remote radiology lost. All could lead to stroke and trauma diversion
- Cath lab down = heart attack diversion
- Risk to patient safety. ED's shutdown Ambulances placed on full divert rural distance delay of emergency treatment. Trauma Center availability
- ➤ **Telemetry systems inoperable** additional staff required for patient monitoring Home health care telemetry. *Patients at home, greater risk?*
- **EHR rendered inaccessible**. Patient history, treatment protocols, drug allergies / interactions unknown delay in rendering care
- Lab and Pathology disrupted
- Elective surgeries cancelled
- > ADT forms and instructions unavailable
- > Drug cabinet/ pharmacy systems down
- Loss of VoIP phones and email systems
- Ransomware "blast radius" effect on other providers who are dependent for ED, EMR, labs, imaging, cancer treatment and other third parties also disrupted.
- Regional impact and stress based upon capacity of surrounding hospitals
- ➤ Simultaneous loss of all network and internet connected information, medical and operational technology <u>Downtime computers lost or limited data.</u>
- > ED wait times significantly increased.



- Radiation oncology (RADONC) treatment may be dependent upon network and internet connected technology.
- Extended delay of treatment when diverted to alternate RADONC treatment facilities.
- Chemotherapy and RADONC treatment plans may not be available.
- Staff unprepared for extended clinical downtime procedures for <u>all</u> <u>functions</u> and paper EMR charting lasting up to three to four weeks
- Three to four week recovery time for mission critical systems, ransom paid or not, residual impacts lasting 6 months 2 years
- Backups corrupted or only 65% restoration from uncorrupted backups. RTO and RPO not fully understood.
- Legacy systems unrecoverable
- Revenue interruption and revenue loss due to incomplete charts. Need 60 days cash on hand no income for 60 days.
- Scheduling, timekeeping and payroll systems disrupted
- Operational and physical security technology impact, access control
- > Third parties requesting independent certification before reconnection
- ▶ Increased insurance premiums or loss of coverage
- Civil liability for publicly released PHI or negative outcome
- > State and federal regulatory liability + Reputational Harm





Original Investigation | Emergency Medicine

Ransomware Attack Associated With Disruptions at Adjacent Emergency Departments in the US

Christian Dameff, MD, MS; Jeffrey Tulky, MD: Theodore C. Chun, MD; Edward M. Camille, PhD; MPH; Stefan Savage, PhD; Patricia Maysent, MHA, MSA; Thomas M. Hiemmen, MD; PhD; Brian J; Oay, MD; Christopher A. Longhurst, MD, MS

Abstract

IMPORTANCE: Cyberattacks on health care delivery organizations are increasing in frequency and sophistication. Ransomware infections have been associated with significant operational disruption, but data describing regional associations of these cyberattacks with neighboring hospitals have not been previously reported, to our knowledge.

OBJECTIVE To examine an institution's emergency department (ED) patient volume and stroke care metrics during a month-long ransomware attack on a geographically proximal but separate health care delivery organization.

DESIGN, SETTING, AND PARTICIPANTS. This before and after cohort study compares adult and pediatric patient volume and stroke care metrics of 2.Us urban academic EDs in the 4 weeks prior to the ransomware attack on May 1, 2021 (April 3-30, 2021), as well as during the attack and recovery (May 1-28, 2021) and 4 weeks after the attack and recovery (May 29 to June 25, 2021). The 2 EDs had a combined mean annual census of more than 70 000 care encounters and 17% of San Diego Countly's total acute inpatient discharges. The health care delivery organization targeted by the ransomware constitutes approximately 25% of the regional inpatient discharges.

EXPOSURE A month-long ransomware cyberattack on 4 adjacent hospitals.

MAIN OUTCOMES AND MEASURES Emergency department encounter volumes (census), temporal throughput, regional diversion of emergency medical services (EMS), and stroke care metrics.

RESULTS This study evaluated 19.857 ED visits at the unaffected ED: 6114 (mean [SD] age, 49.6 [19.3] years; 2931 [47.9%] female patients; 36.63 [27.2%] Hispanic, 677 [11.1%] non-Hispanic Black, and 2678 (43.8%) non-Hispanic Black, white patients; 3840 [26.1%] Hispanic, 739 [mean [SD] age, 49.6 [19.5] years, 3377 [48.0%] female patients; 3840 [26.1%] Hispanic, 778 [11.1%] non-Hispanic Black, and 3168 [45.0%] non-Hispanic White patients) in the attack and recovery phase, and 6704 (mean [SD] age, 48.8 [19.6] years, 3326 [49.5%] female patients; 1753 [26.1%] Hispanic, 725 [10.8%] non-Hispanic Black, and 3012 [44.9%] non-Hispanic White patients) in the postattack phase. Compared with the preattack phase, during the attack phase, there were significant associated increases in the daily mean SSD ED census (218.4 [18.9] vs 251.4 [35.2]; P < .001), EM5 arrivals (0741 [28.8] vs 2354 [33.7]; P < .001, admissions (1614 [26.4] vs 1722 [24.5]; P = .00), patients leaving without being seen (158 [2.6] vs 360 [5.1]; P < .001), and patients leaving against medical advice (107 [18.3] vs 161 [2.3]; P = .033). There were also significant associated increases during the attack phase compared with the preattack phase in median waiting room times (21 minutes) [00, 7-62 minutes) vs 31 minutes [10R, 9-89 minutes]. P < .001) and total ED length of stay for admitted patients (614

Key Points

Question What are the associated regional health care disruptions in hospitals adjacent to health care systems under ransonware cyberattack?

Findings This cohort study of 2 academic urban emergency departments (EDs) adjacent to a health care delivery organization under a month-long ransomware attack evaluated 19 857 ED visits at the unaffected ED: 6714 in the preattack phase, 7039 in the attack and recovery phase, and 6704 in the postattack phase. During the attack and postartack phases, significant increases in patient census, ambufance arrivals, waiting room times, patients left without being seen, total patient length of stay. county-wide emergency medical services diversion, and acute stroke care metrics were seen in the unaffected ED

Meaning: This study suggests that health care cyberattacks such as removement are associated with greater disruptions to regional hospitals and should be treated as disasters, necessitating coordinated planning and response efforts.

Supplemental content

Author affiliations and article information are listed at the end of this article.

- The data showed "significant increases in patient census, ambulance arrivals, waiting room times, patients left without being seen, total patient length of stay, countywide emergency medical services diversion, and acute stroke care metrics were seen in the unaffected emergency department... during the attack and postattack phases."
- The study showed a "significant increase in stroke code activations during the attack phase compared with the preattack phase, as well as confirmed strokes."
- "Increasing cyberattack prevention efforts and operational resiliency across all health care systems should be a high national priority."



Cyberntrodic ogenic hospirok should he treosed at regional dispaters since pabents have to be diverted to other hospital to receive care, new JANA study construied (Getty Intoges)

18

Hacked to Pieces? The Effects of Ransomware Attacks on Hospitals and Patients

Claire C. McGlave, MPH Hannah T. Neprash, PhD Sayeh S. Nikpay, PhD*

October 4, 2023

ABSTRACT

As cybercriminals increasingly target healthcare, hospitals face the growing threat of ransomware attacks. Ransomware is a type of malicious software that prevents users from accessing electronic systems and demands a ransom to restore access. In this paper, we create and link a database of hospital ransomware attacks to Medicare administrative claims data. We quantify the effects of ransomware attacks on hospital operations and patient outcomes. Ransomware attacks decrease hospital volume by 17-25% during the initial attack week, reducing revenue even further. We find that ransomware attacks increase in-hospital mortality for patients who are already admitted at the time of attack.

KEYWORDS: Hospitals, Cybersecurity, Health Care

JEL CLASSIFICATION: H51, I10, I11, I18, L86

*McGlave: University of Minnesota (email: mcgl0066@umn.edu); Neprash: University of Minnesota (email: mcgl006@umn.edu). We thank Eric Barette, Mike Chernew, Betsy Cliff, Dori Cross, David Cutler, Erra Golberstein, Katherine Hicks-Courant, Peter Huckfeldt, Jared Huling, Rob Huckman, Karen Joynt Maddox, Rebecca Myerson, Amol Navathe, Michael Puskarich, Alan Rozenshtein, Aaron Schwartz, Nicholas Tilipman, Beth Virnig, and seminar participants at ASHEcon and the Midwest Health Economics Conference at DePaul University for useful feedback. Research reported in this publication was supported by the NIHCM Foundation.

October 4, 2023

- ➤ "In this paper, we create and link a database of hospital ransomware attacks to Medicare administrative claims data.
- We quantify the effects of ransomware attacks on hospital operations and patient outcomes.
- ➤ Ransomware attacks decrease hospital volume by 17-25% during the initial attack week, reducing revenue even further.
- We find that ransomware attacks increase in-hospital mortality for patients who are already admitted at the time of attack
- > The mortality consequences of ransomware attacks will not surprise some in the cybersecurity and law enforcement communities, where ransomware attacks are viewed as "threat to life" crimes. "

FBI Director Wray talks cyberattacks, workplace violence

@ Apr 25, 2023 - 03 49 PM



More than 1,000 executive leaders from the nation's top hospitals and health systems convened at the 2023 AHA Annual Membership Meeting, April 23-25 in Washington, D.C.

FBI Director Wray talks cyberattacks, workplace violence

@ Apr 26, 2023 - 03:49 PM



More than 1,000 executive leaders from the nation's top hospitals and health systems convened at the 2023 AHA Annua Membership Meeting, April 23-25 in Washington, D.C. "What it comes down to is that cyber risk is business risk, and cyberattacks on hospitals specifically, are really threats to life."

FBI Director Wray at the AHA Annual Conference - 4/25/2023





Summary of National Findings:

Hospital Ransomware Attacks and Exercises: Readiness, Response, Resiliency and Recovery





Politics

SCOTUS

Congress

Facts First 2024 Elections

'Lock it down and piss people off': How quick thinking stopped a ransomware attack from crippling a Florida hospital

By Sean Lyngaas, CNN

Kaiser Permanente

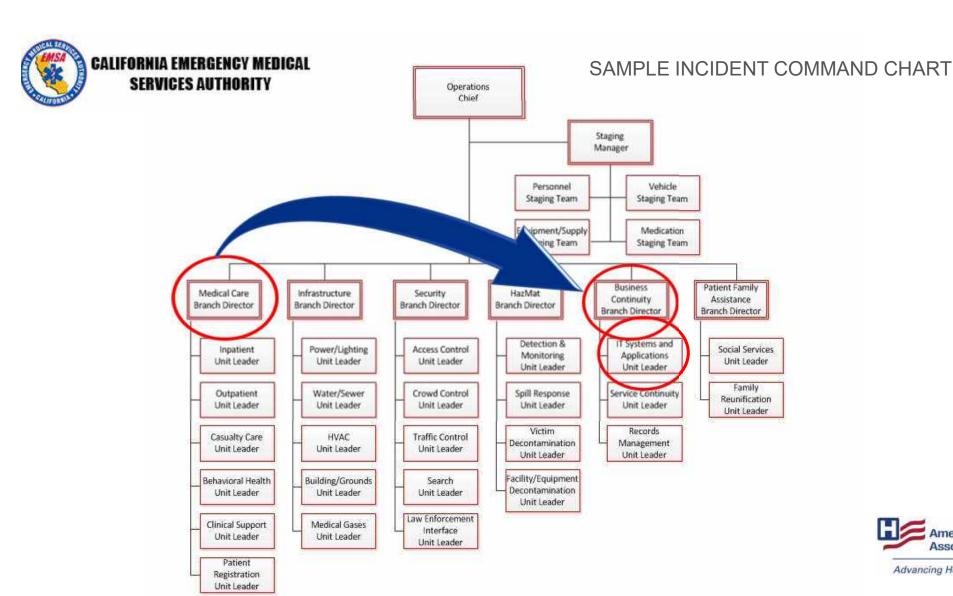
Emergency Management

Hazards - SITE & ADDRESS Hazard Vulnerability Assessment Tool

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PROBABILITY Alert Type		HUMAN IMPACT	PROPERTY	BUSINESS	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK		
	Likelihood this will occur			Possibility of dealth or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectiveness, resources	Community/Mut ual Aid staff and supplies	* Relative three
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 =High 2 = Moderate 3 = Low	0 - 100%
Hostage Situation Hurricane HVAC Failure Inclement Weather Infectious Disease Outbreak IT System Outage Landslide Mass Casualty Incident - Hazmat Mass Casualty Incident - Medical Mass Casualty Incident - Trauma Medical Gas Disruption			CALIFORNIA EMERGENCY M SERVICES AUTRORIT		1000	Market Victor	STATE OF THE STATE OF	Systems - Disa) ster •	

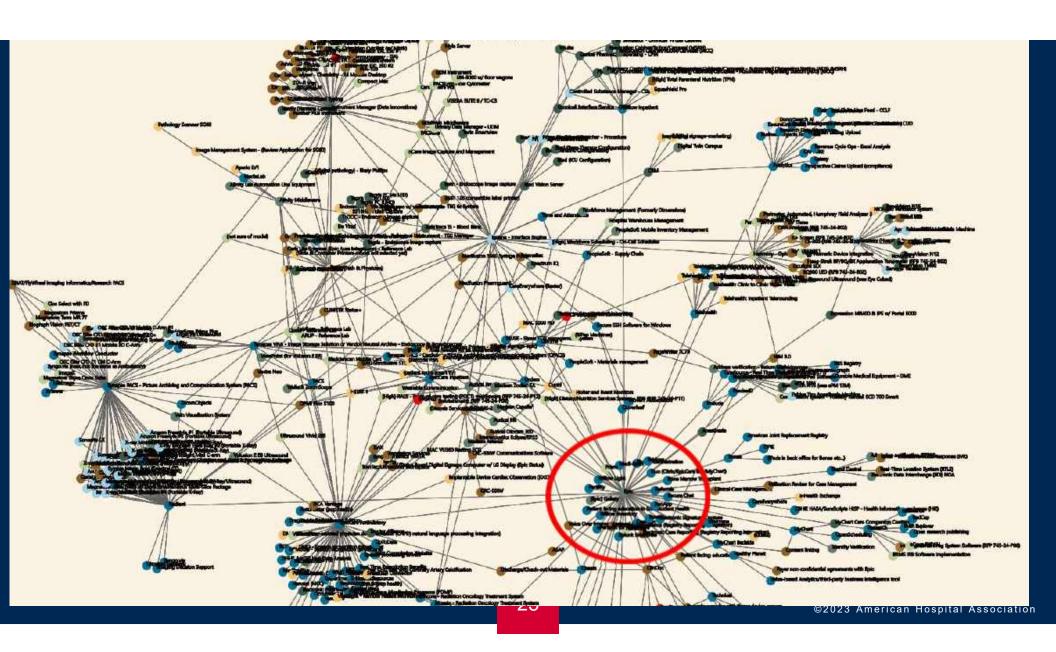


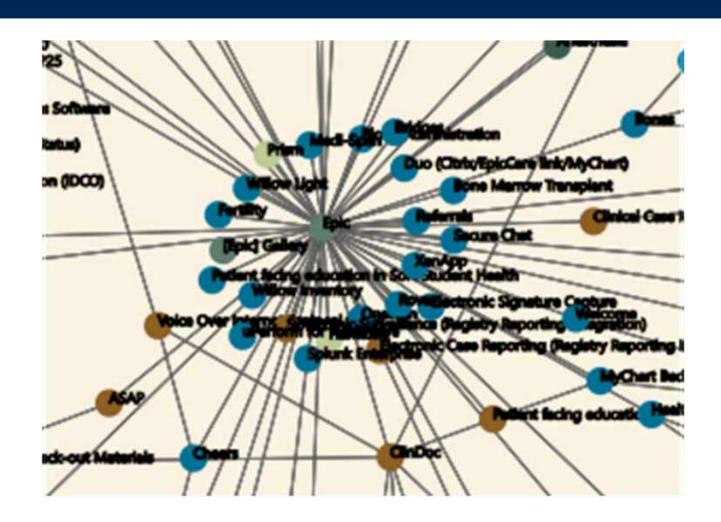
Hospital Incident Command System - Welcome!





Advancing Health in America





Sentinel Event Alert

A complimentary publication of The Joint Commission

Issue 67, Aug. 15, 2023

Preserving patient safety after a cyberattack

Early one morning, staff at Princeton Community Hospital in West Virginia arrived at work to find ransomware notices on their computers. The hospital had been attacked by the Petya ransomware — a strain of ransomware that encrypts certain files on a computer then demands a ransom payment in exchange for a decryption key. Information on the hospital's electronic health record (EHR) was inaccessible to the hospital's staff, IT systems were unable to retrieve updates, and email was down.³

With many of the hospital's existing care systems inaccessible, this type of attack could have been disastrous for staff and for patients. Cyberattacks cause a variety of care disruptions which can lead to patient harm and have severe financial repercussions. Princeton Community Hospital knew exactly what to do.

Within an hour after the attack, the hospital implemented its incident response plan and began using paper and pen to order medications and lab tests. After evaluating the risks to patients, the hospital determined it could remain open, but emergency cases were diverted elsewhere. Surgeries and diagnostics were performed as usual, except for a few patients for which the hospital could not access allergy information.

Using the hospital's cloud backup system and disaster recovery software, the hospital's IT team began running computers again 36 hours after the attack. Having a cyber insurance policy gave them access to experts and companies who provided assistance. While the incident was time-consuming and labor-intensive, its biggest impact was forcing the hospital to replace its hard drives and to patiently work to get all of its systems and related information back online.²

It could have been much worse if the hospital didn't have the plans in place to deliver care safely after a cyberattack. Similar cyberattacks have disnipted care and compromised patient safety at hospitals across the nation.^{2,3}

It's critical that healthcare organizations do all they can to prevent a cyberattack, such as decreasing access points for penetration, removing devices with old or obsolete operating systems, and training and testing staff to decrease vulnerability to phishing. There is abundant guidance for healthcare and IT professionals on how to prevent cyberattacks; therefore, this Sentinef Event Alert focuses on the safety risks associated with such events and provides tips on what organizations can do to prepare to deliver safe patient care in the event of a cyberattack.

Cyberattacks in healthcare have grown steadily

The number of cyberattacks and information system breaches in healthcare has grown steadily, escalating from isolated incidents to widespread targeted and malicious attacks. Moreover, the number of attacks is likely to be greatly underestimated because there is still a refuctance to report them. Department of Health and Human Services (DHRS) data revealed that 707 data breeches occurred in 2022, exposing more than 51.9 million patient records. The most common locations for breaches were network servers and email, with the majority involving hacking or other IT incident. Malicious cyberattacks have occurred in small, independent practices as well as in large, integrated and well-protected healthcare systems. Pecause of this, indemnity insurance is now hard to get and often prohibitively expensive.

Published for Joint Commission scoredited organizations an professionale. Sentine Elepharitiesthise specific types sentinel and advance events an high-risk conditions, describe their commission underlying course and recommends staps in reduce risk and prevent future reduce risk and prevent future.

Accredited organizations should consider information in Sentine Event Alert who designing or redesigning processes and consideration processes and consideration suggestions contained in the select or reasonable attenuations.

Please route this leave to appropriate staff within you organization. Sentine Elect Ale may be reproduced if credited in the Joint Commission. To reash by small, or to view peat leave visit www.jointcommission.or. and safety-critical technology offline **for four** weeks or longer.

"Organizations should be prepared to have life-

These services include pharmacy (particularly medication order entry systems and medication reconciliation services); medical records; and laboratory, radiology and pathology, as well as other services required by a high volume of patients or patients of high acuity (for example, blood bank, critical care units, intensive care units, infant security, nutrition services, and oncology and transplant)."

"The loss of clinical decision support during an EHR downtime clearly had an adverse impact on the patient"



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Business Continuity is **not** the same as **Clinical Continuity** – Sample Areas to Develop Clinical Continuity Procedures

Administrative Support Team

Area	Operations Leader	Informatics Resource
Clinical Excellence		
Human Resources		
Legal		
Marketing & Communications		
Payroll		
Risk Management		
Information Technology		
Telecom		

Clinical Support Team

Area	Operations Leader	Informatics Resource	Physician
Biomedical			
Facilities, Safety & Security			
Health Information Management			
Supply Chain			

Physician Oversight Team

Area	Operations Leader	Informatics Resource
Inpatient Medical		
Medicine		
Medical Group & Ambulatory		

Clinical Care Team

Area	Operations Leader	Informatics Resource	Physician
Cardiology			
Care Management			
Clinical Education			
Food & Nutrition/Kitchen			
Home & Community			
Imaging			
Lab			
Nursing (see sub team)			
Patient Access			
Patient Scheduling			
Pharmacy			
Medical Group & Ambulatory			
Radiation Oncology			
Rehab Therapies			
Respiratory		©2022 American Ho	

Ransomware Preparedness Considerations

- > Some other real world urgent decisions and cascading "events" you will be faced with:
 - Downtime computers are encrypted Now what?
 - Radiology, imaging downtime procedures? Stroke center impact?
 - Cath lab technology down contingency plan/downtime procedures?
 - ED wait times soar at all your locations. Plan?
 - Outside physicians trying to contact your organization, requesting prescriptions, labs, records.
 - Elective surgeries and appointments Cancel? How do you notify patients?
 - Radiation oncology down contingency plan? Linear accelerators need internet connection to function.
 - Family members of patients can't get through on phones, showing up at hospital. Complaining to press.
 - What mission critical medical technology is on prem vs hosted in the cloud?
 - Alternate communications path to cloud hosted services? EMR?
 - How do you contact and reallocate personnel? Relief schedule? Runners?
 - Do you hold on outpatient radiology?
 - Where will you have your hospital based incident command center? How frequently will you communicate with senior leadership at all locations?
 - How do you print labels for patient wrist bands, charts, medications, IV bags etc?
 - Do you use new downtime MRNs and MARs?
 - How will you identify the ancillary/temp staff you need?
 - Runners to help with lab and pharmacy delivery
 - Home health care and home health care telemetry?
 - Pharmacy, dietary and drug cabinets?

Cyber Attack and TTX Findings, Recommendations and Observations

- ▶ <u>INTEGRATE PLANS:</u> Integrate and coordinate cyber incident response, emergency management, incident command, business continuity and disaster recovery plans. Business continuity plans should specify plans for *clinical continuity and operational continuity during a partial or full loss mission critical technology.*
- ➤ <u>READINESS, RESPONSE, RESILIENCY AND RECOVERY (4R CONCEPT)</u>: The cyber incident response plan should be developed on an organization wide basis. All system level, hospital level and department level actions and responses, including all IT, operational, business and clinical functions, should be defined in the plan for the duration of the incident and for post incident recovery.
- REGIONAL, READINESS, RESPONSE, RESILIENCY AND RECOVERY (5R CONCEPT): It is recommended that REGIONAL cyber incident response and communication plans be developed for a high impact cyber attack having regional impact on healthcare delivery. Leverage emergency preparedness plans and mutual aid agreements. Plans should consider contingencies to possibly accommodate diversion of patients and functions between facilities as needed and to provide assistance to impacted facilities with surge of personnel, communications, medical devices and technology. Regional facilities will also face increased strain or collateral impact.
- FINHANCE DOWNTIME PROCEDURES TO SUSTAIN OPERATIONS, WITHOUT TECHNOLOGY, FOR UP TO 4 WEEKS for every life critical, mission critical and business critical system and technology to sustain clinical and business operations for up to 4 weeks, without the benefit of technology. Enhance clinical, operational, financial and administrative downtime processes and proficiency of staff on all shifts. Ensure downtime supplies are in place or external printing arrangements have been made to continue operations and care delivery through manual procedures in the event of a simultaneous loss of all medical, information and operational technology.
- DENTIFY CLINICAL AND MISSION CRITICAL THIRD PARTY SERVICES AND ESTABLISH DOWNTIME PROCEDURES IF THEIR SERVICES ARE UNAVAILABLE: This includes cloud and technology service providers. Determine clinical, operational and information technology impact if they are struck with ransomware and their services become unavailable establish compensating on-premises downtime procedures, including manual procedures and backup strategy.
- ➤ DESIGNATE DOWNTIME COACHES AND DOWNTIME SAFETY OFFICERS FOR EACH SHIFT:

 The loss of access to the EMR/EHR may cause disruption and delay to healthcare delivery as a significant proportion of staff may not be proficient in manual downtime procedures. Loss of embedded safety and treatment protocols in the EMR/EHR may increase risk to patient safety.

Cyber Attack and TTX Findings, Recommendations and Observations

- NETWORK BACKUP STATUS, SEGMENTATION AND SECURITY. Recommend regular cadence of vulnerability and penetration testing of backups. Review, document and communicate estimates of network restoration time objective and restoration point objective. Implement immutable backup solution as part of standard 3-2-1 backup strategy. 3-2-1+1 immutable backup copy
- ➤ <u>DOCUMENT ROLES WHICH HAVE DESIGNATED AND DELEGATED AUTHORITIES</u> to make independent, high impact decisions during a cyber incident/crisis such as disconnection of the organization from internet or shutting down of large parts of the network, under <u>defined</u> urgent circumstances. (3D concept Document Designate and Delegate authorities) Board notifications, authority and involvement?
- ▶ DEFFINE AND DOCUMENT "TRIGGERS" or facts and circumstances authorizing high impact decisions, such as organizational disconnection from the internet. Specify leadership escalation, incident command activation and staff notification protocols. "Trigger" examples include indication that ransomware is spreading or beaconing to external "command and control" or indication of ongoing data exfiltration.
- DEFINE INTERNAL IMPACT TO LIFE CRITICAL, MISSION CRITICAL AND BUSINESS CRITICAL DEVICES AND SERVICES: Map clinical, operational and administrative impact of decisions related to complete or partial shut down of internal network or internet disconnection. Document impact and incorporate into overall incident response plan and communicated to leaders.
- ▶ DEFINE EXTERNAL DEPENDENCIES IMPACT, especially external clinical dependencies, which may be impacted or disrupted by a ransomware attack against your organization and unavailability of your network. Such as impact to other hospitals, clinics and homecare telemetry.
- ➤ REVIEW CYBER INSURANCE COVERAGE: Determine sufficiency of coverage based upon risk profile and current cybersecurity posture.

 Determine proficiency of incident response assets and your confidence in them prior to an incident. Review "act of war" exclusion given current geopolitical events. It is recommended that plan information be kept highly secured, encrypted with limited access to prevent adversary discovery.
- REVIEW BUSINESS ASSOCIATE AGREEMENT FOR BREACH NOTIFICATION AND INSURANCE REQUIREMENTS: Determine to whom breach is to be reported 24/7 and timeline (24 72 hours for data theft, immediate for ransomware) including weekends and off hours. Test! Do cyber insurance requirements in BAAs scale with level of cybernisk presented by the individual business associate?

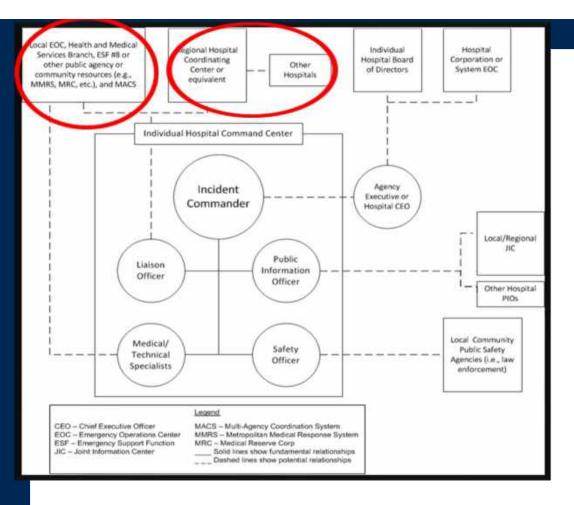


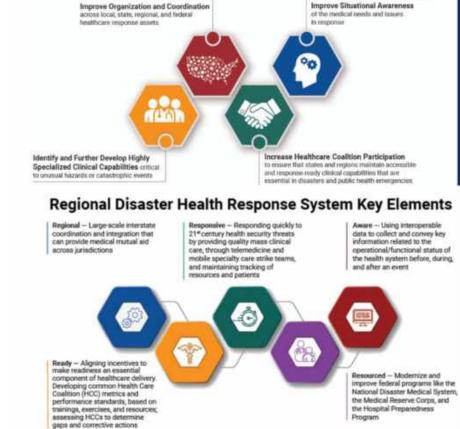
Emergency Communications Month 2024: Resilient Together

This April, as we celebrate Emergency Communications Month, we are prioritizing the people who support the systems on which we rely and highlighting the role of emergency communications as a vital function. This year's theme, **Resilient Together**, highlights both the importance of emergency communications in building resilient critical infrastructure and the need to work together. CISA is also encouraging all emergency communications partners to enroll in the agency's free priority telecommunications services.

During the month, CISA will also recognize and celebrate <u>National Public Safety Telecommunicators Week</u> (NPSTW), which is held annually during the second week of April to honor telecommunications personnel for their commitment, service, and sacrifice. Visit <u>CISA Emergency Communications</u> as well as our <u>SAFECOM</u> and <u>NCSWIC</u> pages for more information and resources.

THE RECEIVING PARKETS OF CASES





Regional Disaster Health Response System Goals

https://emsa.ca.gov/wp-content/uploads

https://aspr.hhs.gov/RDHRS/Pages/rdhrs-overview.aspx

Overview and Objectives of the Exercise

- The goal of this strategic cyber and risk exercise is to engage organizational leadership in a critical thinking exercise and test preparedness, incident response plans and decision making processes in dealing with a major incident. The intent is to provoke discussion and thought on how clinical, technical, business and administrative functions of the organization react to the various facts of the incident, in a coordinated and effective response to mitigate risk to the organization and to the patients.
- The exercise will contain multiple, complex elements, derived from analysis of real world events. Just as in a real world scenario, participants will need to identify and make key decisions with limited information, under time constraints and adversarial conditions. There are no absolute correct or incorrect responses. We hope to learn as a group based upon our collective knowledge and experience.





A CALL TO ONE IS A CALL TO ALL



HHS

To contact the Assistant Secretary for Preparedness and Response (ASPR): Email: CIP@hhs.gov

To contact Health Sector Cybersecurity Coordination Center (HC3): Email: HC3@hhs.gov



FBI

Report incidents to your local FBI Field Office, or contact: Email: cywatch@fbi.gov

Online: IC3.gov

Phone: 1 (855) 292-3937



CISA

Email: Central@cisa.dhs.gov Online: us-cert.cisa.gov/report Phone: 1 (888) 282-0870

John Riggi, AHA National Advisor for Cybersecurity and Risk, jriggi@aha.org
(O) 202-626-2272



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Acres 2021

Cybersecurity information sharing is essential to collective defense and strengthening cybersecurity for the Nation. That's why, as the nation's cyber defense agency, CISA appliands the passage of the Cyber Incident Reporting for Critical Infrastructure Act of 2022 (CIRCIA). In accordance with CIRCIA, CISA will now undertake a rulemaking process to implement the statutory requirements. In the interim, CISA continues to encourage our stakeholders to voluntarily share information about cyber-related events that could help militate current or emerging cyber-security threats, to critical

10 KEY ELEMENTS TO SHARE

- * 1. Incident date and time
- * 2. Incident location
- * 3. Type of observed activity
- * 4. Detailed narrative of the event
- * 5. Number of people or systems affected
- 6. Company/Organization name
- * 7 Doint of Contact details

WHAT YOU CAN DO

- OBSERVE the activity
- ACT by taking local steps to mitigate the threat
- REPORT the event

WHO SHOULD SHARE

- Critical Infrastructure Owners and Operators
- Federal, State, Local, Territorial, and Tribal Government Partners

WHAT TYPES OF ACTIVITY SHOULD YOU SHARE WITH CISA

- Unauthorized access to your system
- Denial of Service (DOS) attacks that last more than 12 hours
- Malicious code on your systems, including variants if known
- Targeted and repeated scans against services on your systems
- Repeated attempts to gain unauthorized access to your system
- Email or mobile messages associated with phishing attempts or successes **
- Ransomware against Critical Infrastructure, include variant and ransom details if known

HOW SHOULD YOU SHARE

If you are a Federal or Critical Infrastructure partner that has completed one of our <u>Incident Reporting Forms</u> we encourage you to continue to use this method. If you have never reported to CISA, or don't have the time or capability, we encourage you to send an email to <u>Report@cisa.gov</u> and be as detailed as possible using the guidelines identified above. Please include full contact information or we may not be able to take the appropriate action.

you to send an email to ReportBicisa.gov and be as detailed as possible using the guidelines identified above. Please include full contact information or we may not be able to take the appropriate action.

**CISA partners with the Anti-Phishing Working Group (APWG) to collect phishing email messages, mobile messages and website locations to help people avoid becoming victims of phishing scams. You can share phishing info with CISA by sending the phishing email to phishing-report@us-cert.gov.

10 KEY ELEMENTS TO SHARE

- 1. Incident date and time
- * 2. Incident location
- * 3. Type of observed activity
- * 4. Detailed narrative of the event
- * 5. Number of people or systems affected
- * 6. Company/Organization name
- * 7. Point of Contact details
- * 8. Severity of event
- * 9. Critical Infrastructure Sector if known
- Anyone else you informed
- *Priority



Advancing Health in America

CISA Cybersecurity Assessments



TECHNICAL (Network-Administrator Level)

www.aha.org/cybersecurity

- Cyber incident response resources
- > Alerts from the FBI, NSA, CISA. HHS and FDA
- > H-ISAC technical intelligence
- Podcasts with members and government officials
- > Guidance and commentary from John Riggi, AHA National Advisor for Cybersecurity and Risk













View Cybersecurity Incident Preparedness and Response Resources from the AHA

View

CYBERSECURITY NEWS

HHS alerts health care sector to ransomware, data extortion gang

@ November 3:2003

HC3 TLP Clear: Analyst Note8Base Ransomware -November 1, 2023

AHA blog: Why the Biden-Harris Administration's New National Cybersecurity Strategy Is an Important Step Forward

for Health Care

AHA participates in federal roundtable on health sector cybersecurity

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@ October 25, 2021

@ Octobur 25, 2023

More Cybersecusty News

Cybersecurity Incident Preparedness and Response

CENTER | CYBERSECURITY AND RISK ADVISORY SERVICES | AHA Preferred Gybersecurity Provider Program

Cybersecurity Insights

Latest developments within cybersecurity to advise and assist the health care field in mitigating the many cyber and physical risks it faces.

- A CEO's Perspective: Key Learnings to Strengthen Cybersecurity
- Blog. Going "Code Dark". An Emergency Response to Cyberattacks.
- Podcast: Reducing Cyber Risics That Threaten Patient Safety and Care Delivery
- CISA Deputy Director Speaks on Defending Health Care Against Cyber Attacks

Read More



American nospital Association





Questions and Discussion What will you change??

John Riggi <u>jriggi@aha.org</u> 202-626-2272