A-Engrossed
House Bill 2717

Ordered by the House April 16
Including House Amendments dated April 16

Sponsored by Representative NOSSE; Representatives KENY-GUYER, SCHOUTEN (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

[*Requires Oregon Health Authority to take steps to limit cost to hospitals, ambulatory surgical centers and extended stay centers for compiling and reporting records and data. Limits fee charged by authority for collecting records and data.*]

Eliminates requirement for ambulatory surgical centers and extended stay centers to file ambulatory surgery discharge abstract records with Oregon Health Authority. Requires authority to adopt rules, in collaboration with representatives of ambulatory surgical centers, for data reporting by ambulatory surgical centers and extended stay centers.

Authorizes Oregon Patient Safety Commission to share with authority data reported to commission by ambulatory surgical centers and extended stay centers.

Requires Health Evidence Review Commission to develop evidence-based guidelines for extended stay centers based on data collected over two- and four-year periods.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to data collected from health care providers; creating new provisions; amending ORS 442.120 and 442.837 and sections 3 and 22, chapter 50, Oregon Laws 2018; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. The Oregon Health Authority shall adopt rules, in collaboration with representatives of ambulatory surgical centers, as defined in ORS 442.015, or an association representing ambulatory surgical centers, regarding the reporting and collection of data regarding ambulatory surgical center and extended stay center patients and patient outcomes that are essential for health planning purposes. The rules:

(1) Must require ambulatory surgical centers to report quarterly all patient deaths to the authority;

(2) Must allow, to the greatest extent practicable, for the utilization of existing data reporting by ambulatory surgical centers that is required by the Oregon Patient Safety Commission and the Centers for Medicare and Medicaid Services;

(3) May adopt data reporting systems that are used in other states;

(4) Must utilize the capability of ambulatory surgical center associations to compile and report data to the authority; and

(5) May not impose unreasonable financial or administrative burdens on ambulatory surgical centers or extended stay centers.

SECTION 2. ORS 442.120, as amended by section 7, chapter 50, Oregon Laws 2018, is amended to read:

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

442.120. In order to provide data essential for health planning programs:

(1) The Oregon Health Authority may request, by July 1 of each year, each general hospital to file with the authority ambulatory surgery and inpatient discharge abstract records covering all patients discharged during the preceding calendar year. The ambulatory surgery and inpatient discharge abstract record for each patient must include the following information, and may include other information deemed necessary by the authority for developing or evaluating statewide health policy:

(a) Date of birth;

(b) Sex;

(c) Race and ethnicity;

(d) Primary language;

(e) Disability;

(f) Zip code;

(g) Inpatient admission date or outpatient service date;

(h) Inpatient discharge date;

(i) Type of discharge;

(j) Diagnostic related group or diagnosis;

(k) Type of procedure performed;

(L) Expected source of payment, if available;

(m) Hospital identification number; and

(n) Total hospital charges.

[*(2) By July 1 of each year, the authority may request from ambulatory surgical centers licensed under ORS 441.015 ambulatory surgery discharge abstract records covering all patients admitted during the preceding year. Ambulatory surgery discharge abstract records must include information similar to that requested from general hospitals under subsection (1) of this section.*]

[*(3) By July 1 of each year, the authority may request from extended stay centers licensed under section 2, chapter 50, Oregon Laws 2018, extended stay center discharge abstract records covering all patients admitted during the preceding year. Extended stay center discharge abstract records must include information prescribed by the authority by rule.*]

[*(4)*] **(2)** In lieu of abstracting and compiling the records itself, the authority may solicit the voluntary submission of the data described in [*subsections (1) to (3)*] **subsection (1)** of this section to enable the authority to carry out its responsibilities under this section. If such data are not available to the authority on an annual and timely basis, the authority may establish by rule a fee to be charged to each hospital[*, ambulatory surgical center or extended stay center*].

[*(5)*] **(3)** The fee established under subsection [*(4)*] **(2)** of this section may not exceed the cost of abstracting and compiling the records.

[*(6)*] **(4)** The authority may specify by rule the form in which records are to be submitted. If the form adopted by rule requires conversion from the form regularly used by a hospital, [*ambulatory surgical center or extended stay center,*] reasonable costs of such conversion shall be paid by the authority.

[*(7)*] **(5)** Abstract records must include a patient identifier that allows for the statistical matching of records over time to permit public studies of issues related to clinical practices, health service utilization and health outcomes. Provision of such a patient identifier must not allow for identification of the individual patient.

[*(8)*] **(6)** In addition to the records required in subsection (1) of this section, the authority may

obtain abstract records for each patient that identify specific services, classified by International Classification of Disease Code, for special studies on the incidence of specific health problems or diagnostic practices. However, nothing in this subsection shall authorize the publication of specific data in a form that allows identification of individual patients or licensed health care professionals.

[*(9)*] **(7)** The authority may provide by rule for the submission of records for enrollees in a health maintenance organization from a hospital[*, ambulatory surgical center or extended stay center*] associated with such an organization in a form the authority determines appropriate to the authority's needs for such data and the organization's record keeping and reporting systems for charges and services.

SECTION 3. ORS 442.837, as amended by section 8, chapter 50, Oregon Laws 2018, is amended to read:

442.837. (1) The Oregon Patient Safety Reporting Program is created in the Oregon Patient Safety Commission to develop a serious adverse event reporting system. The program shall include but is not limited to:

(a) Reporting by participants, in a timely manner and in the form determined by the Oregon Patient Safety Commission Board of Directors established in ORS 442.830, of the following:

(A) Serious adverse events;

(B) Root cause analyses of serious adverse events;

(C) Action plans established to prevent similar serious adverse events; and

(D) Patient safety plans establishing procedures and protocols.

(b) Analyzing reported serious adverse events, root cause analyses and action plans to develop and disseminate information to improve the quality of care with respect to patient safety. This information shall be made available to participants and shall include but is not limited to:

(A) Statistical analyses;

(B) Recommendations regarding quality improvement techniques;

(C) Recommendations regarding standard protocols; and

(D) Recommendations regarding best patient safety practices.

(c) Providing technical assistance to participants, including but not limited to recommendations and advice regarding methodology, communication, dissemination of information, data collection, security and confidentiality.

(d) Auditing participant reporting to assess the level of reporting of serious adverse events, root cause analyses and action plans.

(e) Overseeing action plans to assess whether participants are taking sufficient steps to prevent the occurrence of serious adverse events.

(f) Creating incentives to improve and reward participation, including but not limited to providing:

(A) Feedback to participants; and

(B) Rewards and recognition to participants.

(g) Distributing written reports using aggregate, deidentified data from the program to describe statewide serious adverse event patterns and maintaining a website to facilitate public access to reports, as well as a list of names of participants. The reports shall include but are not limited to:

(A) The types and frequencies of serious adverse events;

(B) Yearly serious adverse event totals and trends;

(C) Clusters of serious adverse events;

(D) Demographics of patients involved in serious adverse events, including the frequency and

types of serious adverse events associated with language barriers or ethnicity;

(E) Systems' factors associated with particular serious adverse events;

(F) Interventions to prevent frequent or high severity serious adverse events;

(G) Analyses of statewide patient safety data in Oregon and comparisons of that data to national patient safety data; and

(H) Appropriate consumer information regarding prevention of serious adverse events.

(2) Participation in the program is voluntary. The following entities are eligible to participate:

(a) Hospitals as defined in ORS 442.015;

(b) Long term care facilities as defined in ORS 442.015;

(c) Pharmacies licensed under ORS chapter 689;

(d) Ambulatory surgical centers as defined in ORS 442.015;

(e) Outpatient renal dialysis facilities as defined in ORS 442.015;

(f) Freestanding birthing centers as defined in ORS 442.015;

(g) Independent professional health care societies or associations; and

(h) Extended stay centers licensed under section 2, chapter 50, Oregon Laws 2018.

(3) Reports or other information developed and disseminated by the program may not contain or reveal the name of or other identifiable information with respect to a particular participant providing information to the commission for the purposes of ORS 442.819 to 442.851, or to any individual identified in the report or information, and upon whose patient safety data, patient safety activities and reports the commission has relied in developing and disseminating information pursuant to this section.

(4) After a serious adverse event occurs, a participant must provide written notification in a timely manner to each patient served by the participant who is affected by the event. Notice provided under this subsection may not be construed as an admission of liability in a civil action.

(5) The commission shall collaborate with providers of ambulatory health care to develop initiatives to promote patient safety in ambulatory health care.

(6) The commission may share with the Oregon Health Authority data reported to the commission by ambulatory surgical centers and extended stay centers, subject to ORS 442.844.

SECTION 4. Section 3, chapter 50, Oregon Laws 2018, is amended to read:

Sec. 3. (1) **No later than July 1, 2022,** the Health Evidence Review Commission established under ORS 414.688 shall develop evidence-based guidelines regarding the patient characteristics and surgical procedures that may be appropriate for ambulatory surgical centers and extended stay centers. [*The commission shall provide a report of the timeline and plan for implementing the guidelines to the Legislative Assembly during the 2019 regular session.*] **No later than July 1, 2025, the commission shall update the guidelines based on data collected by the authority during the period ending December 31, 2024.**

(2) No later than December 31, [*2022*] **2025**, the Oregon Health Authority shall report to the interim committees of the Legislative Assembly related to health on the implementation of **this section and** section 2**,** [*of this 2018 Act*] **chapter 50, Oregon Laws 2018**.

SECTION 5. Section 22, chapter 50, Oregon Laws 2018, is amended to read:

Sec. 22. Section 3**,** [*of this 2018 Act*] **chapter 50, Oregon Laws 2018,** is repealed on January 2, [*2023*] **2026**.

SECTION 6. This 2019 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect

on its passage.