PRELIMINARY

HB 3159 -5 STAFF MEASURE SUMMARY

House Committee On Health Care

Prepared By: Oliver Droppers, LPRO Analyst
Meeting Dates: 4/6, 4/8, 4/13

WHAT THE MEASURE DOES:

Requires a health insurer and licensed, certified, or registered health care provider to collect data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity, each calendar year. Requires health insurers and providers to submit data to Oregon Health Authority (OHA). Requires OHA to establish reporting standards and an exemption process. Specifies collected data is confidential and not subject to disclosure. Grants OHA authority to released collected data if anonymized and aggregated. Prohibits an insurer from using collected data to deny, limit, cancel, rescind, or refuse to renew coverage; or establish premiums or terms and conditions of coverage. Allows OHA to offer incentives to providers and insurers to defray costs and facilitate data collection. Authorizes OHA to issue civil penalty not to exceed $1,000 per day for failing to submit required data. Requires OHA to establish a system for collected data that includes a registry to receive and store reported data; requires registry to allow electronic submission and querying of data by providers and insurers. Repeals provider data reporting requirements created in the first special session of 2020.

ISSUES DISCUSSED:

- Importance of data to effectively address health inequities
- Disparate impact of COVID-19 on Black, Indigenous, People of Color (BIPOC) communities
- Scope of data collected, required submitters, and potential for redundancy
- Availability of provider exemptions and ability of patients to opt-out of reporting requirements
- Penalty amounts, timing, and mechanics
- Options for data collection

EFFECT OF AMENDMENT:

-5 **Replaces the measure**. Requires a health insurer, licensed, certified, or registered health care provider, and coordinated care organization (CCO) to collect and report to Oregon Health Authority (OHA) data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity, at least once during a calendar year. Requires OHA to establish reporting standards including securely transmitting required data, timelines for collection and submission of data, criteria to seek an extension or exemption from the reporting requirements. Allows providers, insurance, and CCOs to collect data electronically or via paper format. Specifies a patient is not required to answer questions and that collected data is confidential and not subject to public disclosure. Allows OHA to release data if aggregated and anonymized. Modifies civil penalties for first, second, third, and subsequent violations. Prior to imposing a penalty, requires OHA to notify an insurer, CCCO, or provider and allow notified party reasonable time to correct violation. Requires OHA to establish a system for collected data that includes a registry to receive and store reported data; requires registry to allow electronic submission and querying of data by providers and insurers, and functionality that allows a patient, member, or client to directly submit data. Requires OHA to report every two year on the implementation and challenges around data collection standards and plan to address any challenges. Directs OHA to develop and administer a grant program to support community health organizations and community-based groups to support safe data collection. Prohibits OHA from imposing civil authority until agency has established a data submission process.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued

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BACKGROUND:

In 2013, the Oregon Legislature passed House Bill 2134, which directed the Oregon Health Authority (OHA) and the Department of Human Services (DHS) to collaborate in standardizing and improving how race, ethnicity, spoken and written language, and disability (REALD) demographics are collected. These data collection standards provide a consistent method to gather information across all state data systems and are used to measure and compare service and health disparities. According to OHA, REALD data standards can help Oregon understand, identify, track, and address social and health inequities, guide the development of culturally specific and accessible services, and inform the equitable allocation of resources to address health inequities.

In the 2020 1st Special Session, House Bill 4212 passed requiring licensed or certified health care providers to collect data on race, ethnicity, preferred spoken and written languages, English proficiency, interpreter needs and disability status (REALD) when reporting COVID-19 test results, hospitalizations, and deaths. In rule, OHA is phasing in the COVID-19 data collection and reporting :

- Phase 1 for providers in hospitals, health systems and federally qualified health centers (FQHCs), starting October 1, 2020,
- Phase 2 for health care facilities and congregate care settings starting March 1, 2021, and
- Phase 3 for all other health care providers by October 1, 2021.

House Bill 3159 expands the types of data health care providers and insurers are required to collect and report to the Oregon Health Authority.