

A-Engrossed
House Bill 3039

Ordered by the House April 13
Including House Amendments dated April 13

Sponsored by Representative DEXTER; Representatives LEIF, NERON, NOBLE, PRUSAK

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, in coordination with Department of Human Services,*] **Health Information Technology Oversight Council** to convene one or more groups of stakeholders and experts to [*study and make recommendations regarding electronic referral system for social services and statewide health information exchange*] **explore specified issues related to adoption of secure, statewide, integrated health information and community information exchanges.** Requires [*authority*] **council** to report [*findings and recommendations*] to interim committees of Legislative Assembly related to health and human services **no later than October 1, 2022, and January 31, 2023, on findings of stakeholder groups and recommendations for legislative changes, if needed, to implement statewide health information and community information exchanges.**

Sunsets [*January 2*] **February 28, 2023.**

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to human services; and declaring an emergency.

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

4 **SECTION 1. (1) As used in this section, "community information exchange" means a**
5 **network of public or private health care providers, human or social services providers, and**
6 **community-based organizations, that partner to use a technology platform with functions**
7 **such as a shared resource directory, closed loop referrals, reporting, social needs screening**
8 **and other features to electronically connect individuals and families to social services and**
9 **supports and integrate the delivery of social services to individuals and families.**

10 **(2) The Health Information Technology Oversight Council established in ORS 413.301 shall**
11 **convene one or more groups of stakeholders and relevant experts, including but not limited**
12 **to one or more:**

13 **(a) Representatives of health systems;**

14 **(b) Representatives of coordinated care organizations;**

15 **(c) Health care providers;**

16 **(d) Representatives of social service agencies;**

17 **(e) Representatives of organizations that advocate for communities that face health in-**
18 **equities;**

19 **(f) Representatives of federally qualified health centers or community health clinics that**
20 **serve the nine federally recognized tribes in this state and Black, Indigenous and other**
21 **communities of color that would be using an integrated health information and community**
22 **information exchange;**

23 **(g) Representatives of an organization that is building or using a community information**

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.

1 exchange;

2 (h) Representatives from the United States Department of Veterans Affairs that work
3 on electronic health records;

4 (i) Representatives of organizations that are working on the implementation of an inte-
5 grated health information and community information exchange; and

6 (j) Consumers of health care or representatives from organizations that advocate for
7 consumers of health care.

8 (3) The group or groups described in subsection (2) of this section shall:

9 (a) Explore options for the adoption of secure, statewide, integrated health information
10 and community information exchanges or other technologies that would allow the seamless
11 coordination of social services and health care across all delivery systems, prioritizing pa-
12 tient confidentiality, personal ownership of health data and the security of the health infor-
13 mation by:

14 (A) Providing financial incentives and securing federal funding to support the efforts; and

15 (B) Coordinating a statewide approach, including by:

16 (i) Having state agencies participate in the exchanges; and

17 (ii) Connecting health information and community information exchanges using statewide
18 governance models and community participation.

19 (b) Explore how community information exchanges support health equity for individuals
20 and support community-based organizations serving individuals with specific cultural and
21 linguistic needs, identifying barriers that prevent access to the organizations and changes
22 needed to support the organizations.

23 (c) Determine how to best utilize data reported from health information and community
24 information exchanges to inform policy decisions and the allocation of funding.

25 (d) Explore the impact in this state of federal rules regarding patient access to data and
26 data blocking adopted by the Centers for Medicare and Medicaid Services and the United
27 States Office of the National Coordinator for Health Information Technology and whether the
28 requirements in the rules could be extended to all payers and providers in this state.

29 (e) Explore whether and how software applications could be used to expand patients' ac-
30 cess to their health information and to community resource information and what strategies
31 should be employed in this state to support the broad use of the technologies described in
32 paragraph (a) of this subsection.

33 (f) Explore incentives to support the adoption of high quality, federally certified elec-
34 tronic health records by behavioral health providers, small hospitals, rural providers and
35 other providers that lack sufficient electronic health record technology and incentives that
36 could be extended to hospitals that offer their electronic health records technology to com-
37 munity providers and rural hospitals.

38 (g) Identify how the efforts to implement the systems described in paragraphs (a) and (b)
39 of this subsection can be supportive of health equity and support providers that serve indi-
40 viduals with specific cultural and linguistic needs, including changes that are needed to best
41 support these populations.

42 (h) Evaluate whether legislative changes are needed to drive statewide participation in
43 health information and community information exchanges.

44 (4) The Oregon Health Authority shall provide staff support to the groups convened un-
45 der subsection (2) of this section and may provide stipends to any members of the groups if

1 necessary to facilitate the members' participation.

2 (5)(a) No later than December 15, 2021, the council shall provide a progress report to the
3 interim committees of the Legislative Assembly related to health and to human services on
4 the status of the stakeholder groups described in subsection (2) of this section.

5 (b) No later than October 1, 2022, the council shall provide a draft report and no later
6 than January 31, 2023, a final report, in the manner provided in ORS 192.245, to the interim
7 committees of the Legislative Assembly related to health and to human services on the
8 findings of the groups described in subsection (2) of this section regarding subsection (3)(b)
9 to (h) of this section and recommendations for legislative changes, if needed, to implement
10 statewide health information and community information exchanges as described in sub-
11 section (3)(a) of this section.

12 SECTION 2. Section 1 of this 2021 Act is repealed on February 28, 2023.

13 SECTION 3. This 2021 Act being necessary for the immediate preservation of the public
14 peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect
15 on its passage.
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