

## HOUSE AMENDMENTS TO HOUSE BILL 3039

By COMMITTEE ON HUMAN SERVICES

April 13

1 On page 1 of the printed bill, delete lines 4 through 28.

2 On page 2, delete lines 1 through 45 and insert:

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

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

12 **“(a) Representatives of health systems;**

13 **“(b) Representatives of coordinated care organizations;**

14 **“(c) Health care providers;**

15 **“(d) Representatives of social service agencies;**

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

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

22 **“(g) Representatives of an organization that is building or using a community informa-**  
23 **tion exchange;**

24 **“(h) Representatives from the United States Department of Veterans Affairs that work**  
25 **on electronic health records;**

26 **“(i) Representatives of organizations that are working on the implementation of an in-**  
27 **tegrated health information and community information exchange; and**

28 **“(j) Consumers of health care or representatives from organizations that advocate for**  
29 **consumers of health care.**

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

31 **“(a) Explore options for the adoption of secure, statewide, integrated health information**  
32 **and community information exchanges or other technologies that would allow the seamless**  
33 **coordination of social services and health care across all delivery systems, prioritizing pa-**  
34 **tient confidentiality, personal ownership of health data and the security of the health infor-**  
35 **mation by:**

1       “(A) Providing financial incentives and securing federal funding to support the efforts;  
2 and

3       “(B) Coordinating a statewide approach, including by:

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

5       “(ii) Connecting health information and community information exchanges using state-  
6 wide governance models and community participation.

7       “(b) Explore how community information exchanges support health equity for individuals  
8 and support community-based organizations serving individuals with specific cultural and  
9 linguistic needs, identifying barriers that prevent access to the organizations and changes  
10 needed to support the organizations.

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

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

17       “(e) Explore whether and how software applications could be used to expand patients’  
18 access to their health information and to community resource information and what strate-  
19 gies should be employed in this state to support the broad use of the technologies described  
20 in paragraph (a) of this subsection.

21       “(f) Explore incentives to support the adoption of high quality, federally certified elec-  
22 tronic health records by behavioral health providers, small hospitals, rural providers and  
23 other providers that lack sufficient electronic health record technology and incentives that  
24 could be extended to hospitals that offer their electronic health records technology to com-  
25 munity providers and rural hospitals.

26       “(g) Identify how the efforts to implement the systems described in paragraphs (a) and  
27 (b) of this subsection can be supportive of health equity and support providers that serve  
28 individuals with specific cultural and linguistic needs, including changes that are needed to  
29 best support these populations.

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

32       “(4) The Oregon Health Authority shall provide staff support to the groups convened  
33 under subsection (2) of this section and may provide stipends to any members of the groups  
34 if necessary to facilitate the members’ participation.

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

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

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

