

House Bill 3039

Sponsored by Representative DEXTER; Representative 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 **as introduced**.

Requires Oregon Health Authority, in coordination with Department of Human Services, 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. Requires authority to report findings and recommendations to interim committees of Legislative Assembly related to health and human services.

Sunsets January 2, 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) The Oregon Health Authority, in coordination with the Department of**
5 **Human Services, shall convene one or more groups of stakeholders and relevant experts,**
6 **including but not limited to:**

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

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

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

10 (d) **Representatives of social service agencies; and**

11 (e) **Representatives of organizations that advocate for communities that face health in-**
12 **equities.**

13 (2) **The group or groups described in subsection (1) of this section shall:**

14 (a) **Explore options for how the state can seamlessly integrate the delivery of social ser-**
15 **vices to individuals and families using technology systems such as community information**
16 **exchanges through which health care providers, public health agencies and social work pro-**
17 **viders can enter referrals for social services.**

18 (b) **Explore options for the adoption of a secure, statewide health information exchange**
19 **that would allow the seamless coordination of care across all health care delivery systems,**
20 **prioritizing patient confidentiality, personal ownership of health data and the security of the**
21 **health information.**

22 (c) **Determine the costs to the state and to individuals of adopting each of the options**
23 **described in paragraphs (a) and (b) of this subsection as well as a cost and return-on-**
24 **investment analysis for failing to adopt a statewide health information exchange.**

25 (d) **Explore how to adopt and fund community information exchanges throughout this**
26 **state, including by:**

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

28 (B) **Coordinating a statewide approach, including by:**

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 (i) Having state agencies participate in community information exchanges;
- 2 (ii) Integrating community information exchanges into key health related information
- 3 technology systems such as electronic health records systems; and
- 4 (iii) Connecting community information exchanges using statewide governance models
- 5 and community participation.
- 6 (e) Evaluate whether legislative changes are needed to drive statewide participation in
- 7 community information exchanges.
- 8 (f) Explore how community information exchanges support health equity for
- 9 community-based organizations serving individuals with specific cultural and linguistic needs,
- 10 identifying barriers that prevent access to the organizations and changes needed to support
- 11 the organizations.
- 12 (g) Determine how to best utilize data reported from community information exchanges
- 13 to inform policy decisions and the allocation of funding.
- 14 (h) Explore the impact in this state of federal rules regarding patient access to data and
- 15 data blocking adopted by the Centers for Medicare and Medicaid Services and the United
- 16 States Office of the National Coordinator for Health Information Technology and whether the
- 17 requirements in the rules could be extended to all payers and providers in this state.
- 18 (i) Explore whether and how software applications could be used to expand patients' ac-
- 19 cess to their health information and to implement paragraphs (a) and (b) of this subsection
- 20 and what strategies should be employed in this state to support the broad use of the appli-
- 21 cations.
- 22 (j) Identify policies, incentives or technologies that would be needed to expand patients'
- 23 access to their health information and to implement paragraphs (a) and (b) of this subsection
- 24 and the opportunities to leverage existing technologies and federal policies.
- 25 (k) Explore incentives to support the adoption of high quality, federally-certified elec-
- 26 tronic health records by behavioral health providers, small hospitals, rural providers and
- 27 other providers that lack sufficient electronic health record technology and incentives that
- 28 could be extended to hospitals that offer their electronic health records technology to com-
- 29 munity providers and rural hospitals.
- 30 (L) Identify how the efforts to implement the systems described in paragraphs (a) and
- 31 (b) of this subsection can be supportive of health equity for providers that serve individuals
- 32 with specific cultural and linguistic needs, including changes that are needed to best support
- 33 these populations.
- 34 (3) The authority shall report the findings of the groups regarding subsection (2)(c) to (L)
- 35 of this section and recommendations for legislative changes, if any, for establishing:
- 36 (a) A statewide health information exchange as described in subsection (2)(b) of this
- 37 section; and
- 38 (b) A mechanism to allow for the referrals described in subsection (2)(a) of this section.
- 39 (4) A report on legislative changes described in subsection (2)(e) of this section must be
- 40 submitted as provided in ORS 192.245 to the interim committees of the Legislative Assembly
- 41 related to health and to human services no later than October 1, 2021.
- 42 (5) A final report on all of the findings and recommendations under subsection (2) of this
- 43 section must be submitted to the interim committees of the Legislative Assembly related to
- 44 health and to human services no later than September 1, 2022.
- 45 **SECTION 2.** Section 1 of this 2021 Act is repealed on January 2, 2023.

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

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