

Requested by Representative DEXTER

**PROPOSED AMENDMENTS TO
HOUSE BILL 3039**

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

2 On page 2, delete lines 1 through 44 and insert:

3 **“SECTION 1. (1) As used in this section:**

4 **“(a) ‘Community information exchange’ means a technology for**
5 **integrating the delivery of social services to individuals and families**
6 **that allows health care providers, public health agencies and social**
7 **workers to enter referrals for social services.**

8 **“(b) ‘Social services resource locator’ means a tool that contains a**
9 **database of information about local community resources and con-**
10 **nects individuals to the resources.**

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

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

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

16 **“(c) Health care providers;**

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

18 **“(e) Representatives of organizations that advocate for communities**
19 **that face health inequities;**

20 **“(f) Representatives of federally qualified health centers or com-**
21 **munity health clinics that serve Black, Indigenous and other commu-**

1 nities of color that would be using an integrated health information
2 and community information exchange;

3 “(g) Representatives of an organization that is building or using a
4 social services resource locator;

5 “(h) Representatives from the United States Department of Veter-
6 ans Affairs that work on electronic health records;

7 “(i) Representatives of organizations that are working on the im-
8 plementation of an integrated health information and community in-
9 formation exchange; and

10 “(j) Consumers of health care or representatives from organizations
11 that advocate for consumers of health care.

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

14 “(a) Explore options for the adoption of secure, statewide, inte-
15 grated health information and community information exchanges or
16 other technologies that would allow the seamless coordination of so-
17 cial services and health care across all health care delivery systems,
18 prioritizing patient confidentiality, personal ownership of health data
19 and the security of the health information by:

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

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

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

24 “(ii) Connecting health information and community information
25 exchanges using statewide governance models and community partic-
26 ipation.

27 “(b) Take an inventory of all existing health information exchanges
28 and community information exchanges or data collection administered
29 by the state and information sharing systems.

30 “(c) Explore how health information and community information

1 exchanges support health equity for community-based organizations
2 serving individuals with specific cultural and linguistic needs, identi-
3 fying barriers that prevent access to the organizations and changes
4 needed to support the organizations.

5 “(d) Determine how to best utilize data reported from health infor-
6 mation and community information exchanges to inform policy deci-
7 sions and the allocation of funding.

8 “(e) Explore the impact in this state of federal rules regarding pa-
9 tient access to data and data blocking adopted by the Centers for
10 Medicare and Medicaid Services and the United States Office of the
11 National Coordinator for Health Information Technology and whether
12 the requirements in the rules could be extended to all payers and
13 providers in this state.

14 “(f) Explore whether and how software applications could be used
15 to expand patients’ access to their health information and to commu-
16 nity resource information and what strategies should be employed in
17 this state to support the broad use of the technologies described in
18 paragraph (a) of this subsection.

19 “(g) Explore incentives to support the adoption of high quality,
20 federally certified electronic health records by behavioral health pro-
21 viders, small hospitals, rural providers and other providers that lack
22 sufficient electronic health record technology and incentives that
23 could be extended to hospitals that offer their electronic health re-
24 cords technology to community providers and rural hospitals.

25 “(h) Identify how the efforts to implement the technologies de-
26 scribed in paragraph (a) of this subsection can be supportive of health
27 equity for providers that serve individuals with specific cultural and
28 linguistic needs, including changes that are needed to best support
29 these populations.

30 “(i) Evaluate whether legislative changes are needed to drive

1 statewide participation in health information and community infor-
2 mation exchanges.

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

7 “(5)(a) No later than December 15, 2021, the council shall provide a
8 preliminary report, in the manner provided in ORS 192.245, to the in-
9 terim committees of the Legislative Assembly related to health and to
10 human services on the findings of the groups described in subsection
11 (2) of this section regarding subsection (3)(b) to (i) of this section and
12 recommendations for legislative changes, if needed, to implement
13 statewide health information and community information exchanges
14 as described in subsection (3)(a) of this section.

15 “(b) No later than October 1, 2022, the council shall provide a final
16 report, in the manner provided in ORS 192.245, to the interim com-
17 mittees of the Legislative Assembly related to health and to human
18 services on the findings of the groups described in subsection (2) of
19 this section regarding subsection (3)(b) to (i) of this section and rec-
20 ommendations for legislative changes, if needed, to implement state-
21 wide health information and community information exchanges as
22 described in subsection (3)(a) of this section.”.

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