

House Bill 4150

Sponsored by Representative DEXTER, Senators GELSER BLOUIN, PATTERSON, Representatives PRUSAK, REYNOLDS, Senator LAWRENCE SPENCE; Representatives ALONSO LEON, BYNUM, CAMPOS, GRAYBER, HELM, HUDSON, MEEK, NATHANSON, PHAM, REARDON, RUIZ, SCHOUTEN, WILDE, WILLIAMS, Senators DEMBROW, GOLDEN, LIEBER, PROZANSKI, STEINER HAYWARD (Presession filed.)

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 Health Information Technology Oversight Council to convene one or more groups of stakeholders and experts to explore options to accelerate, support and improve secure, statewide community information exchanges. Requires council to provide to interim committees of Legislative Assembly related to health and to human services draft report no later than September 15, 2022, and final report no later than January 31, 2023, on findings of stakeholder and expert groups and recommendations for legislative changes, if needed, to implement statewide health information and community information exchanges.

Sunsets February 28, 2023.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to access to information about community services; and declaring an emergency.

3 Whereas Oregonians will benefit from low-barrier access to social and health care services that
4 are coordinated, efficient and integrated; and

5 Whereas many state agencies have overlapping and interdependent jurisdictions for the delivery
6 of social and health care services and must be engaged in the process of developing a shared system;
7 and

8 Whereas the security and confidentiality of information stored, as well as the reliability and
9 reproducibility of stored information being appropriately accessed, must be a fundamental priority
10 for any project this state creates; and

11 Whereas the experience, security and privacy of individuals and families accessing social and
12 health care services must be prioritized when designing a system; and

13 Whereas stakeholders who deliver social and health care services should have their perspectives
14 equitably represented in the creation of a universal platform for delivering future services; now,
15 therefore,

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

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

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

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 to one or more:

2 (a) Representatives of the health care delivery system in this state, such as health sys-
3 tems, coordinated care organizations and health care providers;

4 (b) Representatives of social service agencies and community-based organizations;

5 (c) Representatives of the behavioral health delivery system in this state, such as be-
6 havioral health care providers or organizations that provide behavioral health care;

7 (d) Representatives of the oral health care delivery system in this state, such as oral
8 health care providers or organizations that provide oral health care;

9 (e) Representatives of organizations that advocate for or serve communities that face
10 health inequities;

11 (f) Representatives of organizations that are implementing or using community infor-
12 mation exchanges; and

13 (g) Consumers of health care or social services or representatives from organizations
14 that advocate for consumers of health care or social services.

15 (3) The group or groups described in subsection (2) of this section shall explore options
16 to accelerate, support and improve secure, statewide community information exchanges that
17 would allow the seamless coordination of health care and social services across all delivery
18 systems, prioritizing health equity, confidentiality and the security of information by:

19 (a) Identifying a shared strategic vision and common goals for community information
20 exchanges;

21 (b) Determining in what ways state agencies may play a role in community information
22 exchanges through federal financial participation in the costs of the exchanges or the lever-
23 aging of federal funding;

24 (c) Determining if statewide strategies or governance are needed;

25 (d) Exploring how community information exchanges support health equity for individ-
26 uals, and community-based organizations serving individuals with specific cultural and lin-
27 guistic needs;

28 (e) Identifying how to overcome barriers that prevent organizations from participating
29 in community information exchanges and identifying what changes are needed to support the
30 participation of the organizations in community information exchanges, that may include but
31 are not limited to:

32 (A) Financial incentives; and

33 (B) Technical assistance;

34 (f) Determining how to ensure data equity principles are applied to access, analysis and
35 interpretation of aggregated data from community information exchanges;

36 (g) Identifying opportunities for best utilizing data reported from community information
37 exchanges to inform policy decisions and the allocation of funding for social services across
38 this state; and

39 (h) Evaluating whether legislative or policy changes are needed to drive statewide par-
40 ticipation in health information and community information exchanges.

41 (4) The Oregon Health Authority shall provide staff support to the groups described in
42 subsection (2) of this section and may provide stipends to any members of the groups if
43 necessary to facilitate the members' participation.

44 (5) No later than September 15, 2022, the council shall provide a draft report, and no later
45 than January 31, 2023, the council shall provide a final report, to the interim committees of

1 the Legislative Assembly related to health and to human services. The reports must contain
2 the findings of the groups described in subsection (2) of this section and recommendations
3 for legislative changes, if any, to accelerate, support and improve community information
4 exchanges based on the findings and recommendations of the groups described in subsection
5 (2) of this section.

6 SECTION 2. Section 1 of this 2022 Act is repealed on February 28, 2023.

7 SECTION 3. This 2022 Act being necessary for the immediate preservation of the public
8 peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect
9 on its passage.

10