

# Senate Bill 835

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## 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**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act tells OHA and ODHS to work with the nine tribes in Oregon to adopt rules for collecting tribal data. (Flesch Readability Score: 68.6).

Directs the Oregon Health Authority, in collaboration with the Department of Human Services and the nine federally recognized Indian tribes in Oregon, to adopt rules governing the collection, storage and use of data on tribal affiliation.

Declares an emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to tribal affiliation data; creating new provisions; amending ORS 413.161, 413.163, 413.164  
3 and 442.373; and declaring an emergency.

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

5 **SECTION 1.** ORS 413.161 is amended to read:

6 413.161. (1)(a) The Oregon Health Authority, in collaboration with the Department of Human  
7 Services, shall adopt by rule uniform standards, based on local, statewide and national best prac-  
8 tices, for the collection of data on race, ethnicity, preferred spoken and written languages, disability  
9 status, sexual orientation and gender identity. The authority and the department shall use the  
10 standards, to the greatest extent practicable, in surveys conducted and in all programs in which the  
11 authority or the department collects, records or reports the data described in this subsection. The  
12 authority and the department shall review and update the standards at least once every two years  
13 to ensure that the standards are efficient, uniform and consistent with best practices.

14 [(2)] (b) The authority shall appoint an advisory committee in accordance with ORS 183.333  
15 composed of individuals likely to be affected by the standards **adopted under this subsection** and  
16 advocates for individuals likely to be affected by the standards.

17 **(2) The authority, in collaboration with the department and the nine federally recognized**  
18 **Indian tribes in Oregon, shall adopt by rule uniform standards, based on local, statewide and**  
19 **national best practices, for the collection, storage and use of data on tribal affiliation. The**  
20 **standards shall protect the right of each tribe to govern the collection, storage and use of**  
21 **that tribe's data. The authority and the department shall use the standards in surveys con-**  
22 **ducted and in all programs in which the authority or the department collects, records or**  
23 **reports the data described in this subsection. The authority and the department, in collab-**  
24 **oration with the nine federally recognized Indian tribes in Oregon, shall review and update**  
25 **the standards at least once every two years to ensure that the standards are efficient, uni-**  
26 **form and consistent with best practices.**

27 (3) Any data collected by the authority or the department in accordance with uniform standards

**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 adopted under [subsection (1) of] this section is subject to ORS 413.164 (4).

2 **SECTION 2.** ORS 413.163 is amended to read:

3 413.163. The Oregon Health Authority shall establish a data system for data on race, ethnicity,  
4 preferred spoken and written languages, disability status, **tribal affiliation**, sexual orientation and  
5 gender identity collected under ORS 413.164. The data system established under this section must  
6 include:

7 (1) A data registry to receive and store the data described in this section from coordinated care  
8 organizations, health care providers and health insurers, patients, clients and members of coordi-  
9 nated care organizations, health care providers and health insurers, the authority and the Depart-  
10 ment of Human Services. The registry must allow for coordinated care organizations, health care  
11 providers and health insurers to:

12 (a) Electronically submit data collected under ORS 413.164; and

13 (b) Query the data registry to determine whether the registry contains current data for a pa-  
14 tient, member or client.

15 (2) Functionality that allows a patient, member or client to directly submit to the data system  
16 their data described in this section.

17 **SECTION 3.** ORS 413.164 is amended to read:

18 413.164. (1) As used in this section and ORS 413.163 and 413.167:

19 (a) “Board” means the:

20 (A) State Board of Examiners for Speech-Language Pathology and Audiology;

21 (B) State Board of Chiropractic Examiners;

22 (C) State Board of Licensed Social Workers;

23 (D) Oregon Board of Licensed Professional Counselors and Therapists;

24 (E) Oregon Board of Dentistry;

25 (F) State Board of Massage Therapists;

26 (G) Oregon Board of Naturopathic Medicine;

27 (H) Oregon State Board of Nursing;

28 (I) Oregon Board of Optometry;

29 (J) State Board of Pharmacy;

30 (K) Oregon Medical Board;

31 (L) Occupational Therapy Licensing Board;

32 (M) Oregon Board of Physical Therapy;

33 (N) Oregon Board of Psychology;

34 (O) Board of Medical Imaging;

35 (P) Long Term Care Administrators Board;

36 (Q) State Board of Direct Entry Midwifery;

37 (R) State Board of Denture Technology;

38 (S) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

39 (T) Board of Licensed Dietitians; and

40 (U) Oregon Health Authority, to the extent that the authority:

41 (i) Licenses emergency medical services providers under ORS 682.216; and

42 (ii) Regulates traditional health workers under ORS 414.665.

43 (b) “Coordinated care organization” has the meaning given that term in ORS 414.025.

44 (c) “Health care provider” means an individual licensed, certified, registered or otherwise au-  
45 thorized to practice by a board.

1 (d) "Health insurer" has the meaning given that term in ORS 746.600.

2 (2) At least once each calendar year and in accordance with timelines established by the au-  
 3 thority by rule, a coordinated care organization, a health care provider or health care provider's  
 4 designee, or a health insurer shall collect data on race, ethnicity, preferred spoken and written  
 5 languages, disability status, **tribal affiliation**, sexual orientation and gender identity from the co-  
 6 ordinated care organization's, health care provider's or health insurer's patients, clients and mem-  
 7 bers, in accordance with standards adopted by the authority pursuant to ORS 413.161. A coordinated  
 8 care organization, health care provider or health insurer shall submit the data to the authority in  
 9 the manner prescribed by the authority by rule.

10 (3)(a) The authority shall adopt rules, including but not limited to rules:

11 (A) Establishing standards for collecting, securely transmitting and reporting the data described  
 12 in subsection (2) of this section;

13 (B) Establishing the timelines for collection and submission of data described in subsection (2)  
 14 of this section;

15 (C) Permitting coordinated care organizations, health care providers and health insurers to re-  
 16 port to the authority that a patient, client or member refused to answer questions regarding race,  
 17 ethnicity, preferred spoken and written languages, disability status, **tribal affiliation**, sexual orien-  
 18 tation and gender identity;

19 (D) Establishing criteria for extensions of timelines established under this subsection and a  
 20 process for reviewing requests for extensions; and

21 (E) Establishing criteria for exempting certain health care providers or classes of health care  
 22 providers from the requirements of subsection (2) of this section and a process for reviewing re-  
 23 quests for exemptions.

24 (b) In adopting rules under subsection (2) of this section, the authority shall:

25 (A) Consult with the advisory committee established under ORS 413.161;

26 **(B) Collaborate with the nine federally recognized Indian tribes in Oregon on rules re-**  
 27 **garding the collection, storage and use of tribal affiliation data;**

28 ~~[(B)]~~ (C) Allow coordinated care organizations, health care providers and health insurers to  
 29 collect the data described in subsection (2) of this section on electronic or paper forms; and

30 ~~[(C)]~~ (D) Require coordinated care organizations, health care providers and health insurers to  
 31 inform patients, clients and members:

32 (i) That data collected under subsection (2) of this section is reported to the authority;

33 (ii) How the authority, coordinated care organization, health care provider and health insurer  
 34 use the data;

35 (iii) Of the purposes for which the data may not be used; and

36 (iv) That the patient, client or member is not required to answer questions regarding race,  
 37 ethnicity, preferred spoken and written languages, disability status, **tribal affiliation**, sexual orien-  
 38 tation and gender identity.

39 (4)(a) Data collected under this section is confidential and not subject to disclosure under ORS  
 40 192.311 to 192.478. The authority may release the data collected under this section only if the data  
 41 to be released is anonymized and aggregated so that the data released does not reasonably allow  
 42 an individual whose information is included in the data to be identified.

43 **(b) The authority may not release data collected under this section regarding tribal af-**  
 44 **filiation unless the release of that data is allowed by a written data use agreement entered**  
 45 **into by the authority and the affected tribe.**

1 (5) A coordinated care organization or health insurer transacting insurance in this state may  
2 not consider any data collected under subsection (2) of this section:

3 (a) In determining whether to deny, limit, cancel, rescind or refuse to renew an insurance policy;

4 (b) To establish premium rates for an insurance policy; or

5 (c) To establish the terms and conditions of an insurance policy.

6 (6) The authority may provide incentives to coordinated care organizations, health care provid-  
7 ers and health insurers to assist in deferring the costs of making changes to electronic health re-  
8 cords systems or similar systems to facilitate the collection of data described in subsection (2) of this  
9 section.

10 (7)(a) The authority shall monitor coordinated care organizations, health care providers and  
11 health insurers for compliance with the standards established under subsection (1) of this section.

12 (b) The authority may impose on a coordinated care organization, health care provider or health  
13 insurer a civil penalty for a violation of the requirements of this section or rules adopted under this  
14 section:

15 (A) Not to exceed \$200 for the first violation;

16 (B) Not to exceed \$400 for the second violation; and

17 (C) Not to exceed \$500 for the third and subsequent violations.

18 (c) Prior to imposing a penalty under paragraph (b) of this subsection, the authority shall pro-  
19 vide notice to the coordinated care organization, health care provider or health insurer of the al-  
20 leged violation and provide the coordinated care organization, health care provider or health insurer  
21 a reasonable time in which to correct the violation.

22 **SECTION 4.** ORS 442.373 is amended to read:

23 442.373. (1) The Oregon Health Authority shall establish and maintain a program that requires  
24 reporting entities to report health care data for the following purposes:

25 (a) Determining the maximum capacity and distribution of existing resources allocated to health  
26 care.

27 (b) Identifying the demands for health care.

28 (c) Allowing health care policymakers to make informed choices.

29 (d) Evaluating the effectiveness of intervention programs in improving health outcomes.

30 (e) Comparing the costs and effectiveness of various treatment settings and approaches.

31 (f) Providing information to consumers and purchasers of health care.

32 (g) Improving the quality and affordability of health care and health care coverage.

33 (h) Assisting the authority in furthering the health policies expressed by the Legislative As-  
34 sembly in ORS 442.310.

35 (i) Evaluating health disparities, including but not limited to disparities related to race and  
36 ethnicity.

37 (2) The authority shall prescribe by rule standards that:

38 (a) Establish the time, place, form and manner of reporting data under this section, including  
39 but not limited to:

40 (A) Requiring the use of unique patient and provider identifiers;

41 (B) Specifying a uniform coding system that reflects all health care utilization and costs for  
42 health care services provided to Oregon residents in other states; and

43 (C) Establishing enrollment thresholds below which reporting will not be required.

44 (b) Establish the types of data to be reported under this section, including but not limited to:

45 (A) Health care claims and enrollment data used by reporting entities and paid health care

1 claims data;

2 (B) Reports, schedules, statistics or other data relating to health care costs, prices, quality,  
3 utilization or resources determined by the authority to be necessary to carry out the purposes of  
4 this section; and

5 (C) Data related to race, ethnicity, disability, **tribal affiliation**, sexual orientation, gender  
6 identity and primary language collected in a manner consistent with ORS 413.161.

7 (3) Any third party administrator that is not required to obtain a license under ORS 744.702 and  
8 that is legally responsible for payment of a claim for a health care item or service provided to an  
9 Oregon resident may report to the authority the health care data described in subsection (2) of this  
10 section.

11 (4) The authority shall adopt rules establishing requirements for reporting entities to train pro-  
12 viders on protocols for collecting race, ethnicity, disability, **tribal affiliation**, sexual orientation,  
13 gender identity and primary language data in a culturally competent manner.

14 (5)(a) The authority shall use data collected under this section to provide information to con-  
15 sumers of health care to empower the consumers to make economically sound and medically appro-  
16 priate decisions. The information must include, but not be limited to, the prices and quality of health  
17 care services.

18 (b) The authority shall, using only data collected under this section from reporting entities de-  
19 scribed in ORS 442.372 (1) to (3), post to its website health care price information including the  
20 median prices paid by the reporting entities to hospitals and hospital outpatient clinics for, at a  
21 minimum, the 50 most common inpatient procedures and the 100 most common outpatient proce-  
22 dures.

23 (c) The health care price information posted to the website must be:

24 (A) Displayed in a consumer friendly format;

25 (B) Easily accessible by consumers; and

26 (C) Updated at least annually to reflect the most recent data available.

27 (d) The authority shall apply for and receive donations, gifts and grants from any public or  
28 private source to pay the cost of posting health care price information to its website in accordance  
29 with this subsection. Moneys received shall be deposited to the Oregon Health Authority Fund.

30 (e) The obligation of the authority to post health care price information to its website as re-  
31 quired by this subsection is limited to the extent of any moneys specifically appropriated for that  
32 purpose or available from donations, gifts and grants from private or public sources.

33 (6) The authority may contract with a third party to collect and process the health care data  
34 reported under this section. The contract must prohibit the collection of Social Security numbers  
35 and must prohibit the disclosure or use of the data for any purpose other than those specifically  
36 authorized by the contract. The contract must require the third party to transmit all data collected  
37 and processed under the contract to the authority.

38 (7) The authority shall facilitate a collaboration between the Department of Human Services, the  
39 authority, the Department of Consumer and Business Services and interested stakeholders to de-  
40 velop a comprehensive health care information system using the data reported under this section  
41 and collected by the authority under ORS 442.370 and 442.400 to 442.463. The authority, in consul-  
42 tation with interested stakeholders, shall:

43 (a) Formulate the data sets that will be included in the system;

44 (b) Establish the criteria and procedures for the development of limited use data sets;

45 (c) Establish the criteria and procedures to ensure that limited use data sets are accessible and

1 compliant with federal and state privacy laws; and

2 (d) Establish a time frame for the creation of the comprehensive health care information system.

3 (8) Information disclosed through the comprehensive health care information system described  
4 in subsection (7) of this section:

5 (a) Shall be available, when disclosed in a form and manner that ensures the privacy and secu-  
6 rity of personal health information as required by state and federal laws, as a resource to re-  
7 searchers, insurers, employers, providers, purchasers of health care and state agencies to allow for  
8 continuous review of health care utilization, expenditures and performance in this state;

9 (b) Shall be available to Oregon programs for quality in health care for use in improving health  
10 care in Oregon, subject to rules prescribed by the authority conforming to state and federal privacy  
11 laws or limiting access to limited use data sets;

12 (c) Shall be presented to allow for comparisons of geographic, demographic and economic factors  
13 and institutional size; and

14 (d) May not disclose trade secrets of reporting entities or self-funded, employer-sponsored health  
15 insurance plans regulated under the Employee Retirement Income Security Act of 1974, as codified  
16 and amended at 29 U.S.C. 1001, et seq., that report health care data voluntarily.

17 (9) The collection, storage and release of health care data and other information under this  
18 section is subject to the requirements of the federal Health Insurance Portability and Accountability  
19 Act.

20 (10)(a) Notwithstanding subsection (9) of this section, in addition to the comprehensive health  
21 care information system described in subsection (7) of this section, the Department of Consumer and  
22 Business Services shall be allowed to access, use and disclose data collected under this section by  
23 certifying in writing that the data will be used only to carry out the department's duties.

24 (b) Personally identifiable information disclosed to the department under paragraph (a) of this  
25 subsection, including a consumer's name, address, telephone number or electronic mail address, is  
26 confidential and not subject to further disclosure under ORS 192.311 to 192.478.

27 (11) The authority may impose a charge for information disclosed to researchers, insurers, em-  
28 ployers, providers and purchasers of health care under subsection (8) of this section in an amount  
29 necessary to cover the authority's actual costs for collecting and releasing the information that is  
30 requested.

31 **SECTION 5. The Oregon Health Authority and the Department of Human Services may**  
32 **not collect, store or use any tribal affiliation data until the authority, in collaboration with**  
33 **the department and the nine federally recognized Indian tribes in Oregon, has adopted, in**  
34 **accordance with ORS 413.161, uniform standards for the collection, storage and use of such**  
35 **data.**

36 **SECTION 6. (1) The amendments to ORS 413.161, 413.163, 413.164 and 442.373 by sections**  
37 **1 to 4 of this 2025 Act become operative on January 1, 2026.**

38 **(2) The Oregon Health Authority and the Department of Human Services may take any**  
39 **action before the operative date specified in subsection (1) of this section that is necessary**  
40 **to enable the authority and the department to exercise, on and after the operative date**  
41 **specified in subsection (1) of this section, all the duties, functions and powers conferred on**  
42 **the authority and the department by the amendments to ORS 413.161, 413.163, 413.164 and**  
43 **442.373 by sections 1 to 4 of this 2025 Act.**

44 **SECTION 7. This 2025 Act being necessary for the immediate preservation of the public**  
45 **peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect**

1 **on its passage.**

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