

A-Engrossed
Senate Bill 835

Ordered by the Senate April 10
Including Senate Amendments dated April 10

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

Digest: The Act tells OHA to work with the nine tribes in Oregon to adopt rules for collecting tribal data. (Flesch Readability Score: 67.3).

[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 **for**
12 **the evaluation of health-related outcomes.** The authority and the department shall review and
13 update the standards at least once every two years to ensure that the standards are efficient, uni-
14 form and consistent with best practices.

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

18 (2) **The authority, in collaboration with the nine federally recognized Indian tribes in**
19 **Oregon, shall adopt by rule uniform standards, based on local, statewide and national best**
20 **practices, for the collection, storage and use of data on tribal affiliation. The standards shall**
21 **protect the right of each tribe to govern the collection, storage and use of that tribe's data.**
22 **The authority shall use the standards in surveys conducted and in all programs in which the**
23 **authority collects, records or reports the data described in this subsection for the evaluation**

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 **of health-related outcomes. The authority, in collaboration with the nine federally recognized**
2 **Indian tribes in Oregon, shall review and update the standards at least once every two years**
3 **to ensure that the standards are efficient, uniform and consistent with best practices.**

4 (3) Any data collected by the authority or the department in accordance with uniform standards
5 adopted under [subsection (1) of] this section is subject to ORS 413.164 (4).

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

7 413.163. The Oregon Health Authority shall establish a data system for data on race, ethnicity,
8 preferred spoken and written languages, disability status, **tribal affiliation**, sexual orientation and
9 gender identity collected under ORS 413.164. The data system established under this section must
10 include:

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

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

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

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

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

22 413.164. (1) As used in this section and ORS 413.163 and 413.167:

23 (a) "Board" means the:

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

25 (B) State Board of Chiropractic Examiners;

26 (C) State Board of Licensed Social Workers;

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

28 (E) Oregon Board of Dentistry;

29 (F) State Board of Massage Therapists;

30 (G) Oregon Board of Naturopathic Medicine;

31 (H) Oregon State Board of Nursing;

32 (I) Oregon Board of Optometry;

33 (J) State Board of Pharmacy;

34 (K) Oregon Medical Board;

35 (L) Occupational Therapy Licensing Board;

36 (M) Oregon Board of Physical Therapy;

37 (N) Oregon Board of Psychology;

38 (O) Board of Medical Imaging;

39 (P) Long Term Care Administrators Board;

40 (Q) State Board of Direct Entry Midwifery;

41 (R) State Board of Denture Technology;

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

43 (T) Board of Licensed Dietitians; and

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

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

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

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

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

5 (d) “Health insurer” has the meaning given that term in ORS 746.600.

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

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

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

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

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

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

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

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

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

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

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

34 *[(C)]* **(D)** Require coordinated care organizations, health care providers and health insurers to
35 inform patients, clients and members:

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

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

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

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

43 **(4)(a)** Data collected under this section is confidential and not subject to disclosure under ORS
44 192.311 to 192.478. The authority may release the data collected under this section only if the data
45 to be released is anonymized and aggregated so that the data released does not reasonably allow

1 an individual whose information is included in the data to be identified.

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

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

- 7 (a) In determining whether to deny, limit, cancel, rescind or refuse to renew an insurance policy;
- 8 (b) To establish premium rates for an insurance policy; or
- 9 (c) To establish the terms and conditions of an insurance policy.

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

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

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

- 19 (A) Not to exceed \$200 for the first violation;
- 20 (B) Not to exceed \$400 for the second violation; and
- 21 (C) Not to exceed \$500 for the third and subsequent violations.

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

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

27 442.373. (1) The Oregon Health Authority shall establish and maintain a program that requires
28 reporting entities to report health care data for the following purposes:

- 29 (a) Determining the maximum capacity and distribution of existing resources allocated to health
30 care.
- 31 (b) Identifying the demands for health care.
- 32 (c) Allowing health care policymakers to make informed choices.
- 33 (d) Evaluating the effectiveness of intervention programs in improving health outcomes.
- 34 (e) Comparing the costs and effectiveness of various treatment settings and approaches.
- 35 (f) Providing information to consumers and purchasers of health care.
- 36 (g) Improving the quality and affordability of health care and health care coverage.
- 37 (h) Assisting the authority in furthering the health policies expressed by the Legislative As-
38 ssembly in ORS 442.310.
- 39 (i) Evaluating health disparities, including but not limited to disparities related to race and
40 ethnicity.

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

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

- 44 (A) Requiring the use of unique patient and provider identifiers;
- 45 (B) Specifying a uniform coding system that reflects all health care utilization and costs for

1 health care services provided to Oregon residents in other states; and

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

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

4 (A) Health care claims and enrollment data used by reporting entities and paid health care
5 claims data;

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

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

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

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

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

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

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

28 (A) Displayed in a consumer friendly format;

29 (B) Easily accessible by consumers; and

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

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

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

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

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

1 tation with interested stakeholders, shall:

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

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

4 (c) Establish the criteria and procedures to ensure that limited use data sets are accessible and
5 compliant with federal and state privacy laws; and

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

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

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

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

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

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

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

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

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

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

35 **SECTION 5. The Oregon Health Authority may not collect, store or use any tribal affil-**
36 **iation data until the authority, in collaboration with the nine federally recognized Indian**
37 **tribes in Oregon, has adopted, in accordance with ORS 413.161, uniform standards for the**
38 **collection, storage and use of such data.**

39 **SECTION 6. (1) The amendments to ORS 413.161, 413.163, 413.164 and 442.373 by sections**
40 **1 to 4 of this 2025 Act become operative on January 1, 2026.**

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

1 **SECTION 7. This 2025 Act being necessary for the immediate preservation of the public**
2 **peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect**
3 **on its passage.**

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