

**B-Engrossed**  
**Senate Bill 163**

Ordered by the House June 5  
Including Senate Amendments dated February 27 and House Amendments  
dated June 5

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Governor Theodore R. Kulongoski for Department of Human Services)

**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.

Permits exchange of **specified** protected health information between health services organizations and state health plan for purposes of provision of behavioral or physical health care services to subject of protected information. **Requires state health plan or health services organization, upon individual's enrollment, to disclose information that may be disclosed or exchanged. Requires plan or organization to obtain signed acknowledgment that individual has been informed of information that may be disclosed or exchanged without individual's authorization.**  
Declares emergency, effective on passage.

**A BILL FOR AN ACT**

1  
2 Relating to disclosure of protected health information; and declaring an emergency.

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

4 **SECTION 1. Section 2 of this 2007 Act is added to and made a part of ORS 192.518 to**  
5 **192.526.**

6 **SECTION 2. (1) Notwithstanding ORS 179.505, a state health plan or a prepaid managed**  
7 **care health services organization may disclose the protected health information of an indi-**  
8 **vidual listed in subsection (2) of this section, without obtaining an authorization from the**  
9 **individual or a personal representative of the individual, to another prepaid managed care**  
10 **health services organization for treatment activities of a prepaid managed care health ser-**  
11 **vices organization when the prepaid managed care health services organization is providing**  
12 **behavioral or physical health care services to the individual.**

13 **(2) The protected health information that may be disclosed pursuant to subsection (1) of**  
14 **this section includes the following, as defined by the Department of Human Services by rule:**

- 15 **(a) Oregon Health Plan member name;**  
16 **(b) Medicaid recipient number;**  
17 **(c) Performing provider number;**  
18 **(d) Hospital provider name;**  
19 **(e) Attending physician;**  
20 **(f) Diagnosis;**  
21 **(g) Date or dates of service;**  
22 **(h) Procedure code;**  
23 **(i) Revenue code;**

**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 (j) Quantity of units of service provided; or

2 (k) Medication prescription and monitoring.

3 (3) As used in this section, "prepaid managed care health services organization" has the  
4 meaning given that term in ORS 414.736.

5 **SECTION 3.** Upon an individual's enrollment in a state health plan or a prepaid managed  
6 care health services organization, the plan or organization shall disclose to the individual the  
7 information that may be disclosed or exchanged under section 2 of this 2007 Act. The plan  
8 or organization must obtain a signed acknowledgment that the individual has been informed  
9 of the provisions of this section and section 2 of this 2007 Act and the specific information  
10 that may be disclosed or exchanged under section 2 of this 2007 Act without the individual's  
11 authorization.

12 **SECTION 4.** This 2007 Act being necessary for the immediate preservation of the public  
13 peace, health and safety, an emergency is declared to exist, and this 2007 Act takes effect  
14 on its passage.  
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