75th OREGON LEGISLATIVE ASSEMBLY – 2009 Regular Session MEASURE: HB 3059-A STAFF MEASURE SUMMARY

Joint Committee on Ways and Means

Carrier – House: Rep. Cowan Carrier – Senate: Sen. Winters

Revenue: No revenue impact Fiscal: Fiscal statement issued

Action: Do Pass as Amended and Be Printed A-Engrossed

Vote: 18 - 1 - 3

House

Yeas: Buckley, D. Edwards, Garrard, Gilman, Jenson, Kotek, Nathanson, Richardson, Shields, G. Smith

Nays:

Exc: Galizio, Komp

Senate

Yeas: Bates, Carter, Girod, Monroe, Verger, Walker, Whitsett, Winters

Nays: Johnson Exc: Nelson

Prepared By: Kim To, Legislative Fiscal Office

Meeting Date: June 12, 2009

WHAT THE MEASURE DOES: House Bill 3059 requires the Emergency Medical Services and Trauma Systems Program within the Department of Humans Services (DHS) to maintain the Oregon Trauma Registry. It also requires the Director of the Program to adopt rules for the Registry. The bill authorizes DHS to provide data from the Registry to certain entities for public health purposes.

ISSUES DISCUSSED:

- Individually identifiable health information
- Immunity for providing data
- Confidentiality of DHS-held data or sharing of the "de-identified" data

EFFECT OF COMMITTEE AMENDMENT: Ensures confidentiality of patient identifying data by clarifying the specific terms under which individually identifiable information may be released from the Oregon Trauma Registry for specified use by specified entities including the trauma boards, the State Emergency Medical Service Committee and the Emergency Medical Services for Children Advisory Committee.

BACKGROUND: Currently, the Oregon Emergency Medical Services and Trauma Systems (EMS/TS) has no legal authority to use and share twenty years of stored data and future data, or to disclose data to county health departments to improve patient care data or for research purposes. House Bill 3059 establishes the Oregon Trauma Registry clearly in statute and provides legal authority for the EMS/TS program to adopt administrative rules on type of information, criteria and fees. Proponents assert the need to share and make better use of trauma and injury data to improve patient care through quality improvement and data analysis activities.