

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

| | |
|-----------------------|---|
| Action: | Do Pass as Amended and Be Printed Engrossed and Be Referred to the Committee on Ways and Means Committee on Ways and Means |
| Vote: | 3 - 1 - 1 |
| Yeas: | Kruse, Morrisette, Monnes Anderson |
| Nays: | Morse |
| Exc.: | Bates |
| Prepared By: | Robert Shook, Administrator |
| Meeting Dates: | 3/3, 4/7 |

WHAT THE MEASURE DOES: Establishes an eleven-member Health Information Technology Oversight Council within Department of Human Services, tasked with supporting the accelerated adoption of health information technology and the development of a statewide system for electronic health information exchange, and establishes an emergency clause that allows the Department to apply for federal funds in support of electronic health record system development.

ISSUES DISCUSSED:

- Health and Information Technology Oversight Council responsibilities
- American Recovery and Reinvestment Act of 2009 (ARRC)
- Confidentiality and access of patient information
- Potential anti-trust issues with purchasing collaborative model

EFFECT OF COMMITTEE AMENDMENT: Reduces the number of members of the Council from 23 to 11. Adds an emergency clause to allow the Department of Human Services to apply for federal funds under the American Recovery and Reinvestment Act with specific reference to electronic health records.

BACKGROUND: In an age defined by significant advancements in technology and electronic information exchange, a large portion of the healthcare industry remains dependent on paper records, facsimile, regular mail, and telephone transactions. Clinicians often do not have the point-of-access care, or electronic access to evidence-based guidelines and other tools to help them maximize quality of care. More widespread use of health information technology (HIT) has the potential to improve health system efficiency, safety, performance, reducing duplicative or unnecessary care, strengthening disease management efforts, and improving care coordination. Even though Oregon physicians have adopted HIT at a faster rate than providers in other states, more than 40 percent of providers in Oregon continue to work in practices or clinics that do not use electronic health records. Barriers to adoption, particularly for primary care practitioners and providers working in small practices and rural areas, include cost, training, lack of integration of new technologies into practice workflow, and uncertainty about which systems are appropriate.

Senate Bill 452-A creates a Health Information Technology Oversight Council responsible for establishing a purchasing collaborative to assist providers in identifying high-quality electronic health record products and support services, and in obtaining more affordable rates for these products and services. The council will also coordinate a strategy to ensure that HIT systems adopted by providers across the state are interoperable and can exchange information and data in an accurate, effective, secure, and consistent manner. The first priority will be to develop an electronic health record bank for Oregon Health Plan recipients, and the creation of a statewide exchange of health information in the future.

4/15/2009 8:24:00 AM

This summary has not been adopted or officially endorsed by action of the committee.