

# House Bill 2142

Ordered printed by the Speaker pursuant to House Rule 12.00A (5). Pre-session filed (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 **as introduced**.

Establishes Health Information Technology Oversight Council within Department of Human Services.

## A BILL FOR AN ACT

1  
2 Relating to health information technology.

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

4 **SECTION 1. As used in sections 1 to 7 of this 2009 Act:**

5 (1) **"Electronic health exchange" means the electronic movement of health-related in-**  
6 **formation among health care providers according to nationally recognized interoperability**  
7 **standards.**

8 (2) **"Electronic health record" means an electronic record of an individual's health-**  
9 **related information that conforms to nationally recognized interoperability standards and**  
10 **that can be created, managed and consulted by authorized clinicians and staff across more**  
11 **than one health care provider.**

12 (3) **"Health care provider" or "provider" means a person who is licensed, certified or**  
13 **otherwise authorized by law in this state to administer health care in the ordinary course**  
14 **of business or in the practice of a health care profession.**

15 (4) **"Health information technology" means an information processing application using**  
16 **computer hardware and software for the storage, retrieval, sharing and use of health care**  
17 **information, data and knowledge for communication, decision-making, quality, safety and**  
18 **efficiency of a clinical practice. "Health information technology" includes, but is not limited**  
19 **to:**

20 (a) **An electronic health exchange.**

21 (b) **An electronic health record.**

22 (c) **A personal health record.**

23 (d) **An electronic order from a provider for diagnosis, treatment or prescription drugs.**

24 (e) **An electronic decision support system used to:**

25 (A) **Assist providers in making clinical decisions by providing electronic alerts or re-**  
26 **minders;**

27 (B) **Improve compliance with best health care practices;**

28 (C) **Promote regular screenings and other preventive health practices; or**

29 (D) **Facilitate diagnoses and treatments.**

30 (f) **Tools for the collection, analysis and reporting of information or data on adverse**  
31 **events, the quality and efficiency of care, patient satisfaction and other health care related**

**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 performance measures.

2 (5) “Interoperability” means the capacity of two or more information systems to ex-  
 3 change information or data in an accurate, effective, secure and consistent manner.

4 (6) “Personal health record” means an individual’s electronic health record that conforms  
 5 to nationally recognized interoperability standards and that can be drawn from multiple  
 6 sources while being managed, shared and controlled by the individual.

7 **SECTION 2.** (1) There is established a Health Information Technology Oversight Council  
 8 within the Department of Human Services, consisting of 23 members appointed by the Gov-  
 9 ernor.

10 (2) The term of office of each member is four years, but a member serves at the pleasure  
 11 of the Governor. Before the expiration of the term of a member, the Governor shall appoint  
 12 a successor whose term begins on January 1 next following. A member is eligible for reap-  
 13 pointment. If there is a vacancy for any cause, the Governor shall make an appointment to  
 14 become immediately effective for the unexpired term.

15 (3) The appointment of the Health Information Technology Oversight Council is subject  
 16 to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565.

17 (4) A member of the Health Information Technology Oversight Council is entitled to  
 18 compensation and expenses in the manner and amounts provided in ORS 292.495. Claims for  
 19 compensation and expenses incurred in performing the functions of the council shall be paid  
 20 out of funds appropriated to the Department of Human Services for that purpose.

21 **SECTION 3.** Notwithstanding the term of office specified by section 2 of this 2009 Act,  
 22 of the members first appointed to the Health Information Technology Oversight Council:

- 23 (1) Five shall serve for terms ending January 1, 2011.
- 24 (2) Six shall serve for terms ending January 1, 2012.
- 25 (3) Six shall serve for terms ending January 1, 2013.
- 26 (4) Six shall serve for terms ending January 1, 2014.

27 **SECTION 4.** The members of the Health Information Technology Oversight Council must  
 28 be residents of this state from both the public and private sectors who are well informed in  
 29 the areas of health information technology, health care delivery, health policy and health  
 30 research. The membership must reflect the geographic diversity of Oregon and must include  
 31 consumers and providers of health care and privacy and information technology experts.

32 **SECTION 5.** The duties of the Health Information Technology Oversight Council are to:

- 33 (1) Set specific health information technology goals and develop a strategic health infor-  
 34 mation technology plan for this state.
- 35 (2) Monitor progress in achieving the goals established in subsection (1) of this section  
 36 and provide oversight for the implementation of the strategic health information technology  
 37 plan.
- 38 (3) Maximize the distribution of resources expended on health information technology  
 39 across this state.
- 40 (4) Create and provide oversight for a public-private purchasing collaborative or alterna-  
 41 tive mechanism to help small health care practices, primary care providers, rural providers  
 42 and providers whose practices include a large percentage of medical assistance recipients to  
 43 obtain affordable rates for high-quality electronic health records hardware, software and  
 44 technical support.
- 45 (5) Identify and select the industry standards for all health information technology pro-

1 moted by the purchasing collaborative described in subsection (4) of this section, including  
2 standards for:

3 (a) Selecting, supporting and monitoring health information technology vendors, hard-  
4 ware, software and technical support services; and

5 (b) Ensuring that health information technology applications have appropriate privacy  
6 and security controls and that data cannot be used for purposes other than patient care or  
7 as otherwise allowed by law.

8 (6) Enlist and leverage community resources to advance the adoption of health informa-  
9 tion technology.

10 (7) Educate the public and health care providers on the benefits and risks of information  
11 technology infrastructure investment.

12 (8) Coordinate health care sector activities that move the adoption of health information  
13 technology forward and achieve health information technology interoperability.

14 (9) Support and provide oversight for efforts by the Department of Human Services to  
15 implement a personal health records bank for medical assistance recipients as a fundamental  
16 building block for a statewide health information exchange that:

17 (a) Ensures that patients' health information is available and accessible when and where  
18 they need it;

19 (b) Applies only to patients who choose to participate in the exchange; and

20 (c) Provides meaningful remedies if security or privacy policies are violated.

21 (10) Determine a fair, appropriate method to reimburse providers for their use of elec-  
22 tronic health records to improve patient care, starting with providers whose practices con-  
23 sist of a large percentage of medical assistance recipients.

24 SECTION 6. (1) The Health Information Technology Oversight Council shall select one  
25 of its members as chairperson and another as vice chairperson, for such terms and with such  
26 duties and powers necessary for the performance of the functions of those offices as the  
27 council determines.

28 (2) A majority of the members of the council constitutes a quorum for the transaction  
29 of business.

30 (3) The council shall meet at least once a month at a place, day and hour determined by  
31 the council. The council may also meet at other times and places specified by the call of the  
32 chairperson or of a majority of the members of the council.

33 SECTION 7. In accordance with applicable provisions of ORS chapter 183, the Health In-  
34 formation Technology Oversight Council may adopt rules necessary for the administration  
35 of the laws that the council is charged with administering.

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