

A-Engrossed
Senate Bill 452

Ordered by the Senate April 20
Including Senate Amendments dated April 20

Sponsored by COMMITTEE ON HEALTH CARE AND VETERANS' AFFAIRS (at the request of Oregon Health Fund Board)

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.

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

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to health information technology; and declaring an emergency.

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

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

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

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

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

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

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

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

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

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

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

(A) **Assist providers in making clinical decisions by providing electronic alerts or reminders;**

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

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

2 (D) Facilitate diagnoses and treatments.

3 (f) Tools for the collection, analysis and reporting of information or data on adverse
4 events, the quality and efficiency of care, patient satisfaction and other health care related
5 performance measures.

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

8 (6) "Personal health record" means an individual's electronic health record that conforms
9 to nationally recognized interoperability standards and that can be drawn from multiple
10 sources while being managed, shared and controlled by the individual.

11 **SECTION 2.** (1) There is established a Health Information Technology Oversight Council
12 within the Department of Human Services, consisting of 11 members appointed by the Gov-
13 ernor.

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

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

21 (4) A member of the Health Information Technology Oversight Council is not entitled to
22 compensation for services as a member, but is entitled to expenses as provided in ORS
23 292.495 (2). Claims for expenses incurred in performing the functions of the council shall be
24 paid out of funds appropriated to the Department of Human Services for that purpose.

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

27 (1) Two shall serve for terms ending January 1, 2011.

28 (2) Three shall serve for terms ending January 1, 2012.

29 (3) Three shall serve for terms ending January 1, 2013.

30 (4) Three shall serve for terms ending January 1, 2014.

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

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

37 (1) Set specific health information technology goals and develop a strategic health infor-
38 mation technology plan for this state.

39 (2) Monitor progress in achieving the goals established in subsection (1) of this section
40 and provide oversight for the implementation of the strategic health information technology
41 plan.

42 (3) Maximize the distribution of resources expended on health information technology
43 across this state.

44 (4) Create and provide oversight for a public-private purchasing collaborative or alterna-
45 tive mechanism to help small health care practices, primary care providers, rural providers

1 and providers whose practices include a large percentage of medical assistance recipients to
2 obtain affordable rates for high-quality electronic health records hardware, software and
3 technical support for planning, installation, use and maintenance of health information
4 technology.

5 (5) Identify and select the industry standards for all health information technology pro-
6 moted by the purchasing collaborative described in subsection (4) of this section, including
7 standards for:

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

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

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

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

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

19 (9) Support and provide oversight for efforts by the Department of Human Services to
20 implement a personal health records bank for medical assistance recipients and assess its
21 potential to serve as a fundamental building block for a statewide health information ex-
22 change that:

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

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

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

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

30 (11) Determine whether to establish a health information technology loan program and
31 if so, to implement the program.

32 **SECTION 6.** (1) The Governor shall appoint one of the members of the Health Informa-
33 tion Technology Oversight Council as chairperson and another as vice chairperson, for such
34 terms and with such duties and powers necessary for the performance of the functions of
35 those offices as the Governor determines.

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

38 (3) The council shall meet at least quarterly at a place, day and hour determined by the
39 council. The council may also meet at other times and places specified by the call of the
40 chairperson or of a majority of the members of the council.

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

44 **SECTION 8.** This 2009 Act being necessary for the immediate preservation of the public
45 peace, health and safety, an emergency is declared to exist, and this 2009 Act takes effect

1 **on its passage.**

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