A-Engrossed
Senate Bill 375

Ordered by the Senate April 12
Including Senate Amendments dated April 12

Sponsored by Senator BATES (Presession filed.)

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.

[*Allows coordinated care organizations to offer qualified health plans through health insurance exchange to individuals who are not medical assistance recipients.*]

Establishes Stroke Care Committee in Oregon Health Authority. Specifies committee membership and duties. Directs committee to establish and implement plan for achieving continuous improvement in quality of stroke care.

A BILL FOR AN ACT

Relating to health care.

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

SECTION 1. (1) The Stroke Care Committee is established under the Oregon Health Authority.

(2) The Director of the Oregon Health Authority shall appoint at least 10 members to serve on the committee as follows:

(a) Two physicians who specialize in the care of stroke patients, one of whom is a neurologist;

(b) One physician who specializes in emergency medicine;

(c) At least three hospital administrators, or designees of hospital administrators, of whom:

(A) At least one must be from a certified Comprehensive Stroke Center;

(B) One must be from a certified Primary Stroke Center; and

(C) One must be from a rural hospital that uses Telestroke;

(d) One nurse who is a stroke coordinator or who works in an emergency department and has experience treating stroke;

(e) One emergency medical services provider who works for a licensed ambulance service;

(f) One health practitioner who specializes in rehabilitative medicine; and

(g) One individual who has experience advocating for the care of stroke patients and who is not a health care provider.

(3) In appointing members under subsection (2) of this section, the director must consider the geographic diversity of this state and appoint members who are from rural areas.

(4) For the purpose of achieving continuous improvement in the quality of stroke care, the committee shall:

(a) Analyze data related to the prevention and treatment of strokes;

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.

(b) Identify potential interventions to improve stroke care; and

(c) Advise the authority on meeting the objectives of the authority, including but not limited to the objectives of the emergency medical services and trauma system developed pursuant to ORS 431.607, that are related to stroke care.

(5) A majority of the members of the committee constitutes a quorum for the transaction of business.

(6) Official action taken by the committee requires the approval of a majority of the members of the committee.

(7) The committee shall elect a chairperson from among its members.

(8) The committee shall meet at the call of the chairperson or of a majority of the members of the committee.

(9) The committee may adopt rules necessary for the operation of the committee.

(10) The term of office of each member of the committee is four years, but a member serves at the pleasure of the director. Before the expiration of the term of a member, the director shall appoint a successor whose term begins January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the director shall make an appointment to become immediately effective for the unexpired term.

(11) Members of the committee are not entitled to compensation, but may be reimbursed from funds available to the authority, for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495.

SECTION 2. Notwithstanding the term of office specified by section 1 of this 2013 Act, of the members first appointed to the Stroke Care Committee:

(1) Three shall serve for a term ending January 1, 2015;

(2) Three shall serve for a term ending January 1, 2016;

(3) Three shall serve for a term ending January 1, 2017; and

(4) The remainder of the members shall serve for a term ending January 1, 2018.

SECTION 3. (1) The Oregon Health Authority shall, in accordance with recommendations made by the Stroke Care Committee established under section 1 of this 2013 Act, establish and implement a plan for achieving continuous improvement in the quality of stroke care. In implementing the plan, the authority shall:

(a) Require hospitals certified as Comprehensive Stroke Centers or Primary Stroke Centers through the Joint Commission or an equivalent organization, and encourage all other hospitals, to submit stroke care data to a database designated by the authority. A hospital that submits stroke care data under this paragraph must authorize the keeper of the database to permit the authority to access the submitted data.

(b) Designate a statewide or national stroke database to which hospitals described in paragraph (a) of this subsection are required to submit, or may submit, stroke care data for the purpose of obtaining information and statistics on stroke care. In designating the database, the authority shall ensure that the database:

(A) Has security protections in place to safely protect individually identifiable information to the extent that the database receives and maintains such information; and

(B) Aligns with the core consensus stroke metrics developed and approved by the American Heart Association, the American Stroke Association, the Joint Commission and the Centers for Disease Control and Prevention.

(c) Develop a data oversight process in accordance with recommendations made by the Stroke Care Committee.

(2) In addition to the duties described in subsection (1) of this section, the authority shall:

(a) Coordinate with national health organizations involved in improving the quality of stroke care to avoid duplicative information and redundant processes.

(b) Use information related to stroke care and reported pursuant to subsection (1)(a) of this section to support improvement in the quality of stroke care in accordance with guidelines that meet or exceed nationally recognized standards established by the American Stroke Association.

(c) Encourage the sharing of information among health care providers on practices that improve the quality of stroke care.

(d) Facilitate communication about data trends and treatment developments among health care providers and coordinated care organizations that provide services related to stroke care.

(e) Provide stroke care data and recommend improvements for stroke care to coordinated care organizations.

(f) Not later than the beginning of each odd-numbered year regular session of the Legislative Assembly, prepare and submit to the Legislative Assembly a report in the manner provided in ORS 192.245 summarizing the authority's activities under this section.

(3)(a) Information submitted to the designated database and accessed by the authority under this section:

(A) Is confidential and not subject to disclosure under ORS 192.410 to 192.505;

(B) May be disclosed only as permitted in paragraph (b) of this subsection and in accordance with rules adopted by the authority under this section;

(C) Is not subject to civil or administrative subpoena; and

(D) Is nondiscoverable and inadmissible in a judicial, administrative, arbitration or mediation proceeding.

(b) Individually identifiable information and information that identifies a hospital described in subsection (1)(a) of this section may not be disclosed by the authority without the approval of the hospital that submitted the information. Only de-identified information may be disclosed by the authority under this section.
