A-Engrossed

Senate Bill 900

Ordered by the Senate April 13
Including Senate Amendments dated April 13

Sponsored by Senator KRUSE, Representatives LIVELY, HAYDEN, Senator MONNES ANDERSON, Representative DAVIS, Senator BATES, Representative KENNEMER, Senator KNOPP; Representative CLEM

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.

Requires Oregon Health Authority to be responsible for posting to its website health care price data for inpatient and outpatient hospital services.
Declares emergency, effective on passage.

1 **A BILL FOR AN ACT**

2 Relating to health care price data; creating new provisions; amending ORS 442.466 and 442.993; and

3 declaring an emergency.

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

5 **SECTION 1.** ORS 442.466 is amended to read:

6 442.466. (1) The [*Administrator of the Office for Oregon Health Policy and Research*] **Oregon**

7 **Health Authority** shall establish and maintain a program that requires reporting entities to report

8 health care data for the following purposes:

9 (a) Determining the maximum capacity and distribution of existing resources allocated to health

10 care.

11 (b) Identifying the demands for health care.

12 (c) Allowing health care policymakers to make informed choices.

13 (d) Evaluating the effectiveness of intervention programs in improving health outcomes.

14 (e) Comparing the costs and effectiveness of various treatment settings and approaches.

15 (f) Providing information to consumers and purchasers of health care.

16 (g) Improving the quality and affordability of health care and health care coverage.

17 (h) Assisting the [*administrator*] **authority** in furthering the health policies expressed by the

18 Legislative Assembly in ORS 442.025.

19 (i) Evaluating health disparities, including but not limited to disparities related to race and

20 ethnicity.

21 (2) The [*Administrator of the Office for Oregon Health Policy and Research*] **authority** shall

22 prescribe by rule standards that are consistent with standards adopted by the Accredited Standards

23 Committee X12 of the American National Standards Institute, the Centers for Medicare and

24 Medicaid Services and the National Council for Prescription Drug Programs that:

25 (a) Establish the time, place, form and manner of reporting data under this section, including

26 but not limited to:

27 (A) Requiring the use of unique patient and provider identifiers;

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.

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1 (B) Specifying a uniform coding system that reflects all health care utilization and costs for

2 health care services provided to Oregon residents in other states; and

3 (C) Establishing enrollment thresholds below which reporting will not be required.

4 (b) Establish the types of data to be reported under this section, including but not limited to:

5 (A) Health care claims and enrollment data used by reporting entities and paid health care

6 claims data;

7 (B) Reports, schedules, statistics or other data relating to health care costs, prices, quality,

8 utilization or resources determined by the [*administrator*] **authority** to be necessary to carry out the

9 purposes of this section; and

10 (C) Data related to race, ethnicity and primary language collected in a manner consistent with

11 established national standards.

12 (3) Any third party administrator that is not required to obtain a license under ORS 744.702 and

13 that is legally responsible for payment of a claim for a health care item or service provided to an

14 Oregon resident may report to the [*Administrator of the Office for Oregon Health Policy and*

15 *Research*] **authority** the health care data described in subsection (2) of this section.

16 (4) The [*Administrator of the Office for Oregon Health Policy and Research*] **authority** shall adopt

17 rules establishing requirements for reporting entities to train providers on protocols for collecting

18 race, ethnicity and primary language data in a culturally competent manner.

19 (5)**(a)** The [*Administrator of the Office for Oregon Health Policy and Research*] **authority** shall

20 use data collected under this section to provide information to consumers of health care to empower

21 the consumers to make economically sound and medically appropriate decisions. The information

22 must include, but not be limited to, the prices and quality of health care services.

23 **(b) The authority shall, using data collected under this section, post to its website health**

24 **care price information including the median prices paid by the reporting entities described**

25 **in ORS 442.464 (1) to (4) to hospitals and hospital outpatient clinics for, at a minimum, the**

26 **50 most common inpatient procedures and the 100 most common outpatient procedures.**

27 **(c) The health care price information posted to the website must be:**

28 **(A) Displayed in a consumer friendly format;**

29 **(B) Easily accessible by consumers; and**

30 **(C) Updated at least annually to reflect the most recent data available.**

31 **(d) The authority shall apply for and receive donations, gifts and grants from any public**

32 **or private source to pay the cost of posting health care price information to its website in**

33 **accordance with this subsection. Moneys received shall be deposited to the Oregon Health**

34 **Authority Fund.**

35 **(e) The obligation of the authority to post health care price information to its website**

36 **as required by this subsection is limited to the extent of any moneys specifically appropriated**

37 **for that purpose or available from donations, gifts and grants from private or public sources.**

38 (6) The [*Administrator of the Office for Oregon Health Policy and Research*] **authority** may con-

39 tract with a third party to collect and process the health care data reported under this section. The

40 contract must prohibit the collection of Social Security numbers and must prohibit the disclosure

41 or use of the data for any purpose other than those specifically authorized by the contract. The

42 contract must require the third party to transmit all data collected and processed under the contract

43 to the [*Office for Oregon Health Policy and Research*] **authority**.

44 (7) The [*Administrator of the Office for Oregon Health Policy and Research*] **Director of the**

45 **Oregon Health Authority** shall facilitate a collaboration between the Department of Human Ser-

1 vices, the [*Oregon Health*] authority, the Department of Consumer and Business Services and inter-

2 ested stakeholders to develop a comprehensive health care information system using the data

3 reported under this section and collected by the [*office*] **authority** under ORS 442.120 and 442.400

4 to 442.463. The [*administrator*] **authority**, in consultation with interested stakeholders, shall:

5 (a) Formulate the data sets that will be included in the system;

6 (b) Establish the criteria and procedures for the development of limited use data sets;

7 (c) Establish the criteria and procedures to ensure that limited use data sets are accessible and

8 compliant with federal and state privacy laws; and

9 (d) Establish a time frame for the creation of the comprehensive health care information system.

10 (8) Information disclosed through the comprehensive health care information system described

11 in subsection (7) of this section:

12 (a) Shall be available, when disclosed in a form and manner that ensures the privacy and secu-

13 rity of personal health information as required by state and federal laws, as a resource to insurers,

14 employers, providers, purchasers of health care and state agencies to allow for continuous review

15 of health care utilization, expenditures and performance in this state;

16 (b) Shall be available to Oregon programs for quality in health care for use in improving health

17 care in Oregon, subject to rules prescribed by the [*Administrator of the Office for Oregon Health*

18 *Policy and Research*] **authority** conforming to state and federal privacy laws or limiting access to

19 limited use data sets;

20 (c) Shall be presented to allow for comparisons of geographic, demographic and economic factors

21 and institutional size; and

22 (d) May not disclose trade secrets of reporting entities.

23 (9) The collection, storage and release of health care data and other information under this

24 section is subject to the requirements of the federal Health Insurance Portability and Accountability

25 Act.

26 **SECTION 2.** ORS 442.993 is amended to read:

27 442.993. (1) Any reporting entity that fails to report as required in ORS 442.466 or rules of the

28 [*Office for Oregon Health Policy and Research*] **Oregon Health Authority** adopted pursuant to ORS

29 442.466 may be subject to a civil penalty.

30 (2) The [*Administrator of the Office for Oregon Health Policy and Research*] **Director of the**

31 **Oregon Health Authority** shall adopt a schedule of penalties not to exceed $500 per day of vio-

32 lation, determined by the severity of the violation.

33 (3) Civil penalties under this section shall be imposed as provided in ORS 183.745.

34 (4) Civil penalties imposed under this section may be remitted or mitigated upon such terms and

35 conditions as the [*administrator*] **director** considers proper and consistent with the public health and

36 safety.

37 (5) Civil penalties incurred under any law of this state are not allowable as costs for the purpose

38 of rate determination or for reimbursement by a third-party payer.

39 **SECTION 3. The amendments to ORS 442.466 by section 1 of this 2015 Act become oper-**

40 **ative on July 1, 2016.**

41 **SECTION 4. This 2015 Act being necessary for the immediate preservation of the public**

42 **peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect**

43 **on its passage.**

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