

# D R A F T

## SUMMARY

Establishes ST-Elevation Myocardial Infarction Care Committee within Oregon Health Authority. Specifies committee membership and duties. Directs committee to establish and implement plan for achieving continuous improvement in quality of ST-elevation myocardial infarction care.

## A BILL FOR AN ACT

1 Relating to emergency care.

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

3 **SECTION 1. (1) The ST-Elevation Myocardial Infarction Care Com-**  
4 **mittee is established within the Oregon Health Authority.**

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

7 **(a) Two physicians who specialize in ST-elevation myocardial**  
8 **infarctions, one of whom is an interventional cardiologist;**

9 **(b) One physician who specializes in emergency medical services;**

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

12 **(A) At least one must be from a receiving hospital;**

13 **(B) One must be from a referring hospital; and**

14 **(C) One must be from a rural hospital;**

15 **(d) One nurse who is an ST-elevation myocardial infarction coordi-**  
16 **nator or who works in an emergency department and has experience**  
17 **treating ST-elevation myocardial infarctions;**

18 **(e) One emergency medical services provider who works for a li-**  
19 **censed ambulance service;**  
20

1 (f) One member of a fire department; and

2 (g) One individual who has experience advocating for the care of  
3 patients who have had an ST-elevation myocardial infarction, and who  
4 is not a health care provider.

5 (3) In appointing members under subsection (2) of this section, the  
6 director shall consider the geographic diversity of this state and ap-  
7 point members who are from rural areas.

8 (4) For the purpose of achieving continuous improvement in the  
9 quality of ST-elevation myocardial infarction care, the committee  
10 shall:

11 (a) Analyze data related to the prevention and treatment of  
12 ST-elevation myocardial infarctions;

13 (b) Identify potential interventions to improve ST-elevation  
14 myocardial infarction care; and

15 (c) Advise the Oregon Health Authority on meeting the objectives  
16 of the authority that are related to ST-elevation myocardial infarction  
17 care, including the objectives of the emergency medical services and  
18 trauma system developed pursuant to ORS 431A.050.

19 (5) A majority of the members of the committee constitutes a quo-  
20 rum for the transaction of business.

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

23 (7) The committee shall elect a chairperson from among its mem-  
24 bers.

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

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

29 (10) The term of office of each member of the committee is four  
30 years, but a member serves at the pleasure of the director. Before the  
31 expiration of the term of a member, the director shall appoint a suc-

1 cessor whose term begins January 1 next following. A member is eli-  
2 gible for reappointment. If there is a vacancy for any cause, the  
3 director shall make an appointment to become immediately effective  
4 for the unexpired term.

5 (11) Members of the committee are not entitled to compensation,  
6 but may be reimbursed from funds available to the authority, for ac-  
7 tual and necessary travel and other expenses incurred by them in the  
8 performance of their official duties in the manner and amounts pro-  
9 vided for in ORS 292.495.

10 **SECTION 2.** Notwithstanding the term of office specified by section  
11 1 of this 2017 Act, of the members first appointed to the ST-Elevation  
12 Myocardial Infarction Care Committee:

- 13 (1) Three shall serve for a term ending January 1, 2019;  
14 (2) Three shall serve for a term ending January 1, 2020;  
15 (3) Three shall serve for a term ending January 1, 2021; and  
16 (4) The remainder of the members shall serve for a term ending  
17 January 1, 2022.

18 **SECTION 3.** (1) The Oregon Health Authority shall, in accordance  
19 with recommendations made by the ST-Elevation Myocardial  
20 Infarction Care Committee established under section 1 of this 2017 Act,  
21 establish and implement a plan for achieving continuous improvement  
22 in the quality of ST-elevation myocardial infarction care. In imple-  
23 menting the plan, the authority shall:

24 (a) Require hospitals designated as ST-elevation myocardial  
25 infarction receiving centers to submit ST-elevation myocardial  
26 infarction care data to a national database designated by the author-  
27 ity. A hospital that submits ST-elevation myocardial infarction care  
28 data under this paragraph must authorize the keeper of the database  
29 to permit the authority to access the submitted data.

30 (b) Designate a national database to which hospitals described in  
31 paragraph (a) of this subsection are required to submit ST-elevation

1 myocardial infarction care data for the purpose of obtaining informa-  
2 tion and statistics on ST-elevation myocardial infarction care. In des-  
3 ignating the database, the authority shall ensure that the database:

4 (A) Has security measures in place to protect individually identifi-  
5 able information, to the extent that the database receives and main-  
6 tains individually identifiable information; and

7 (B) Aligns with the core consensus ST-elevation myocardial  
8 infarction metrics developed and approved by the American Heart As-  
9 sociation, the American Stroke Association and the Centers for Dis-  
10 ease Control and Prevention.

11 (c) Develop a data oversight process in accordance with recom-  
12 mendations made by the ST-Elevation Myocardial Infarction Care  
13 Committee.

14 (2) In addition to the duties described in subsection (1) of this sec-  
15 tion, the authority shall:

16 (a) Coordinate with national health organizations involved in im-  
17 proving the quality of ST-elevation myocardial infarction care to avoid  
18 duplicative information and redundant processes.

19 (b) Use information reported pursuant to subsection (1)(a) of this  
20 section to support improvement in the quality of ST-elevation  
21 myocardial infarction care in accordance with guidelines that meet or  
22 exceed nationally recognized standards established by the American  
23 Heart Association.

24 (c) Encourage the sharing of information among health care pro-  
25 viders on practices that improve the quality of ST-elevation  
26 myocardial infarction care.

27 (d) Facilitate communication about data trends and treatment de-  
28 velopments among health care providers and coordinated care organ-  
29 izations that provide services related to ST-elevation myocardial  
30 infarction care.

31 (e) Provide ST-elevation myocardial infarction care data and re-

1 **commend improvements for ST-elevation myocardial infarction care**  
2 **to coordinated care organizations.**

3 **(f) Not later than the beginning of each odd-numbered year regular**  
4 **session of the Legislative Assembly, prepare and submit to the Legis-**  
5 **lative Assembly a report in the manner provided in ORS 192.245 sum-**  
6 **marizing the authority's activities under this section.**

7 **(3)(a) Information submitted to the database designated and ac-**  
8 **cessed by the authority under this section:**

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

11 **(B) May be disclosed only as permitted in paragraph (b) of this**  
12 **subsection and in accordance with rules adopted by the authority un-**  
13 **der this section;**

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

15 **(D) Is not discoverable or admissible in a judicial, administrative,**  
16 **arbitration or mediation proceeding.**

17 **(b) Individually identifiable information and information that iden-**  
18 **tifies a hospital described in subsection (1)(a) of this section may not**  
19 **be disclosed by the authority without the approval of the hospital that**  
20 **submitted the information. Only deidentified information may be dis-**  
21 **closed by the authority under this section.**

22