

LC 514
2017 Regular Session
44300-012
7/7/16 (LHF/ps)

D R A F T

SUMMARY

Permits Oregon Health Authority to require hospitals to submit emergency department abstract records, in addition to ambulatory surgery and inpatient discharge abstract records. Permits authority to prescribe by rule abstract record data that hospitals and ambulatory surgery centers must include in records submitted. Permits authority to contract with third party to compile and process data from abstract records.

Deletes requirement that authority reimburse hospital for cost of converting records to form specified by authority if different from form regularly used by hospital.

A BILL FOR AN ACT

1
2 Relating to reporting of health data; amending ORS 442.120.

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

4 **SECTION 1.** ORS 442.120 is amended to read:

5 442.120. [*In order to provide data essential for health planning programs:*]

6 **(1) As used in this section, “hospital” has the meaning given that**
7 **term in ORS 442.015 (15)(a).**

8 [(1)] **(2) If requested by the Oregon Health Authority [may request,] by**
9 **July 1 of each year, each [general hospital to file with] hospital shall sub-**
10 **mit to the authority ambulatory surgery, [and] inpatient discharge and**
11 **emergency department abstract records covering all patients discharged**
12 **during the preceding calendar year. The ambulatory surgery, [and] inpatient**
13 **discharge and emergency department abstract record for each patient**
14 **must include the data, prescribed by the authority by rule, that the**
15 **authority deems necessary to develop or evaluate statewide health**

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 **policy.** *[following information, and may include other information deemed*
2 *necessary by the authority for developing or evaluating statewide health*
3 *policy:]*

4 *[(a) Date of birth;]*

5 *[(b) Sex;]*

6 *[(c) Race and ethnicity;]*

7 *[(d) Primary language;]*

8 *[(e) Disability;]*

9 *[(f) Zip code;]*

10 *[(g) Inpatient admission date or outpatient service date;]*

11 *[(h) Inpatient discharge date;]*

12 *[(i) Type of discharge;]*

13 *[(j) Diagnostic related group or diagnosis;]*

14 *[(k) Type of procedure performed;]*

15 *[(L) Expected source of payment, if available;]*

16 *[(m) Hospital identification number; and]*

17 *[(n) Total hospital charges.]*

18 **[(2)] (3) If requested by the authority** by July 1 of each year, *[the au-*
19 *thority may request from]* ambulatory surgical centers licensed under ORS
20 441.015 **shall submit to the authority** ambulatory surgery discharge ab-
21 stract records covering all patients admitted during the preceding year.
22 Ambulatory surgery discharge abstract records must include *[information]*
23 **data** similar to that requested from *[general]* hospitals under subsection
24 **[(1)] (2)** of this section.

25 **[(3)] (4)** *[In lieu of abstracting and compiling the records itself, the au-*
26 *thority may solicit the voluntary submission of such data from Oregon hospi-*
27 *tals or other sources to enable it to carry out its responsibilities under this*
28 *section. If such data are not available to the authority on an annual and timely*
29 *basis,]* The authority may establish by rule a fee to be charged to each
30 hospital~~].~~ **and each ambulatory surgical center to defray the cost of**
31 **compiling and processing the data required under subsections (2) and**

1 **(3) of this section. Any fee established under this subsection:**

2 **(a) May not exceed the cost to the authority of abstracting and**
3 **compiling the records;**

4 **(b) Must be approved by the Oregon Health Policy Board; and**

5 **(c) Must be reported to the Joint Committee on Ways and Means**
6 **or, if the Legislative Assembly is not in session, to the Emergency**
7 **Board.**

8 **(5) The authority may contract with a third party to collect and**
9 **process the abstract records submitted in accordance with this section.**
10 **The contract must require the third party to transmit to the authority**
11 **all of the data in the abstract records that the third party collects and**
12 **processes.**

13 *[(4) Subject to prior approval of the Oregon Health Policy Board and a*
14 *report to the Emergency Board, if the Legislative Assembly is not in session,*
15 *prior to adopting the fee, and within the budget authorized by the Legislative*
16 *Assembly as the budget may be modified by the Emergency Board, the fee es-*
17 *tablished under subsection (3) of this section may not exceed the cost of ab-*
18 *stracting and compiling the records.]*

19 *[(5)]* **(6) The authority may specify by rule the form in which the abstract**
20 **records are to be submitted in accordance with this section.** *[If the form*
21 *adopted by rule requires conversion from the form regularly used by a hospital,*
22 *reasonable costs of such conversion shall be paid by the authority.]*

23 *[(6)]* **(7) [Abstract records] Each abstract record submitted in accord-**
24 **ance with this section** must include a patient identifier that allows for the
25 statistical matching of records over time to permit public studies of issues
26 related to clinical practices, health service utilization and health outcomes.
27 Provision of such a patient identifier must not allow for identification of the
28 individual patient.

29 *[(7) In addition to the records required in subsection (1) of this section, the*
30 *authority may obtain abstract records for each patient that identify specific*
31 *services, classified by International Classification of Disease Code, for special*

1 *studies on the incidence of specific health problems or diagnostic practices.*
2 *However, nothing in this subsection shall authorize the publication of specific*
3 *data in a form that allows identification of individual patients or licensed*
4 *health care professionals.]*

5 (8) The authority may provide by rule for the submission of **abstract** re-
6 cords for enrollees in a health maintenance organization from a hospital as-
7 sociated with such an organization in a form the authority determines
8 appropriate to the authority's needs for such data and the organization's re-
9 cord keeping and reporting systems for charges and services.

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