

# Senate Bill 742

Sponsored by COMMITTEE ON HEALTH CARE

## 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 **as introduced**.

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  
2 Relating to emergency care.

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

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

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

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

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

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

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

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

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

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

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

19 **(f) One member of a fire department; and**

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

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

24 **(4) For the purpose of achieving continuous improvement in the quality of ST-elevation**  
25 **myocardial infarction care, the committee shall:**

26 **(a) Analyze data related to the prevention and treatment of ST-elevation myocardial**  
27 **infarctions;**

28 **(b) Identify potential interventions to improve ST-elevation myocardial infarction care;**  
29 **and**

30 **(c) Advise the Oregon Health Authority on meeting the objectives of the authority that**  
31 **are related to ST-elevation myocardial infarction care, including the objectives of the emer-**

**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 agency medical services and trauma system developed pursuant to ORS 431A.050.

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

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

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

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

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

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

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

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

21 (1) Three shall serve for a term ending January 1, 2019;

22 (2) Three shall serve for a term ending January 1, 2020;

23 (3) Three shall serve for a term ending January 1, 2021; and

24 (4) The remainder of the members shall serve for a term ending January 1, 2022.

25 **SECTION 3.** (1) The Oregon Health Authority shall, in accordance with recommendations  
26 made by the ST-Elevation Myocardial Infarction Care Committee established under section  
27 1 of this 2017 Act, establish and implement a plan for achieving continuous improvement in  
28 the quality of ST-elevation myocardial infarction care. In implementing the plan, the au-  
29 thority shall:

30 (a) Require hospitals designated as ST-elevation myocardial infarction receiving centers  
31 to submit ST-elevation myocardial infarction care data to a national database designated by  
32 the authority. A hospital that submits ST-elevation myocardial infarction care data under  
33 this paragraph must authorize the keeper of the database to permit the authority to access  
34 the submitted data.

35 (b) Designate a national database to which hospitals described in paragraph (a) of this  
36 subsection are required to submit ST-elevation myocardial infarction care data for the pur-  
37 pose of obtaining information and statistics on ST-elevation myocardial infarction care. In  
38 designating the database, the authority shall ensure that the database:

39 (A) Has security measures in place to protect individually identifiable information, to the  
40 extent that the database receives and maintains individually identifiable information; and

41 (B) Aligns with the core consensus ST-elevation myocardial infarction metrics developed  
42 and approved by the American Heart Association, the American Stroke Association and the  
43 Centers for Disease Control and Prevention.

44 (c) Develop a data oversight process in accordance with recommendations made by the  
45 ST-Elevation Myocardial Infarction Care Committee.

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

3       **(a) Coordinate with national health organizations involved in improving the quality of**  
4 **ST-elevation myocardial infarction care to avoid duplicative information and redundant pro-**  
5 **cesses.**

6       **(b) Use information reported pursuant to subsection (1)(a) of this section to support im-**  
7 **provement in the quality of ST-elevation myocardial infarction care in accordance with**  
8 **guidelines that meet or exceed nationally recognized standards established by the American**  
9 **Heart Association.**

10       **(c) Encourage the sharing of information among health care providers on practices that**  
11 **improve the quality of ST-elevation myocardial infarction care.**

12       **(d) Facilitate communication about data trends and treatment developments among**  
13 **health care providers and coordinated care organizations that provide services related to**  
14 **ST-elevation myocardial infarction care.**

15       **(e) Provide ST-elevation myocardial infarction care data and recommend improvements**  
16 **for ST-elevation myocardial infarction care to coordinated care organizations.**

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

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

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

23       **(B) May be disclosed only as permitted in paragraph (b) of this subsection and in ac-**  
24 **cordance with rules adopted by the authority under this section;**

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

26       **(D) Is not discoverable or admissible in a judicial, administrative, arbitration or medi-**  
27 **ation proceeding.**

28       **(b) Individually identifiable information and information that identifies a hospital de-**  
29 **scribed in subsection (1)(a) of this section may not be disclosed by the authority without the**  
30 **approval of the hospital that submitted the information. Only deidentified information may**  
31 **be disclosed by the authority under this section.**

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