

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2527**

1 On page 1 of the printed bill, line 2, delete “689.005 and 689.683” and in-  
2 sert “442.466, 689.005, 689.683 and 743A.066”.

3 On page 6, delete lines 35 through 45 and insert:

4 **“SECTION 4.** ORS 442.466 is amended to read:

5 “442.466. (1) The Oregon Health Authority shall establish and maintain  
6 a program that requires reporting entities to report health care data for the  
7 following purposes:

8 “(a) Determining the maximum capacity and distribution of existing re-  
9 sources allocated to health care.

10 “(b) Identifying the demands for health care.

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

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

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

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

17 “(g) Improving the quality and affordability of health care and health care  
18 coverage.

19 “(h) Assisting the authority in furthering the health policies expressed  
20 by the Legislative Assembly in ORS 442.025.

21 “(i) Evaluating health disparities, including but not limited to disparities

1 related to race and ethnicity.

2 “(2) The authority shall prescribe by rule standards that are consistent  
3 with standards adopted by the Accredited Standards Committee X12 of the  
4 American National Standards Institute, the Centers for Medicare and  
5 Medicaid Services and the National Council for Prescription Drug Programs  
6 that:

7 “(a) Establish the time, place, form and manner of reporting data under  
8 this section, including but not limited to:

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

10 “(B) Specifying a uniform coding system that reflects all health care  
11 utilization and costs for health care services provided to Oregon residents  
12 in other states; and

13 “(C) Establishing enrollment thresholds below which reporting will not  
14 be required.

15 “(b) Establish the types of data to be reported under this section, includ-  
16 ing but not limited to:

17 “(A) Health care claims and enrollment data used by reporting entities  
18 and paid health care claims data;

19 “(B) Reports, schedules, statistics or other data relating to health care  
20 costs, prices, quality, utilization or resources determined by the authority to  
21 be necessary to carry out the purposes of this section; *[and]*

22 “(C) Data related to race, ethnicity and primary language collected in a  
23 manner consistent with established national standards[.]; **and**

24 **“(D) Information regarding self-administered hormonal**  
25 **contraceptives, as defined in ORS 689.005, prescribed by pharmacists**  
26 **under ORS 689.683, including the number of prescriptions issued an-**  
27 **nually, the types of health care coverage used by patients, the number**  
28 **of each type of self-administered hormonal contraceptives prescribed,**  
29 **the average length of time to process health care claims for coverage**  
30 **of costs associated with the prescriptions and demographic informa-**

1 **tion about patients to whom pharmacists prescribe self-administered**  
2 **hormonal contraceptives.**

3 “(3) Any third party administrator that is not required to obtain a license  
4 under ORS 744.702 and that is legally responsible for payment of a claim for  
5 a health care item or service provided to an Oregon resident may report to  
6 the authority the health care data described in subsection (2) of this section.

7 “(4) The authority shall adopt rules establishing requirements for report-  
8 ing entities to train providers on protocols for collecting race, ethnicity and  
9 primary language data in a culturally competent manner.

10 “(5)(a) The authority shall use data collected under this section to provide  
11 information to consumers of health care to empower the consumers to make  
12 economically sound and medically appropriate decisions. The information  
13 must include, but not be limited to, the prices and quality of health care  
14 services.

15 “(b) The authority shall, using only data collected under this section from  
16 reporting entities described in ORS 442.464 (1) to (3), post to its website  
17 health care price information including the median prices paid by the re-  
18 porting entities to hospitals and hospital outpatient clinics for, at a mini-  
19 mum, the 50 most common inpatient procedures and the 100 most common  
20 outpatient procedures.

21 “(c) The health care price information posted to the website must be:

22 “(A) Displayed in a consumer friendly format;

23 “(B) Easily accessible by consumers; and

24 “(C) Updated at least annually to reflect the most recent data available.

25 “(d) The authority shall apply for and receive donations, gifts and grants  
26 from any public or private source to pay the cost of posting health care price  
27 information to its website in accordance with this subsection. Moneys re-  
28 ceived shall be deposited to the Oregon Health Authority Fund.

29 “(e) The obligation of the authority to post health care price information  
30 to its website as required by this subsection is limited to the extent of any

1 moneys specifically appropriated for that purpose or available from do-  
2 nations, gifts and grants from private or public sources.

3 “(6) The authority may contract with a third party to collect and process  
4 the health care data reported under this section. The contract must prohibit  
5 the collection of Social Security numbers and must prohibit the disclosure  
6 or use of the data for any purpose other than those specifically authorized  
7 by the contract. The contract must require the third party to transmit all  
8 data collected and processed under the contract to the authority.

9 “(7) The authority shall facilitate a collaboration between the Department  
10 of Human Services, the authority, the Department of Consumer and Business  
11 Services and interested stakeholders to develop a comprehensive health care  
12 information system using the data reported under this section and collected  
13 by the authority under ORS 442.120 and 442.400 to 442.463. The authority, in  
14 consultation with interested stakeholders, shall:

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

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

18 “(c) Establish the criteria and procedures to ensure that limited use data  
19 sets are accessible and compliant with federal and state privacy laws; and

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

22 “(8) Information disclosed through the comprehensive health care infor-  
23 mation system described in subsection (7) of this section:

24 “(a) Shall be available, when disclosed in a form and manner that ensures  
25 the privacy and security of personal health information as required by state  
26 and federal laws, as a resource to insurers, employers, providers, purchasers  
27 of health care and state agencies to allow for continuous review of health  
28 care utilization, expenditures and performance in this state;

29 “(b) Shall be available to Oregon programs for quality in health care for  
30 use in improving health care in Oregon, subject to rules prescribed by the

1 authority conforming to state and federal privacy laws or limiting access to  
2 limited use data sets;

3 “(c) Shall be presented to allow for comparisons of geographic, demo-  
4 graphic and economic factors and institutional size; and

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

6 “(9) The collection, storage and release of health care data and other in-  
7 formation under this section is subject to the requirements of the federal  
8 Health Insurance Portability and Accountability Act.

9 **“SECTION 5.** ORS 743A.066 is amended to read:

10 “743A.066. (1) A prescription drug benefit program, or a prescription drug  
11 benefit offered under a health benefit plan as defined in ORS 743B.005 or  
12 under a student health insurance policy, must provide payment, coverage or  
13 reimbursement for:

14 “(a) Prescription contraceptives; and

15 “(b) If covered for other drug benefits under the program, plan or policy,  
16 outpatient consultations, **including pharmacist consultations**, examina-  
17 tions, procedures and medical services that are necessary to prescribe, dis-  
18 pense, deliver, distribute, administer or remove a prescription contraceptive.

19 “(2) The coverage required by subsection (1) of this section:

20 “(a) May be subject to provisions of the program, plan or policy that ap-  
21 ply equally to other prescription drugs covered by the program, plan or pol-  
22 icy, including but not limited to required copayments, deductibles and  
23 coinsurance; and

24 “(b) Must reimburse a health care provider or dispensing entity for a  
25 dispensing of contraceptives intended to last for a:

26 “(A) Three-month period for the first dispensing of the contraceptive to  
27 an insured; and

28 “(B) Twelve-month period for subsequent dispensings of the same  
29 contraceptive to the insured regardless of whether the insured was enrolled  
30 in the program, plan or policy at the time of the first dispensing.

1 “(3) As used in this section, ‘prescription contraceptive’ means a drug or  
2 device that requires a prescription and is approved by the United States Food  
3 and Drug Administration to prevent pregnancy.

4 “(4) A religious employer is exempt from the requirements of this section  
5 with respect to a prescription drug benefit program or a health benefit plan  
6 it provides to its employees. A ‘religious employer’ is an employer:

7 “(a) Whose purpose is the inculcation of religious values;

8 “(b) That primarily employs persons who share the religious tenets of the  
9 employer;

10 “(c) That primarily serves persons who share the religious tenets of the  
11 employer; and

12 “(d) That is a nonprofit organization under section 6033(a)(3)(A)(i) or (iii)  
13 of the Internal Revenue Code.

14 “(5) This section is exempt from the provisions of ORS 743A.001.

15 **“SECTION 6. Section 7 of this 2017 Act is added to and made a part  
16 of ORS chapter 689.**

17 **“SECTION 7. Not later than the first day of each regular session  
18 of the Legislative Assembly, the Oregon Health Authority shall report  
19 to a committee of the Legislative Assembly related to health care on  
20 the issuance by pharmacists of prescriptions for self-administered  
21 hormonal contraceptives under ORS 689.683. The authority shall in-  
22 clude in the report the data collected under ORS 442.466 (2)(b)(D).**

23 **“SECTION 8. (1) Sections 6 and 7 of this 2017 Act and the amend-  
24 ments to ORS 442.466, 689.005, 689.683 and 743A.066 by sections 1 to 5  
25 of this 2017 Act become operative on January 1, 2018.**

26 **“(2) The Oregon Health Authority and the State Board of Pharmacy  
27 may take any action before the operative date specified in subsection  
28 (1) of this section that is necessary to enable the authority and the  
29 board to exercise, on or after the operative date specified in subsection  
30 (1) of this section, all of the duties, functions and powers conferred**

1 on the authority and the board by sections 6 and 7 of this 2017 Act and  
2 the amendments to ORS 442.466, 689.005, 689.683 and 743A.066 by  
3 sections 1 to 5 of this 2017 Act.

4 **SECTION 9.** This 2017 Act being necessary for the immediate  
5 preservation of the public peace, health and safety, an emergency is  
6 declared to exist, and this 2017 Act takes effect on its passage.”.

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