

June 22, 2020

Co-Chairs Courtney and Koteck, and Members of the Joint Committee on the First Special Session:

The following testimony on LC45 is submitted on behalf of the Oregon Health Leadership Council, a collaborative of the state's major hospitals, health systems, clinics, CCOs, insurers, related professional organizations, and other stakeholders. OHLC focuses on system-wide technical and clinical best-practice issues. OHLC has a long track record of collaboration with the state on these matters.

We appreciate the Legislature's attention to the important role of health-related data in COVID-19 response.

OHLC has a long-standing technical collaboration with the Oregon Health Authority on strictly limited-access use of care coordination data on the highly successful Emergency Department Information Exchange (EDIE) and its companion tool, the Collective Platform, which HIPAA-covered providers and payers use to coordinate care. For example, both clinic and payer care coordinators use the Collective Platform to arrange follow-up care when patients are discharged from a hospital.

There is a tremendous opportunity to improve coordinated and equitable delivery of care to persons who have been tested for COVID-19 by sharing test result data between Public Health and the rest of the health system on EDIE and the Collective Platform. If this information were available to providers and payers in their normal workflows, they could ensure that providers are fully prepared to receive COVID-19-positive patients, and that appropriate post-test follow-ups are done. In addition, and critically important, the *existing* technical data processes in the EDIE and Collective Platform systems would provide Public Health contact tracers with more accurate information, such as updated patient phone numbers, than they otherwise may have for this sensitive and urgent outreach.

Enabling this requires reconciling Public Health data statutes to allow the Oregon Health Authority to fully leverage EDIE and the Collective Platform to ensure that all Oregonians, especially those who are disproportionately at risk, receive appropriate COVID-19 related care and follow-up care.

Specifically, ORS 433.088 and related provisions would need to be amended to allow Public Health to exchange data with HIPAA-covered entities. The technical details of this piece of statute are especially important, and we would be happy to work with you and your staffs on appropriate language.

Respectfully submitted,

Tom Holt
For: Oregon Health Leadership Council