

# House Bill 2717

Sponsored by Representative NOSSE; Representatives KENY-GUYER, SCHOUTEN (Pre-session filed.)

## 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**.

Requires Oregon Health Authority to take steps to limit cost to hospitals, ambulatory surgical centers and extended stay centers for compiling and reporting records and data. Limits fee charged by authority for collecting records and data.

Requires Health Evidence Review Commission to develop evidence-based guidelines for extended stay centers based on data collected over two- and four-year periods.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to data collected from health care providers; amending ORS 442.120 and sections 3 and 22,  
3 chapter 50, Oregon Laws 2018; and declaring an emergency.

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

5 **SECTION 1.** ORS 442.120, as amended by section 7, chapter 50, Oregon Laws 2018, is amended  
6 to read:

7 442.120. In order to provide data essential for health planning programs:

8 (1) The Oregon Health Authority may request, by July 1 of each year, each general hospital to  
9 file with the authority ambulatory surgery and inpatient discharge abstract records covering all  
10 patients discharged during the preceding calendar year. The ambulatory surgery and inpatient dis-  
11 charge abstract record for each patient must include the following information, and may include  
12 other information deemed necessary by the authority for developing or evaluating statewide health  
13 policy:

14 (a) Date of birth;

15 (b) Sex;

16 (c) Race and ethnicity;

17 (d) Primary language;

18 (e) Disability;

19 (f) Zip code;

20 (g) Inpatient admission date or outpatient service date;

21 (h) Inpatient discharge date;

22 (i) Type of discharge;

23 (j) Diagnostic related group or diagnosis;

24 (k) Type of procedure performed;

25 (L) Expected source of payment, if available;

26 (m) Hospital identification number; and

27 (n) Total hospital charges.

28 (2) By July 1 of each year, the authority may request from ambulatory surgical centers licensed  
29 under ORS 441.015 ambulatory surgery discharge abstract records covering all patients admitted

**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 during the preceding year. Ambulatory surgery discharge abstract records must include information  
2 similar to that requested from general hospitals under subsection (1) of this section.

3 (3) By July 1 of each year, the authority may request from extended stay centers licensed under  
4 section 2, chapter 50, Oregon Laws 2018, extended stay center discharge abstract records covering  
5 all patients admitted during the preceding year. Extended stay center discharge abstract records  
6 must include information prescribed by the authority by rule.

7 (4) In lieu of abstracting and compiling the records itself, the authority may solicit the voluntary  
8 submission of the data described in subsections (1) to (3) of this section to enable the authority to  
9 carry out its responsibilities under this section. If such data are not available to the authority on  
10 an annual and timely basis, the authority may establish by rule a fee to be charged to each hospital,  
11 ambulatory surgical center or extended stay center.

12 (5) The fee established under subsection (4) of this section may not exceed the cost of abstract-  
13 ing and compiling the records.

14 (6) The authority may specify by rule the form in which records are to be submitted. If the form  
15 adopted by rule requires conversion from the form regularly used by a hospital, ambulatory surgical  
16 center or extended stay center, reasonable costs of such conversion shall be paid by the authority.

17 (7) Abstract records must include a patient identifier that allows for the statistical matching of  
18 records over time to permit public studies of issues related to clinical practices, health service  
19 utilization and health outcomes. Provision of such a patient identifier must not allow for identifica-  
20 tion of the individual patient.

21 (8) In addition to the records required in subsection (1) of this section, the authority may obtain  
22 abstract records for each patient that identify specific services, classified by International Classi-  
23 fication of Disease Code, for special studies on the incidence of specific health problems or diag-  
24 nostic practices. However, nothing in this subsection shall authorize the publication of specific data  
25 in a form that allows identification of individual patients or licensed health care professionals **and**  
26 **all patient information shall be protected from disclosure.**

27 (9) The authority may provide by rule for the submission of records for enrollees in a health  
28 maintenance organization from a hospital, ambulatory surgical center or extended stay center asso-  
29 ciated with such an organization in a form the authority determines appropriate to the authority's  
30 needs for such data and the organization's record keeping and reporting systems for charges and  
31 services.

32 **(10) The authority shall take steps to limit the cost to hospitals, ambulatory surgical**  
33 **centers and extended stay centers in providing the records and data collected under this**  
34 **section including by:**

35 **(a) Using existing records and data reported to the authority by hospitals, ambulatory**  
36 **surgical centers or extended stay centers in accordance with the Centers for Medicare and**  
37 **Medicaid Services' requirements;**

38 **(b) Using records and data compiled by trade groups or organizations representing hos-**  
39 **pitals, ambulatory surgical centers or extended stay centers; or**

40 **(c) Contracting with a third party to collect and compile the records and data.**

41 **(11) The authority may not charge a fee to carry out its responsibilities under this sec-**  
42 **tion that exceeds 200 percent of the fee charged on January 1, 2015.**

43 **SECTION 2.** Section 3, chapter 50, Oregon Laws 2018, is amended to read:

44 **Sec. 3. (1) No later than July 1, 2022,** the Health Evidence Review Commission established  
45 under ORS 414.688 shall develop evidence-based guidelines regarding the patient characteristics and

1 surgical procedures that may be appropriate for ambulatory surgical centers and extended stay  
2 centers **based on data collected by the authority under ORS 442.120 for the period ending**  
3 **December 31, 2021.** [*The commission shall provide a report of the timeline and plan for implementing*  
4 *the guidelines to the Legislative Assembly during the 2019 regular session.*] **No later than July 1,**  
5 **2025, the commission shall update the guidelines based on data collected by the authority**  
6 **during the period ending December 31, 2024.**

7 (2) No later than December 31, [2022] **2025**, the Oregon Health Authority shall report to the  
8 interim committees of the Legislative Assembly related to health on the implementation of **this**  
9 **section and** section 2, [*of this 2018 Act*] **chapter 50, Oregon Laws 2018.**

10 **SECTION 3.** Section 22, chapter 50, Oregon Laws 2018, is amended to read:

11 **Sec. 22.** Section 3, [*of this 2018 Act*] **chapter 50, Oregon Laws 2018**, is repealed on January  
12 2, [2023] **2026.**

13 **SECTION 4.** **This 2019 Act being necessary for the immediate preservation of the public**  
14 **peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect**  
15 **on its passage.**