

Requested by Senator BEYER

**PROPOSED AMENDMENTS TO
SENATE BILL 841**

1 On page 1 of the printed bill, line 2, after “413.181” insert “and 442.466”.

2 Delete lines 8 through 30.

3 On page 2, delete lines 1 through 13 and insert:

4 “(2) For the purpose of compiling the health care expenditure report, the
5 authority shall collect data that is similar in scope to the health care ex-
6 penditure data collected by the Centers for Medicare and Medicaid Services,
7 to the greatest extent feasible. The report must contain the following infor-
8 mation:

9 “(a) The portion of total expenditures on medical assistance attributed to:

10 “(A) Coordinated care organizations, as defined in ORS 414.025;

11 “(B) Services provided to medical assistance recipients who are not
12 members of coordinated care organizations;

13 “(C) Services that are reimbursed on a fee-for-service basis provided to
14 members of coordinated care organizations; and

15 “(D) Long term care.

16 “(b) The portion of total premiums paid for private insurance in this state
17 attributable to:

18 “(A) Private employers;

19 “(B) Employees enrolled in employer-sponsored plans offered by private
20 employers;

21 “(C) Public employers;

1 “(D) Employees enrolled in employer-sponsored plans offered by public
2 employers;

3 “(E) Individuals who purchase insurance through the health insurance
4 exchange, established under ORS 741.002, broken down by the portion of total
5 premiums paid by the individuals and the portion of total premiums paid by
6 premium tax credits under section 36B of the Internal Revenue Code; and

7 “(F) Individuals who purchase insurance outside of the health insurance
8 exchange.

9 “(c) Out-of-pocket costs for individuals who are enrolled in health insur-
10 ance.

11 “(d) Out-of-pocket costs for individuals who do not have health insurance
12 and are not receiving medical assistance.

13 “(e) Other data collected that the authority, the Oregon Health Policy
14 Board or committees of the Legislative Assembly determine are likely to be
15 useful.

16 “(3) The authority shall collect the data for the health care expenditure
17 report in the most cost-effective manner, using surveys of the data collected
18 under ORS 442.466, large scale surveys conducted by the Agency for
19 Healthcare Research and Quality of the United States Department of Health
20 and Human Services, surveys currently carried out in this state for other
21 purposes and other appropriate sources. The authority shall extrapolate if
22 necessary when data is unavailable or unreliable. The authority shall esti-
23 mate the accuracy of all reported data.

24 “(4) To promote transparency and accountability in health care expendi-
25 tures on coordinated care organizations, the authority shall make publicly
26 available the following information:

27 “(a) Total funds paid by the authority to each coordinated care organ-
28 ization;

29 “(b) Total expenditures by each coordinated care organization on:

30 “(A) Patient care, including care coordination, either by providers that

1 contract with the coordinated care organization or by the coordinated care
2 organization;

3 “(B) Public health; and

4 “(C) Improving the social determinants of health for individuals or for the
5 community;

6 “(c) Other expenditures by each coordinated care organization to benefit
7 the health or welfare of the communities served by the coordinated care or-
8 ganization; and

9 “(d) Funds that are allocated to reserves and total amount of reserves for
10 each coordinated care organization.

11 “(5) The authority or the Governor shall file a legislative measure with
12 the Legislative Counsel, in accordance with ORS 171.130, containing recom-
13 mendations, if any, for improving the data collected under this section or the
14 health expenditure report described in this section.”.

15 Delete lines 21 and 22 and insert:

16 **“SECTION 3.** ORS 442.466 is amended to read:

17 “442.466. (1) The Oregon Health Authority shall establish and maintain
18 a program that requires reporting entities to report health care data for the
19 following purposes:

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

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

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

24 “(d) Evaluating the effectiveness of intervention programs in improving
25 health outcomes.

26 “(e) Comparing the costs and effectiveness of various treatment settings
27 and approaches.

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

29 “(g) Improving the quality and affordability of health care and health care
30 coverage.

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

3 “(i) Evaluating health disparities, including but not limited to disparities
4 related to race and ethnicity.

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

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

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

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

16 “(C) Establishing enrollment thresholds below which reporting will not
17 be required.

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

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

22 “(B) Reports, schedules, statistics or other data relating to health care
23 costs, prices, quality, utilization or resources determined by the authority to
24 be necessary to carry out the purposes of this section; and

25 “(C) Data related to race, ethnicity and primary language collected in a
26 manner consistent with established national standards.

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

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

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

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

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

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

17 “(B) Easily accessible by consumers; and

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

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

23 “(e) The obligation of the authority to post health care price information
24 to its website as required by this subsection is limited to the extent of any
25 moneys specifically appropriated for that purpose or available from do-
26 nations, gifts and grants from private or public sources.

27 “(6) The authority may contract with a third party to collect and process
28 the health care data reported under this section. The contract must prohibit
29 the collection of Social Security numbers and must prohibit the disclosure
30 or use of the data for any purpose other than those specifically authorized

1 by the contract. The contract must require the third party to transmit all
2 data collected and processed under the contract to the authority.

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

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

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

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

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

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

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

23 “(b) Shall be available to Oregon programs for quality in health care for
24 use in improving health care in Oregon, subject to rules prescribed by the
25 authority conforming to state and federal privacy laws or limiting access to
26 limited use data sets;

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

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

30 “(9) The collection, storage and release of health care data and other in-

1 formation under this section is subject to the requirements of the federal
2 Health Insurance Portability and Accountability Act.

3 **“(10) The authority or a third party contracting with the authority**
4 **shall periodically validate the data reported and collected under this**
5 **section. The authority shall report annually to the Oregon Health**
6 **Policy Board and the committees of the Legislative Assembly related**
7 **to health the results of the validation, including but not limited to**
8 **information about the accuracy and completeness of the data. The**
9 **report shall include recommendations for improving the accuracy and**
10 **completeness of the data.”.**

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