

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO
HOUSE BILL 2717**

1 On page 1 of the printed bill, line 2, after the semicolon insert “creating
2 new provisions;” and after “442.120” insert “and 442.837”.

3 Delete lines 5 through 29.

4 On page 2, delete lines 1 through 42 and insert:

5 **“SECTION 1. The Oregon Health Authority shall adopt rules, in
6 collaboration with representatives of ambulatory surgical centers, as
7 defined in ORS 442.015, or an association representing ambulatory
8 surgical centers, regarding the reporting and collection of data re-
9 garding ambulatory surgical center and extended stay center patients
10 and patient outcomes that are essential for health planning purposes.**

11 **The rules:**

12 **“(1) Must require ambulatory surgical centers to report quarterly
13 all patient deaths to the authority;**

14 **“(2) Must allow, to the greatest extent practicable, for the utiliza-
15 tion of existing data reporting by ambulatory surgical centers that is
16 required by the Oregon Patient Safety Commission and the Centers for
17 Medicare and Medicaid Services;**

18 **“(3) May adopt data reporting systems that are used in other states;**

19 **“(4) Must utilize the capability of ambulatory surgical center asso-
20 ciations to compile and report data to the authority; and**

21 **“(5) May not impose unreasonable financial or administrative bur-**

1 **dens on ambulatory surgical centers or extended stay centers.**

2 **“SECTION 2.** ORS 442.120, as amended by section 7, chapter 50, Oregon
3 Laws 2018, is amended to read:

4 “442.120. In order to provide data essential for health planning programs:

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

12 “(a) Date of birth;

13 “(b) Sex;

14 “(c) Race and ethnicity;

15 “(d) Primary language;

16 “(e) Disability;

17 “(f) Zip code;

18 “(g) Inpatient admission date or outpatient service date;

19 “(h) Inpatient discharge date;

20 “(i) Type of discharge;

21 “(j) Diagnostic related group or diagnosis;

22 “(k) Type of procedure performed;

23 “(L) Expected source of payment, if available;

24 “(m) Hospital identification number; and

25 “(n) Total hospital charges.

26 “[2) *By July 1 of each year, the authority may request from ambulatory*
27 *surgical centers licensed under ORS 441.015 ambulatory surgery discharge*
28 *abstract records covering all patients admitted during the preceding year.*
29 *Ambulatory surgery discharge abstract records must include information sim-*
30 *ilar to that requested from general hospitals under subsection (1) of this sec-*

1 *tion.]*

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

7 “[4] (2) In lieu of abstracting and compiling the records itself, the au-
8 thority may solicit the voluntary submission of the data described in [*sub-*
9 *sections (1) to (3)*] **subsection (1)** of this section to enable the authority to
10 carry out its responsibilities under this section. If such data are not avail-
11 able to the authority on an annual and timely basis, the authority may es-
12 tablish by rule a fee to be charged to each hospital[, *ambulatory surgical*
13 *center or extended stay center*].

14 “(5) The fee established under subsection [(4)] (2) of this section may not
15 exceed the cost of abstracting and compiling the records.

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

20 “(7) Abstract records must include a patient identifier that allows for the
21 statistical matching of records over time to permit public studies of issues
22 related to clinical practices, health service utilization and health outcomes.
23 Provision of such a patient identifier must not allow for identification of the
24 individual patient.

25 “(8) In addition to the records required in subsection (1) of this section,
26 the authority may obtain abstract records for each patient that identify
27 specific services, classified by International Classification of Disease Code,
28 for special studies on the incidence of specific health problems or diagnostic
29 practices. However, nothing in this subsection shall authorize the publica-
30 tion of specific data in a form that allows identification of individual pa-

1 tients or licensed health care professionals.

2 “(9) The authority may provide by rule for the submission of records for
3 enrollees in a health maintenance organization from a hospital[, *ambulatory*
4 *surgical center or extended stay center*] associated with such an organization
5 in a form the authority determines appropriate to the authority’s needs for
6 such data and the organization’s record keeping and reporting systems for
7 charges and services.

8 **“SECTION 3.** ORS 442.837, as amended by section 8, chapter 50, Oregon
9 Laws 2018, is amended to read:

10 “442.837. (1) The Oregon Patient Safety Reporting Program is created in
11 the Oregon Patient Safety Commission to develop a serious adverse event
12 reporting system. The program shall include but is not limited to:

13 “(a) Reporting by participants, in a timely manner and in the form de-
14 termined by the Oregon Patient Safety Commission Board of Directors es-
15 tablished in ORS 442.830, of the following:

16 “(A) Serious adverse events;

17 “(B) Root cause analyses of serious adverse events;

18 “(C) Action plans established to prevent similar serious adverse events;
19 and

20 “(D) Patient safety plans establishing procedures and protocols.

21 “(b) Analyzing reported serious adverse events, root cause analyses and
22 action plans to develop and disseminate information to improve the quality
23 of care with respect to patient safety. This information shall be made
24 available to participants and shall include but is not limited to:

25 “(A) Statistical analyses;

26 “(B) Recommendations regarding quality improvement techniques;

27 “(C) Recommendations regarding standard protocols; and

28 “(D) Recommendations regarding best patient safety practices.

29 “(c) Providing technical assistance to participants, including but not
30 limited to recommendations and advice regarding methodology, communi-

1 cation, dissemination of information, data collection, security and
2 confidentiality.

3 “(d) Auditing participant reporting to assess the level of reporting of se-
4 rious adverse events, root cause analyses and action plans.

5 “(e) Overseeing action plans to assess whether participants are taking
6 sufficient steps to prevent the occurrence of serious adverse events.

7 “(f) Creating incentives to improve and reward participation, including
8 but not limited to providing:

9 “(A) Feedback to participants; and

10 “(B) Rewards and recognition to participants.

11 “(g) Distributing written reports using aggregate, deidentified data from
12 the program to describe statewide serious adverse event patterns and main-
13 taining a website to facilitate public access to reports, as well as a list of
14 names of participants. The reports shall include but are not limited to:

15 “(A) The types and frequencies of serious adverse events;

16 “(B) Yearly serious adverse event totals and trends;

17 “(C) Clusters of serious adverse events;

18 “(D) Demographics of patients involved in serious adverse events, includ-
19 ing the frequency and types of serious adverse events associated with lan-
20 guage barriers or ethnicity;

21 “(E) Systems’ factors associated with particular serious adverse events;

22 “(F) Interventions to prevent frequent or high severity serious adverse
23 events;

24 “(G) Analyses of statewide patient safety data in Oregon and comparisons
25 of that data to national patient safety data; and

26 “(H) Appropriate consumer information regarding prevention of serious
27 adverse events.

28 “(2) Participation in the program is voluntary. The following entities are
29 eligible to participate:

30 “(a) Hospitals as defined in ORS 442.015;

1 “(b) Long term care facilities as defined in ORS 442.015;
2 “(c) Pharmacies licensed under ORS chapter 689;
3 “(d) Ambulatory surgical centers as defined in ORS 442.015;
4 “(e) Outpatient renal dialysis facilities as defined in ORS 442.015;
5 “(f) Freestanding birthing centers as defined in ORS 442.015;
6 “(g) Independent professional health care societies or associations; and
7 “(h) Extended stay centers licensed under section 2, chapter 50, Oregon
8 Laws 2018.

9 “(3) Reports or other information developed and disseminated by the pro-
10 gram may not contain or reveal the name of or other identifiable information
11 with respect to a particular participant providing information to the com-
12 mission for the purposes of ORS 442.819 to 442.851, or to any individual
13 identified in the report or information, and upon whose patient safety data,
14 patient safety activities and reports the commission has relied in developing
15 and disseminating information pursuant to this section.

16 “(4) After a serious adverse event occurs, a participant must provide
17 written notification in a timely manner to each patient served by the par-
18 ticipant who is affected by the event. Notice provided under this subsection
19 may not be construed as an admission of liability in a civil action.

20 “(5) The commission shall collaborate with providers of ambulatory health
21 care to develop initiatives to promote patient safety in ambulatory health
22 care.

23 “(6) **The commission may share with the Oregon Health Authority**
24 **data reported to the commission by ambulatory surgical centers and**
25 **extended stay centers, subject to ORS 442.844.”.**

26 In line 43, delete “2” and insert “4”.

27 On page 3, lines 2 and 3, delete the boldfaced material.

28 In line 10, delete “3” and insert “5”.

29 In line 13, delete “4” and insert “6”.

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