

Oregon Health Leadership Council

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June 25, 2020

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

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. Our members have been working diligently to improve COVID-19 related data collection and its use.

We have significant technical concerns about the Dash-30 and Dash-25 amendments to HB4212. As drafted, these amendments would preclude making COVID-19 testing and accompanying REALD data available to providers and care coordinators through the widely deployed Emergency Department Information Exchange (EDIE) and its companion tool, the Collective Platform, which HIPAA-covered providers and payers use to coordinate care. These amendments do not reconcile care coordinators' urgent need to access the data with a Public Health data privacy statute, ORS 433.008, that unduly restricts access only to those engaged in the direct provision of care.

If this information were available to providers and payers in their normal workflows, as they would be through EDIE and the Collective Platform, then it could be used to more effectively and equitably coordinate care.

We respectfully request that if a version of either the DASH-25 or Dash-30 is adopted, that the following changes be made on page 3 of either amendment (the amendments appear to be identical except for implementation dates):

- On Page 3, Line 6 of the amendment, following "(4)" insert: "Notwithstanding ORS 433.008,"
- On Page 3, Lines 9 and 10, delete the word "other state or"

With these changes, the data at issue would remain strictly protected the federal HIPAA law and its Oregon counterpart, ORS 192.553 to 192.581.

With COVID-19 caseloads rising once again, it is vital that we use all of the tools at our disposal to combat this disease, and we urge you to make the above refinements to the amendment that is ultimately adopted.

Respectfully submitted,

Tom Holt

For: Oregon Health Leadership Council