

HB 3159 A STAFF MEASURE SUMMARY

House Committee On Health Care

Action Date: 04/13/21

Action: Do pass with amendments and be referred to Ways and Means. (Printed A-Eng.)

Vote: 9-0-1-0

Yeas: 9 - Alonso Leon, Campos, Dexter, Hayden, Moore-Green, Noble, Prusak, Salinas, Schouten

Exc: 1 - Drazan

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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Meeting Dates: 4/6, 4/8, 4/13

WHAT THE MEASURE DOES:

Requires a health insurer, licensed, certified, or registered health care provider, and coordinated care organization (CCO) to collect and report to Oregon Health Authority (OHA) data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity, at least once during a calendar year. Requires OHA to establish reporting standards, including securely transmitting required data, timelines for collection and submission of data, and criteria to seek an extension or exemption from the reporting requirements. Allows providers, insurers, and CCOs to collect data electronically or via paper format. Specifies a patient is not required to answer questions and that collected data is confidential and not subject to public disclosure. Allows OHA to release data if aggregated and anonymized. Creates civil penalties for violations. Prior to imposing a penalty, requires OHA to notify an insurer, CCO, or provider and allow notified party reasonable time to correct violation. Requires OHA to establish a system for collected data that includes a registry to receive and store reported data; requires registry to allow electronic submission and querying of data by providers and insurers, and functionality that allows a patient, member, or client to directly submit data. Requires OHA to report every two years on implementation challenges around data collection standards and a plan to address these challenges. Directs OHA to develop and administer a grant program to support community health organizations and community-based groups to support safe data collection. Prohibits OHA from imposing civil penalties until agency has established a data submission process. Takes effect on 91st day following adjournment sine die.

ISSUES DISCUSSED:

- Importance of data to effectively address health inequities
- Disparate impact of COVID-19 on Black, Indigenous, People of Color (BIPOC) communities
- Scope of data collected, required submitters, and potential for redundancy
- Availability of provider exemptions and ability of patients to opt-out of reporting requirements
- Penalty amounts, timing, and mechanics
- Options for data collection

EFFECT OF AMENDMENT:

Replaces the measure.

BACKGROUND:

In 2013, the Oregon Legislative Assembly passed House Bill 2134, which directed the Oregon Health Authority (OHA) and the Department of Human Services (DHS) to collaborate on standardizing and improving how race, ethnicity, spoken and written language, and disability (REALD) demographics are collected. These data collection standards provide a consistent method to gather information across all state data systems and are used to

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measure and compare service and health disparities. According to OHA, REALD data standards can help Oregon understand, identify, track, and address social and health inequities, guide the development of culturally specific and accessible services, and inform the equitable allocation of resources to address health inequities.

In the 2020 1st Special Session, House Bill 4212 passed requiring licensed or certified health care providers to collect REALD data when reporting COVID-19 test results, hospitalizations, and deaths. In rule, OHA is phasing in the COVID-19 data collection and reporting :

- Phase 1 for providers in hospitals, health systems and federally qualified health centers (FQHCs), starting October 1, 2020,
- Phase 2 for health care facilities and congregate care settings starting March 1, 2021, and
- Phase 3 for all other health care providers by October 1, 2021.

House Bill 3159 A expands the types of data health care providers and insurers are required to collect and report to the Oregon Health Authority.