

Requested by Representative DEXTER

**PROPOSED AMENDMENTS TO
HOUSE BILL 3039**

1 On page 1 of the printed bill, delete lines 4 through 28.

2 On page 2, delete lines 1 through 45 and insert:

3 **“SECTION 1. (1) As used in this section, ‘community information**
4 **exchange’ means a network of public or private health care providers,**
5 **human or social services providers, and community-based organiza-**
6 **tions, that partner to use a technology platform with functions such**
7 **as a shared resource directory, closed loop referrals, reporting, social**
8 **needs screening and other features to electronically connect individ-**
9 **uals and families to social services and supports and integrate the de-**
10 **livery of social services to individuals and families.**

11 **“(2) The Health Information Technology Oversight Council estab-**
12 **lished in ORS 413.301 shall convene one or more groups of stakeholders**
13 **and relevant experts, including but not limited to one or more:**

14 **“(a) Representatives of health systems;**

15 **“(b) Representatives of coordinated care organizations;**

16 **“(c) Health care providers;**

17 **“(d) Representatives of social service agencies;**

18 **“(e) Representatives of organizations that advocate for communities**
19 **that face health inequities;**

20 **“(f) Representatives of federally qualified health centers or com-**
21 **munity health clinics that serve Black, Indigenous and other commu-**

1 nities of color that would be using an integrated health information
2 and community information exchange;

3 “(g) Representatives of an organization that is building or using a
4 community information exchange;

5 “(h) Representatives from the United States Department of Veter-
6 ans Affairs that work on electronic health records;

7 “(i) Representatives of organizations that are working on the im-
8 plementation of an integrated health information and community in-
9 formation exchange; and

10 “(j) Consumers of health care or representatives from organizations
11 that advocate for consumers of health care.

12 “(3) The group or groups described in subsection (2) of this section
13 shall:

14 “(a) Explore options for the adoption of secure, statewide, inte-
15 grated health information and community information exchanges or
16 other technologies that would allow the seamless coordination of so-
17 cial services and health care across all delivery systems, prioritizing
18 patient confidentiality, personal ownership of health data and the se-
19 curity of the health information by:

20 “(A) Providing financial incentives and securing federal funding to
21 support the efforts; and

22 “(B) Coordinating a statewide approach, including by:

23 “(i) Having state agencies participate in the exchanges; and

24 “(ii) Connecting health information and community information
25 exchanges using statewide governance models and community partic-
26 ipation.

27 “(b) Explore how community information exchanges support health
28 equity for individuals and support community-based organizations
29 serving individuals with specific cultural and linguistic needs, identi-
30 fying barriers that prevent access to the organizations and changes

1 needed to support the organizations.

2 “(c) Determine how to best utilize data reported from health infor-
3 mation and community information exchanges to inform policy deci-
4 sions and the allocation of funding.

5 “(d) Explore the impact in this state of federal rules regarding pa-
6 tient access to data and data blocking adopted by the Centers for
7 Medicare and Medicaid Services and the United States Office of the
8 National Coordinator for Health Information Technology and whether
9 the requirements in the rules could be extended to all payers and
10 providers in this state.

11 “(e) Explore whether and how software applications could be used
12 to expand patients’ access to their health information and to commu-
13 nity resource information and what strategies should be employed in
14 this state to support the broad use of the technologies described in
15 paragraph (a) of this subsection.

16 “(f) Explore incentives to support the adoption of high quality,
17 federally certified electronic health records by behavioral health pro-
18 viders, small hospitals, rural providers and other providers that lack
19 sufficient electronic health record technology and incentives that
20 could be extended to hospitals that offer their electronic health re-
21 cords technology to community providers and rural hospitals.

22 “(g) Identify how the efforts to implement the systems described in
23 paragraphs (a) and (b) of this subsection can be supportive of health
24 equity and support providers that serve individuals with specific cul-
25 tural and linguistic needs, including changes that are needed to best
26 support these populations.

27 “(h) Evaluate whether legislative changes are needed to drive
28 statewide participation in health information and community infor-
29 mation exchanges.

30 “(4) The Oregon Health Authority shall provide staff support to the

1 groups convened under subsection (2) of this section and may provide
2 stipends to any members of the groups if necessary to facilitate the
3 members' participation.

4 “(5)(a) No later than December 15, 2021, the council shall provide a
5 progress report to the interim committees of the Legislative Assembly
6 related to health and to human services on the status of the
7 stakeholder groups described in subsection (2) of this section.

8 “(b) No later than October 1, 2022, the council shall provide a draft
9 report and no later than January 31, 2023, a final report, in the manner
10 provided in ORS 192.245, to the interim committees of the Legislative
11 Assembly related to health and to human services on the findings of
12 the groups described in subsection (2) of this section regarding sub-
13 section (3)(b) to (h) of this section and recommendations for legislative
14 changes, if needed, to implement statewide health information and
15 community information exchanges as described in subsection (3)(a) of
16 this section.

17 **“SECTION 2. Section 1 of this 2021 Act is repealed on February 28,**
18 **2023.”.**

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