To: Members of the House Committee on Human Services

From: State Representative Maxine Dexter, M.D., House District 33

Date: March 24, 2021

Subject: HB 3039 -3

Chair Williams, Vice-Chairs Leif and Ruiz, and Members of the Committee,

For the record, my name is Dr. Maxine Dexter, State Representative for House District 33. I am grateful for this opportunity today to explain the -3 amendment and request your full support of House Bill 3039.

As a quick refresher, HB 3039 seeks to convene a stakeholder group to explore options for how the state can seamlessly integrate the delivery of social services as well as health care to achieve two objectives:

1. Ensure our EHR systems can "talk" to one another, allowing care providers to have a complete understanding of a patient's medical, social and pharmaceutical history, no matter where they receive their care.
2. Link health record systems with community-based organizations and the services they provide in the region, allowing for care to the whole patient.

The ability for medical and community resource systems across the state to electronically share information and care for the whole patient is crucial to our being able to equitably care for every Oregonian. It is an investment that we absolutely know is needed and will have an enormous return on investment. This bill is simply the start of the planning process, nothing more and I hope I have earned your support today.

The -3 arose from continued conversations with stakeholders and the OHA. The amendment serves mostly as a technical clarification while ensuring that the group has a meaningful rulemaking process to achieve the objectives stated earlier. While we had commissioned a -2, a few small fixes needed to be made, mostly around when the report was due. After working with our LC drafter we landed on a gut and stuff method just to speed up delivery and ease readability. The amendment does the following to the initial text of HB 3039:

- Directs the stakeholder group to be overseen by the OHA Health Information Technology Oversight Council (HITOC) to ensure more accountability.

- Clarifies that the stakeholder group is to explore Health Information Exchanges (HIE) and Community Information Exchanges (CIE) and is able to explore multiple technology systems rather than one catch-all.
- Adds FQHCs/BIPOC-community serving clinics, organizations building CIEs, the Veteran's Administration, HIE/CIE implementation organizations, and patients to the list of potential stakeholders while ensuring the group(s) can add more experts as needed.
- Defined Community Information Exchanges as "*a network of healthcare and human/social service partners, such as health care providers, public health agencies and social service providers, including community-based organizations, using a technology platform with functions such as a shared resource directory, closed loop referrals, reporting, social needs screening, and other features to electronically connect people to social services and supports, integrating the delivery of social services to individuals and families.*"
    - With this definition, we chose to remove the use of "social services resource locator" seen in the -1.
- Clarifies that the group is to look at the seamless coordination of health care **and** social services across all delivery systems.
- Clarifies that the group looks at health equity not just for providers and organizations but for the people they serve as well.
- Allows OHA to provide stipends for participants to ensure a diverse group of stakeholders can be convened.
- Removes the requirement that OHA perform an analysis on the cost of not adopting a coordinated EHR strategy.
    - While this work may be interesting, after conversations with OHA we realized that a significant amount of work would be needed to produce a figure that would have little accuracy.
- Removes the requirement in Section 1(2)(j) that the group identify policies, technologies and incentives necessary for a coordinated EHR strategy.
    - We found the language to be redundant.
- Removes the requirement that the group inventory of all existing health/community information exchanges or data collection administered by the state.
    - We learned that the Department of Administrative Services is already undergoing a similar process for all state agencies and wanted to mitigate redundant work as much as possible.
- Clarifies that the preliminary report scheduled for 12/15/21 will instead be a progress report on the status of the stakeholder group.
- Changes the final report to be delivered as legislative recommendations in the form of a content draft report due 10/1/22 and the final report be published no later than 1/31/23.
    - This is to ensure the work of the stakeholder group is accessible for legislative concepts for the 2023 regular session.
- Moves the repeal date for the law to 2/28/23 to ensure the final report can be delivered without the law being repealed.

My intention in legislation is to be clear in desired outcome without being more prescriptive than necessary. While the -3 amendment represents several technical and language fixes, there is still much discretion left up to the stakeholder group(s). For example, the comments brought up by Chair Williams

and Representative Owens regarding the concerns around privacy for survivors of domestic abuse and the need to include cybersecurity experts, respectively. These concerns are part of the legislative record, have been discussed with the OHA and our edits allow for the stakeholder group(s) to include experts beyond what is stated in Section 1(1) to address these and other yet-unanticipated needs.

I am deeply grateful for this opportunity and look forward to your questions.

Sincerely,

Representative Maxine Dexter, M.D.
House District 33 (NW Portland and NE Washington County)