

SB 216 STAFF MEASURE SUMMARY

Senate Committee On Health Care

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Meeting Dates: 2/1, 2/6, 2/8, 2/15, 3/1

WHAT THE MEASURE DOES:

Creates an exception to ORS 181A.823, which prohibits public agencies from collecting data about an individual's immigration or citizenship status or country of birth, so that the Oregon Health Authority and the Department of Human Services may collect data related to national origin in accordance with standards adopted by an advisory committee. Provides that national origin data collected by the Oregon Health Authority is not subject to disclosure as a public record and may only be released as if it is anonymized and aggregated so that the data released does not reasonably allow an individual whose information is included in the data to be identified. Takes effect on the 91st day following adjournment sine die.

REVENUE: No revenue impact

FISCAL: No fiscal impact

ISSUES DISCUSSED:

- Collection and use of data including race, ethnicity, language, and disability (REALD) and sexual orientation and gender identity (SOGI)
- Privacy of data shared by patients with providers

EFFECT OF AMENDMENT:

Removes the existing requirement from ORS 413.164 that data collected by licensed health care providers must be anonymized and aggregated to be shared, including data collected and shared between providers, the Oregon Health Authority, and Coordinated Care Organizations, except as prohibited by other sections of state law (ORS 192.311 to 192.478) and federal law (Health Insurance Portability and Accountability Act).

BACKGROUND:

The Oregon Health Authority set a goal of eliminating health disparities by 2030 including those based on race, ethnicity, language, or disability (REALD) and sexual orientation or gender identity (SOGI). ORS 181A.82 restricts public agencies from collecting data related to immigration, citizenship status, or country of birth.

In House Bill 3159 (2021), the Legislative Assembly directed health care providers, insurers, and coordinated care organizations to report REALD and SOGI data to the Oregon Health Authority in order to identify and address health disparities in affected communities. The authority may share the data only if anonymized and aggregated. House Bill 3159 did not provide for data to be shared between the authority, coordinated care organizations, or insurers.

Senate Bill 216 allows the Oregon Health Authority and the Department of Human Services to collect data related to national origin to identify and address health disparities consistent with standards adopted by an advisory committee.