

Requested by SENATE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
SENATE BILL 216**

1 On page 1 of the printed bill, line 2, after “ORS” delete the rest of the
2 line and insert “413.164; and”.

3 Delete lines 5 through 27.

4 On page 2, delete lines 1 through 26 and insert:

5 **“SECTION 1.** ORS 413.164 is amended to read:

6 “413.164. (1) As used in this section and ORS 413.163 and 413.167:

7 “(a) ‘Board’ means the:

8 “(A) State Board of Examiners for Speech-Language Pathology and
9 Audiology;

10 “(B) State Board of Chiropractic Examiners;

11 “(C) State Board of Licensed Social Workers;

12 “(D) Oregon Board of Licensed Professional Counselors and Therapists;

13 “(E) Oregon Board of Dentistry;

14 “(F) State Board of Massage Therapists;

15 “(G) Oregon Board of Naturopathic Medicine;

16 “(H) Oregon State Board of Nursing;

17 “(I) Oregon Board of Optometry;

18 “(J) State Board of Pharmacy;

19 “(K) Oregon Medical Board;

20 “(L) Occupational Therapy Licensing Board;

21 “(M) Oregon Board of Physical Therapy;

1 “(N) Oregon Board of Psychology;
2 “(O) Board of Medical Imaging;
3 “(P) Long Term Care Administrators Board;
4 “(Q) State Board of Direct Entry Midwifery;
5 “(R) State Board of Denture Technology;
6 “(S) Respiratory Therapist and Polysomnographic Technologist Licensing
7 Board;
8 “(T) Board of Licensed Dietitians; and
9 “(U) Oregon Health Authority, to the extent that the authority:
10 “(i) Licenses emergency medical services providers under ORS 682.216;
11 and
12 “(ii) Regulates traditional health workers under ORS 414.665.
13 “(b) ‘Coordinated care organization’ has the meaning given that term in
14 ORS 414.025.
15 “(c) ‘Health care provider’ means an individual licensed, certified, regis-
16 tered or otherwise authorized to practice by a board.
17 “(d) ‘Health insurer’ has the meaning given that term in ORS 746.600.
18 “(2) At least once each calendar year and in accordance with timelines
19 established by the authority by rule, a coordinated care organization, a
20 health care provider or health care provider’s designee, or a health insurer
21 shall collect data on race, ethnicity, preferred spoken and written languages,
22 disability status, sexual orientation and gender identity from the coordinated
23 care organization’s, health care provider’s or health insurer’s patients, cli-
24 ents and members, in accordance with standards adopted by the authority
25 pursuant to ORS 413.161. A coordinated care organization, health care pro-
26 vider or health insurer shall submit the data to the authority in the manner
27 prescribed by the authority by rule.
28 “(3)(a) The authority shall adopt rules, including but not limited to rules:
29 “(A) Establishing standards for collecting, securely transmitting and re-
30 porting the data described in subsection (2) of this section;

1 “(B) Establishing the timelines for collection and submission of data de-
2 scribed in subsection (2) of this section;

3 “(C) Permitting coordinated care organizations, health care providers and
4 health insurers to report to the authority that a patient, client or member
5 refused to answer questions regarding race, ethnicity, preferred spoken and
6 written languages, disability status, sexual orientation and gender identity;

7 “(D) Establishing criteria for extensions of timelines established under
8 this subsection and a process for reviewing requests for extensions; and

9 “(E) Establishing criteria for exempting certain health care providers or
10 classes of health care providers from the requirements of subsection (2) of
11 this section and a process for reviewing requests for exemptions.

12 “(b) In adopting rules under subsection (2) of this section, the authority
13 shall:

14 “(A) Consult with the advisory committee established under ORS 413.161;

15 “(B) Allow coordinated care organizations, health care providers and
16 health insurers to collect the data described in subsection (2) of this section
17 on electronic or paper forms; and

18 “(C) Require coordinated care organizations, health care providers and
19 health insurers to inform patients, clients and members:

20 “(i) That data collected under subsection (2) of this section is reported to
21 the authority;

22 “(ii) How the authority, coordinated care organization, health care pro-
23 vider and health insurer use the data;

24 “(iii) Of the purposes for which the data may not be used; and

25 “(iv) That the patient, client or member is not required to answer
26 questions regarding race, ethnicity, preferred spoken and written languages,
27 disability status, sexual orientation and gender identity.

28 “(4) Data collected under this section is confidential and not subject to
29 disclosure under ORS 192.311 to 192.478. [*The authority may release the data*
30 *collected under this section only if the data to be released is anonymized and*

1 *aggregated so that the data released does not reasonably allow an individual*
2 *whose information is included in the data to be identified.]*

3 “(5) A coordinated care organization or health insurer transacting insur-
4 ance in this state may not consider any data collected under subsection (2)
5 of this section:

6 “(a) In determining whether to deny, limit, cancel, rescind or refuse to
7 renew an insurance policy;

8 “(b) To establish premium rates for an insurance policy; or

9 “(c) To establish the terms and conditions of an insurance policy.

10 “(6) The authority may provide incentives to coordinated care organiza-
11 tions, health care providers and health insurers to assist in deferring the
12 costs of making changes to electronic health records systems or similar sys-
13 tems to facilitate the collection of data described in subsection (2) of this
14 section.

15 “(7)(a) The authority shall monitor coordinated care organizations, health
16 care providers and health insurers for compliance with the standards estab-
17 lished under subsection (1) of this section.

18 “(b) The authority may impose on a coordinated care organization, health
19 care provider or health insurer a civil penalty for a violation of the re-
20 quirements of this section or rules adopted under this section:

21 “(A) Not to exceed \$200 for the first violation;

22 “(B) Not to exceed \$400 for the second violation; and

23 “(C) Not to exceed \$500 for the third and subsequent violations.

24 “(c) Prior to imposing a penalty under paragraph (b) of this subsection,
25 the authority shall provide notice to the coordinated care organization,
26 health care provider or health insurer of the alleged violation and provide
27 the coordinated care organization, health care provider or health insurer a
28 reasonable time in which to correct the violation.”.

29 In line 27, delete “3” and insert “2”.

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