

SB 841 -1 STAFF MEASURE SUMMARY

Senate Committee On Health Care

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Meeting Dates: 2/18, 3/27

WHAT THE MEASURE DOES:

The measure allows federally recognized American Indian tribes in Oregon and affiliated regional tribal epidemiology center (TEC) to enter into an agreement with the Oregon Health Authority (OHA) for the purpose of sharing data regarding reportable diseases and outbreaks, and data collected as part of the Prescription Drug Monitoring Program (PDMP).

Detailed Summary

- Expands definitions related to communicable disease tracking programs to also include any of the nine federally recognized Tribes in Oregon and regional TEC.
- Expands rules around disease reporting and investigation to include a Tribe participating in an agreement with OHA as a reporting entity and requires a Tribe to report disease cases to OHA. Permits a Tribe to investigate cases of disease, outbreaks, and epidemics. Requires health care providers and other entities with information about a relevant disease or outbreak to share information with the Tribe.
- Permits OHA to enter into a cooperative agreement with a Tribe for the purpose of disease reporting and investigation. Where such an agreement exists, allocates responsibility for collecting and sharing reports with OHA to the Tribe; stipulates that the Tribe is responsible for investigating cases, outbreaks, and epidemics, and ensuring that necessary public health control measures are implemented.
- Expands confidentiality of disclosure rules to include a participating Tribe.
- Expands the PDMP to include Oregon Tribes or affiliated regional TEC. Permits OHA to enter into a cooperative agreement with a Tribe to share data from the PDMP for patients that are identified as being affiliated with the Tribe within the PDMP system. Permits OHA to share information on patients that are affiliated with the Tribe within the PDMP system with the Tribe.

Fiscal impact: May have fiscal impact, but no statement yet issued

Revenue impact: May have revenue impact, but no statement yet issued

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

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- Requires OHA to collaborate with the nine federally recognized tribes to develop uniform standards for tribal affiliation data.
- Explicitly states standards "shall protect the right of each tribe to govern the collection, storage and use of that tribe's data."
- Requires written data use agreements before tribal affiliation data can be released.
- Prohibits OHA from collecting, storing, or using tribal affiliation data until proper standards are developed with tribes.

BACKGROUND:

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Oregon is home to [nine](#) federally recognized American Indian tribes, including: the Burns Paiute Tribe; Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians; Confederated Tribes of Grand Ronde; Confederated Tribes of Siletz Indians; Confederated Tribes of the Umatilla Indian Reservation; Confederated Tribes of Warm Springs; the Cow Creek Band of Umpqua Tribe of Indians; the Coquille Tribe; and the Klamath Tribes of the Klamath, Modoc, and Yahooskin. These sovereign nations have powers to protect the health and safety of their members and to govern their own lands and maintain formal government-to-government relations with state and federal governments.

Tribal Epidemiology Centers (TEC) are entities that work in partnership with various American Indian and Alaska Native and Tribal communities and organizations with the goal of improving health and well-being through culturally appropriate epidemiologic and public health support. TECs conduct data analysis and surveillance in addition to their epidemiologic services and often coordinate with other tribal, state, and federal governance entities. There are twelve regional TECs across the United States serving specific population areas. TECs are authorized as public health authorities through the Indian Health Care Improvement Act. The Northwest Tribal Epidemiology Center ([NWTEC, The EpiCenter](#)), located in Portland, serves the 43 federally recognized tribes in Oregon, Washington, and Idaho.

Oregon's Prescription Drug Monitoring Program (PDMP) was established by the Legislative Assembly in 2011 with the goal of reducing the number of deaths in Oregon related to controlled substances, including the misuse of prescription medications. Pharmacies are required to submit data on dispensed prescriptions into the PDMP system for schedule II, III, and IV controlled substances, gabapentin, and naloxone; the PDMP was expanded in [2023](#) to also include schedule V drugs and prescriptions written for animals. The PDMP system can be accessed by health care providers to support clinical decision making around prescribing medications.

Current Oregon statute does not explicitly authorize the release of tribal-specific data regarding disease reporting and outbreaks to Tribes; nor does it permit the release of PDMP data to the NWTEC, unless such data has been deidentified for research, education, or public health purposes.

Senate Bill 841 allows federally recognized American Indian tribes in Oregon and affiliated regional TEC to enter into an agreement with OHA for the purpose of sharing data regarding reportable diseases and outbreaks, and data collected as part of the PDMP.