

Enrolled Senate Bill 23

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CHAPTER

AN ACT

Relating to data submitted to the Oregon Health Authority by health care facilities; creating new provisions; and amending ORS 442.120.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 442.120, as amended by section 7, chapter 50, Oregon Laws 2018, is amended to read:

442.120. (1) In order to provide data essential for health planning programs:

[(1) The Oregon Health Authority may request, by July 1 of each year, each general hospital to file with the authority ambulatory surgery and inpatient discharge abstract records covering all patients discharged during the preceding calendar year. The ambulatory surgery and inpatient discharge abstract record for each patient must include the following information, and may include other information deemed necessary by the authority for developing or evaluating statewide health policy:]

- [(a) Date of birth;]*
- [(b) Sex;]*
- [(c) Race and ethnicity;]*
- [(d) Primary language;]*
- [(e) Disability;]*
- [(f) Zip code;]*
- [(g) Inpatient admission date or outpatient service date;]*
- [(h) Inpatient discharge date;]*
- [(i) Type of discharge;]*
- [(j) Diagnostic related group or diagnosis;]*
- [(k) Type of procedure performed;]*
- [(L) Expected source of payment, if available;]*
- [(m) Hospital identification number; and]*
- [(n) Total hospital charges.]*

[(2) By July 1 of each year, the authority may request from ambulatory surgical centers licensed under ORS 441.015 ambulatory surgery discharge abstract records covering all patients admitted during the preceding year. Ambulatory surgery discharge abstract records must include information similar to that requested from general hospitals under subsection (1) of this section.]

[(3) By July 1 of each year, the authority may request from extended stay centers licensed under section 2, chapter 50, Oregon Laws 2018, extended stay center discharge abstract records covering all

patients admitted during the preceding year. Extended stay center discharge abstract records must include information prescribed by the authority by rule.]

[(4) In lieu of abstracting and compiling the records itself, the authority may solicit the voluntary submission of the data described in subsections (1) to (3) of this section to enable the authority to carry out its responsibilities under this section. If such data are not available to the authority on an annual and timely basis,]

(a) The Oregon Health Authority shall obtain directly from each hospital licensed to operate in this state, or from a third party working on behalf of or by contract with the hospital, the following information prescribed by the authority by rule:

- (A) Ambulatory surgery discharge abstract records;**
- (B) Inpatient discharge abstract records; and**
- (C) Emergency department discharge abstract records.**

(b) The authority shall obtain directly from each ambulatory surgical center licensed to operate in this state, or from a third party working on behalf of or by contract with the ambulatory surgical center, the following information prescribed by the authority by rule:

- (A) Ambulatory surgery discharge abstract records; and**
- (B) Discharge abstract records of patients discharged from extended stay centers licensed under section 2, chapter 50, Oregon Laws 2018, that are affiliated with the ambulatory surgical center.**

(2) The authority may establish by rule a fee to be charged to each [*hospital,*] ambulatory surgical center [*or extended stay center*].

[(5)] (3) The fee established under subsection [(4)] (2) of this section may not exceed the cost of abstracting and compiling the records.

[(6)] (4) The authority may specify by rule the form in which records are to be submitted. If the form adopted by rule requires conversion from the form regularly used by a hospital, ambulatory surgical center or extended stay center, reasonable costs of such conversion shall be paid by the authority.

[(7) Abstract records must include a patient identifier that allows for the statistical matching of records over time to permit public studies of issues related to clinical practices, health service utilization and health outcomes. Provision of such a patient identifier must not allow for identification of the individual patient.]

[(8) In addition to the records required in subsection (1) of this section, the authority may obtain abstract records for each patient that identify specific services, classified by International Classification of Disease Code, for special studies on the incidence of specific health problems or diagnostic practices. However, nothing in this subsection shall authorize the publication of specific data in a form that allows identification of individual patients or licensed health care professionals.]

*[(9)] (5) The authority may provide by rule for the submission of **ambulatory surgery, inpatient and emergency department discharge abstract** records for enrollees in a health maintenance organization [*from a hospital, ambulatory surgical center or extended stay center associated with such an organization*] in a form the authority determines appropriate to the authority's needs for [*such*] **the** data and the organization's record keeping and reporting systems for charges and services.*

(6) The authority shall notify any entity submitting data under this section of any changes to the data sets that must be submitted, no later than July 1 of the calendar year preceding the effective date of the changes.

(7) The authority may contract with a third party to receive and process the records submitted under this section.

SECTION 2. ORS 442.120 is added to and made a part of ORS chapter 442.

Passed by Senate June 13, 2019

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Lori L. Brocker, Secretary of Senate

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Peter Courtney, President of Senate

Passed by House June 19, 2019

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Tina Kotek, Speaker of House

Received by Governor:

.....M,....., 2019

Approved:

.....M,....., 2019

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Kate Brown, Governor

Filed in Office of Secretary of State:

.....M,....., 2019

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Bev Clarno, Secretary of State