

Enrolled Senate Bill 52

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CHAPTER

AN ACT

Relating to emergency services; creating new provisions; amending ORS 431A.100, 682.017 and 682.056; and declaring an emergency.

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

SECTION 1. ORS 682.017 is amended to read:

682.017. [(1) *In accordance with ORS chapter 183, the Oregon Health Authority may adopt rules as necessary for carrying out this chapter.*]

[(2)] The **Oregon Health** Authority shall [*establish appropriate*] **adopt** rules in accordance with [*the provisions of*] ORS chapter 183 [*concerning the administration of this chapter. Such rules may*] **that** include, but are not limited to:

[(a)] (1) Requirements relating to the types and numbers of emergency vehicles, including supplies and equipment carried[;].

[(b)] (2) Requirements for the operation and coordination of ambulances and other emergency care systems[;].

[(c)] (3) Criteria for the use of two-way communications[; and].

[(d)] (4) Procedures for summoning and dispatching aid.

(5) Requirements that ambulance services report patient encounter data to an electronic emergency medical services data system managed by the authority. The requirements must specify the data that an ambulance service must report, the form and frequency of the reporting and the procedures and standards for the administration of the data system.

[(3)] (6) [*The authority shall adopt rules establishing*] Levels of licensure for emergency medical services providers. The lowest level of emergency medical services provider licensure must be an emergency medical responder license.

(7) Other rules as necessary to carry out the provisions of this chapter.

SECTION 2. ORS 682.056 is added to and made a part of ORS chapter 682.

SECTION 3. ORS 682.056 is amended to read:

682.056. [(1) *Upon the request of the designated official of an ambulance service as defined in ORS 682.051, an emergency medical services provider as defined in ORS 682.025, the emergency medical services system authority in the county in which a prehospital care event occurred or the Oregon Health Authority, a hospital licensed under ORS chapter 441 may provide to the requester the following information:*]

(1)(a) Ambulance services shall report patient encounter data to the electronic emergency medical services data system managed by the Oregon Health Authority for each patient care event in accordance with rules adopted by the authority under ORS 682.017.

(b) The authority by rule shall specify the patient encounter data elements to be transferred from the electronic emergency medical services data system to the Oregon Trauma Registry and shall establish the procedures for the electronic transfer of the patient encounter data.

(2)(a) The patient outcome data described in subsection (3) of this section about a patient who an ambulance service transported to a hospital, and that the hospital entered into the Oregon Trauma Registry, must be available to the designated official of the ambulance service that transported the patient.

(b) The authority by rule shall specify the method by which the patient outcome data will be made available to the designated official of an ambulance service.

(3) Patient outcome data includes:

(a) The *[disposition]* health outcomes of the *[person]* patient who was the subject of the pre-hospital care event from the emergency department or other intake facility of the hospital, including but not limited to:

(A) Whether the *[person]* patient was admitted to the hospital; and

(B) If the *[person]* patient was admitted, to what unit the *[person]* patient was assigned;

(b) The patient's chief complaint, the diagnosis *[given the person]* the patient received in the emergency department or other intake facility and any procedures performed on the patient; *[and]*

[(c) Whether within the first hour after the person arrived at the hospital, the person received one or more medical procedures on a list that the authority shall establish by rule.]

(c) The emergency department or hospital discharge disposition of the patient; and

(d) Demographic or standard health care information as required by the authority by rule.

[(2)] (4) *[Information]* Data provided pursuant to *[subsection (1) of]* this section shall be:

(a) Treated as a confidential medical record and not disclosed; and

(b) Considered privileged data under ORS 41.675 and 41.685.; *[and]*

[(c) Used only for legitimate medical quality assurance and quality improvement activities.]

[(3) A hospital may charge a fee reasonably related to the actual cost of providing the information requested pursuant to this section.]

[(4) For purposes of this section, "emergency medical services system" has the meaning given in ORS 41.685.]

(5) Data provided pursuant to this section may be used for quality assurance, quality improvement, epidemiological assessment and investigation, public health critical response planning, prevention activities and other purposes that the authority determines necessary.

(6)(a) A nontransporting prehospital care provider may report patient encounter data to the electronic emergency medical services data system.

(b) A nontransporting prehospital care provider that reports patient encounter data shall comply with the reporting requirements that apply to ambulance services.

(c) The patient outcome data described in subsection (3) of this section must be available to the designated official of the nontransporting prehospital care provider that provided care and reported patient encounter data about the patient.

(7) The authority may adopt rules to carry out this section, including rules to:

(a) Establish software interoperability standards and guidance to assist in reporting the patient encounter data required by this section;

(b) Specify the method by which the patient outcome data will be made available to nontransporting prehospital care providers; and

(c) Define "nontransporting prehospital care provider."

SECTION 4. ORS 431A.100 is amended to read:

431A.100. (1) As used in this section, “individually identifiable information” means:

(a) Individually identifiable health information as that term is defined in ORS 179.505; and

(b) Information that could be used to identify a health care provider, **nontransporting pre-hospital care provider**, ambulance service medical transportation agency or health care facility.

(2) Notwithstanding ORS 431A.090, individually identifiable information may be released from the Oregon Trauma Registry:

(a) For use in executive session to conduct specific case reviews by:

(A) The State Trauma Advisory Board or any area trauma advisory board;

(B) The State Emergency Medical Service Committee; or

(C) The Emergency Medical Services for Children Advisory Committee.

(b) To the Oregon Health Authority for purposes related to the administration of public health programs, including:

(A) The establishment of a registry of information related to brain injury trauma as described in ORS 431A.085 (6); and

(B) The performance of epidemiological investigations of the causes of and risk factors associated with trauma injuries.

(c) To an emergency medical services provider or a designated trauma center for purposes related to quality of service assurance and improvement, if the information is related to the treatment of an individual by the provider or center.

(d) To the Department of Human Services for purposes related to enabling the department to plan for and provide services to individuals adversely affected by trauma injuries, if the department agrees to use the information only for the purposes described in this paragraph and to maintain the confidentiality of the information.

(e) To a person conducting research if:

(A) An institutional review board has approved the research in accordance with 45 C.F.R. part 46; and

(B) The person agrees to maintain the confidentiality of the information.

(f) To the designated official of an ambulance service or to a nontransporting prehospital care provider pursuant to ORS 682.056.

(3) The Oregon Health Authority may release only the minimum amount of individually identifiable information necessary to carry out the purposes for which the information is released under this section.

SECTION 5. (1) The Oregon Health Authority shall make publicly available on a website operated by or on behalf of the authority an annual report of the data collected by the authority under ORS 682.056.

(2) The authority shall consult with the State Emergency Medical Service Committee to determine the data to include in the report required under this section.

(3) The report required under this section may not contain individually identifiable health information, as defined in ORS 192.556, or other information protected from public disclosure by state or federal law.

SECTION 6. The Oregon Health Authority may waive the patient encounter data reporting requirements of ORS 682.056 for an ambulance service that demonstrates to the satisfaction of the authority that the ambulance service is unable to comply with the reporting requirements of ORS 682.056.

SECTION 7. Section 6 of this 2017 Act is repealed on December 31, 2021.

SECTION 8. (1) Section 6 of this 2017 Act and the amendments to ORS 431A.100, 682.017 and 682.056 by sections 1, 3 and 4 of this 2017 Act become operative on January 1, 2018.

(2) Section 5 of this 2017 Act becomes operative on January 1, 2020.

(3) The Oregon Health Authority may take any action before the operative dates specified in subsections (1) and (2) of this section that is necessary to enable the authority to exercise, on or after the operative dates specified in subsections (1) and (2) of this section, all of the duties, functions and powers conferred on the authority by sections 5 and 6 of this 2017 Act

and the amendments to ORS 431A.100, 682.017 and 682.056 by sections 1, 3 and 4 of this 2017 Act.

SECTION 9. This 2017 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect on its passage.

Passed by Senate April 12, 2017

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Lori L. Brocker, Secretary of Senate

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Peter Courtney, President of Senate

Passed by House May 25, 2017

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Tina Kotek, Speaker of House

Received by Governor:

.....M,....., 2017

Approved:

.....M,....., 2017

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Kate Brown, Governor

Filed in Office of Secretary of State:

.....M,....., 2017

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Dennis Richardson, Secretary of State