

## CHAPTER 10

AN ACT

HB 4150

Relating to access to information about community services; and declaring an emergency.

Whereas Oregonians will benefit from low-barrier access to social and health care services that are coordinated, efficient and integrated; and

Whereas many state agencies have overlapping and interdependent jurisdictions for the delivery of social and health care services and must be engaged in the process of developing a shared system; and

Whereas the security and confidentiality of information stored, as well as the reliability and reproducibility of stored information being appropriately accessed, must be a fundamental priority for any project this state creates; and

Whereas the experience, security and privacy of individuals and families accessing social and health care services must be prioritized when designing a system; and

Whereas stakeholders who deliver social and health care services should have their perspectives equitably represented in the creation of a universal platform for delivering future services; now, therefore,

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

**SECTION 1.** (1) As used in this section, “community information exchange” means a network of public or private health care providers, human or social services providers and community-based organizations that partner to use a technology platform with functions such as a shared resource directory, closed loop referrals, reporting, social needs screening and other features to electronically connect individuals and families to social services and supports and integrate the delivery of social services and supports to individuals and families.

(2) The Health Information Technology Oversight Council established in ORS 413.301 shall convene one or more groups of stakeholders and relevant experts, including but not limited to one or more:

(a) Representatives of the health care delivery system in this state, such as health systems, coordinated care organizations and health care providers;

(b) Representatives of social service agencies and community-based organizations;

(c) Representatives of the behavioral health delivery system in this state, such as behavioral health care providers or organizations that provide behavioral health care;

(d) Representatives of the oral health care delivery system in this state, such as oral health care providers or organizations that provide oral health care;

(e) Representatives of organizations that advocate for or serve communities that face health inequities;

(f) Representatives of organizations that are implementing or using community information exchanges; and

(g) Consumers of health care or social services or representatives from organizations that advocate for consumers of health care or social services.

(3) The group or groups described in subsection (2) of this section shall explore options to accelerate, support and improve secure, state-wide community information exchanges that would allow the seamless coordination of health care and social services across all delivery systems, prioritizing health equity, confidentiality and the security of information by:

(a) Identifying a shared strategic vision and common goals for community information exchanges;

(b) Determining in what ways state agencies may play a role in community information exchanges through federal financial participation in the costs of the exchanges or the leveraging of federal funding;

(c) Determining if statewide strategies or governance are needed;

(d) Exploring how community information exchanges support health equity for individuals, and community-based organizations serving individuals with specific cultural and linguistic needs;

(e) Identifying how to overcome barriers that prevent organizations from participating in community information exchanges and identifying what changes are needed to support the participation of the organizations in community information exchanges, that may include but are not limited to:

(A) Financial incentives; and

(B) Technical assistance;

(f) Determining how to ensure data equity principles are applied to access, analysis and interpretation of aggregated data from community information exchanges;

(g) Identifying opportunities for best utilizing data reported from community information exchanges to inform policy decisions and the allocation of funding for social services across this state; and

(h) Evaluating whether legislative or policy changes are needed to drive statewide participation in health information and community information exchanges.

(4) The Oregon Health Authority shall provide staff support to the groups described in subsection (2) of this section and may provide stipends to any members of the groups if necessary to facilitate the members’ participation.

(5) No later than September 15, 2022, the council shall provide a draft report, and no later than January 31, 2023, the council shall provide

a final report, to the interim committees of the Legislative Assembly related to health and to human services. The reports must contain the findings of the groups described in subsection (2) of this section and recommendations for legislative changes, if any, to accelerate, support and improve community information exchanges based on the findings and recommendations of the groups described in subsection (2) of this section.

**SECTION 2.** Section 1 of this 2022 Act is repealed on February 28, 2023.

**SECTION 3.** This 2022 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect on its passage.

Approved by the Governor March 2, 2022  
Filed in the office of Secretary of State March 2, 2022  
Effective date March 2, 2022

---