FROM Enrolled House Bill 2009 (HB 2009-C) Page 664-667

HEALTH INFORMATION TECHNOLOGY OVERSIGHT COUNCIL + }

SECTION 1167. { + As used in sections 1167 to 1173 of this 2009 Act:

(1) 'Electronic health exchange' means the electronic movement of health-related information among health care providers according to nationally recognized interoperability standards.

(2) 'Electronic health record' means an electronic record of an individual's health-related information that conforms to nationally recognized interoperability standards and that can be created, managed and consulted by authorized clinicians and staff across more than one health care provider.

(3) 'Health care provider' or 'provider' means a person who is licensed, certified or otherwise authorized by law in this state to administer health care in the ordinary course of business or in the practice of a health care profession.

(4) 'Health information technology' means an information processing application using computer hardware and software for the storage, retrieval, sharing and use of health care information, data and knowledge for communication, decision-making, quality, safety and efficiency of a clinical practice. 'Health information technology' includes, but is not limited to:

(a) An electronic health exchange.

(b) An electronic health record.

(c) A personal health record.

(d) An electronic order from a provider for diagnosis, treatment or prescription drugs.

(e) An electronic decision support system used to:

(A) Assist providers in making clinical decisions by providing electronic alerts or reminders;

(B) Improve compliance with best health care practices;

(C) Promote regular screenings and other preventive health practices; or

(D) Facilitate diagnoses and treatments.

(f) Tools for the collection, analysis and reporting of information or data on adverse events, the quality and efficiency of care, patient satisfaction and other health care related performance measures.

(5) 'Interoperability' means the capacity of two or more information systems to exchange information or data in an accurate, effective, secure and consistent manner.

(6) 'Personal health record' means an individual's electronic health record that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared and controlled by the individual. + }

SECTION 1168. { + (1) There is established a Health Information Technology Oversight Council within the Oregon Health Authority, consisting of 11 members appointed by the Governor.

(2) The term of office of each member is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a

successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(3) The appointment of the Health Information Technology Oversight Council is subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565.

(4) A member of the Health Information Technology Oversight Council is not entitled to compensation for services as a member, but is entitled to expenses as provided in ORS 292.495 (2). Claims for expenses incurred in performing the functions of the council shall be paid out of funds appropriated to the Oregon Health Authority for that purpose. + }

SECTION 1169. { + Notwithstanding the term of office specified by section 1168 of this 2009 Act, of the members first appointed to the Health Information Technology Oversight Council:

(1) Two shall serve for terms ending January 1, 2011.

(2) Three shall serve for terms ending January 1, 2012.

(3) Three shall serve for terms ending January 1, 2013.

(4) Three shall serve for terms ending January 1, 2014. + }

SECTION 1170. { + The members of the Health Information Technology Oversight Council must be residents of this state from both the public and private sectors who are well informed in the areas of health information technology, health care delivery, health policy and health research. The membership must reflect the geographic diversity of Oregon and must include consumers and providers of health care and privacy and information technology experts. + }

SECTION 1171. { + The duties of the Health Information Technology Oversight Council are to:

(1) Set specific health information technology goals and develop a strategic health information technology plan for this state.

(2) Monitor progress in achieving the goals established in subsection (1) of this section and provide oversight for the implementation of the strategic health information technology plan.

(3) Maximize the distribution of resources expended on health information technology across this state.

(4) Create and provide oversight for a public-private purchasing collaborative or alternative mechanism to help small health care practices, primary care providers, rural providers and providers whose practices include a large percentage of medical assistance recipients to obtain affordable rates for high-quality electronic health records hardware, software and technical support for planning, installation, use and maintenance of health information technology.

(5) Identify and select the industry standards for all health information technology promoted by the purchasing collaborative described in subsection (4) of this section, including standards for:

(a) Selecting, supporting and monitoring health information technology vendors, hardware, software and technical support services; and

(b) Ensuring that health information technology applications have appropriate privacy and security controls and that data cannot be used for purposes other than patient care or as

otherwise allowed by law.
(6) Enlist and leverage community resources to advance the adoption of health information technology.
(7) Educate the public and health care providers on the benefits and risks of information technology infrastructure investment.
(8) Coordinate health care sector activities that move the adoption of health information technology forward and achieve health information technology interoperability.
(9) Support and provide oversight for efforts by the Oregon Health Authority to implement a personal health records bank for medical assistance recipients and assess its potential to serve as a fundamental building block for a statewide health information exchange that:
(a) Ensures that patients' health information is available and accessible when and where they need it;
(b) Applies only to patients who choose to participate in the exchange; and
(c) Provides meaningful remedies if security or privacy policies are violated.
(10) Determine a fair, appropriate method to reimburse providers for their use of electronic health records to improve patient care, starting with providers whose practices consist of a large percentage of medical assistance recipients.
(11) Determine whether to establish a health information technology loan program and if so, to implement the program. + }
SECTION 1172. { + (1) The Governor shall appoint one of the members of the Health Information Technology Oversight Council as chairperson and another as vice chairperson, for such terms and with such duties and powers necessary for the performance of the functions of those offices as the Governor determines.
(2) A majority of the members of the council constitutes a quorum for the transaction of business.
(3) The council shall meet at least quarterly at a place, day and hour determined by the council. The council may also meet at other times and places specified by the call of the chairperson or of a majority of the members of the council. + }
SECTION 1173. { + In accordance with applicable provisions of ORS chapter 183, the Health Information Technology Oversight Council may adopt rules necessary for the administration of the laws that the council is charged with administering. + }