

HB 2134 RAC Internal Workgroup Breakout Session Questions (50 min per session)

December 15, 2023

General Instructions: In your breakout room, your staff moderator will do a brief introduction and then we ask you to select a facilitator and a notetaker. Please use the allotted time to consider the questions posed to your group. We ask the notetaker post a summary of your discussion in the chat when we return to the large group. Staff will then verbalize highlights from your notes. These notes are crucial as they will inform the topics we take up for discussion in future RAC meetings.

TIME: 50 minutes (two sessions)

Group 1: Race/Ethnicity & Language

Staff Moderators: Marjorie (Race/Ethnicity) & Kweku (Language)

Questions for Race/Ethnicity section (25 mins): We will review the proposal and give input to following options (note: proposal will be shared during the breakout session). After Marjorie explains the rationale for this proposal and how it came about, we would like your thoughts on this proposal that involves adding over 15 new race/ethnicity subgroups.

Does this proposal work with few changes?

- If so, what would those changes be?
- If not, why not?

Questions for Language session (25 mins):

Context of language questions. Language access is an important dimension of health equity. While the language questions are asked in the context of collecting demographic information, the intent is to ensure meaningful language access. Accordingly, OHA's health equity metric prioritizes language access.

The following new questions on Page 8, (1)(b) ensure the collection of standardized data to evaluate meaningful language access:

- (F) "Did you **request** language access services for your last appointment?" Response options: Yes/No.
 - (G) (if F is yes): "If you **requested** language access services for your last appointment, did you receive them?" Response options: Yes/No.
1. Do you agree with including the revised questions?
 2. To be inclusive of all communication modalities, the questions were changed from interpretation needs to **language access needs**. Do you agree with this change?
 3. If you disagree with the focus of the questions, how would you modify the questions?
 4. If you disagree with including the additional questions, then how would you address the intent of the language questions expressed above?

Group 2: Sex & SOGI – Pediatric

Staff Moderators: Marty & Cliff

Materials: [Draft SOGI Recommendations](#)

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf>

Question for Sex section (25 minutes):

1. Should we add a question about sex assigned at birth? Should it be one question, or should we offer all three options for asking this question depending on context (as proposed in the draft SOGI data recommendations, page 2, #4-6)? (Page 12)

Here are some different contexts where there may be different needs for Sex information:

- a. Medical/clinical settings that are connecting to other systems (e.g., insurance)*
- b. Eligibility settings relying on identify verifications.
- c. Systems that are required to share only a M/F option for federal reporting purposes
- d. General demographic settings

*Note it is dangerous to assume 'Sex assigned at birth' or 'legal sex' and other sex questions gives you any information about appropriateness of having certain procedures (e.g. mammograms, PAPs, etc). For these contexts, providers should have a 'body inventory.'

Questions for SOGI - Pediatric section (25 minutes):

1. Understanding that clinicians are encouraged to use their best judgement about whether or not to disclose this information to parents or guardians, what are your thoughts or concerns about this question?

Laws Around Confidentiality of Minors' Data

Patient confidentiality generally means a patient's medical and personal information is kept private, and health care providers must follow legal and ethical standards regarding information sharing. In most cases, information is only shared if the patient agrees to disclose the information. However, providers are permitted or may be required to share health information without consent in limited circumstances. More information about these circumstances can be found on page 9 and 10 of this document.

Most people, minors included, expect some level of confidentiality when receiving health care services. However, Oregon law says a provider may advise a parent or legal guardian of the minor's care, diagnosis, treatment, or the need for any treatment, without

the consent of the minor.¹⁰ When a minor consents to health care services, providers are encouraged to use their best clinical judgment in deciding whether to share information with the parent or guardian.⁸

Confidentiality and information sharing practices should be discussed prior to and during the delivery of services. Providers and minor patients should discuss confidentiality practices, as well as the types of information that providers are required to report. Discussing confidentiality and disclosure obligations can create a trusting environment by respecting patient privacy and encourage a minor to seek health care services.

10. ORS 109.650 [disclosure without minor's consent and without liability]

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf>

SOGI: Minors

For individuals under age 12, the requestor must ask the following question:

Are you currently:

- A boy
- A girl
- Both
- Something else: _____
- It changes over time
- Don't know
- I don't know what this question is asking
- I don't want to answer

SOGI data should be collected from individuals age 12+ using the adult SOGI data collection instrument

Demographic Data Collection Standards – Minors

If an individual is under age 18, or if an individual aged 18 or older is accompanied by a parent or caregiver, the requestor must ask the following questions about the data collection process:

“Who is filling out this form?”

- Individual/Patient
- Parent/Caregiver/Guardian
- Not listed (please specify): (with open text box)

If the response was not “Individual/Patient”, the requestor must ask the following question:

“Was the individual/patient present when the data was reported?” Yes/No

2. Understanding that parental/caregiver presence can introduce bias into demographic data collection, what are your thoughts or concerns about this question?