Oregon Health Authority
Office of Health Information Technology
Health Information Technology Oversight Committee
HIT/HIE Community and Organizational Panel (HCOP) Charter - DRAFT
December 2014

Objective

The HIT/HIE Community and Organizational Panel (HCOP) is to facilitate communication and coordination among CCOs, HIOs, and other healthcare organizations and to provide strategic input to the Health Information Technology Oversight Committee (HITOC) and Oregon Health Authority (OHA) regarding ongoing HIT/HIE strategy, policy, and implementation efforts.

Panel

Sponsor: Susan Otter

Members:	**Staff:**
• **TBD**	• Marta Makarushka • Justin Keller

Scope

The HIT/HIE Community and Organizational Panel will be comprised of representatives from a variety of Oregon organizations actively engaged in implementing HIT/HIE initiatives.

Activities for this Panel include:

- Share and discuss Panel members' HIT/HIE implementation efforts and experiences to:
  - share best practices,
  - identify common barriers
  - identify opportunities for collaboration
  - assist the OHA and HITOC in gaining a better understanding of real-world HIT/HIE implementation efforts
- Identify opportunities for HITOC to consider regarding providing guidance and/or developing policy to address barriers or better support HIT/HIE efforts in Oregon
- Provide insights to OHA regarding OHA's statewide HIT/HIE initiatives, concerns or implications for implementation, and opportunities for improvement and support

Initial topics for consideration by the HCOP could include:

- Governance models
- Sample data sharing agreements
  - Data use
  - Privacy/security
- Consent and privacy issues
- 42 CFR Part 2 and behavioral health sharing

Though the Panel will not be responsible for preparing formal recommendations to HITOC or OHA, the Panel's collective input may influence HITOC recommendations or OHA efforts.

Duration and Schedule

It is anticipated the Panel will convene in early 2015 and meet quarterly, unless the membership determines a different meeting schedule would better suit the needs and purpose of the group. All meetings will be public meetings.

Membership
The Panel will be comprised of entities leading community and/or organizational HIT/HIE implementation or operations such as CCOs, local or regional HIOs, health plans, health systems, and other partner organizations. A guiding principle for panel composition is the inclusion of a broad representation of organizational roles, including technical, operational, and policy (e.g., IT Managers, CEOs, Analysts). Though the Panel is not limited to a certain number of organizations or efforts having a representative, it is expected that one organization-identified representative will join the Panel as an ongoing member, attending and participating consistently over time. Initial recruitment will include both (1) invitations sent to eligible organizations that OHA is aware of, and (2) an open invitation to recruit eligible nominees from the broader statewide HIT/HIE community of which OHA may not be aware. Recruitment will be ongoing in order to allow for the inclusion/addition of future Panel members who may become eligible at a later date. Technology vendors are not eligible to participate as Panel members.
Guiding Principles
The goal of this Panel is to discuss direct experiences with HIT/HIE implementation based on which the Panel may put forth suggestions to the HITOC and input to OHA for consideration. This group is not, however, tasked with creating technical solutions or making policy recommendations. OHA is vendor-neutral and will therefore not endorse any particular vendor. The HCOP venue is not intended to be used for advertising or marketing products on behalf of vendors.

December 19, 2014

Re: Health Information Technology/Health Information Exchange Community & Organizational Panel (HCOP)

Dear [Person]:

The Oregon Health Authority (OHA), on behalf of the Health Information Technology Oversight Council (HITOC), is convening a panel of engaged individuals across healthcare entities and from a broad range of backgrounds and expertise to share their experiences with and insights into pursuing and implementing health IT and health information exchange (HIE) initiatives in Oregon. The **HIT/HIE Community & Organizational Panel** (or "**HCOP**" for short) will meet quarterly and will engage in the following activities:

- Share and discuss Panel members' HIT/HIE implementation efforts and experiences to:
    - share best practices,
    - identify common barriers,
    - identify opportunities for collaboration
    - assist the OHA and HITOC in gaining a better understanding of real-world HIT/HIE implementation efforts
- Identify opportunities for HITOC to consider regarding providing guidance and/or developing policy to address barriers or better support HIT/HIE efforts in Oregon;
- Provide insights to OHA regarding OHA's statewide HIT/HIE initiatives, concerns or implications for implementation, and opportunities for improvement and support.

If you are interested in becoming a member of the Panel or would like to nominate someone else to become a member, please fill out the attached interest form. We would like to extend you an invitation to join the HCOP and share your expertise on these topics and identify other topics of concern. This group is meant for professionals with "boots on the ground" experience in implementing or operating HIT or HIE projects in Oregon.

If you have any questions about HCOP, please contact Marta Makarushka at **Marta.M.Makarushka@state.or.us** or 971-239-9541.

We look forward to your participation on the Panel!

Sincerely,

Susan

Health Information Technology (HIT)/Health Information Exchange (HIE) Community & Organizational Panel (HCOP) Interest Form

Name		
First:	**Last:**	**Middle Initial:**

Organization Name
Position/Title
Brief Description of Role in Organization

Address		
Street:		
City:	**State:**	**Zip Code:**

Contact Information	
Email:	
Phone:	**Alternate Phone:**

Please briefly describe your cross-organizational HIT/HIE initiative(s)

Topics of Interest
The HCOP is charged with facilitating communication and coordination for ongoing Health IT and Health Information Exchange strategies, policies, and implementation efforts among health care entities in Oregon. In the space below, please describe the topics you are interested in exploring as a member of the HCOP.

If you have any questions about the HCOP or this form, please contact Marta Makarushka at **Marta.M.Makarushka@state.or.us** or 971-239-9541.

EDIE Hospital Adoption Update

This document summarizes where each Oregon hospital is in the implementation of EDIE. Currently:

- 97% of hospitals have completed the legal review and have signed agreements with CMT.
- 92% of hospitals have completed the IT process.
- 92% of hospitals are receiving Notifications.

In the table below, the colors indicate progress as follows: = Complete, = In Progress, = Not Begun. For the **Feed Type** column, those facilities whose feed breadths are EDIE Utility* ready will be marked with a check mark.

Hospital	Health System	Legal	IT	ED Notifications	Feed Type
Adventist Medical Center	Adventist Health	✓	✓	✓ - Fax	
Asante Ashland Community Hospital	Asante	✓	✓	✓ - EMR	✓
Asante Rogue Regional Medical Center	Asante	✓	✓	✓ - EMR	✓
Asante Three Rivers Medical Center	Asante	✓	✓	✓ - EMR	✓
Bay Area Hospital		✓	✓	✓ - Print	
Blue Mountain Hospital		✓	✓	✓ - Fax	✓
Columbia Memorial Hospital		✓	✓	✓ - Fax	✓
Coquille Valley Hospital		✓			
Cottage Grove Community Hospital	PeaceHealth	✓	✓	✓ - Print	✓
Curry General Hospital		✓	✓	✓ - EMR	
Good Shepherd Medical Center		✓	✓	✓ - Fax	✓
Grande Ronde Hospital		✓	✓	✓ - Fax	
Harney District Hospital		✓	✓	✓ - Fax	✓
Kaiser Sunnyside Medical Center	Kaiser	✓	✓	✓ - EMR	
Kaiser Westside Medical Center	Kaiser	✓	✓	✓ - EMR	
Lake District Hospital		✓	✓	✓ - EMR	✓
Legacy Emanuel Medical Center	Legacy	✓	✓	✓ - EMR	
Legacy Good Samaritan Medical Center	Legacy	✓	✓	✓ - EMR	
Legacy Meridian Park Medical Center	Legacy	✓	✓	✓ - EMR	
Legacy Mount Hood Medical Center	Legacy	✓	✓	✓ - EMR	
Lower Umpqua Hospital		✓	✓	✓ - Print	✓
McKenzie – Willamette Medical Center	Community Health Systems	✓			
Mercy Medical Center	Catholic Health Initiatives	✓	✓	✓ - Fax	✓
Mid – Columbia Medical Center		✓	✓	✓ - Fax	
Oregon Health & Science University	OHSU	✓	✓	✓ - EMR	
Peace Harbor Hospital	PeaceHealth	✓	✓	✓ - Print	
Pioneer Memorial Hospital – Heppner		✓	✓	✓ - Fax	✓
Pioneer Memorial Hospital – Prineville	St. Charles	✓	✓	✓ - Print	✓
Providence Hood River Memorial Hospital	Providence	✓	✓	✓ - EMR	
Providence Medford Medical Center	Providence	✓	✓	✓ - EMR	
Providence Milwaukie Medical Center	Providence	✓	✓	✓ - EMR	
Providence Newberg Medical Center	Providence	✓	✓	✓ - EMR	
Providence Portland Medical Center	Providence	✓	✓	✓ - EMR	
Providence Seaside Hospital	Providence	✓	✓	✓ - EMR	
Providence St. Vincent Medical Center	Providence	✓	✓	✓ - EMR	
Providence Willamette Falls Medical Center	Providence	✓	✓	✓ - EMR	
Sacred Heart Medical Center at RiverBend	PeaceHealth	✓	✓	✓ - Print	
Sacred Heart Medical Center University District	PeaceHealth	✓	✓	✓ - Print	
Salem Hospital	Salem Health	✓	✓	✓ - EMR	✓
Samaritan Albany General Hospital	Samaritan	✓	✓	✓ - Fax	✓
Samaritan Lebanon Community Hospital	Samaritan	✓	✓	✓ - Fax	✓
Samaritan North Lincoln Hospital	Samaritan	✓	✓	✓ - Fax	✓
Samaritan Pacific Communities Hospital	Samaritan	✓	✓	✓ - Fax	✓
Samaritan Regional Medical Center	Samaritan	✓	✓	✓ - Fax	✓
Santiam Memorial Hospital		✓	✓	✓ - Fax	✓
Silverton Hospital		✓	✓	✓ - Print	✓
Sky Lakes Medical Center		✓	✓	✓ - Print	✓
Southern Coos Hospital & Health Center		✓			
St. Alphonsus Medical Center – Baker City	Trinity Health				
St. Alphonsus Medical Center – Ontario	Trinity Health				
St. Anthony Hospital	Catholic Health Initiatives	✓	✓	✓ - Fax	✓
St. Charles Medical Center – Bend	St. Charles	✓	✓	✓ - Print	✓
St. Charles Medical Center – Madras	St. Charles	✓	✓	✓ - Print	✓
St. Charles Medical Center – Redmond	St. Charles	✓	✓	✓ - Fax	✓
Tillamook Regional Medical Center	Adventist Health	✓	✓	✓ - Fax	
Tuality Forest Grove Hospital	Tuality	✓	✓	✓ - Fax	✓
Tuality Healthcare	Tuality	✓	✓	✓ - Fax	✓
Wallowa Memorial Hospital		✓	✓	✓ - Print	✓
West Valley Hospital	Salem Health	✓	✓	✓ - EMR	✓
Willamette Valley Medical Center	Capella	✓	✓	✓ - Fax	✓

*For more information, please contact Collective Medical Technologies at info@collectivemedicaltech.com.

LC 482
2015 Regular Session
12/5/14 (LHF/ps)

D R A F T

SUMMARY

Requires Oregon Health Authority to establish Oregon Health Information Technology program. Allows authority to participate in or fund health information technology partnerships or collaboratives. Revises membership and duties of Health Information Technology Oversight Council.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to health information technology; creating new provisions; amending ORS 413.011, 413.300, 413.301, 413.303 and 413.308; repealing ORS 413.302 and 413.306; and declaring an emergency.

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

SECTION 1. (1) The Oregon Health Authority shall establish and maintain the Oregon Health Information Technology program to:

(a) Support the Oregon Integrated and Coordinated Health Care Delivery System established by ORS 414.620;

(b) Facilitate the exchange and sharing of electronic health-related information;

(c) Support improved health outcomes in this state;

(d) Promote accountability and transparency; and

(e) Support new payment models for coordinated care organizations and health systems.

(2) The authority may engage in activities necessary to become accredited or certified as a provider of health information technology and take actions associated with providing health information technology.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

(3) The authority may enter into agreements with other entities that provide health information technology to facilitate the secure transmission of electronic health information between users of different health information technology systems.

(4) The authority may establish and enforce standards for connecting to and using the Oregon Health Information Technology program, including standards for interoperability, privacy and security.

(5) The authority may conduct or participate in activities to enable and promote the secure transmission of electronic health information between users of different health information technology systems, including activities in other states. The activities may include, but are not limited to, participating in organizations or associations that manage and enforce agreements to abide by a common set of standards, policies and practices applicable to health information technology systems.

(6) The authority may, by rule, impose fees on entities or individuals that use the program's services in order to pay the cost of administering the Oregon Health Information Technology program.

(7) The authority may initiate one or more partnerships or participate in new or existing collaboratives to establish and carry out the Oregon Health Information Technology program's objectives. The authority's participation may include, but is not limited to:

(a) Participating as a voting member in the governing body of a partnership or collaborative that provides health information technology services;

(b) Paying dues or providing funding to partnerships or collaboratives;

(c) Entering into agreements with partnerships or collaboratives with respect to participation and funding in order to establish the role of the authority and protect the interests of this state when the partnerships or collaboratives provide health information technology ser-

vices; or

(d) Transferring the implementation or management of one or more services offered by the Oregon Health Information Technology program to a partnership or collaborative.

(8) For the purpose of participating in a partnership or collaborative under this section, the authority is exempt from the Public Contracting Code. The authority shall establish standards and procedures and specify the considerations to be applied to contracting and procurement activities described in this subsection.

SECTION 2. ORS 413.011 is amended to read:

413.011. (1) The duties of the Oregon Health Policy Board are to:

(a) Be the policy-making and oversight body for the Oregon Health Authority established in ORS 413.032 and all of the authority's departmental divisions.

(b) Develop and submit a plan to the Legislative Assembly by December 31, 2010, to provide and fund access to affordable, quality health care for all Oregonians by 2015.

(c) Develop a program to provide health insurance premium assistance to all low and moderate income individuals who are legal residents of Oregon.

(d) Establish and continuously refine uniform, statewide health care quality standards for use by all purchasers of health care, third-party payers and health care providers as quality performance benchmarks.

(e) Establish evidence-based clinical standards and practice guidelines that may be used by providers.

(f) Approve and monitor community-centered health initiatives described in ORS 413.032 (1)(h) that are consistent with public health goals, strategies, programs and performance standards adopted by the Oregon Health Policy Board to improve the health of all Oregonians, and shall regularly report to the Legislative Assembly on the accomplishments and needed changes to the initiatives.

(g) Establish cost containment mechanisms to reduce health care costs.

(h) Ensure that Oregon's health care workforce is sufficient in numbers and training to meet the demand that will be created by the expansion in health coverage, health care system transformations, an increasingly diverse population and an aging workforce.

(i) Work with the Oregon congressional delegation to advance the adoption of changes in federal law or policy to promote Oregon's comprehensive health reform plan.

(j) Establish a health benefit package in accordance with ORS 741.340 to be used as the baseline for all health benefit plans offered through the Oregon health insurance exchange.

(k) Investigate and report annually to the Legislative Assembly on the feasibility and advisability of future changes to the health insurance market in Oregon, including but not limited to the following:

(A) A requirement for every resident to have health insurance coverage.

(B) A payroll tax as a means to encourage employers to continue providing health insurance to their employees.

[*(C) The implementation of a system of interoperable electronic health records utilized by all health care providers in this state.*]

(L) Meet cost-containment goals by structuring reimbursement rates to reward comprehensive management of diseases, quality outcomes and the efficient use of resources by promoting cost-effective procedures, services and programs including, without limitation, preventive health, dental and primary care services, web-based office visits, telephone consultations and telemedicine consultations.

(m) Oversee the expenditure of moneys from the Health Care Workforce Strategic Fund to support grants to primary care providers and rural health practitioners, to increase the number of primary care educators and to support efforts to create and develop career ladder opportunities.

(n) Work with the Public Health Benefit Purchasers Committee, administrators of the medical assistance program and the Department of Corrections to identify uniform contracting standards for health benefit plans

that achieve maximum quality and cost outcomes and align the contracting standards for all state programs to the greatest extent practicable.

(o) Work with the Health Information Technology Oversight Council to foster health information technology systems and practices that promote the Oregon Integrated and Coordinated Health Care Delivery System established by ORS 414.620 and align health information technology systems and practices across this state.

(2) The Oregon Health Policy Board is authorized to:

(a) Subject to the approval of the Governor, organize and reorganize the authority as the board considers necessary to properly conduct the work of the authority.

(b) Submit directly to the Legislative Counsel, no later than October 1 of each even-numbered year, requests for measures necessary to provide statutory authorization to carry out any of the board's duties or to implement any of the board's recommendations. The measures may be filed prior to the beginning of the legislative session in accordance with the rules of the House of Representatives and the Senate.

(3) If the board or the authority is unable to perform, in whole or in part, any of the duties described in ORS 413.006 to 413.042 and 741.340 without federal approval, the authority is authorized to request, in accordance with ORS 413.072, waivers or other approval necessary to perform those duties. The authority shall implement any portions of those duties not requiring legislative authority or federal approval, to the extent practicable.

(4) The enumeration of duties, functions and powers in this section is not intended to be exclusive nor to limit the duties, functions and powers imposed on the board by ORS 413.006 to 413.042 and 741.340 and by other statutes.

(5) The board shall consult with the Department of Consumer and Business Services in completing the tasks set forth in subsection (1)(j) and (k)(A) of this section.

SECTION 3. ORS 413.300 is amended to read:

413.300. As used in ORS 413.300 to 413.308**, section 1 of this 2015 Act and ORS chapter 414**:

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

[*(2)*] **(1)** "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*] **health care providers** and staff [*across more than one health care provider*].

[*(3)*] **(2)** "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.

(3) "Health informatics" means the interdisciplinary study of the design, development, adoption and application of information technology based innovations in health care services delivery, management and planning.

(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)*] **(a)** An electronic health record.

[*(c) A personal health record.*]

[*(d)*] **(b)** An electronic order from a **health care** provider for diagnosis, treatment or prescription drugs.

[*(e)*] **(c)** An electronic **clinical** decision support system **that links health observations with health knowledge to assist health care providers in making choices for improved health care, for example by providing**

electronic alerts or reminders. [*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)*] **(d)** 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 **different health information technology systems and software applications to communicate and exchange data and to make use of the data that has been exchanged.** [*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 4. ORS 413.301 is amended to read:

413.301. (1) There is established a Health Information Technology Oversight Council within the Oregon Health Authority[*, consisting of 11 members appointed by the Governor*]. **The Oregon Health Policy Board shall:**

(a) Determine the terms of members on the council and the organization of the council.

(b) Appoint members to the council who, collectively, have expertise, knowledge or direct experience in health care delivery, health information technology, health informatics and health care quality improvement.

(c) Ensure that there is broad representation on the council of individuals and organizations that will be impacted by the Oregon Health Information Technology program.

(2) To aid and advise the council in the performance of its functions, the council may establish such advisory and technical committees as the council considers necessary. The committees may be continuing or temporary. The council shall determine the representation, membership, terms and organization of the committees and shall appoint persons to serve on the committees.

(3) Members of the council are not entitled to compensation, but in the discretion of the board may be reimbursed from funds available to the board for actual and necessary travel and other expenses incurred by the members of the council in the performance of their official duties in the manner and amount provided in ORS 292.495.

[*(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 5. ORS 413.303 is amended to read:

413.303. (1) The [*Governor shall appoint*] **Health Information Technology Oversight Council shall select** one of the **council's** members [*of the Health Information Technology Oversight Council as chairperson and another as vice chairperson, for such terms*] **as chairperson, for such term** and with such duties and powers necessary for the performance of the functions of

[*those offices*] **the chairperson** as the [*Governor*] **Oregon Health Policy Board** 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 6. ORS 413.308 is amended to read:

413.308. 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 appro-*

priate 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.*]

(1) Identify and make specific recommendations related to health information technology to the Oregon Health Policy Board to achieve the goals of the Oregon Integrated and Coordinated Health Care Delivery System established by ORS 414.620.

(2) Regularly review and report to the board on the Oregon Health Authority's health information technology efforts, including the Oregon Health Information Technology program, toward achieving the

goals of the Oregon Integrated and Coordinated Health Care Delivery System.

(3) Regularly review and report to the board on the efforts of local, regional and statewide organizations to participate in health information technology systems.

(4) Regularly review and report to the board on this state's progress in the adoption and use of health information technology by health care providers, health systems, patients and other users.

(5) Advise the board or the Oregon Congressional Delegation on changes to federal laws affecting health information technology that will promote this state's efforts in utilizing health information technology.

SECTION 7. ORS 413.302 and 413.306 are repealed.

SECTION 8. (1) Section 1 of this 2015 Act, the amendments to ORS 413.011, 413.300, 413.301, 413.303 and 413.308 by sections 2 to 6 of this 2015 Act and the repeal of ORS 413.302 and 413.306 by section 7 of this 2015 Act become operative on July 1, 2015.

(2) The Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority to carry out the provisions of section 1 of this 2015 Act, the amendments to ORS 413.011, 413.300, 413.301, 413.303 and 413.308 by sections 2 to 6 of this 2015 Act and the repeal of ORS 413.302 and 413.306 by section 7 of this 2015 Act.

SECTION 9. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.
