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HITOC Updates

HITOC's work is guided by Oregon's Strategic Plan for Health IT, 2024-2028, which the committee developed to provide high-level priorities and direction for health IT. The Strategic Plan is available on the [HITOC website](#).

HITOC Meetings and Annual Priorities, Contact: HITOC.INFO@odhsoha.oregon.gov

April Meeting

HITOC's next meeting is April 9 from 12:30 p.m. to 3:30 p.m. and will be virtual. Members will review their final 2026 HITOC workplan and discuss the current state of health IT interoperability in Oregon. Members will hear updates on OHA's health IT and behavioral health work and participate in an open discussion forum on the top health IT concerns within their area or organization.

February Meeting

During HITOC's February meeting, members worked to finalize their 2026 Workplan and heard updates on policy and program work related to various health IT topics, including the Rural Health Transformation Program, health IT and behavioral health, federal health IT policies, and the 2026 state legislative session.

Oregon Health IT Program: Partnerships, Programs, and Initiatives

CCO Health IT Roadmaps and Support, Contact: CCO.HealthIT@odhsoha.oregon.gov

CCO Health IT Roadmaps

Background: Coordinated Care Organizations (CCOs) are contractually required to maintain an OHA-approved Health IT Roadmap. CCOs are required to submit an annual Health IT Roadmap to OHA reporting the progress made from the previous year, as well as plans, activities, and milestones detailing how they will support contracted providers in future contract years. CCOs are also required to submit data files reporting on electronic health record (EHR) and health information exchange (HIE) adoption by contracted providers.

CCOs are required to submit their 2026 Health IT Roadmaps and Data Reporting Files to OHA by April 30. CCOs will report on their 2025 progress to support EHR adoption, use and optimization; use of and support for HIE; and use of and support for health IT to support social determinants of health (SDOH), including social needs screening and referrals. CCOs will also share the strategies they plan to use to further all these efforts in 2026 and beyond.

OHA is summarizing CCOs' 2025 Health IT Roadmap strategies, barriers, requests for support from OHA, and other relevant information. The 2025 Roadmap summary report focused on SDOH is available upon request. The combined 2025 Health IT Roadmap summary report, which will include EHR, HIE, and SDOH content will be released Spring 2026. The 2026 Health IT Roadmap Guidance and Template are available on the [CCO HITAG website](#).

CCO Health IT Advisory Group (HITAG)

Background: The Health Information Technology Advisory Group (HITAG) provides input to OHA about CCOs' health information technology needs and efforts and informs OHA's work on the Oregon Health IT Program. Each CCO is encouraged to send their representative to all HITAG meetings.

In the most recent HITAG meeting on January 22, CCOs discussed their strategies for supporting EHR adoption, use, and optimization as well as supporting HIE for care coordination and hospital event notifications. This included presenting stand-out

strategies as part of the CCO Spotlights segment. The meeting also featured updates on CCOs' progress implementing new Patient Access application programming interface (API) requirements as part of the CMS Interoperability and Prior Authorization Final Rule ([CMS-0057-F](#)). This discussion will continue in the April HITAG meeting.

HITAG meeting materials are posted on OHA's [CCO HITAG website](#).

HITAG's next quarterly meeting is April 23, from 1 to 4 p.m.

Community Information Exchange (CIE), Contact: CIE.info@odhsoha.oregon.gov

Background: OHA's CIE team monitors the CIE landscape, provides educational information, analyzes policies, and develops and implements strategies that support CIE efforts in Oregon. OHA's CIE work is also guided by HITOC's Strategic Plan. See [OHA's CIE Website](#) for more information.

CIE to Support Oregon's 2022-2027 1115 Medicaid Waiver

Background: Oregon's 2022-2027 [1115 Medicaid waiver](#) requires closed loop referrals to support the delivery of [health-related social needs \(HRSN\)](#) services. CIE supports this waiver requirement and helps efficiently connect people with the services and resources they need, which helps eliminate health inequities. See the following resources for more information:

- [CIE Opportunity for HRSN Service Providers and Community Partners \(Español\)](#)
- Visit the [1115 Medicaid waiver webpage](#) for general information.

OHA is in the process of procuring CIE to support Oregon's Medicaid Open Card program to meet the closed loop referral requirements under the 1115 waiver. OHA has no plans to disrupt the current CIE environment or Medicaid CCOs' CIE contracts.

Oregon's Department of Administrative Services (DAS) executed a statewide price agreement with Unite Us on October 15, 2025. This agreement allows state agencies and [Oregon Cooperative Procurement Program \(OrCPP\)](#) members, such as counties, to purchase directly from a menu of Unite Us services. The DAS price agreement allows OHA to proceed with procuring Unite Us to support Oregon's Medicaid Open

Card program to meet the closed loop referral requirements under the waiver. OHA expects to execute the contract in summer 2026.

The work to establish a DAS statewide price agreement with Findhelp is on a similar path with the price agreement expected in summer 2026 and OHA's contract in early 2027.

Beginning in 2026, CCOs will have the option to require HRSN Providers to use CIE for closed loop referrals. If a CCO decides to require CIE, they must also have an exceptions process, aligned with OHA guidance, for HRSN Providers unable to use CIE. Oregon Health Plan (OHP) Members can always opt out of CIE.

CIE supports for HRSN providers

OHA is contracting with [HIT Commons](#) to provide a range of supports for Medicaid HRSN providers and potential HRSN providers to use CIE in 2026-2027. HIT Commons will coordinate with coordinated care organizations (CCOs) to ensure this work complements CCO efforts. This will include direct training and technical assistance, regional workshops, CIE user guidance, and train the trainer opportunities for using Connect Oregon/Unite Us. Planning is underway to launch these activities, and you can learn more about this opportunity on the [Oregon Health Leadership Council website](#).

If there is interest, OHA will develop support for Medicaid HRSN providers using Findhelp.

Health IT Landscape and Environmental Scan, Contact:

CCO.HealthIT@odhsoha.oregon.gov

Background: OHA's Health IT team engages in ongoing environmental scan activities to inform health IT efforts and ensure strategies and programs address evolving needs. OHA's Health IT team continues compiling data across the agency and other sources to serve various purposes, such as informing HITOC's progress monitoring, program oversight, reporting priorities and strategic planning. Refer to the 2022 HITOC Report on Oregon's Health IT Landscape which is available upon request.

HIT Commons, Contact: HITOC.INFO@odhsoha.oregon.gov

Background: HIT Commons is a public-private collaborative in Oregon that makes strategic community investments in health IT as a public good, by advancing statewide adoption of tools that promote health and social health-related data interoperability. HIT Commons is co-sponsored by the Oregon Health Leadership Council (OHLC) and OHA, and is jointly funded by OHA, hospitals, health plans, and CCOs. For more information, see the [HIT Commons website](#).

Connect Oregon CIE Public Resource Directory

[OHLC](#), [211info](#), and [Unite Us](#) launched the Connect Oregon Public Resource Directory (PRD), now [live on the OHLC website](#). An expansion of the state's Connect Oregon network, this public-facing directory enables individuals, community health workers (CHWs), and care providers to quickly identify and share local community-based services. For more information see the [press release](#).

[Findhelp](#) continues to have an available public resource directory.

PointClickCare Platform/EDIE (formerly known as Collective Medical)

Background: The Emergency Department Information Exchange (EDIE) and the tool formerly known as the Collective Platform are now collectively referred to as [the PointClickCare \(PCC\) platform](#). The platform allows emergency departments (EDs) in real-time to identify patients with complex care needs who frequently use the emergency room for their care. PCC brings the same real-time hospital event notifications (ED and Inpatient Admit, Discharge, and Transfer [ADT] data) to those outside of the hospital system, such as health plans, CCOs, providers, and care coordinators. OHA supports a PCC platform subscription that includes use by CCOs, Oregon Department of Human Services programs, Tribal clinics, and other Medicaid care coordinators.

PCC Hospital EDO Relaunch Project

PCC is offering Oregon hospitals a set of free services aimed at enhancing emergency department use of EDIE. These services are referred to as the Emergency Department Optimization or EDO Relaunch Project and include retraining programs and EDIE optimization projects. EDIE optimization projects endeavor to enhance ED operations by refining use of PCC Care Insights and Safety & Security Events features to improve patient interactions, streamline workflows, and drive better outcomes. Interested hospital and health system staff should reach

out directly to your PCC Customer Success Manager or email OHA health IT staff at HITOC.INFO@odhsoha.oregon.gov and reference “PCC EDO Relaunch Project”.

HIT Commons Users Advisory Group

At the March 13, 2026, [HIT Commons Users Advisory Group \(HUAG\)](#) meeting, the group welcomed a new chair-person – Ryan Hart from PacificSource Health Plans, engaged in a PCC user perspectives round table discussion, reviewed key performance indicators for the PCC platform, and received updates on other HIT Commons initiatives and opportunities:

- Attendees representing state government agencies, clinics, health insurers, and hospitals took part in a facilitated PCC user perspectives discussion to help staff plan for future HUAG activities and meetings. Participants shared what is going well with their use of PCC, barriers and pain points, and reflected on network best practices over time. Members emphasized the joint importance of professional networking, executive champions, and available funding in driving past and future adoption of PCC. One hospital mentioned difficulties maintaining meaningful use of EDIE notifications amid EHR system changes associated with mergers and/or acquisitions.
- The PCC platform has consistent usage in Oregon since January 2023, with approximately 275 organizations viewing patient records in the web portal each month. Content creation declined following the launch of the collaborative insights feature in late 2023 but has steadied since. Maintenance of regular enrollment file processes is strong among Oregon organizations, with most organizations sending new files more often than quarterly.
- An HIT Commons Physician Orders for Life Sustaining Treatment (POLST) interoperability project went live at the end of 2025. This project integrated forms in Oregon’s central POLST registry directly into the Carequality interoperability framework. Health care organizations with access to Carequality can now query the framework to pull the latest POLST forms for their patients. This access can also be facilitated through use of an Epic-integrated application called MyDirectives. More information about this project can be found on the [Oregon Health Leadership Council website](#).

Meeting materials from the March 13, 2026, meeting are available on the [Oregon Health Leadership Council website](#). The next HUAG meeting is on June 12, 2026.

Oregon's Prescription Drug Monitoring Program (PDMP) Integration Initiative

Background: Oregon's PDMP Integration initiative connects PCC, Reliance eHealth Collaborative, EHRs, and pharmacy management systems to Oregon's PDMP. The PDMP is a state-run tool that tracks the dispensing of controlled substances to help healthcare providers and pharmacists provide patients better care in managing their prescriptions. HIT Commons is overseeing the [PDMP Integration initiative](#) with guidance from its HIT Commons Users Advisory Group and in coordination with OHA's Public Health PDMP program. Bamboo Health is the technology vendor for the PDMP system. For more information see the [HIT Commons website](#).

Use of the popular PDMP Integration initiative continues to grow. Thirty-three new organizations launched integrations in Q4 of 2025, with 24,095 prescribers and 2,286 facilities in Oregon accessing the PDMP via PDMP Integration during that period. Additional information, including a list of participating organizations, can be found on the [HIT Commons PDMP Integration website](#).

Federal and State Health IT Policy Updates

Federal Law and Policy, Contact: HITOC.INFO@odhsoha.oregon.gov

See past [Health IT Policy and Program Updates](#) for news on federal health IT policy and updates to standards and guidance, including the Trusted Exchange Framework and Common Agreement (TEFCA) efforts.

Monitoring Federal Changes and Impacts on Oregon

OHA maintains a webpage that lists some of the latest information about federal policy changes and their potential impacts on Oregon. Visit the [webpage](#) to learn more.

Rural Health Transformation Program

The [Rural Health Transformation Program \(RHTP\)](#) was established through H.R.1, the federal budget reconciliation bill signed into law on July 4, 2025. It is a five-year program to support rural health system transformation across the United States. The program is

administered by the Centers for Medicare & Medicaid Services (CMS) and provides funding to states from Federal Fiscal Year 2026 through 2030. Oregon has been awarded \$197.3 million for the program's first year. The Oregon RHTP team looks forward to partnering with rural communities and CMS to implement this initiative to support improving access to high-quality, reliable care and long-term improvements in health outcomes for rural communities across the state.

OHA held an informational webinar on March 25, 2026 ([slides](#) and [recording](#)) to provide a program refresher, an overview of the upcoming Catalyst Awards Request for Grant Proposal (RFGP) and steps organizations can take now to prepare, an overview of CMS allowable use of funds, and other information. The RFGP is expected to open early April, with a submission period of about 45 days, closing in early summer, with awards announced mid-2026. 'Frequently Asked Questions' posted on the website are being updated regularly.

More information about Oregon's RHTP program can be found on the [OHA RHTP webpage](#). Sign up for Oregon's RHTP Newsletter on their [website](#).

Draft USCDI v7 Available for Public Comment

[Draft USCDI v7](#) is open for public comment until April 13, 2026, at 11:59 pm ET. The Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) is seeking feedback on any aspect of Draft USCDI v7. The draft USCDI v7 reflects ASTP/ONC's ongoing commitment to expanding standardized health data exchange to support improved patient care, enhanced nationwide health, greater affordability, and reduced clinician burden. Read the [Standards Bulletin](#) to learn more.

CMS Rule Phases Out Fax Machines, Snail Mail

The Centers for Medicare & Medicaid Services (CMS) has finalized the Administrative Simplification; Adoption of Standards for Health Care Claims Attachments Transactions and Electronic Signatures Final Rule (CMS-0053-F).

The final rule establishes Health Insurance Portability and Accountability Act (HIPAA)-adopted standards for health care claims attachments, enabling the secure electronic exchange of health care claims-related supporting clinical documentation such as medical records, x-rays and imaging, clinical notes, telemedicine visit documentation and laboratory results.

The rule also establishes requirements for electronic signatures to ensure health care claims attachment transactions are secure, authenticated, and compliant with federal standards. These updates are intended to eliminate manual processes such as faxing and mailing.

For more information visit the [CMS website](#), the [fact sheet](#), and view the final rule at the [Federal Register](#). This final rule is effective on May 26, 2026. The compliance deadlines for all requirements are set for 24 months from the effective date.

Oregon Law and Policy, Contact: HITOC.INFO@odhsoha.oregon.gov

Oregon 2026 Legislative Session

Oregon's 2026 regular legislative session concluded on March 6, 2026. Lawmakers passed multiple bills with possible health IT implications, including:

- [House Bill \(HB\) 4088](#): expands protections for patients and providers who engage in legal reproductive health (RH) and gender-affirming care (GAC) in Oregon, including prohibiting public entities from sharing identifiable patient, provider, or service information to federal or out-of-state authorities, or otherwise cooperating with federal or out-of-state law enforcement activities related to RH/GAC services legally performed in Oregon. Deems individually identifiable information held by OHA related to such services as confidential and exempt from public records disclosure laws.
- [HB 4107](#): requires urgent care centers to publicly share facility and service details, maintain defined operational standards, and, with certain exceptions, have a licensed provider on-site during operating hours. Requires centers to share patient visit and services information with local hospitals when referring to an ED – this information may be shared via a health information exchange if both entities participate in one.
- [Senate Bill 1546](#): requires providers of AI companion software to disclose to users that they are interacting with software (not humans); implement crisis protocols for self-harm ideation and refer users to help; and add extra safeguards for minors, including bans on sexual content and manipulative design. Providers must annually publish online their crisis protocols and the number of incidents requiring them. Providers can face lawsuits for noncompliance.

Stay Connected

You can find information about HITOC at our [website](#). Meetings are open to the public. Public comments are accepted at the end of each meeting or in writing to the HITOC Chair and Vice-Chair in care of OHA (HITOC.INFO@odhsoha.oregon.gov).

Refer to past [Health IT Policy and Program Updates](#) to review previous health IT resources, historical state and federal updates, and more.



[Join our email listserv](#) for updates!

What is HITOC?

The Oregon Legislature created the [Health Information Technology Oversight Council \(HITOC\)](#) to ensure that health system transformation efforts are supported by health information technology (IT). HITOC is a committee of the [Oregon Health Policy Board \(OHPB\)](#), which sets policy and provides oversight for the Oregon Health Authority (OHA), including OHA's health system transformation efforts.

HITOC has six responsibilities:

1. Explore health IT policy
2. Plan Oregon's health IT strategy
3. Oversee OHA's health IT efforts
4. Assess Oregon's health IT landscape
5. Report on Oregon's health IT progress
6. Monitor federal health IT law and policy

HITOC brings partners across Oregon together for centralized policy work, strategic planning, oversight of health IT efforts, and landscape/policy assessment, so health IT efforts are more coordinated. HITOC also provides health IT expertise to OHPB and to Oregon lawmakers, so they are informed about health IT in Oregon when they make policies and laws about health.

OHA's [Office of Health IT & Analytics Infrastructure \(OHITAI\)](#) staffs HITOC and the Oregon Health IT Program.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Office of Health Information Technology at HITOC.INFO@odhsoha.oregon.gov or (503) 373-7859. We accept all relay calls.

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