

Revised draft amendments to SB234 – March 10, 2011

A couple problems were identified with the draft language:

1. To be consistent with the bill “stroke centers” are now referred to as “emergency health care centers specializing in stroke care”.
2. The draft amendment did not authorize the Stroke Care Committee to have access to confidential patient records and conduct quality improvement reviews in closed sessions.

Additionally, the following amendments were agreed to

1. Include a provision requiring rural representation on the Stroke Care Committee.
2. Substitute a person who advocates for stroke patients for one of the physicians who specialize in stroke care on the Stroke Care Committee.
3. Add a requirement that the Stroke Care Committee will produce “evidence based emergency stroke care triage, transport, and transfer guidelines”.

Here is the proposed revised version of the amendments with additions underlined and deletions noted with ~~striketrough~~:

On page 9 of the printed bill, line 21, delete “11” and insert “12”.

Delete lines 26 through 34 and insert:

“(d) The chairperson of the Stroke Care Committee established in section 19 of this 2011 Act;

“(e) One physician who works at a trauma center designated under ORS 431.627;

“(f) One physician who works at an emergency health care center designated under ORS 431.627;

“(g) One physician who works at a pediatric critical care center;

“(h) One hospital administrator of a hospital with an emergency department;

“(i) One person who operates an ambulance service;

“(j) One member of the public;

“(k) One person who represents a third party payer of health care; and

“(L) One nurse who manages staff in an emergency department of a hospital”.

On page 10, line 28, delete “(1)(d)” and insert “(1)(e)”.

On page 15, after line 32, insert:

“(3) The Department of Revenue may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, and agree to conditions not inconsistent with the purposes of ORS 353.450, 431.623, 431.890 and 442.507.”.

On page 16, delete lines 7 through 21 and insert:

“SECTION 19. (1) The Director of the Oregon Health Authority shall appoint a Stroke Care Committee with at least eight members as follows:

“(a) ~~Two physicians~~ One physician who specializes in the care of stroke patients ~~in a stroke center~~;

“(b) One physician who specializes in emergency medicine;

“(c) One hospital administrator from a hospital which is a designated emergency health care center specializing in the care of stroke patients ~~stroke center~~;

“(d) One stroke nurse coordinator or emergency department nurse who works in an emergency department in a designated emergency health care center specializing in the care of stroke patients ~~stroke center~~;

“(e) One emergency medical services provider working for a licensed ambulance service;

“(f) One physician who specializes in rehabilitative medicine;

(g) An individual with experience advocating for or coordinating the care for stroke patients, who is not a health care provider; and

~~“(g-h)~~ One member of the public.

“(2) The committee must include:

“(a) At least one member from at least half of the emergency health care regions established under ORS 431.613 including at least one predominately rural region; and

“(b) No more than three members from any emergency health care region established under ORS 431.613.

“(3) The director may select the public member of the committee from among persons who submit letters of application in response to public notice by the Oregon Health Authority. The public member may not have an economic interest in any decision of the committee.

“(4) The term of each member of the committee is four years, but a member serves at the pleasure of the director. The terms must be

staggered so that no more than two terms end each year. A member may serve no more than two consecutive terms. Vacancies shall be filled by the director for the unexpired term.

“(5) The committee shall elect a chairperson from among its members.

“(6) The committee shall meet at the call of the director.

“(7) The committee shall:

“(a) Advise the authority in meeting objectives related to stroke care as part of the Emergency Health Care System Program;

“(b) Advise the authority on the adoption of rules, policies and procedures relating to stroke care including evidence based emergency stroke care triage, transport, and transfer guidelines;

“(c) Analyze data related to the prevention and treatment of strokes; and

“(d) Suggest improvements to the stroke care system.

“(8) Members of the committee are not entitled to compensation, but may be reimbursed from funds available to the authority for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495.

“SECTION 20. ORS 431.609 is repealed.

“SECTION 21. (1) The amendments to ORS 127.675, 181.637, 353.450, 431.607, 431.611, 431.613, 431.617, 431.623, 431.627, 431.633, 431.635, 431.671, 442.625, 445.030 and 682.039 by sections 1 to 10 and 14 to 18 of this 2011 Act and the repeal of ORS 431.609 by section 20 of this 2011 Act become operative on January 1, 2012.

“(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 exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority by the amendments to ORS 127.675, 181.637, 353.450, 431.607, 431.611, 431.613, 431.617, 431.623, 431.627, 431.633, 431.635, 431.671, 442.625, 445.030 and 682.039 by sections 1 to 10 and 14 to 18 of this 2011 Act and the repeal of ORS 431.609 by section 20 of this 2011 Act.

“SECTION 22. This 2011 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect on its passage.”

**New Amendment section SB234 as follows:**

SECTION 6. ORS 431.627 is amended to read:

431.627. (1) { - In addition to and not in lieu of ORS 431.607 to 431.617, - } The Oregon Health Authority shall designate trauma centers { - in areas that are within the jurisdiction of trauma advisory boards other than in the area within the jurisdiction of area trauma advisory board 1. - } { + and emergency health care centers in emergency health care regions designated under ORS 431.613. The authority shall adopt rules:

(a) Establishing the criteria for designation of trauma centers and emergency health care centers.

(b) Establishing standards for trauma centers and emergency health care centers. + }

(2) The authority shall { - enter into contracts with designated trauma centers and - } monitor and assure quality of care { - and appropriate costs - } for trauma { + and emergency health care + } patients { - meeting trauma system entry criteria - } { + included in the statewide categorization of patients established by the authority under ORS 431.607 + }.

(3) All findings and conclusions, interviews, reports, studies, communications and statements procured by or furnished to the authority, the State Trauma Advisory Board { - or an area trauma advisory board - } { + , the Emergency Health Care System Advisory Board, **Stroke Care Committee and other committees established by the Oregon Health Authority to implement this act;** or a regional emergency health care committee established under ORS 431.613 + } in connection with obtaining the data necessary to perform patient care quality assurance functions { - shall be - } { + are + } confidential pursuant to ORS 192.501 to 192.505.

(4)(a) All data received or compiled by the State Trauma Advisory Board { - or any area trauma advisory board - } { + , the Emergency Health Care System Advisory Board, **Stroke Care Committee and other committees established by the Oregon Health Authority to implement this act;** or a regional emergency health care committee established under ORS 431.613 + } in conjunction with authority monitoring and assuring quality of trauma { - patient - } { + or emergency health + } care { - shall be - } { + are + } confidential and privileged, nondiscoverable and inadmissible in any

proceeding. { - No - } { + A + } person serving on or communicating information to the State Trauma Advisory Board, **Stroke Care Committee and other committees established by the Oregon Health Authority to implement this act;** { - or an area trauma advisory board shall - } { + , the Emergency Health Care System Advisory Board or a regional emergency health care committee established under ORS 431.613 may not + } be examined { - as to any such - } { + about those + } communications or { - to - } { + about + } the findings or recommendations of { - such board - } { + the board or committee + }. A person serving on or communicating information to the State Trauma Advisory Board { - or an area trauma advisory board shall not be - } { + , the Emergency Health Care System Advisory Board or a regional emergency health care committee established under ORS 431.613 is not + } subject to an action for civil damages for actions taken or statements made in good faith. Nothing in this section affects the admissibility in evidence of a party's medical records not otherwise confidential or privileged dealing with the party's medical care. The confidentiality provisions of ORS 41.675 and 41.685 { - shall - } also apply to the monitoring and quality assurance activities of the State Trauma Advisory Board, { - area trauma advisory boards - } { + the Emergency Health Care System Advisory Board, regional emergency health care committees established under ORS 431.613 + } and the authority.

(b) As used in this section, 'data' includes but is not limited to written reports, notes, records and recommendations.

(5) { - Final reports by - } The authority, the State Trauma Advisory Board { - and area trauma advisory boards - } { + , the Emergency Health Care System Advisory Board and regional emergency health care committees established under ORS 431.613 + } shall { - be - } { + make final reports + } available to the public.

(6) The authority shall publish a biennial report of the Emergency { + Health Care System Program's + } { - Medical Services and Trauma Systems Program and trauma systems - } activities.

### **New Amendment section of SB234 as follows:**

SECTION 8. ORS 431.635 is amended to read:

431.635. (1) As used in this section, 'individually identifiable information' means:

(a) Individually identifiable health information as that term is defined in ORS 179.505; and

(b) Information that could be used to identify a health care provider, ambulance service { + , + } medical transportation agency or health care facility.

{ + (2) The following entities shall report information to the Oregon Emergency Health Care and Trauma Registries in accordance with rules adopted by the Oregon Health Authority:

(a) Hospitals as defined in ORS 442.015;

(b) Trauma centers and emergency health care centers designated under ORS 431.627; and

(c) Other emergency medical services agencies, as provided by the authority by rule. + }

{ - (2) - } { + (3) + } Notwithstanding ORS 431.627, individually identifiable information may be released from the Oregon { + Emergency Health Care and Trauma Registries + } { - Trauma Registry - } :

(a) For use in executive session to conduct specific case reviews by:

(A) The State Trauma Advisory Board { - or any area trauma advisory board - } ;

(B) The State Emergency Medical Service Committee; { - or - }

{ - (C) The Emergency Medical Services for Children Advisory Committee. - }

{ + (C) The State Pediatric Emergency Health Care Advisory Committee created pursuant to ORS 431.671 and section 13 of this 2011 Act;

**(D) Stroke Care Committee and other committees established by the Oregon Health Authority to implement this act;**

~~(DE)~~ The Emergency Health Care System Advisory Board appointed under section 11 of this 2011 Act; or

~~(EF)~~ A regional emergency health care committee established under ORS 431.613. + }

(b) For quality assurance or quality improvement purposes to an emergency medical services provider or a { - designated - } trauma center { + or emergency health care center designated under ORS 431.627 + } if the information is related to the treatment of an individual by the provider or center.

(c) To a person conducting research only if an institutional review board has approved the research in accordance with 45 C.F.R. part 46 and the person agrees to maintain the confidentiality of the information.

{ - (3) - } { + (4) + } The Oregon Health Authority may release only the minimum amount of individually identifiable information necessary to carry out the purposes for which { - it - } { + the information + } is released under this section.