

From: [Charlie Fisher](#)
To: [Bennett Hall](#)
Cc: [Kron Michael C](#)
Subject: Re: Subcommittee work
Date: Friday, October 28, 2022 3:29:15 PM

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Ok here they are. The two overarching questions are 1) is to what extent is aggregate info allowed to be disclosed responsive to a public records request (which, importantly, is distinct from whether agencies are allowed at their discretion to release aggregate info on their own) and 2) whether any of these would benefit from a public interest balancing test.

ORS 682.056 Patient Encounter Data Reporting: Makes patient encounter data and patient outcome data collected and reported by ambulance services confidential and privileged.

ORS 127.678 Confidentiality: Makes confidential all information collected or developed by the Physician Order for Life-Sustaining Treatment (POLST) registry that identifies or could be used to identify a patient, health care provide or facility.(specifically curious why health care facility is exempt)

ORS 192.355(39) Public Records Exempt from Disclosure: Makes prescription monitoring information submitted to the Oregon Health Authority's prescription monitoring program confidential and exempt from disclosure. Also see ORS 431A.865.

ORS 413.175 Prohibition on disclosure of information: Makes records of the Oregon Health Authority pertaining to public assistance or medical assistance confidential and prohibits disclosure for purposes other than those directly connected with the administration of public assistance and medical assistance programs.

ORS 413.196 Confidentiality and inadmissibility of information obtained in connection with epidemiologic morbidity and mortality studies: Makes information procured by or furnished to the Oregon Health Authority in connection with special epidemiologic morbidity and mortality studies confidential and exempt from disclosure under the public records law.

ORS 431A.125 Oregon Health Authority Powers: Makes all data collected by the Oregon Health Authority under the statewide injury and violence prevention program confidential and privileged.

ORS 433.008 Confidentiality of Disclosure: Makes information obtained by public health officials in the course of an investigation of a reportable disease or disease outbreak confidential.

ORS 438.310 Inspection of Laboratory Premises: Prohibits the Oregon Health Authority and its employees from disclosing information contained in reports on communicable diseases submitted by licensed clinical laboratories.

ORS 475B.892 Oregon Health Authority Electronic System: Makes information pertaining to medical marijuana cardholders and growers maintained in the Oregon Health Authority's electronic database confidential and exempt from public disclosure. Also see ORS 475B.882.

ORS 441.044 Complaints About Standard of Care in Facility: Requires rules* relating to the issuance of licenses to operate health care facilities (other than long term care facilities) provide for the confidentiality of the identity of any complainant and investigatory information obtained in relation to complaints about the standard of care.

ORS 441.407 Procedures to Maintain Confidentiality: Directs the Long Term Care Ombudsman to establish procedures to maintain the confidentiality of the identities of residents of long term care facilities, as well as the identities of complainants.

ORS 431A.090 Designation of Other Trauma Centers: Expressly exempts from disclosure information procured by the Oregon Health Authority, the State Trauma Advisory Board or an area trauma advisory board in connection with performing patient care quality assurance functions. Also see ORS 431A.055.

ORS 656.260 Certification Procedure for Managed Health Care Provider : Makes confidential the data generated by or received by DCBS in connection with certain reviews of the provision of medical services to injured workers.

ORS 656.327 Review of Medical Treatment of Worker: Makes privileged the findings of a physician or panel of physicians, a medical arbiter or panel of medical arbiters, as well as the records and all communications to or before a panel or arbiter relating to reviews of the propriety of medical treatment to injured workers.

On Fri, Oct 21, 2022 at 2:35 PM Bennett Hall <bhall@bluemountaineagle.com> wrote:
That's right, Michael.

On Fri, Oct 21, 2022 at 2:29 PM Kron Michael C <michael.c.kron@doj.state.or.us> wrote:

Charlie, I just talked to Morgan who suggested that the subcommittee was hoping to get your specific thoughts on which health exemptions would benefit from being modified to allow for aggregate or public interest disclosure. Is that something you are still willing to contribute?

Bennett I've included you here too but I think the document you circulated in advance of our meeting this week probably covers what you were planning to send Morgan. Do I have that right?

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