Reporting REALD Data on COVID-19 Encounters: Implementation Guide for Health Systems/Providers

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Introduction

This guide is designed to assist health care providers in collecting data for COVID-19 encounters using the REALD standards, and reporting that data to the Oregon Health Authority (OHA) when required. REALD is an effort to increase and standardize Race, Ethnicity, Language, and Disability (REALD) data collection across the Oregon Department of Human Services (ODHS) and OHA. REALD was advanced through the passage of House Bill 2134 passed by the Oregon legislature in 2013. HB 2134 required ODHS and OHA to develop a standard for collection of REALD data in conjunction with community stakeholders. The statutory authority for these rules is codified in the Oregon Revised Statutes (ORS) 413.161-196.

In the first special session in 2020, the Legislature passed House Bill 4212, requiring OHA to establish requirements for health care providers to collect REALD data for all COVID-19 encounters and report these data to OHA if the health care provider is required to report under Oregon's disease reporting rules. The information collected during encounters related to COVID-19 are kept confidential and cannot be publicly disclosed, and the data will only be published in aggregate.

The COVID-19 pandemic has re-affirmed that Tribal communities, communities of color, immigrants, refugees, and people living with disabilities experience significant health disparities. Sections 40 to 43 of House Bill 4212 support Oregon's COVID-19 response and will help better identify health disparities due to differences in race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and abilities.

Some of the benefits of collecting REALD data include:

- Meeting federal and state reporting needs
- Understanding better the different populations we work with or serve
- Identifying and addressing social and health inequities
- Guiding the development of culturally specific and accessible services, and
- Guiding equitable allocation of resources to address inequities.

Specifically, collecting and reporting REALD data on COVID-19 encounters will help us:

- Work to improve access to testing, medical care and vaccinations
- Design culturally appropriate and accessible interventions to improve testing, prevention and medical care
- Better allocate resources and power to address identified inequities

This implementation guide is designed to assist providers in implementing the requirements under House Bill 4212 in a way that is culturally sensitive, efficient, and ensures data integrity. Additional materials and opportunities for technical assistance are listed on the REALD for Health Care Providers webpage. There is also an online database of REALD Questions and Answers which is updated periodically. Finally, please visit the OHA REALD webpage for general information and additional resources and tools pertaining to REALD.

Requirements of House Bill 4212

Sections 40 to 43 of House Bill 4212 (2020) require OHA to adopt rules requiring health care providers to collect REALD data for all COVID-19 encounters and report these data to OHA if the healthcare provider is required to report under Oregon's disease reporting rules. To implement the provisions of HB 4212 on REALD and COVID-19 encounters, OHA filed temporary rules, which are effective through March 29, 2021. Permanent administration rules are currently being developed, and updates on this process can be found at REALD Rules and Policies. The Oregon Administrative Rules outlining the general REALD data collection standards can be found in Chapter 943, Division 70 and Oregon's Disease Reporting rules can be found in Chapter 333, Division 18.

Who Must Collect and Report REALD Data for COVID-19 Encounters?

House Bill 4212 states that the requirements for collecting and reporting REALD data on COVID-19 encounters apply to:

- Emergency medical services providers licensed by OHA under ORS 682.216
- Clinical laboratories licensed under ORS 438.110
- Health care facilities (which includes long-term care facilities) as defined in ORS 442.015
- Individuals licensed or certified by the:
    - State Board of Examiners for Speech-Language Pathology and Audiology
    - State Board of Chiropractic Examiners
    - State Board of Licensed Social Workers
    - Oregon Board of Licensed Professional Counselors and Therapists
    - Oregon Board of Dentistry
    - State Board of Massage Therapists
    - Oregon Board of Naturopathic Medicine
    - Oregon State Board of Nursing
    - Oregon Board of Optometry
    - State Board of Pharmacy
    - Oregon Medical Board
    - Occupational Therapy Licensing Board
    - Oregon Board of Physical Therapy
    - Oregon Board of Psychology
    - Board of Medical Imaging

Implementation Timeline

House Bill 4212 requires OHA to establish phased-in deadlines for the collection of REALD data, beginning no later than October 1, 2020. OHA has determined that implementation will be in three phases.

Phase 1 - began October 1, 2020

In Phase 1, the following providers must comply with the rules on collecting and REALD data for COVID-19 encounters and reporting that data to OHA when required under the reportable disease rules:

- Hospitals, except for licensed psychiatric hospitals
- Health care providers within a health system ("health system" means "an organization that delivers health care through hospitals, facilities, clinics, medical groups, and other entities that are under common control or ownership")
- Health care providers working in a federally qualified health center (FQHC)

Providers who are subject to, but unable to meet the Phase 1 timeline may request an extension by submitting a written request to OHA (see next section on Requesting and Extension).

Phase 2 - began March 1, 2021

Phase 2 includes all providers subject to Phase 1 with the addition of health care facilities and health care providers working in or with individuals in a congregate setting.

Health care facilities defined as:

- Hospitals (hospitals included in Phase 1 and psychiatric hospitals)
- Long term care facilities
- Ambulatory surgical centers
- Freestanding birthing centers
- Outpatient renal dialysis facilities
- Extended stay centers

Congregate settings, for example:

- Department of Corrections facilities
- County and city jails
- Behavioral health settings (e.g., Oregon State Hospital)
- Hospice facilities
- Homeless shelters
- Migrant and seasonal farm workers facilities

Providers who are subject to, but unable to meet the Phase 2 timeline may request an extension by submitting a written request to OHA (see next section on Requesting and Extension).

Phase 3 - begins October 1, 2021

Phase 3 adds clinical laboratories, emergency medical services providers and all other entities and individuals subject to the REALD/COVID-19 requirements.

Compliance, Enforcement and Requests for Extension

Providers may request an extension for collecting and reporting REALD data by submitting a written request to OHA in the form of a Compliance Plan. The plan must provide sufficient detail to demonstrate a good faith effort to come into compliance in a timely manner. Any adjustments to an approved Compliance Plan are subject to re-approval by OHA.

OHA has developed a REALD Compliance Plan template that providers can use to outline their extension request. The Compliance Plan should include plans for workflow design, staff training, and any phased implementation. OHA will require monthly progress reports outlining the progress towards implementing REALD data collection and reporting.

Per Section 41 of HB 4212, the requirements to collect and report REALD data may be enforced by a provider's health professional regulatory board, or the regulating agency (e.g., OHA, Oregon Department of Human Services) of the health care facility, laboratory, or emergency medical services provider.

OHA will not take any formal enforcement action against an individual health care provider or facility who is required to comply with REALD collection and reporting requirements if the health care provider or facility meets these requirements:

- Submitted a Compliance Plan to OHA
- Is in full compliance by the implementation date in the approved REALD Compliance Plan
- Is currently submitting some REALD data to OHA

Providers at Federally Qualified Health Centers (FQHCs) and providers employed within a health system must be making a good faith effort to submit REALD information for a majority of their COVID-19 cases. OHA expects providers to submit REALD data for as many of their COVID-19 cases while they work toward complete compliance with the reporting requirements.

Hospital systems are not allowed to request extensions that include delayed compliance with collecting and reporting REALD data on COVID-19 hospitalizations. The submitted REALD information data on hospitalizations must include complete responses, allowing for responses of declined, unknown, and missing data due to incapacity. When monitoring compliance on submission of data on COVID-19 hospitalizations, OHA will review data by hospital facility, and not by individual hospital providers.

Data Collection Requirements

HB 4212 requires REALD data to be collected on all COVID-19 encounters and defines encounter as:

> *…an interaction between a patient, or the patient's legal representative, and a health care provider, whether that interaction is in person or through telemedicine, for the purpose of providing health care services related to COVID-19, including but not limited to ordering or performing a COVID-19 test.*

Providers are required to collect REALD data for all COVID-19 encounters but the requirement to report REALD data (see Data Reporting Requirements below) is limited to what OHA specifies must be reported under its reportable disease rules. Administering a COVID vaccine is a COVID-19 encounter, but COVID-19 vaccinations are not a reportable disease or condition, so no REALD data is required to be reported to OHA for vaccinations.

For COVID-19 encounters, REALD data must be collected at the time of the encounter or as soon as possible thereafter. All questions must be asked but individuals may decline to answer any question.

Providers are not required to collect or report these data in the following cases:

- REALD data were previously collected and reported within the last year
- Another health care provider has collected and reported the data within the last year
- The individual has provided these data directly to OHA within the last year

If as a provider, you do not know if one of the above is true for any given individual, you should collect and report REALD data.

HB 4212 does not distinguish between Oregon residents and non-residents when defining COVID-19 encounters. Technically, if the encounter is happening in Oregon, REALD data should be collected regardless of where the person lives. However, the purpose of REALD data collection is to provide demographic information about Oregon COVID-19 disease reporting, support case investigation efforts, and assess and modify Oregon's approach to addressing the COVID-19 pandemic for Oregon's diverse populations. Reportable disease reporting only applies to Oregon residents and therefor REALD information should not be submitted for out-of-state residents. However, data for individuals whose permanent residence is out of state but who are residing in Oregon for an extended time (e.g., migrant workers, college students) should be reported.

Data Reporting Requirements

Providers are required to report REALD data for COVID-19 encounters that fall under the disease reporting requirement rules adopted under ORS 433.004. The administrative rules implementing this statute can be found in OAR Chapter 333, Division 18. Specifically, OAR 333-18-0016 (text also available here in Appendix B) requires reporting of:

a) All human cases of COVID-19
b) All human cases of Multisystem Inflammatory Syndrome in Children (MIS-C)
c) The hospitalization of any individual with COVID-19, whether or not the case was previously reported
d) The death of any individual due to COVID-19, whether or not the case was previously reported
e) The results of all COVID-19 tests

REALD information does not need to be submitted to OHA for other COVID-19 encounters (e.g., vaccinations, treatments for COVID-19). Only the results of a COVID-19 test, COVID-19 cases, hospitalizations, deaths and MIS-C are reportable.

The provider ordering a COVID-19 test is responsible for reporting REALD data, and not another provider or laboratory that might process the test.

Providers have the responsibility to determine whether reporting of REALD data is not required because these data have been submitted within the last year. Note that OHA will not be able to confirm for a provider whether OHA has already received REALD information for an individual.

Providers reporting REALD for COVID-19 encounters must report these data in one of the following ways:

- Data entered one case at a time using the online OHA COVID-19 Reporting Portal (OCRP)
- Submit an electronic comma-separated value (CSV) file.

More detail on the process for submission can be found in this Implementation Guide, for data entry into the Portal and for submitting CSV files, and more details can be found in the CSV Format for REALD Reporting Implementation Guide.

Patient Privacy Protections

The data collected by health care providers as required by HB 4212 are confidential and subject to disclosure only in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) and Oregon laws, including ORS 192.553 to 192.581. HB 4212 also specifically delineates that insurance companies cannot consider any REALD data to determine eligibility for insurance, establish premium rates or establish any other conditions of insurance coverage.

Response or the lack of response to the REALD questions shall not affect eligibility for any service.

Provider Collection and Reporting of REALD Data for COVID-19 Encounters

How to collect REALD data

REALD Questions: Templates and Translations

It is important to use the current version of the REALD questions and answer categories. The current versions of the REALD templates for use in health care settings can be found at REALD – All languages: Service-based settings. There are two versions for each language:

- Generic version to be used with individuals who can answer for themselves (0074 series)
- Version to be used when a parent/guardian is completing for a child and the language needs questions are asked regarding the child (0074c series)

The REALD templates have been translated into the predominate languages spoken in Oregon. In addition to English, the templates are available in:

- Arabic
- Burmese
- Cambodian
- Chinese - Simplified
- Chinese - Traditional
- Farsi
- French
- German
- Hmong
- Japanese
- Korean
- Marshallese
- Mien
- Oromo
- Romanian
- Russian
- Somali
- Spanish
- Thai
- Ukrainian
- Vietnamese

If the person responding to the REALD questions does not communicate in one of these languages, an interpreter should be used when asking the person the REALD questions.

When the REALD data collection standards are updated, there may be a delay when the REAL templates are translated into all languages. In these cases, the older version of the template can be used until the newer version is available in a specific language. The standards and definitions for REALD were updated in October 2020, and a summary of the changes implemented at that time can be found here. To date, templates with the October 2020 changes are available in English, Spanish, Marshallese, Russian and Vietnamese, and the older version should be used for other languages. The most recent template for each language is always available on the webpage REALD – All languages: Service-based settings, and as the new translated templates become available, they will be linked from that webpage.

Providers may adapt their own systems and forms to incorporate the REALD questions into their existing data collection processes. Providers may change the order of the questions, and may add additional answer categories (e.g., add a new racial or ethnic category). However, the wording of the questions and prescribed response choices cannot be changed, and questions and response choices cannot be deleted.

Outline of REALD Questions

The basic outline of REALD questions is listed below. The complete English Language version of these questions are in Appendix C, and templates for all available languages for use in health care settings can be found at REALD – All languages: Service-based settings. A script to ask the REALD questions in a phone interview can be found here. More information on the development of the REALD questions and answer categories can be found in the Race, Ethnicity, Language, & Disability (REALD) Implementation Guide (Chapter 2).

Race/Ethnicity Questions:

Q1. Open-ended question on race/ethnicity:

- How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

Q2. Race/ethnicity question with about 40 detailed categorical responses:

- Which of the following describes your racial or ethnic identity? Please check all that apply.

Q3. Question about primary racial/ethnic identity, with same detailed categorical responses from Q2:

- If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

Language Questions: (age 5+)

Q4. Open-ended questions about preferred language:

- What language or languages do you use at home?
- In what language do you want us to communicate in person, on the phone, or virtually with you? (if indicated a language other than English used at home)
- In what language do you want us to write to you? (if indicated a language other than English used at home)

Q5. Questions about the need for interpreting services: (age 5+)

- Do you need or want an interpreter for us to communicate with you? (if preferred spoken/written language is a language other than English)
- If you need or want an interpreter, what type of interpreter is preferred (if indicate a desire for interpretation)

Q6. Question about how well they speak English: (if indicated a language other than English or sign language used at home) (age 5+)

- How well do you speak English?

Disability Questions:

Q7-15.

- Are you deaf or do you have serious difficulty hearing?
- Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Do you have serious difficulty walking or climbing stairs? (age 5+)
- Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions? (age 5+)
- Do you have difficulty dressing or bathing? (age 5+)
- Do you have serious difficulty learning how to do things most people your age can learn? (age 5+)
- Using your usual (customary) language, do you have serious difficulty communicating (for example, understanding or being understood by others)? (age 5+)
- Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (age 15+)
- Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations? (age 15+)

Individuals answering yes to a disability question are also asked:

- At what age did this condition begin?

Process for Collecting REALD Data

A key principle underlying REALD is that of individual self-reporting, as self-reporting will typically provide the most accurate information. The REALD questions must be completed using information self-reported by the individual. Accessibility needs should be addressed before the survey starts. Do **not** complete REALD questions using information in the individual's medical record.

All REALD questions and categories must be included in data collection.

Individuals have the right to provide their own response for any REALD question or to select from the below options. The following two active "nonresponse" options are different from "missing" responses:

- Don't know (Unknown) is used when: The person or their caregiver is unable to provide an answer, or there is no available family member or caregiver to respond for the person.
- Don't want to answer (Decline to answer) is used when the individual actively chooses not to provide their information.
- Don't know what this question is asking -applies to just two disability questions (Q13, Q15) – is used when the individual does not understand what the question is asking. This makes it easier to distinguish from "don't know" (and they do understand the question).

Considerations when Asking the REALD questions

First, it is important to begin with messaging, such as:

> *We ask everyone about their race, ethnicity, ability, preferred language and interpreter needs. We do so to ensure that everyone receives the highest quality of care.*

If the individual seems hesitant this message can be helpful:

> *We ask these questions of everyone. The information will help us make sure we provide the best services to everyone.*

General guidance for collecting REALD data includes:

- Use common sense
- Allow people to respond and use as much of their own descriptions as possible
- Respect their descriptions (or choices if you provide categories)
- Avoid words that may be considered confrontational
- If a person does not want to answer a question, move on

It is important to ask all REALD questions in the ***same way***, at the ***same time.*** This will help normalize all the REALD questions, as people get used to answering them. For example, providers should not have some questions asked at the front desk or at registration, and other questions asked by clinical staff. Providers should not perpetuate stigmatization by treating certain questions as 'sensitive,' as all of the REALD questions can be sensitive. Perceptions that there is something shameful with regards to some questions can be reduced If REALD data is routinely collected the same way and all of the questions are always asked.

The REALD Response Matrix is a guide to help respond to questions and concerns that may arise when collecting REALD data. The Response Matrix also includes guidance on how to respond when an individual may be uncomfortable with a question or wondering why you need to ask a question. Some examples include:

➢ *Individual: How should I answer this question?*
Suggested answer: I can't tell you how to answer the question. You should answer however you are most comfortable answering or however you identify. If you are uncomfortable answering the question, you may decline to answer. If you don't know, you can to choose "Unknown" or "I Don't Know."

➢ *Individual: It's none of your business.*
Suggested answer: I understand why you might feel that way. I am required to ask each individual question. You do have the opportunity to answer or decline to answer each individual question. It is important that we have the opportunity to hear from you.

➢*Individual*: (When asked about primary race and ethnicity) *I really can't choose.*

Suggested answer: It's okay to have more than one racial or ethnic identity. Is there one you relate more closely to? If not, you can choose to say multiracial or unknown.

➢ *Individual: Why are you asking me about disability?*
Suggested answer: We ask everyone the same questions to assess whether or not someone has a disability. This information helps us identify and address avoidable differences in access and services.

How to Submit REALD Data on COVID-19 Encounters

REALD data on reportable COVID-19 encounters can be submitted through the COVID-19 Reporting Portal or by submitting the data in a CSV (comma-separated values) electronic file. OHA is exploring additional options for submitting REALD data, including a process for individuals to enter their REALD data electronically.

While daily submission of REALD data is preferred, providers may submit data at least weekly, with prior arrangement with OHA. REALD data for the preceding week must be submitted by 10:00 pm each Sunday. Although REALD data may be reported weekly, providers must submit COVID-19 disease reports in accordance with the timeframes established in Oregon Disease Reporting rules:

- COVID-19 tests (positive and negative), within one local public health authority working day
- COVID-19 cases, hospitalizations and deaths, within 24 hours (including weekends and holidays)
- MIS-C (Multisystem Inflammatory Syndrome in Children) cases, within 24 hours (including weekends and holidays)

Data Entry through the COVID-19 Reporting Portal

Providers can enter data on COVID-19 encounters directly into the Oregon COVID-19 Reporting Portal (OCRP) database, one individual at a time. Case reports are automatically routed to the appropriate local health department, provided the individual's resident address is correctly submitted. This option may be more suitable for facilities with a low volume of COVID testing.

Instructions for how to enter data can be found on the Portal's webpage by clicking the link to How to use this portal. This data entry process starts with the provider's information, followed by the REALD data and the COVID-19 disease reporting requirements. If the COVID-19 Reporting Portal is not operable, providers may submit the data by facsimile.

Submitting CSV Files

Note: The CSV file submission process is not appropriate for Long Term Care Facility reporting that should also include laboratory testing data, nor is it appropriate for expanded case reporting. This method is appropriate to supplement ELR or eCR reporting with REALD data.

Providers may submit REALD information on COVID-19 cases, hospitalizations, deaths and MIS-C through a CSV (comma-separated, values) file submission if such submission is approved by OHA's eCR coordinator in conformance with OHA's specification (see next section).

The specifications for CSV submissions are available through the Electronic Case Reporting page, by clicking on the link to the CSV Format for REALD Reporting Implementation Guide. This CSV Guide is updated periodically, and version 1.8 was published December 2020. The CSV Guide includes a table describing the major revisions for each version.

An Excel file template with the field names is available here. Currently, OHA only accepts the CSV files via secure file transfer protocol (SFTP). Questions regarding alternative message transport process should be addressed to elr.project@state.or.us.

The CSV Guide describes the data elements for submitting CSV files for REALD reporting, including:

- Field name
- The order of the field in the data set
- Whether the field is required, conditional, or optional
- Instructions for how to populate that field

For fields that may include multiple responses, each response should be separated by a tilde (~).

Appendices in the CSV Guide provide the answer codes to use for race and ethnicity, language, and interpreter type. Providers can also use an expanded list of codes for language available from CDC's Public Health Information Network Vocabulary Access and Distribution System (PHIN VADS).

Obtaining Approval to Submit Data Using CSV File

Providers must email elr.project@state.or.us to express interest to report REALD data via CSV file submission. OHA will respond with next steps and/or ask for more information to be able to determine if submitting REALD data via CSV is feasible. If there is no current electronic submission method for the provider, then OHA will request SFTP credentials (new accounts may take up to a week). If an SFTP data exchange process is already in place for the submitter, and no new users need to be added, onboarding of CSV reporting for REALD is expected to take one week or less.

The provider can then submit a test file, which must conform to the current file specifications. OHA will verify that the structure and content of the test file conforms to the specification. If the file does not conform to specifications, OHA will provide corrective feedback. Until CSV file submission begins, the provider must continue to submit data through the COVID-19 Reporting Portal.

Once the file submission testing is complete, the provider must indicate the CSV reporting frequency and then begin data submission. OHA aims to receive complete REALD data from submitters at least weekly.

Alignment with Federal Race/Ethnicity Reporting Standards

The federal Health Resources and Services Administration (HRSA), Office of Management and Budget (OMB), and the CDC each have a standard for reporting on race and ethnicity. The REALD to HRSA Cross-Walk Excel File shows all the possible combinations of race and ethnicity from REALD and indicates the appropriate race and ethnicity using the HRSA and OMB standards. The REALD and CDC Race and Ethnicity Cross-Map (Code Set Version 1.0) indicates how the CDC race and ethnicity categories map to the REALD categories.

Appendix A. Applicable Sections of HB 4212

SECTION 40.

(1) As used in this section:

(a) "COVID-19" means a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

(b) "Encounter" means an interaction between a patient, or the patient's legal representative, and a health care provider, whether that interaction is in person or through telemedicine, for the purpose of providing health care services related to COVID-19, including but not limited to ordering or performing a COVID-19 test.

(c) "Health care provider" means:

(A) An individual licensed or certified by the:

(i) State Board of Examiners for Speech-Language Pathology and Audiology;
(ii) State Board of Chiropractic Examiners;
(iii) State Board of Licensed Social Workers;
(iv) Oregon Board of Licensed Professional Counselors and Therapists;
(v) Oregon Board of Dentistry;
(vi) State Board of Massage Therapists;
(vii) Oregon Board of Naturopathic Medicine;
(viii) Oregon State Board of Nursing;
(ix) Oregon Board of Optometry;
(x) State Board of Pharmacy;
(xi) Oregon Medical Board;
(xii) Occupational Therapy Licensing Board;
(xiii) Oregon Board of Physical Therapy;
(xiv) Oregon Board of Psychology; or
(xv) Board of Medical Imaging;

(B) An emergency medical services provider licensed by the Oregon Health Authority under ORS 682.216;

(C) A clinical laboratory licensed under ORS 438.110; and

(D) A health care facility as defined in ORS 442.015.

(d) "Telemedicine" means the delivery of a health service through a two-way communication medium, including but not limited to telephone, Voice over Internet Protocol, transmission of telemetry or any Internet or electronic platform that allows a provider to interact in real time with a patient, a parent or guardian of a patient or another provider acting on a patient's behalf.

(2) The authority shall adopt rules:

(a) Requiring a health provider to:

(A) Collect encounter data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status in accordance with the standards adopted by the authority under ORS 413.161; and

(B) Report the data in accordance with rules adopted under ORS 433.004 for the reporting of diseases.

(b) Prescribing the manner of reporting.

(c) Ensuring, to the extent practicable, that the data collected and reported under this section by health care providers is not duplicative.

(d) Establishing phased in deadlines for the collection of data under this section, beginning no later than October 1, 2020.

(3) The authority may provide incentives to health care providers and facilities to help defer the costs of making changes to electronic health records or similar systems.
(4) Data collected by health care providers under this section is confidential and subject to disclosure only in accordance with the federal Health Insurance Portability and Accountability Act privacy regulations, 45 C.F.R. parts 160 and 164, ORS 192.553 to 192.581 or other state or federal laws limiting the disclosure of health information.

SECTION 41.
Section 40 of this 2020 special session Act may be enforced by any means permitted under the law by:
(1) A health professional regulatory board specified in section 40 of this 2020 special session Act with respect to a provider under the jurisdiction the board.
(2) The Oregon Health Authority or the Department of Human Services with regard to health care facilities under each agency's respective jurisdiction.
(3) The authority with regard to emergency medical services providers licensed under ORS 682.216 and clinical laboratories licensed under ORS 438.110.

SECTION 41a has the same text as Section 40 with the deletion of subsection (2) (d): *Establishing phased in deadlines for the collection of data under this section, beginning no later than October 1, 2020.*

SECTION 41b. (1) Section 41 of this 2020 special session Act becomes operative on December 31, 2020.
(2) The amendments to section 40 of this 2020 special session Act by section 41a of this 2020 special session Act become operative on December 31, 2021.

SECTION 42. Section 43 of this 2020 special session Act is added to and made a part of the Insurance Code.

SECTION 43. An insurer transacting insurance in this state may not consider any information collected and reported under section 40 of this 2020 special session Act to:
(1) Deny, limit, cancel, rescind or refuse to renew a policy of insurance;
(2) Establish premium rates for a policy of insurance; or
(3) Establish the terms and conditions of a policy of insurance.

Appendix B. OAR 333-018-0016: Reporting of COVID-19 Related Test Results, Cases and Deaths

(1) Health care providers shall report within 24 hours (including weekends and holidays), in accordance with section (3) of this rule, the following:

(a) All human cases of COVID-19.

(b) All human cases of MIS-C.

(c) The hospitalization of any individual with COVID-19, whether or not the case was previously reported.

(d) The death of any individual due to COVID-19, whether or not the case was previously reported.

(2) Health care providers shall report all negative test results for COVID-19 within one local public health authority working day, in accordance with section (3) of this rule.

(3) Health care providers shall report the information required in sections (1) and (2) of this rule, in one of two ways, in order of preference:

(a) Submission of an Electronic Initial Case Report (eICR) in accordance with the Authority's Electronic Case Reporting (ECR) Manual; or

(b) Through the Online Morbidity Report System, which can be found at: www.healthoregon.org/howtoreport.

(4) A health care facility or health care system, where more than one health care provider may know the information that is required to be reported under sections (1) and (2) of this rule, may establish policies and procedures to ensure that the information is reported to the Authority as required, but duplicate reporting is minimized.

(5) Licensed laboratories shall report:

(a) All test results indicative of and specific for COVID-19 within 24 hours (including weekends and holidays).

(b) All negative test results for COVID-19 within one local public health authority working day.

Appendix C. REALD Template – English Version

Oregon Department of Human Services

Race, Ethnicity, Language, and Disability (REALD)

Oregon Health Authority

These questions are optional and your answers are confidential. We would like you to tell us your race, ethnicity, language and ability levels so that we can find and address health and service differences.

You can get this document in other languages, large print, braille, or a format you prefer. We accept all relay calls or you can dial 711. Please contact _____ at _____

Today's Date: _____ Medical record number (*if applicable*): _____

First Name: _____ Middle Initial: ____ Last Name: _____ Date of Birth: _____

Race and Ethnicity

1. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry**?

2. Which of the following describes your **racial or ethnic identity**? Please check **ALL** that apply.

Hispanic and Latino/a/x
- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander
- ☐ CHamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

White
- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White

American Indian and Alaska Native
- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central American, or South American

Black and African American
- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black)
- ☐ Other Black

Middle Eastern/North African
- ☐ Middle Eastern
- ☐ North African

Asian
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

Other categories
- ☐ Other *(please list)*
- ☐ Don't know
- ☐ Don't want to answer

3. If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?
- ☐ Yes. Please circle your primary racial or ethnic identity above.
- ☐ I do not have just one primary racial or ethnic identity.
- ☐ No. I identify as Biracial or Multiracial.
- ☐ N/A. I only checked one category above.
- ☐ Don't know
- ☐ Don't want to answer

(To be filled in by agency or clinic staff)

Agency or clinic: **Agency staff or provider name or ID:**

Phone: **Address:**

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Language (*Interpreters are available at no charge*)

4a. What language or languages do you **use at home**? _____

Skip to question 7 if you indicated English only

4b. In what language do you want us to communicate in **person, on the phone, or virtually** with you?

_____

4c. In what language do you want us to **write** to you? _____

5a. Do you need or want an **interpreter** for us to communicate with you?

☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

5b. If you need or want an interpreter, what type of interpreter is preferred?

☐ Spoken language interpreter
☐ American Sign Language interpreter
☐ Other ***(please list)***: _____
☐ Deaf Interpreter for DeafBlind, additional barriers, or both
☐ Contact sign language (PSE) interpreter

Skip to question 7 if you do not use a language other than English or sign language

6. How well do you speak English?

☐ Very Well ☐ Well ☐ Not Well ☐ Not at all ☐ Don't know ☐ Don't want to answer

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential. (**Please write in "don't know" if you don't know when you acquired this condition, or "don't want to answer" if you don't want to answer the question.*)		Yes	***If yes**, at what age did this condition begin?	No	Don't know	Don't want to answer	Don't know what this question is asking
7.	Are you **deaf** or do you have **serious difficulty hearing**?						
8.	Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?						
	Please stop now if you/the person is under age 5						
9.	Do you have **serious difficulty walking or climbing stairs**?						
10.	Because of a physical, mental or emotional condition, do you have **serious difficulty concentrating, remembering or making decisions**?						
11.	Do you have **difficulty dressing or bathing**?						
12.	Do you have **serious difficulty learning how to do things most people your age can learn**?						
13.	Using your **usual (customary) language**, do you have **serious difficulty communicating** (*for example understanding or being understood by others*)?						
	Please stop now if you/the person is under age 15						
14.	Because of a **physical, mental or emotional condition**, do you have **difficulty doing errands alone** such as visiting a doctor's office or shopping?						
15.	Do you have **serious difficulty** with the following: **mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations**?						

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