

LC 444: Sharing Data with Tribes

This bill allows the Oregon Health Authority to collect and share tribal affiliation data with the Nine Federally Recognized Tribes in Oregon and the Tribal Epidemiology Center, so they can better investigate disease outbreaks and prevent opioid overdoses in Tribal communities.

Limits on Data Sharing Restrict Efforts to Investigate Disease Outbreaks and Prevent Opioid Overdoses

Federally recognized Tribes are sovereign nations that can conduct their own public health activities, including investigation of disease outbreaks and prevention of opioid overdoses. Tribes are best positioned to serve their community members, who are disproportionately affected by health inequities.

The federally designated Tribal Epidemiology Center (TEC) for Tribes in Oregon assists the Tribes with data accuracy and technical assistance for public health activities, including reportable disease case investigations and opioid overdose prevention. The Indian Health Care Improvement Act (IHCA) expressly designates TECs as public health authorities.

Whenever possible, OHA cooperatively shares public health datasets with Tribes and the TEC. The TEC compares these datasets with its extensive member registry for the Tribes in Oregon and identifies which persons in the dataset are American Indian/Alaska Native. When sharing is possible, such data linkage results in significantly more accurate and useful data for OHA, the TEC, and Tribes.

When Tribes seek to conduct reportable disease investigation and/or prevention, they require access to communicable disease data housed at OHA. However, state statutes are silent regarding sharing of tribal data related to investigating disease outbreaks with Tribes. As a result, currently OHA has no clear authority to collect or provide the data to Tribes or the TEC, severely limiting Tribal efforts.

Similarly, under current statute, federally recognized Tribes and the TEC do not have access to Prescription Drug Monitoring Program (PDMP) data pertaining to opioid prescriptions for American Indian/Alaska Natives. OHA may only disclose de-identified

PDMP data for general research, education, and public health purposes. This means the TEC cannot make the data linkage with PDMP data. Thus, the disparities related to opioid prescription and pain management among persons who identify as American Indian/Alaska Native cannot be identified or quantified using this data, even though other data indicate this population experiences significant inequities related to addiction and overdose. This lack of data prevents OHA, Tribes and the TEC from more comprehensively addressing the opioid and overdose epidemic in Tribal communities.

Better Data Sharing Will Enable Better Tribal Health

Two statutory changes will allow for better data sharing between OHA and Tribes:

- Permit OHA to enter into agreements with federally recognized Tribes in Oregon and the Tribal Epidemiology Center serving the Tribes to perform work like the work conducted by local public health authorities under ORS 433.006 for populations served by the Tribe (as defined by the Tribe) and to share data for the purposes of those activities.
- Permit sharing of identified PDMP data for the purpose of data linkage with federally recognized Tribes in Oregon and the TEC for purposes of research, education, and public health evaluation.

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