

A-Engrossed
Senate Bill 1506

Ordered by the Senate February 14
Including Senate Amendments dated February 14

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SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

[Creates Central Oregon Psychiatric Prescribing Program as pilot program to allow reimbursement of mental health drug costs using capitation payment methodology. Establishes requirements for program. Requires appointment of Mental Health Clinical Advisory Group to establish voluntary evidence-based treatment algorithms for major mental health disorders.]

[Ends pilot program on June 30, 2014.]

Directs Central Oregon Health Council to appoint Mental Health Clinical Advisory Group to establish voluntary evidence-based treatment algorithms for treatment of major mental health disorders. Requires group to annually report to appropriate committees of Legislative Assembly.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to mental health drugs; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) The Central Oregon Health Council shall appoint a Mental Health Clinical Advisory Group to establish voluntary evidence-based treatment algorithms for the treatment of major mental health disorders. The advisory group shall consider all of the following:

(a) The extent to which sufficient clinical evidence exists to support a treatment algorithm.

(b) Peer-reviewed medical literature.

(c) Observational studies.

(d) Studies of health economics.

(e) Input from patients and physicians.

(f) Other information deemed by the advisory group to be appropriate.

(2) The Mental Health Clinical Advisory Group must include, at a minimum, all of the following:

(a) Two community psychiatrists.

(b) One child and adolescent psychiatrist.

(c) Two licensed clinical psychologists.

(d) One licensed clinical social worker.

(e) One psychiatric nurse practitioner.

(f) Two primary care providers.

(g) Two pharmacists, including one pharmacist who supplies long-term care facilities and

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 special needs clients.

2 (h) Two representatives of statewide mental health advocacy organizations for children
3 and adults who live with mental illness, with preference given to individuals with personal
4 experience with mental illness.

5 (3) The Mental Health Clinical Advisory Group must:

6 (a) Be independent from any agency of state government;

7 (b) Be provided with a meeting space, staffing, telecommunications and necessary mate-
8 rials and supplies by the Central Oregon Health Council; and

9 (c) Post agendas, minutes and a recording of advisory group meetings no later than five
10 days after each meeting.

11 (4) The affirmative votes of a majority of the Mental Health Clinical Advisory Group's
12 members are required before the advisory group takes action on any measure, treatment
13 algorithm or recommendation.

14 (5) The Mental Health Clinical Advisory Group shall investigate and make recommen-
15 dations for implementation of the following:

16 (a) An academic detailing program in which retrospective claims data are used to educate
17 prescribers on the cost and quality implications of their prescribing patterns;

18 (b) A program providing low-cost, prepackaged medication samples to prescribers for
19 distribution to patients free of charge;

20 (c) A medication therapy management services program carried out by pharmacists li-
21 censed in this state that is targeted to individuals with mental health conditions, and that
22 is designed to increase shared decision-making between patients and prescribers, improve
23 consumer understanding of medications, promote person-directed care, improve medication
24 adherence and prevent complications, drug interactions, inappropriate discontinuation or
25 other adverse outcomes;

26 (d) A program using voluntary psychiatric clinical treatment algorithms developed by the
27 advisory group; and

28 (e) Clinical prescribing programs that include:

29 (A) Clinical, economic and quality of life targets.

30 (B) Intervention with medical providers, behavioral health providers and the patient or
31 patient's caregiver to promote person-directed care, improve health and quality of life out-
32 comes and improve prescribing practices.

33 (C) Using all antidepressants and antipsychotic medications, and any psychiatric
34 medication that is approved by the United States Food and Drug Administration, as preferred
35 medications on any formulary.

36 (6) Incentives or education may be provided to promote any of the programs identified
37 in subsection (5)(a) to (d) of this section so long as the incentives or education are not de-
38 signed to encourage prescribers to change medications or substitute medications for patients
39 who are stabilized on or are currently responding to and tolerating a medication.

40 (7) The Mental Health Clinical Advisory Group shall report annually to the appropriate
41 committees of the Legislative Assembly related to health care on its review and recommen-
42 dations for prescribing practices, the implementation of clinical programs and any associated
43 clinical, economic and quality of life outcomes of the program.

44 (8) No later than July 1, 2012, the Oregon Health Authority shall provide to the managed
45 care organization supporting the Central Oregon Health Council pharmacy claims data to

1 support the work of the Mental Health Clinical Advisory Group. The authority shall supply
2 the data in a format agreed to by the authority and the council.

3 **SECTION 2.** Section 1 of this 2012 Act is repealed January 2, 2015.

4 **SECTION 3.** This 2012 Act being necessary for the immediate preservation of the public
5 peace, health and safety, an emergency is declared to exist, and this 2012 Act takes effect
6 on its passage.

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