
Oregon Health Authority Measure Summary

HB 2421

Mental Health prescription drugs cost and control shifted to CCOs.

Concept: This measure would allow the Oregon Health Authority (OHA) to apply a Preferred Drug List (PDL) to mental health drugs and would transfer the responsibility for management of all mental health (MH) drugs from fee-for-service (FFS) to CCOs for members enrolled in those organizations, effective January 1, 2016. This will allow the CCOs to coordinate all health delivery costs for their mental health clients.

Need for Policy Change: Currently FFS pays for all mental health prescription drugs. This policy is contrary to the idea of coordinating all care through one health delivery system. By shifting the responsibility for MH drugs from FFS to CCOs, decisions about how best to treat clients will be made by the local community instead of the state.

Impact if Not Approved: The system to treat mentally ill OHP patients will remain uncoordinated as the CCOs treat the patient but the state pays for and controls the drugs that can be prescribed.

Facts:

- Currently, MH drugs are reimbursed on a FFS service basis and are “carved-out” of CCO global budgets.
- Statewide policies around these drugs do not always meet the needs of the CCOs whose local standards may be different.
- CCOs are better equipped to know the specific needs of their clients.
- Data on what MH drugs are used by CCO clients is not easily available to the CCOs so coordination between physical and mental health treatments is difficult.
- The bill guarantees no client who is stable on their mental health medications will be forced to change medications for at least 12 months by requiring the CCOs to honor all previous treatment plans.

Other Supporters: CCOs generally supportive.

The mental health community will have concerns about the decisions made by individual CCOs and the impact those decisions will have on the mentally ill.

Fiscal Impact: Indeterminate.

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