

A-Engrossed
House Bill 2300

Ordered by the House April 21
Including House Amendments dated April 21

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Oregon Health Authority)

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.

[Requires cost of mental health drugs to be taken into consideration in determining global budgets for coordinated care organizations.]

Establishes Mental Health Clinical Advisory Group in Oregon Health Authority to develop evidence-based algorithms for prescription drug treatment of mental health disorders in medical assistance recipients. Specifies membership.

A BILL FOR AN ACT

1
2 Relating to prescription drug coverage for medical assistance recipients; creating new provisions;
3 and amending ORS 414.334.

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

5 **SECTION 1. Section 2 of this 2017 Act is added to and made a part of ORS chapter 414.**

6 **SECTION 2. (1) The Mental Health Clinical Advisory Group is established in the Oregon**
7 **Health Authority to develop voluntary evidence-based algorithms for the treatment with**
8 **mental health drugs of medical assistance recipients who have mental health disorders,**
9 **based on the efficacy, cost and side effects of and a patient's profile and history with mental**
10 **health drugs.**

11 **(2) The Mental Health Clinical Advisory Group consists of 12 members appointed by the**
12 **Governor as follows:**

13 **(a) Two psychiatrists with active community practices;**

14 **(b) One child and adolescent psychiatrist;**

15 **(c) Two licensed clinical psychologists;**

16 **(d) One psychiatric nurse practitioner with prescribing privileges;**

17 **(e) Two primary care providers;**

18 **(f) Two pharmacists, one of whom must have experience in dispensing to long term care**
19 **facilities and to patients with special needs; and**

20 **(g) Two individuals representing statewide mental health advocacy organizations for**
21 **children and adults with mental illness, preferably individuals who have experience living**
22 **with mental illness.**

23 **(3) The Mental Health Clinical Advisory Group shall, in developing treatment algorithms,**
24 **consider all of the following:**

25 **(a) Peer-reviewed medical literature;**

26 **(b) Observational studies;**

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 (c) Studies of health economics;
- 2 (d) Input from patients and physicians; and
- 3 (e) Any other information that the group deems appropriate.

4 (4) The Mental Health Clinical Advisory Group shall make recommendations to the au-
5 thority for drugs to be included on any preferred drug list adopted by the authority or a co-
6 ordinated care organization and on the Practitioner-Managed Prescription Drug Plan. The
7 group shall also recommend guidelines for practitioners in the treatment of mental health
8 disorders using mental health drugs.

9 (5) Recommendations of the Mental Health Clinical Advisory Group shall be posted to the
10 website of the authority no later than 30 days after the group approves the recommen-
11 dations.

12 (6) The term of office of each member of the Mental Health Clinical Advisory Group is
13 four years, but a member serves at the pleasure of the Governor. Before the expiration of
14 the term of a member, the Governor shall appoint a successor whose term begins on January
15 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause,
16 the Governor shall make an appointment to become immediately effective for the unexpired
17 term.

18 (7) A member of the Mental Health Clinical Advisory Group is not entitled to compen-
19 sation or reimbursement for expenses and serves as a volunteer on the group.

20 (8) The Mental Health Clinical Advisory Group shall select one of its members as chair-
21 person and another as vice chairperson, for terms and with duties and powers necessary for
22 the performance of the functions of the group.

23 (9) A majority of the members of the Mental Health Clinical Advisory Group constitutes
24 a quorum for the transaction of business.

25 (10) The Mental Health Clinical Advisory Group shall meet at least once every six months
26 at a time and place determined by the chairperson. The group also may meet at other times
27 and places specified by the call of the chairperson or of a majority of the members of the
28 group.

29 (11) In accordance with applicable provisions of ORS chapter 183, the Mental Health
30 Clinical Advisory Group may adopt rules necessary for the administration of this section.

31 (12) All agencies of state government, as defined in ORS 174.111, are directed to assist
32 the Mental Health Clinical Advisory Group in the performance of duties of the group and, to
33 the extent permitted by laws relating to confidentiality, to furnish information and advice
34 the members of the group consider necessary to perform their duties.

35 **SECTION 3.** Notwithstanding the term of office specified by section 2 of this 2017 Act,
36 of the members first appointed to the Mental Health Clinical Advisory Group:

- 37 (1) Two shall serve for terms ending December 31, 2019.
- 38 (2) Two shall serve for terms ending December 31, 2020.
- 39 (3) Two shall serve for terms ending December 31, 2021.
- 40 (4) Six shall serve for terms ending December 31, 2022.

41 **SECTION 4.** ORS 414.334 is amended to read:

42 414.334. (1) The Oregon Health Authority shall adopt by rule a Practitioner-Managed Pre-
43 scription Drug Plan for the medical assistance program. The purpose of the plan is to ensure that
44 enrollees in the medical assistance program receive the most effective prescription drug available
45 at the best possible price.

1 (2) In adopting the plan, the authority shall consider recommendations of the Pharmacy and
2 Therapeutics Committee **and the Mental Health Clinical Advisory Group.**

3 (3) The authority shall consult with representatives of the regulatory boards and associations
4 representing practitioners who are prescribers under the medical assistance program and ensure
5 that practitioners receive educational materials and have access to training on the Practitioner-
6 Managed Prescription Drug Plan.

7 (4) Notwithstanding the Practitioner-Managed Prescription Drug Plan adopted by the authority,
8 a practitioner may prescribe any drug that the practitioner indicates is medically necessary for an
9 enrollee as being the most effective available.

10 (5) An enrollee may appeal to the authority a decision of a practitioner or the authority to not
11 provide a prescription drug requested by the enrollee.

12 (6) This section does not limit the decision of a practitioner as to the scope and duration of
13 treatment of chronic conditions, including but not limited to arthritis, diabetes and asthma.

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