

B-Engrossed
House Bill 2300

Ordered by the House July 4
Including House Amendments dated April 21 and July 4

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.

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.

Requires Oregon Health Authority to reimburse cost of mental health drugs for medical assistance recipients.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to prescription drug coverage for medical assistance recipients; and declaring an emer-
3 gency.

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

5 **SECTION 1. Sections 2 and 3 of this 2017 Act are added to and made a part of ORS**
6 **chapter 414.**

7 **SECTION 2. (1) The Mental Health Clinical Advisory Group is established in the Oregon**
8 **Health Authority. The Mental Health Clinical Advisory Group shall develop evidence-based**
9 **algorithms for mental health treatments with mental health drugs based on:**

- 10 (a) **The efficacy of the drug;**
11 (b) **The cost of the drug;**
12 (c) **Potential side effects of the drug;**
13 (d) **A patient's profile; and**
14 (e) **A patient's history with the drug.**

15 **(2) The Mental Health Clinical Advisory Group consists of 15 members appointed by the**
16 **authority as follows:**

- 17 (a) **Two psychiatrists with active community practices;**
18 (b) **One child and adolescent psychiatrist;**
19 (c) **Two licensed clinical psychologists;**
20 (d) **One psychiatric nurse practitioner with prescribing privileges;**
21 (e) **Two primary care providers;**
22 (f) **Two pharmacists, one of whom must have experience in dispensing to long term care**
23 **facilities and to patients with special needs;**
24 (g) **Two individuals, representing statewide mental health advocacy organizations for**
25 **children and adults with mental illness, who have experience as consumers of mental health**

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 services or as a family member of a consumer of mental health services;

2 (h) Two individuals each representing a coordinated care organization; and

3 (i) One consumer of mental health services or one family member of a consumer of
4 mental health services.

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

7 (a) Peer-reviewed medical literature;

8 (b) Observational studies;

9 (c) Studies of health economics;

10 (d) Input from patients and physicians; and

11 (e) Any other information that the group deems appropriate.

12 (4) The Mental Health Clinical Advisory Group shall make recommendations to the au-
13 thority and the Pharmacy and Therapeutics Committee including but not limited to:

14 (a) Implementation of evidence-based algorithms.

15 (b) Any changes needed to any preferred drug list used by the authority.

16 (c) Practice guidelines for the treatment of mental health disorders with mental health
17 drugs.

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

21 (6) The Mental Health Clinical Advisory Group shall report to the interim committees of
22 the Legislative Assembly related to health:

23 (a) No later than December 31, 2017, its progress in developing evidence-based algorithms
24 for mental health drugs; and

25 (b) No later than December 31, 2018, its final recommendations under subsection (4) of
26 this section and any legislative changes needed to fully implement the recommendations.

27 (7) A member of the Mental Health Clinical Advisory Group is not entitled to compen-
28 sation but may be reimbursed for necessary travel expenses incurred in the performance of
29 the member's official duties.

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

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

35 (10) The Mental Health Clinical Advisory Group shall meet at least once every two
36 months at a time and place determined by the chairperson. The group also may meet at
37 other times and places specified by the call of the chairperson or of a majority of the mem-
38 bers of the group. The group may meet in executive session when discussing factors listed
39 in subsection (1) of this section.

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

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

1 **SECTION 3.** (1) As used in this section, “mental health drug” means a type of legend drug
2 defined by the Oregon Health Authority by rule that includes but is not limited to:

3 (a) Therapeutic class 7 ataractics-tranquilizers; and

4 (b) Therapeutic class 11 psychostimulants-antidepressants.

5 (2) Notwithstanding ORS 414.334, the authority shall reimburse the cost of a mental
6 health drug prescribed for a medical assistance recipient if federal financial participation in
7 the cost is available.

8 **SECTION 4.** Section 3 of this 2017 Act becomes operative on January 2, 2018.

9 **SECTION 5.** (1) Section 2 of this 2017 Act is repealed on December 31, 2018.

10 (2) Section 3 of this 2017 Act is repealed on January 2, 2020.

11 **SECTION 6.** In addition to and not in lieu of any other appropriation, there is appropri-
12 ated to the Oregon Health Authority, for the biennium beginning July 1, 2017, out of the
13 General Fund, the amount of \$143,888, which may be expended for carrying out section 2 of
14 this 2017 Act.

15 **SECTION 7.** This 2017 Act being necessary for the immediate preservation of the public
16 peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect
17 on its passage.

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