

HOUSE AMENDMENTS TO HOUSE BILL 2300

By COMMITTEE ON HEALTH CARE

April 21

1 In line 2 of the printed bill, after the semicolon delete the rest of the line and line 3 and insert
2 “creating new provisions; and amending ORS 414.334.”.

3 Delete lines 5 through 13 and insert:

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

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

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

12 **“(a) Two psychiatrists with active community practices;**

13 **“(b) One child and adolescent psychiatrist;**

14 **“(c) Two licensed clinical psychologists;**

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

16 **“(e) Two primary care providers;**

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

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

22 **“(3) The Mental Health Clinical Advisory Group shall, in developing treatment algo-**
23 **rithms, consider all of the following:**

24 **“(a) Peer-reviewed medical literature;**

25 **“(b) Observational studies;**

26 **“(c) Studies of health economics;**

27 **“(d) Input from patients and physicians; and**

28 **“(e) Any other information that the group deems appropriate.**

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

34 **“(5) Recommendations of the Mental Health Clinical Advisory Group shall be posted to**
35 **the website of the authority no later than 30 days after the group approves the recommen-**

1 **dations.**

2 **“(6) The term of office of each member of the Mental Health Clinical Advisory Group is**
3 **four years, but a member serves at the pleasure of the Governor. Before the expiration of**
4 **the term of a member, the Governor shall appoint a successor whose term begins on January**
5 **1 next following. A member is eligible for reappointment. If there is a vacancy for any cause,**
6 **the Governor shall make an appointment to become immediately effective for the unexpired**
7 **term.**

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

10 **“(8) The Mental Health Clinical Advisory Group shall select one of its members as**
11 **chairperson and another as vice chairperson, for terms and with duties and powers necessary**
12 **for the performance of the functions of the group.**

13 **“(9) A majority of the members of the Mental Health Clinical Advisory Group constitutes**
14 **a quorum for the transaction of business.**

15 **“(10) The Mental Health Clinical Advisory Group shall meet at least once every six**
16 **months at a time and place determined by the chairperson. The group also may meet at**
17 **other times and places specified by the call of the chairperson or of a majority of the mem-**
18 **bers of the group.**

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

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

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

27 **“(1) Two shall serve for terms ending December 31, 2019.**

28 **“(2) Two shall serve for terms ending December 31, 2020.**

29 **“(3) Two shall serve for terms ending December 31, 2021.**

30 **“(4) Six shall serve for terms ending December 31, 2022.**

31 **“SECTION 4. ORS 414.334 is amended to read:**

32 **“414.334. (1) The Oregon Health Authority shall adopt by rule a Practitioner-Managed Pre-**
33 **scription Drug Plan for the medical assistance program. The purpose of the plan is to ensure that**
34 **enrollees in the medical assistance program receive the most effective prescription drug available**
35 **at the best possible price.**

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

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

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

45 **“(5) An enrollee may appeal to the authority a decision of a practitioner or the authority to not**

1 provide a prescription drug requested by the enrollee.

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

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