

At the request of National Alliance on Mental Illness (NAMI)

**PROPOSED AMENDMENTS TO
HOUSE BILL 2300**

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

4 Delete lines 5 through 13 and insert:

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

7 **“SECTION 2. (1)(a) The Mental Health Clinical Advisory Group is**
8 **established in the Oregon Health Authority. The Mental Health Clin-**
9 **ical Advisory Group shall develop and update evidence-based algo-**
10 **rithms for mental health treatments with mental health drugs based**
11 **on:**

12 **“(A) The efficacy of the drug;**

13 **“(B) The cost of the drug;**

14 **“(C) Potential side effects of the drug;**

15 **“(D) A patient’s profile; and**

16 **“(E) A patient’s history with the drug.**

17 **“(b) The authority may adopt the algorithms by rule for the be-**
18 **havioral health treatment of medical assistance recipients but may not**
19 **apply utilization controls or other restrictions that deny or limit ac-**
20 **cess to the mental health drugs.**

21 **“(2) The Mental Health Clinical Advisory Group consists of 12**

1 **members appointed by the Governor as follows:**

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

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

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

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

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

7 **“(f) Two pharmacists, one of whom must have experience in dis-**
8 **persing to long term care facilities and to patients with special needs;**

9 **and**

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

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

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

16 **“(b) Observational studies;**

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

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

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

20 **“(4) The Mental Health Clinical Advisory Group shall make recom-**
21 **mendations to the authority for drugs to be included on any preferred**
22 **drug list adopted by the authority or a coordinated care organization**
23 **and on the Practitioner-Managed Prescription Drug Plan. The group**
24 **shall also recommend guidelines for practitioners in the treatment of**
25 **mental health disorders using mental health drugs.**

26 **“(5) Recommendations of the Mental Health Clinical Advisory**
27 **Group shall be posted to the website of the authority no later than 30**
28 **days after the group approves the recommendations.**

29 **“(6) The term of office of each member of the Mental Health Clin-**
30 **ical Advisory Group is four years, but a member serves at the pleasure**

1 of the Governor. Before the expiration of the term of a member, the
2 Governor shall appoint a successor whose term begins on January 1
3 next following. A member is eligible for reappointment. If there is a
4 vacancy for any cause, the Governor shall make an appointment to
5 become immediately effective for the unexpired term.

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

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

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

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

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

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

28 “SECTION 3. Notwithstanding the term of office specified by sec-
29 tion 2 of this 2017 Act, of the members first appointed to the Mental
30 Health Clinical Advisory Group:

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

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

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

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

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

6 “414.334. (1) The Oregon Health Authority shall adopt **by rule** a
7 Practitioner-Managed Prescription Drug Plan for the medical assistance
8 program. The purpose of the plan is to ensure that enrollees in the medical
9 assistance program receive the most effective prescription drug available at
10 the best possible price.

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

14 “(3) The authority shall consult with representatives of the regulatory
15 boards and associations representing practitioners who are prescribers under
16 the medical assistance program and ensure that practitioners receive educa-
17 tional materials and have access to training on the Practitioner-Managed
18 Prescription Drug Plan.

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

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

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

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