

FISCAL IMPACT OF PROPOSED LEGISLATION

Measure: SB 138 - B

80th Oregon Legislative Assembly – 2019 Regular Session
Legislative Fiscal Office*Only Impacts on Original or Engrossed
Versions are Considered Official*Prepared by: Kim To
Reviewed by: Tom MacDonald, Julie Neburka
Date: June 7, 2019**Measure Description:**

Reestablishes Mental Health Clinical Advisory Group in Oregon Health Authority to continue development of evidence-based algorithms for prescription drug treatment of mental health disorders.

Government Unit(s) Affected:

Oregon Health Authority (OHA), Department of Corrections (DOC), Oregon Board of Pharmacy (OBOP), Mental Health Regulatory Agency (MHRA),

Summary of Fiscal Impact:

Costs related to the measure may require budgetary action - See analysis.

Summary of Expenditure Impact:

	2019-21 Biennium	2021-23 Biennium
Oregon Health Authority - General Fund		
Personal Services	282,959	282,959
Services and Supplies	113,948	113,948
Total General Fund	\$396,907	\$396,907
Oregon Health Authority - Federal Funds		
Personal Services	282,959	282,959
Services and Supplies	38,678	38,678
Total Federal Funds	\$321,637	\$321,637
TOTAL FUNDS	\$718,544	\$718,544
Positions	2	2
FTE	2.00	2.00

Analysis:

SB 138 reestablishes and expands the scope of work of the 18-member Mental Health Clinical Advisory Group. This advisory group is charged with developing evidence-based algorithms for mental health treatments, including treatments with mental health drugs. The measure directs the advisory group to make recommendations to OHA and the Pharmacy and Therapeutics Committee. These recommendations must be posted to the OHA website no later than 30 days after the group approves the recommendations. The advisory group must report to the Legislature by December 31st of each year. The advisory group must meet at least once every two months. Members of the advisory group are entitled to reimbursement of expenses.

In addition, the measure requires OHA to reimburse the cost of a mental health drug prescribed for a medical assistance recipient if federal financial participation in the cost is available. This provision sunsets on January 2, 2022. This provision does not have a fiscal impact on OHA because it does not change how OHA pays for mental health drugs and it does not end the current exclusion of mental health drugs from the preferred drug list enforcement.

Oregon Health Authority (OHA)

OHA estimates the fiscal impact of convening and supporting the Mental Health Clinical Advisory Group to be \$718,544 Total Funds [\$396,907 General Fund, \$321,637 Federal Funds, and 2 positions (2.00 FTE) per biennium.

This amount includes personal services and related services and supplies for:

- One full-time Operations and Policy Analyst 3 position to coordinate the work of the Mental Health Clinical Advisory Group; and
- One full-time Clinical Pharmacy Manager 2 to act as the lead responsible for compiling and facilitating group input and directing the medication algorithms for the Mental Health Clinical Advisory Group.

In addition to personal services related costs, OHA estimates meeting expenses and travel reimbursement for advisory group members to be \$74,059 per biennium. OHA reports that the scope of this work is Medicaid eligible because these positions are necessary to complete recommendations and medication algorithms for mental health drugs for the entire Medicaid pharmacy program. The staff is also tasked with providing recommendations to OHA as it relates to services and the mental health system provided under the Medicaid program. Both positions will serve as Medicaid policy and program consultants for implementation of policy concepts such as a statewide medication continuity project for the populations Medicaid serves.

Policy Option Package 411 in the agency's 2019-21 requested budget includes \$200,368 General Fund and 1.00 FTE to support continuation of the Mental Health Clinical Advisory Group.

Department of Corrections (DOC), Oregon Board of Pharmacy (OBOP), Mental Health Regulatory Agency (MHRA)

The fiscal impact of this bill on DOC, OBOP, and MHRA is anticipated to be minimal. The bill requires one member of the advisory group to be a representative of DOC who has a clinical background. DOC anticipates reprioritizing duties and responsibilities of existing staff to allow participation on the advisory group. Although the measure does not specifically require OBOP and MHRA participation, if asked, the two agencies expects to use existing staff and resources to furnish the advisory group with existing available data, information, advice, and other support.