HOUSE AMENDMENTS TO
HOUSE BILL 2678
By COMMITTEE ON HEALTH CARE
April 16

On page 1 of the printed bill, line 2, delete “creating new provisions; and”. In line 3, after “689.185” delete the rest of the line and insert a period.

Delete line 31.

On page 2, line 2, delete the period and insert “; and
“(C) Withhold payment for a legend drug that is not a funded health service on the prioritized list of health services developed and maintained by the Health Evidence Review Commission under ORS 414.690.”.

Delete lines 3 through 10.

In line 11, delete “(5)” and insert “(4)”.

In line 18, delete “(6)” and insert “(5)”.

In line 21, delete “(7)” and insert “(6)”.

Delete lines 31 through 45.

On page 3, delete lines 1 through 3 and insert:

“SECTION 2. ORS 414.334 is amended to read:

414.334. (1) The Oregon Health Authority shall adopt and maintain a Practitioner-Managed Prescription Drug Plan consisting of:

(a) A preferred drug list for drugs prescribed in the medical assistance program for which the costs are reimbursed on a fee-for-service basis; and

(b) A partially aligned preferred drug list for coordinated care organizations that consists of portions of the Practitioner-Managed Prescription Drug Plan preferred drug list that apply to certain drugs or therapeutic classes of prescription drugs paid for from a coordinated care organization’s global budget.

(2) The purpose of the plan is to ensure that enrollees in the medical assistance program receive the most effective prescription drug available at the best possible price:

(a) Improve the health of medical assistance recipients;

(b) Simplify the administrative burden on practitioners;

(c) Reduce costs to the state medical assistance program; and

(d) Minimize disruptions to recipients’ treatment regimens.

(3) In adopting the plan, the authority shall consider recommendations of the Pharmacy and Therapeutics Committee.

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

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

“[(5)] (6) [An enrollee] A recipient may appeal to the authority a decision of a practitioner, a
coordinated care organization or the authority to [not provide] deny coverage of a prescription
drug requested by the [enrollee] recipient.

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

“(8) The authority shall update the partially aligned preferred drug list regularly through
a collaborative process engaging all of the coordinated care organizations.”.

In line 8, delete “414.334” and insert “414.334 (1)(a)”.

Delete lines 11 through 28.

In line 29, delete “6” and insert “4”.

Delete page 4.