

Senate Bill 138

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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 **as introduced**.

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. Specifies membership.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to prescription drug coverage in publicly financed programs; and declaring an emergency.

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

4 **SECTION 1. Section 2 of this 2019 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. The Mental Health Clinical Advisory Group shall develop evidence-based**
7 **algorithms for mental health treatments with mental health drugs based on:**

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

13 (2) **The Mental Health Clinical Advisory Group consists of 11 members appointed by the**
14 **authority as follows:**

- 15 (a) **One psychiatrist with an active community practice;**
16 (b) **One child and adolescent psychiatrist;**
17 (c) **One licensed clinical psychologist;**
18 (d) **One psychiatric nurse practitioner with prescribing privileges;**
19 (e) **One primary care provider;**
20 (f) **One pharmacist who has experience dispensing to long term care facilities and pa-**
21 **tients with special needs;**
22 (g) **One individual who represents a statewide mental health advocacy organization for**
23 **children and adults with mental illness and has experience as a consumer of mental health**
24 **services or as a family member of a consumer of mental health services;**
25 (h) **One individual who represents a coordinated care organization;**
26 (i) **One consumer of mental health services or one family member of a consumer of**
27 **mental health services**
28 (j) **One member appointed from individuals nominated by the Indian tribes in Oregon; and**
29 (k) **One individual representing an entity that offers a psychiatric advice hotline.**

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 (3) To the greatest extent practicable, at least two of the members appointed by the au-
2 thority under subsection (2) of this section must identify as persons of color.

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

5 (a) Peer-reviewed medical literature;

6 (b) Observational studies;

7 (c) Studies of health economics;

8 (d) Input from patients and physicians; and

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

10 (5) The Mental Health Clinical Advisory Group shall make recommendations to the au-
11 thority and the Pharmacy and Therapeutics Committee including, but not limited to, rec-
12 ommendations concerning:

13 (a) Implementation of evidence-based algorithms.

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

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

17 (d) Coordinating the work of the Mental Health Clinical Advisory Group with an entity
18 that offers a psychiatric advice hotline.

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

22 (7) No later than December 31 of each year, the Mental Health Clinical Advisory Group
23 shall report to the interim committees of the Legislative Assembly related to health on its
24 progress in developing evidence-based algorithms for mental health drugs.

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

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

31 (10) A majority of the members of the Mental Health Clinical Advisory Group constitutes
32 a quorum for the transaction of business.

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

38 (12) The Director of the Oregon Health Authority shall appoint a full-time coordinator
39 for the group, designated as an Operations and Policy Analyst 3, who:

40 (a) Has demonstrated experience in the field of mental health;

41 (b) Has a relevant educational background; and

42 (c) Maintains a professional license in the field of health or behavioral science.

43 (13) The authority may appoint one or more subcommittees of the Mental Health Clinical
44 Advisory Group as the authority deems necessary to assist the group in carrying out the
45 group's duties.

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

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

7 SECTION 3. In addition to and not in lieu of any other appropriation, there is appropri-
8 ated to the Oregon Health Authority, for the biennium beginning July 1, 2019, out of the
9 General Fund, the amount of \$500,000, which may be expended for carrying out section 2 of
10 this 2019 Act.

11 SECTION 4. This 2019 Act being necessary for the immediate preservation of the public
12 peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect
13 on its passage.
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