

SB 138-1  
(LC 2029)  
2/14/19 (LHF/ps)

Requested by SENATE COMMITTEE ON HEALTH CARE (at the request of the National Alliance on Mental Illness Oregon)

**PROPOSED AMENDMENTS TO  
SENATE BILL 138**

1 On page 1 of the printed bill, delete lines 4 through 29 and delete pages  
2 2 and 3 and insert:

3 **“SECTION 1. (1) The Mental Health Clinical Advisory Group is es-**  
4 **tablished in the Oregon Health Authority. The Mental Health Clinical**  
5 **Advisory Group shall develop evidence-based algorithms for mental**  
6 **health treatments, including treatments with mental health drugs**  
7 **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 18**  
14 **members appointed by the authority as follows:**

15 **“(a) Two psychiatrists each with an active community practice;**

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

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

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

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

20 **“(f) Two pharmacists, one of whom must have experience dispens-**  
21 **ing to long term care facilities and patients with special needs;**

1       “(g) Two individuals, each representing a statewide mental health  
2 advocacy organization for children and adults with mental illness, who  
3 have experience as a consumer of mental health services or as a family  
4 member of a consumer of mental health services;

5       “(h) Two individuals each representing a coordinated care organ-  
6 ization;

7       “(i) One consumer of mental health services or one family member  
8 of a consumer of mental health services;

9       “(j) One member of a federally recognized Oregon Indian tribe;

10       “(k) One member who represents the Department of Corrections  
11 who has a clinical background; and

12       “(L) One member who is a clinical psychiatrist and who represents  
13 the Oregon Psychiatric Access Line.

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

16       “(a) Peer-reviewed medical literature;

17       “(b) Observational studies;

18       “(c) Studies of health economics;

19       “(d) Input from patients and physicians; and

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

21       “(4) The Mental Health Clinical Advisory Group shall make recom-  
22 mendations to the authority and the Pharmacy and Therapeutics  
23 Committee, including but not limited to:

24       “(a) Implementation of evidence-based algorithms.

25       “(b) Any changes needed to any preferred drug list used by the au-  
26 thority.

27       “(c) Practice guidelines for the treatment of mental health disor-  
28 ders with mental health drugs.

29       “(d) Coordinating the work of the group with an entity that offers  
30 a psychiatric advice hotline.

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

4       **“(6) No later than December 31 of each year, the Mental Health**  
5 **Clinical Advisory Group shall report to the interim committees of the**  
6 **Legislative Assembly related to health on recommendations made to**  
7 **the authority under subsection (4) of this section and the report may**  
8 **include recommendations for legislation.**

9       **“(7) A member of the Mental Health Clinical Advisory Group is not**  
10 **entitled to compensation but may be reimbursed for necessary travel**  
11 **expenses incurred in the performance of the member’s official duties.**

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

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

18       **“(10) The Mental Health Clinical Advisory Group shall meet at least**  
19 **once every two months at a time and place determined by the chair-**  
20 **person. The group also may meet at other times and places specified**  
21 **by the call of the chairperson or of a majority of the members of the**  
22 **group. The group may meet in executive session when discussing fac-**  
23 **tors listed in subsection (1) of this section.**

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

27       **“(12) All agencies of state government, as defined in ORS 174.111,**  
28 **are directed to assist the Mental Health Clinical Advisory Group in the**  
29 **performance of duties of the group and, to the extent permitted by**  
30 **laws relating to confidentiality, to furnish information and advice the**

1 members of the group consider necessary to perform their duties.

2 **“SECTION 2.** No later than December 31, 2020, the Mental Health  
3 Clinical Advisory Group shall report to the interim committees of the  
4 Legislative Assembly related to health on its progress in developing  
5 evidence-based algorithms for mental health drugs.

6 **“SECTION 3.** (1) As used in this section, ‘mental health drug’  
7 means a type of legend drug defined by the Oregon Health Authority  
8 by rule that includes but is not limited to:

9 **“(a)** Therapeutic class 7 ataractics-tranquilizers; and

10 **“(b)** Therapeutic class 11 psychostimulants-antidepressants.

11 **“(2)** Notwithstanding ORS 414.334, the authority shall reimburse the  
12 cost of a mental health drug prescribed for a medical assistance re-  
13 cipient if federal financial participation in the cost is available.

14 **“SECTION 4.** Section 3 of this 2019 Act is repealed on January 2,  
15 2022.

16 **“SECTION 5.** In addition to and not in lieu of any other appropri-  
17 ation, there is appropriated to the Oregon Health Authority, for the  
18 biennium beginning July 1, 2019, out of the General Fund, the amount  
19 of \$500,000, which may be expended for carrying out section 1 of this  
20 2019 Act, including but not limited to providing the staffing levels and  
21 resources within the Oregon Health Authority to carry out section 1  
22 of this 2019 Act.

23 **“SECTION 6.** This 2019 Act being necessary for the immediate  
24 preservation of the public peace, health and safety, an emergency is  
25 declared to exist, and this 2019 Act takes effect on its passage.”.

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