

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO
HOUSE BILL 2678**

1 On page 1 of the printed bill, line 2, delete “creating new provisions;
2 and”.

3 In line 3, after “689.185” delete the rest of the line and insert a period.

4 Delete line 31.

5 On page 2, line 2, delete the period and insert “; and

6 “(C) Withhold payment for a legend drug that is not a funded health
7 service on the prioritized list of health services developed and maintained
8 by the Health Evidence Review Commission under ORS 414.690.”.

9 Delete lines 3 through 10.

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

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

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

13 Delete lines 31 through 45.

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

15 **“SECTION 2.** ORS 414.334 is amended to read:

16 “414.334. (1) The Oregon Health Authority shall adopt **and maintain** a
17 Practitioner-Managed Prescription Drug Plan [*for*] **consisting of:**

18 **“(a) A preferred drug list for drugs prescribed in** the medical assist-
19 **ance program for which the costs are reimbursed on a fee-for-service**
20 **basis; and**

21 **“(b) A partially aligned preferred drug list for coordinated care or-**

1 **ganizations that consists of portions of the Practitioner-Managed**
2 **Prescription Drug Plan preferred drug list that apply to certain drugs**
3 **or therapeutic classes of prescription drugs paid for from a coordi-**
4 **nated care organization’s global budget.**

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

8 **“(a) Improve the health of medical assistance recipients;**

9 **“(b) Simplify the administrative burden on practitioners;**

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

11 **“(d) Minimize disruptions to recipients’ treatment regimens.**

12 “[2] (3) In adopting the plan, the authority shall consider recommen-
13 dations of the Pharmacy and Therapeutics Committee.

14 “[3] (4) The authority shall consult with representatives of the regula-
15 tory boards and associations representing practitioners who are prescribers
16 under the medical assistance program and ensure that practitioners receive
17 educational materials and have access to training on the Practitioner-
18 Managed Prescription Drug Plan.

19 “[4] (5) Notwithstanding the Practitioner-Managed Prescription Drug
20 Plan adopted by the authority, a practitioner may prescribe any drug that
21 the practitioner indicates is medically necessary for an enrollee as being the
22 most effective available.

23 “[5] (6) [*An enrollee*] **A recipient** may appeal to the authority a decision
24 of a practitioner, **a coordinated care organization** or the authority to [*not*
25 *provide*] **deny coverage of** a prescription drug requested by the [*enrollee*]
26 **recipient.**

27 “[6] (7) This section does not limit the decision of a practitioner as to
28 the scope and duration of treatment of chronic conditions, including but not
29 limited to arthritis, diabetes and asthma.

30 **“(8) The authority shall update the partially aligned preferred drug**

1 **list regularly through a collaborative process engaging all of the co-**
2 **ordinated care organizations.”.**

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

4 Delete lines 11 through 28.

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

6 Delete page 4.

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