Enrolled

House Bill 2300

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of Governor Kate Brown for Oregon Health Authority)

CHAPTER .................................................

AN ACT

Relating to prescription drug coverage for medical assistance recipients; and declaring an emergency.

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

SECTION 1. Sections 2 and 3 of this 2017 Act are added to and made a part of ORS chapter 414.

SECTION 2. (1) The Mental Health Clinical Advisory Group is established in the Oregon Health Authority. The Mental Health Clinical Advisory Group shall develop evidence-based algorithms for mental health treatments with mental health drugs based on:

(a) The efficacy of the drug;
(b) The cost of the drug;
(c) Potential side effects of the drug;
(d) A patient's profile; and
(e) A patient's history with the drug.

(2) The Mental Health Clinical Advisory Group consists of 15 members appointed by the authority as follows:

(a) Two psychiatrists with active community practices;
(b) One child and adolescent psychiatrist;
(c) Two licensed clinical psychologists;
(d) One psychiatric nurse practitioner with prescribing privileges;
(e) Two primary care providers;
(f) Two pharmacists, one of whom must have experience in dispensing to long term care facilities and to patients with special needs;
(g) Two individuals, representing statewide mental health advocacy organizations for children and adults with mental illness, who have experience as consumers of mental health services or as a family member of a consumer of mental health services;
(h) Two individuals each representing a coordinated care organization; and
(i) One consumer of mental health services or one family member of a consumer of mental health services.

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

(a) Peer-reviewed medical literature;
(b) Observational studies;
(c) Studies of health economics;
(d) Input from patients and physicians; and
(e) Any other information that the group deems appropriate.

(4) The Mental Health Clinical Advisory Group shall make recommendations to the authority and the Pharmacy and Therapeutics Committee including but not limited to:
(a) Implementation of evidence-based algorithms.
(b) Any changes needed to any preferred drug list used by the authority.
(c) Practice guidelines for the treatment of mental health disorders with mental health drugs.

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

(6) The Mental Health Clinical Advisory Group shall report to the interim committees of the Legislative Assembly related to health:
(a) No later than December 31, 2017, its progress in developing evidence-based algorithms for mental health drugs; and
(b) No later than December 31, 2018, its final recommendations under subsection (4) of this section and any legislative changes needed to fully implement the recommendations.

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

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

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

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

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

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

SECTION 3. (1) As used in this section, “mental health drug” means a type of legend drug defined by the Oregon Health Authority by rule that includes but is not limited to:
(a) Therapeutic class 7 ataractics-tranquilizers; and
(b) Therapeutic class 11 psychostimulants-antidepressants.

(2) Notwithstanding ORS 414.334, the authority shall reimburse the cost of a mental health drug prescribed for a medical assistance recipient if federal financial participation in the cost is available.

SECTION 4. Section 3 of this 2017 Act becomes operative on January 2, 2018.

SECTION 5. (1) Section 2 of this 2017 Act is repealed on December 31, 2018.
(2) Section 3 of this 2017 Act is repealed on January 2, 2020.

SECTION 6. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2017, out of the General Fund, the amount of $143,888, which may be expended for carrying out section 2 of this 2017 Act.
SECTION 7. This 2017 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect on its passage.

Passed by House July 5, 2017

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Timothy G. Sekerak, Chief Clerk of House

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Tina Kotek, Speaker of House

Passed by Senate July 6, 2017

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Peter Courtney, President of Senate

Received by Governor:

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Approved:

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Kate Brown, Governor

Filed in Office of Secretary of State:

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Dennis Richardson, Secretary of State