

HOUSE AMENDMENTS TO HOUSE BILL 2678

By COMMITTEE ON HEALTH CARE

April 16

- 1 On page 1 of the printed bill, line 2, delete “creating new provisions; and”.
- 2 In line 3, after “689.185” delete the rest of the line and insert a period.
- 3 Delete line 31.
- 4 On page 2, line 2, delete the period and insert “; and
- 5 “(C) Withhold payment for a legend drug that is not a funded health service on the prioritized
- 6 list of health services developed and maintained by the Health Evidence Review Commission under
- 7 ORS 414.690.”.
- 8 Delete lines 3 through 10.
- 9 In line 11, delete “(5)” and insert “(4)”.
- 10 In line 18, delete “(6)” and insert “(5)”.
- 11 In line 21, delete “(7)” and insert “(6)”.
- 12 Delete lines 31 through 45.
- 13 On page 3, delete lines 1 through 3 and insert:
- 14 “**SECTION 2.** ORS 414.334 is amended to read:
- 15 “414.334. (1) The Oregon Health Authority shall adopt **and maintain** a Practitioner-Managed
- 16 Prescription Drug Plan [*for*] **consisting of:**
- 17 “(a) **A preferred drug list for drugs prescribed in the medical assistance program for which**
- 18 **the costs are reimbursed on a fee-for-service basis; and**
- 19 “(b) **A partially aligned preferred drug list for coordinated care organizations that con-**
- 20 **sists of portions of the Practitioner-Managed Prescription Drug Plan preferred drug list that**
- 21 **apply to certain drugs or therapeutic classes of prescription drugs paid for from a coordi-**
- 22 **nated care organization’s global budget.**
- 23 “(2) The purpose of the plan is to [*ensure that enrollees in the medical assistance program receive*
- 24 *the most effective prescription drug available at the best possible price*]:
- 25 “(a) **Improve the health of medical assistance recipients;**
- 26 “(b) **Simplify the administrative burden on practitioners;**
- 27 “(c) **Reduce costs to the state medical assistance program; and**
- 28 “(d) **Minimize disruptions to recipients’ treatment regimens.**
- 29 “[2] (3) In adopting the plan, the authority shall consider recommendations of the Pharmacy
- 30 and Therapeutics Committee.
- 31 “[3] (4) The authority shall consult with representatives of the regulatory boards and associ-
- 32 ations representing practitioners who are prescribers under the medical assistance program and
- 33 ensure that practitioners receive educational materials and have access to training on the
- 34 Practitioner-Managed Prescription Drug Plan.
- 35 “[4] (5) Notwithstanding the Practitioner-Managed Prescription Drug Plan adopted by the au-

1 thority, a practitioner may prescribe any drug that the practitioner indicates is medically necessary
2 for an enrollee as being the most effective available.

3 “[5] (6) [An enrollee] **A recipient** may appeal to the authority a decision of a practitioner, a
4 **coordinated care organization** or the authority to [not provide] **deny coverage of** a prescription
5 drug requested by the [enrollee] **recipient**.

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

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

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

11 Delete lines 11 through 28.

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

13 Delete page 4.

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