

**A-Engrossed**  
**Senate Bill 138**

Ordered by the Senate April 2  
Including Senate Amendments dated April 2

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Health Care)

**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.

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. (1) The Mental Health Clinical Advisory Group is established in the Oregon**  
5 **Health Authority. The Mental Health Clinical Advisory Group shall develop evidence-based**  
6 **algorithms for mental 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 members appointed by the**  
14 **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 dispensing to long term care**  
21 **facilities and patients with special needs;**  
22 (g) **Two individuals, each representing a statewide mental health advocacy organization**  
23 **for children and adults with mental illness, who have experience as a consumer of mental**  
24 **health services or as a family member of a consumer of mental health services;**  
25 (h) **Two individuals each representing a coordinated care organization;**  
26 (i) **One consumer of mental health services;**

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

2 (k) One member who represents the Department of Corrections who has a clinical back-  
3 ground; and

4 (L) One member who is a clinical psychiatrist and who represents the Oregon Psychiatric  
5 Access Line.

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

8 (a) Peer-reviewed medical literature;

9 (b) Observational studies;

10 (c) Studies of health economics;

11 (d) Input from patients and physicians; and

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

13 (4) The Mental Health Clinical Advisory Group shall make recommendations to the au-  
14 thority and the Pharmacy and Therapeutics Committee, including but not limited to:

15 (a) Implementation of evidence-based algorithms.

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

17 (c) Practice guidelines for the treatment of mental health disorders with mental health  
18 drugs.

19 (d) Coordinating the work of the group with an entity that offers a psychiatric advice  
20 hotline.

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

24 (6) No later than December 31 of each year, the Mental Health Clinical Advisory Group  
25 shall report to the interim committees of the Legislative Assembly related to health on rec-  
26 ommendations made to the authority under subsection (4) of this section and the report may  
27 include recommendations for legislation.

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

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

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

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

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

45 **SECTION 2.** No later than December 31, 2020, the Mental Health Clinical Advisory Group

1 shall report to the interim committees of the Legislative Assembly related to health on its  
2 progress in developing evidence-based algorithms for mental health drugs.

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

5 (a) Therapeutic class 7 ataractics-tranquilizers; and

6 (b) Therapeutic class 11 psychostimulants-antidepressants.

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

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

11 **SECTION 5.** In addition to and not in lieu of any other appropriation, there is appropri-  
12 ated to the Oregon Health Authority, for the biennium beginning July 1, 2019, out of the  
13 General Fund, the amount of \$500,000, which may be expended for carrying out section 1 of  
14 this 2019 Act, including but not limited to providing the staffing levels and resources within  
15 the Oregon Health Authority to carry out section 1 of this 2019 Act.

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