

Requested by Senator CAMPOS

**PROPOSED AMENDMENTS TO
SENATE BILL 598**

1 On page 1 of the printed bill, line 2, after “ORS” insert “414.361,”.

2 Delete lines 6 through 27 and insert:

3 **“SECTION 2. (1) As used in this section:**

4 **“(a) ‘Clinically appropriate’ means supported by nationally recog-**
5 **nized compendia, clinical guidelines or generally recognized standards**
6 **of care.**

7 **“(b) ‘Compendia’ mean those resources widely accepted by the**
8 **medical profession in the efficacious use of drugs.**

9 **“(c) ‘Health care coverage’ has the meaning given that term in ORS**
10 **743B.602.**

11 **“(d) ‘Nonopioid prescription drug’ means a drug that is prescribed**
12 **for the treatment of chronic or acute pain and is approved by the**
13 **United States Food and Drug Administration.**

14 **“(e) ‘Prior authorization’, ‘step therapy’ and ‘utilization review’**
15 **have the meanings given those terms in ORS 743B.001.**

16 **“(2) An entity that provides health care coverage for prescription**
17 **drugs shall ensure that the entity’s drug formulary provides coverage**
18 **for at least one clinically appropriate nonopioid prescription drug as**
19 **an alternative for each opioid prescription drug.**

20 **“(3) The coverage described in this section for nonopioid pre-**
21 **scription drugs may be made subject to, but may not be more restric-**

1 **tive than, the provisions for coverage for opioid prescription drugs,**
2 **including with respect to prior authorization, step therapy, other**
3 **utilization review requirements, cost-sharing, copayments,**
4 **coinsurance and deductibles.**

5 **“SECTION 3.** ORS 414.361 is amended to read:

6 “414.361. (1) The Pharmacy and Therapeutics Committee shall advise the
7 Oregon Health Authority on:

8 “(a) Adoption of rules to implement ORS 414.351 to 414.414 in accordance
9 with ORS chapter 183.

10 “(b) Implementation of the medical assistance program retrospective and
11 prospective programs as described in ORS 414.351 to 414.414, including the
12 type of software programs to be used by the pharmacist for prospective drug
13 use review and the provisions of the contractual agreement between the state
14 and any entity involved in the retrospective program.

15 “(c) Development of and application of the criteria and standards to be
16 used in retrospective and prospective drug use review in a manner that en-
17 sures that such criteria and standards are based on compendia, relevant
18 guidelines obtained from professional groups through consensus-driven pro-
19 cesses, the experience of practitioners with expertise in drug therapy, data
20 and experience obtained from drug utilization review program operations.
21 The committee shall have an open professional consensus process for estab-
22 lishing and revising criteria and standards. Criteria and standards shall be
23 available to the public. In developing recommendations for criteria and
24 standards, the committee shall establish an explicit ongoing process for so-
25 liciting and considering input from interested parties. The committee shall
26 make timely revisions to the criteria and standards based upon this input in
27 addition to revisions based upon scheduled review of the criteria and stan-
28 dards. Further, the drug utilization review standards shall reflect the local
29 practices of prescribers in order to monitor:

30 “(A) Therapeutic appropriateness.

1 “(B) Overutilization or underutilization.

2 “(C) Therapeutic duplication.

3 “(D) Drug-disease contraindications.

4 “(E) Drug-drug interactions.

5 “(F) Incorrect drug dosage or drug treatment duration.

6 “(G) Clinical abuse or misuse.

7 “(H) Drug allergies.

8 “(d) Development, selection and application of and assessment for inter-
9 ventions that are educational and not punitive in nature for medical assist-
10 ance program prescribers, dispensers and patients.

11 “(2) In reviewing retrospective and prospective drug use, the committee
12 may consider only drugs that have received final approval from the federal
13 Food and Drug Administration.

14 “(3) The committee shall make recommendations to the authority, subject
15 to approval by the Director of the Oregon Health Authority or the director’s
16 designee, for drugs to be included on any preferred drug list adopted by the
17 authority and on the Practitioner-Managed Prescription Drug Plan. The
18 committee shall also recommend all utilization controls, prior authorization
19 requirements or other conditions for the coverage of a drug.

20 “(4) In making recommendations under subsection (3) of this section, the
21 committee may use any information the committee deems appropriate. The
22 recommendations must be based upon the following factors in order of pri-
23 ority:

24 “(a) Safety and efficacy of the drug.

25 “(b) The ability of Oregonians to access effective prescription drugs that
26 are appropriate for their clinical conditions.

27 “(c) Substantial differences in the costs of drugs within the same
28 therapeutic class.

29 “(5) **In addition to the factors described in subsection (4) of this**
30 **section, the committee, in making a recommendation, shall ensure**

1 **there is at least one clinically appropriate nonopioid prescription drug**
2 **available as an alternative for each opioid prescription drug and en-**
3 **sure the utilization controls and prior authorization requirements are**
4 **no more restrictive for the nonopioid prescription drug than the utili-**
5 **zation controls and prior authorization requirements for the opioid**
6 **prescription drug.**

7 “[5)(a)] **(6)(a)** No later than seven days after the date on which the
8 committee makes a recommendation under subsection (3) of this section, the
9 committee shall publish the recommendation on the website of the authority.

10 “(b) As soon as practicable after the committee makes a recommendation,
11 the director shall decide whether to approve, disapprove or modify the rec-
12 ommendation, shall publish the decision on the website and shall notify
13 persons who have requested notification of the decision.

14 “(c) Except as provided in subsection [(6)] **(7)** of this section, a recom-
15 mendation approved by the director, in whole or in part, with respect to the
16 inclusion of a drug on a preferred drug list or the Practitioner-Managed
17 Prescription Drug Plan may not become effective less than seven days after
18 the date that the director’s decision is published on the website.

19 “[6)(a)] **(7)(a)** The director may allow the immediate implementation of
20 a recommendation described in subsection [(5)(c)] **(6)(c)** of this section if the
21 director determines that immediate implementation is necessary to protect
22 patient safety or to comply with state or federal requirements.

23 “(b) The director shall reconsider any decision to approve, disapprove or
24 modify a recommendation described in subsection [(5)(c)] **(6)(c)** of this sec-
25 tion upon the request of any interested person filed no later than seven days
26 after the director’s decision is published on the website of the authority. The
27 director’s determination regarding the request for reconsideration shall be
28 sent to the requester and posted to the website without undue delay. Upon
29 receipt of a request for reconsideration, the director may:

30 “(A) Delay the implementation of the recommendation pending the re-

1 consideration process; or

2 “(B) Implement the recommendation if the director determines that delay
3 could reasonably result in harm to patient safety or would violate state or
4 federal requirements.

5 “(8) **As used in this section, ‘clinically appropriate’ and ‘nonopioid**
6 **prescription drug’ have the meanings given those terms in section 2**
7 **of this 2025 Act.**

8 “**SECTION 4.** ORS 414.361, as amended by section 4, chapter 628, Oregon
9 Laws 2021, is amended to read:

10 “414.361. (1) The Pharmacy and Therapeutics Committee shall advise the
11 Oregon Health Authority on:

12 “(a) Adoption of rules to implement ORS 414.351 to 414.414 in accordance
13 with ORS chapter 183.

14 “(b) Implementation of the medical assistance program retrospective and
15 prospective programs as described in ORS 414.351 to 414.414, including the
16 type of software programs to be used by the pharmacist for prospective drug
17 use review and the provisions of the contractual agreement between the state
18 and any entity involved in the retrospective program.

19 “(c) Development of and application of the criteria and standards to be
20 used in retrospective and prospective drug use review in a manner that en-
21 sures that such criteria and standards are based on compendia, relevant
22 guidelines obtained from professional groups through consensus-driven pro-
23 cesses, the experience of practitioners with expertise in drug therapy, data
24 and experience obtained from drug utilization review program operations.
25 The committee shall have an open professional consensus process for estab-
26 lishing and revising criteria and standards. Criteria and standards shall be
27 available to the public. In developing recommendations for criteria and
28 standards, the committee shall establish an explicit ongoing process for so-
29 liciting and considering input from interested parties. The committee shall
30 make timely revisions to the criteria and standards based upon this input in

1 addition to revisions based upon scheduled review of the criteria and stan-
2 dards. Further, the drug utilization review standards shall reflect the local
3 practices of prescribers in order to monitor:

4 “(A) Therapeutic appropriateness.

5 “(B) Overutilization or underutilization.

6 “(C) Therapeutic duplication.

7 “(D) Drug-disease contraindications.

8 “(E) Drug-drug interactions.

9 “(F) Incorrect drug dosage or drug treatment duration.

10 “(G) Clinical abuse or misuse.

11 “(H) Drug allergies.

12 “(d) Development, selection and application of and assessment for inter-
13 ventions that are educational and not punitive in nature for medical assist-
14 ance program prescribers, dispensers and patients.

15 “(2) In reviewing retrospective and prospective drug use, the committee
16 may consider only drugs that have received final approval from the federal
17 Food and Drug Administration.

18 “(3) The committee shall make recommendations to the authority, subject
19 to approval by the Director of the Oregon Health Authority or the director’s
20 designee, for drugs to be included on any preferred drug list adopted by the
21 authority and on the Practitioner-Managed Prescription Drug Plan. The
22 committee shall also recommend all utilization controls, prior authorization
23 requirements or other conditions for the coverage of a drug.

24 “(4) In making recommendations under subsection (3) of this section, the
25 committee may use any information the committee deems appropriate. The
26 recommendations must be based upon the following factors in order of pri-
27 ority:

28 “(a) Safety and efficacy of the drug.

29 “(b) The ability of Oregonians to access effective prescription drugs that
30 are appropriate for their clinical conditions.

1 “(c) For mental health drugs, the recommendations of the Mental Health
2 Clinical Advisory Group.

3 “(d) Substantial differences in the costs of drugs within the same
4 therapeutic class.

5 “**(5) In addition to the factors described in subsection (4) of this**
6 **section, the committee, in making a recommendation, shall ensure**
7 **there is at least one clinically appropriate nonopioid prescription drug**
8 **available as an alternative for each opioid prescription drug and en-**
9 **sure the utilization controls and prior authorization requirements are**
10 **no more restrictive for the nonopioid prescription drug than the utili-**
11 **zation controls and prior authorization requirements for the opioid**
12 **prescription drug.**

13 “[*(5)(a)*] **(6)(a)** No later than seven days after the date on which the
14 committee makes a recommendation under subsection (3) of this section, the
15 committee shall publish the recommendation on the website of the authority.

16 “(b) As soon as practicable after the committee makes a recommendation,
17 the director shall decide whether to approve, disapprove or modify the rec-
18 ommendation, shall publish the decision on the website and shall notify
19 persons who have requested notification of the decision.

20 “(c) Except as provided in subsection [*(6)*] **(7)** of this section, a recom-
21 mendation approved by the director, in whole or in part, with respect to the
22 inclusion of a drug on a preferred drug list or the Practitioner-Managed
23 Prescription Drug Plan may not become effective less than seven days after
24 the date that the director’s decision is published on the website.

25 “[*(6)(a)*] **(7)(a)** The director may allow the immediate implementation of
26 a recommendation described in subsection [*(5)(c)*] **(6)(c)** of this section if the
27 director determines that immediate implementation is necessary to protect
28 patient safety or to comply with state or federal requirements.

29 “(b) The director shall reconsider any decision to approve, disapprove or
30 modify a recommendation described in subsection [*(5)(c)*] **(6)(a)** of this sec-

1 tion upon the request of any interested person filed no later than seven days
2 after the director’s decision is published on the website of the authority. The
3 director’s determination regarding the request for reconsideration shall be
4 sent to the requester and posted to the website without undue delay. Upon
5 receipt of a request for reconsideration, the director may:

6 “(A) Delay the implementation of the recommendation pending the re-
7 consideration process; or

8 “(B) Implement the recommendation if the director determines that delay
9 could reasonably result in harm to patient safety or would violate state or
10 federal requirements.

11 **“(8) As used in this section, ‘clinically appropriate’ and ‘nonopioid
12 prescription drug’ have the meanings given those terms in section 2
13 of this 2025 Act.”.**

14 In line 28, delete the first “4” and insert “5”.

15 On page 3, line 16, delete “5” and insert “6”.

16 On page 4, line 40, delete “6” and insert “7”.

17 On page 5, delete lines 36 through 39 and insert:

18 **“SECTION 8. Section 2 of this 2025 Act and the amendments to ORS
19 750.055 and 750.033 by sections 5 to 7 of this 2025 Act apply to health
20 benefit plans, health care service contracts and multiple employer
21 welfare arrangements issued, renewed or extended on or after the ef-
22 fective date of this 2025 Act.”.**

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