



## **Comments in Support: House Bill 4070**

From Chris Bouneff, Executive Director, NAMI Oregon

February 5, 2026

House Behavioral Health Committee

Chair Pham and members of the committee, I am Chris Bouneff with NAMI Oregon, the state chapter of the National Alliance on Mental Illness, here in support of HB 4070, in particular the Dash-1 and Dash-4 amendments.

As background, NAMI Oregon is a grassroots, membership-governed organization. Our membership is almost entirely composed of individuals who live with mental health disorders, family members with loved ones living with disorders, or parents/caregivers raising children living with behavioral health issues. Many of us check multiple boxes. With our 17 local chapters, we annually serve more than 15,000 Oregonians through our free education, support, and awareness programs.

NAMI highlights one change in the Dash-1 amendments. A simple word change on Page 16 will ensure that Crisis Stabilization Centers in Oregon conduct physical health screenings for people presenting in a behavioral health crisis. This is as opposed to a more comprehensive physical health assessment, which would be an inappropriate requirement for a Stabilization Center that is intended to provide brief interventions. This meets the original intent of legislation we passed in 2021.

NAMI also supports the Dash-4 amendments because it addresses terms by which unlicensed practitioners can deliver behavioral health services to Oregonians. However, we note that this amendment doesn't address an important and long-standing issue for NAMI — the use of unlicensed and uncertified people in the first place.

Under Oregon law, a person meeting sparse criteria can be anointed by any agency with a Certificate of Approval to deliver behavioral health services, including clinical services. There's no test, no independent demonstration of competency, and no formal regulation that includes consumer protections. The agency itself is the arbiter of whether someone meets criteria to be an unlicensed practitioner.

This is a legacy of the days when behavioral health was an afterthought in health care. Behavioral health care wasn't funded, and it wasn't covered.

In today's environment, this should be intolerable. We wouldn't tolerate it in the medical/surgical world. NAMI hopes that this is but a first step toward a more comprehensive solution — one that formalizes this important workforce through licensure, certification, or some other appropriate regulatory mechanism.

Official recognition and registry would assure consumers that we will receive quality services. And consumers would have protections that we don't have today, including a complaint and investigation process.

It is possible to do all of this without raising barriers to entry. We point to Senate Bill 1547, which I believe this committee will eventually see. That legislation creates a new license for an entry-level workforce with a bachelor's degree who will serve our children's mental health system. And the license is regulated under the Mental Health Regulatory Agency, ensuring proper oversight that includes consumer protections.

NAMI hopes in the interim that the Legislature and stakeholders come together to address this shortcoming in our system with a comprehensive solution.

Thank you for this opportunity to provide input.