



Comments in Opposition: HB 4040 Dash-27

From Chris Bouneff, Executive Director, NAMI Oregon

February 10, 2026

House Health Committee

Chair Nosse and members of the Committee, I'm Chris Bouneff, executive director of NAMI Oregon, the state chapter of the National Alliance on Mental Illness, here to oppose the proposed Dash-27 amendments to HB 4040.

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.

As drafted, the Dash-27 amendments undoes collaborative work that occurred over several legislative sessions, culminating in the passage of HB 3045 in 2021. I note that Chair Nosse sponsored and shepherded that important legislation, which was collaboratively proposed by NAMI Oregon and the Oregon Health Authority.

The bill put to rest a debate that raged every two years — whether Oregon should maintain open access to important mental health medications or whether, in order to save money, the state should severely restrict access even though that could harm to individuals living with mental illness.

NAMI believed that the state had more than these polar options. Instead, we believed we could impact cost by focusing on quality prescribing and improve overall outcomes by better understanding that, sometimes, a more expensive medication should be preferred because it saves money overall by keeping people healthy and out of crisis.

HB 3045 from 2021, the legislation that Chair Nosse sponsored and that the House Health Committee unanimously endorsed, achieves several major milestones. Importantly, HB 3045:

- Made permanent the [Mental Health Clinical Advisory Group](#) (MHCAG). This is an advisory body composed of psychiatrists, primary care providers,

behavioral health clinicians, pharmacists, patients and others with expertise on behavioral health medications and treatments. Their charge is to develop treatment algorithms that take into account both mental health medications and the treatments and supports necessary to promote good outcomes.

- Placed the MHCAG as the formal advisory body to the Pharmacy & Therapeutics Committee when it comes to formulary decisions for mental health medications. For the first time, actual experts in their fields are helping the P&T Committee make decisions.
- Permitted OHA to implement an enforceable Preferred Drug List (PDL) for mental health medications with two important safeguards that provide a good balance with access:
 - Robust grandfathering to ensure that patients who are or have been successful on a medication continue to have access without onerous and unnecessary barriers such as prior authorization.
 - An easy "dispense as written" override for prior authorization at the prescriber level if a patient and provider determine that a medication not on the formulary gives the greatest likelihood of success. This is important because unnecessary delays can easily lead to catastrophic outcomes for individuals with moderate and acute symptoms.

We believe Oregon is in an enviable position. Our focus is on quality AND costs with a holistic approach that recognizes savings in one cost center can lead to greater expenses in another.

We had hoped to fully implement the law on Jan. 2. However, due to issues with use of the term "dispense as written," we are unable to implement the override. As such, the portions of the law dealing with an enforceable PDL are on hold until NAMI and OHA develop a fix. Open access will temporarily remain in effect until that fix is finalized and presented to the Legislature.

And a fix will be forthcoming in 2027. We have been in discussions with OHA and are involving the Oregon Psychiatric Access Line at OHSU and the Mental Health Clinical Advisory Group to ensure a fix that's lasting and effective and that more fully addresses quality prescribing.

The Dash-27 amendments undoes all of this work, taking what's a temporary situation and making it permanent. Rather than being on a glide path to our current balanced approach, the Dash-27 amendments make open access permanent —

essentially issuing a blank check at a time we are searching for savings in Medicaid.

NAMI Oregon is the leading organization when it comes to fighting for access to important medications. I can confidently say to the Committee that NAMI Oregon has zero concerns about access being impinged during this interim as we finalize a legislative fix. We have trusted partners at OHA and OPAL, and together we will bring forward legislation in 2027 that fully implements the law as intended.

I urge this Committee to reject this amendment and permit the parties who have worked collaboratively over several years to complete their important work — work that Oregon should be proud of.

Thank you for this opportunity to provide input.