

Mental Health Clinical Advisory Group Legislative Report

December 2025

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About this Legislative Report

Oregon Revised Statute 414.359(6) requires the Mental Health Clinical Advisory Group (MHCAG) to provide an annual report to the interim committees of the Legislative Assembly. The report outlines recommendations the MHCAG made to Oregon Health Authority (OHA) the previous year, and it may include recommendations for legislation.

About the MHCAG

The MHCAG is comprised of 18 mental health professionals, consumers and advocates and has the following statutory obligations:

- Develop evidence-based treatment algorithms and clinical practice guidelines for the treatment of mental health disorders including, but not limited to, mental health drugs.
- Make recommendations to OHA and advise the [Pharmacy and Therapeutics Committee](#).
- Recommend changes to any preferred drug list overseen by OHA.
- Support the [Oregon Psychiatric Access Line](#), which offers a psychiatric advice line for prescribing providers statewide.

In addition, the MHCAG must:

- Publish its approved recommendations within 30 days of approval; and
- Submit an annual report no later than December 31 to interim committees of the Legislative Assembly related to health.

Further reading:

- Link: [Recommendations and resources published by MHCAG](#)
- Link: [MHCAG meeting materials and meeting minutes](#)

MHCAG Publications in 2025

The MHCAG publications are sourced from peer-reviewed, evidence-based medical literature. The primary sources of information are high-quality systematic reviews, clinical practice guidelines, and randomized controlled trials. The MHCAG follows systematic [research methodology](#) when developing treatment algorithms and clinical guidance documents. Where there are gaps in evidence, the collective professional judgement from MHCAG membership is used.

The MHCAG met 10 times during 2025 via a virtual meeting platform. With the exceptions of July and December, the MHCAG met on the first Thursday of every month. A quorum was met for each meeting.

In 2025, the MHCAG published the following clinical practice resources and recommendations:

- [*Treatment of Post-traumatic Stress Disorder*](#): Provides treatment guidance for clinicians managing patients with post-traumatic stress disorder (PTSD). The document summarizes the importance of trauma informed care when treating patients with PTSD and discusses the benefits of specific psychotherapy and pharmacotherapy treatment options. Strategies to treat PTSD in patients with co-occurring psychiatric disorders is also discussed.
- [*Management of Behavioral and Psychological Symptoms of Dementia*](#): Provides treatment guidance for clinicians managing patients with dementia who are experiencing behavioral and psychological symptoms of their condition (e.g., agitation, aggression, psychosis). The guidance emphasizes the harms of antipsychotic medications in older adults with dementia, when and how to appropriately use them if required, and how to manage symptoms with safe and effective psychosocial interventions and sensory therapy.
- [*Clozapine Dosing*](#): Provides informative dosing guidance for providers who are less familiar with prescribing clozapine for patients with treatment-resistant schizophrenia.
- [*Clozapine Monitoring*](#): Provides updated clinical monitoring recommendations for providers prescribing clozapine for treatment-resistant schizophrenia after the United States Food and Drug Administration (FDA) removed the long-standing Risk Evaluation Mitigation Strategy requirements for the drug.

MHCAG Consultations in 2025

Oregon Health Authority and the Pharmacy and Therapeutics Committee may consult the MHCAG at any time. The College of Pharmacy's Drug Use Research and Management (DURM) faculty at Oregon State University College of Pharmacy, which has an intergovernmental agreement with OHA to manage drug policy for the fee-for-service Oregon Health Plan (OHP), regularly solicits feedback from the MHCAG on

mental health drug policy and presents their recommendations to the Pharmacy and Therapeutics Committee.

The MHCAG was consulted by the Pharmacy and Therapeutics Committee on the following:

- New drug evaluation and proposed prior authorization (PA) criteria for Cobenfy™ (xanomeline-trospium): Cobenfy™ is a medication with unique pharmacology that was recently approved by FDA for the treatment of schizophrenia. The MHCAG reviewed the evidence for efficacy and safety and made clinical coverage recommendations to the Pharmacy and Therapeutics Committee.
- Spravato® (esketamine) drug utilization review and policy evaluation: The MHCAG reviewed current drug utilization data of Spravato® for treatment-resistant depression within the OHP. New evidence for the use of Spravato® for treatment of major depressive disorder without adjunctive antidepressant therapy was also reviewed. The group also provided clinical coverage recommendations for the Pharmacy and Therapeutics Committee.
- Antipsychotics Drug Class Update – Evidence Review: The MHCAG reviewed updated evidence for the antipsychotic drug class and provided support for current drug policy coverage.

The MHCAG was consulted by OHA on OAR 410-121-0046, which prohibits reimbursement for dispensing more than a 34-day supply of specific therapeutic drug classes, including some mental health drugs. The MHCAG provided support to reimburse for more than a 34-day supply of certain mental health drugs and recommended that OHA convene a rules advisory committee. Amendment of the OAR to reimburse for more than a 34-day supply of certain mental health drugs aligns OHP policy with many private health plans.

In 2025, OHA staff presented the MHCAG treatment guidance published during the year to the Pharmacy and Therapeutics Committee.

Pharmacy and Therapeutics Committee information, including meeting minutes, can be found [here](#).

MHCAG and the Health Evidence Review Commission

In 2025, OHA staff that coordinate the MHCAG met with the Health Evidence Review Commission (HERC) staff and faculty with DURM each month. The goal of these meetings is to identify any points where there may be opportunities for collaboration between the MHCAG, the HERC and the Pharmacy and Therapeutics Committee on coverage decisions for the OHP.

MHCAG Legislative Recommendations

The MHCAG appreciates the investments the legislature and the state of Oregon have made in behavioral and mental health services and wishes that these policies and programs are protected in the 2026 session.

In addition, the MHCAG would like the legislature to consider the following in future sessions:

Problem: Onboarding new providers and other licensed clinical staff is a slow and arduous process due to the length of time it takes to get providers new to Oregon through the licensing process and credentialed with many different payers in the market. It takes a minimum of 3 months, and often longer, between the time a provider accepts a job offer and when they can start practicing in Oregon.

- MHCAG recommendation: Support development of interstate compacts for licensure. Create fast-tracks for licensing when an individual has a license in good standing in another state.
- MHCAG recommendation: Establish a centralized or standard credentialing program for payers with plans in the state. This could relieve significant administrative burden and waste of resources, because currently, a provider group must apply to several payers to get a new clinician ready to see patients.

Problem: Individuals who move through Oregon carceral settings (e.g., prisons, jails and detention centers) experience several transitions of care with regard to managing mental health. When moving through carceral settings, or between a carceral setting and an acute care setting, it is clinically imperative for consistent and predictable medication formulary options.

- MHCAG Recommendation: Require a consistent medication formulary for psychotropics and substance use disorder treatments across all Oregon carceral settings.

Problem: The lack of coordination between mental health services, intellectual and developmental disability (IDD) services and physical health services leads to fragmented care between payers and providers and missed opportunities to meet the needs of youth and adults with mental health disorders or IDD.

- MHCAG Recommendation: Require the Oregon Department of Human Services and the Office of Developmental Disabilities Services to survey providers of mental health services and IDD services to identify and recommend actionable steps for better care coordination between providers and payers.

Future MHCAG Work

MHCAG is committed to creating multiple clinical guidance documents each year that is useful for Oregon providers caring for mental health patients. In 2026, the MHCAG will finish guidance documents that support the appropriate diagnosis and treatment of attention-deficit/hyperactivity disorder (ADHD) in adults and expects to build on work previously published to ensure all published guidance is current and aligns with best practice.

Special Thanks

OHA wishes to thank the all-volunteer MHCAG membership for their continued commitment to this work and the improvement of Oregon's mental health treatment system.

Health Policy and Analytics
Pharmacy Policy and Programs
500 Summer Street NE, E-65
Salem, OR 97301

OHA.Pharmacy@oha.oregon.gov

<https://www.oregon.gov/oha/HPA/DSI-Pharmacy/Pages/index.aspx>

