Mental Health Clinical Advisory Group Legislative Report

October 2026

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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 calendar year, and it may include recommendations for legislation. This report covers the 2026 calendar year.

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
- Link: MHCAG Bylaws

MHCAG Publications in 2026

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 11 times during 2026 via a virtual meeting platform. Except for December, the group met on the first Thursday of every month. A quorum was met for each meeting.

In 2026, the MHCAG published the following clinical practice resources and recommendations:

- Assessment of ADHD in Adults: With broader awareness in our society of attention-deficit/hyperactivity disorder (ADHD) as a condition, adults are increasingly seeking treatment for symptoms thought to be ADHD. This guidance offers providers tools to make an accurate diagnosis.
- Treatment of ADHD in Adults: This guidance gives providers a stepwise approach to treating ADHD in adult patients that is based on the most current evidence for safety and effectiveness.

MHCAG Consultations in 2026

OHA 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 consults the MHCAG on mental health drug policy and presents their recommendations to the Pharmacy and Therapeutics Committee.

In 2026, the MHCAG was consulted on the following:

- Antidepressant medications
- Sedative medications

- Antipsychotic medications
- Benzodiazepines for catatonia
- Zuranolone for post-partum depression

OHA and the Oregon chapter of the National Alliance on Mental Illness (NAMI) consulted MHCAG on a proposed legislative recommendation advocated by NAMI related to which prescribers can override the mental health preferred drug list. The MHCAG recommendations can be found on the April 2026 meeting minutes.

Pharmacy and Therapeutics Committee information, including meeting minutes, can be found here.

MHCAG and the Health Evidence Review Commission

In 2026, 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 2027 session.

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

Legislative Recommendation 1:

Problem: Individuals who move through Oregon carceral settings (e.g., prisons, jails and detention centers) experience several transitions of care. When moving through carceral settings, or between a carceral setting and an acute care setting (e.g., Oregon State Hospital), it is clinically imperative for consistent and predictable medication formulary options. The current lack of consistency in treatment options greatly

increases risk of decompensation of mental health conditions which then become increasingly difficult to manage and leads to serious adverse outcomes.

Recommendation: Align the medication formulary across the Oregon State Hospital, prisons and jails for mental health drugs and substance use disorder treatments.

Legislative Recommendation 2:

Problem: Perinatal mental health conditions are the leading cause of maternal mortality in the first year postpartum, and because pregnancy is a critical period of fetal neurodevelopment, untreated maternal psychiatric illness also raises the risk of long-term psychiatric and behavioral problems in exposed children. This risk is heightened for perinatal patients with co-occurring substance use disorders, who face especially limited access to integrated dual diagnosis care.

Recommendation: Support expansion of a perinatal psychiatry access program to explicitly include dual-diagnosis capacity for the perinatal population, ensuring these patients can be identified and connected to appropriate co-occurring treatment through their obstetric and primary care providers. This expansion would close a critical gap in Oregon's perinatal mental health infrastructure and reduce preventable morbidity and mortality for both parent and child.

Resources:

National Network of Perinatal Psychiatry Access Programs

Article written by MHCAG member Jacq Knapp, MD

https://www.psychiatryonline.org/doi/10.1176/appi.pn.2026.06.6.7

Legislative Recommendation 3:

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.

Recommendation: Require the Oregon Department of Human Services Office of Developmental Disabilities Services to survey families, patients and providers of

mental health services and IDD services to identify and recommend actionable steps for better care coordination between providers and payers.

Legislative Recommendation 4:

Problem: Onboarding new providers 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 three months between the time a provider accepts a job offer and when they can start practicing in Oregon.

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.

Recommendation: Establish a centralized or standard credentialling program for payers with plans in the state.

Future MHCAG Work

MHCAG is committed to creating multiple clinical guidance documents each year that are useful for Oregon providers caring for mental health patients. In 2027, the MHCAG expects to build on work previously published to ensure all published guidance is current and aligns with best practice. MHCAG also plans to provide new guidance on managing side effects and withdrawal symptoms of antidepressant medication.

Special Thanks

OHA wishes to thank the MHCAG members 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