

Submitter: Anthony Miller  
On Behalf Of:  
Committee: House Committee On Behavioral Health  
Measure, Appointment or Topic: HB4110

Chair and Members of the Committee,

I am writing in support of HB 4110, which would allow an attending physician to provide ibogaine to a patient for treatment of certain disorders in a controlled medical setting.

Oregon continues to face serious challenges related to substance use disorders, trauma-related conditions, and treatment-resistant mental health issues. Many individuals do not respond to existing therapies, even after years of conventional treatment. HB 4110 offers a carefully structured pathway to explore a promising, though still emerging, treatment option under medical supervision.

Ibogaine is not a casual or recreational substance. It is powerful, physiologically active, and can carry risks if used improperly. That is precisely why this bill's framework matters. By limiting access to physician oversight and defined clinical circumstances, the legislation prioritizes patient safety while allowing innovation in treatment approaches.

For individuals struggling with severe substance use disorders, especially opioid dependence, ibogaine has shown potential in reducing withdrawal symptoms and interrupting cycles of addiction. While more research is needed, existing studies and clinical reports suggest that supervised administration may offer benefits where other treatments have failed. Completely prohibiting exploration of such therapies can leave patients with few or no viable options.

HB 4110 should not create open-ended access. It does not allow casual distribution. It should place responsibility on qualified medical professionals to determine whether ibogaine is appropriate for a patient, to monitor administration, and to manage risks. That is a far safer approach than driving patients to seek treatment in unregulated or international settings without medical safeguards.

This bill also reflects a broader principle: medicine evolves. Many treatments now considered standard once began as controversial or experimental. Oregon has an opportunity to support responsible, physician-guided innovation while maintaining clear boundaries and accountability.

I support the use of ibogaine only in controlled and monitored medical environments, as envisioned by HB 4110. Patients facing serious, treatment-resistant conditions

deserve carefully supervised options, not a system that leaves them with no path forward.

I respectfully urge you to support HB 4110.

Thank you for your consideration.

Anthony Miller  
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