OREGON MEDICAL ASSOCIATION

MEMORANDUM

To: Rep. Hai Pham, Chair, House Committee on Behavioral Health
Rep. Darcey Edwards, Vice Chair, House Committee on Behavioral Health
Rep. Cyrus Javadi, Vice Chair, House Committee on Behavioral Health
Members of the House Committee on Behavioral Health

From: Courtni Dresser, Vice President of Government Relations

Date: February 10, 2026

Re: Opposition to HB 4110

The Oregon Medical Association (OMA) represents and advocates for more than 7,000 physicians, physician associates, and medical and PA students across Oregon. Our mission is to support our members in their efforts to practice medicine effectively, improve the health of Oregonians, and provide the highest quality patient care.

The OMA appreciates the intent behind House Bill 4110 and recognizes the growing interest in novel therapies to address post-traumatic stress disorder and substance use disorder. We acknowledge that anecdotal reports suggest that ibogaine, or its chemical compounds, may show promise in mitigating symptoms for some individuals.

We also recognize that research takes time, and that other states, including Texas, are investing resources to better understand the potential therapeutic value of psychedelic compounds.

At the same time, OMA has significant concerns with the approach outlined in HB 4110. Ibogaine remains illegal under the federal Controlled Substances Act. As a result, physicians who maintain a Drug Enforcement Administration (DEA) registration are prohibited from prescribing or providing ibogaine. Even when states have attempted to create limited exceptions for other psychedelic substances, such as psilocybin, licensed

physicians have not been directly involved due to the very real risk of losing their DEA registration. This federal conflict places Oregon physicians in an untenable position.

HB 4110 appears to create a private process for the provision of ibogaine that relies heavily on an attending physician's medical judgment. While the bill includes language stating that the Oregon Medical Board may not discipline a physician for this conduct, it does not protect physicians or other health care providers from civil or criminal liability. If an adverse event occurs, nothing in the bill prevents an individual or their family from pursuing legal action against the physician involved.

The bill language also raises serious patient safety concerns. Anecdotal information suggests that one of the most significant risks associated with ibogaine is cardiovascular or neurological harm, including fatal heart attacks. The bill itself appears to acknowledge this risk by requiring the presence of a health care provider to address cardiovascular events. However, that provider may not be a physician, and the bill does not establish clinical standards, protocols, or emergency response requirements.

Additionally, HB 4110 does not establish state agency oversight for the production, sourcing, dosing, or administration of ibogaine. Without clear regulatory standards, there would be no reliable way to ensure drug purity, consistency, or safe dosing levels. This lack of oversight exposes patients and providers alike to significant risk.

Importantly, none of the individuals involved in the provision of ibogaine under this bill would have meaningful protection from liability under state or federal law. This creates legal uncertainty that is incompatible with responsible medical practice.

OMA is an evidence-based organization. Our members recognize that medical evidence may emerge over time that supports new treatments when they are proven to be safe, effective, and appropriately regulated. We support continued, controlled research into ibogaine and its chemical compounds so that risks and benefits can be properly evaluated and, if warranted, integrated into medical practice in a way that prioritizes patient safety and provider protections.

For these reasons, while we support advancing research and innovation in behavioral health treatment, OMA has serious concerns with HB 4110 as drafted and urges caution in moving forward with a framework that places patients and physicians at significant legal and clinical risk.