

Medical Psilocybin Advisory Board Meeting Minutes

Date: Friday, December 5, 2025

Time: 9:00 AM MST

Location: Virtual Meeting (Platform Microsoft Teams)

Called to order: Dominick Zurlo, DOH at 9:00 AM MST

Introductions & Welcome

- **Dominick Zurlo (DOH, Moderator):** Called the meeting to order, welcoming attendees to the first **Medical Psilocybin Advisory Board** meeting. Noted the significant public interest, with over 110 attendees joining.
 - Stated to please address him as **Dominick**.
 - Announced that this meeting will focus on public comment, but **questions will not be answered** during this time. Questions will be recorded, and an **FAQ** will be published on the program's website in approximately one week.
- **Senator Jeffrey Steinborn:** Was introduced as one of the primary sponsors of **Senate Bill 219 (Medical Psilocybin Act)**.
 - Described the day as **historic** for the state, country, and the world, signaling a new renaissance of psychedelic medicine.
 - Noted that **New Mexico is only the 3rd state** to create a formal public program for the use of this medicine.
 - Expressed thanks to advocates, practitioners, policy leaders, and honored **indigenous communities** for their knowledge.
 - Thanked the **Department of Health (DOH)** for standing up the program quickly and congratulated the new Advisory Board members, encouraging them to be pioneers, innovate, and not be afraid to challenge the status quo to build the best possible program.
- **Dominick Zurlo** thanked Senator Steinborn for his work.

Advisory Board Member Introductions

The newly appointed board members introduced themselves:

- **Brenda Burgard:** LPCC/Licensed Therapist, long-time New Mexico resident, honored to serve and help form the medical psilocybin program.
- **Alanna Dancis (HCA):** Chief Medical Officer of the Medicaid program (will be Acting Medicaid Director starting Monday), Nurse Practitioner specializing in geriatrics, still practices.
- **Ian Dunn:** Nursing and Psychology student at the University of New Mexico, a patient with PTSD, hopes to advocate for trauma-experienced people to bring them access to medications.
- **DezBaa:** Born and lives in Santa Fe, background in geology (science), grew up in Northern New Mexico experiencing trauma and high overdose rates, licensed massage therapist, currently in the

film industry as a storyteller. Introduced to psilocybin 10 years ago for therapeutic qualities and sees this as an opportunity for New Mexico to do the work intentionally.

- **Dan Jennings:** Town Counselor in Hagerman, NM, runs a non-profit (Hagerman Forward), focused on mental health, previously worked 20 years for the Department of Corrections in recidivism reduction. Honored and humbled to be part of the group.
- **Larry Leeman:** Physician (Family and Addiction Medicine), lived in New Mexico for 35 years (worked on Zuni and Navajo reservations), currently involved in psychedelic research at UNM (psilocybin and MDMA). Passionate about working on trauma and addiction; interested in supporting a program with **strong community basis, equitable access, and safety.**
- **Chris Peskuski:** Former Staff Sergeant in the Marines, expert in substance use disorder, depression, and PTSD through lived experience. Born in Sedro, NM, resides in Albuquerque, aspiring herbalist and community advocate.

DOH Staff Introductions

DOH staff supporting the Center for Medical Cannabis and Psilocybin introduced themselves briefly:

- **Brenda Martinez:** Deputy Director.
- **Rosalie Nava:** Health Program Manager for the Health Education Team.
- **Raymond Gallegos:** Systems and Data Analyst.
- **Rozana Archuleta:** Staff Manager.
- **Cathy Augeri:** Information Technology Project Manager (facilitated public comment sign-up).
- **Katy Freytag:** Health Educator.
- **Johnny Mouchet:** Management Analyst (handling meeting logistics).
- **Robert Truckner:** Medical Director for psilocybin and cannabis; interests run "from Spore to the post integrative sessions."
- **Jorge Gonzalez:** New Program Manager for the Medical Psilocybin Program (first dedicated hire). Focused on networking, social justice, and ensuring access to medicine by listening to community needs and "local keepers of wisdom."

Program Updates

- **Meeting Recording:** The meeting is being **recorded** and will be posted to the DOH website in a few days (Note: The video has been posted on the "Meeting Record" page: <https://www.nmhealth.org/about/mcpp/mpp/mpab/mr/>).
- **Staffing:** Two additional position postings (Environmental Scientist and Compliance Officer) recently closed, and interviews will begin soon.
- **Timeline:** The statute allows until **December 2027** for full program implementation. Due to public interest, the DOH goal is to have the program ready to see **initial patients by the end of December 2026** (a full year earlier).
- **Public Engagement:** The DOH will set up **listening sessions** and additional board meetings (virtual and in-person) to gather information.
- **Updates:** Instructions were shared on how the public can sign up for **E-news updates** on the program's website (www.nmhealth.org Sign Up for E-News Medical Psilocybin box).

- **Staff Location:** Main Center staff are in Santa Fe, but the **Psilocybin Program staff will be located in Albuquerque** for a more central location to facilitate community engagement.

Advisory Board Purpose and Bylaws

- **Purpose (per Statute):** To review, recommend, and create medical conditions for eligibility, review petitions, recommend patient qualifications, recommend formulation/dosage/treatment standards, recommend and create rules/regulations, and assist in establishing monitoring and evaluation methods.
- **Bylaws Review:** A draft of the procedures and bylaws was presented for review (previously placed in the SharePoint folder).
 - *Key Points in Draft:* Quorum is a majority of members; majority vote is of voting members in attendance; meetings must be open to the public; board must meet at least twice a year; meetings announced 7 days in advance.
- **Board Discussion on Bylaws:**
 - **Ian Dunn** proposed amendments (already made to the shared document):
 - Struck the requirement for Secretary of Health approval for **Chair/Vice-Chair** election.
 - Changed the removal of the Chair/Vice-Chair from a simple majority to a **two-thirds majority**.
 - **Alanna Dancis** requested a more **robust Conflict of Interest** section and requested that public commenters disclose any conflicts.
 - The Board (Ian Dunn, Chris Peskuski, Alanna Dancis, DezBaa, Larry Leeman) reached a **consensus to table the vote** on the bylaws until the next meeting to allow time for full review, amendments, and discussion.

Selection of Chair and Vice Chair

- The Board agreed to proceed with the election of the Chair and Vice Chair despite deferring the vote on the bylaws.
- **Chair Nomination: Ian Dunn** nominated himself.
 - **Vote:** Ian Dunn was **elected Chair** by unanimous consent (no objections).
- **Vice Chair Nomination: Dan Jennings** nominated himself.
 - **Vote:** Dan Jennings was **elected Vice Chair** by unanimous consent (no objections).

Other Business and Next Meeting Date

- **Next Meeting Date:** After discussion, the Board agreed on the following:
 - The Board needs to meet more frequently than once a month, especially in the beginning stages (Chris Peskuski, DezBaa, Larry Leeman).
 - The next meeting will be held **Friday, December 12th, at 9:00 AM**.
 - The following meetings should be held **bi-weekly** until key issues are settled.
 - **Dominick Zurlo** recommended virtual meetings for the next couple of meetings due to winter weather.
- **Meeting Format and Duration:**
 - The next meeting will be **virtual** (DOH to provide link and announcement).
 - The duration was set for **2 hours**.

- **Board Communication:** Board members discussed communication between meetings. **Dominick Zurlo** reminded that any communication among board members is **open to the public** due to transparency requirements.

Public Comment

- **Moderator:** Cathy Augeri, DOH, managed the Public Comment session, reminding speakers of the **3-minute limit** and the process for registration/hand-raising.
- *Highlights of Public Comments:*
 - **Denali Wilson (Healing Advocacy Fund):** Expressed gratitude; emphasized the need for a balance of **safety, affordability, and equity**. Urged full funding for the program's **equity fund** in the 2026 budget to ensure patient access and prioritizing regulations that keep care affordable (e.g., group care, diverse care teams, Medicaid/private payer coverage).
 - **Scott Kennon:** Shared his personal experience with severe PTSD and depression despite being on maximum doses of two antidepressants. Asked practical questions about **administration/dosage** (pill vs. patch) and the process of working with a new guide when he already has a trusted local therapist.
 - **Gregory Evans:** Interested in contributing to the program development (committee/DOH staff); works in compliance and grant management at DPS; stressed the need for clear compliance tracking (growth, testing, analytics) and reaching demographics who may not normally know they can benefit.
 - **Dr. Lida Fatemi (Physician):** Emphasized the need for **education** and learning from other states' complexities (Oregon/Colorado) to create a less complicated system. Stressed the need for **proper care delivery**, including for those with disabilities or at the end of life (e.g., at-home treatment).
 - **Alyiah Doughty (Licensed Dr. Oriental Medicine/Psychotherapist):** Works with trauma healing; excited to work in the holistic medical use field; requested input on who can work with the medicine; encouraged the board to look into the research of **Paul Stamets**.
 - **Ash Shelton (Mushroom Farmer):** Listening in to see how local farmers can be included in the process and what opportunities will be available for them.
 - **Katherine Warnock (Licensed Professional Counselor/Psilocybin Therapist):** Affordability must be a central focus, avoiding the barriers seen in Oregon/Colorado where high costs exclude rural providers, healers, and marginalized populations. Advocated for a system that is ethical, accessible, and grounded in **harm reduction**. Encouraged board members/working group participants to gain **first-hand therapeutic experience** with the medicine. Suggested allowing non-psychedelic therapists to attend sessions with their clients.
 - **Gary Chavez:** Shared his personal path to five years of sobriety (alcoholism and nicotine cessation), crediting **psilocybin (entheogen)** as his biggest advocate. Stressed that mental struggle affects everyone regardless of financial status and that the program must be **accessible** to all.

The meeting was accidentally ended by a participant and recording was no longer available.

The meeting re-started at 10:43 a.m.

People can submit public comments in our email medical.psilocybin@doh.nm.gov, and they will be included with the meeting record.

Additional Public Comment: Jeff Holland-Who made the decision to cut the timeline by 50%? Does the Board agree with this new timeline? Expressed concern this could create issues with barriers being overlooked and mistakes being made.

Senator Steinborn-

- Flexibility was given to the Department. The program will be implemented no later than December 31, 2027.
- High Legislative Priority: Focus on funding the Equity Fund in the upcoming legislative session. It is a non-reverting fund.
- Action Item: Non-Board members encouraged to contact local legislators to advocate for funding the Equity Fund and research.

Additional information from the Board:

Ian Dunn- Board Chair

- Timeline Concern: Acknowledged anxiety regarding the program timeline
- Quality Commitment: Emphasis on avoiding poor execution; need to allow the private sector time to prepare tools.
- Market Support: Intention to provide an extra year to support the market being created
- Patient Safety: Firm commitment not to accept any outcome that compromises patient safety.

Dominick Zurlo- Center Director

- Phased Rollout: It will not be a full program by December 2026, but rather a deliberate start.
- Flexibility: The initial patient numbers will be smaller to allow for necessary shifts and adjustments as the program grows.

DezBaa- Board member

- Urgency and Community Need: The community needs this now.
- Collaborative Approach: Advising the DOH and effectively understanding community needs
- Confidence & Commitment: Encouragement to set aside fears of failure. Success will be achieved by listening to the medicine and the concerns of the community.
- Expressed commitment of listening the state's needs and hope in the positive nature ("beauty") of the program.

Public comments will be accepted until Monday, December 8th at 5 pm and there will be public comment time during the December 12th meeting.

Adjourned 10:56 a.m.

Written Public Comment submitted:

Hello Psilocybin Advisory Board Members and Staff,

My name is Santiago "Sant" Leos III, and I am currently attending UNM in my pursuit of a career in Clinical Mental Health Counseling. I have always been a huge advocate for accessible mental healthcare for everyone.

First of all, allow me to express my excitement and deepest gratitude for the convening of this board and program. The work to be done is immense and vital. It was very nice to meet the Advisory Board and the program manager Jorge Gonzalez; your passion and expertise is invaluable. I look forward to meeting the new staff members, yet to be hired, perhaps at the next public meeting.

Since the program is located in Albuquerque, please consider utilizing university resources through collaboration with UNM and Highland's. One resource I would like to highlight/suggest are the students, like me, who are passionate about psychedelic therapies and who are seeking experience and entry into this life saving program.

Through my classes in Chicano Studies and Native American Studies, I understand the importance of interdisciplinary approaches to this field, focusing on leadership, self-determination, Indigenous pedagogy, sustainability, and community building. Students need the opportunity to apply their knowledge through internships, service-learning, and community-based service projects. The development of student research, ethics, communication, critical thinking, presentation, writing, and problem-solving skills are invaluable to both the student and the program/field. The contribution of Native students will be vital to Native communities throughout the state.

Although in its infancy, I envision the potential of a robust and diverse program reflecting the robust and diverse need and talent within the entire state that will require exponential growth and remote offices to address the rural communities. Students across the state in universities and colleges throughout are a valuable resource that should not be overlooked.

In relationship to that, I would also like to express the importance of keeping this program affordable, most especially for the marginalized and disadvantaged people in our community who need it the most. The mental health crisis is a reflection of the colonization of a capitalistic system. Indigenous medicine is an act of resistance that should not be corrupted by colonial ideologies. It is my passionate belief that New Mexico is the only state that has the opportunity to create and set exemplary standards for the entire nation.

Most Sincerely,

Santiago "Sant" Leos III

Hello,

Here is the public comment I was not able to provide this morning:

Thank you for the opportunity to be heard. Congratulations to the board and thank you for your dedication to this mission. I am excited about the opportunity to be on this journey with you. My name is JoEllen Schimmels, I go by Ellen. I am a Psychiatric Mental Health Nurse Practitioner, nurse educator, and Army Veteran of nearly 23 years with deployments to Iraq and Afghanistan. I live in Albuquerque. I teach in a psychiatric mental health nurse practitioner program and am in private practice.

As others have said, this process needs to be accessible, equitable, and safe. I want to advocate for practical, balanced requirements for training, clinical use, and the preparation of future clinicians so we can demonstrate both clinical excellence and academic integrity in this space and be the role model across the country, and perhaps the world. As an educator and provider in a small practice, it is essential that psilocybin remains a viable

therapeutic option—without regulations so restrictive in training, clinical application, or teaching that they hinder our ability to provide care, precept students, and prepare the next generation of practitioners. I am particularly concerned about potential restrictions on licensing clinics and facilitators that may limit access for populations such as individuals with substance use disorders, unhoused, and under resourced individuals and community who stand to benefit significantly if smaller practices are allowed to provide this therapy.

I also want to advocate for expanding qualifying conditions to include moral injury and burnout. These are not abstract diagnostic labels; they are daily realities for the people who care for our communities. In my nearly 30 years as a nurse, I have worked with countless veterans, nurses, healthcare workers, and first responders who carry deep emotional and existential wounds that traditional treatments often fail to reach. Moral injury and burnout arise from witnessing suffering, being asked to do more than is safe, and being placed in situations that violate our most deeply held values. Spirituality is an important component in the therapeutic process in psychedelic treatment, and it is with this enhanced sense of meaning and purpose that we make this available for treating moral injury and burnout. Tragically we have lost far too many colleagues to these invisible injuries.

The ability to treat these conditions with therapies that have the potential to make a meaningful difference is crucial, so individuals can continue serving our communities and can receive the same care and compassion they so readily offer to others. I want this to be a program that truly reflects the values of healing, equity, and compassion. I urge the board to craft policies that make this therapy accessible, responsible, and inclusive. Thank you.

Best,

Ellen