

# End-of-Life Care Committee Bylaws

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## Article I. Name

The name of this committee shall be the End-of-Life Care Committee (“the Committee”).

## Article II. Authority

The Committee is established by and operates under the authority of the Medical Psilocybin Advisory Board (“the Board”) and serves in an advisory capacity only. All recommendations of the Committee are subject to review, modification, and adoption by the Board.

## Article III. Purpose

The purpose of the Committee is to develop evidence-informed, safety-focused recommendations related to the use of psilocybin-assisted therapy for end-of-life care, to support patient safety, therapeutic effectiveness, and consistency for medical psilocybin services in New Mexico.

## Article IV. Scope of Responsibilities

The Committee shall carry out the following responsibilities:

### **A. Establish Definition and Scope for End-of-Life Criteria**

- Establish definitions and parameters for end-of-life care criteria.
- Recognize that end-of-life psychedelic therapy may be viewed through palliative, hospice care, and cultural perspectives.
- Support expansive timeframes, including from the time of diagnosis of serious, terminal, or life limiting medical conditions, or from the time of recognition that end of life is approaching due to the natural aging process.

### **B. Therapeutic Team Development**

- Support the development of therapeutic care teams that extend beyond a strictly medical provider and licensed therapist model including palliative and hospital-based nurses, social workers, and related professionals
- Explore emerging roles such as psychedelic end-of-life doulas and psychedelic chaplains.
- Consider the development of an entry-level facilitator role with appropriate state licensure for inclusion in medical psilocybin program. as part of the care team including medical providers and licensed therapists

### **C. Inclusion of Family and Caregivers**

- Examine circumstances under which life partners, family members, or caregivers may participate in psilocybin-assisted therapy as part of end-of-life care.

### **D. Sites of End-of-Life Care**

- Identify appropriate sites of end-of-life care, including private residences and licensed facilities.
- Develop models for home-based end-of-life care.
- Coordinate with hospice organizations, home health care agencies, and healthcare and therapy facilities.

### **E. Education and Workforce Development**

- *Support education and workforce development related to psilocybin-assisted therapy for end-of-life care.*

### **F. Development of Psilocybin Assisted Therapy End-of-Life Care Plans**

- Care plans will include preparation and integration sessions, adjustment of psilocybin dose and number of sessions based on issues specific to EOL, and involvement of family and caregivers

### **G. Ongoing Review and Updates**

- Establish and maintain a process for the periodic review of emerging scientific literature, clinical guidance, and program data as the field evolves

## **Article V. Committee Membership**

1. Committee members shall be those individuals who attend and participate in the meeting
2. Membership may include individuals with expertise in palliative and hospice care, medicine, mental health, nursing, public health, spirituality, or related and supporting disciplines
3. Public members may be included, where appropriate, including but not limited to people with chronic illness, cancer survivors, and those with lived experience as caregivers at end of life
4. Out of state participants may attend and speak at meetings, however they will neither count for the quorum nor have voting rights
5. Individuals who are disruptive during the meetings may be removed from the meeting at the discretion of the Chair and prohibited from participating in future meetings

## **Article VI. Chair and Leadership**

1. The Committee Chair shall be appointed by the Chair of the Board.
2. The Chair is responsible for:
  - a. Convening and presiding over Committee meetings
  - b. Setting meeting agendas in coordination with Board leadership and staff
  - c. Ensuring timely development and submission of Committee recommendations
  - d. Serving as the primary liaison between the Committee and the Board

## **Article VII. Meetings**

1. The Committee shall meet at the call of the Chair.
2. Meetings may be held in person, virtually, or in a hybrid format, subject to applicable open meetings and public notice requirements.
3. Actions and recommendations of the Committee shall be approved by a majority vote of members present, unless otherwise specified by Board policy.

## **Article VIII. Voting and Recommendations**

1. The Committee may adopt recommendations by majority vote of members present at a meeting. A quorum requires at least six members and the Committee chair or their representative. Out of state participants may attend and speak at meetings, however they will neither count for the quorum nor have voting rights
2. All recommendations shall be documented in writing and transmitted to the Board for consideration.
3. Committee recommendations are advisory and shall not have binding effect unless adopted by the Board.

## **Article IX. Conflicts of Interest**

1. Committee members shall disclose any actual or potential conflicts of interest related to matters under consideration.
2. Members with a conflict of interest may be required to recuse themselves from discussion or voting on specific issues, as determined by the Chair or the Board.

## **Article X. Amendments**

These bylaws may be amended by the Board upon recommendation of the Committee or at the Board's discretion.