

Zurlo, Dominick, DOH Friday 9:02 AM

- 1. Opening and Welcoming Statements:**
- 2. Introduction - Ian Dunn, Chair**
- A. Call to order**
- B. Psilocybin Advisory Board Members**
- C. Program Staff**
- 3. Review Agenda**
- 4. Update from the Program**
- 5. Updates on committees**
- 6. Other business**
- 7. Set next meeting date/location Public Comment**
- 8. Please note, public comment is limited to 3 minutes per person**

Denali Wilson (Unverified) Friday 9:09 AM

Sorry if I missed this - is the board still seeking applications for the remaining 2 board member positions?

Brown, James (Unverified) Friday 9:09 AM

Thank you Dominic for the updates. Great news

Zurlo, Dominick, DOH Friday 9:13 AM

Sorry if I missed this - is the board still seeking applications for the remaining 2 board member positions?

Thank you Denali - yes, the Department is still accepting applications for those vacant positions. The application information can be found on the medical psilocybin advisory board website: [Psilocybin Advisory Board](#)

Contact information and websites

- **Email: Medical.Psilocybin@doh.nm.gov**
- **Program Website (Announcements are here):**
<https://www.nmhealth.org/about/mcpp/mpp/>
- **Advisory Board Website:** <https://www.nmhealth.org/about/mcpp/mpp/mpab/>

- Meeting Records: <https://www.nmhealth.org/about/mcpp/mpp/mpab/mr/>
Medical Psilocybin

Committee Meeting Dates, Times, and Links (click on the name of the committee to register):

[**Equity, Access, and Cultural Considerations**](#) – Tuesday January 20th from 5:15-6:30pm; DezBaa', Chair

[**Propagation Committee**](#) – Wednesday January 21st from 3:00-5:00pm; Chris Peskuski, Chair.

[**End of Life Care**](#) – Thursday January 22nd from 3:00-5:00pm; Larry Leeman, Chair.

[**Research and Continuous Improvement**](#) – Friday January 23rd from 9:00-11:00am; Dan Jennings, Chair.

[**Training and Education**](#) – Friday, January 23rd 1:00-3:00pm; Brenda Burgard, Chair.

[**Dosage, Administration & Clinical Practice**](#) – Friday January 30th from 1:00-3:00pm; Ian Dunn, Chair.

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Microsoft Virtual Events Powered by Teams

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Lisa Snyder // InnerTrek Training (Unverified) Friday 9:30 AM

Working in Oregon's regulated psilocybin space from the start—across training, service centers, and facilitation—we have learned that reliance on licensing fees alone to fund the program has made costs very high for businesses and clients. Would love to see New Mexico figure out a broader funding model and plan for insurance reimbursement from the beginning to ensure true accessibility.

Also a note on end-of-life care and access for people who cannot leave their homes or hospice were not originally built into Oregon's model. There is a major opportunity for New Mexico to design for home-based (done safely - as that was the concern) and hospice access from the start so these services can reach those who need them most.

Metz, Anne (Unverified)Friday 9:32 AM

Great idea. This was a major delay in CO.

Evans, Gregory, DPS Friday 9:34 AM

Sounds like you're talking about a workback pipeline for compliance and supply chain on that topic, are licensing protocol recommendations (constrained to those process) the responsibility of Propagation?

Brenda Burgard (External)Friday 9:34 AM

What would be the timeline for training up practitioners?

Catherine Warnock (Unverified)Friday 9:38 AM

We will also need medicine for training practitioners for the experiential portion.

Lisa Snyder // InnerTrek Training (Unverified)Friday 9:38 AM

Just suggestions from our experience in OR & CO. We recommend establishing training rules as early as possible. This worked in Oregon, where training came first, and although Colorado tried to do the same, it still took significant time for healing centers and service centers to open and get established.

Our recommended order is: training first, then healing centers, then cultivation, followed by the remaining details. This sequence supports a smoother launch.

Evans, Gregory, DPSFriday 9:39 AMEdited

Just suggestions from our experience in OR & CO. We recommend establishing training rules as early as possible. This worked in Oregon, where training came first, and although Colorado tried to do the same, it still took significant time for healing centers and service centers to open and get establ..."

I would imagine that this would require production to be up and running to provide those products within compliance.

Lisa Snyder // InnerTrek Training (Unverified) Friday 9:40 AM

Training takes time, but can help to be a ready workforce waiting in the wings Love the idea of reciprocity

shane mcdaniel (External)Friday 9:44 AM

What about those of us who are already trained practitioners? Will NM approve those of us who already hold certifications?

Brenda Burgard (External)Friday 9:45 AM

That will be discussed in the training and education meeting next Friday the 23 at 1:00.

Lisa Snyder // InnerTrek Training (Unverified)Friday 9:47 AM

reciprocity for licensing was not built in for other states but OR licensed folks have been able to port their license over to CO (and pay the license fee of course) That's been really nice

Patricia Stellamares (External)Friday 9:47 AM

Dr. Lida Fatemi also running a training program for facilitators which has been approved for CMEs and its approved for CEUs in New Mexico. She's working to get nationwide approval for CEUs. Graduates complete this program in Sept of 2026.

Brown, James (Unverified)Friday 9:47 AM

The qualifications and backgrounds for facilitators needs to be open and broad to ensure access to New Mexicans. The current facilitators in Colorado and Oregon do not have medical backgrounds.

Metz, Anne (Unverified)Friday 9:48 AM

Clinical facilitators in Colorado are dually licensed

Keyena McKenzie, ND, LM, CPM (Unverified)Friday 9:48 AM

On education, I would love to see NM create a pathway for licensed health professionals (NDs, MDs, PAs, NPs, etc) who have already completed extensive post-undergraduate/doctoral level medical, client relationship, ethics, pharmacology, emergency medicine, etc training to be licensed or perhaps engage in a psilocybin pharmacology and facilitator training. Many of us have already dedicated tens and hundreds of thousands of dollars in prior training.

Alyiah Doughty (Unverified)Friday 9:48 AM

Did you say there are only a few condition categories/diagnosis that qualify by current law for medical use of psilocybin?

Lisa Snyder // InnerTrek Training (Unverified)Friday 9:48 AM

We do have many people who are facilitators in OR & Co who have a medical background

Patricia Stellamares (External)Friday 9:48 AM

“Did you say there are only a few condition categories/diagnosis that qualify by current law for medical use of psilocybin?”

Yes, look up SB 219 for details.

Alyiah Doughty (Unverified)Friday 9:49 AM

Where do I find SB 219?

Patricia Stellamares (External)Friday 9:49 AM

google it

Brown, James (Unverified)Friday 9:49 AM

Also. Law does not allow for out state products. All cultivation has to be produced in NM.

DezBaa' (Unverified)Friday 9:50 AM

<https://www.nmlegis.gov/Sessions/25%20Regular/bills/senate/SB0219.pdf>

Keyena McKenzie, ND, LM, CPM (Unverified)Friday 9:51 AM

"We do have many people who are facilitators in OR & Co who have a medical background"

Hi Lisa. I'm suggesting a separate truncated program for those already licensed in post-undergrad medical fields

shane mcdaniel (External)Friday 9:52 AM

I may be wrong but both Oregon and Colorado require cultivators to be in State from my understanding. I believe they had a opening for out of state cultivators only if there were not enough in state providers to meet the demand.

Lisa Snyder // InnerTrek Training (Unverified)Friday 9:53 AM

I was responding to BJ's note "The current facilitators in Colorado and Oregon do not have medical backgrounds." - just wanted to say that is incorrect, the entire currently trained ecosystem has a lot of people with medical backgrounds. Shane you are correct, mushrooms need to be grown in state and can not cross state lines

Alyiah Doughty (Unverified)Friday 9:54 AM

"qualifying condition" includes:

- (1) major treatment-resistant depression;**
- (2) posttraumatic stress disorder;**
- (3) substance use disorders;**
- (4) end-of-life care; and**
- (5) other conditions approved by the department;**

shane mcdaniel (External)Friday 9:54 AM

There may also be issues of interstate legal issues if we bring in product from other states as long as it remains illegal at the fed level

Joel Apodaca (External)Friday 9:56 AM

Cannabis dispensaries can only sell and purchase product from NM growers never out of state. Why should this be any different?

Alyiah Doughty (Unverified)Friday 9:57 AM

So #5 "Qualifying Condition" includes what? It's described as "other conditions approved by the department".

Paul Walton (Unverified)Friday 9:57 AM

Hi Lisa. I'm suggesting a separate truncated program for those already licensed in post-undergrad medical fields

It would be best practice to have everyone go through a facilitator program no matter what professional licensure is held.

Lisa Snyder // InnerTrek Training (Unverified)Friday 9:57 AM

I imagine that's a place where the rules boards can decide if there is something missing

You did great thank you

Evans, Gregory, DPSFriday 9:59 AM

So #5 "Qualifying Condition" includes what? It's described as "other conditions approved by the department".

Hey. just a soft check here. That conversation really is for THAT committee. I think board may need to focus back on the meeting schedule here today, which is more about giving deadlines for the committees to provide the recommendations that need to be made.

Zurlo, Dominick, DOHFriday 10:00 AM

"So #5 "Qualifying Condition" includes what? It's described as "other conditions approved by the department".

As the regulations are promulgated, there will be a process for petitioning outlined by them and the department for submission and consideration of other conditions.

Similar to what happens in medical cannabis.

Lisa Snyder // InnerTrek Training (Unverified)Friday 10:00 AM

Agreed, psychedelic facilitation is different than getting trained as let's say a doctor or a nurse - all people should go through a psychedelic facilitator training program - but offer transfer credits as a possibility for those who have certain past education that can cross over

Schimmels, Ellen (Unverified)Friday 10:00 AM

Yes, bring them back home.

Brenda Burgard (External)Friday 10:03 AM

Some people have been training in other countries and will need to be included as well such as Canada.

shane mcdaniel (External)Friday 10:04 AM

Should we Vet any of the training providers or just let anyone with a certification be approved in NM?

Evans, Gregory, DPSFriday 10:05 AM

Kanban baby!

Aleutia (Unverified)Friday 10:05 AM

Is the public able to join the Edu meeting on Fri 23rd at 1300? If so how/where?

Lisa Snyder // InnerTrek Training (Unverified)Friday 10:05 AM

I would also recommend training programs be the deciding factor with what credits they transfer to their programs - CO messed that intention up a bit. Wrote it in the rules that training programs could accept transfer credits and then back peddled the how. I do think that training programs need to be approved by New Mexico and then those curriculums are approved by the state

shane mcdaniel (External)Friday 10:06 AM

"Is the public able to join the Edu meeting on Fri 23rd at 1300? If so how/where?"

Yes. Links to the meetings are above in the comments

Jonathan Mouchet 10:07 AM

Here's the registration link for that meeting

[**Medical Psilocybin - Training and Education Committee | Meeting-Join | Microsoft Teams**](#)

Brenda Burgard (External)Friday 10:07 AM

I think we will need to meet once or twice per week for education and training.

Evans, Gregory, DPSFriday 10:08 AM

As a contributor to multiple committees, I urge you to lean on us for help in writing these drafts.

Brenda Burgard (External)Friday 10:09 AM

Also where will training take place.

Jonathan Mouchet 10:11 AM

Additionally, the rest of the upcoming meeting times and registration links (that are currently scheduled) are on the announcements section of the DOH [**Medical Psilocybin**](#) page.

Keyena McKenzie, ND, LM, CPM (Unverified)Friday 10:11 AM

"Agreed, psychedelic facilitation is different than getting trained as let's say a doctor or a nurse - all people should go through a psychedelic..."

I'm not suggesting licensed medical/primary care providers forego psilocybin facilitator training completely but perhaps a different/additional avenue that OR does not offer but I believe CO may

DIANA Q (External)Friday 10:14 AM

CO psilocybin program creates a clinical pathway distinct from facilitator pathway for licensed providers. Everyone must undergo 150 hours of training including practicum but the scope of practice is expanded, to treat diagnoses whereas lay facilitators may only facilitate but not treat.

Breawnna Wunder (Unverified)Friday 10:15 AM

I think that is an important point. Current medical providers can help fill the gap of giving qualifying diagnosis and screening individuals for treatment - for patient and public safety. This does not necessarily mean they need to undergo facilitator training

Asher Weinstein (Unverified)Friday 10:18 AM

is the Education & Training a separate committee with its own meetings?

DezBaa' (Unverified)Friday 10:19 AM

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Evans, Gregory, DPS Friday 10:20 AM

“is the Education & Training a separate committee with its own meetings? “
correct. Each of the subcommittees meet independently and contributions are open to public participation. Those committees are where these details are put together to build those recommendations.

Zurlo, Dominick, DOH Friday 10:20 AM

“is the Education & Training a separate committee with its own meetings? “
Yes - please see the chat for the links to the other committees or the main program webpage in the announcements: [Medical Psilocybin](#)

Evans, Gregory, DPS Friday 10:26 AM

yes lean!

Schimmels, Ellen (Unverified) Friday 10:28 AM

Yes! This training is so expensive and moreso when it is not local.

Lisa Snyder // InnerTrek Training (Unverified) Friday 10:28 AM

Lean!

Practicum space would need to have the medicine ready and training programs ready and healing center rules ready

Thank you yes! Hoping that there will be opportunities for folks who can support who are not doctors but have great wisdom - but very well trained

Brenda Burgard (External) Friday 10:30 AM

Thank you James We will be covering a lot of these subjects in the education and training meeting.

Aleutia (Unverified)Friday 10:32 AM

I am so on board with this comment! My PAT training is Somatic-based with Embody Lab. My facilitation approach is almost unrelated to my RN license.

Catherine Warnock (Unverified)Friday 10:32 AM

Practicum is exactly the piece missing across the board for the training programs that exist out there.

Evans, Gregory, DPSFriday 10:33 AM

I'm working on a list of definitions for this and would love input.

Currently have these categories

Facilitator, Trip Sitter, Medical Observer

Sanchez, Catherine, WCAFriday 10:33 AM

Just as a side thought, those who are not physicians or clinicians but have had training - will they be required to be insured for medical malpractice in the event something goes wrong?

Lisa Snyder // InnerTrek Training (Unverified)Friday 10:34 AM

NPA - national psychedelic association has an amazing option for members to have malpractice insurance

Asher Weinstein (Unverified)Friday 10:34 AM

Echoing the consideration if a licensed facilitator would then be able to work within all approved indications

Denali Wilson (Unverified)Friday 10:35 AM

Thanks all!

Two other considerations:

- 1) Is there an opportunity to collaborate with the department of agriculture or department of economic development to support local cultivators who want to enter this regulatory space? Speedy regulations may be easiest to navigate for established businesses, and I really want to see us finding ways to support small cultivators.
- 2) Chair Dunn mentioned considerations of patient exclusion criteria, and I want to discourage adoption of any full exclusionary criteria. There are certain contraindications that should require heightened clinical screening/supervision, but in a medically integrated model like New Mexico's, we should lean into multidisciplinary teams to meet people where they are at and not exclude patients who otherwise have qualifying conditions.

Evans, Gregory, DPSFriday 10:40 AM

HBD James Hosobe

Lisa Snyder // InnerTrek Training (Unverified)Friday 10:41 AM

In Oregon we've had over 15,000 psilocybin sessions here in Oregon - and we have no diagnosis necessary which had really opened the doors to who can be served which has been amazing - and having a great health screening process ahead of the the journey. Screening has reduced risks big time. We have a doctor on our team at our service center for our practicums and 1:1 clients - and this has been a requirement for us

Metz, Anne (Unverified)Friday 10:44 AM

Sounds very cost prohibitive for rural communities to have a nurse on staff

Matthew Armstrong (External)Friday 10:44 AM

The facilitator can request that they provide written medical clearance from their PCP also.

Catherine Warnock (Unverified)Friday 10:44 AM

“The facilitator can request that they provide written medical clearance from their PCP also.”

This is what I do require with certain conditions.

Lisa Snyder // InnerTrek Training (Unverified) Friday 10:45 AM

It's expensive to have someone like that on site all day long all when most journeys are people just laying there most of the time.

Medical screening by a medical professional is #1 recommendation - this has been huge for us.

Alyiah Doughty (Unverified)Friday 10:45 AM

When is the next board meeting?

Hanifa Nayo Washington (Unverified)Friday 10:46 AM

yes, multidisciplinary care teams will make this safe, accessible, and affordable.

Matthew Armstrong (External)Friday 10:46 AM

Agreed

Catherine Warnock (Unverified)Friday 10:46 AM

I agree clearance is sufficient

Lisa Snyder // InnerTrek Training (Unverified)Friday 10:47 AM

Clearance from a doctor will require you all to educate the doctors - and help them be comfortable with the new model - most are scared of psilocybin

Schimmels, Ellen (Unverified)Friday 10:47 AM

We can open a training for MD, DO, NP, PA

Asher Weinstein (Unverified)Friday 10:48 AM

maybe more clinical data will reveal whether or not a nurse is even necessary to be present?

Breawnna Wunder (Unverified)Friday 10:48 AM

New Mexico psilocybin program is a medical model. It will be an integrated approach. Different from Oregon which law supports more broad adult use. Access and equity will be more obtainable in a medical model format

Cody Fitzpatrick (External)Friday 10:48 AM

What about a "Higher-Ed" CNA training course/licensing, for possibly lowering the overhead for having a nurse available at each session? I would also like to add; possibly having a physical exam before, at a minimum, their first session.

Lisa Snyder // InnerTrek Training (Unverified)Friday 10:49 AM

You can look at our Oregon data - very little medical issues in 15,000+ sessions I'll post the link to our data we have been sending to the state and that they have been collecting on their end

Catherine Warnock (Unverified)Friday 10:49 AM

"Clearance from a doctor will require you all to educate the doctors - and help them be comfortable with the new model - most are scared of psilocybin"

They need to be educated anyway if it is a legal program of this state.

Schimmels, Ellen (Unverified)Friday 10:49 AM

Yes, do not want to limit access to only wellness centers either, I love this idea of a means of getting a hold of someone, not on site.

Aleutia (Unverified)Friday 10:50 AM

Focusing on pre-session assessment/intake ought to help keep this a safe and seamless process.

Sanchez, Catherine, WCAFriday 10:50 AM

can that topic be discussed offline? so we can continue with the public comments - and keep to the timeframe of this meeting?

Lisa Snyder // InnerTrek Training (Unverified)Friday 10:52 AM

Education also requires normalization campaigns - hoping you guys include a marketing campaign to the public and to anyone else you want to participate.

**[https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/Psilocybin-Data-
Dashboard.aspx](https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/Psilocybin-Data-Dashboard.aspx) Oregon data dashboards**

Keyena McKenzie, ND, LM, CPM (Unverified)Friday 10:55 AM

To my knowledge, RNs aren't licensed to diagnose. NPs (nurse practitioners) are and would increase the cost substantailly. It's my limited understanding that training programs would cover screening and emergency plans as needed. If RNs are to be required for every session, the sessions have the potential to become very medicalized and monetized. It may be worth reaching out to Stadium Medical in CO and Zendo Project. While they cover large event medical needs, they may have some guidance on the value or drawback (IMO) of having RNs/conventional medically trained involved with every patient.

Evans, Gregory, DPSFriday 10:57 AM

I hope that wasn't too abrasive

Alyiah Doughty (Unverified)Friday 10:57 AM

Next meeting?