

## **Psilocybin Advisory Board Meeting Minutes:**

**Location:** Microsoft Teams

**Date:** 01-16-2026

**Time:** 09:00

**Attendance:** Adrian Estrada, Adrian Martinez, Aleutia, Alyiah Doughty, Angela George, Asher Weinstein, Belinda, Brenda Burgard, Brenda V Martinez, Breawnna Wunder, Brett Phelps, James Brown, Catherine Warnock, Cathy Augeri, Celina Montoya, Chris Peskuski, Chris Woodward, Cody Fitzpatrick, Dan Jennings, Dancis Alanna, Deborah Weisner, Denali Wilson, DezBaa, Diana Quinn, Diane Dahm, Dominick Zurlo, Don Moser, Erik Baca, Evans Gregory, Ian Dunn, Hanifa Nayo Washington, Herk Rodriguez, Hana Rose, Ismail Zoutat, James Hosobe, Janet Salcido, Jen McDowell, Jennifer Lockwood, Joel Apodaca, Jojola Donna, Jonathan Mouchet, Jorge Gonzales, Keyena McKenzie, Lawrence Leeman, Lisa Snyder, Lori Healy, Manuel Griego, Marcus Ryals, Margaret Zak, Matt Kennicott, Matthew Armstrong, Maureen Kolomeir, Anne Metz, Michael McDowell, Janet Miller, Paul Walton Patricia Stellamares, Raymond Gallegos, Robert Truckner, Rosalie Nava, Catherine Sanchez, Ellen Schimmels, Timothy Scott, Shane McDaniel, Sharlene Trish, Singh Veracka Rachel, Victoria

**Minute Taker:** Ismail Zoutat

*\*This meeting was recorded. For specific details pertaining to the meeting, please refer to the recording located on the Medical Psilocybin Advisory Board Website: [Psilocybin Advisory Board](#)*

## **Agenda items**

### 1. Call to Order and Agenda Approval

- Chair Ian Dunn called the meeting to order, welcomed participants, and requested confirmation of the finalized agenda.
- Chris Peskuski moved to adopt the agenda. Brenda Burgard seconded the motion. The agenda was adopted unanimously.
- The agenda was formally approved, and the meeting commenced.

### 2. Department of Health Program Update

- Director, Dominick Zurlo, welcomed everyone and provided a program update.
  - He emphasized the recent administrative workload and strong committee engagement
  - He highlighted the importance of submitting contextualized documents rather than large attachments without explanation.
  - He explained public forum etiquette requirements, reminding everyone to refrain from inappropriate language to ensure suitability for all audiences.
  - He clarified why public cameras remain disabled, citing bandwidth limitations and past background content concerns.
  - He explained that the program is actively hiring a compliance officer and an associate environmental scientist, which will triple staffing capacity.

### 3. Committee Updates

- Propagation Committee
  - Chris Peskuski reported that the Propagation Committee held its first meeting, adopted bylaws, and began outlining scope and priorities. He asked whether the committee's role included cultivation through distribution.
  - Ian Dunn confirmed the Propagation Committee's scope includes all processes prior to patient administration, including cultivation, manufacturing, testing coordination, and transportation.
- Equity, Access, and Cultural Considerations
  - DezBaa' reported that two listening-focused meetings were held, one daytime and one evening session, to maximize accessibility. Governance agreements have not yet been adopted. Public concerns were centered on cost of treatment, facilitator licensing, rural access, telehealth, and education.

- She emphasized the need to integrate equity considerations across all committees. The committee discussed implications for tribal governance and coordination with New Mexico's 24 federally recognized tribes. Engagement is pending leadership transitions and legislative session timelines.
  - Committee to move toward formal agreements and continue targeted listening sessions, including tribal consultation planning.
- Training and Education
  - Ian Dunn reported that the committee has not yet met.
  - The committee will meet on Friday, January 23.
- End of Life Care
  - Lawrence M. Leeman reported that the committee adopted bylaws, hosted a large public meeting.
  - They outlined seven primary scope areas, these included an expansive definition of end-of-life, interdisciplinary care teams, inclusion of entry-level facilitators, caregiver participation, home-based and hospice coordination, specialized education, and ongoing literature review.
  - The committee discussed unique dosing, preparation, and integration needs, and plans to include short educational segments in future meetings.
  - Ian Dunn affirmed the importance of broad palliative inclusion.
  - Committee to continue biweekly meetings and refine scope, workforce, and clinical considerations.
- Research and Continuous Improvement
  - Dan Jennings reported that the committee adopted working norms, developed initial data elements, and began compiling a research and best-practices repository. He emphasized reliance on primary research and bias awareness.
  - The committee discussed adaptive regulation models and reframing “adverse events” as “challenging events.”

- Jennings asked whether medication-interaction guidance belonged in his committee.
- Ian Dunn clarified that initial screening belongs to Patient Safety, while Research and Continuous Improvement will evaluate post-implementation outcomes.
- Committee aims to refine data standards, research review processes, and adaptive feedback mechanisms.
- Patient Qualification & Safety
  - Ian Dunn reported that the Patient Qualification and Safety Committee adopted bylaws and aligned legislative qualifying conditions with ICD-10 codes.
  - The committee will aim to address exclusion criteria and baseline safety frameworks in an upcoming meeting, *Friday February 20<sup>th</sup>*.
- Dosage, Administration & Clinical Practice
  - Ian Dunn reported that Dosage, Administration, and Clinical Practice Committee adopted bylaws and is developing diagnosis-specific dosing frameworks.
  - Outlined that in medicine often times the dose to treat one disorder is not the dose to treat another disorder.

#### 4. Other Business

- Cultivation Prioritization and Timeline
  - Ian Dunn proposed prioritizing cultivation and testing regulations to ensure product availability before the launch of patient services.
  - He explained that early licensing is necessary to allow adequate cultivation and testing time.
  - DezBaa' asked whether timelines should be reverse-engineered from infrastructure and testing realities. Dunn noted existing cannabis-testing infrastructure

- Dominick Zurlo confirmed cultivation and testing must proceed in parallel and emphasized summer licensing to meet December 2026 patient timelines.
- Chris Peskuski supported a phased approach focusing first on cultivation.
- Lawrence Leeman stressed that facilitator training timelines are long and must begin soon. Brenda Burgard highlighted the urgency of reciprocity pathways and licensure clarity.
- Dan Jennings and DezBaa supported the development of a visual project timeline.
- Board agreed that cultivation and testing should be prioritized while all committees continue parallel work.

- Reciprocity and Regulatory Discussion
  - Lawrence Leeman asked whether creation of facilitator roles requires legislative action.
  - Dominick Zurlo clarified that certification and training standards can be implemented administratively through DOH. He further outlined a potential reciprocity model recognizing Oregon and Colorado training with a required New Mexico-specific regulatory module and possible provisions favoring in-state programs.
  - Brenda Burgard strongly supported accelerated onboarding of already-trained practitioners.
- Draft Development and Meeting Schedule
  - The board discussed draft development for cultivation and testing.
  - Dominick Zurlo clarified that drafts are not final regulations but working documents to facilitate structured public and board review.
  - It was agreed that cultivation and testing drafts will be posted by **February 13, 2026**.
  - ***The board review of the draft was scheduled for February 27, 2026 at 9:00 AM.***

- Training drafts will follow a similar process.
- Dan Jennings agreed to chair the meeting if necessary. DezBaa emphasized the importance of public review windows.

## 5. Public Comments

- Hanifa Nayo Washington
  - She recommended a stronger focus on affordability and reimbursement, including Medicaid and third-party payer pathways, and suggested creating a dedicated financing-focused subcommittee.
- Denali Wilson
  - She supported a reimbursement focus, urged lean early regulations to allow iteration, and encouraged prioritizing training and education while authorizing New Mexico practicum sites to reduce the burden of out-of-state training.
- Alanna Dancis
  - She raised a procedural concern about ensuring all public commenters are heard, suggesting the use of a speaker list and limiting free discussion until comments were complete.
  - Ian Dunn clarified that public comment discussion is informational and not formal rulemaking; noted he was calling on raised hands without a pre-provided list.
- James Brown
  - He recommended safety expectations such as BLS and access to an on-call RN or medical professional, emphasized individualized pre-screening and safety planning, and suggested reviewing other states' safety plans.
- Gregory Evans
  - He encouraged community members to direct detailed technical input to the appropriate committee forums for maximum effectiveness and thanked the chair and board.
- Lawrence Leeman

- He pointed to the need for a team-based approach to training and suggested offering multiple training programs based on differing patient diagnoses.
- Iann Dunn
  - He brought up the idea of having nurses serve as facilitators, citing their existing training as providing adequate competency for the role.
- Brenda Burgard
  - She highlighted the importance of this conversation in building the foundation for the education committee and raised the consideration of intersectionality between different schools of thought, including how traditional healers might work as facilitators, presenting both opportunities and challenges.
- James Hosobe
  - He stated that one way to ensure patient safety and maintain public trust is to implement a structured framework for monitoring facilitators who provide psychotherapy, including background verification and participation in a centralized facilitator registry.
- Catherine Warnock
  - Reflecting on her own experiences, she suggested having two levels of assessment, preliminary and medical, to ensure liability is not placed on the facilitator in the event of an adverse outcome.
- Chris Peskuski
  - He Pointed to the potential cost constraints on having a nurse on staff for every session. A medical and preliminary screening should be enough to screen high risk patients who can then be referred to a medical provider for clearance.
  - Iann Dunn responds by highlighting the relative cost of nurses against therapists and outlined the role of nurses in being able to monitor patients effectively.
  - Brenda suggested, as an idea, having nurses on the phone, which could improve cost and access.

- DezBaa brought up that telehealth, as a consideration, was brought up during equity and access committee meetings.
- James Brown
  - Brought up the disparities between different states and their requirements. Outlined that Oregon does not have the requirement for facilitators to have BLS. He wanted to see if that could be considered for this program.
  - Reiterated the importance of prescreening to ensure patient safety.
  - Affirmed the suggestion for the incorporation of a hotline with a medical professional.
- Gregory Evans
  - He stated that a lot of valuable discussion was had today and encouraged those in attendance to write thoughts down, show up to the appropriate meeting and make sure that those thoughts are put into the correct place where they can be more effective.

6. Move to adjourn

- Ian Dunn
  - Seeing no additional comments, asked for a motion to adjourn.
- Dan Jennings made the motion to adjourn.
- Ian Dunn seconded the motion.
- Brenda Burgard third.

7. The Meeting was adjourned