Medical Psilocybin - Medical Psilocybin - Dosage, Administration & Clinical Practice Committee (DACP) Minutes:

Location: Microsoft Teams

Date: 01/14/2026

Time: 9:00

Organizers: Jonathan Mouchet, Dominick Zurlo, Jorge Gonzales, Ian Dunn

Attendees:

Minute Taker: Jonathan Mouchet

**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. **Welcoming Regards**
    - The meeting was called to order at 9:01am by Ian Dunn
    - Reviewed agenda
2. **Overview of Committee Authority and Purpose**
    - Reviewed Ian's slides
3. **Member Introductions**
    1. Dr Trish Singh, LPCC, owner of New Awakening counseling which focuses on mental health and substance abuse. Apprenticing in psychedelic assisted therapy in Colorado and excited to see more in New Mexico.
    2. Barry Dungan – Rio Grande Analytics, testing & analytics labs with preliminary data interested in making recommendations on dosage.
4. Dr. Lida Fatemi – Internal Med Physician, academic hospitalist, has seen rough pathologies in the state and underserved communities. Is also an end-of-life physician. Currently training on psychedelic doses with deep personal experience with this medicine for over a decade.

Minutes submitted by Jonathan Mouchet

3. Shane McDaniel – Is entering into the cultivation world and has assisted as a facilitator.

4. James Brown – Doctor of pharmacy from UNM, psilocybin facilitator in Oregon. Recently, involved with Emerald Valley Training Institute from Oregon, wants to help them transplant into New Mexico. Focus on prep and integration.

5. Ellen Schimmels – working in mental health 30 years, PTSD, OCD, etc. first responders and veterans especially. Professor at Emory University. Owns a mental health private practice.

6. Cameron Burgard – Biochemistry lab scientist, has worked on nano particle drug delivery for cancer, and has experience dosing psychedelics. He has read many research papers on psychedelics.

7. Alyiah Douchty – Dr of Oriental medicine in Santa Fe, studying especially psilocybin, interested in working with people especially with microdosing and collaborating with psychotherapists with full doses. Supports people with nervous system regulation and trauma work. Primary health practitioners and doctors practice biodynamic cranial psychotherapy. Hopes for affordability in practice.

8. Brett Phelps – attorney based in Las Vegas NM, has a lot of practice in drug policy in general. Familiar with regulatory frameworks for psychedelics.

9. Catherine Warnock – Las Cruces NM, licensed counselor Mariposa Counseling Center, working for 4 years, extreme success with psilocybin. Health equity, safety, and New Mexico first.

10. Chris Peskuski – Advisory board member and chair of propagation committee.

11. Gregory Evans – Not a doctor, interested in dosage and administration. Definitions and analytics. Interested in speaking to Barry Dungan. Psilocin equivalency dosage proposition differentiates between cultivars. Wants to invest in more scientific studies. Wants to move towards tiered dosages to include microdosing.

12. James Hosobe – from Arizona, AZ dept of health biomedical research analyst. He is interested in pre and post session integration and preparation.

5. Deborah Thorne – Physician Associate and certified integrative psychiatry and psychedelic practitioner. Southern NM nonprofit and medical provider. Trained and worked with psilocybin therapy for the past 5 yrs. legally out of state and in Canada.

13. Larry De La Cruz – Navy vet dispensary owner, focus on removing stigma. Education first. Personal experience with PTSD.

Minutes submitted by Jonathan Mouchet

14. Ash Shelton - Manager and grower of Four Corners Fungi, and treasurer of New Mexico Mycology Guild. Invested in education awareness, access, quality control, and community well-being.

6. Review and Adoption of Committee Bylaws

. Ian reads the bylaws.

7. The Chair, opens the discussion to the committee for the adoption of the bylaws.

. Passed

8. Public Comment

9. James Brown – Who can administer doses? Wants more details on timing guidelines. Owns a veteran led non-profit and first-responder-based program for full disclosure.

1. Lida Fatemi – Wants to state there are wildly different effects between situations and individuals, thus regimens should be as flexible to their needs as possible. NM's population tend to want more agency and autonomy and don't always trust "colonized" methods of medicine.

2. Shane McDaniel – From his understanding, microdosing at home will not be allowable currently with the framework of the bill since it requires being in an approved facility while medicine is administered. Wants to see integration and coaching regulated for best possible outcomes, making sure there are minimum requirements.

3. Ellen Schimmels – Dose, format, timing and environments will never be a one size fits all model. There should be dosing ranges and not fixed amounts. Interested in seeing training requirements.

4. Cameron Burgard – Feels dosage should be flexible to individual need and sensitivity. He does not believe in standardized dosage, perhaps as a theoretical starting point, but believes starting from zero and titrating up for everyone is really important and dosage should not be based on BMI.

5. Deborah Thorne – Advocates for participants to be able to handle and prepare their medicine prior to taking it. Brought up polymorphisms in individuals who may not respond to the standard macro dose and to make accommodations for that.

6. Zack Snyder – What are the types of treatments? Will dosages address individuals that are self-administering under the care of a provider?

Minutes submitted by Jonathan Mouchet

7. Matthew Inday Animosh Armstrong - New Mexico resident offering cultural experience as a Native.

8. Dr. Linda Fatemi - Is the dosage not negotiable? That's not safe. Could we change that through the subcommittee?

10. Dominick Zurlo- To be clear, one of the purposes of this committee is to look at dosage and administration - so the suggestions and comments being made and presented right now are those people are offering, and it will be up to this committee to discuss these issues and how administration will arise for the Board to make their recommendations.

9. Barry Dungan – How will labs support the dosing guidelines specifically?

10. Ian Dunn – The statute just excludes microdosing at home without a facilitator, but not the dosage itself. Also clarifying that a big mistake of Oregon's guidelines were the building space stipulations for psilocybin, making those spaces only utilizable for psilocybin therapies and nothing else.

11. Gregory Evans – There is a need to define microdosing, is it in law or even a good idea to write it into law? Need standardized language. Potential scientific value of psilocin equivalency? (.3mg psilocybin to .3mg of psilocin?) In Oregon there are cafes or yoga centers where you can go to microdose, and it is restrictive and not equitable. Ego dissolution does not need to happen every time with this medicine. There is need to take whole biomass value out of the conversation of dosage. There is massive amounts of variability. What is potential dosage from psilocin equivalency? There needs to be room for trained facilitators to adjust dosages based on individual needs. Doesn't like the term "hero's dose" BMI is far less relevant than gut health.

12. James Brown – Importance of access to receive treatment at home.

13. Deborah Thorne - Additionally, let's not enforce medication shaming and insist that those on a psychotropic medication such as Zoloft, Paxil, go through a wash-out period as this can cause profound destabilization.

14. Aliyah D - Is it true that microdosing at home will not be legal under NM law? If so, this must be changed!

15. Greg Evans – Wants focus on TITRATION*in language around dosage.

16. Erik Baca – Testing fruit bodies for psilocybin and psilocin, standard should be able to be applied across the board. Other tryptamines play a role in the

experience and should also be taken into consideration. Fruit body weight has too much variability in compound concentration.

17. Alyiah Doughty – Microdoses do not cause hallucinations, can calm and increases awareness. It is ridiculous to require patients to go to a clinic to microdose. Expensive and unnecessary, very limiting for the benefits for many people.

18. Ian Dunn – Expressed that as things stand the board and committees will still need to work within the language of SB219

19. Dominick Zurlo – We must figure out ways that will work within the framework of the statute. It is not a decriminalization bill. The bill is for medical use only and must be in a therapeutic session. But the board and committees can help shape what the parameters for those sessions are.

    Recommend a time limit for participants to allow for everyone's input.

20. Brett Phelps – Encouraging transparency. Use of telemedicine? Particularly in end-of-life care and hospice. Wants to keep dosages flexible enough for practitioners.

21. Cameron Burgard – Need to move away from language that is subjective like microdose, macro-dose, hero's dose. Needs to shift to "titration". Work up from 0 to find activity line for each patient. Mushroom extraction will allow for better measurement of psilocybin and psilocin. Even if you grind mushrooms, there is still variability with that, so there will need to be guidelines on that equipment to ensure consistency. Microdosing research is largely self-reported, a lot of subjectivity in the research. Neurogenesis needs more study.

22. James Brown – Curious about inclusion/exclusion criteria and restrictions around SSRIs MMOAs. Taper down or keep on? Informed consents for different settings? Concerned about rural vs urban settings' access.

23. Cameron Burgard – Approved settings need to be considered with a medical perspective. Maybe it needs to take place within a certain distance of a hospital?

24. Patricia Stellamares – Dosage considerations, feels that it should be very much up to the provider. Not sure that BMI correlates with impacts of dosage and would discourage basing dosage from that. Working up from 0 would be cost prohibitive. Somehow consider homes as clinical settings to permit access to more individuals. Protocols can be overly prohibitive and costly.

25. Ian Dunn – Agrees, dosage should not be restrictively prescriptive but maybe in tiers in ranges IE microdose, low, medium, and high.

Minutes submitted by Jonathan Mouchet

26. Dan Huson – Does not feel that the go from 0 dosage is practical. Believes that microdoses should be able to be sent home with patients.
27. Denali Wilson – Room for flexibility potentially with New Mexico. Authorization is to providers and healthcare entities, in home accessibility should be available. We should also consider outdoor settings. We should not limit scope to city limits but find other ways to access safety protocol.
28. James Brown – Telehealth option? Virtual access is important. Hands off methods, what is allowed and not allowed for prep? Need to be broad and vague enough in guidelines to allow for facilitator discretion.
29. James Hosobe – Inform patients to wait and be cautious over a certain period after dosage to make important decisions (due to effects of an altered state).
30. Ian Dunn – If we define the parameters around just the presence of a facilitator, location it could be a lot more flexible. Legislature is concerned about recreational psilocybin and thus is concerned about microdosing. Will take time, and this iteration of the law could open to more in time.
31. Jesse Caid – Mentioned his experience with Psychedelic Passage company.

11. Final Summary

Setting another meeting

Passed bylaws

Discussion on microdosing and approved settings

Expected to meet every 2 weeks,

Joint committee with patient qualifications & safety committee?

Friday, January 30th 1-3pm

Reminder on email update list

12. Adjournment

Public Comments Submitted by Email

To: Ian Dunn and the NM DOH Department of Psilocybin,
Date: 1/15/2026

Minutes submitted by Jonathan Mouchet

Fr: James Brown, jnbrown400@comcast.net

I wanted to submit the following information, resources, and comments to the Dosage, Administration, and Clinical Practices Committee.
During Administration sessions, I would like to recommend a Hands Off Approach by the Facilitators.

MICRODOSING VS MACRODOSING

Microdosing requires an individual to prepare for the experience. Just like with Macro dosing, setting an Intent or goal with purpose will help to ensure and maximize the beneficial effects. Souring of the microdose is important because it will ensure that you have a reliable and legal source of psilocybin or psilocin. Accurate dosing is an important part of Microdosing. Microdosing is most effective when done in concession over several weeks or months. An individual can microdose for 6 to 8 weeks followed by a break of a month or two. This pulse approach allows for gradual, long-term improvements, but also gives your body and mind the time to rest and integrate the experiences. Every individual's microdosing journey or experience is unique. Adjust the dose, scheduling, intent and goals as needed to optimize and improve on an individual's personal growth and healing abilities

MICRO DOSING

Microdosing – smaller dose amounts, effects (physiological change, no psychoactive experience), integration is subtle, often suited to those with mindfulness practice and some attention to themes integrate soon after micro dose and can last through the day. First Time or Low Dose – dose recommended is 0.5 gm to 2 gm. Mini-dosing – dose effects (small lift-off into psychoactive experience, little intensity, wears off in 2-3 hours; similar to slight intoxication or a "buzz" one could have from alcohol), integration might have specific realizations. Moderate Dose – dose recommended is 1.5 gm to 2.5 gm.

MACRO DOSING

Macro dosing or Journey-dosing effects (very psychoactive, lasts 4-6 (or up to 8) hours). Larger doses are more intense and last longer, lack of coordination. High Dose – dose recommended is 3 gm to 6 gm.

On average, the effects of magic mushrooms last about 4 to 6 hours. Research suggests that for a 25 mg dose of psilocybin, most people experience. First onset of

effects about 20-40 min after ingestion. Peak effects around 60-90 mins. The Clearing of the mind-altering effects occur by about 6 hours after consumption of the powerful substance. But this can vary depending on the dose taken. The effects may also change based on someone's fasting status. Like dosing, weight seems to affect this less.

Microdosing - dose 5-10% of the macro dose amount, effects (physiological change, no psychoactive experience), integration is subtle, often suited to those with mindfulness practice and some attention to themes integrate soon after micro dose and can last through the day.

Mini-dosing - dose 20-40%, effects (small lift-off into psychoactive experience, little intensity, wears off in 2-3 hours; similar to slight intoxication or a "buzz" one could have from alcohol), integration might have specific realizations.

Macrodosing or Journey-dosing - dose 100% (4-6 grams for psilocybin, very psychoactive, lasts 4-6 (or 8) hours). Larger doses are more intense and last longer, lack of coordination. I suggest lots of free time in the day before and after for your own individual preparation and integration. The clearer the prep/integration is, the stronger the integration will be and become in your LIFE.

GO LOW DOSE AND GO SLOW METHOD

It is important to understand the concept, principle, and method of dosing psilocybin with "go low dose and go slow". You may have a vast array of experiences when it comes to psilocybin and mushrooms, and for some others it may be your first time or experience, you have never seen, felt, touched, or smelled what an actual psilocybin mushroom smells like in-person. Allowing for a go low dose and go slow approach will allow for you to form an enhanced and deeper bond or relationship with the psilocybin. This bond is centered around a relationship of trust and respect between the psilocybin mushroom and yourself. Having a low dose will allow them to feel and experience the minimum or basic effects that psilocybin has to offer. With a low psilocybin dose, you typically will experience a body warm, an enhanced mood, decreases in anxiety, and a sense of not experiencing any visual disturbances or effects. These effects typically only last a short amount of time.

It is the responsibility of you to have and understand the various amounts of milligrams of psilocybin and psilocin that are contained and found in different genomic species of mushrooms. Differences in milligrams of psilocybin and psilocin per individual mushroom or batch can vary. Variability in milligrams will affect your overall experience(s) and in your ability to heal. Using a go low dose and slow it will allow you to gain trust and respect for yourself, the psilocybin and psilocin mushrooms, and in the process. This method also allows you the ability of exploring the powerful substance while allowing yourself to experience it in a safe and controlled space. The go low dose and slow also allows for you the ability to reflect on your experience once it has occurred. You should use reflection on and find the true purpose of your intention(s) for each administration no matter the milligram dose. This focus on intention for every administration, will allow you to truly help to heal and understand yourselves. Healing allows you to improve your overall physical and mental health. Using the go low doses and slow method requires you to have multiple sessions with the powerful substance of psilocybin and psilocin. This process also requires you to commit to some sort to the multiple sessions that will be required to completely heal. It is important that when using the go low dose and slow method you review and establish these expectations and requirements during your preparation session. Using the go low and go slow method will allow you to continue to build that trust and respect psilocybin and psilocin.

Thank you,
James Brown

Oregon Health Authority

Public Health Division - Chapter 333

Division 333
PSILOCYBIN

333-333-5250
Duration of Administration Session

(1) The minimum duration of an administration session shall be dependent on the total amount of psilocybin analyte a client consumes during that session, including any secondary dose consumed.

(a) For clients consuming less than 2.5 mg of psilocybin analyte, the minimum duration of the administration session shall be 30 minutes for the client's initial administration

session at a service center. Except as described in section (2) of this rule, after completing an initial administration session at the service center, the minimum duration shall be 15 minutes when the client participates in any subsequent administration session at the same service center within a period of 12 months following the initial administration session.

(b) For clients consuming equal or greater than 2.5 mg and less than 5 mg of psilocybin analyte, the minimum duration of the administration session shall be one hour.

(c) For clients consuming equal or greater than 5 mg and less than 10 mg of psilocybin analyte, the minimum duration of the administration session shall be two hours.

(d) For clients consuming equal or greater than 10 mg and less than 15 mg of psilocybin analyte, the minimum duration of the administration session shall be three hours.

(e) For clients consuming equal or greater than 15 mg and less than 25 mg of psilocybin analyte, the minimum duration of the administration session shall be four hours.

(f) For clients consuming equal or greater than 25 mg and less than 35 mg of psilocybin analyte, the minimum duration of the administration session shall be five hours.

(g) For clients consuming equal or greater than 35 mg and up to 50 mg of psilocybin analyte, the minimum duration of the administration session shall be six hours.

(2) Notwithstanding subsection (1)(a) of this rule, the minimum duration of an administration session shall be one hour for clients consuming whole fungi that contains less than 2.5 mg of psilocybin analyte.

(3) Upon or after the conclusion of the minimum duration period described in sections (1) and (2) of this rule, a facilitator, in consultation with the client, shall determine whether the administration session should be concluded. If the facilitator and client determine that continuing the administration session is not required to ensure the safety of the client and the public, the administration session may be concluded.

(4) If following the consultation described in section (3) of this rule, a facilitator determines that it is appropriate to continue the administration session beyond 11:59 PM local time, the service center where the client received services, in consultation with the facilitator, shall notify the Oregon Health Authority (Authority) in a form and manner prescribed by the Authority no later than 4:00 PM local time the next calendar day. Notices required by this section must include:

(a) Start and end time of the administration session.

(b) Amount each client consumed during the administration session, including any secondary doses.

(c) Minimum duration of the administration session required by OAR 333-333-5250.

(d) Whether the administration session was a group session or an individual session.

(e) For group sessions, the number of clients participating in the administration session.

(f) The names and worker permit numbers, if applicable, of all facilitators, licensee representatives and other authorized individuals who were present at the licensed service center after 11:59 PM.

(5) A facilitator shall record and retain the time and date that each administration session began and concluded in a form and manner prescribed by the Authority.

(6) If a client leaves their administration session prior to the minimum duration described in sections (1) and (2) of this rule the facilitator must document the incident in a form and manner prescribed by the Authority.

(7) A facilitator shall request that every client sign a release document at the conclusion of the administration session which states that the client agrees to end their administration session and follow the terms of their transportation agreement. If a client refuses to sign a release document the facilitator shall create and maintain records in a form and manner prescribed by the Authority that document the client's refusal.

(8) A facilitator shall attempt to contact every client within 72 hours of the conclusion of the administration session to offer the client information on integration sessions and other services, including but not limited to peer support groups and community resources, in support of a client's ongoing integration needs.

(9) When a facilitator contacts clients under section (8) of this rule, the facilitator must inquire whether the client experienced any post-session reactions and, if applicable, document post session reactions in a form and manner prescribed by the Authority and share that documentation with the service center where the client participated in an administration session.

Minutes submitted by Jonathan Mouchet

From Colorado:

Dosage

1. A facilitator must determine the dosage that they will administer based on the screening

of, and in consultation with, the participant. Any dosage of psilocybin administered must meet the generally accepted professional standards of practice.

a. For doses of under 10 milligrams of total psilocin, an administration session must last no fewer than three hours in duration and until the participant is showing no obvious adverse effects from natural medicine. A facilitator may extend the duration of an administration session beyond three hours, based on facilitator discretion or at the request of the participant.

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4 CCR 755-1

G. b. For doses between 10 and 50 milligrams of total psilocin, an administration session must last no fewer than five hours in duration and until the participant is showing no obvious adverse effects from natural medicine. A facilitator may extend the duration of an administration session beyond five hours, based on facilitator discretion or at the request of the participant.

6.16 Requirements for Preparation Sessions

A. B. C. D. If an administration session is to be provided in a group setting, the facilitator must ensure that at

least one associated preparation session is conducted individually with each participant who will

be present during the group administration session.

Safety and Screening Assessment: If a facilitator has not conducted a thorough and

comprehensive screening and assessment with every participant prior to the preparation session,

the facilitatory must do so during the preparation session.

If a facilitator has not obtained any of the required or optional disclosures identified in Rule 6.15

prior to the preparation session, the facilitator must make those disclosures to the participant

during a preparation session.

Prior to an administration session a facilitator must, as part of the informed consent process, fully

inform the participant of the risks associated with taking natural medicines. Fully informed

consent must include, at a minimum, information about the risks, benefits, and description of the

range of possible outcomes from working with natural medicines in order for the participant to

make an informed decision about whether to undertake the administration session. This must

include the following:

1. A full and accurate description of the range of possible effects of natural medicines, how

natural medicines alter the human state of consciousness, and how natural medicines

may disrupt a participant's ability to make decisions or give or revoke consent;

2. A written statement that the participant has the right to request another non-participant

individual, who may be a licensed facilitator, be present during an administration session.

The statement must also notify the participant that they have a right to request to have a

video recording taken of an administration session. A facilitator must allow both for a non-

participant facilitator and for a video recording to be taken of their administration session,

upon request from a participant. If a non-participant is to be present during the

administration session and does not attend the preparation session, the participant must

be allowed to meet the additional individual prior to the administration of natural

medicine. If a facilitator is unable for any reason to meet the requirements of this

subsection, they shall provide the participant with written referrals to other healing

centers or facilitators, as appropriate.

a. A facilitator may, but is not required to, allow more than one additional, non-

participant per participant (who is not a facilitator) to be present during an

administration session. If the facilitator authorizes the participant to bring an

additional individual, that person must attend some portion of the preparation

session with the participant and must agree to the parameters of the physical

touch contract.

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F. 3. A statement indicating the presence or potential presence of any other individuals during

the provision of Natural Medicine Services and a disclosure of individuals who may have

access to a participant’s personally identifying information, including but not limited to

assistants, licensed or unlicensed healthcare providers, observers, or any other healing

center staff. In each instance in which a person covered by this subsection will be present

during the course of Natural Medicine Services, the facilitator must obtain informed

consent from the participant specific to each such additional person who will be present.

4. A physical touch contract signed by the facilitator, the participant, and any additional

individuals who may or will be present during the administration session or at any other

time during the provision of Natural Medicine Services, consistent with the requirements

of Rule 6.3(B)(6).

Prior to or as part of the preparation session, the facilitator must perform a comprehensive

screening of the participant, which must include but is not limited to the following:

1. 2. 3. Medical history. The facilitator must perform a safety assessment using a safety

screening tool that reflects generally accepted standards of practice. If the facilitator's screening identifies risk factors that suggest the need for involvement of a medical or behavioral health provider, the facilitator may provide Natural Medicine Services if at least one of the following additional actions occurs:

a. A participant has received a direct referral for Natural Medicine Services;

b. A participant has been provided medical clearance by the participant's medical or behavioral health provider, or

c. The participant has engaged in a consultation and risk review with a medical or behavioral health provider.

(1) The provider may be licensed in Colorado or in the participant's state of residence, but must be licensed to diagnose and treat the participant's physical or behavioral health condition(s) identified as a risk factor(s) by the safety screening tool.

A thorough evaluation by the facilitator identifying any risk factors based on the medical information provided by the participant.

a. If the facilitator does not hold a clinical facilitator license, and a participant has a medical or behavioral health condition that requires management during the provision of Natural Medicine Services, the facilitator must refer the participant to a clinical facilitator who can treat such condition through the scope of their secondary license. In lieu of referral, the facilitator may obtain written clearance

to provide Natural Medicine Services to a participant, from a medical or

behavioral health care provider.

The facilitator and participant must discuss the participant's objectives for seeking Natural

Medicine Services, and the facilitator must document within the participants record their

goals. To the extent possible, the facilitator should discuss whether the participant's

objectives can be reasonably met through the use of Natural Medicine Services.

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G. H. I. J. K. 4. If the participant has obtained a referral from a licensed healthcare professional for

Natural Medicine Services which includes dosage instructions, the facilitator must not

exceed the dosing amounts and should generally try to follow the dosing instructions

included as part of any such order or referral, provided such dosing amounts and

instructions do not violate any other parts of these rules.

A participant must attest that they have provided a complete and accurate medical history to the

facilitator.

The facilitator must request demographic data from each participant. At the participant’s

discretion, the participant may disclose demographic data to the facilitator as part of the medical

information provided to the facilitator.

The facilitator must maintain the following as part of each individual participant's records:

1. All disclosures obtained pursuant to Rule 6.15;

2. The fee agreement signed pursuant to Rule 6.3(B)(5).

3. The transportation plan signed pursuant to Rule 6.3(B)(4).

4. The informed consent agreement pursuant to Rule 6.3(B)(2), including the physical

contact agreement signed pursuant to Rules 6.3(B)(6).

5. The date and the start and end time of each preparation session, administration session,

and integration session.

6. The regulated natural medicine product consumed or ingested by the participant during

each of the participant's administration sessions, including the unique identification

number, if any, the amount of regulated natural medicine product consumed or ingested

by the participant at each administration session, and whether the regulated natural

medicine product was consumed or ingested in a single or over multiple doses during the

same administration session.

7. A record of any participant reported outcomes (to the extent available) and adverse

events that occur during an administration session and the nature and result of the

facilitator's response to the adverse event.

Minutes submitted by Jonathan Mouchet

If, following the initial screening and informed consent process, a facilitator determines that a

participant or the facilitator would benefit from having an additional individual present during an

administration session or would benefit from a video recording of an administration session, the

facilitator must inform a participant of their recommendation.

1. If the participant rejects the facilitator's recommendation pursuant to this paragraph (I),

the facilitator may refuse to continue the provision of Natural Medicine Services to the

participant and may refer the participant to another healing center or facilitator.

If the administration session will be conducted in an authorized location that is not a healing

center, the facilitator must adhere to the following:

1. Prior to an administration session occurring in an authorized location other than a healing

center, as part of the informed consent process, a facilitator must fully inform the

participant of the risks associated with natural medicines and how those risks may be

increased or changed if the participant chooses to participate in an administration session

in an authorized location other than a healing center.

2. A facilitator may not conduct an administration session in an authorized location other

than a healing center or healthcare facility if a participant refuses to authorize either

another individual to be present during the administration session or a video recording of

the administration session.

3. If the preparation session does not occur in person at the planned location for the

administration session, the facilitator must inspect the proposed location for the

administration session prior to such session, in order to assess for possible risks.

L. A facilitator may charge additional fees if a participant requests more than one preparation

session.

6.17 Requirements for Administration Sessions

A. If a facilitator experiences an emergency situation that prohibits the facilitator from facilitating a

scheduled administration session, the facilitator must:

1. Make all reasonable efforts to timely reschedule the administration session for the closest

possible date and time during which the facilitator will be available for facilitation;

2. Engage the backup facilitator as identified as part of the informed consent process; or

3. Cancel the administration session and refer the participant to another facilitator or healing

center.

B. A facilitator may only provide physical touch during an administration session at the request of the

participant and only within the parameters set forth in the signed physical touch contract.

C. During an administration session, a facilitator must take all reasonable efforts to prevent physical

and psychological harm to a participant, including but not limited to monitoring a participant's vital

signs and hydration as well as psychological well-being, and take reasonable steps to prevent

physical injury to a participant.

D. A facilitator must instruct a participant to not leave the administration space during an

administration session and shall take all reasonable efforts to ensure that a participant follows

instructions given to them by facilitators or other authorized healing center personnel.

E. A facilitator must restrict the movements of a participant during an administration session if such

movements would endanger the physical or mental safety of the participant or any other

individual present during the administration session, including the facilitator or other participant.

F. Dosage

1. A facilitator must determine the dosage that they will administer based on the screening

of, and in consultation with, the participant. Any dosage of psilocybin administered must

meet the generally accepted professional standards of practice.

a. For doses of under 10 milligrams of total psilocin, an administration session must

last no fewer than three hours in duration and until the participant is showing no obvious adverse effects from natural medicine. A facilitator may extend the duration of an administration session beyond three hours, based on facilitator discretion or at the request of the participant.

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G. b. For doses between 10 and 50 milligrams of total psilocin, an administration session must last no fewer than five hours in duration and until the participant is showing no obvious adverse effects from natural medicine. A facilitator may extend the duration of an administration session beyond five hours, based on facilitator discretion or at the request of the participant.

Additional requirements for group administration sessions

1. Administration sessions may be conducted in groups at the discretion of the facilitator.

2. Each participant who will be present during a group administration session must individually give informed consent to participate in a group administration session.

3. If a facilitator elects to conduct a group administration session, the facilitator must ensure

that no more than 4 participants per facilitator are present during the group administration

session.

Minutes submitted by Jonathan Mouchet

a. 6.18 A. B. C. D. E. F. A facilitator may not allow more than 64 participants to be present during a single

administration session, regardless of the number of facilitators present.

4. A facilitator must not allow physical touch among anyone during a group administration

session unless participants have consented to physical touch by the specific individuals

in the session.

5. Everyone attending the administration session must be known to the participants prior to

the beginning of the session.

Additional Requirements for Administration Sessions Outside of a Healing Center

A facilitator may facilitate an administration session in a location other than a healing center in

accordance with these rules.

A facilitator may provide natural medicine services at a private residence only if at least one

participant receiving natural medicine services from the facilitator at the private residence has a

legal right to possess and occupy the premises as a residential dwelling.

A facilitator shall perform a reasonable review of the private residence to ensure it is appropriate

for a proposed natural medicine administration session sometime prior to the commencement of

the administration session, including ensuring that it is free from hazards, weapons, and

uncontrolled animals.

No one under twenty-one years of age may be present at a natural medicine administration

session at a private residence.

Regulated natural medicine product used at a private residence must be procured from the

regulated market. Regulated natural medicine product used at a private residence must be

transported and stored consistent with the Colorado Natural Medicine Code, §§ 44-50-101,

C.R.S. et seq. Specifically, a facilitator must determine whether a separate license is required to

transport natural medicine product to a private residence.

All statutory provisions and rules applicable to a facilitator providing Natural Medical Services

outside of a healing center apply the same as to a facilitator providing Natural Medicine Services

in a healing center except as otherwise expressly provided in these rules.