

Psilocybin Committee Patient Qualification & Safety Committee — Meeting Minutes.

Location: Virtual (Microsoft Teams)

Date: March 4th 2026

Time: 09:00

Attendance: Mouchet, Jonathan; Gonzales, Jorge; Augeri, Cathy; Martinez, Brenda; Dunn, Ian; Truckner, Robert; Sanchez, Catherine; Rodriguez, Herk; Rivers, Skye; Traynor, Debbie; Gallegos, Raymond; Peterson, Leslie; Metz, Anne; Schimmels, Ellen; Montoya, Celina; Brown, James; McDowell, Michael; Thorne, Deb.

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. Tier 4 Exclusion Criteria — Review & Vote

- Reviewed exclusion criteria for Tier 4: <18 years old, pregnancy, breastfeeding without pump/discard plan, lithium/MAOI use within 30 days, active intoxication, stimulant use within 5 days.
- Discussed cardiovascular, cerebrovascular, and pulmonary disease risks.
- Conditions requiring reassessment or stabilized status were reviewed.
- Vote: Adopted Tier 4 criteria — 4 Yes, 0 No

2. Psychiatric & Neurological Considerations — Tier Placement

- Delusional disorders: Tier 3.
- Dissociative disorders including depersonalization/derealization: Tier 3.
- Bipolar II disorder: Tier 3.
- CVA/TIA: Tier 4.

- Active eating disorders or malnutrition: Tier 2.
- Struck 'impaired reality testing' due to vagueness.
- Struck dementia and TBI (covered by informed consent requirements).
- Vote: Adopted placements — 4 Yes, 0 No.

3. Emergency Preparedness — HPPD & Poison Control

- Committee emphasized facilitator preparation for recognizing and responding to HPPD.
- EMS access recommended; benzodiazepines available via EMT when indicated.
- Include Poison Control (1-800-222-1222) for training, emergency plans, and patient support.

4. Public Comment Instructions

- No verbal public comments were made
- Instructions on how to submit public comments were given
 - Up to three pages, using 10-point font, and would have to include full legal name, organizational affiliations.

5. Next Meeting

- *Dosage Committee: March 16, 2026*
- *Patient Qualification & Safety Committee: March 17, 2026 at 9:00 AM MT.*

Committee Chat

Catherine Sanchez, Bureau Chief Workers' Compensation Administration, Medical Cost Containment Bureau

Metz, Anne was invited to the meeting.

Situations

1. Individuals under the age of 18

2. Pregnancy
3. Breastfeeding unless the patient and provider implement and document a plan to pump and discard breast milk for at least 24 hours following administration.

Medications

For all disqualifying medications, the provider shall document a discussion with the patient regarding whether the benefits of tapering and attempting psilocybin treatment outweigh the clinical risks.

1. Use of lithium in the past 30 days
2. Use of MAOIs in the past 30 days
3. Active intoxication from alcohol or non-medicinal substances at the time of evaluation. Recent stimulant use (including cocaine or amphetamines) within the past 5 days due to increased cardiovascular risk.

Stabilization Before Treatment

For the conditions listed below, the patient is not appropriate for psilocybin services at the time of evaluation. The evaluating provider shall refer the patient to appropriate treatment services for further assessment and stabilization.

1. Active psychotic episode
2. Clinically significant uncontrolled hypertension
3. Uncontrolled diabetes mellitus
4. Uncontrolled seizure disorder
5. Current suicidal or homicidal ideation with intent, plan, or inability to maintain safety

Conditions

The following conditions are contraindications to participation in psilocybin services and are not eligible for treatment regardless of enhanced clinical support or specialist consultation under Tier 2 or Tier 3. Reassessment may occur only for medical conditions that have demonstrably resolved, and for which documentation supports sustained clinical stability. Enduring psychiatric diagnoses associated with elevated risk of psychosis or mania are considered exclusionary.

1. History of schizophrenia spectrum disorders
2. History of persistent or recurrent psychotic disorder, including psychosis precipitated by serotonergic psychedelic exposure
3. History of bipolar I disorder

4. Severe congestive heart failure
5. Known allergy to psilocybin-containing mushrooms
6. Active inability to provide informed consent
7. Active structural heart disease, including valvular disease, or cardiac hypertrophy
8. Clinically significant arrhythmias such as prolonged QTc interval
9. History of cerebrovascular disease
10. Active pulmonary disease requiring supplemental oxygen
11. Active coronary artery disease including history of myocardial infarction

Reminder:

This meeting is being recorded

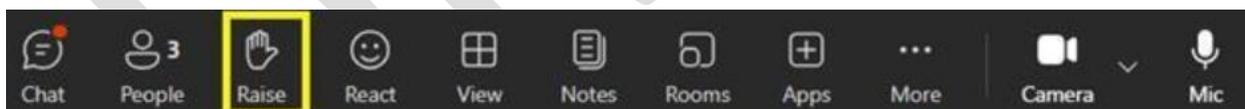
Please remember to keep language appropriate as the recordings are made public on the Advisory Board Website

Contact information:

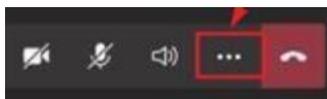
- Email: Medical.Psilocybin@doh.nm.gov
- Program Website: <https://www.nmhealth.org/about/mcpp/mpp/>
- Advisory Board Website: <https://www.nmhealth.org/about/mcpp/mpp/mpab/>

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voting

For votes

JoEllen "Ellen" Schimmels. psychiatric mental health nurse practitioner in Albuquerque. Thanks.

James Brown Pharm.D,
Psilocybin facilitators trained
With five degrees north foundation

Anne Metz, PhD LPC NMIT - Natural Medicine Facilitator (Colorado), Director of Fluence Training NMF training program, Taos County Resident, Professor of Counseling, Licensed Professional Counselor (NM)

Clinical Support Considerations

The following categories are intended to guide Committee discussing regarding patient stability and appropriate safeguards. Inclusion in this list does not imply exclusion from participation or assignment to a specific tier.

Psychiatric conditions:

Psychotic & Thought Disorders:

- Delusional Disorders
- Impaired Reality Testing

Personality & Dissociative Disorders:

- Dissociative Disorders (DID, Dissociative Amnesia, DPDR)
- Delusional Disorder

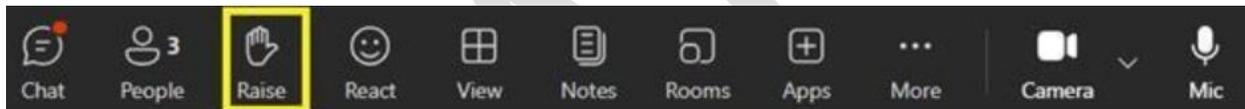
Neurological & Cognitive Conditions:

- Dementia or moderate to severe cognitive impairment
- History of traumatic brain injury with residual deficits

Intuitive Counselor investigative reporter.

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Postpartum psychosis or delusion disorder might be an example where it would be appropriate to be in tier 3

I agree to put history of delusional disorders in the same place as history of schizophrenia spectrum disorders since it is in the schizophrenia spectrum. Reassessment. Tier 3.

Nice improvement

they have it there with DPDR

Building policy around providers who do a lousy job of diagnosing is problematic well...and the DSM isn't always helpful in differentiating so there is a lot of clinical leeway

Perfect

There are many levels of TBI

For dissociative disorders can we add depersonalization derealization disorder Maybe add to the informed consent protocol

I think that is fair

Tier 2

Tier 1. Standard Support

- Proceed with standard protocol. Patients or provider may request additional clinical support at the time of assessment.
- Patients without any Tier 2, Tier 3, or Tier 4 criteria

Tier 2. Enhanced Clinical Support

- Patients meeting criteria in this tier remain eligible for participation. These conditions indicate a need for additional clinical consideration, which may include stabilization where appropriate and thoughtful support planning. The specific approach should be guided by practitioner judgment and the individual patient's clinical context.
- Documentation required for Tier 2
 - A risk mitigation plan, to be available to the facilitator/administrator of psilocybin
 - A comprehensive medication review
 - A documented monitoring plan

Tier 3: Specialist Supported Care

- Patients meeting criteria in this tier may participate only with the required Tier 2 documentation and documented consultation and concurrence of two (2) practitioner signatories prior to administration:
 1. the primary psilocybin practitioner responsible for the patients care; and
 2. a licensed specialist practicing within their scope of licensure and possessing expertise relevant to the identified condition (e.g., psychiatrist, psychiatric mental health nurse practitioner, cardiologist, neurologist, or other appropriately credentialed clinician)

Tier 4: Not Appropriate for Participation at This Time

- Patients meeting criteria in this tier are not appropriate for participation in the Medical Psilocybin Program at the time of evaluation due to safety or ethical considerations. Placement in this tier does not constitute a permanent exclusion and may be reconsidered if clinical circumstances change.

I would agree with Tier 3 on bipolar II

I agree with tier 3 on it

Clinical Support Considerations

The following categories are intended to guide Committee discussing regarding patient stability and appropriate safeguards. Inclusion in this list does not imply exclusion from participation or assignment to a specific tier.

Cardiovascular

- TIAs/CVAs, Tier 4

Psychiatric conditions:

- Active eating disorders or significant malnutrition, Tier 2

Mood Disorder:

- Bipolar II disorder, Tier 3

Psychotic & Thought Disorders:

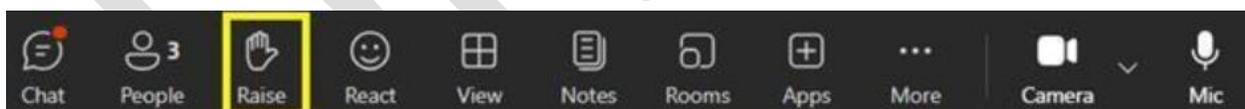
- History of Delusional Disorders, Tier 3

Personality & Dissociative Disorders:

- Dissociative Disorders (DID, Dissociative Amnesia, Depersonalization/Derealization Disorder), Tier 3

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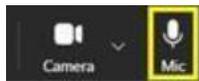
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Great meeting! thanks all.

How to sign up for updates

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- Step 2: Click on "Sign up for E-News"
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Step 5: click "Sign Up" (you may need to confirm you are not a robot)



How to submit written public comments:

- Please send written public comment to the program email at: medical.psilocybin@doh.nm.gov and include the committee's name in the subject line.
- If referencing documents from other sources/websites:
 - Do not include the document, only a working - accessible hyperlink;
 - Documents must be sent with context provided (i.e. do not simply send a research article);
- The comment must relate to the topics discussed in the meeting.
- Documents are limited to no more than 3 pages (letter size) in length and must be in 10-point font or larger.
- Please remember to include your full, legal name and any organizational affiliations you may be representing (if any) on the documents.

- To be included, please send your comment by 5:00 PM the day after the meeting.

Skye Rivers left the chat.

Michael McDowell left the chat.

herk rodriguez left the chat.

Wednesday 10:04 AM Meeting ended: 1h 18m 58s Medical Psilocybin - Patient Qualification & Safety Committee - 3/4/26
Wednesday, March 4, 2026 9:00 AM - 11:00 AM
View recap2ContentAttendance03-04-26 Patient Qualification and Safety Committee.pptx1h 2m 19s

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