

Medical Psilocybin Program Equity, Access, and Cultural Considerations Committee Meeting Minutes & Public Comments

Location: Virtual

Date: March 11, 2026

Time: 1:00 PM to 3:00 PM

Minute Taker: Adrian Estrada, DOH

**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. Opening Statements

Dominick opened the meeting and reminded attendees that the session was recorded and would be publicly posted. Cameras were kept off to reduce bandwidth issues and avoid inappropriate backgrounds during the virtual meeting.

2. Introductions

Participants introduced themselves and shared affiliations and geographic connections to New Mexico.

3. Program Updates

Program updates were briefly discussed, including continued coordination between advisory committees and rulemaking process.

4. Review of Equity, Access, and Cultural Considerations Committee Purpose and Responsibilities

Chair DezBaa reviewed previously discussed concerns and potential recommendations. The committee revisited its stated purpose and responsibilities.

Purpose

Ensure that New Mexico's medical psilocybin services system is accessible, culturally appropriate, and responsive to the needs of Indigenous, rural, frontier, Hispanic, and underserved communities. The committee emphasized that implementation should promote equity, inclusion, and culturally grounded care across all program settings.

Responsibilities discussed included:

- Recommending policies that expand access to rural, frontier, and underserved areas of New Mexico, including telehealth-enabled screening and rural workforce training.
- Recommended anti-discrimination and anti-stigma policies within the psilocybin services system.
- Recommending policies that support culturally appropriate practices for Indigenous and Hispanic communities.
- Recommending qualifications and processes for determining eligibility for financial assistance through the Patient Equity Fund.

5. Rural Access and Telehealth Discussion

Dominick opened discussion regarding strategies to expand access in rural communities.

Dr. Lida Fatemi noted telehealth may be useful for preparation sessions and training purposes but would not be appropriate for the administration portion of psilocybin treatment.

Draft language regarding telemedicine for preparation sessions was reviewed. Discussion focused on the need to address workforce shortages in behavioral health providers across rural and frontier areas of New Mexico.

Key elements of the telemedicine recommendation included:

- Telemedicine services must include audio and visual communication.
- Services must occur in real time between provider and patient.
- Telemedicine would not be used during the administration phase of treatment.
- Out-of-state providers must be licensing in their home state and complete any required New Mexico training requirements.

6. Equity Considerations in Screening

Keyena McKenzie raised concerns regarding screening questions currently being discussed by other committees, specifically questions asking patients about prior psychedelic use.

Concerns were raised that such questions may create discomfort for patients, particularly for individuals from communities of color who may have experienced disproportionate criminalization related to substance use.

Participants noted that even in a legal program, such questions may create mistrust or discourage participation.

Vanessa Cruz agreed the question could create hesitation among patients despite the program being legal.

7. Telehealth Limitations

Catherine Sanchez noted limitations of telehealth during psychedelic care, including the inability to monitor vital signs or observe nonverbal cues such as anxiety, panic, or distress.

Dominick clarified that telehealth would only be used for preparation or counseling sessions and would not be used during psilocybin administration.

Discussion also included questions about how out-of-state providers would be regulated and whether interstate licensure compacts might apply.

8. Patient Equity Fund and Access Support

Participants discussed possible uses of the Patient Equity Fund to support equitable access.

Suggestions included funding support for:

- Interpreters
- Child or elder care during treatment
- Travel accommodation for rural patients
- Time needed for post-treatment recovery or integration

Participants also discussed the importance of community-based integration support after treatment sessions.

Examples from other states were referenced, including programs supporting culturally aligned treatment services in tribal communities.

9. Technology Access for Telehealth

Participants discussed barriers related to internet access and technology in rural communities.

Suggestions included providing telehealth access points in community spaces such as:

- Libraries
- Community centers
- Local clinics

10. Insurance and Program Cost Questions

Participants asked whether psilocybin services might eventually be billable through insurance or Medicaid.

Dominick explained that coverage questions are still being evaluated and discussed within other advisory committees.

11. Public Comment Process

Written public comments may be submitted to:

medical.psilocybin@doh.nm.gov

Comments must:

- Include the committee's name in the subject line.
- Include working hyperlinks when referencing outside documents rather than attachments.
- Be limited to three pages in length.
- Include the submitter's full legal name and any organizational affiliation.
- Be submitted by 5:00 PM the day following the meeting.

12. Next Meeting

Next meeting scheduled for March 24, 2026 at 1:00 PM.

Adjournment

Meeting adjourned at approximately 2:58 PM.

Attendance

Chair

DezBaa

DOH Staff

Adrian Estrada, DOH
Jonathan Mouchet, DOH
Robert Truckner, DOH
Katy Freytag, DOH
Jorge Gonzales, DOH
Cathy Augeri, DOH
Raymond Gallegos, DOH
Leslie Peterson, DOH
Dominick Zurlo, DOH

Participants and Public Attendees

Kate Hawke
Donna Jojola
Keyena McKenzie
Orion
Daniel Guy
Don Mosen
Denali Wilson
Catherine Sanchez
Dr. Lida Fatemi
Vanessa Cruz
Lucas
Shaina Fawn

Public Comments submitted by email

PENDING FINAL APPROVAL

Dear committee,

Thank you for this committee's work and for holding the complexity of equity implementation under financial constraints.

Given that the equity fund will likely be limited, I encourage the committee to adopt a prioritization framework that balances clinical need, socioeconomic vulnerability, and readiness for meaningful engagement in care.

Re: Prioritization within the Equity Fund

Specifically, I would recommend prioritizing:

1 Individuals with High Clinical Need

- Treatment-resistant depression, PTSD, or other qualifying conditions
- Individuals with significant functional impairment
- Those with limited access to alternative treatment options

2 Medicaid Recipients and Low-Income Individuals

- Those enrolled in Medicaid or at defined income thresholds regardless of their location which includes big city and rural areas.

3 Demonstrated Readiness & Engagement Capacity

Rather than "commitment," which can be subjective, I suggest assessing:

- Engagement in preparatory sessions
- Willingness to participate in integration
- Stability sufficient for safe participation

This ensures public funds support individuals who are both high-need and positioned to benefit from care in a structured setting.

Thank you,

Lida Fatemi, DO MPH

Associate Professor, UNM School of Medicine

Founder, Conscious Physicians Psychedelics Academy

Regarding: Inclusion of Prior Psychedelic Use in Medical Intake

I would like to offer a comment regarding medical intake requirements and whether prior psychedelic use should be assessed.

While we understand that some practitioners may have concerns about stigma or legal sensitivity surrounding prior psychedelic use, from a clinical standpoint this information is extremely valuable for patient safety and therapeutic planning.

As a practitioner, knowing a participant's prior experience with psychedelics helps inform:

- Level of familiarity with altered states
- Previous adverse reactions (psychological or physiological)
- Tolerance patterns
- Capacity for navigation of intense emotional material
- Integration history (positive or destabilizing)
- Risk stratification and dosing considerations

This information does not serve a punitive purpose. Rather, it enhances safety, personalization of care, and informed clinical decision-making.

Importantly, intake language can be framed in a neutral, nonjudgmental manner to reduce stigma. For example:

"Have you had prior experiences with altered states (including but not limited to psychedelics)? If so, were they supportive, neutral, or challenging?"

By normalizing the question and emphasizing safety, practitioners can gather clinically relevant information without increasing participant anxiety. This will take education for both the practitioner and the participant.

Omitting prior psychedelic history may unintentionally reduce safety and lead to inappropriate dosing or insufficient preparation.

In emerging care models, thoughtful intake is one of the strongest protective factors for both patient and practitioner.

Thank you,

Lida Fatemi, DO MPH

Associate Professor, UNM School of Medicine
Founder, Conscious Physicians Psychedelics Academy

PENDING FINAL APPROVAL