

Meeting Title: Equity, Access and Cultural Considerations Committee Meeting

Date: April 28, 2026

Time: 3:00PM—5:00PM

Location / Platform: Garrey Carruthers State Library—Yucca Room
1209 Camino Carlos Rey, Santa Fe, NM 87507
Hybrid Meeting: In-person / Online Teams

Facilitator / Chair: DezBaa'

Note Taker: Leslie Peterson, DOH Medical Psilocybin Program

Important Reminder:

This meeting was recorded. For specific details pertaining to the meeting, please refer to the recording located on the Medical Psilocybin Advisory Board Website @ [https://www.nmhealth.org/about/mcpp/Medical Psilocybin Program/mpab/](https://www.nmhealth.org/about/mcpp/Medical%20Psilocybin%20Program/mpab/)

Attendees:

Equity, Access and Cultural Considerations Committee Chair: DezBaa'

Department of Health Staff:

Dominick Zurlo
Brenda Martinez
Robert Truckner, MD
Jonathan Mouchet
Jorge Gonzales
Cyrus Rautman
Leslie Peterson
Raymond Gallegos
Carmen Batista
Celina Montoya
Adrian Estrada
Ismail Zoutat

Participants and Public Attendees:

Hanifa Washington
Gregory Evans
Kate Hawke
Don Moser
Jessica Eden
Catherine Sanchez
Sam Wolf
Yasmeen
Soma Franks
Shiloh Heyman

1. Call to Order

- a. At 3:04PM the meeting was called to order by Dominick Zurlo.
- b. Dominick opened the meeting and reminded attendees of proper public meeting etiquette and the public meeting being recorded and publicly posted.
- c. Introductions: Participants introduced themselves and shared affiliations and geographic locations.

2. Approval of Prior Minutes

- a. Approved as submitted

3. Agenda Items and Discussion Summary

- a. Update from Dominick
 - ✓ Medical Psilocybin Program is working with the Tribal Liaison
 - ✓ Medical Psilocybin Program participated in a virtual session hosted by the Tribal Liaison for some of the Tribal Governments to learn about different programs within the Department of Health.
 - ✓ At the virtual session, the department was able to present the Medical Psilocybin Program and still available are two positions on the Advisory Board
 - ✓ The Medical Psilocybin Program is actively seeking applications specifically from populations that have been underserved.
 - ✓ Also want to ensure that one of those open Advisory Board positions is for another Tribal member.
 - ✓ The department wants to ensure the voices of as many different people as possible are heard.
 - ✓ The department will work to ensure the perspectives of a diverse cross-section of people to capture the cultural and historical considerations we are honoring.
 - ✓ The Equity, Access and Cultural Considerations Committee, along with the Department, will really need to start honing in on what the requirements are regarding the Treatment Equity Fund.

b. Treatment Equity Fund

- ✓ Recommendations are needed to move forward with the Rules the actual and specific criteria for individuals to access the Equity Fund.
- ✓ Are we just looking at income levels? At what level of the Poverty Line?
- ✓ We will start at 200% of the Federal Poverty Line. 650% of the poverty limit will be the upper level.
- ✓ What are the next steps or criteria or scaling for approved 200% of the FPL? What will the recommendations be to scale Treatment Equity Fund requirements.
- ✓ Patients can be insured or not insured.
- ✓ Previous year's Tax Returns
- ✓ Rental Lease, Paycheck Stubs
- ✓ Letter of benefits received from Health Care Authority
- ✓ We need to determine the specifics of requirements for access to the Medical Psilocybin Program Treatment Equity Fund.
- ✓ How many sessions can be paid by the Treatment Equity Fund?
- ✓ Participants discussed possible uses of the Patient Equity Fund to support equitable access.
 - Interpreters, non-English speaking patients
 - Distance
 - Marginalized Populations
 - Helping providers travel to rural areas for treatment
 - Child or Elder care during medical psilocybin treatment
 - Travel and transportation accommodations for rural patients
 - Lodging when patients or providers will need to travel for receiving or providing treatment
 - Time needed for post-treatment recovery or integration
- ✓ Examples from other states were referenced, including programs supporting culturally aligned treatment services in tribal communities
- ✓ We need to reach the most amount of people with the limited amount of funds provided.
- ✓ This is not about gatekeeping, but to help most people.
- ✓ Getting clear about the models of care and what will be covered by Medicaid.
- ✓ Group Model of care vs Individual Model of care

- ✓ YESNM, WIC, utilizing the requirements and online system
- ✓ What will be covered by Medicaid? Therapy Sessions only?
Preparatory Therapy, Integration Therapy
- ✓ Cancer Patient Payment Model to mitigate the several steps payer system for different modes of treatment specifically speaking to Preparation, Administration and Integration Therapy.
- ✓ How many people are we able to help?
- ✓ Right now, the NM State for Medical Psilocybin Program Treatment Equity Fund is a one-time Fund \$630K, NM State Funding
- ✓ The timeline to utilize the Treatment Equity Fund will be through to the end of FY28 for the original one-time fund.
- ✓ If the fund is replenished, it will be a non-reverting fund, and will hopefully be a recurring fund, but this is yet to be determined.
- ✓ The original bill had requested \$1 million per year of what's called non reverting funds.
- ✓ This means that at the end of the fiscal year the funds do not return back to the general fund for the state but stay with the whatever program they are in and can be used continually.
- ✓ The legislature could allocate additional funding during the legislative cycle and if that happens then the fund will continue moving forward.
- ✓ \$500 per Medical Psilocybin Program Patient utilizing Medicaid utilizing the Group Model.
- ✓ We will need to look in depth with Coding and Billing at this time.
- ✓ The goal is to be able to help the most amount of people as possible.
- ✓ Need to understand metrics, to understand baseline costs.
- ✓ We will need the scale the determining requirements to access the Treatment Equity Fund.

c. 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.
- ✓ Most likely, Preparation Therapy Sessions and Integration Therapy Sessions can be billed to Medicaid

4. Action Items

- a. Recommendations from EACC Committee due to the Department
 - ✓ EACC Committee
 - ✓ Recommendations submitted to The Dept by the end of summer
 - ✓ Due date by August 31, 2026

5. Announcements / Updates

- a. Public Comment Process
 - ✓ Written public comments may be submitted to:
medical.psilocybin@doh.nm.gov
 - ✓ 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.
 - ✓ Submitted by 5:00 PM the day following the meeting.
- b. Other Medical Psilocybin Program Committee Meetings
 - ✓ For EACC minded people, please join the Research and Continuous Improvement committee meeting on May 8, 2026.
 - ✓ We will encourage cross-pollination of committee groups to address Equity, Access and Cultural Considerations.

6. Next Meeting

- a. Tuesday, May 19, 2026, at 3:00pm-5:00PM.
- b. Treatment Equity Fund Requirements
- c. Outcomes Data Collection and Tracking

7. Adjournment

- a. Meeting adjourned at 4:53PM.

8. Public Comments Submitted by email or via Teams Meeting Chat

- Cathy Sanchez -Bureau Chief, Workers' compensation administration, medical cost containment
- So happy to be here
- the patients will still be able to use their medical health insurance, right?
- Yes - but there are still questions on how much will be covered by insurance.
- We are working with HCA regarding this for Medicaid/Medicare
- Many hospitals have what they call a "charity" or "scale" application to analyze the individual's income - analyzing everything that you mentioned, income vs. expenses vs. dependents, etc. I think you all are on the right path - sounds like you are digging into the weeds - thank you.
- As another step - for those that aren't indigent patients - Can you consider a process so that when a patient has insurance, the provider accepts only the insurance payment as payment in full, limiting any balance billing to the patient? In that case, we would only collect the required copay. That would alleviate the insured patient a little bit.
- I'm sure you probably know, but there is some research supporting the benefit of group therapy. Low-income group psilocybin assisted therapy - national university of natural medicine - more accessible and affordable with strong positive result for Medicaid-eligible adults.
- Thank you Soma - yes and that is some of the research being done at UNM as we speak.
- Also, the HOPE pilot study in Cancer Patients - and YAY UNM!
- This might be a basic question, but since I'm not very familiar with how psilocybin is assessed, is there a way to assign a rating or severity level to help determine which patients have the greatest need?
- Great question Cathy - yes, each condition can be assessed, but they are going to have different levels because they are different conditions.
- Will the agencies/people who receive these funds be documenting - research based? So that, expecting success, we will more likely receive funding again at same or higher levels?
- The amount of data has not yet been determined. However, it has been discussed to ensure there is data gathered. I hope this helps.
- Sounds like creating a chart where there are different prices for different cities would cause a lot of problems. is that how it's done with medical cannabis? Might be easier to follow a previously accepted and successful charge scale. Not create a different price for various cities, etc.
- But is this money just available for those who do not have insurance right?
- Cathy: no, this would be for anyone. Remember, there is no assurance right now it will be covered by insurance (should be, but no definitive "yes" has been provided yet).
- Just a thought, if you get everyone used to the DOH paying 100% of the treatment charges, and you don't get another bank for the following fiscal year, people may go into shock of they have to pay for the full charges the

following year. So, it might be a good idea to have the patients pay some portion of the treatment charges

- Think it is important to distinguish that regular insurance and or Medicaid can cover the pre and post integration therapy sessions, just not the medicine session. correct?
- Cathy: Yes - and it is why we need to have clear guidelines for the amounts and educate about how much is within the fund.
- Soma: we do not know if Medicaid/insurance will cover the therapy. They should, but again, there have been concerns if it is at all connected to psilocybin (because psilocybin is schedule I).
- I think this is a different committee, can you refer me to who is discussing how NM is training licensed facilitators?
- Yes Soma - that is the Training and Education Committee (they are meeting on May 8th as a combined meeting with the End-of-Life Care committee).
- Are licensed facilities being organized/considered in more rural areas? Access physically seems just as important as financially.
- Soma: that is part of what was mentioned earlier - if there are no facilities in an area, would transportation for patients be covered - or potentially paying providers to travel to those areas (as patients may not be able to travel).
- Thank you all so so much!
- 04/29/26 email received via medical.psilocybin@doh.nm.gov from Catherine Sanchez.

Hello,

I've been thinking about some of the topics discussed in yesterday's Medical Psilocybin Equity, Access, and Cultural Consideration meeting, and I wanted to share a few reflections.

Personally, offering discounts up to 600% FPL feels a bit high, and I worry that incorporating various situational caveats—like specific zip codes or personal circumstances such as appliance failures—could come across as subjective or inconsistent. What feels like a hardship to one person may not feel the same to someone else, and I want to make sure we're being as fair and professional as possible.

I spent some time considering this last night and came up with a few ideas. These are just suggestions, and I truly appreciate all the thoughtful work the committee has already done. I don't want to take away from that at all. I just sometimes get the sense that certain caveats may be influenced by individual preferences, and I'd love for the program to feel equitable for everyone without unintentionally favoring particular groups or circumstances.

With that said, I'm attaching a few ideas on tier charging, policy, and forms. Thank you. Great job and kudos to all of you.

Respectfully,
Catherine Sanchez
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