

Medical Psilocybin - Patient Qualification & Safety Committee Meeting Minutes and Chat:

Location: MS Teams

Date: 04/06/2026

Time: 09:00

Attendance: Jonathan Mouchet, Ismail Zoutat Jorge Gonzales, Brenda Martinez, Adrian Estrada, Ian Dunn, Raymond Gallegos, Robert Truckner, Cyrus Rautman, Leslie Peterson, Danielle Leonard, James Brown, Kate Hawke, Catherine Warnock, Eileen Brewer, Anne Metz, Gregory Evans, Sam Wolf.

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. Opening Items

- The meeting was called to order shortly after 9:00 by Chair: Ian Dunn.
- Participants were reminded that the meeting was being recorded and would be made publicly available.

2. Introductions

- The Chair welcomed all attendees and reiterated the advisory capacity of the committee. Participants were invited to introduce themselves verbally or in the meeting chat.

3. Review Agenda

- The Chair presented the focus areas for the session, noting that unlike prior meetings, this one did not begin with a predetermined document but instead was intended as an open discussion on broader patient safety considerations. Discussion on safety

- Topics included informed consent, supportive and safety touch, environmental and emergency safety standards, facilitator/patient ratios, and considerations for treatment conducted both indoors and in nature.
- Informed Consent
 - The committee reviewed a draft informed consent document originally developed by the Dosage Administration Clinical Practice Committee
 - The document outlines what patients must be informed of prior to psilocybin assisted therapy, including risks, benefits, possible adverse effects, altered states, and a statement that psilocybin is not FDA approved.
 - Members emphasized that informed consent must include discussion and cannot be satisfied by a written form alone.
 - A substantial discussion focused on 'supportive touch' versus 'safety touch.' Members highlighted the need for explicit, mutual consent, clear descriptions of acceptable forms of touch, and unambiguous statements that all touch must be non-sexual.
 - Several members recommended including examples of appropriate touch (e.g., hands, shoulders, feet) while still allowing flexibility based on facilitator-patient agreement. Consensus was reached that both patient and facilitator must be able to withdraw consent to touch at any point.
 - The informed consent document was adopted unanimously with a vote of 4–0.
- Emergency and Environmental Safety
 - The committee shifted to reviewing environmental safety standards, beginning with emergency preparedness.
 - An initial requirement for two exits in treatment rooms prompted concerns from members practicing in older New Mexico buildings where such modifications are not feasible.
 - Several committee members recommended deferring exit and structural requirements to existing municipal building and fire codes rather than imposing new program specific mandates.
 - The committee agreed to strike the two exit requirement and rely on municipal codes for facility occupancy, fire safety, and accessibility.
 - Emergency preparedness standards were retained with emphasis on maintaining reliable communication with emergency services, having

written emergency response plans, and ensuring staff roles are clearly defined.

- Facilities operating in remote areas or serving high risk patients must maintain enhanced response capabilities, potentially including emergency medications and monitoring equipment.
- Facilitator/Patient Ratios
 - The Chair presented an initial ratio of one facilitator to four patients, with the understanding that higher risk patients may require additional supervision.
 - Several concerns were raised about practical scenarios in which a facilitator may need to step away from the group temporarily.
 - Strong consensus developed that a minimum of two facilitators or qualified staff must always be present, regardless of group size, to ensure continuous ability to respond to patients.
 - The group affirmed that 1:4 is a reasonable maximum ratio when at least two facilitators are present
 - Members further suggested that definitions for different roles, such as guide, practitioner, facilitator, and assistant, should be standardized in a glossary to avoid confusion across committees.
- Room Design and Environmental Controls
 - The committee reviewed physical environment requirements, including minimizing ligature risks, ensuring stable furnishings, providing adequate space for patient movement, and allowing safe access to restrooms
 - Members agreed that restroom-to-patient ratios and structural accessibility should defer to municipal codes.
 - There was also discussion about therapy conducted outdoors, with consensus that outdoor sessions are permissible as long as the environment does not pose undue danger and reasonable measures are taken to prevent patients from wandering off during active sessions.
 - Environmental controls such as temperature, ventilation, and sound were reviewed, with an understanding that these standards should not preclude therapy occurring outdoors when clinically appropriate.
- Required Safety Equipment
 - The committee approved minimum equipment requirements, including a blood pressure cuff, pulse measure, and first-aid kit. No objections were raised.

4. Next Meetings

- The committee selected April 20, 2026 at 9:00 AM as the date of the next meeting.
- No objections were noted from participants or Department staff.

5. Adjournment

- Chair Dunn thanked attendees for their participation and formally adjourned the meeting.

Committee Chat

Reminder:

This meeting is being recorded

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

Unknown User was invited to the meeting.

How to raise your hand to speak: If on a c... by Gonzales, Jorge, DOH

Monday 9:02 AM

Gonzales, Jorge, DOH

How to raise your hand to speak:

If on a computer – click on the “hand” icon near the top of the Teams window (it says “Raise” under the icon)

If on the Teams app on a phone, please press the ellipses (three dots) in the menu and then the “hand” icon will appear, and you can select it

If you are joining through voice only on a phone, press *5 to raise or lower your hand

How to Unmute:

Once your name is called, you will be able to unmute:

To unmute/mute on Teams on a Computer or on the Teams Phone App click on the microphone icon:

On a computer it is in the upper right area of the Teams window.

On a phone it is usually in the lower left of the Teams App, however, different models of phone (Apple, Android, etc...) may have the mute/unmute icon in a different location:

Telephone: voice only - press *6 to unmute/mute

Morning everyone. James Brown Pharm.D, a... by Brown, James

Brown, James

Monday 9:03 AM

Morning everyone.

James Brown Pharm.D, and veteran of New Mexico.

Five Degrees North Healing Foundation.

Must also disclose and receive consent deci... by Brown, James

Brown, James

Monday 9:08 AM

Must also disclose and receive consent decisions related to safety planning, physical touch, the presence of other individuals, the process and nature of termination services

Can we also look at the supportive touch consent.

what is someone wants a hug? I feel this i... by Unknown User

Catherine Warnock

Monday 9:11 AM

what is someone wants a hug? I feel this is too limiting.

is = if by Unknown User

Catherine Warnock

Monday 9:11 AM

is = if

Other states distinguish between safety and... by Unknown User

Metz, Anne

Monday 9:11 AM

Other states distinguish between safety and supportive touch. People MUST consent to safety touch, but supportive touch is optional.

1 Like reaction.

Maybe also specify that all touch is NON-SE... by Unknown User

Catherine Warnock

Monday 9:14 AM

Maybe also specify that all touch is NON-SEXUAL

2 Like reactions.

2

it's definitely a difficult topic. I know t... by Eileen Brewer

Eileen Brewer

Monday 9:14 AM

it's definitely a difficult topic. I know that there is a bunch of emerging evidence that physical therapy during a psychedelic experience might be beneficial

I think getting rid of the "generally, hand... by Eileen Brewer
Eileen Brewer
Monday 9:14 AM

**I think getting rid of the "generally, hands, shoulders, and feet are appropriate
might be wise"**

my quotes are in the wrong place, sorry by Eileen Brewer
Eileen Brewer
Monday 9:15 AM

my quotes are in the wrong place, sorry

We need a: Participants may withdraw thei... by Brown, James
Brown, James
Monday 9:16 AM

We need a:
**Participants may withdraw their consent to receiving supportive touch at any
time during the session**

2 Like reactions.
2

Probably both by Brown, James
Brown, James
Monday 9:16 AM

Probably both
I agree participant or facilitator by Eileen Brewer
Eileen Brewer
Monday 9:16 AM

I agree participant or facilitator

Just patient. I think it's important for th... by Kate Hawke

Kate Hawke
Monday 9:17 AM

Just patient. I think it's important for the patient to rely on initial agreements.

From the facilitators by Kate Hawke

Kate Hawke
Monday 9:18 AM

From the facilitators

this is about consent directionality Be... by Unknown User

Gregory Evans
Monday 9:22 AM

this is about consent directionality

Before a session, the patient sets their boundaries. During the session, they can always say stop to anything. But they can't add new permissions while they're under the influence. So if someone said 'no touch' beforehand and then asks for it mid-session, the answer is no. You can always take things off the table, but you can't put new things on it while dosing.

We need a confidentiality section by Brown, James
Brown, James
Monday 9:22 AM

We need a confidentiality section

This document covers the broad basics, alon... by Kate Hawke

Kate Hawke
Monday 9:22 AM

This document covers the broad basics, along with more thorough training and the actual consent form to be used.

Begin quote, Kate Hawke, 4/6/2026 9:17 AM, ... by Eileen Brewer
Eileen Brewer

Monday 9:22 AM

Kate Hawke

4/6/2026 9:17 AM

Just patient. I think it's important for the patient to rely on initial agreements. while I see your point, there is a chance that a patient could become aggressive or otherwise inappropriate and the facilitator needs recourse for that

1 Heart reaction.

I agree that the facilitator should never h... by Kate Hawke

Kate Hawke

Monday 9:23 AM

I agree that the facilitator should never have to tolerate inappropriate behavior toward them.

1 Heart reaction.

Physical Facility Safety Emergency Prepara... by G-Ian.Dunn

G-Ian.Dunn

Monday 9:24 AM

Physical Facility Safety

Emergency Preparation

Each treatment area shall have a minimum of two (2) accessible exits

Exits shall be clearly marked and unobstructed

Facilities shall not utilize locked barriers that prevent rapid exit, except where clinically justified and compliant with applicable law.

Facilities shall maintain reliable means of communication to activate emergency medical services at all times.

All facilities shall maintain a written emergency response plan appropriate to the level of services provided and patient risk. The plan must include

procedures for medical and behavioral emergencies, clearly defined staff roles, and timely activation of emergency medical services.

Facilities that are not reasonably accessible to emergency medical services, or that provide services to higher-risk patients, shall maintain enhanced emergency response capabilities commensurate with the level of risk. Where permitted under state law and overseen by a licensed provider with prescriptive authority, this may include the availability of emergency medications and appropriate monitoring equipment.

I don't have two exits in my building either

Most therapy rooms have one door. by Kate Hawke

Kate Hawke

Monday 9:27 AM

Most therapy rooms have one door.

Yes by Unknown User

Metz, Anne

Monday 9:27 AM

Yes

Good suggestion by Unknown User

Metz, Anne

Monday 9:27 AM

Good suggestion

Could manage through language something lik... by Unknown User

Sam Wolf

Monday 9:28 AM

Could manage through language something like "clearly marked emergency escape path" and possibly in the preparation portion ensure that the client has had the escape path explained to them previous to the experience.

glad I'm not the only one with Monday brain by Eileen Brewer

Eileen Brewer
Monday 9:28 AM

glad I'm not the only one with Monday brain

Also thinking about home sessions especial... by Kate Hawke
Kate Hawke
Monday 9:28 AM

Also thinking about home sessions especially for end of life care.
what if people want to do sessions outside? by Eileen Brewer
Eileen Brewer
Monday 9:29 AM

what if people want to do sessions outside?

I think our domain could be more about disc... by Unknown User
Gregory Evans
Monday 9:29 AM

I think our domain could be more about discussing this in the session
preperation and ensuring that there is a plan in place

With respect to patient to provider ratio..... by Unknown User
Catherine Warnock
Monday 9:30 AM

With respect to patient to provider ratio... I think we should always have at least
two people present. If the provider has a heart attack, is it the provider's
responsibility to call 911?

We may need to earmark handling for potenti... by Unknown User
Gregory Evans
Monday 9:31 AM

We may need to earmark handling for potential remote operations like what is
being discussed in EOL

Patient to Provider Ratios Patient-to-provi... by Gonzales, Jorge, DOH
Monday 9:34 AM
Gonzales, Jorge, DOH

Patient to Provider Ratios

Patient-to-provider ratios shall not exceed 1:4 across all Clinical Support Tiers. Ratios may be further restricted based on individual patient needs, clinical judgment, or level of risk.

Higher-risk patients may require additional staffing or clinical presence as appropriate to ensure patient safety.

Patients shall be under continuous supervision by a facilitator during the active administration period. Patients shall not be left unattended, and staff shall maintain the ability to promptly observe or respond to patients at all times.

Won't requiring 4 providers for every patie... by Unknown User
Sam Wolf
Monday 9:35 AM

Won't requiring 4 providers for every patient make the prospect extremely expensive & out of reach for many people?

Defining parameters for observation and w... by Unknown User
Gregory Evans
Monday 9:39 AM

Defining parameters for observation and what defines "present" or "attended to"

I think that having 2 providers there is ov... by Eileen Brewer
Eileen Brewer
Monday 9:42 AM

I think that having 2 providers there is overly burdensome, but having one provider and another unaltered adult present seems like a reasonable thing

I agree with Eileen - Having a second perso... by Unknown User
Metz, Anne
Monday 9:43 AM

I agree with Eileen - Having a second person that isn't a facilitator is much more reasonable. Two hourly rates for a therapist isn't something that Medicaid is probably going to cover.

**Begin quote, Eileen Brewer, 4/6/2026 9:42 A... by Unknown User
Catherine Warnock
Monday 9:43 AM**

**Eileen Brewer
4/6/2026 9:42 AM**

**I think that having 2 providers there is overly burdensome, but having one provider and another unaltered adult present seems like a reasonable thing
Good clarification. Two people with at least one provider.**

1 Like reaction.

**I wholeheartedly disagree. You don't need a... by Eileen Brewer
Eileen Brewer
Monday 9:50 AM**

I wholeheartedly disagree. You don't need a trained facilitator to walk someone to the bathroom to vomit or whatever. I do think that the more facilitators, the higher the cost, and the whole idea of a group is to reduce costs. Right now, only wealthy people are accessing these services and New Mexico is trying to change that

1 Like reaction.

**Practitioner” means an individual who is a... by Gonzales, Jorge, DOH
Monday 9:51 AM
Gonzales, Jorge, DOH**

Practitioner” means an individual who is a licensed healthcare professional who is certified by the department to provide medical psilocybin integrative[TR1] therapy, supervise guides, and who has completed department required trainings.

“Guide” an individual who has completed training and education approved by the department to be able to assist practitioners [CW1] [DZ2] during the administration sessions and who has been registered with the department.

2 Like reactions with medium light and no skin tones.

2

I think even having a "licensed" guide migh... by Eileen Brewer

Eileen Brewer

Monday 9:53 AM

I think even having a "licensed" guide might be burdensome. I'm thinking about daycare and what is required for that. Fingerprinted, background checked, often trained by the facility itself is all that is required for an assistant

What about no less than 2 facilitators on s... by Brown, James

Brown, James

Monday 9:53 AM

What about no less than 2 facilitators on site during administration sessions if you just need an assistant who is there ... by Eileen Brewer

Eileen Brewer

Monday 9:54 AM

if you just need an assistant who is there to make sure that nobody leaps out the window, they don't need a special approval to do that

I would love to offer the ability to have a... by Unknown User

Gregory Evans
Monday 9:54 AM

I would love to offer the ability to have a trusted friend or loved one attend.

1 Heart reaction.

I think we should caution against having tr... by Unknown User
Catherine Warnock
Monday 9:57 AM

I think we should caution against having trusted friends or loved ones. In my experience, then this happens, the journey focus shifts from the intended issues to being all about their companion. I'm not saying we shouldn't allow this, but we need heavy education/caution around this.

1 Like reaction.

1 Fist bump reaction.

Minimal stairs to bathroom? by Unknown User
Catherine Warnock
Monday 9:58 AM

Minimal stairs to bathroom?

Room Design Requirements Treatment areas sh... by Gonzales, Jorge, DOH
Monday 9:58 AM
Gonzales, Jorge, DOH

Room Design Requirements
Treatment areas shall be designed to minimize risk of injury
No sharp edges / ligature risks

Furniture shall be stable and non-tip

Breakable items minimized

Adequate space shall be maintained to allow for patient movement and staff access at all times

Again, what if people want to do this outsi... by Eileen Brewer

Eileen Brewer

Monday 9:58 AM

Again, what if people want to do this outside?

I feel like that's overstepping for codes by Unknown User

Metz, Anne

Monday 9:59 AM

I feel like that's overstepping for codes

I'm wondering if there should be guidelines... by Eileen Brewer

Eileen Brewer

Monday 10:00 AM

I'm wondering if there should be guidelines for outdoor areas...like don't do this at the edge of a cliff...

With outside, should there be safety parame... by Unknown User

Catherine Warnock

Monday 10:01 AM

With outside, should there be safety parameters preventing people from running off?

eloping

absconding by Unknown User

Gregory Evans

Monday 10:02 AM

absconding

leaving is fine. by Unknown User
Gregory Evans
Monday 10:02 AM

leaving is fine.

Absconding? by Gallegos, Raymond, DOH
Gallegos, Raymond, DOH
Monday 10:03 AM

Absconding?

Begin quote, Gallegos, Raymond, DOH, 4/6/20... by Unknown User
Gregory Evans
Monday 10:03 AM

Gallegos, Raymond, DOH
4/6/2026 10:03 AM

Absconding?
leave hurriedly and secretly, typically to avoid detection of or arrest for an
unlawful action such as theft.

2 Laugh reactions.
2

was joking sorry by Unknown User
Gregory Evans
Monday 10:04 AM

was joking sorry

Gonzales, Jorge, DOH When will DOH hav... by Unknown User
Metz, Anne
Monday 10:04 AM

Gonzales, Jorge, DOH When will DOH have proposed rules on allowed facilities? I know many of us are wondering what this will look like and what will be an eligible space to work. Thanks!

Have a question about HIPPA compliance with... by Unknown User
Danielle Leonard
Monday 10:04 AM

Have a question about HIPPA compliance with guides and other participants

Physical Facility Safety Emergency Preparat... by Gonzales, Jorge, DOH
Monday 10:04 AM
Gonzales, Jorge, DOH

**Physical Facility Safety
Emergency Preparation**

Facilities shall maintain reliable means of communication to activate emergency medical services at all times.

All facilities shall maintain a written emergency response plan appropriate to the level of services provided and patient risk. The plan must include procedures for medical and behavioral emergencies, clearly defined staff roles, and timely activation of emergency medical services.

Facilities that are not reasonably accessible to emergency medical services, or that provide services to higher-risk patients, shall maintain enhanced emergency response capabilities commensurate with the level of risk. Where permitted under state law and overseen by a licensed provider with prescriptive authority, this may include the availability of emergency medications and appropriate monitoring equipment.

Patient to Guide Ratios

Patient-to-guide ratios shall not exceed 4:1 (no less than two guides on a premises or during group administration) across all Clinical Support Tiers. Ratios may be further restricted based on individual patient needs, clinical judgment, or level of risk.

Higher-risk patients may require additional staffing or clinical presence as appropriate to ensure patient safety.

Patients shall be under continuous supervision by a facilitator during the active administration period. Patients shall not be left unattended (staff shall maintain the ability to promptly observe or respond to patients at all times).

Room Design Requirements

Treatment areas shall be designed to minimize risk of injury

No sharp edges / ligature risks

Furniture shall be stable and non-tip

Breakable items minimized

Adequate space shall be maintained to allow for patient movement and staff access at all times

None of the room design requirements should be construed to disallow psilocybin assisted therapy in Nature, so long as the environment does not propose a danger to the patients or guides, and reasonable measures are taken to prevent patients from leaving mid-session.

Environmental Controls

Temperature shall be maintained within a comfortable and safe range

Adequate ventilation shall be maintained

Sound levels shall be controlled to minimize distress and external disruption

None of the environmental controls should be construed to disallow psilocybin assisted therapy in nature.

Safety Equipment On-Site

Facilities shall maintain, at minimum:

Blood pressure monitoring equipment

Pulse oximeter

Basic first aid kit

Has there been a conversation about HIPPA c... by Unknown User

Danielle Leonard

Monday 10:05 AM

Has there been a conversation about HIPPA compliance

Thanks! by Unknown User

Metz, Anne

Monday 10:06 AM

Thanks!

Unknown User left the chat.

Mouchet, Jonathan, DOH stopped recording.

Unknown User left the chat.

How to submit written public comments: Ple... by Gonzales, Jorge, DOH

Monday 10:10 AM

Gonzales, Jorge, DOH

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 business day after the meeting.