Meeting Title: Medical Psilocybin Program **Advisory Board**

Date: May 15, 2026

Time: 9:00AM—11:00AM

Location / Platform: Online Teams

- Ian Dunn, Chair Medical Psilocybin Program Advisory Board
- Dan Jennings, Vice Co-Chair Medical Psilocybin Program Advisory Board

- Patient Qualification and Safety Committee Chair: Ian Dunn
- Dosage, Administration and Clinical Practice Committee Chair: Ian Dunn
- Education and Training Committee Chair: Brenda Burgard, LPCC, LSAA, ATR
- Propagation Committee Chair: Chris Peskuski
- Equity, Access and Cultural Considerations Committee Chair: DezBaa
- End of Life Care Committee Chair: Lawrence Leeman, MD, MPH
- Research and Continuous Improvement Committee Chair: Dan Jennings
- HCA Representative, Ryan Keenan for Alanna Dancis, DNP

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/

Advisory Board Attendees:
- Education and Training Committee Chair: Brenda Burgard, LPCC, LSAA, ATR
- Propagation Committee Chair: Chris Peskuski
- Equity, Access and Cultural Considerations Committee Chair: DezBaa'
- End of Life Care Committee Chair: Lawrence Leeman, MD, MPH
- Research and Continuous Improvement Committee Chair: Dan Jennings
- HCA Representative, Ryan Keenan, D.Ph. attending as Proxy for Alanna Dancis, DNP

Department of Health Staff Attendees:
- Dominick Zurlo
- Robert Truckner, MD
- Jonathan Mouchet
- Jorge Gonzales
- Cyrus Rautman
- Leslie Peterson
- Cathy Augeri
- Adrian Estrada
- Celina Montoya
- Katy Freytag

Participants and Public Attendees:

- Jamie Beachy
- Dr. Lida Fatemi
- Silver Sunbeam
- Eileen Brewer
- Anne Metz
- Breawnna B. Wunder
- Joan Manuel Araujo
- Evangelia Theodorou
- Paul Cash
- Paul Walton
- Kate Hawke
- Elias Parades
- Ellen Schimmels
- Teresa Bertoncin
- James Brown
- Senator Jeff Steinborn
- Shane McDaniel
- Jim Dodson
- Reuben Sutter, MD
- Jason Burdge, PATA
- Gregory Evans
- Sam Wolf
- Tanya Carroccio
- Matthew (Inday Animosh) Armstrong
- Aleutia Krikorian
- Manuel Griego
- Caitlin Gallegos
- Don Moser
- Catherine Warnock
- Alicia Ramos
- Denali Wilson
- Cassandra Gurule
- Ash Shelton
- Catherine Sanchez, WCA
- Jenn Romero
- Lisa Johnson
- Janis Phelps
- Glenda Carlisle
- Bryan Krumm
- Ariana A
- Brett Phelps
- Michael Williams
- Jarvis Webster
- Charles Austin
- Rachel Veracka
- Matthew Armstrong
- Diana Lopez
- Liza Alvarado
- Manny Griego

1. **Call to Order**
   - At 9:06AM the meeting was called to order by Dominick Zurlo.
   - Dominick opened the meeting and reminded attendees of proper public meeting etiquette and the public meeting being recorded and publicly posted.
   - Introductions: Psilocybin Advisory Board Members
   - Introductions: Medical Psilocybin Program Staff

2. **Approval of Prior Minutes**
   - Approved as submitted

3. **Agenda Items**
   - Agenda reviewed
   - Update from the Program, DOH Medical Psilocybin Program, anticipation is that the program will be able to start receiving permitting applications from cultivators and testing labs by about the middle of July. This will depend on if the Hearing Officer finds the Rules appropriate or not. If the Hearing Officer finds the Department will need to go back for revisions to the rule, then this will then affect our anticipated application timelines.
   - Update from DezBaa' for Equity Access and Community Considerations Committee
   - Update from Brenda Burgard, Education and Training Committee, the recommendation to the Education and Training Committee is to establish minimum education and licensure requirements, define required competencies and assessments and contraindication review interventions, medication interaction, screening, risk stratification and harm reduction.
   - Update from Dr. Larry Leeman, End of Life Care Committee, we've looked at the idea there may be two potential ways for non-licensed providers to be involved in the end-of-life care process, and one of them is a role that it could be what we would call a facilitator role, but it's not a facilitator role that's licensed as it is in Colorado and Oregon. Recommendations from the end-of-life community is that everybody involved in end-of-life psychedelic care have at least 28 hours of training specific to end-of-life care.
   - Update from Dan Jennings, Research and Continuous Improvement Committee, our three responsibilities we aligned on where the reporting framework we needed to come up with the reporting framework first, because this is all centered around safety, we wanted to make sure that we have patient safety and patient data at our heart of this, second responsibility is harm reduction and a quality improvement framework, and the third responsibility is the core and extended data set framework. We've broken into three intersessional work groups: Care Pathway and Safety, Participant Experience and Fit, and Data and Reporting Architecture.
   - Update for Ian Dunn's committees by Dan Jennings and Dominick Zurlo, Patient Qualification and Safety and Dosage Administration and Clinical Practice
   - The roles of the Advisory Board and individual Advisory Board Committees are to provide suggestions and recommendations to the Department.
   - Advisory Board Guidelines/Best Practices vs The Department Rules and Regulations
   - The Department of Health, along with all executive agencies, is currently reviewing and updating our websites and documents to ensure full compliance with the Americans with Disabilities Act (ADA). As part of this effort, we are updating existing documents to meet accessibility standards. Because of this, there may be delays in making some documents available. We appreciate your patience as we work through both new and older materials. Committee chairs and board members may receive updated ADA guidelines related to PowerPoints and other document formats. Following these guidelines from the start will help

prevent the need for later revisions and avoid additional delays. Moving forward, all documents must be submitted in ADA-compliant formats to ensure accessibility for all users.

- The Department is still seeking 2 additional new Advisory Board Members
- Gregory Evans: Target delivery dates are determined by the individual committees.
- Rules and Regulations for Education and Training are anticipated to be completed by end of the summer.
- Paul Walton: Funding for Treatment Equity Fund, will another fund be created? Also, agree with the "A la carte" method for further education and professional development for First Responders.
- Senator Jeff Steinborn: Treatment Equity Fund, Equity and Research, New Administration, Fully Funded on a Staffing Level, Federal Monies, President Trump's executive order on psychedelics, if you saw that a few weeks ago included a little $50 million item for states, $50 million that he authorized of existing funds out there to go to states specifically that have programs.
- Jason Burge: First Responder Psychedelic Training
- James Brown: Quality Review Board, Quality Review Board Process for Adverse and Challenging Events, Harm Reduction process and procedure for clear Policy and must collect Data, Funding, Specific compliance and policy for harm reduction.

4. Announcements/Updates

- 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.

5. Next Meetings

- Advisory Board: Friday, June 26, 2026, 9:00am-11:00am
- Committee Meetings:
    - Equity, Access, and Cultural Considerations – Tuesday May 19 from 3:00-5:00 PM; DezBaa', Chair
    - Training and Education – Friday May 22 from 1:00-3:00 PM; Brenda Burgard, Chair
    - Patient Qualification & Safety – Monday May 26 from 9-11 AM; Ian Dunn, Chair

- Dosage, Administration & Clinical Practice – Tuesday May 27 from 9:00-11:00 AM Ian Dunn, Chair
- End of Life Care – Friday June 5 from 1:00-3:00pm Larry Leeman, Chair
- Research and Continuous Improvement – Friday June 12 @ 9:00-11:00 AM; Dan Jennings, Chair
- Research and Continuous Improvement – Friday July 10 @ 9:00-11:00 AM; Dan Jennings, Chair
- Research and Continuous Improvement – Friday August 7 @ 9:00-11:00 AM; Dan Jennings, Chair
- Research and Continuous Improvement – Friday Sept. 11 @ 9:00-11:00 AM; Dan Jennings, Chair

6. **Adjournment**
   - Meeting adjourned at 10:55am

7. **Public Comments via Teams Meeting Chat or Email: medical.psilocybin@doh.nm.gov**
   - Zurlo, Dominick, DOH 9:08 AM, This meeting is being recorded Please remember to keep language appropriate as the recordings are made public on the Advisory Board Website.
   - Dr Lida Fatemi 9:18 AM,
     - I would like to inform everyone of a very educational film with heavy presence of veteran stories, trauma healing, and also what's going well and not so well in Oregon. This is great timing for us in New Mexico to learn from
     - This documentary took 2 years to produce, and the production crew will be at the screenings. The name is Journeys; psilocybin assisted therapy and is being screened 2ice this weekend:
     - 1. Santa Fe on Saturday 16th @ 7 pm @ Jean Cocteau Cinema
     - 2. Albuquerque on Sunday 17th @ 12:30 pm @ the Guild Cinema
     - It's also distributed on Apple TV, Amazon prime and other major platforms
     - 120 min film, followed by 30 min q/a - we're hoping for a rich discussion
     - And end of life and indigenous presence in this space 😊 🙏
     - I have to hop off for our academy session
     - Thank you for your beautiful work 💖
   - Breawnna B. Wunder 9:26 AM, Thank you for sharing! Exciting. Another great film to check out is - A Table of Our Own Experience, the critically acclaimed documentary "A Table of Our Own," a film that has garnered international praise for its revolutionary take on the Psychedelic space. This award-winning documentary explores the transformative potential of psychedelics, offering a deep dive into how these substances are reshaping our understanding of consciousness and community https://www.atableofourown.org/
   - Zurlo, Dominick, DOH9:45 AM
     I. Important Note:

- A single qualified individual should be allowed to fulfill multiple roles where scope, training, and credentialing are allowed.

II. Clinician (Psilocybin Certified Clinician)
- Definition: as defined in NMAC 7.35.2.7. Should be a licensed clinician acting within their scope of practice who has diagnostic authority (e.g. PMHNP, LPCC, MD, DO)
- Responsibilities:
  - Identify potential candidates based on qualifying conditions
  - Certify qualifying condition for entry into the program
  - Share relevant diagnostic and clinical history with patient consent and in accordance with applicable privacy laws
- Limitations
  - Certification does not constitute clinical clearance
  - Not responsible for determining medical appropriateness, dosing, safety planning, or administration decisions
- Recommendation to Education & Training:
  - Establish minimum education, continuing education, and licensure requirements
  - Define required competencies

III. Practitioner (Psychedelic Therapist)
- Definition: as defined in NMAC 7.35.2.7.
- Scope:
  - Conduct comprehensive biopsychosocial assessment
  - Review medical, psychiatric, and substance use history
  - Identify contraindications and medication interactions
  - Evaluate risk for adverse psychological or physiological response, create a safety plan, and assess support system
  - Determine medical appropriateness for psilocybin treatment
- Responsibilities:
  - Evaluate clinical appropriateness for psilocybin use (including but not limited to medication interactions, medical & mental health history, and current functioning); if the patient is not appropriate, refer them to a primary care provider or other appropriate treatment avenue
  - Use trauma informed and culturally competent communication throughout the screening and treatment process.
  - Assign a Clinical Support Tier
  - Establish dosing parameters or considerations
  - Approve or defer participation based on safety
  - Must be involved in psychological preparation
- Limitations:
  - Does not provide facilitation unless separately credentialed
  - Does not conduct preparation/integration unless dual trained
- Recommendation to Education & Training:
  - Establish minimum education and licensure requirements
  - Define required competencies in assessment, contraindication review, interventions, medication interaction screening, risk stratification, and harm reduction.

IV. Facilitator

- Definition: means an individual who has completed Department-approved training and education and has been registered with the Department, and whose role is limited to providing non-clinical support and presence to a patient preparing for, experiencing the effects of, or integrating the effects of Administration, as allowed by the Program. A facilitator does not perform, and shall not be construed to perform, clinical assessment, diagnosis, treatment, or any other act constituting the practice of medicine, nursing, or any other licensed health profession. A Facilitator does not act under the supervision, direction, or authority of any licensed health care provider, and no provider shall be deemed to have supervisory responsibility over a Facilitator solely by virtue of their concurrent participation in any part of the Program.
- Responsibilities:
    - Conduct administrative preparation and integration sessions in coordination with Psychedelic Therapist
    - Obtain informed consent
    - Support patient during administration session
    - Monitor psychological and physical safety during sessions
    - Escalate medical or psychological concerns to the Psychedelic Therapist or appropriate emergency services
    - Prepare materials for patient self-administration in accordance with approved protocols and Psychedelic Therapist's direction
    - Document sessions activities
- Limitations
    - Does not determine medical appropriateness independently
    - Does not override contraindications or safety restrictions
- Recommendation to Education & Training:
    - Establish minimum education, continuing education, and licensure requirements
    - Define required competencies.

- Aleutia Krikorian 9:51 AM, Dan, Could the document you shared in slide possibly be made available for future reference?
- Ellen Schimmels 9:53 AM, What is the nuances between the facilitator and SPACE attendant mentioned earlier?
- Gonzales, Jorge, DOH9:53 AM, these documents and video will be posted on the DOH website in several days.
- Zurlo, Dominick, DOH9:53 AM, https://www.nmhealth.org/about/mcpp/mpp/mpab/mr/
- Aleutia Krikorian 9:53 AM, Thank you!
- Metz, Anne 9:56 AM, So, a Psychedelic therapist can't provide psychedelic therapy (prep, admin and integration)? That term choice seems strange for what seems like a triage / screening role.
- Ellen Schimmels 9:58 AM, I appreciate the detail in the document but also worry about the terms "clinician" and "practitioner". Those terms are often used interchangeably, and it might help to have more to distinguish them.
- Brown, James 9:58 AM, Can you expand on the reciprocity piece and your thoughts on who will be able to apply for a permit?

- Araujo, Joan Manuel - (word4wisdom) 9:59 AM, will Naturopathic Doctors (NDs) who are similarly licensed as primary care providers under New Mexico law and are uniquely trained in whole-person and plant-based medicine — also be explicitly included in that definition?
- Jeff Steinborn 10:17 AM, Great job everyone!
- Gregory Evans 10:18 AM, PAPYRUS!!!!! NOOOOOOOOO
- Gonzales, Jorge, DOH 10:20 AM, Psilocybin Advisory Board, This is the link to the Board application information.
- Aleutia Krikorian 10:23 AM, Standing by for link
- Zurlo, Dominick, DOH10:24 AM, https://www.nmhealth.org/about/mcpp/mpp/mpab/
- Lawrence M Leeman 10:24 AM, works for me
- Truckner, Robert, DOH10:36 AM, Paul- this is Robert Truckner- I've been thinking about your question of preparation EMS for field response. I think education is a great idea!
- Larry Leeman10:38 AM added the Group Psilocybin-Assisted Therapy Study Flyer below, Flyer above is for group psilocybin therapy for veterans and first responders with PTSD - we area now open for people who are interested to apply. This is with whole psilocybin mushrooms in alignment with our state program. Feel free to share flyer which has a QR link.
- Zurlo, Dominick, DOH10:40 AM, Thank you Senator!
- Paul Walton 10:40 AM, Thanks Senator! Robert Truckner, I'll love to help with that!
- Chris Peskuski 10:46 AM, I would too!
- Gregory Evans10:46 AM, yes! And thank you!
- DezBaa' 10:46AM, Good note Senator. It's good know what specifics needed to be focused on as we move along.
- Eileen Brewer 10:47 AM, We started a list of third-party resources (e.g., Zendo, Fireside) for the public as part of the Research and Continuous Improvement Committee. Happy to share with anyone who wants to add to it. LEAP, MAPS, and a few others have programs to educate law enforcement/first responders. Might be worth reaching out to them.
- Jeff Steinborn10:54 AM Great job Dan!
- Paul Walton 10:55 AM, Thank you ALL!
- 10:55 AM Mouchet, Jonathan, DOH stopped recording
- 10:58 AM Meeting ended: 2h 12m 29s
- Email received via medical.psilocybin@doh.nm.gov on 05.18.26 @ 12:52pm from Anne Metz

  To the New Mexico Department of Health Medical Psilocybin Program,

  I am submitting the following comments regarding the proposed qualification requirements for program roles. Several aspects of the current draft raise concerns about both statutory compliance and patient access that I believe warrant revision before finalization.

  1. The Facilitator Role Conflicts with Statutory Language and Creates Public Safety Risk

  As currently drafted, the Facilitator role requires only training completion and a permit — no licensure or credential of any kind. This appears to be in direct conflict with the Medical Psilocybin Act (SB 219) itself and raises serious public protection concerns.

The Act defines "clinician" as "an approved health care provider licensed in New Mexico who holds a permit from the department to provide medical services to qualified patients." It further defines "medical services" as services provided before, during, and after the ingestion of psilocybin — explicitly encompassing preparation, administration, and integration sessions. Under this definition, all three service components require a licensed provider. The Act does not create or contemplate an unlicensed facilitator role.

This requirement reflects a deliberate legislative choice, and an appropriate one. New Mexico's program is fundamentally different in purpose and population from the psilocybin frameworks established in Oregon and Colorado. Those programs employ a non-directive model that does not position psilocybin services as treatment for specific medical or psychiatric conditions. New Mexico's program, by contrast, explicitly targets serious mental health conditions — major treatment-resistant depression, PTSD, substance use disorders, and end-of-life care — for which diagnosis, assessment, and treatment are governed by the state's health care licensing boards.

Providing preparation, administration, and integration services to individuals with these conditions is not a neutral facilitation task. It constitutes clinical work. Doing clinical work without a secondary license exposes both the facilitator and the patient to significant harm. Licensed health care providers are subject to board oversight, scope of practice requirements, mandatory ethics training, continuing education, and disciplinary accountability. Unlicensed facilitators have none of these protections in place.

Equally important, unlicensed facilitators do not have the clinical education and training to competently serve this population. Patients entering this program are not wellness seekers; they are individuals with serious, often treatment-resistant psychiatric conditions. The legislature was right to insist that those providing services to them hold an independent health care license. Allowing an unlicensed facilitator tier to deliver "medical services" as defined in the statute is not merely a technical legal problem — it is a public safety problem.

It is worth acknowledging that Oregon and Colorado both permit facilitators without an independent health care license to provide psilocybin services, and that model has functioned within those programs' narrower scope. However, those statutory frameworks do not translate to New Mexico's medical model. If the Department wishes to expand access by creating an unlicensed facilitator tier, that is a question that should be directed back to the legislature, not resolved through rulemaking that contradicts the plain language of the Act.

2. The Controlled Substance Registration Requirement Creates Access Barriers Inconsistent with the Act's Intent

Requiring Diagnostic Clinicians to hold a New Mexico Controlled Substance registration number effectively limits the referral pathway to physicians and certain prescribers. This replicates the gatekeeping structure that has constrained access in other psychedelic-assisted therapy contexts — and it is difficult to reconcile with the Act's explicit mandate that annual program assessments consider the needs of patients in rural areas, on reservations, and in federally subsidized housing. Many of these communities do not have ready access to providers

holding controlled substance registrations.

This requirement also produces a significant workforce mismatch. According to data cited in recent state legislative analyses, New Mexico has approximately 50 prescribing psychologists — roughly 6.4% of the state's psychologist workforce — alongside 274 psychiatrists. These figures may not reflect the current count, and the Department may wish to verify them with the Board of Psychologist Examiners, which maintains the list by statute. By contrast, New Mexico has nearly 4,000 licensed counselors and therapists working across the major mental health fields, a figure that does not include licensed clinical social workers or psychologists without prescriptive authority. These providers hold full diagnostic, assessment, and treatment authority for the exact qualifying conditions this program targets — yet the proposed framework would bar them from serving as Diagnostic Clinicians.

Many patients entering this program will have an existing therapeutic relationship with a licensed mental health clinician who is well-positioned to assess appropriateness and provide certification. Excluding them in favor of a controlled substance registration requirement imposes a medical credentialing framework that does not reflect the therapeutic nature of this intervention.

Furthermore, the three-provider model implied by the current draft — a credentialed diagnostician, a licensed practitioner, and a facilitator — requires patients to establish relationships with multiple providers before receiving a single course of treatment. This structure creates access bottlenecks that fall disproportionately on rural and underserved populations, directly undermining the equity goals embedded in the Act.

I respectfully urge the Department to reconsider the controlled substance registration requirement and to evaluate whether licensed mental health professionals with appropriate program training could be authorized to certify patients under this program.

Thank you for the opportunity to provide comment.

Anne Metz, PhD, LPC, NMIT (CO)
Taos County Resident