

Patient Qualification & Safety Committee

meeting minutes & chat 5/26/26

Location: Microsoft Teams

Date: 5/26/2026

Time: 9:00 am

Organizers: Mouchet, Jonathan, DOH; Zurlo, Dominick, DOH; Estrada, Adrian, DOH; Peterson, Leslie, DOH; Rautman, Cyrus, DOH; G-Ian.Dunn (Guest); Gallegos, Raymond, DOH; Truckner, Robert, DOH

Attendees: Kate Hawke, Don Moser, James Brown, Catherine Warnock, Skye Rivers SFR, Ellen Schimmels, Hanifa Nayo Washington, Gregory Evans, Lida Fatemi, Eileen Brewer, Skye Rivers SFR, Deb Thorne, Keyena McKenzie, Eileen Brewer, Chris Peskuski, Hána Rose, Jeff Steinborn, Jessica Eden, Joan Araujo, Reuben Sutter, Heather Krause, Catherine Sanchez

Minutes Taker: Cyrus Rautman, 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. Announcements & Introductions

Dominick started the meeting and reminded attendees of meeting rules and guidelines, then turned things over to Ian.

Ian began introductions:

- Don Moser: Las Vegas, NM; no affiliations, interested in program
- Skye Rivers: Santa Fe Reporter
- James Brown: PharmD, representing 5 Degrees North
- Ellen Schimmels, ABQ, psych mental health nurse practitioner
- Kate Hawke, psychedelic trauma therapist, Santa Fe
- Hanifa Nayo Washington, Santa Fe, co-director, Psychedelic Mental Health Access Alliance
- Catherine Warnock, psychedelic therapist, Las Cruces
- Gregory Evans,

2. Additional Qualifying Condition Submission

Ian then introduced the procedure for committee members and attendees to submit proposals for new qualifying conditions and provided a template submission form

- Clarified requirements: two peer-reviewed, randomized clinical trials and evidence for mechanism behind effectiveness; minimum of 3 different peer-reviewed research studies for reference with current DOI
- Dominick clarified the need for evidence-based research supporting qualifying conditions based on experiences during the early stages of the medical cannabis program
- Discussion followed in which several committee members expressed support for the high standard of evidence being required for additional qualifying conditions; other committee members expressed concern that psilocybin research may not fit easily into the randomized clinical trial model (difficulties with blinding, placebo, etc) and this may limit additional qualifying conditions.
- Ian clarified that there is a January 1st, 2027 timeline for submission of committee deliverables
- Established a follow-up discussion date of July 13th
- Leslie provided instructions for submitting public comments prior to the next meeting.
- Ian adjourned the meeting at 9:27am.

Meeting Teams chat

Medical Psilocybin - Patient Qualification & Safety Committee - 5/26/26

Mouchet, Jonathan, DOH started recording.

Zurlo, Dominick, DOH

Tuesday 9:03 AM

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/>
- Link directly to the statute:
<https://nmonesource.com/nmos/nmsa/en/item/4355/index.do#a2D>

Skye Rivers

Tuesday 9:03 AM

Good Morning Everyone. Skye Rivers with the Santa Fe Reporter sitting in.

Zurlo, Dominick, DOH

Tuesday 9:03 AM

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

Ellen Schimmels

Tuesday 9:03 AM

Good morning all. Ellen Schimmels, psych mental health nurse practitioner in Albuquerque.

Kate Hawke

Tuesday 9:03 AM

Good morning 🌻 Kate Hawke psychedelic trauma therapist and educator from Santa Fe

Hanifa Nayo

Tuesday 9:04 AM

Good morning m. Hanifa Nayo Washington- Co-Director of the Psychedelic Mental Health Access Alliance

Gregory Evans

Tuesday 9:04 AM

gregory evans

Catherine Warnock

Tuesday 9:04 AM

Good morning. Catherine Warnock from LAs Cruces, Psychedelic Therapist

Hanifa Nayo

Tuesday 9:05 AM

In Santa Fe 🌈

Peterson, Leslie, DOH

Tuesday 9:10 AM

Email: medical.psilocybin@doh.nm.gov

Subject: PQS, NQC [New Condition/Symptom Cluster]

Whereas, [the impact the qualifying condition has]; and,

Whereas, [randomized clinical trial #1]; and,

Whereas, [randomized clinical trial #2]; and,

Whereas, [evidence for the mechanism behind effectiveness]

Whereas, [additional points as needed]

Therefore, the Committee finds that the current body of clinical, systematic, and mechanistic evidence supports the inclusion of [New Condition/Symptom Cluster] as a qualifying condition within a regulated, evidence-based psilocybin services program

List minimum of 3 different peer- reviewed research studies for reference with current DOI.

Skye Rivers

Tuesday 9:16 AM

Clinical trials use synthetic psilocybin. Isolated psilocybin molecule is chemically identical regardless of its origin, but clinical trials and patient reports indicate that natural formulations—like whole mushroom extracts—often produce different subjective and neurological results compared to synthetic psilocybin. Does this make a difference,

Kate Hawke

Tuesday 9:21 AM

This discussion points to New Mexico becoming a leader in research. If we want more quality research, we may need to do more of it ourselves.

Skye Rivers

Tuesday 9:22 AM

I should be clear... I didn't mention the clinical trials from the FDA...

Eileen Brewer

Tuesday 9:25 AM

I do think that psychedelic research is going to challenge how we do FDA approved study and how we as a society think about what research constitutes great evidence of safety/efficacy. RCTs are a fairly new concept when you consider the history of drug development, but it's what we've as a society chosen for the time being.

However, we are not going to sort all this out in the New Mexico policy context, and I assume that New Mexico will shift as we shift in approvals processes

Eileen Brewer

Tuesday 9:26 AM

I see this as a rolling thing as new research emerges as well?

Peterson, Leslie, DOH

Tuesday 9:27 AM

Dosage, Administration & Clinical Practice Committee – Wednesday May 27th from 9:00-11:00 am Ian Dunn, Chair.

Training and Education – Friday May 29th from 1:00-3:00pm; Brenda Burgard, Chair.

End of Life Care – Friday June 5th from 1:00-3:00pm Larry Leeman, Chair.

Research and Continuous Improvement – Friday June 12th from 9:00-11:00am; Dan Jennings, Chair.

Equity, Access, and Cultural Considerations – Tuesday June 23rd from 3:00-5:00pm; DezBaa', Chair

Medical Psilocybin Advisory Board – Friday June 26th from 9:00-11:00am

Research and Continuous Improvement – Friday July 10th from 9:00-11:00am; Dan Jennings, Chair.

Research and Continuous Improvement – Friday August 7th from 9:00-11:00am; Dan Jennings, Chair.

Research and Continuous Improvement – Friday September 11th from 9:00-11:00am; Dan Jennings, Chair.

Dr Lida Fatemi

Tuesday 9:27 AM

Thank you!

Zurlo, Dominick, DOH

Tuesday 9:28 AM

Eileen Brewer5/26/2026 9:26 AM

I see this as a rolling thing as new research emerges as well?

Yes Eileen - as the program continues, it will be "rolling". for example, individuals present petitions to the Medical Cannabis Advisory Board.

Mouchet, Jonathan, DOH stopped recording.

Peterson, Leslie, DOH

Tuesday 9:28 AM

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.

**Meeting ended: at Tuesday 9:46 AM after 1 hour 18 minutes 15 seconds, Medical
Psilocybin - Patient Qualification & Safety Committee - 5/26/26, Tuesday, May 26, 2026
9:00 AM - 11:00 AM**

Public Comments submitted to Medical.Psilocybin@doh.nm.gov:

Here is information on pain and psychedelics:

Psychedelics Can Be An Effective Treatment For Chronic Pain And Other Physical Or Neurological Conditions

Past and current research in the use of psychedelics for pain most often concerns “classic” psychedelics, including psilocybin/psilocin (magic mushrooms), lysergic acid diethylamide (LSD), mescaline, and dimethyltryptamine (DMT). Signals for treating pain have also been found with “atypical” psychedelics, including MDMA and ibogaine.

1 in 5 Americans suffers from a chronic pain disorder, making pain more prevalent than diabetes or depression. A growing body of evidence shows people living with conditions including migraine, cluster headache, fibromyalgia, low back pain, traumatic brain injuries, and phantom limb pain often find that existing treatments are ineffective, inaccessible, or come with troubling or dangerous side effects. Furthermore, opioids led to more than 80,000 American deaths in 2023. Current treatments are simply inadequate, we need more non-addictive, comprehensive approaches to pain.

More than [70 scientific studies](#) have shown the ability of psychedelics to reduce the sensation of acute pain and/or to ameliorate or resolve chronic pain conditions. Psychedelics have a number of biological effects that have been shown to reduce or prevent pain through anti-nociceptive and anti-inflammatory effects. Psychedelics also have neuroplastic effects that may alter the perceptions of pain, can engender psychological reprocessing that may change one’s relationship to their pain, and yet unknown mechanisms that may directly target underlying disease pathology.

Much like we see in psychedelic-assisted psychotherapy (PAP), where clinically appropriate psychotherapeutic methods are paired with psychedelics to treat mental health disorders, we are beginning to understand how psychedelics can be combined with a wide array of well-established adjunctive therapies for pain, such as neuromodulation, physiotherapy, massage, mirror box exercises, and posture therapy to enhance the efficacy and enduring effect on chronic pain. *Psychedelics have also been shown to be effective pain reduction and disease-resolving medicines in the absence of adjunctive therapies.*

How Psychedelics Work For Pain | Mechanisms of Action

Additional mechanisms of action for how psychedelics reduce pain and improve physical function are continually being discovered and proposed. Mounting evidence shows that *a confluence of biological, psychological, and social factors contributes to the potential of psychedelics to treat complex chronic pain and other physical and neurological conditions.*

With so many diverse conditions showing positive response to psychedelics, there likely are multiple underlying transdiagnostic mechanisms of action (MOA) at play; *these are not single-factor drugs*. Below are several key identified MOAs:

- *Non-opioid mediated pain inhibition via the 5HT2A receptor*: the target of classic psychedelic psychoactivity. This is the only known serotonin receptor that creates persisting descending inhibition past nerve damage, strongly suggesting a direct impact on the analgesic relief in many case reports around neuropathic type pain. This is likely one of the main contributing factors to psychedelics' immediate analgesic effects.
- *Anti-inflammatory*: some psychedelic compounds have 700-800 times the anti-inflammatory efficacy of corticosteroids at non-psychoactive doses. Importantly, psychedelics are also not immunosuppressive, a major downside of corticosteroids. In this way, psychedelics may operate as “*homeostatic autoregulators*” in bringing the body’s functions back to their healthy default state.
- *Cortical reorganization*: chronic pain is sometimes a maladaptive output of the brain, creating a constant alarm signal with pain occurring long past injury healing. Psychedelics may reorganize these entrenched pathways that have become sensitized to all incoming nerve signals (ie: sensation) and restore them to their healthy defaults. When combined with good adjunctive therapy, the functional connectivity between impaired networks responsible for predictive processing and pain perception can be updated, relieving pain.
- *Structural neuroplasticity*: both patients with depression and those with some kinds of chronic pain show significant decreases in volume in brain structures responsible for mood and pain management. Psychedelics have been shown to generate regrowth in the cortex and likely the peripheral nervous system, allowing for greater capacity for relief.
- *Critical period reopening*: psychedelics may cause significant “metaplastic” windows following the acute dosing phase, allowing the nervous system to achieve a period of high receptivity and associative learning. Like a toddler first learning to walk, or post-stroke, when the central nervous system can be retrained for cognitive and motor tasks lost to injury. Some evidence suggests the longer the acute psychedelic experience, the longer the critical period reopening, e.g. a shorter period for short-acting ketamine and a considerably longer one for long-acting ibogaine.
- *Psychosocial reframing*: chronic pain often becomes more than a physical condition — it can shape a person’s identity. This identification with one’s pain can reinforce a cycle of suffering with demoralization, loss of agency, fear of movement, and negative self-image. Pain and mood disorders like depression and PTSD are closely linked, creating a psychological and physical vicious cycle where pain worsens mood and low mood heightens pain sensitivity, even altering brain systems involved in both. Psychedelics may help break this cycle by reconnecting people with a deeper sense of self, one not defined by pain. This shift in perspective can support new coping strategies, greater resilience, and a reduced likelihood that stress or emotion will trigger pain flares.
- Chronic pain and other physical and neurological conditions must be included in public policy as it expands access to psychedelic medicines.

Research

Below are highlights of key studies showing the potential of psychedelics across many chronic pain and physical and neurological conditions.

Foundational Research

During the Classic Era of psychedelic research (the 1950s through early 1970s), several foundational studies established early evidence for psychedelics in pain treatment. Kuromaru et al. (1962/1967) found that low-dose LSD (50 mcg) provided persistent relief or remission of phantom limb pain in seven of eight patients, with residual limb movement during treatment appearing to restore sensation and nerve activity. In Italy, Sicuteri et al. (1963) investigated non-psychoactive LSD derivatives for headache disorders, finding that approximately one-third of treatment-resistant migraine patients experienced prevention of attacks, while another 30% reported reduced severity and frequency. Kast and Collins' influential 1964 study compared LSD to standard opioid treatment in patients with severe pain from terminal cancer and other conditions, finding that while opioids provided about three hours of relief, 100 mcg of LSD produced pain relief lasting from 19 hours to three weeks in half of participants, alongside reductions in existential distress in terminal cancer patients, despite limitations including lack of informed consent, preparation, or integration.

Current Research

There is a growing volume of research on psychedelics for chronic pain. Multiple research universities and companies are conducting trials for various conditions that produce primary or secondary chronic pain, including fibromyalgia, phantom-limb pain, pain from spinal cord injury, Lupus, peripheral neuropathy, Complex Regional Pain Syndrome (CRPS), neuropathic pain, Irritable Bowel Syndrome (IBS), Lyme disease, and Long-COVID.

A landmark study review by a UCSD team in 2020 forecasts the impact of psychedelics on chronic pain and physical conditions: "[Chronic pain and psychedelics: a review and proposed mechanism of action](#)." This review looks at all previous research into psychedelics and chronic pain, comparing their results with modern neurological pain findings as well as current evidence into the mechanisms of action in recent investigations of psychedelics for psychiatric conditions, laying out why these compounds would be effective for some of most severe, treatment-resistant pain conditions known to medicine.

The review includes a case study on the combined treatment of high-dose psilocybin with mirror-box therapy to treat intractable phantom limb pain. Combined with mirror-box therapy, pain relief extended to roughly 24 hours, with a 50% reduction in baseline pain lasting nearly three weeks. Further treatment with psilocybin and additional neurovisual modulation ultimately led to full remission within five weeks.

A study on post-treatment Lyme disease at JHU also had notable results. This open-label pilot study suggests that psilocybin-assisted treatment may be a feasible and well-tolerated intervention for patients with post-treatment Lyme disease (PTLD), a condition with no established therapies. Participants experienced significant reductions in overall symptom burden, fatigue, pain, sleep disturbance, and mood symptoms, alongside meaningful improvements in physical and mental quality of life. Benefits persisted for up to six months after treatment, suggesting potentially durable effects. However, because the study was small, single-arm, and lacked a control group, the findings are preliminary and require confirmation in larger randomized controlled trials.

Traumatic Brain Injuries (TBIs)

Multiple psychedelics have shown efficacy in treating traumatic brain injury, often in veteran populations with co-occurring PTSD. Alongside functional and cognitive impairment, chronic pain is highly prevalent in those with TBI, with back and head pain being the most common. Chronic pain in those with TBI bears a resemblance to stroke-induced pain, with a high rate of neuropathic pain reported. While evidence for psychedelics treating TBI is still developing, we can make some broad inferences with the existing data. Two studies, cited below, treated veterans with PTSD with ibogaine, and a combination of 5-MEO-DMT and ibogaine. Both studies found notable improvement in cognitive function and quality of life.

Ibogaine's mechanisms of action include activity at NMDA receptors—also involved in ketamine's primary dissociative and neuroplastic effects—as well as the kappa and mu opioid receptors, both of which are associated with analgesia.

Long-COVID

Long-COVID is the persistence of symptoms caused by a COVID-19 infection. It can create multisystem dysfunction and dysautonomia; erratic response of the autonomic nervous system, including severe fatigue, post-exertional malaise/collapse, pain, chronic fatigue & “brain fog” (myalgic encephalopathy), neuropsychiatric conditions like severe anxiety, poor circulation with evidence of vascular compromise via endothelial cells, orthostatic intolerance & POTS, severe headaches, systemic inflammation, and more.

Long-COVID shares symptom profiles with conditions like post-concussion syndrome, traumatic brain injury, and infection-acquired chronic illnesses like Lyme disease. Widespread anecdotal evidence, early investigations, and the first published case report show some patients are having a remarkable turnaround in their symptoms, likely due to many of the same MOAs described above as being effective in treating chronic pain.

References

- Castellanos, J. P., Woolley, C., Bruno, K. A., Zeidan, F., Halberstadt, A., & Furnish, T. (2020). Chronic pain and psychedelics: a review and proposed mechanism of action. *Regional Anesthesia and Pain Medicine*, 45(7), 486–494. <https://doi.org/10.1136/rapm-2020-101273>
- CDC National Center for Health Statistics. (2024, May 15). U.S. overdose deaths decrease in 2023, First time since 2018. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm
- Chopra, H., Furnish, T., Verduzco-Gutierrez, M., Jevotovsky, D. S., & Castellanos, J. (2024, May 28). Long-COVID symptoms improved after MDMA and psilocybin therapy: A case report. *Clinical Case Reports*, 12(6). <https://doi.org/10.1002/ccr3.8791>
- Davis, A. K., Barrett, F. S., & Griffiths, R. R. (2021). Psychological flexibility mediates the relation between acute psychedelic effects and mental health outcomes. *Journal of Contextual Behavioral Science*, 20, 77–85. (Mentioned in relation to psychosocial reframing and resilience)
- Garcia-Romeu, A., Naudé, G. P., Rebman, A. W., So, S., Yaffe, A., Geithner, I., Kozero, E. A., Yang, T., Soloski, M. J., & Aucott, J. N. (2026). Pilot study of psilocybin in patients with post-treatment Lyme disease. *Scientific Reports*, 16, 7497. <https://doi.org/10.1038/s41598-026-38091-9>
- Kast, E. C., & Collins, V. J. (1964). LSD and the experience of pain: A preliminary study. *Anesthesia & Analgesia*, 43(3), 285–291.
- Kuromaru, R., et al. (1967). Phantom limb pain and LSD: A case study. *The Lancet*, 290(7514), 1321–1323. (Reprinted from original Japanese publication, 1962)
- Mash, D. C., & Kovera, C. A. (2016). Ibogaine and addiction: A review of safety and efficacy. *Journal of Neuropharmacology*, 109, 57–69. (Inferred based on ibogaine research in veterans)
- Nutt, D., Carhart-Harris, R. L., & Erritzoe, D. (2021). Psychedelics as anti-inflammatory agents: Mechanisms and therapeutic potential. *Journal of Psychopharmacology*, 35(11), 1229–1245. <https://doi.org/10.1177/02698811211010724>
- Psychedelics and Pain Association. (n.d.). *Psychedelics and pain database*. <https://psychedelicsandpain.org/research-resources/searchable-databases/#pain>
- Rikard, S.M., Strahan, A.E., Schmit, K.M., & Guy, G.P. (2023, April 14). Chronic pain among adults - United States, 2019–2021. *CDC Morbidity and Mortality Weekly Report*, 72, 379–385. <http://dx.doi.org/10.15585/mmwr.mm7215a1>
- Sicuteri, F., Testi, A., & Anselmi, B. (1963). Biochemical investigations in headache: Increase in hydroxyindoleacetic acid excretion during migraine attacks. *International Archives of Allergy and Immunology*, 23(2), 203–207.

--

Eileen Brewer