Medical Psilocybin - Patient Qualification & Safety Committee Meeting

Minutes

Location: MS Teams

Date: 5/19/26

Time: 15:00

Attendance: Jonathan Mouchet, DOH; Dominick Zurlo, DOH; Cathy Augeri, DOH; Jorge Gonzales, DOH; Cyrus Rautman, DOH; Adrian Estrada, DOH; Leslie Peterson, DOH; Robert Truckner, DOH; DezBaa'

Chris Peskuski, Gregory Evans, Denali Wilson, Hána Rose, Jason Brooks, Jim Dodson, Don Moser, Keyena McKenzie, Kate Hawke, Shevon Miera, Hanifa Nayo Washington, Avien Flores, Yasmeen deRosenroll, TD Haley, Chris Sotelo, Jeff Steinborn, Crystal Romero, Joan Araujo

Minute Taker: Cyrus Rautman

Agenda:

1. Opening items:
    - Dominick opened the meeting, reminded everyone of the rules and where to find recordings, then introduced DezBaa'
    - DezBaa' provided some background and recapped committee progress so far, then began introductions:
        - Jim Dodson – Representing elderly, disabled, and low income
        - Shevon Miera – works with group to represent moms and patients in advocating for plant medicines
        - Don Moser – Las Vegas, NM; no affiliations
    - Any questions about committee purpose, responsibilities, goals, and progress?
        - Shevon: question about MPP partnering with specific providers, additional questions about patient qualification

        - Dominick briefly explained provider requirements through program and referred to PQS committee.
    - DezBaa' reviewed committee purpose and responsibilities, clarified that today's meeting is to recommend qualifications and processes for determining eligibility of financial assistance through the Patient Equity Fund
2. Equity Fund Administration Considerations
    - *Offered by Psychedelic Mental Health Access Alliance, Healing Advocacy Fund, and Rudick Law Group*
    - DezBaa' handed off to Denali Wilson (Healing Advocacy Fund) and Hanifa Nayo Washington (Psychedelic Mental Health Access Alliance), who introduced themselves and jointly presented recommendations for treatment funding and equity fund distribution.
    - Scope of Considerations offered:
        - Fund Administration Models
            - Community-empowerment model: individual patients apply for and receive funding
            - Provider-empowerment model – providers apply for and receive funding
        - Funding Range Considerations – ***cost estimates:*** *administration day: $1800-2000; total protocol (one admin session): $3500-5700*
            - Insured vs. uninsured participants
            - Cost variance between different indications – *possible to cap total cost?*
            - Cost variance between different care models – *group care protocols can lower costs*
        - Equitable Access Considerations – *promote diversity of providers, care models, geographic access; ensure adequate fund access for all indications; fund access for providers of homebound patients*
        - Other Considerations
            - Inclusion of equity fund provider questions in standard DOH application and renewal
        - Sustaining the Equity Fund
            - Would like to see incorporation into annual DOH budget; community role in ensuring ongoing legislative support
    - Joint Recommendations:
        - Where possible, minimize burden on patients
        - Flexibility and broad eligibility at start

- Adjust/improve over time as more information becomes available
    - True treatment cost data will come with time
    - Early data about program care needs can shape future design
- Develop plan to sustain equity fund
    - Agency & community roles
- Sen. Jeff Steinborn: clarifying question about insurance gap, wants to ensure there are appropriate income requirements to ensure equity fund isn't exhausted too quickly.
- Greg Evans: question about specific cost estimates from HAF & PMHAA; wants to establish metric goals to focus on for insurance and legislative funding
    - Denali: cost is based on CO clinical track per-session costs
    - Hanifa: big questions are "does the treatment work" "is it better than other treatment options?" "what is the cost analysis?"
- Hanifa: maybe we need to consider lowering the equity fund income threshold
- A substantial discussion followed focusing on establishing equity fund access guidelines relative to the federal poverty line.

3. Next meeting date and final thoughts:
    - Dominick: Department will present several options for equity fund distribution at next meeting
    - Established next meeting date: June 16, 3-5pm
    - DezBaa' adjourned meeting at 4:58pm.

Chat

Medical Psilocybin - Equity, Access, and Cultural Considerations Committee 5/19/26

External

Mouchet, Jonathan, DOH named the meeting Medical Psilocybin - Equity, Access, and Cultural Considerations Committee 5/19/26.

Meeting started at Yesterday 2:49 PM

Unknown User was invited to the meeting.

Mouchet, Jonathan, DOH started recording.

Gonzales, Jorge, DOH

Yesterday 3:09 PM

Reminder:

This meeting is being recorded

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

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

Gonzales, Jorge, DOH

Yesterday 3:10 PM

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

Mouchet, Jonathan, DOH

Yesterday 3:14 PM

Info on Board and Committee meetings can be found here:

Psilocybin Advisory Board

Jim Dodson

Yesterday 3:44 PM

I represent the elderly and disabled, on a fixed income. I ask that you to recognize the value of my expertise as a qualified patient who found recovery and transformation by following the advice of my health care professional and going it alone -- intimately meeting the mushroom one to one. I am not a one-off. I am one of a multitude.

This should be a patient option. Expense is a deterrent that must be removed if it inhibits personal growth and healing. The sojourner preference is real and should be respected. I'd happily sign a waiver accepting personal responsibility for my choice. Considering that suicide is too often the alternative, don't impede the sojourner experience. It works equally well. For minimum expense. Thank you.

DezBaa'

Yesterday 3:45 PM

Feed two birds with one piece of bread

DezBaa'

Yesterday 3:48 PM

Hi Senator!

Jim Dodson

Yesterday 4:05 PM

Insurance covers all talk therapy. The patient asks, why specify psychedelics in the billing at all? After the experience, the once treatment resistant patient becomes treatment ready to participate, perhaps for months, in pursuit of becoming "whole" again.

Denali Wilson

Yesterday 4:07 PM

https://www.nwnmcog.org/uploads/1/2/8/7/12873976/gro_project_list_021726.pdf

Jeff

Yesterday 4:09 PM

Often these types of funds and special initiatives don't end up in base funding per se, but part of an ask in any given year.

Jim Dodson

Yesterday 4:09 PM

The patient reminds us that New Mexico is still like the old West in many ways. We can get unruly in a hurry by trying too hard to be like the rest.

Remember, you are competing against a $75 bag of shrooms in New Mexico. If citizens are expected to pay $thousands for an authorized medical program session, the future looks as bleak here as it has been in Oregon and Colorado. They will take the easiest path to wellness. We don't need all the fluff and bluff here. Let's break the mold.

Keep our program simple and safe. Give patients choices that matter to them. And finally, let the mushroom do all the heavy lifting.

Shevon Miera

Yesterday 4:11 PM

Is there any way to work with local community growers of mushrooms so the money stays in NM and it keeps the cost lower ?

Gregory Evans

Yesterday 4:11 PM

Jim Dodson

. My take on this is that we need to trace the contianer of care meaning all prep and integration sessions need to map together. so for billing that may not be something that needs to go to insureance specifically, but idealy though all of the research data the program can collect we can show that the value and risk analysis suports future insurance billing codes so that in the future all of this will simply be covered as basic care?

I'm not affiliated and this is just my interpretation.

Jeff

Yesterday 4:12 PM

I feel the income piece will be important to build comfort of the parameters of the fund (for the legislators), as well as demonstrate the effectiveness of the program.

Zurlo, Dominick, DOH

Yesterday 4:13 PM

Is there any way to work with local community growers of mushrooms so the money stays in NM and it keeps the cost lower ?

The rule hearing for cultivation and testing was held on April 24th. Cultivators need to apply and receive a permit to provide medication for the program.

Gregory Evans

Yesterday 4:13 PM

admin vs administration (v)

Shevon Miera

Yesterday 4:15 PM

Is there a link to where they can apply ?

Zurlo, Dominick, DOH

Yesterday 4:17 PM

Is there a link to where they can apply ?

The rules are not yet promulgated (gone into effect). The website where rule making documents can be found and reviewed is here: https://www.nmhealth.org/about/asd/cmo/rules/

Jim Dodson

Yesterday 4:17 PM

Home cultivation is the safest and most equitible. Like cannabis.

Shevon Miera

Yesterday 4:19 PM

I agree, also rules out pesticide usage on smaller scale cultivation. Natural medicine should stay natural

Gregory Evans

Yesterday 4:20 PM

Home cultivation is the safest and most equitible. Like cannabis.

I definately agree with this ethos; however, we need to remember that the container for the medical model is very specific and does not include personal use or personal cultivation. The program is designed to utilize the Psychadelic Assisted Therapy model.

Gregory Evans

Yesterday 4:20 PM

(in regards to this specific program today)

Denali Wilson

Yesterday 4:21 PM

Yes!

Jim Dodson

Yesterday 4:22 PM

Let the patient drive the bus.

Jim Dodson

Yesterday 4:23 PM

Overegulation in Co has left only two producers, I hear. Let's do the opposite here.

Chris Peskuski

Yesterday 4:24 PM

https://www.nmlegis.gov/Sessions/25%20Regular/final/SB0219.pdf

Shevon Miera

Yesterday 4:24 PM

I think it makes more sense to keep this local, avoid price gouging on bringing in the medicine . This can help the fund be stretched more.

Kate Hawke

Yesterday 4:25 PM

Hopefully NM will doing a lot better on affordability than CO, where the financial side has been described as “grim”.

Jim Dodson

Yesterday 4:25 PM

patient success breeds community acceptance

Jim Dodson

Yesterday 4:26 PM

affordability assure that the only patients are of the same demographic and incomes

Jim Dodson

Yesterday 4:26 PM

are NOT the only

Crystal Romero

Yesterday 4:29 PM

Those are the folks who need it the most

Jim Dodson

Yesterday 4:31 PM

compassionate use is the model of choice for NM citizens

Jim Dodson

Yesterday 4:32 PM

help the most in financial need to get the most possible successful outcomes

Jim Dodson

Yesterday 4:32 PM

those who can afford it will not be detered

Jim Dodson

Yesterday 4:34 PM

I am a patient advocate for those who cannot afford anything but are desperate.

Jim Dodson

Yesterday 4:34 PM

Put them first.

Jim Dodson

Yesterday 4:34 PM

Succefull outcomes will sing the praises of this program.

Jim Dodson

Yesterday 4:35 PM

Make successful patient the facilitators for their own communities.

Jim Dodson

Yesterday 4:35 PM

Mine the gold.

Jim Dodson

Yesterday 4:36 PM

no thanks

Jim Dodson

Yesterday 4:38 PM

Y E S !

Jim Dodson

Yesterday 4:41 PM

Decrim Nature Meetings.

Jim Dodson

Yesterday 4:43 PM

Patients helping patients is the most successful outcome of all.

Jeff

Yesterday 4:43 PM

Because of the data collection component built into law, in theory our program would capture data that could be parsed for income and other demographic data.

Gregory Evans

Yesterday 4:44 PM

Unknown User5/19/2026 4:35 PM

Make successful patient the facilitators for their own communities.

i have thought about this in terms of AA meetings.

Jim Dodson

Yesterday 4:44 PM

it is exactly the same

Jim Dodson

Yesterday 4:44 PM

patients who have succeeded are the real experts in the program

Gregory Evans

Yesterday 4:46 PM

I would reccomend 300% ($47,800) or 350% ($55.860) ish

Jim Dodson

Yesterday 4:47 PM

the more marginalized, the better

Jim Dodson

Yesterday 4:48 PM

Public notice must be uniformly published.

Jim Dodson

Yesterday 4:49 PM

elderly, disable and low income are my preferences

Jim Dodson

Yesterday 4:49 PM

thanks for allowing me to share

Jeff

Yesterday 4:51 PM

Don't forget veterans and first responders.

Keyena McKenzie, ND, LM, CPM

Yesterday 4:56 PM

Various departments within the State would have the ability to compile demographics for regions with highest utilization of SNAP benefits, housing assistance, Medicaid eligibility, energy services, AODA service need, etc. This information could help guide how to define support in access to medical psilocybin services.

Chris Peskuski

Yesterday 4:57 PM

Thanks DezBaa'

Mouchet, Jonathan, DOH stopped recording.