Meeting Title: Training and Education Committee Meeting

Date: June 25, 2026

Time: 1:00PM—3:00PM

Location / Platform: Online Teams

Committee Chair: Brenda Burgard, LPCC, LSAA, ATR

Note Taker: Leslie Peterson, NMDOH 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/

Attendees:

Training and Education Committee Chair: Brenda Burgard, LPCC, LSAA, ATR

Department of Health Staff:

Dominick Zurlo
Brenda Martinez
Robert Truckner, MD
Jonathan Mouchet
Jorge Gonzales
Cyrus Rautman
Leslie Peterson
Celina Montoya
Cathy Augeri
Katy Freytag
Raymond Gallegos

Participants and Public Attendees:

Kate Hawke
Gregory Evans
Chris Peskuski
AnneMarie Rodewald
Hanifa Nayo Washington
James Brown, Pharm.D, RPH, IDSP
Catherine Warnock
Ian Dunn
Don Moser
Rachel Veracka
Jessica Eden
Skye Rivers
Dr. Lida Fatemi
Anne Metz
Jason Brooks

Caroline Croland
Erika Gergerich
Vincent Espinoza
Charles Austin
Lisa Ginzburg
David G

Call to Order

- At 1:07PM 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: Participants introduced themselves and shared affiliations and geographic locations.

Approval of Prior Minutes

- Approved as submitted

Agenda Items and Discussion Summary

1. The Department presented recommendations to the Training and Education Committee for the following:
   - Requirements and Items submitted for Psilocybin Educational Program Applications
   - Updates required to be reported
   - Psilocybin Educational Program Curriculum Approval Process
   - Evaluation for Psilocybin Educational Programs
   - Requirements for Third Party Evaluators
   - Continuing Education Requirements
   - Reciprocity
   - Testing out of the didactic portion of the required curriculum
   - Application Process for Reciprocity
   - Reciprocal Practitioner or Facilitator Application
   - Patient Application and Record
   - Application Appeal Process
   - Disciplinary Actions
   - Healing Center Requirements
   - Healing Center and other approved location responsibilities
   - Storage
   - Adverse Health Event Reporting
   - Complaint Reporting
2. Many of the recommendations by the Department were derived from various conversations and discussions throughout the various Training and Education Committee meetings, in addition to the input from all other collective committee meetings. The education and training recommendations and information has been received from a wide array of interested and experienced pro-psilocybin community members and esteemed psychedelic professionals.
3. Comments from Greg Evans and Hanifa Nayo Washington: Diagnostic clinicians are responsible for the accuracy of their assessment and if applicable, their diagnosis, but not for the efficacy of the actual Psilocybin Treatment. They're confirming and or assessing if the patient has one of the

qualifying conditions and then they're also doing the medical screening for safety and possible contraindications, prior to saying the patient can access the Medical Psilocybin program.

4. The committee noted several topics still remain debatable as the Medical Psilocybin Program's rules take shape, including the role and qualifications of third-party evaluators, the possibility of reciprocity for out-of-state providers, and the structure of practicum and supervision requirements. Members also debated expectations for supervisory practicums, insurance coverage and malpractice considerations, CME/CEU and ACCME-aligned training standards, and whether to allow group-based or retreat-style care models. Additional points of tension included defining practitioner-supervisor and subject-matter-expert roles, setting department instructor requirements, outlining a New Mexico–specific training module, clarifying DEA-related obligations, and addressing anticipated bottlenecks across the program's implementation process.
5. The New Mexico Medical Psilocybin Act is a very different statute than what the other states Colorado and Oregon currently have.

Announcements / Update

- Public Comment Process
  - ✓ Written public comments may be submitted to: medical.psilocybin@doh.nm.gov
  - ✓ Include the committee's name in the subject line.
  - ✓ If referencing open-source documents, such as peer-reviewed journal articles:
    - 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.

Next Committee Meetings and Advisory Meeting

- June 26, 2026 @ 09:00AM—11:00AM: Advisory Board
- July 9, 2026 @ 09:00AM—11:00AM: Advisory Board
- July 10, 2026 @ 09:00AM—11:00AM: Research and Continuous Improvement
- July 10, 2026 @ 01:00PM—03:00PM: End of Life Care
- July 13, 2026 @ 09:00AM—11:00AM: Patient Qualification and Safety
- July 14, 2026 @ 09:00AM—10:00AM: Dosage, Administration & Clinical Practice
- July 17, 2026 @ 09:00AM—11:00AM: Advisory Board
- July 17, 2026 @ 01:00PM—3:00PM: Training and Education
- July 21, 2026 @ 03:00PM—5:00PM: Equity, Access and Cultural Considerations
- August 7, 2026 @ 09:00AM—11:00AM: Research and Continuous Improvement
- Sept. 11, 2026 @ 9:00AM—11:00AM: Research and Continuous Improvement

Adjournment

- Meeting adjourned at 03:20pm

Public Comments submitted via Teams Meeting Chat or by Email

- Gonzales, Jorge, DOH 1:08 PM Reminder: This meeting is being recorded. Please remember to keep language appropriate as the recordings are made public on the Advisory Board Website
- Skye Rivers, 1:08 PM Skye Rivers Santa Fe Reporter sitting in.
- Hanifa, 1:08 PM Hanifa Nayo- Co-Director of Psychedelic Mental Health Access Alliance- Santa Fe
- Zurlo, Dominick, DOH 1:09 PM
    1. **Requirements and items submitted for Psilocybin Educational Program Applications**
        - All items must be submitted through the electronic system designated by the department
        - Organizational chart
        - Proof of registration with New Mexico Secretary of State
        - Proof of registration of the business with New Mexico Taxation and Revenue Department
        - Any applicable New Mexico city or county business licenses
        - Certificate of Occupancy for locations utilized in New Mexico
        - Additional documentation as the department may reasonably request to ensure compliance with applicable laws, regulations, or ordinances
        - List and contact information of the owners or members of the Board of Directors
        - Primary contact information including name, address, phone, and email
        - A list of all of the instructors including their CV or resume which demonstrate their collective expertise in all of the required curriculum areas.
        - Copy of the curricula which will be utilized with a brief description of how it meets the requirements for curricula
        - Copy of the syllabi for the courses utilized within the educational program and a web address for where the educational program will publicly provide updated syllabi for prospective students
        - Plans for record retention
        - Safety and emergency response plan
        - Plan for transparency and disclosure of fees for students
        - Plans on how the Educational Program will ensure students graduate no more than 2 years from the date they are enrolled.
        - Outline of grievance procedures for students
        - Consent for contact information and educational program websites to be listed publicly on the department website, if approved.
        - Consent for the curriculum and syllabi submitted to the department to be listed publicly on the department website, if approved;

    - Provide a third-party evaluation report of the organization and the curricula which demonstrate meeting the requirements for Medical Psilocybin Educational Programs.
    - Proof of arrangements with Healing Centers or other approved locations for practicum location placements.
    - There must be a minimum of two faculty with current Practitioner or Facilitator permits from the department by January 1, 2027.
- Don Moser, 1:09 PM Don Moser in Las Vegas, NM. Glad to be here. Thanks
- Gregory Evans, 1:10 PM Gregory Evans - Product development for Ignite Synergy Santa Fe, NM
- Brenda Burgard, 1:11 PM Good to have you, Don.
- Kate Hawke, 1:13 PM Kate Hawke, Santa Fe. I was up until 2:00 last night going over the doc. Many questions.
- Jorge Gonzales, DOH 1:14 PM Thank you Kate, we will stand for comments once Dominick goes through it.
- Metz, Anne, 1:15 PM Dr. Anne Metz, Taos County, LPCC (NM) clinical facilitator (CO), Director of Fluence Training (CO)
- Vincent Espinoza, LCSW, NMIT 1:16 PM Hello, Anne. Good to "see" you.
- Metz, Anne, 1:16 PM You too, Vincent!!
- G-Ian Dunn, 1:17 PM Hope everyone is having a good afternoon, my name is Ian Dunn, Sandoval County, Chair of the Medical Psilocybin Advisory Board, and very happy to be here.
- Zurlo, Dominick, DOH 1:20 PM

1. Updates required to be reported

    - If an educational program updates their curriculum, they must submit the revised curriculum to the department through the electronic system designated by the department prior to implementation and may not utilize it until approved by the department.
    - Any change in ownership
    - Any change in locations for instructions
    - Any changes in practicum agreements
    - Any change in instructors, including any new instructors' CV or resumes

1. Psilocybin Educational Program Curriculum Approval Process

    - An educational program applicant must submit a completed application packet through the electronic system designated by the department;
    - The department will notify an applicant through the electronic system designated by the department if their application is approved or denied.
        - If the application is approved, the approval is effective on the date of notice and will be valid for two (2) years.
        - If the department denies an application, it will provide notice of the denial

    - If the application is denied, the applicant may re-submit their application within six months; or,
    - Applicants may not re-submit their application more than twice; and
    - Applicants may appeal a denial utilizing the process outlined in this rule.
    - The department shall deny an application if:
        - The curriculum submitted does not match the required curriculum; or,
        - Not all required items have been submitted or are not complete; or,
        - The program instructors, staff or representatives have made false or misleading statements to the department, students, or the public.
- Applicants renewing their permit for being a Psilocybin Educational program must re-submit a full applicant packet through the electronic system no more than 60-days and no less than 30-days prior to the expiration of their permit.
- Training programs may voluntarily relinquish their permit at any time and for any reason, including cessation of student enrollment or instruction, by providing written notice to the department.

- Dr Lida Fatemi, 1:21 PM Dr Lida Fatemi Founder Conscious Physicians Psychedelics Academy - glad to be here
- Zurlo, Dominick, DOH 1:22 PM

1. Evaluation for Psilocybin Educational Programs

- The department or its designee may perform remote or on-site assessments of an approved program or applicant, with or without prior notice, during normal business hours to determine compliance with the Medical Psilocybin Act and this rule.
- Assessments may include a review of the current curriculum, including observations, to determine if the curriculum is being implemented with fidelity.
- Assessments include review of the record retention plan and if it is being followed.
- Additional documentation as the department may reasonably request to ensure compliance
- The department holds authority to withdraw approval if a program no longer meets requirements.

1. Requirements for Third Party Evaluators
2. The third-party evaluators would need to consist of a minimum of three individuals who have:

- 3 or more years of experience in one of the following areas and ensuring all of the areas are covered by the evaluators:
    - Psilocybin therapy practice with a Masters or Doctoral degree in Counseling, Therapy, Social Work, or a related Public or Behavioral Health Field;

    - Medical or research practices with a Masters or Doctoral degree in Medicine, Pharmacy, Nursing, or a related field;
    - Educational curriculum development and evaluation with a Masters or Doctoral degree in Education, Educational Psychology, or a related field.
- The evaluators must not have any conflict of interest with the organization and curriculum being evaluated such as:
    - The evaluators must not have participated in designing or teaching the curriculum being evaluated
    - The evaluators must not have a financial interest in the organization being evaluated.
- The evaluators must sign a confidentiality and impartiality agreement
- Provide a report sent to both the educational program and the department which includes at a minimum:
    - The evaluators experience in each of the required fields;
    - The evaluators conflict of interest, confidentiality, and impartiality agreements;
    - Evaluations of the reliability, validity, and fidelity of implementation of the curriculum
    - Evaluations of the reliability, validity and fidelity of implementation of the student evaluations of competency including tests, exams, and instructor observational feedback.
    - Recommendations for improvement.
    - Performance evaluations of all faculty
    - Evaluation of any reported student grievances

- Kate Hawke, 1:36 PM Thank you for speaking up, Lida. I hope we can move ahead in the spirit of collaboration and trust. While of course ensuring quality
- Dr Lida Fatem, 1:38 PM CME and CEU approved program do all of this regardless of a third party - maybe this needed to be added?
- Catherine Warnock, 1:39 PM 3 people team is going to be expensive! This might be cost prohibitive for some.
- Gregory Evans, 1:44 PM wonderful solution. this would work to protect large and small business models
- Zurlo, Dominick, DOH 1:45 PM

Continuing Education Requirements

- Diagnostic Clinicians must complete a minimum of eight (8) hours of continuing medical education credits specific to psychedelic medicine or therapy every two years.
- Practitioners and Facilitators:
    - Complete a minimum of twenty (20) hours of continuing education credits specified to psychedelic therapy and practice every two years.
    - Keep current Basic Life Support Certification (BLS)/CPR/Basic First Aid in addition to the 20 hours of CEUs

- G-Ian, Dunn 1:48 PM 40 unique patients or 40 unique sessions?
- Metz, Anne, 1:49 PM I agree that practicum supervisors need far more experience.
- Jessica Eden, 1:49 PM I agree with Catherine that the practicum and lead/primary trainers need to have more experience than the minimum.
- Brown, James, 1:53 PM In the other state programs call it Subject Matter Experts
- Catherine Warnock, 1:58 PM I think Anne was talking about being a supervisor and the document is talking about everyone is required to be supervised for 20 hours. Maybe I'm wrong about this, but I think there is some confusion here.
- Zurlo, Dominick, DOH 1:59 PM

Reciprocity

- Individuals who have completed training in a current government (this includes New Mexico Tribe, Pueblo, and Indian Nation governments) approved psilocybin educational program which has been verified and approved by the Department to meet the minimum didactic requirements to be able to provide psilocybin treatment and therapy may apply and be permitted to be either a Practitioner or a Facilitator in New Mexico if they complete the following for each New Mexico permit:
  - Provide documentation of completion of the government approved psilocybin educational program from another jurisdiction
  - Complete the New Mexico Module
  - Complete the required practicum or demonstrate completion of a practicum or practice with the minimum number of patients and hours as required in New Mexico; or,
  - If some of the practicum hours have been completed in another jurisdiction, and are able to be verified by the department, the remaining practicum hours required in New Mexico may be completed through a New Mexico approved educational program so long as the total hours and minimum number of patients required by the New Mexico program are met; and
  - For the practitioner permit, the reciprocal applicant will need to ensure they complete the twenty (20) supervisory practicum hours in New Mexico.
  - Exception: any reciprocal applications received by the department by December 31, 2026, will not be required to complete the full practicum hours required by New Mexico but must demonstrate completion of at least 40 hours of contact time with a minimum of 2 separate individual sessions or 2 separate group sessions for preparation, administration, and integrative therapy with psilocybin treatment.
  - Exception: The department reserves the ability to waive, temporarily suspend, or reduce any of the rules regarding the practicum requirements for individuals applying for a permit through the reciprocal permit process up until December 31, 2027; in order to facilitate the permitting of individuals trained by other governmental approved programs to build the initial infrastructure of the program.
- For another government approved psilocybin educational program to be accepted, the applicant would need to submit the following:

    - Documentation the psilocybin educational program has been approved by another governmental agency or authority; by,
    - They are included on the list of department approved reciprocal psilocybin educational programs from other jurisdictions; or
    - Provide the following documentation:
        - Proof the educational program has been approved by a government or governmental entity; and,
        - The educational program curriculum; and,
        - A curriculum equivalency for the didactic portion of the educational program when compared to the required New Mexico educational program.
- Department approval of reciprocal psilocybin educational programs from other jurisdictions is valid for two years from the date of approval.
    - Reciprocal psilocybin educational programs may request a curriculum review 30 days prior to their expiration; and,
    - After review by the department and approval of the didactic curriculum, their approval renewed for two more years.
- Individuals applying for reciprocity and having completed another governmental approved educational program outside of New Mexico and verified by the department will be excepted from the practicum hours if they apply for reciprocity by December 31, 2026.
- Metz, Anne, 2:01 PM Does that mean that applicants prior to the end of this year doesn't have to complete the supervisory practicum? Thank you.
- Chris Peskuski, 2:05 PM So would training by an organization like Naropa be available for reciprocity?
- Metz, Anne, 2:06 PM It was approved in Colorado but the lost it's approval. Due to federal funding issues and Schedule I regulations
- Zurlo, Dominick, DOH 2:07 PM

  Testing out of the didactic portion of the required curriculum

  - Approved educational programs must offer an option for a student to take the test for each module without attending the lessons or classes for the module, except the New Mexico Module;
  - The cost to take the test for each module cannot be more than one-fourth (¼) of the normal price of each of the educational modules;
  - If the student receives a passing grade for a module test, they will have been considered to have completed the module;
  - If a student does not receive a passing grade for a module test, they will not have completed the module;
  - The educational program may allow students to re-take the test without attending the lessons or classes for the modules at their discretion;
  - Students who utilize this option must still complete all other requirements for the educational program including the New Mexico Module, certifications,

simulated patient, and practicum requirements to graduate from the educational program.

Application Process

- An applicant must submit a completed application packet through the electronic system designated by the department;
- The department will notify an applicant through the electronic system designated by the department if their application is approved or denied.
    - If the application is approved, the approval is effective on the date of notice and will be valid for two (2) years.
    - If the department denies an application, it will provide notice of the denial
    - If the application is denied, the applicant may re-submit their application within six months; and,
    - Applicants may not re-submit their application more than twice; and
    - Applicants may appeal a denial utilizing the process outlined in this rule.
- The department shall deny an application if:
    - Not all required items have been submitted or are not complete; or,
        - Insufficient or expired licensure;
        - Missing or inadequate documentation of certification, education or practice requirements;
    - The applicant has made false or misleading statements in the application or to the department or the public;
- For renewal, applicants must complete a new applicant packet through the electronic system no more than 60-days and no less than 30-days prior to the expiration of their permit.
- Permittees may voluntarily relinquish their permit at any time and for any reason, by providing written notice to the department.
- Permittees must provide and consent to having contact information with a minimum of name, phone number, and email address published publicly.

Reciprocal Practitioner or Facilitator Application:

- The applicant must submit a completed application packet including:
- Documentation of completion of a psilocybin educational program from another governmental jurisdiction; and,
    - Provide documentation the psilocybin educational program has been approved by another governmental agency or authority; by,
        - Their previous inclusion on the list of department approved reciprocal psilocybin educational programs from other jurisdictions; or
        - If not previously approved by the department:
            - ✓ Provide documented approval from another governmental agency; and

- ✓ Provide a curriculum equivalency for the didactic educational portion of the program between New Mexico and the other program.
- Documentation of active Practitioner or Facilitator or equivalent licensure or permit in another jurisdiction;
- Documentation of minimum core practicum hours and NM-required practicum hours;
- Documentation of completion of NM-specific training module;
- Verification of current BLS certification;
- Documentation of current HIPAA certification;
- W-9
- Attestation they are not a registered sex offender and the department will deny or revoke a permit for anyone who is a registered sex offender;
- Personal data as appropriate:
  - Date of birth
  - NM Driver's License or state ID
  - Phone/email/mailing address
  - Legal name
  - Affirmation and consent forms

- Rautman, Cyrus, DOH 2:16 PM Training programs in Oregon conditionally subject to approval for reciprocal certification: https://psilocybin.oregon.gov/training-approved
- Brenda Burgard 2:16 PM Thanks Cyrus
- Leslie Peterson DOH 2:16 PM Link to Colorado Approved Psilocybin Medicine Training Programs subject to approval for reciprocal certification: https://dpo.colorado.gov/NaturalMedicine
- Brenda Burgard 2:16 PM Thank you Leslie
- Zurlo, Dominick, DOH 2:21 PM

Patient Application and Record:

- An applicant must submit a completed application packet through the electronic system designated by the department:
- Documentation of diagnosis of qualifying condition by a permitted Diagnosing Clinician
  - Personal data:
    - Date of birth
    - Phone/email/mailing address
    - Legal name
    - Affirmation and consent forms
- Diagnostic Clinicians, Practitioners, and Facilitators must utilize the electronic system designated by the department to record information including:
  - Diagnosis qualifying the patient
  - Attestations about evaluating and treating the patient
  - Date and type of service for:

        - Evaluation
        - Preparation session
        - Administration:
            - ✓ Including approved location
            - ✓ Unique Identification Number of medicine used
            - ✓ Dosage
        - Initial Integrative Therapy Session
    - Any adverse events
- Information required for the Equity and Access Fund

- Metz, Anne 2:25 PM SB 219 only specified a diagnosis as a qualifying condition. I agree with Lida that requiring a someone with a DEA license creates a huge access issue.
- Chris Peskuski, 2:25 PM Agreed 100%
- Metz, Anne, 2:34 PM Even in Colorado, a 40 hour practicum has been VERY difficult for people to complete in community based settings (aka not retreats) and there have been no medical restrictions.
- Zurlo, Dominick, DOH 2:36 PM

Application appeal process

- Denial of an application will have a similar appeal process to the production and laboratory process.
    - Administrative review within 30 calendar days
    - Final determination within 15 calendar days

Disciplinary actions

- If the department issues a notice of disciplinary action:
- Person can request a hearing within 30 calendar days
- Hearing will be held no later than 60 calendar days from the request
    - Hearing is overseen by a hearing officer
    - Continuances can be grated.
    - Hearing officer shall submit a written recommendation of action to the secretary within 30 calendar days.
- Secretary will issue a final written decision within 45 calendar days

- Catherine Warnock, 2:49 PM General question… would a Training Center also need to be a Healing Center if clients are used in practicum?
- Zurlo, Dominick, DOH 2:50 PM They do not need to be a healing center but would need to have agreements with healing centers for the practicums.
- Metz, Anne 2:51 PM Will there be diagnostic clinicians available when the program starts? There are no existing programs for this particular credential and in the event that there are no people with DEA licenses who were fully trained in other states, who will certify the first patients before NM programs begin?
- Brown, James 2:53 PM Updates on the Final Rule Decisions from the May Hearing?
- Gregory Evans 2:54 PM yes to continue. Please
- Gonzales, Jorge, DOH 2:56 PM Brown, James

The Department of Health's Center for Medical Cannabis and Psilocybin is excited to announce the promulgation of the Medical Psilocybin program's requirements for Producer and Laboratories. Those can be found here: Adopted Rules, Issue 12 - State Records Center & Archives. Please review these rules to understand the detailed requirements expected for producers of psilocybin mushrooms and of the testing laboratories. The applications for permits will be through electronic submission for both the producers and laboratories. The applications for producers of psilocybin will open in mid-July and the applications for laboratories will open in August. Please check the website, Medical Psilocybin, for additional information and updates. Adopted Rules, Issue 12 - State Records Center & Archives. A post on State Records Center & Archives provided by: https://www.srca.nm.gov

- Brenda Burgard, 2:57 PM Thanks for posting this Jorge.
- Zurlo, Dominick, DOH 2:58 PM

Healing Centers Requirements

- All items must be submitted through the electronic system designated by the department
- Name of business
- Organizational chart
- Proof of registration with New Mexico Secretary of State
- Proof of registration of the business with New Mexico Taxation and Revenue Department
- Any applicable New Mexico city or county business licenses
- Certificate of Occupancy for locations utilized in New Mexico
- Additional documentation as the department may reasonably request to ensure compliance with applicable laws, regulations, or ordinances
- List and contact information of the owners or members of the Board of Directors
- Primary contact information including name, address, phone, and email
- Maintain a list of all permitted individuals who will be utilizing or who have utilized the approved location
- Plans for record retention and confidentiality
- Plans for secured storage for medication
- Plans for wastage of any unused medication
- Safety and emergency response plan
- Documented policies and procedures for possession and storage of firearms and other weapons safely on the approved location premises.
- Plans demonstrating confidentiality of patients will be maintained within the approved location
- Plan for transparency and disclosure of fees for patients
- Outline of complaint and grievance procedures for patients
- Consent for contact information and websites to be listed publicly on the department website, if approved.
- For those conducting sessions in natural environments, also include:
    - Permission to utilize the property;
    - A detailed description of the outdoor administration area, including identification of safe entrance and exits, and verification that the area is free from hazards;

        - An emergency safety and response plan;
        - At least two individuals present who are not receiving treatment and who have:
            1. Wilderness First Aid certification; or,
            2. Wilderness First Responder certification
    - Plan for adverse health event response/reporting
- Dr Lida Fatemi, 2:59 PM i have a couple of physicians becoming certified in September, they wouldn't be ready other than myself until end of December because we're not allowed to have practicum before then - I don't know many who are already certified
- Gonzales, Jorge, DOH 2:59 PM Thank you everyone for contributing to this great milestone for New Mexico!
- Don Moser, 3:03 PM Thanks. Much appreciated.
- Zurlo, Dominick, DOH 3:03 PM

Other Approved Location Requirements

- Other approved locations include a patient's residence or other temporary location utilized if it is not possible for the patient to physically go to a Healing Center for reasons of medical necessity.
- All items must be submitted through the electronic system designated by the department
    - A list of the permitted individuals who will be utilizing the approved location
    - Plan for secure transportation and, if necessary, storage for medication
    - Plans for wastage of any unused medications
    - A safety and emergency response plan
    - Plan for storage of firearms and other weapons safety during and after treatment sessions
    - Plans demonstrating confidentiality of patients will be maintained
    - A description of why the location is appropriate for treatment sessions
- Jessica Eden, 3:04 PM who decides medical necessity for an approved location? the diagnostic clinician, or can it be the client/facilitator?
- Zurlo, Dominick, DOH 3:05 PM

Healing Center and other approved location responsibilities

- Psilocybin products may only be consumed in an approved location.
- Only patients and certified individuals may be present during a patient treatment unless each patient gives prior written consent for other individuals to be present, except in emergency response situations.
- A permittee must maintain a copy of the daily log of activities related to psilocybin in the department designated electronic reporting system.
- May not promote unregulated cultivation and processing of psilocybin products and may not sell unregulated psilocybin products.
- Provide required information to the department upon request in a form and manner designated by the department
- Healing centers must display:
    - A copy of the healing center's certification issued by the department.

- Information regarding safe transportation after an Administration Session.

Service Center Safety and Emergency Plan

- Every approved location shall create and maintain a safety and emergency plan which:
  - Document procedures for evacuating and relocating patients to a safe location if the approved location becomes unsafe.
  - Document general procedures for emergency response when a patient experiences a medical or other emergency.
  - Document procedures for addressing disruptive conduct and patient reactions that do not rise to the level of requiring an emergency response.
  - Document procedures for patients who attempt to leave a treatment session against medical advice.
  - Document procedures ensuring there are practitioners and facilitators present at all times according to the minimum patient/provider ratio required by the department.
- Provide the emergency and safety plan to all people utilizing the location;
- If any of the emergency procedures are utilized, there will be a documented report which will include the adherence to the plan, if there were deviations or if the plan did not work as intended, what will be changed in the future to ensure safety of individuals in the event of future incidents.
- Dr Lida Fatemi, 3:08 PM Have a lovely day all!
- Zurlo, Dominick, DOH 3:09 PM

Storage

- All psilocybin products stored at an approved location must be kept within a locked area; and it must be:
  - An area enclosed on all sides with permanent walls and secured with at a minimum, a properly installed steel door with a steel frame, and a commercial grade, non-residential lock; or,
  - A locked safe; or,
- Products that require refrigeration may be stored within a locked refrigerator or freezer.

Adverse Health Event Reporting:

- Any possible adverse health event associated with psilocybin services must report the adverse health event to the department no later than within two (2) business days from being notified through the designated electronic reporting system. Healing centers must maintain records of adverse health event reports in accordance with these rules. Reports must include:
  - Patient record number;
  - Any participant reaction requiring medical attention; and
  - Any incident requiring emergency response;
  - Other incidents which have a negative impact on a patient(s).
- Hanifa, 3:11 PM What are the insurance requirements for sites?

- Zurlo, Dominick, DOH Thursday 3:11 PM

Complaint Reporting:

- Patients or staff may lodge a complaint with the department.
- The complaint should be in writing and include:
- Name and contact information for the complainant which will remain confidential;
- The nature of the complaint and any other individuals who may be involved; and,
- The department may request additional information for investigation purposes.

Healing centers & approved locations must take adequate measures to:

- A Healing Center must make instructions or other guidance available related to:
- How to file a complaint with the department or other relevant state entities; and
- How to report an adverse health event to the department

- Chris Peskuski, 3:15 PM Thank you for all your work and effort. 🌻🌀🫶
- Gregory Evans, 3:15 PM 🥇 #1 program.
- Gonzales, Jorge, DOH 3:18 PM

  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.
- Anne Metz, anne@fluencetraining.com, email received 06.17.26 04:00PM

  Hello!
  I would like these comments to be included in the minutes from Friday's meeting.
  Respectfully,
  Anne Metz, PhD LPC
  Fluence Training NMF Director
  NMIT Facilitator, CO

  PUBLIC COMMENT — NEW MEXICO MEDICAL PSILOCYBIN PROGRAM

  Draft Training Requirements (June 12, 2026)
  Submitted by: Anne Metz, PhD, LPC
  Director, Colorado Natural Medicine Facilitation Program, Fluence Training
  Licensed Clinical Facilitator, State of Colorado
  Licensed Professional Counselor, State of New Mexico

I am a Licensed Professional Counselor in New Mexico, a Taos County resident, a licensed clinical facilitator in Colorado, and the Director of a state-approved psilocybin facilitator training program. I hold licensure as an LPC in New Mexico, Colorado, Virginia, Oregon, and California, and a Clinical Natural Medicine Facilitator license in Colorado. I have a doctoral degree in counseling and have worked in behavioral health for over two decades. I have a direct professional and personal stake in the development of New Mexico's medical psilocybin program and submit these comments in that capacity. I submit these comments as a licensed clinical facilitator in Colorado, Director of a state-approved facilitator training program, and a licensed clinician in New Mexico who intended to pursue licensure under the state's new medical psilocybin program. After reviewing the June 12, 2026, draft training requirements, I have serious concerns about the program's viability — for patients, for prospective practitioners, and for training programs that might otherwise serve New Mexico.

I will address my concerns under four headings: (1) the Diagnostic Clinician permit requirements; (2) practicum feasibility and cost; (3) the absence of licensure reciprocity; and (4) the practical implications for training program participation.

1. Diagnostic Clinician Permit Requirements Create an Unnecessary Access Barrier. The draft requires Diagnostic Clinicians to hold both a New Mexico Controlled Substance number and a current New Mexico license permitting diagnosis within scope of practice. This effectively limits the role to prescribers — physicians, psychiatrists, and advanced practice nurses with DEA registration.

   In practice, providers who hold DEA registration have elected not to participate in Colorado's program precisely because prescribing or recommending a Schedule I substance outside of an approved clinical trial puts their DEA license at risk. The result in Colorado has been a significant shortage of willing evaluating clinicians, not an abundance of them. New Mexico's proposed requirements will produce the same outcome: a bottleneck at the very first step of patient access, created by a credentialing requirement that the provider community most targeted by it has strong professional and legal reasons to avoid.

   Under the Medical Psilocybin Act, eligibility is predicated on having a qualifying condition. The ability to diagnose that condition should be the only gatekeeping function of this role. Adding DEA licensure, program-specific training, and annual CEU requirements above and beyond existing scope-of-practice requirements will deter participation and concentrate access among those who can afford boutique evaluation services.

   It is worth noting that Colorado does not require a prescription or DEA involvement to access psilocybin services, and that state has not seen the emergence of predatory evaluation markets as a result. New Mexico's proposed structure — which effectively requires prescriber gatekeeping — introduces that

risk. When legitimate prescribers decline to participate due to DEA license concerns, the gap tends to be filled by high-volume, low-quality telehealth operations charging several hundred dollars per evaluation with little clinical grounding in the patient's actual condition or treatment context. This is a documented pattern in other state medical programs that have required prescriber involvement as a condition of access. New Mexico should not replicate it.

2. Practicum Requirements Are Infeasible in New Mexico and Prohibitively Expensive. The draft requires 100 hours of supervised practice for Facilitators and 120 hours for Practitioners. These thresholds are substantially higher than those in Oregon or Colorado and will be nearly impossible to complete within New Mexico.

   The core problem is structural: New Mexico's program requires that all patients have a qualifying condition, including those seen during training practicums. This rules out the peer-session model used successfully in other states, where trainees practice with each other or with volunteer participants. As a result, New Mexico students will need to complete practicums at licensed healing centers in states like Colorado or Oregon.

   That is not a realistic pipeline. Colorado healing centers are currently seeing approximately two to three patients per month due to the regulatory and cost burden of operating under a licensed framework. To illustrate the timeline problem: one of the most active Colorado practitioners sees roughly one psilocybin client per month. A student needing to complete six individual sessions and two group sessions with that supervisor would require more than a year at that site alone — before meeting any of the remaining practicum criteria.

   The estimated cost to a student of completing an out-of-state practicum of this scale is as follows:

- Program practicum fees: Colorado programs currently charge approximately $3,000 for 40 hours of supervised practicum. Scaling to 100–120 hours at that rate yields $7,500–$9,000 in fees alone.
- Travel and lodging: Completing a practicum over multiple trips or an extended stay in Colorado or Oregon would add $2,000–$5,000 or more in travel, housing, and per diem costs.
- Lost income: Extended time away from home for practicum completion represents additional opportunity cost, particularly for working clinicians.
- Estimated total per student: $10,000–$15,000 or more, before accounting for any didactic training costs.

   No training program can build a sustainable New Mexico practicum infrastructure on this model. The patient volume does not exist in-state to support it, and the

cost of directing students out of state makes program economics unworkable. Established training programs with Colorado or Oregon approval will have little incentive to seek New Mexico approval under these conditions.

3. The Absence of Licensure Reciprocity Is a Critical Gap. I understand that an earlier draft of these rules included a reciprocity clause. The current draft does not. This omission, combined with the practicum requirements described above, means that New Mexico residents who have obtained licensure as clinical facilitators or practitioners in Colorado or Oregon — and who have already completed rigorous, state-approved training — would be required to repeat a full practicum in order to practice in their home state.

   This is an unreasonable requirement. Oregon and Colorado have established regulatory frameworks with comparable safety standards. A practitioner who has completed a state-approved training program and accumulated supervised clinical hours in those states has already demonstrated the competencies this program is designed to ensure.

   I would strongly urge the Department to distinguish between educational reciprocity and licensure reciprocity. Educational reciprocity alone — recognizing prior didactic training — is insufficient if practitioners must still complete a full 100–120 hour practicum under New Mexico supervision. Given the patient volume constraints described above, this could take a year or longer to complete even for experienced facilitators actively working in other states.

   Licensure reciprocity — full recognition of a current, valid facilitator or practitioner license from Colorado or Oregon — is the appropriate mechanism. It is how New Mexico handles professional licensure in virtually every other healthcare field and should apply here.

4. Personal Implications and Statement of Intent. I am a licensed professional counselor in New Mexico and a licensed clinical facilitator in Colorado. I have completed state-approved training, am actively working with clients through a licensed Colorado healing center and direct a Colorado-approved facilitator training program. I had every intention of pursuing licensure in New Mexico and working with patients here.

   Based on the current draft requirements, I will not pursue New Mexico licensure at this time. The combination of practicum hours that cannot practically be completed in-state, the absence of a pathway for experienced facilitators to receive licensure reciprocity, and the diagnostic clinician bottleneck make participation untenable. I intend to continue seeing clients under Colorado's regulated program and will revisit New Mexico licensure if and when a workable reciprocity pathway is established, or when the federal landscape changes following any potential FDA approval.

I raise this not as an individual complaint but as a signal about workforce supply. New Mexico residents who pursued licensure in Colorado or Oregon — often specifically because their home state had no program yet — are a natural first cohort of practitioners for this program. If they cannot enter the New Mexico program without repeating a practicum that takes a year or more to complete at current Colorado patient volumes, the state will face a significant provider shortage at the time patients first become eligible — a timeline the Department has indicated may be as early as December 2026.

Summary of Recommendations

- Diagnostic Clinician: Remove the DEA/Controlled Substance number requirement. Limit the role to licensed practitioners with diagnosing authority within their scope of practice, without requiring additional program-specific permits.
- Practicum hours: Reduce to align with Oregon and Colorado models, or allow a portion to be completed in simulation or supervised non-patient contexts until in-state patient volume supports full practicum completion.
- Licensure reciprocity: Establish a pathway for full licensure reciprocity for individuals holding a current, valid facilitator or practitioner license from Colorado or Oregon, without requiring repetition of a practicum.
- Training program viability: Consult with existing approved programs in Colorado and Oregon before finalizing practicum requirements. The current draft creates a cost structure that will deter established programs from seeking New Mexico approval.

I appreciate the Department's work on these rules and remain willing to provide additional input, particularly as someone with direct operational experience running a state-approved training program and providing facilitated sessions under a licensed regulatory framework.

Respectfully submitted,

Anne Metz, PhD, LPC
Director, Colorado Natural Medicine Facilitation Program, Fluence Training
Licensed Clinical Facilitator, Colorado
Licensed Professional Counselor, New Mexico
annemetz.com

- Denali Wilson, denali@healingadvocacyfund.org, email received 06.26.26 11:09AM

  Hello Department, Advisory Board, and Training and Education Committee,

  Attached is a letter from the Healing Advocacy Fund, the Psychedelic Mental Health Access Alliance, and Rudick Law Group outlining concerns about the "diagnostic clinician" role proposed in draft regulations. We believe that, as designed, this role will cause significant patient access issues. We raise these concerns in hopes of

collaborating with DOH, the advisory board, and the training and education subcommittee to ensure that the program is accessible to those who need it most.

Thank you for considering these concerns, for all of your service to this program, and for your commitment to equity and access.

Denali Wilson
New Mexico Director of Strategic Support
Healing Advocacy Fund
denali@healingadvocacyfund.org
575-202-7618

Email Attachment Document from Denali Wilson

June 25, 2026

CC: Psilocybin Advisory Board Members
Training and Education Subcommittee

Dear Department of Health,

We write to express concern about the proposed licensure structure in the Department of Health's draft regulations, specifically the newly introduced "diagnostic clinician" category. While the draft raises other foundational concerns, the problems posed by this category are urgent enough to warrant resolution before rulemaking formally begins. We know that we share the goals of creating a safe, effective, and accessible state program, and we are committed to partnering with the Department to build a program that will serve New Mexicans for years to come. It is in that spirit that we raise these concerns and offer solutions. We request that the Department pause rulemaking to re-evaluate this structure, clarify the policy goals the diagnostic clinician category is meant to serve, and consider alternative mechanisms for achieving those goals.

The draft regulations position the "diagnostic clinician" as the entry point into the program, tasked with diagnosing a qualifying condition and conducting a "risk vs. benefit" analysis. To serve in this role, the draft further requires that the clinician hold a New Mexico Controlled Substance Number (a de facto requirement that they be a prescribing provider), complete DOH training, hold a DOH permit, and meet annual continuing education requirements. These are substantial burdens to place at the very entryway of the program, and they threaten to create major access issues for New Mexicans.

The Medical Psilocybin Act was specifically designed to create open access, with the diagnosis itself, not a specific clinician type, serving as the entry point into the program. The statute defines a qualified patient as "a patient whose clinician has judged the patient to be a medically appropriate candidate for the use of medical psilocybin based on being diagnosed with a qualifying condition." NMSA § 26-2D-3

(2025). Under this carefully crafted statutory language, diagnosis is the entry qualification and nothing more. Any additional requirements exceed the statute's accessible, patient-centered design.

New Mexico is already facing a well-documented provider shortage, one felt especially acutely in our rural communities. The proposed design narrows the provider pool further still. It requires prescribing providers willing to risk their DEA prescriber status, livelihood, and freedom by participating in a state-regulated program involving a Schedule I substance that cannot provide a safe harbor from federal law enforcement, to assume the civil and criminal liability exposure of conducting a "risk and benefit" analysis, and to complete DOH's additional permitting and education requirements. Handing the key to the program to this narrow group is not an accessible design. For vulnerable New Mexicans, particularly those seeking end-of-life care, the wait times this "authorized" entry system would create are unjustifiable. Beyond wait times, because the "diagnostic clinician" role designs care delivered solely to facilitate participation in psilocybin therapy, coverage denials for that visit are likely, expanding the patient cost-burden and creating additional barriers to access.

For these reasons, we ask that the Department of Health postpone rulemaking on the "diagnostic clinician" role and re-evaluate this licensing structure in light of its potential access consequences.

The advocacy that secured passage of the Medical Psilocybin Act rested on acknowledging the widespread rates of qualifying conditions in our communities. Nearly every committee hearing included a recitation of the state's exceptionally high rates of substance use disorder, PTSD, and suicide. People across New Mexico are already living with, and actively managing, the qualifying conditions under the program. Requiring them to be re-diagnosed by a different, newly-permitted provider (who they may not know or trust with their medical information) is the wrong starting point for a program meant to meet people where they already are.

We recognize that the goal of involving highly-credentialed clinicians is to ensure patient safety. Though we believe the "diagnostic clinician" structure, as proposed, goes beyond what the Medical Psilocybin Act anticipates and supports, the Act does anticipate safety and contraindication screenings, with more complex cases appropriately elevated to higher-qualified clinicians. Such protocols are necessary for patient safety and should occur. The issue is that the current proposed design requires they occur before a patient can enter the program at all, conflating a safety check that belongs within the course of care with a precondition for accessing it.

New Mexico's behavioral health professionals already refer patients out and/or consult with others when care needs exceed an individual provider's scope of practice. Where patients require more specialized attention, the program should build on this existing referral infrastructure rather than replace it. Need

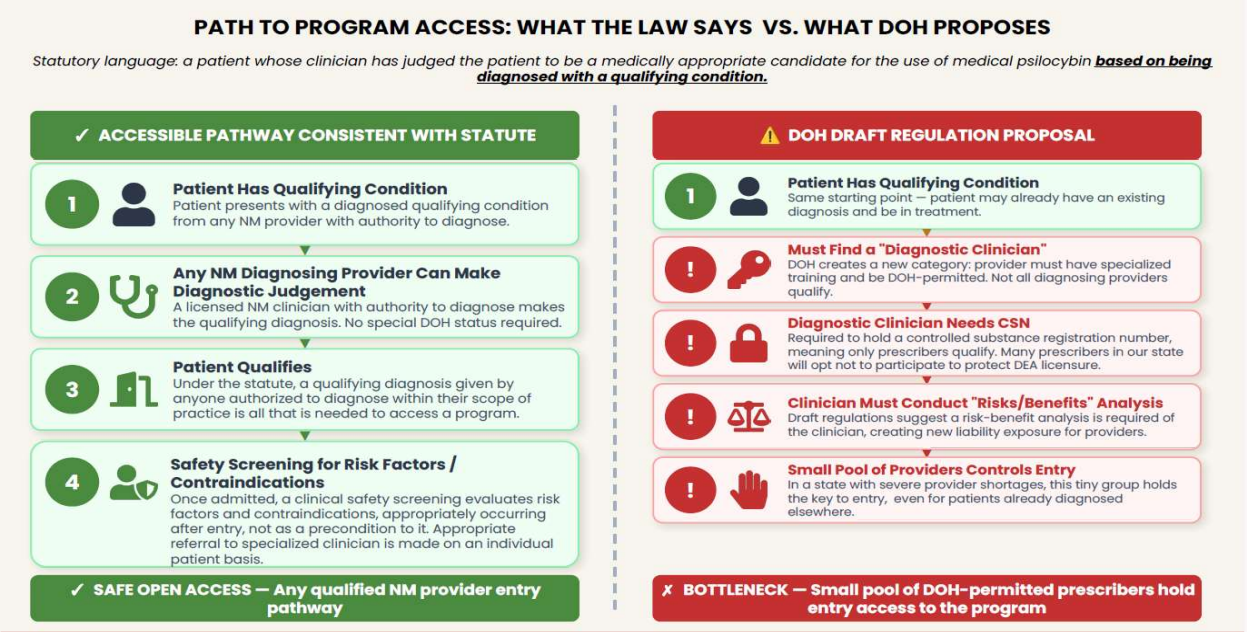
determinations are appropriately made between clinician and patient, as care progresses. We have attached a side-by side diagram of the "diagnostic clinical" design proposed with the kind of safety-screening we believe is supported by the statute. We have also attached a diagram of Colorado's clinical model for risk screening and safety planning as a model to compare and consider implementing.

We are eager to partner with the Department on a solution and remain ready to serve as a resource going forward.

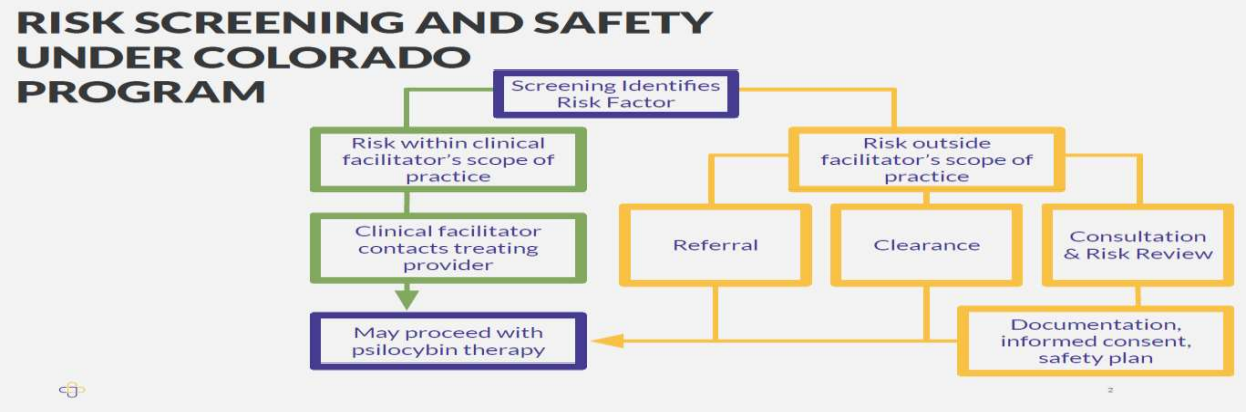
Signed,
Healing Advocacy Fund
Psychedelic Mental Health Access Alliance
Rudick Law Group

[1] This prescriber requirement raises one of the biggest issues with the proposed design. Most prescribing providers hold DEA prescriber registration alongside their New Mexico controlled substance license. Participating in a state-regulated program for a Schedule I substance directly risks revocation of DEA prescriber status. Because psilocybin remains illegal under federal law regardless of state authorization, many prescribing providers will likely opt out of the program rather than expose their federal registration to that risk.

ATTACHMENT: PATH TO PROGRAM ACCESS: WHAT THE LAW SAYS VS. WHAT DOH PROPOSES



ATTACHMENT: PATH TO PROGRAM ACCESS: WHAT THE LAW SAYS VS. WHAT DOH PROPOSES



Dear Members of the New Mexico Medical Psilocybin Advisory Board and Department of Health Staff,

I am writing to strongly advocate for the inclusion of nonclinical facilitators within New Mexico's emerging regulatory framework for natural medicine. To build a truly equitable, accessible, and effective system, it is vital that the state recognizes and validates the immense value that nonclinical practitioners bring to the facilitation space. Higher degrees and clinical licensure are not prerequisites for being an exceptional, safe, and deeply supportive facilitator.

For many individuals seeking natural medicine services, the traditional medical model has not been a place of healing, but rather a source of harm. Many prospective clients have been exposed to profound medical trauma, let down by medical professionals, misdiagnosed, and mismedicated by clinical providers. For these individuals, forcing services into a strictly clinical environment can be re-traumatizing and act as a significant barrier to care.

Including nonclinical facilitators directly addresses the diverse needs of these individuals. Nonclinical practitioners possess an abundance of wisdom, lived experience, cultural knowledge, and specialized skills that are uniquely suited to creating safe, relational, and deeply supportive spaces.

Furthermore, this approach aligns with broader, successful shifts across the healthcare landscape. Peer support is a rapidly growing and evidence-based field within the mental health space. It has demonstrated many useful characteristics—such as fostering deep mutual trust, reducing stigma, minimizing power differentials, and providing culturally competent care—which further underscore the critical importance and efficacy of nonclinical practitioners in healing spaces.

To ensure public safety while maintaining this inclusive pathway, a clear framework should be

established for nonclinical facilitators. A core component of their training must include comprehensive education on how and when to screen and refer clients with acute, complex needs to clinical professionals. This collaborative, dual-pathway model creates a safe continuum of care without medicalizing an ancient practice or alienating the very populations who need it most.

Thank you for your time, dedication, and thoughtful consideration of this essential matter. I urge the committees to establish a regulatory framework that honors diverse paths to facilitation and protects access for all New Mexicans.

Sincerely,
Rob Colbert, MA, PhD, LPC-S, Natural Medicine Facilitator/Handler in CO
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Rob Colbert, MA, PhD, LPC-S (CO-0017200)
He/Him/His Why Pronouns Matter
Owner, Therapist, and Clinical Supervisor at An Enduring Love, Co
Practicum Supervisor, Psilocybin Facilitator Training with Elemental Psychedelics
Lykos trained MDMA-AT Training Consultant
Consultant for Journey Colab