Meeting Title: Medical Psilocybin Program Advisory Board

Date: July 17, 2026

Time: 9:00AM—11:00AM

Location / Platform: Online Teams

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

Advisory Board Committees

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

Note Taker via Recorded Meeting: Leslie Peterson, DOH Medical Psilocybin Program

Important Reminder:

This meeting was recorded. For specific details pertaining to the meeting, please refer to the recording located on the Medical Psilocybin Advisory Board Website @ https://www.nmhealth.org/about/mcpp/Medical Psilocybin Program/mpab/

Advisory Board Attendees:

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

Department of Health Staff Attendees:

- Dominick Zurlo
- Brenda Martinez
- Robert Truckner, MD

- Jonathan Mouchet
- Jorge Gonzales
- Cyrus Rautman
- Katy Freytag
- Raymond Gallegos
- Vicente Roybal
- DeAnza Aragon
- Rosalie Nava
- Celina Montoya

Participants and Public Attendees:

- Anne Metz
- Amy Wong Hope
- Kate Hawke
- Senator Jeff Steinborn
- Gregory Evans
- Catherine Warnock
- Denali Wilson
- Catherine Sanchez, WCA
- Meredith McBranch
- Michael Williams
- Jason Burdge
- Trina Zahller
- Paul Walton
- Lori Healy
- James Brown
- Vanessa Cruz
- Erika Gergerich
- Hanifa Nayo Washington
- Jason Burdge
- Paul Walton

I. Call to Order

- At 9:02AM the meeting was called to order by Dominick Zurlo.
- Dominick opened the meeting and reminded attendees of proper public meeting etiquette and the public meeting being recorded and publicly posted.
- Introductions: Psilocybin Advisory Board Members
- Introductions: Department of Health Medical Psilocybin Program Staff
- Opening and welcoming statements by Advisory Board Chair, Ian Dunn

II. Approval of Prior Minutes

- Approved as submitted

III. Agenda Items

- Recap of prior actions at last meeting:

    - Program Implementation Deadline was pushed to December 2027
    - Reciprocal practicum hours requirement pushed to December 2027
    - Educational Curriculum deferred to Education and Training Committee. Tabled for a vote at this meeting.
    - Certifying Clinician requirements. Tabled for a vote at this meeting:
    - Controlled Substance Number deferred to the Department to revisit and discuss with the DOH Cabinet Secretary
- The Advisory Board unanimously voted to defer the practicum and didactic hour requirements to the Training and Education Committee for reassessment and development of updated standards. The motion was adopted, and the matter will be returned to the Training and Education Committee. The Advisory Board will coordinate with the Department on subsequent updates.
- The Department presented recommendations outlining requirements for certifying clinicians in the New Mexico psilocybin program. Clinicians must determine that psilocybin use is medically appropriate and that potential benefits outweigh risks. The clinician must have evaluated the patient within the past six months through one of the following: an in-person examination; a telemedicine evaluation supported by review of medical records confirming a recent in-person exam by another clinician; or a telemedicine evaluation accompanied by a formal consult with a clinician who conducted a recent in-person exam.
- There was continued debate and discussion regarding the Controlled Substance Number being necessary in the rules and regulations for Certifying Clinicians. An Advisory Board Vote was not conducted at this meeting regarding the overall requirements for the Certifying Clinician.
- The Department announced it will be moving forward with a Regulation Hearing toward the end of August. The timing of the Regulatory Hearing is to make sure enough time is provided for prospective interested psilocybin providers to register in the Medical Psilocybin Program and to obtain the required training. The Department made it clear the Regulation Hearing is moving forward and will occur around the end of August 2026.

IV. Announcements/Updates

- How to submit written public comments:
    - Please send written public comment to the program email at: medical.psilocybin@doh.nm.gov and include the committee's name in the subject line.
    - If referencing documents from other sources/websites:
        - Do not include the document, only a working - accessible hyperlink;
        - Documents must be sent with context provided (i.e. do not simply send a research article);
    - The comment must relate to the topics discussed in the meeting.
    - Documents are limited to no more than 3 pages (letter size) in length and must be in 10-point font or larger.
    - Please remember to include your full, legal name and any organizational affiliations you may be representing (if any) on the documents.
    - To be included, please send your comment by 5:00 PM the business day after the meeting.

V. Next Meetings

Advisory Board Meeting:

- Friday, August 14, 2026, 1:00pm—3:00pm

Committee Meetings:

- Training and Education-Friday July 17, 2026 @ 1:00PM—3:00PM:
  - Brenda Burgard, Chair
- Equity Access and Cultural Considerations-Tues. July 21, 2026 @ 3:00PM—5:00PM:
  - DezBaa', Chair
- Dosage Administration & Clinical Practice-Tues. July 28, 2026 @ 9:00AM—10:00AM:
  - Ian Dunn, Chair
- Research and Continuous Improvement-Fri. August 7, 2026 @ 9:00AM—11:00AM:
  - Dan Jennings, Chair
- End of Life Care – Friday August 14, 2026 @ 9:00AM—11:00AM:
  - Larry Leeman, Chair
- Training and Education – Friday August 21, 2026 @ 9:00AM-11:00AM:
  - Brenda Burgard, Chair
- Research & Continuous Improvement – Friday Sept. 11, 2026 @ 9:00AM—11:00AM:
  - Dan Jennings, Chair
- Patient Qualification & Safety – Monday October 5, 2026 @ 9:00AM—11:00AM:
  - Ian Dunn, Chair

VI. Adjournment

- Meeting ended at 11:11AM

VII. Public Comments via Teams Meeting Chat and Email: medical.psilocybin@doh.nm.gov

- Gonzales, Jorge, DOH Friday 9:02 AM Reminder: This meeting is being recorded. Please remember to keep language appropriate as the recordings are made public on the Advisory Board Website
- Gonzales, Jorge, DOH Friday 9:08 AM
  1. Welcome – Ian Dunn, Chair Opening and Welcoming Statements:
  2. Introduction - Ian Dunn, Chair
     a. Call to order
     b. Psilocybin Advisory Board Members
     c. Program Staff
  3. Review Agenda
  4. Recap on last meeting
  5. Review tabled Training and Education Requirements
     a. Controlled Substance Number
     b. In-person medical exam requirement(update)
     c. Educational Curriculum – referred to the Training and Education Committee

6. Other business
7. Set next meeting date/location Public Comment
8. Please note, public comment is limited to 3 minutes per person

- Kate Hawke Friday 9:10 AM Glad we are taking time to give the Training and Education committee time to proceed with a clear rationale. Many other states will be looking to us as a model.
- Zurlo, Dominick, DOH Friday 9:11 AM

  (c) The certifying clinician has evaluated the medical appropriateness of the patient's proposed enrollment in the New Mexico psilocybin program, and that, in the clinician's professional
  opinion, the potential health benefits of the medical use of psilocybin would likely outweigh health risks for the patient; and

  (i) the certifying clinician has conducted an in-person examination of the patient within the previous six months;

  (ii) the certifying clinician has conducted a patient evaluation via telemedicine and has reviewed the medical records pertaining to the diagnosis of a qualifying condition and has confirmed the medical records of the diagnosis are from a clinician who has conducted an in-person examination of the patient within the previous six months; or

  (iii) the certifying clinician has conducted a patient evaluation via telemedicine and has had a formal consult with a clinician who has conducted an in-person exam with the patient within the previous six months; and
- Metz, Anne Friday 9:13 AM Will Medicaid reimburse for an RN to do this?
- Denali Wilson Friday 9:22 AM
  - I do think there is a new and unnecessary liability created by the requirement that the clinician perform a specific risk benefit analysis. What HCA shared just now about reviewing the medical risks is more appropriate.
  - The Medical Psilocybin Act removed psilocybin from the state controlled substance act for medical purposes, meaning it is actually not a controlled substance for the program purposes. It is still federally a schedule I, but that means the DEA says there is NO approved medical use (testosterone and things are schedule III). Someone with a CS# can never "prescribe" a schedule I substance - only schedule II and III can be "prescribed" in medically appropriate circumstances. If the agency is committed to keeping the clinical category, I recommend that it shift the focus to prescriptive authority rather than the CS# itself.
- Ryan, Keenan, HCA Friday 9:32 AM I apologize I have an urgent call I need to attend to. I will be back in ten minutes.
- Metz, Anne Friday 9:38 AM Edited As a clinical facilitator in Colorado, I agree with Chris. People are regularly working with folks who have bipolar II and active eating disorders - the only mental illness that is and of itself actually life-threatening. Colorado is integrated into the mental health care system via Clinical Facilitators.
- Denali Wilson Friday 9:38 AM It does.
- Denali Wilson Friday 9:43 AM Edited Many independent providers in NM with prescriptive authority opt out of controlled substance work because it is very expensive to maintain licensure - if we want pharmacological expertise, you can get that with requiring prescriptive authority and without requiring a CS#. GLP1s, SSRIs, and most the medications with contraindications are NOT scheduled substances and prescribing providers without DEA and

CS#s are overseeing care within those medications across our state and should be included in the certifying clinician class.

- Denali Wilson Friday 9:54 AM
    - It appears that you have to have a DEA license to get a CS# in NM: https://www.nmpmp.info/account-and-registration/register-as-a-new-user/
    - From the pharmacy board website: "If you are a healthcare practitioner, you must have a New Mexico Controlled Substance Registration and a Federal DEA License prior to registering for the PMP. Without these licenses, a PMP account will not be granted."
- Sanchez, Catherine, WCA Friday 9:58 AM prescription monitoring program for doctors monitoring patients on opioids etc.
- Denali Wilson Friday 9:59 AM Gotcha! Thank you both for the clarification!
- Metz, Anne Friday 10:00 AM
    - That's not how Colorado works.
    - Usually, people are referred to CO psychiatrists who are highly trained in psilocybin work - often with their own healing center if there are contra-indications.
- Jeff Steinborn Friday 10:04 AM I think the Board should hear from the public before voting, if appropriate.
- Metz, Anne Friday 10:11 AM sure, Happy, great - i need it unmuted again, Thank you!
- Jeff Steinborn Friday 10:13 AM I think as a matter of policy it's a good practice to hear from the public before voting, especially if new information is presented in a meeting prior to a vote. It just allows for maximal knowledge and feedback to be given before making important decisions.
- Catherine Warnock Friday 10:17 AM Practitioners can already diagnose 3 of the 4 conditions. And can assess for which patients needs a medical clearance.
- Jeff Steinborn Friday 10:21 AM And I'm not saying I disagree with the proposal, I trust the Board and DOH to make the decision. I just think its beneficial and important to allow input.
- Zurlo, Dominick, DOH Friday 10:22 AM 60,000 patients in the Medical Cannabis Program
- Sanchez, Catherine, WCA Friday 10:36 AM Magic mushroom therapy turns into horror after a 4-story hotel fall, lawsuit claims | The Independent...
- Amy Wong Hope Friday 10:37 AM Brenda is right that there will always be a risk when a facilitator decides to proceed. As Ann has said, in Colorado, the burden is on the NMCF and the NMFs to talk to the appropriate care team for a person before deciding to proceed. The burden is on the NMCF to decide whether to proceed. (I'm licensed NMCF in CO).
- Gregory Evans Friday 10:38 AM From Hanifa: Can someone ask once the certifying clinician approves DOES THE THERAPIST also have the right to deny care based on their assessment?
- Truckner, Robert, DOH Friday 10:38 AM yes
- larryleeman Friday 10:39 AM therapist has obligation to deny care based on their assessment IMHO
- Jeff Steinborn Friday 10:39 AM My understanding is that in Colorado, psilocybin can only be given at a state-licensed healing centers and micro healing centers.
- Amy Wong Hope Friday 10:40 AM Jeff, that is correct.
- Denali Wilson Friday 10:40 AM
    - Magic mushroom therapy turns into horror after a 4-story hotel fall, lawsuit claims | The Independent...
    - This is harm that happened outside of the state regulated system.
- Metz, Anne Friday 10:41 AM No - that's when you get medical clearance!
- Catherine Warnock Friday 10:41 AM We assess and if anything is flagged then a medical clearance can be required to move forward.

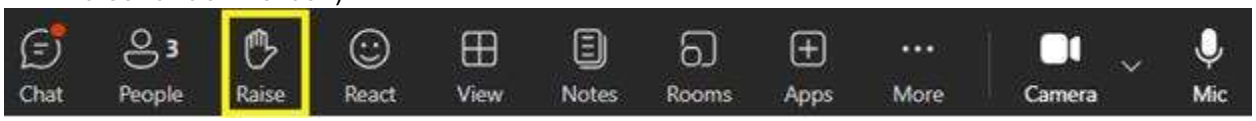
- Amy Wong Hope Friday 10:41 AM The Facilitator should have enough discernment to know they need to get medical clearance. Agree 100% with you Ann.
- Gregory Evans Friday 10:42 AM Have we considered a trigger for clinical review?
- Metz, Anne Friday 10:42 AM Edited
    - In no regulated access model does a therapist make these calls - we ALWAYS get medical clearance if there are risk factors. That question is pretty absurd.
    - If someone has no co-occurring disorders, risk factors, etc., then I am comfortable moving ahead.
- DezBaa' Friday 10:48 AM "Responsibility is a unique concept… You may share it with others, but your portion is not diminished. You may delegate it, but it is still with you… If responsibility is rightfully yours, no evasion, or ignorance or passing the blame can shift the burden to someone else. Unless you can point your finger at the man who is responsible when something goes wrong, then you have never had anyone really responsible.", Hyman G. Rickover.
- Gregory Evans Friday 10:48 AM
  The Four Tiers:
  Tier 1 — Standard Support
  Proceed with standard protocol. Patient or provider may request additional clinical support at assessment. Applies to patients with no Tier 2/3/4 criteria.
  Tier 2 — Enhanced Clinical Support
  Eligible, but requires added clinical consideration and support planning.
  - *Criteria:* active eating disorder or significant malnutrition; taking ≥ "high intensity dose" (per DACPC)
  - *Documentation required:* risk mitigation plan (available to facilitator), comprehensive medication review, documented monitoring plan

  Tier 3 — Specialist Supported Care
  Requires all Tier 2 documentation **plus** consultation and concurrence of two practitioner signatories before administration: (1) the primary psilocybin practitioner and (2) a licensed specialist with relevant expertise (psychiatrist, PMHNP, cardiologist, neurologist, etc.).
  - *Criteria:* history of bipolar II, delusional disorders, or dissociative disorders

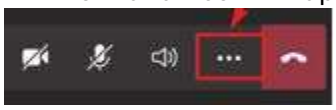
  Tier 4 — Not Appropriate at This Time
  Not eligible at evaluation due to safety/ethical considerations. Not necessarily permanent; reconsidered if circumstances change. Tier 4 splits into three groups:
  - *Situations:* under 18, pregnancy, breastfeeding (unless pump-and-discard plan for ≥24 hrs)
  - *Stabilize before treatment (refer out, then reassess):* active psychotic episode, TIA/CVA history, uncontrolled hypertension, uncontrolled diabetes, uncontrolled seizure disorder, current suicidal/homicidal ideation with intent/plan
  - *Contraindications (ineligible regardless of support):* schizophrenia spectrum, persistent/recurrent psychotic disorder (incl. psychedelic-precipitated psychosis), bipolar I, borderline personality disorder, severe CHF, coronary artery disease, cardiovascular disease, known psilocybin-mushroom allergy, active inability to consent

  Medication interaction tiering:
  - **Tier 4:** Lithium (within 30 days), MAOIs, stimulants (within 5 days)
  - **Tier 2:** atypical antipsychotics, SSRIs/SNRIs, TCAs, other serotonergic antidepressants, benzodiazepines, cannabis, GLP-1s (within 2 weeks), lamotrigine
- Gregory Evans Friday 10:48 AM as they currently stand in PQS recommendation. not codified.
- Gonzales, Jorge, DOH Friday 10:54 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)



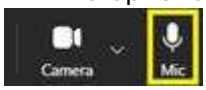
- If on the Teams app on a phone, please press the ellipses (three dots) in the menu and then the “hand” icon will appear, and you can select it



- 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

- Jeff Steinborn Friday 10:54 AM It’s also worth pointing out that in the rule making process, it’s a process that is required to take public input and allow for a department to modify its proposal if it chooses before making a final decision.
- Chris Peskuski Friday 11:03 AM Thank you everyone!
- Ryan, Keenan, HCA Friday 11:03 AM Great discussion, thank you all!
- Amy Wong Hope Friday 11:03 AM https://www.swc.edu/applying-to-certificate-specialty-programs/applying-to-cpsychedelic-studies-certificate-program/
- Paul Walton – FFPM Friday 11:03 AM Thank you everyone for your work!
- Amy Wong Hope Friday 11:04 AM Thank you board members!