Meeting Title: Equity Access Cultural Considerations Committee Meeting

Date: July 21, 2026

Time: 3:00PM—5:00PM

Location / Platform: Online Teams

Committee Chair: DezBaa'

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:

Equity Access and Cultural Considerations Committee Chair: DezBaa'

Department of Health Staff:

- Dominick Zurlo
- Robert Truckner, MD
- Jonathan Mouchet
- Jorge Gonzales
- Cyrus Rautman
- Leslie Peterson
- Raymond Gallegos
- Katy Freytag
- Adrian Estrada
- Vicente Roybal
- Celina Montoya
- DeAnza Aragon

Participants and Public Attendees:

- Charles Austin
- Ian Dunn
- Brenda Burgard, LPCC, LSAA, ATR
- Catherine Sanchez, WCA
- Jim Dodson
- Senator Jeff Steinborn
- Gregory Evans

- Don Moser
- Hanifa Nayo
- Skye Rivers

Call to Order

- At 3:03PM the meeting was called to order by Jorge Gonzales.
- Jorge opened the meeting and reminded attendees of proper public meeting etiquette and the public meeting being recorded and publicly posted.
- Introductions: EACC Committee members and public participants
- Introductions: Department of Health Medical Psilocybin Program Staff

Approval of Prior Minutes

- Approved as submitted

Agenda Items

- Department directly requested recommendations from the Equity Access and Cultural Considerations Committee
- Discussion about 200% of the Federal Poverty Level for the Treatment Equity Fund
- Discussion continued with the varied considerations for utilizing the Medical Psilocybin Treatment Equity Fund
- Discussion about the cost of Psilocybin Therapy
- The Equity Access and Cultural Considerations Committee voted to approve one eligibility criteria for the Treatment Equity Fund will be set at 200% of the Federal Poverty Level (FPL).
- The Committee discussed other eligibility criteria for the Treatment Equity Fund.
- Other Treatment Equity Fund suggestions included:
    1. I think 200% is a good place to start and I recommend if people who do not have insurance by which any part of the care model is covered would be 100% covered.
    2. Also recommend that those that qualify for the TEF that require multiple medicine sessions are covered up to 3 medicine sessions within 6 months or some specified time.
    3. I like the idea of also loosely putting the money in geographic and qualified condition buckets to ensure it serves people everywhere with different conditions. And then reevaluate every couple of months. Or maybe do that w half the money.
    4. Heal the worst of the worst first, put them ahead of the line

5. Should Medicaid recipients automatically qualify for the TEF?
6. To collect data from Insurance Companies to make sure the Treatment Equity Fund is not used for the highest cost therapies.

- The Department will need to reconsider the recommendations from the Committee and at the same time move forward with the best considerations for utilizing the Treatment Equity Fund for most equity and access to be within the rules

Announcements/Updates/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 Meetings

Advisory Board Meeting:

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

Committee Meetings:

- Dosage Administration and Clinical Practice-Tues. July 28, 2026 @ 9:00AM—10:00AM: Ian Dunn, Chair
- Research and Continuous Improvement-Friday 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
- Equity Access and Cultural Consideration – Tuesday August 18, 2026 @ 2:00pm—4:00PM: DezBaa, 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

Adjournment

- Meeting adjourned at 5:00pm

Public Comments submitted via Teams Meeting Chat or by email

- Jorge Gonzales DOH 3:04PM Reminder: This meeting is being recorded. Please remember to keep language appropriate as the recordings are made public on the Advisory Board Website
- Gregory Evans 3:17PM AGI Adjusted Gross Income
- Brenda Burgard 3:18PM sliding fee
- Gregory Evans 3:18PM Dominick had the correct term in the last meeting
- Zurlo, Dominick DOH 3:18PM Adjusted Modified Income
- Gregory Evans 3:19PM there he is
- Zurlo, Dominick DOH 3:19PM sorry – the actual term is Modified Adjusted Gross Income
- Sanchez, Catherine, WCA Question: so, would the finances for this program be geared more toward the financially challenged and not the degree of the disability or behavioral issue? Are there levels of the behavioral diagnoses or referrals that you would also include to determine the help? And if the physician recommends medical psilocybin, and the patient is above the poverty level, does the patient self-pay or does the insurance cover it?
- Gregory Evans 3:24PM sorry - the actual term is Modified Adjusted Gross Income. MAGI…
- Jim Dodson 3:25PM When a practitioner discovers their PTSD patient is treatment resistant, after trying everything in the toolkit, what then? This is a challenging moment between practitioner and patient. What happens when there is no hope for these patients? It happened to me and I did some research on YouTube. Where I discovered a remarkable statistic. That 70% of treatment resistant PTSD patients had successful outcomes using psychedelics. I verified this stunning news with my practitioner. That was the good news. The bad news is that it is illegal for my practitioner to prescribe this miracle cure for me. That deal breaker is easily modified by compassionate use legislation. It can happen tomorrow. I chose to experience my own heroic journey in the comfort and safety of my own home for consumption. I met the mushroom one on one. And, just as prescribed, the cure was transcendent and long lasting. Take notes. I am real. The medicine is miraculous. I am documented proof of concept. Imagine my elation telling this to my practitioner at our next session. What happened to me? How is this possible? I was now thirsty for treatment. And my practitioner was well prepared to guide me out of a decade of darkness. No need for special psychedelic certifications. My practitioner cares about me and has the skills already. I am an expert on this topic now, as a result of my experiential knowledge. And the encouragement of a caring compassionate practitioner. I've been journaling about my experience ever since. For almost five years. Like Jung's Red Book, I was inspired by his teachings on Active Imagination. The Path to Individuation aligns perfectly with the mushroom. I am documenting this process for myself, as a citizen researcher. Not for publication. But I want others to be given my same experience here in New Mexico. Affordable, simple and safe. Our state already has the infrastructure to begin assisting patients like me now. I am Patient Zero. I am your proof of concept. Legislate prescribing authority to permit our existing practitioners and allow patients their right to choose to consume the medicine safely at home, alone or with a trusted friend or family member. This legacy modality is well proven over centuries. It is simple and only takes legislators to approve this miracle cure -- (without all the burdensome training investments forced upon our practitioners -- none of which is helpful to the patient). The so-called "medical directed program" is unsafe for patients. The competing MAPS modality is a business plan that failed FDA scrutiny because facilitators were violating vulnerable patients and lawsuits were filed. Please, say No to Reciprocity! Oregon and Colorado are failing to thrive. Patients are complaining and Therapists are not making the big bucks MAPS promised. Do NOT bring that failed modality to my state, I beg you. As an expert on surviving as a patient, do not casually ignore me. I am also a legacy journalist who is watching your progress, on the record. The resulting

program you choose will be widely reviewed. I recommend the path with heart. The legacy path that honors and respects a patient's right to choose the sojourner modality. Seriously, I'm asking. Who among you, as a patient, would take this medicine in the company of a highly paid voyeur with a certificate on the wall? And call it a medical modality? Not me, I assure you.

- Sanchez, Catherine, WCA 3:29PM travel and expenses for who? The practitioner or the patient?
- Hanifa Nayo 3:32PM Do we have assurances that NM Medicaid and other insurers will in fact cover therapy sessions associated with PAT?
- DezBaa' 3:41PM transportation costs of medicine
- Jim Dodson 3:41PM Medicaid is already paying for my ongoing protocol
- Hanifa Nayo 3:42PM I think 200% is a good place to start and I recommend if people who do not have insurance by which any part of the care model is covered would be 100% covered.
- Sanchez, Catherine, WCA 3:42PM If Medicaid pays for the service; at least for providers and facilities, you cannot bill the patient for the balance… I wonder if that will be the same for medical psilocybin services?
- Jim Dodson 3:43PM what a patient discusses is private. It is all paid.
- Sanchez, Catherine, WCA 3:51PM Yes, but you're not taking into consideration the premiums everyone pays is different. I don't think you can drill down that deep into financials.
- Hanifa Nayo 3:55PM Also recommend that those that qualify for the TEF that require multiple medicine sessions are covered up to 3 medicine sessions within 6 months or some specified time.
- Skye Rivers 3:56PM Oregon just doubled their prices. I am sorry to come late to this meeting… not sure this was brought up.
- Brenda Burgard 3:59PM The average addiction rehab is between $30,000 to $50,000 roughly.
- Jim Dodson 4:02PM the path with heart can't fail amen
- Jeff Steinborn 4:03PM I like the 200% and try and encourage that the pre or post journey services that can be covered by insurance are covered, if possible. That would be a good check off prior to giving the grant. Not a requirement but a check off.
- Hanifa Nayo 4:03PM Should Medicaid recipients automatically qualifies for the TEF?
- Gregory Evans 4:07PM Oregon just doubled their prices. I am sorry to come late to this meeting… not sure this was brought up. yeah, hasn't been discussed and that is a whole mess
- Jim Dodson 4:10PM heal the worst of the worst first, treatment resistant ptsd is a death sentence, put them ahead of the line
- Jeff Steinborn 4:14PM I like the idea of also loosely putting the money in geographic and qualified condition buckets to ensure it serves people everywhere with different conditions. And then reevaluate every couple of months. Or maybe do that w half the money.
- Brenda Burgard 4:27PM That goes for therapy as well. A therapist will need to qualify them for a mental health therapy assessment.
- Jim Dodson 4:27PM legislative action to allow patients home use access is the simple solution to using our existing practitioners to serve more patients for less, like all other medication, it solves problems, the path with heart
- Jim Dodson 4:27PM I care so much because I was so fortunate, simple and safe and affordable
- G-Ian.Dunn 4:36PM If any ideas hit you after the meeting, please send them to medical.psilocybin@doh.nm.gov
- Jim Dodson 4:41PM i am grateful for the chance to publicly offer my recommendation as a patient, even though the decisions have already been made. as a patient you are very confusing. and i feel forgotten and ignored. we all know that feeling. best wishes, sincerely.
- Jeff Steinborn 4:42PM I agree w the capacity concern. But I am concerned that a sophisticated provider(s) could tap the entire fund by themselves. This is a finite amount of money. It's prudent to put some other protections to ensure a broader opportunity. It may totally be unneeded.
- Gonzales, Jorge DOH 4:57PM
    - 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.
- Hanifa Nayo 5:00PM Thanks everyone!
- Brenda Burgard 5:00PM Thank you DezBaa
- Gregory Evans 5:00PM ni ni
- Email submitted by Don Moser via medical.psilocybin@doh.nm.gov on Wednesday, July 22, 2026, at 10:56am.
    - Idea for Equity Access and Cultural Considerations
      Hi,
      I've been listening in to the TEAM meetings for the committee on Equity, Access, and Cultural Considerations (Thanks!), and wanted to submit an idea for thought. If an MPP patient qualifies at the 200% Federal poverty level, but can't get Medicaid or insurance for some reason to pay for their treatment, maybe the DOH could set up a zero-interest loan fund for such individuals as another option? I have a Care Credit card with Synchrony bank, which is exclusively for medical bills with zero interest for the first year. Maybe something along those lines? Looking forward to future committee discussions.
      Regards,
      Don Moser
      Las Vegas, NM
- Email submitted by Silver Sunbeam via medical.psilocybin@doh.nm.gov on Wednesday, July 22, 2026, at 9:14pm.
    - At the Equity & Cultural considerations meeting yesterday, the priority was setting the qualifying income guidelines over considerations based on the seriousness of a patient's diagnosis. My suggesting treatment resistant PTSD as the place to begin was not well received. Brenda made a point of saying she wishes the public understood that everyone working to build this program are unpaid volunteers. Her frustration at the slow pace was matched by everyone present.
    - More questions creep in the deeper they dive down. Ian pointedly remarked that the "medical program might not be everyone's cup of tea, but that's what we are doing here." Thankfully he mentioned - his state pays for his $1,500 monthly medication for PTSD because many other states won't. He did recommend that even patients with no insurance be allowed to participate, however, suggesting the states would also cover their assessment intake. To make it available to more patients, regardless of ability to pay is encouraging.
    - Jeff made some rare suggestion about "grants for retreats" that caught Desbaa' off-guard. Grants? She was personal about her needs and those she helps and of a cousin lost to fentanyl. Asking how is this going to work for the individual? A great question that no one had an answer for. Only more questions. And more confusions. As the year quickly fades with no decisions firmly settled, someone said they had no idea in the beginning what we would be getting themselves into. It seems impossible.
    - Meanwhile, it was noted that therapy sessions in Oregon have increased 100% recently. Ian added, we have no way of knowing what the demand with be for this style of therapy here, because it can be so expensive. And the addiction issues our state faces requires an approach that the Oregon and Colorado programs do not even provide. Reciprocity is not looking favorable.
    - I tried to make the point that we already have capable practitioners here, but my chat was not read aloud this time. They have learned my name and are sweeping me under the rug. And there was talk of arranging some "offline" conversations. So much for transparency. I am deflated like the rest. Maybe I'll stop attending this train wreck for a while.