End of Life Care Committee
Meeting Minutes & Chat

Location: Microsoft Teams

Date: 8/14/26

Time: 9:00AM

Organizers: Jonathan Mouchet, DOH; Carmen Batista, DOH; Dominick Zurlo, DOH; Cyrus Rautman, DOH; Jorge Gonzales, DOH; Leslie Peterson, DOH; Brenda V Martinez, DOH; Adrian Estrada, DOH; Cathy Augeri, DOH; Lawrence M Leeman; Celina Montoya, DOH; Vicente Roybal, DOH; Rosalie Nava, DOH; Raymond Gallegos, DOH

Attendees: G-Ian.Dunn, Lawrence M Leeman, Brenda Burgard, Y. Joel Rosen MD , Barak Wolff , Robyn Chavez, Candi Wuhrman, Gregory Evans, Skye Rivers, Catherine Sanchez, Chris Caldwell, Blaine Williams, jd, Lisa Cheek, Danielle Slupesky, Jennifer Johnson, Don Moser, Hanifa- PMHA ALLIANCE, Jeff Steinborn, Denali Wilson, Jenn Clemente, Y. Joel Rosen, DezBaa', Erika Gergerich, Michael McDowell, Leonardo E Aragon, Lori Healy, James Brown, Charles AUSTIN, Jason Brooks, Denali Wilson

Minutes Taker: Cyrus Rautman, DOH

This meeting was recorded. For specific details pertaining to the meeting, please refer to the recording located on the Medical Psilocybin Advisory Board Website: ***Psilocybin Advisory Board***

Agenda items

1. Announcements & Introductions

Dominick started the meeting at 9:01 am and introduced the role of the committee and the purpose of the meetings, and then turned the meeting over to Larry. Larry discussed the purpose of today's meeting and introduced the agenda:

> **Agenda : Logistical issues relevant to starting up home based EOL psilocybin assisted therapy**
>
> 1)Having the "SPACE monitor" present - training . Permitting needed?
>
> 2) Approval for home-based service for all eligible?
>
> 3) Status of EOL training in current proposals under discussion
>
> 3) NM based training for EOL practicum in future

4) Access to psilocybin mushrooms

5) Liability insurance?

6) landlord attestation issue for EOL at home use

7) add your own

2. Logistical Questions and Discussion

Larry then opened the floor to attendees to discuss the SPACE monitor role. Some attendees expressed concern about safety with unpaid volunteers in the room during administration sessions.

Larry then began discussion of home-based services for all eligible, proposing that in-home care is preferred with end-of-life care and this should be the standard for all eligible patients. Discussion followed on how the program should define "end of life". Some attendees suggested that current enrollment in hospice care should confer accelerated or automatic approval for the medical psilocybin program. Dominick weighed in that the requirement for landowner permission for in-home services is intended to protect the landlord. Analogy was drawn to medical aid in dying (MAID). Requests were made for additional discussion and checking with DOH legal department on this particular issue.

Status of EOL training in current proposals under discussion.

Dominick clarified that application review and approval will likely take only a few days. Dominick also clarified once again that the department will require no fees from any participant in the program.

3. Wrap-up and Next Meeting Date

Dominick clarified that the rules governing this area would be promulgated at the end of the month, but that rules development is a continuous process and there will be ongoing work and revisions down the road. Next meeting date was set for September 18th at 9:00am. Dominick and Larry adjourned the meeting at 10:32am.

Chat

Medical Psilocybin - End of Life Care Committee 8/14/26

Meeting started at 8:47 AM

Mouchet, Jonathan, DOH started recording.

Gonzales, Jorge, DOH

9:01 AM

Reminder:

This meeting is being recorded

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

Contact information:

- Email: Medical.Psilocybin@doh.nm.gov
- Program Website: https://www.nmhealth.org/about/mcpp/mpp/
- Advisory Board Website: https://www.nmhealth.org/about/mcpp/mpp/mpab/
- Link directly to the statute: https://nmonesource.com/nmos/nmsa/en/item/4355/index.do#a2D

Mouchet, Jonathan, DOH

9:02 AM

Agenda : Logistical issues relevant to starting up home based EOL psilocybin assisted therapy

1)Having the "SPACE monitor" present - training . Permitting needed?

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7) add your own

Gonzales, Jorge, DOH

9:05 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

Gonzales, Jorge, DOH

9:06 AM

If you have been unmuted and your microphone still seems not to be working - one issue some individuals have is their microphone not being connected to the computer at the moment (it seems to especially happen with headsets), so you may need to ensure your microphone is active and connected to your computer.

Y. Joel Rosen MD

9:06 AM

how do I unmute?

Gonzales, Jorge, DOH

9:07 AM

how do I unmute?

I left instructions in the chat

Zurlo, Dominick, DOH

9:07 AM

how do I unmute?

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Y. Joel Rosen MD

9:07 AM

I can seem to unmute

Gonzales, Jorge, DOH

9:08 AM

If you have been unmuted and your microphone still seems not to be working - one issue some individuals have is their microphone not being connected to the computer at the moment (it seems to especially happen with headsets), so you may need to ensure your microphone is active and connected to your computer.

Skye Rivers, SFR

9:11 AM

Can you clarify how many will be in room with patient? Facilitator, Doula, Assistant ???

Hanifa- PMHA ALLIANCE

9:13 AM

SPACE Attendants are volunteers

Skye Rivers, SFR

9:23 AM

Good Question: I have a neighbor who has been in hospic for four years

Skye Rivers, SFR

9:23 AM

hospice

Brenda Burgard education and training advisor

9:24 AM

Possibily terminal would be the qualification?

Skye Rivers, SFR

9:25 AM

He has been medically classified as terminal…

Hanifa- PMHA ALLIANCE

9:26 AM

Isn’t there a timeframe for EOL already??

Y. Joel Rosen, MD

9:29 AM

according to CMS top be eligibale hospice the person should have a life expectance of six months or less. but that does not mean we have to stick with such a criteria?

Y. Joel Rosen, MD

9:33 AM

patient can be recrtified every 6 months

Jennifer Johnson

9:34 AM

It is extremely difficult to prognosticate 6 months or less for a termial illness. Typically we give our best guess on how ling a person may live and that sometimes ends up being a lot longer.

Y. Joel Rosen, MD

9:35 AM

If a patient still has the admiting diagnosis to hopsice they can be recertified and that does happen. and patient can recertified as many times as apropriate.

Y. Joel Rosen, MD

9:37 AM

I agree with you Jennifer. We are alwyas wrong! some are faster and some take longer.

Denali Wilson

9:38 AM

Other approved location requirement "Proof of ownership by the qualified patient or attending practitioner or facilitator of any property on which medical psilocybin administration sessions will be conducted, or a signed, written statement from the owner of such property acknowledging that the owner understands that persons will be participating in the medical psilocybin program on the premises, and what those persons are authorized to do within the terms of their certification;"

I would recommend adding "This requirement shall not apply to homebound or end-of-life patients who are renters and seeking psilocybin services in their home."

Jennifer Johnson

9:38 AM

I agree with Denali in that we do not require MAID patients to get permission from their landlords. And again getting home review is prohibitive.

Chris Caldwell

9:40 AM

The Colorado rule is receiving or eligible for palliative care. It's also a very broad categorization.

Brenda Burgard education and training advisor

9:40 AM

I also agree with Denali. Especially if someone is homebound or wants to be treated in a location where they feel safe and comfortable.

Y. Joel Rosen, MD

9:43 AM

I don't belive perscribing MAID requires a "permision" by a landlord

Skye Rivers, SFR

9:43 AM

i was under the impression the landlord approval was for the growers. Must have missed the meeting it was across the board

Lawrence M Leeman

9:46 AM

Joel or Denali Is MAD federally illegal?

Y. Joel Rosen, MD

9:46 AM

No

Y. Joel Rosen, MD

9:46 AM

legal in 17 states

Denali Wilson

9:50 AM

Different legal status from psillocybin which is federally illegal, but we need to see this as competing legal interests. A patient also has a legal right to privacy as well and the requirement to require them to get permission a landlord contravenes that right.

Robyn Chavez

9:51 AM

agree

Sanchez, Catherine, WCA

9:52 AM

and then if they ask the HOA for approval, and that HOA representative gives out patient information to neighbors or friends, that's a HIPAA violation and then who would be responsible? Would they sue the HOA or the individual? Too complicated.

Skye Rivers, SFR

9:53 AM

Thank you Brenda for that comment

G-Ian.Dunn

9:54 AM

Trying to get in contact with a landlord to fix an AC is hard enough. I can't imagine a patient who is sick enough that they cannot reasonably be expected to travel to a healing center being able to get approval from a landlord.

Skye Rivers, SFR

10:12 AM

does this mean you need a schedule 1 license for Psilocybiin? And is that coveraged in Gap Coverage

Barak Wolff

10:13 AM

Great conversations...I think we're making progress. Sure appreciate Dr. Rosen's being with us. Sorry to have a conflict and must leave for now.

Lawrence M Leeman

10:13 AM

scheduke one licenses are for research

Skye Rivers, SFR

10:13 AM

Thank you Larry

Denali Wilson

10:18 AM

On this topic too, folks should watch Common Side Effects on HBO - very lovely political allegory of psychedelic medicine and pharma

Denali Wilson

10:19 AM

Beautify space!!!

Y. Joel Rosen, MD

10:19 AM

Love it

G-Ian.Dunn

10:19 AM

Looks so comfy

Brooks, Jason

10:30 AM

Very impressive work and It has been a privilege to be in observance.

Skye Rivers, SFR

10:30 AM

An amazing process. Thank you Larry

Skye Rivers, SFR

10:30 AM

And Dominick for all your hard work

Brenda Burgard education and training advisor

10:30 AM

Thanks everyone!

G-Ian.Dunn

10:30 AM

Thank you everyone for coming!

Recording stopped.

Public Comment:

From: Silver Sunbeam

To: Psilocybin, Medical, DOH

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

The End-of-Life committee meeting of the New Mexico Medical Psilocybin Act, hit a significant snafu on Friday that may curtail plans to allow in home hospice patients to receive treatment.

The catch-22 is a requirement that conflicts with HIPPA regulations and a rarely used DEA law permitting authorities to seize properties where illegal drug activity, such as psilocybin, is occurring.

Potentially creating cause to seize the property from the legal owner, if a renter is also a patient who is authorized by DOH to receive EOL home hospice care.

When the renter is a hospice patient, DOH is saying the patient would be required to get written permission from the landlord, acknowledging the DEA risk and approving the patients treatment plan.

Which clearly violates the patients overriding right to privacy under HIPPA regulations. You could almost hear a pin drop when this nugget was exposed, eight months into planning.

Unless, for example, the State ensures that the home owner would be reimbursed in the highly unlikely event that the DEA might actually leverage the seizure law. This would require legislature involvement.

Home consumption for some hospice patients is their only option. Not all EOL patients choose a clinical hospice setting. It is important to meet these patients needs where they are.

It was a serious last-minute blow to the hopes for the EOL program. Relief from existential dread for these patients would be a global first.

DOH has the same requirement for cannabis patients who grow their own medicine at home. Renters must get owner approval by signing a form provided by DOH. Strange they

did not bring this issue up from day one? DEA presently treats both cannabis and psilocybin as Schedule 1 drugs.

It was also revealed during the meeting that decisions are on hold regarding EOL rules and regulations while they are waiting on the Education and Training committee to reach some agreement on those requirements first.

Their next committee meeting is coming up this week. Thus far, getting agreement among participants has been tedious.

Reciprocity with other states as well as the cost and expanse of training are the topics of disagreement in this group.

DOH admin reports that more than 160 hours have so far been logged for these public meetings that began in January.

As a patient, I am frustrated by the DOH absurd confusion over federal DEA restrictions for home use that prevents a multitude of patients in need from receiving life-altering care.

Not only hospice patients, but any qualified patient who can benefit from home consumption, should be offered that option. EOL assisted care opens the door to compassionate home use of the mushroom globally. Our state must lead the way.

DOH, if you are going to make an omelet, you have to break some eggs. If New Mexico really wants a medical psilocybin program, you are going to have to break a few DEA sidebars. And stand firmly on the side of patient rights.

It would be a shame after all this effort to give up on the EOL program because of an absurd catch-22. DOH must get creative and resolve this confusion with certainty and clarity ASAP.

Jim Dodson, citizen researcher