Equity, Access, and Cultural Considerations Committee

Meeting Minutes & Chat

Location: Microsoft Teams

Date: 8/18/26

Time: 3:00PM

Organizers: Jonathan Mouchet, DOH; Jorge Gonzales, DOH; Leslie Peterson, DOH; Cyrus Rautman, DOH; Dominick Zurlo, DOH; Katy Freytag, DOH; Brenda Martinez, DOH; Cathy Augeri, DOH; DezBaa'; Celina Montoya, DOH; Robert Truckner, DOH; DeAnza Aragon, DOH

Attendees: Don Moser, Leonardo E Aragon, Ian Dunn, Jason Brooks, Christine Farley, G, Kate Hawke, Chris Peskuski, Sanchez, Catherine, WCA, Gregory Evans, Hanifa, Jeff

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 opened the meeting at 3:03pm and reminded attendees of the committee's role and committee meeting etiquette and rules. DezBaa' welcomed attendees and went over the medical psilocybin program and the responsibility and role of the program in New Mexico specifically, then invited attendees to introduce themselves.

- Ian Dunn, medical psilocybin advisory board chair
- Don Moser, Las Vegas, NM
- Hanifa Nayo Washington, Santa Fe, NM
- Chris Peskuski, veteran and advisory board member

DezBaa' then recapped the committee's work over the development of the program so far, then turned to Ian for discussion of the equity fund.

Ian presented a set of proposed ideas for disbursement of the equity fund. Clarity was requested on when the program would be able to confirm with HCA what they would be

able to cover. Dominick responded that this would depend on HCA's internal review processes but that the information has been officially requested.

2. Potential Recommendations and Discussion

Dominick provided potential recommendations from the department:

- Cover for individuals at or below 200% of the poverty level
- Items covered:
- Diagnostic evaluation
- Up to 2-preparatory sessions
- Administration Day
- Up to 4-integrative sessions
- Cost of the medication
- Travel if patient resides more than 100 miles from the appointment location/healing center
- The fund would be last payer (ie, would be required to attempt to get paid by insurers, Medicaid, etc… first)
- Reimbursement not to exceed rates for Medicaid reimbursement.

After discussion, these recommendations were amended to allow for coverage of 6 sessions without specifying how those are spread among the three categories (preparation, administration, integration).

Concern was expressed about potential vulnerability in the fund to being exploited by a small number of practitioners or centers. Dominick clarified that the department retains broad discretion to approve or deny reimbursement on a case-by-case basis, and that this mechanism should act as a protective factor.

After discussion, Dominck offered a set of updated recommendations:

- Cover for individuals at or below 200% of the poverty level
- Items covered:
- Diagnostic evaluation
- Up to 6 - preparatory and/or integrative sessions, with an additional 2 sessions per each additional administration session
- Administration Day (up to three administrations)
- Cost of the medication
- Travel if patient resides more than 100 miles from the appointment location/healing center

- The fund would be last payer (ie, would be required to attempt to get paid by insurers, Medicaid, etc… first)
- Reimbursement not to exceed rates for Medicaid reimbursement.
- The department would have audit procedures to ensure there is equity and appropriate use.
- Ensure clauses to allow for the ability for the department to hold or suspend payments out of the fund.
- Must be a NM resident.

A vote was taken to adopt the recommendations: 5 in favor, 0 opposed. The recommendations will be presented to the advisory board at the next board meeting.

DezBaa' and Dominick adjourned the meeting at 4:23pm.

Medical Psilocybin - Equity, Access, and Cultural Considerations Committee 8/18/26

External

Meeting started at 2:51 PM

Mouchet, Jonathan, DOH started recording.

Gonzales, Jorge, DOH

3:04 PM

> Reminder:
>
> This meeting is being recorded
>
> Please remember to keep language appropriate as the recordings are made public on the Advisory Board Website

Don Moser

3:08 PM

> Hi. Don Moser in Las Vegas, NM.

Hanifa

3:16 PM

until we have confirmation for HCA on what they are covering.. we cannot logically make any decison.

Jeff

3:17 PM

All 630 k js for the equity fund. There is only one treatment fund in law, the other fund is a research fund.

Hanifa

3:17 PM

Do we have confirmation??

G-Ian.Dunn

3:22 PM

Psilocybin Access Fund ($480,000)

Psilocybin Travel Reserve ($50,000)

Provides reimbursement to qualified patients whose residence or required recovery location is more than fifty (50) driving miles from the treatment center.

Reimbursement shall utilize applicable NMDFA mileage and per diem rates and may include reasonable lodging expenses when overnight recovery is required.

Rural and Underserved Area Grants ($100,000)

Provides $10,000 grants to qualifying new healing centers located in rural or underserved areas.

Eligibility:

- No qualifying healing center within fifty (50) driving miles

- Center must be newly established
- Center must remain operational for at least three (3) years
- Center must accept qualified patients receiving Medical Psilocybin Treatment Equity Fund assistance
- Center must meet minimum annual patient service requirement

Grant is forgiven after three (3) years of qualifying operation. A recipient of a grant under this section shall not impose additional treatment charges upon a qualified patient whose treatment is funded through the Medical Psilocybin Treatment Equity Fund, except for charges expressly authorized by the department.

Rural & Underserved Area Loans ($300,000)

Provides 0-5% interest loans of up to $50,000 to qualifying new healing centers.

Terms:

- 0% interest
- 60 month repayment period
- No prepayment penalty
- No qualifying healing center within 50 driving miles
- Must accept qualified patients receiving Medical Psilocybin Treatment Equity Fund assistance
- Must remain operational during the loan term

Unused principal returned to the fund is re-loaned to subsequent qualifying applicants. A recipient of a loan under this section shall not impose additional treatment charges upon a qualified patient whose treatment is funded through the Medical Psilocybin Treatment Equity Fund, except for charges expressly authorized by the department.

Access Contingency Reserve ($30,000)

Available for:

- Emergency patient transportation;
- Exceptional lodging expenses
- Accessibility accommodations
- Rural areas where the 50 mile criterion produces an inequitable result
- Unforeseen costs necessary to maintain patient access
  Medical Psilocybin Treatment Fund ($150k)

The population potentially eligible for financial assistance is expected to exceed available program funding. The department should therefore prioritize applicants based on household income, clinical eligibility, and treatment appropriateness.

Direct Treatment Vouchers ($100,000)

Provide vouchers to qualified patients meeting standardized eligibility scale. The department shall establish a maximum voucher amount per treatment episode based on reasonable and customary cost of an approved medical psilocybin treatment plan.

Household Income	Treatment assistance
≤200% FPL	100%
201-225% FPL	75%
226-250% FPL	50%
251-275% FPL	25%
276-300% FPL	10%
>300% FPL	0%

Patient Preparation & Integration ($50,000)

Provides financial assistance for required preparation and integration services associated with an approved medical psilocybin treatment plan. Assistance shall be subject to the same income eligibility scale as direct treatment vouchers. Whenever practicable the patients' health insurance should be consulted to cover treatments not directly involving the administration of psilocybin.

Zurlo, Dominick, DOH

3:47 PM

Potential recommendation:

Cover for individuals at or below 200% of the poverty level

Items covered:

Diagnostic evaluation

Up to 2-preperatory sessions

Administration Day

Up to 4-integrative sessions

Cost of the medication

Travel if patient resides more than 100 miles from the appointment location/healing center

The fund would be last payer (ie, would be required to attempt to get paid by insurers, Medicaid, etc… first)

Reimbursement not to exceed rates for Medicaid reimbursement.

Jeff

3:48 PM

I like it

Sanchez, Catherine, WCA

3:49 PM

This makes sense - simple and fair

G-Ian.Dunn

3:55 PM

I agree with Chris. Cover 6 non administration sessions per administration session.

Chris Peskuski

3:58 PM

I think per admin is too much. You don't need that much prep after the first one and Integration is so variable. Maybe 6 + 2 per additional admin?

Chris Peskuski

4:00 PM

3

Zurlo, Dominick, DOH

4:01 PM

Potential recommendation:

Cover for individuals at or below 200% of the poverty level

Items covered:

Diagnostic evaluation

Up to 6 - preparatory and/or integrative sessions

Administration Day (up to three administrations)

Cost of the medication

Travel if patient resides more than 100 miles from the appointment location/healing center

The fund would be last payer (ie, would be required to attempt to get paid by insurers, Medicaid, etc… first)

Reimbursement not to exceed rates for Medicaid reimbursement.

The department would have audit procedures to ensure there is equity and appropriate use.

Ensure clauses to allow for the ability for the department to hold or suspend payments out of the fund.

Must be a NM resident.

Chris Peskuski

4:03 PM

I doubt group is going to save money.

Chris Peskuski

4:05 PM

Healing takes time and money. Dividends are in the ripple effect!

Zurlo, Dominick, DOH

4:12 PM

Addendum: if needing more than one administration day, up to three administration days with an additional 2 preparatory/integrative sessions for each additional administration day.

Zurlo, Dominick, DOH

4:15 PM

Thank you everyone!

Chris Peskuski

4:16 PM

Thank you DezBaa'

Chris Peskuski

4:16 PM

Thank you everyone

Gonzales, Jorge, DOH

4:19 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.

Recording stopped.