

Meeting Title: Medical Psilocybin Program Advisory Board

Date: September 11, 2026

Time: 1:00PM—03:00PM

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/](https://www.nmhealth.org/about/mcpp/Medical%20Psilocybin%20Program/mpab/)

ADVISORY BOARD ATTENDEES:

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- 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
- Jonathan Mouchet
- Jorge Gonzales
- Cyrus Rautman
- DeAnza Aragon
- Raymond Gallegos

PARTICIPANTS AND PUBLIC ATTENDEES:

1. Skye Rivers
2. Kate Hawke
3. Gregory Evans
4. James Brown
5. Hanifa Nayo Washington
6. Catherine Sanchez, WCA
7. Andra Kiscaden
8. Breawwna B. Wunder
9. Christine Farley
10. Robert McKinnie
11. Shane McDaniel
12. Danielle Leonard LMHC
13. Sage

I. Call to Order

- At 1:06PM 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

- Proposed Battery of Screening, Outcome, Experience and Safety Measures
 1. Selection Principles
 2. Psychological Screening and Clinical Assessment
 3. Clinical Outcome Measures
 4. Psychedelic Experience, Integration, and Safety Outcomes
 5. Medical and Medication Safety Screening
 6. Evaluation and Accountability Items

- Department Updates
 - Production applications opened September 18; several received.
 - Site visits underway; permits are expected soon.
 - Rule hearing scheduled for **October 2, 9:00 AM**, hybrid format, Reynolds Building, Santa Fe.
 - Rule text is approximately 20 pages; board focused on selected sections for review.
- Review of Proposed Rules (7.35.3)
 - Sections prioritized:
 1. Patient Application
 2. Approved Locations / Healing Centers
 3. Cultural/Indigenous Section
 4. Facilitator Scope and Role
- Patient Enrollment Application Process
- Key points discussed:
 - Requirements include demographics, clinician information, ID, consent forms, diagnosis documentation, affirmations.
 - Passport or tribal ID acceptable as photo identification.
 - DOH clarified why the application is not purely passive: tracking, verification, fraud prevention, and clinical protection.
 - Denials are only expected for incomplete or fraudulent applications.
 - Application processing time expected to be rapid (similar to medical cannabis program; <1 day when complete).
 - Clarification provided about telemedicine requirements and clinician examination timelines.
- Concerns raised:
 - Potential burden on applicants with mental health issues (e.g., veterans).
 - Fears about delays or denials and consequences for vulnerable patients.
 - DOH reiterated the process is clinician-driven and rarely results in denial.
- Facilitator Role within Preparation and Integration
 - Major topic of the meeting.
 - Issues raised:
 - Whether facilitators may participate in preparation and integration sessions versus only medication day.
 - Board members stressed facilitators must be allowed meaningful interaction, especially for trauma-informed and veteran-specific needs.

- Concern that “direct supervision” wording may imply licensed practitioners must be physically present at all moments.
 - Clarification requested to prevent barriers where patients prefer speaking with facilitators or peers.
- DOH Clarifications:
 - Statute requires services to occur under licensed supervision, but not constant physical presence.
 - Traditional healers acting as facilitators are permissible under supervision.
 - Safety plans must ensure help is available for emergencies.
 - Definitions and expectations may be expanded in best practices guidance, not necessarily in rule text.
- Action Ideas from Board:
 - Consider defining “direct supervision” more clearly.
 - Consider placing operational details in DOH policy rather than regulation for flexibility.
- Cultural/Indigenous Discussion
 - Concerns raised about clarity for Native American cultural considerations.
 - DOH confirmed content will be included in the New Mexico module; developed with tribal liaison and upcoming tribal summit feedback.
 - Coverage will include historic and contemporary tribal connections to psilocybin.
- Treatment Equity Fund
 - Eligibility: Patients at or below 200% federal poverty level.
 - Covered services include:
 - Diagnostic evaluation
 - Two preparatory sessions
 - Administration session
 - Four integration sessions
 - Six total prep/integration sessions can be used flexibly
 - For each additional administration session: three additional prep/integration sessions (updated from two)
 - Travel reimbursement for patients >100 miles from center.
 - Fund is payer of last resort; Medicaid must be billed first when applicable.
 - DOH attorneys will refine legal language regarding Medicaid and reimbursement.
 - Residency requirement: New Mexico only.

- Treatment Equity Fund Vote:
Motion passed 7 in favor (later corrected as 5 board members) with no objections from board members.
- Vote for Proposed Rules 7.35.3 *PATIENTS, CLINICIANS, PRACTITIONERS, FACILITATORS, HEALING CENTERS AND OTHER APPROVED LOCATIONS, AND EDUCATIONAL PROGRAMS*
 - One objection noted (Chris).
 - Remaining board members voted in favor.
 - Final vote: **5–1**.
 - Rules move forward as written, with public comments still open until October 2.
- Main Themes of Public Comment
 - Landlord permission requirement for approved locations may conflict with confidentiality, especially for renters and homebound patients.
 - DOH explained federal seizure laws and landlord protections necessitate this requirement.
 - Community concerns noted about equity for low-income renters.
 - Questions raised about operating healing centers linked to churches and whether licensed clinicians must be attached.
 - DOH clarified church exemption applies only to federal religious protections; not to the medical program requirements.
 - Questions about private insurance involvement; DOH has attempted outreach to OSI but minimal progress so far.
 - Requests for clearer guidance for providers entering Medicaid systems.

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) in 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, October 30, 2026 @ 02:30pm-04:30PM

Committee Meetings:

- Equity Access Cultural Considerations – Tuesday, September 15, 2026 @ 3:00pm–5 :00pm
 - DezBaa’
- Dosage Administration Clinical Practice – Wed., September 16, 2026 @ 02:30pm-04:00PM
 - Ian Dunn, Chair
- End of Life Care – Friday, September 18, 2026 @ 9:00AM—11:00AM
 - Larry Leeman, Chair
- Patient Qualification & Safety – Monday, October 5, 2026 @ 9:00AM—11:00AM
 - Ian Dunn, Chair
- Research and Continuous Improvement – Friday, October 16, 2026 @ 9:00AM—11:00AM
 - Dan Jennings
- Training and Education – Friday, October 30, 2026 @ 9:00AM-11:00AM
 - Brenda Burgard, Chair

VI. Adjournment

- Meeting ended at 14:34PM

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

- Gonzales, Jorge, DOH Friday 01:01 PM 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>
- Keenan Ryan, HCA 01:09pm Sorry should have added Acting Chief Medical Officer for Medicaid
- Jorge Gonzales, DOH 01:13pm [Medical Psilocybin Rules Hearing](#) 7.35.3 NMAC Patients, Certifying Clinicians, Practitioners, Facilitators, Healing Centers, Other Approved Locations, and Educational Programs - Friday, October 2 from 9:00 AM - 12:00PM
- Dominick Zurlo, DOH 01:14pm 7.35.3.8 PATIENT ENROLLMENT APPLICATION PROCESS: A completed patient application shall be submitted by a patient and the patient’s certifying clinician using the electronic system designated by the department, in accordance with the following: A. Patient submittal requirements: An applicant for enrollment as a qualified patient in the medical psilocybin program shall submit the following information to the department: (1) Applicant’s legal name, address, telephone number, and e-mail address; (2) Applicant’s date of birth; (3) Name of the applicant’s certifying clinician; (4) A legible copy of the patient’s driver’s

license or comparable photo identification card; (5) The applicant's signature and date; (6) A signed consent for release of medical information related to the patient's qualifying medical condition, on a form provided by the medical psilocybin program; (7) Completed affirmation form, which shall include but not be limited to attestations that: (a) The applicant has a qualifying diagnosis; (b) The applicant provided information to the certifying clinician that was, to the best of the applicant's knowledge, true and correct; (c) The applicant has discussed with their certifying clinician the risks and benefits of medical psilocybin usage, and that the applicant understands those risks; and (8) Such additional information and documentation as the department may reasonably require. B. Certifying clinician submittal requirements: A certifying clinician shall submit the following information to the department in support of a patient's application for enrollment in the medical psilocybin program: (1) Name of applicant for patient enrollment; (2) Name, address, telephone number, and e-mail address of the certifying clinician; (3) Clinical licensure of the certifying clinician, including controlled substance number; (4) The patient's qualifying diagnosis, the date of diagnosis or date of confirmation of the diagnosis; (5) Documentation of diagnosis of qualifying condition by a certifying clinician; (6) If the in-person exam was conducted by another clinician: the name and contact information for the clinician who performed the exam; (7) Information required for patient participation in the Equity and Access Fund (as applicable); (8) Completed affirmation forms, which shall include but not be limited to attestations that: (a) The applicant has a qualifying diagnosis; (b) The certifying clinician has discussed with the applicant the risks and benefits of medical psilocybin usage; (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 consultation with a clinician who has conducted an in-person exam with the patient within the previous six months; and (9) Such additional information and documentation as the department may reasonably require. C. Once the department has received a completed application, it will review the application and render a decision within 30 calendar days. (1) The department will notify the patient of the approval or denial of the application through the electronic system designated by the department. (2) The department may verify information contained in an application by reference to information submitted by a certifying clinician, and by otherwise contacting a certifying clinician to obtain information and review medical records. D. A person whose application for patient enrollment is denied for failure to complete an application or failure to meet a submittal requirement of this rule may request a record review to be conducted by the department, in accordance with this rule. E. A qualified patient's enrollment in the medical psilocybin program shall expire two years after the initial date of enrollment. If additional treatment is needed, a qualified patient may re-enroll if their enrollment has expired.

- James Brown 01:19pm Hello. Are there any current requirements that would require the individual to sign a disclaimer/acknowledgement on that psilocybin is currently not FDA approved therapy?
- DezBaa' 01:20pm 7.35.3.18 EDUCATIONAL REQUIREMENTS FOR CERTIFYING CLINICIANS, PRACTITIONERS, AND FACILITATORS:

A. Requirements for certifying clinician, practitioner, and facilitator certification: All certifying clinicians, practitioners, and facilitators who provide medical psilocybin services, including all such providers who are certified by the department on the basis of having completed an educational program from another jurisdiction, shall complete a New Mexico educational module created or approved by the department prior to applying for certification, which shall include at a minimum:

(1) Education on the New Mexico Medical Psilocybin Act;

(2) An overview of the use of psilocybin in a medical and therapeutic model in New Mexico;

(3) Education on the social, cultural and historical aspects of psilocybin use, including traditional use by Native American and other populations in New Mexico;

- Skye Rivers 01:31pm how long will process take
- Hanifa Nayo 01:25pm So, is the database not shared with the FEDS?
- Chris Peskuski 01:26pm Are we taking public comment right now
- Jorge Gonzales, 01:27 B. Certifying clinician submittal requirements: A certifying clinician shall submit the following information to the department in support of a patient's application for enrollment in the medical psilocybin program: (1) Name of applicant for patient enrollment; (2) Name, address, telephone number, and e-mail address of the certifying clinician; (3) Clinical licensure of the certifying clinician, including controlled substance number; (4) The patient's qualifying diagnosis, the date of diagnosis or date of confirmation of the diagnosis; (5) Documentation of diagnosis of qualifying condition by a certifying clinician; (6) If the in-person exam was conducted by another clinician: the name and contact information for the clinician who performed the exam; (7) Information required for patient participation in the Equity and Access Fund (as applicable); (8) Completed affirmation forms, which shall include but not be limited to attestations that: (a) The applicant has a qualifying diagnosis; (b) The certifying clinician has discussed with the applicant the risks and benefits of medical psilocybin usage; (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 consultation with a clinician who has conducted an in-person exam with the patient within the previous six months; and (9) Such additional information and documentation as the department may reasonably require.
- Hanifa Nayo 01:34 That language needs to be spelled out in the rule with regards to supervision of non-licensed care providers
- Brenda Burgard Education and Training advisor 01:36pm Good question Chris
- Gregory Evans 01:37 I think there is a simple definition correction that could hold this scope. Defining Practitioner or appointees. make certain that i allows for the context of peer groups and other integrative processes lined out in the scope of a treatment plan.
- Hanifa Nayo 01:42pm This is about what non-licensed care providers are permissible to deliver not guidance.
- Gregory Evans 01:42pm What about an online integration circle within a specific cohort?

- Skye Rivers 01:45 there is sound issues
- Catherine Sanchez, WCA 01:45 bad connection on DezBaa's part?
- DezBaa' Cultural aspects, period. Not with regard to psilocybin OR cultural aspects and psilocybin use IN ADDITION to psilocybin use
- Dominick Zurlo, DOH 01:50pm
 - 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 (i.e., would be required to attempt to get paid by insurers, Medicaid, etc... first)
 - Reimbursement not to exceed rates for Medicaid reimbursement.
- Jorge Gonzales, DOH 01:52 Up to 6 - preparatory and/or integrative sessions, with an additional 2 sessions per each additional administration session up to a total of three administration sessions. Must be a NM resident.
- Breawna B. Wunder 01:53 If integration and preparation sessions are delegated to a non-licensed facilitator, would they be billable to insurance?
- Dominick Zurlo, DOH 01:54 This is the correct list from the committee, my apologies again for copying the earlier version. 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 (i.e., 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.
- Gregory Evans 01:56 recommend not touching prior auth
- DezBaa' That was a long delay. So far, no comments from me at this point
- Keenan Ryan 02:06 [New Provider & PED Enrollment System – New Mexico Health Care Authority](#)
- Lawrence M Leeman 02:12 Working on phone and hand should have been raised
- DezBaa' 02:13pm I most likely will not be available, fyi
- Jorge Gonzales, DOH 02:13pm The New Mexico Department of Health Center for Medical Cannabis and Psilocybin announces the proposed adoption of a new rule, 7.35.3 NMAC, and proposed amendments to Program rule sections 7.35.2.7 NMAC, 7.35.2.10 NMAC and 7.35.2.24

NMAC concerning the Medical Psilocybin Program. The rule 7.35.3 NMAC proposes to adopt standards concerning patient enrollment, certifying clinicians, practitioners, facilitators, healing centers and other approved locations, and educational programs in the New Mexico Medical Psilocybin Program. The notice (with hearing and public comment submission details), rule and amendments can be found here: Rules & Regulations (Click on the link and scroll down to Pending Rulemakings- Public Health Division). The public hearing on the adoption of the rule and amendments will be held on Friday, October 2, 2026, at 9:00 a.m. in the Harold Runnels Building auditorium, located at 1190 S. St. Francis Drive, Santa Fe, New Mexico. The hearing will also be broadcast via a live web-based video conference and via telephone. Members of the public who wish to submit public comment regarding the proposed rule will be able to do so in person at the hearing, via video conference, or via telephone during the hearing, and by submitting written comment.

- DezBaa' 02:13pm available on 30th
- Keenan Ryan, HCA 02:14pm Any Friday afternoon meeting will have me present. Dr Dancis is unavailable at those time.
- DezBaa' 02:16pm My audio is so wonky, I don't know if it's the same for everyone else. I can't hear.
- Skye Rivers 02:19pm Can you clarify my question?
- Brenda Burgard Education and Training Advisor 02:22pm That includes education and teaching.
- Sky Rivers 02:22 I'm sorry, yes
- Chris Peskuski 02:32 Thank you everyone!
- Jorge Gonzales, DOH 02:33

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- Skye Rivers 02:33pm Thank you and remember to light a candle in remembrance of 911
- Brenda Burgard Education and Training advisor 02:33 Thank you all for coming and participating.
- Hanifa Nayo 02:33 Vamos
- 02:34pm Recording stopped.