Multidisciplinary Association for Psychedelic Studies
3141 Stevens Creek Blvd, #40563
San Jose, CA 95117

September 20, 2026

To the New Mexico Department of Health:

My name is Sia Henry and I'm submitting this letter on behalf of the Multidisciplinary Association for Psychedelic Studies (MAPS). For nearly four decades, MAPS, a nonprofit research and educational organization, has been developing medical, legal, and cultural contexts for people to benefit from the careful use of psychedelics and cannabis across the country and world. Over the years, MAPS has developed an evidence-based, realistic, and honest assessment of the risks and potential of psychedelic substances. We have also worked with countless therapists, policymakers, regulators, advocates, and other stakeholders in the psychedelic space and are excited to support New Mexico as it continues to make history building out the country's first legislator-passed psychedelic-assisted healing program.

Along with the rest of the psychedelic community, MAPS celebrated New Mexico's historic passage of SB 219 in 2025, and again this spring when the Legislature made a substantial investment in treatment funding for low-income New Mexicans. New Mexico now has the opportunity to lead the country with the first regulated program tied to an existing state healthcare system, with an explicit focus on access. Given this significant opportunity, we write to raise concerns about the current direction of the program. While the medical nature of New Mexico's legal model is explicit in statute, the proposed regulations go well beyond that statute, over-medicalizing and over-complicating the provision of psychedelic care and prioritizing property owner rights over the rights of patients. This runs counter to established standards of psychedelic care and to the values that we celebrated instilled in the acts of the Legislature. We urge reconsideration of this approach and recommend certain revisions.

First, the design of the certifying clinician requirement exceeds what the statute requires, over-medicalizing the delivery of care and departing from the values and standards long established in this and other psychedelic medicine. The design would compel any patient seeking psilocybin-assisted therapy to first see a prescribing provider, in person (with only narrow exceptions). The requirement includes no exception for patients who already have a qualifying diagnosis. The statute specifically defines "qualified patient" as "a patient whose clinician has judged the patient to be a medically appropriate candidate for the use of medical psilocybin

based on being diagnosed with a qualifying condition." This language specifically ties patient entry to the qualifying medical condition alone. Furthermore, the statute defines "an **approved health care provider** licensed in New Mexico who holds a permit from the department to provide medical services to qualified patients."

The Department has implemented these two provisions with excessive conservatism, a choice that will have long-term consequences for public trust in the program and for the efficacy of the care it delivers. We caution against this approach. Colorado's state program offers a useful comparison: its clinical facilitator track has operated with strong patient safety outcomes by matching health screening to each patient's individual needs and risks. Dually licensed facilitators work within their scope of practice to screen for health risks, consulting and referring out to more specialized practitioners when necessary. This model is both patient-centered and clinically appropriate. The proposed certifying clinician design is neither.

Second, the patient application structure mirrors the medical cannabis model, but is unnecessary and unjustified in a supervised-use setting. As designed, a provider must submit patient health information to the Department of Health for review, approval, or denial within 30 days of submission. This process increases administrative burden on providers, which can drive up costs, and burden on patients, which can discourage people from seeking care. Medical cannabis required a card system (and associated application) to protect patients from adverse law enforcement encounters in public. Supervised, private psilocybin use presents no comparable justification, making this patient application process unnecessary.

Finally, MAPS is deeply concerned about the proposed requirement that renter-patients seeking care in their homes obtain written landlord approval. No such requirement exists in Colorado, and were one imposed there, patients would likely be unable to access care in their own homes unless they owned the property. The provision exposes renters to stigma and discrimination and forces private medical disclosure to their landlord. We respectfully request that an exemption be drafted for patient-renters.

Sincerely,

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