On Sep 25, 2026, at 8:30 AM, Julian Joy <julianjoy@bearingmovement.com> wrote:

Dear Mr. Clark:

MycoVita is a founder-operated, software-enabled telehealth and patient-access company preparing to serve New Mexico patients under the Medical Psilocybin Act. We intend to provide patient education, enrollment navigation, telemedicine scheduling and intake, documentation and HIPAA-compliant record hand-off for independent, New Mexico-licensed certifying clinicians and permitted providers. We do not produce, possess or administer psilocybin, and we do not exercise clinical judgment. We support the Department's revised proposed rule and submit the following requests, each directed at text the published record does not yet contain.

1. Telemedicine certification (7.35.3.13(A)(2) and 7.35.3.8(B)(8)). We ask that the three telemedicine branches — in-person examination by the certifying clinician within six months; telemedicine evaluation with review of diagnosis records from a clinician who examined the patient in person within six months; or telemedicine evaluation with a formal consultation with that clinician — be adopted as published. New Mexico's qualifying-condition population is dispersed across rural and frontier counties, and this provision is what makes a statewide, rather than clinic-radius, certification pathway possible. We also ask the Department to state in the rule or in guidance what documentation of the 'formal consultation' under branch (iii) is expected in the clinician's submission.
2. Controlled-substance number (7.35.3.9(D)(2); 7.35.3.8(B)(3); amended definition in 7.35.2.7). Because a certifying clinician never prescribes or dispenses psilocybin, we ask the Department to state the purpose the New Mexico controlled-substance registration serves for this role, and to consider accepting either a controlled-substance registration or a Drug Enforcement Administration registration, so that qualified diagnosing clinicians who do not maintain a state CS registration are not excluded from the initial clinician pool.
3. The designated electronic system (7.35.3.8, 7.35.3.9, 7.35.3.13(C), 7.35.3.20). We ask the Department to publish, before the clinician application window opens, a technical description of the electronic system: submission formats; whether a certifying clinician may authorize a HIPAA business associate to prepare and upload submissions that the clinician reviews and signs; and whether machine-to-machine submission will be supported. Platforms that assemble documents for clinicians need this to build compliant workflows rather than manual re-keying.
4. Application window and timing (7.35.3.9). The rule fixes renewal timing and a 30-day decision clock but not the initial window. We ask the Department to publish the date, or the interval after adoption, on which certifying-clinician, practitioner, facilitator, healing-center and educational-program applications will be accepted, separately for each category, and to publish the New Mexico educational module and the certifying-clinician module (7.35.3.18(A)–(B)) or the list of approved providers of them at the same time, since completion of both is a precondition to applying.
5. Preparation and integration sessions. We ask the Department to state whether preparation and integration sessions may be delivered by telehealth in an 'approved setting', or whether only administration sessions must occur at a healing center or other approved location.
6. Fee transparency and referral compensation (7.35.3.11(A)(19)). We support the fee-disclosure requirement and ask the Department to add an express prohibition on compensated patient referrals and fee splitting within the program rules,

reaching non-clinician participants who are outside the Medical Practice Act, so that all participants operate under one standard.

7. Record retention, minimum age and equity-fund eligibility. We ask the Department to state retention periods for enrollment, certification, session and consent records rather than requiring a plan without a period; to state the minimum patient age or the consent architecture for minors; and to publish equity-fund income thresholds, documentation standards and the disbursement path.
8. Fees. We ask the Department to state whether any application, certification, renewal or enrollment fee will be charged, so that providers can price services and disclose fees to patients accurately.

We appreciate the Department's work and the Advisory Board's deliberations, and we are available to demonstrate our proposed telemedicine certification and enrollment-navigation workflow to program staff at the Department's convenience.

Respectfully submitted,

Julian Joy Co-founder, MycoVita www.mycovitalife.com

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