

From: [Chris Riley](#)
To: [Clark, Jacob, DOH](#)
Subject: [EXTERNAL] Public comment on proposed 7.35.3 NMAC, October 2, 2026 hearing
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To the New Mexico Department of Health:

I am a New Mexico resident in Rio Rancho. I am writing to comment on proposed rule 7.35.3 NMAC ahead of the October 2, 2026 hearing.

I am a former firefighter and paramedic. The potential benefits of this support for myself and countless others in dire need of a fresh opportunity are immense. Many of us have been let down by the system, with no viable options available. The research is there, and the individuals who have dedicated their lives and mental well-being to assisting others deserve every chance at recovery in their mental health, just like those recovering from physical injuries sustained in violent encounters.

Please help us create an environment that will FACILITATE this.

I ask the department to make the following changes in the final rule.

1. The property-owner statement, 7.35.3.11(B)(9).

Add to paragraph (B)(9) of [7.35.3.11](#): "This provision shall not apply to end-of-life patients or others seeking in-home care, or to long-term care facility residents."

The landlord interest that justifies the cannabis provision, smoking on the property, is not present in a supervised psilocybin session administered by a licensed facilitator. Federal illegality alone does not justify it either: New Mexico has already chosen to depart from federal law on this. Giving landlords the power to block care for vulnerable and disabled patients is contrary to that choice, and leaves the department exposed under state protections against discrimination.

2. The certifying clinician, 7.35.3.8 and 7.35.3.9(D).

Remove the certifying clinician design. In its place, regulate around the specific contraindications, medical histories and medications that warrant clinical review. Where a risk factor is identified, require an attestation from a clinician whose scope of practice fits that risk that screening was conducted and benefits outweigh risks.

The design exceeds the Act and misunderstands where the risk is. The most significant risks in psilocybin-assisted therapy are psychological, or medical risks that must be screened on the day of administration, such as intoxication. A one-time "prescriber" gateway misses them. It also creates a clinical encounter whose only purpose is program entry, which insurers will treat as lacking independent medical necessity, inviting claim denials and clawbacks.

3. The patient application, 7.35.3.8.

Strike the patient application process.

It has no legal or policy justification in a supervised-use program. It adds administrative burden for the department, lengthens the wait for care, creates another store of patient data that

can be accessed without consent or unlawfully taken, and further stigmatizes patients.

Thank you for considering my comment.

Christopher Riley
Rio Rancho, New Mexico