

From: [Catherine Warnock](#)
To: [Clark, Jacob, DOH](#)
Subject: [EXTERNAL] Public Comment on Training Accessibility and Workforce Development, Proposed Rule 7.35.3 NMAC
Date: Wednesday, September 30, 2026 8:20:57 PM

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To the New Mexico Department of Health:

I am writing to express concern about the training and practicum requirements contained in proposed Rule 7.35.3 NMAC and their potential impact on affordability and workforce development.

I strongly support rigorous training for psilocybin practitioners and facilitators. As someone who has provided psilocybin-assisted therapy education and training in New Mexico for several years, I understand firsthand the importance of adequate education, supervised experience, and demonstrated competency.

My concern is not with high standards. It is with whether the proposed structure is the most practical and affordable way to achieve them.

The proposed rules require substantial didactic and simulated-patient education followed by a 100-hour practicum for facilitators and a 120-hour practicum for practitioners. The practicum also requires specific experiences involving individual and group administration, preparation and integration, multiple patients, and different qualifying conditions. NMAC-7.35.3-NewRule NMAC-7.35.3-NewRule

These requirements create costs on **both sides of the training equation**.

Students must be able to afford extensive education and supervised practicum hours. At the same time, educational programs must develop the personnel, patient population, approved locations, supervision, group experiences, and administrative infrastructure necessary to provide those hours.

This creates a significant startup challenge for New Mexico.

Small, locally owned educational programs may simply not have the capital or infrastructure to provide this level of practicum initially. Large universities, healthcare systems, national training organizations, and well-capitalized companies are much better positioned to absorb those costs.

I am concerned that New Mexico could unintentionally create a training system in which **financial capacity, rather than educational quality and demonstrated competency, determines which organizations are able to train our workforce.**

There is also a fundamental workforce-development problem. New Mexico needs trained practitioners and facilitators in order to launch a successful program. Yet educational programs will need patients, approved treatment locations, qualified supervisors, facilitators, and sufficient individual and group administration sessions in order to train those practitioners.

In other words, **the workforce needed to make the program operational depends upon a practicum infrastructure that may not fully exist until the program is already operational.**

This could create a bottleneck precisely when New Mexico needs to rapidly and responsibly develop its workforce.

The cost will ultimately affect patients as well. Training expenses become part of the cost of entering professional practice, and practitioners must eventually recover those expenses through the services they provide. An unnecessarily expensive workforce-development model therefore contributes to an unnecessarily expensive treatment system.

I encourage the Department to reconsider whether competency could be demonstrated through a more flexible practicum model rather than relying primarily on a prescribed number of hours and specific treatment encounters.

I also encourage consideration of:

- A phased practicum requirement during the initial implementation years
- Competency-based pathways that recognize demonstrated skills and prior relevant experience
- Greater flexibility in how required clinical experiences are obtained
- State-supported scholarships or workforce-development funding for New Mexico residents
- Grants or startup assistance for small New Mexico-based educational programs
- Periodic review of the training requirements based on actual workforce capacity, training costs, and patient access after implementation

New Mexico should absolutely establish high standards for those entrusted with this work. But **high standards do not have to mean high financial barriers.**

If we want a diverse workforce that includes community-based clinicians, rural providers, peer-support professionals, and experienced New Mexico practitioners, we must design a training pathway they can realistically enter and educational programs that local organizations can realistically provide.

Otherwise, we risk creating a program that is technically available but dependent upon large institutions and financially inaccessible to many of the very New Mexicans we need to build it.

Thank you for considering these comments.

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