

From: [Karla Peskuski](#)
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 Bosque Farms, and I am also a caregiver. I am writing to comment on proposed rule 7.35.3 NMAC ahead of the October 2, 2026 hearing.

I am a mother to a Veteran that has received help from a program similar to this program, changed his life after the military. He is now an advocate for other Veterans that can utilize the Medical Psilocybin Program to better their lives.

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

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

Delete paragraph (B)(9) of 7.35.3.11. If the department wants documentation of a home setting, follow Colorado here: the patient documents their own legal right to occupy the residence, no owner signs anything, and the clinician brings only the session dose and removes anything unused the same day.

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. A signed acknowledgment gives an owner nothing to gain and something to lose, so many will decline to sign, and care at home for anyone who does not own their home will end before they are able to receive treatment.

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.

I would also like to note here that the DOH has always advocated for access to health, requiring a one time prescriber or clinician to sign off is a barrier to that access. Many Veterans use the VA for their PCP, these clinicians will not be willing or unable to sign off for admission to this program. To have Veterans seek out a new PCP in our state is a huge barrier. As a health care worker within the UNM system, I

know how long it takes to get a PCP for a pt. Having Veterans wait months if not over a year for this one application step is counterproductive to the program itself.

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.

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