

From: [Gabriel Charalambides](#)
To: [Clark, Jacob, DOH](#)
Subject: [EXTERNAL] Public comment: Medical Psilocybin Program rules
Date: Tuesday, September 29, 2026 9:17:15 AM

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Dear Mr. Clark,

I am the founder and CEO of [Odyssey](#). Among other retreats, one of the initiatives we are most proud of is we work with non-profit organizations to provide access to care for veterans and first responders. I am writing to comment on the proposed rules for New Mexico's medical psilocybin program ahead of the October 2 hearing. I support the program and want it to work for the patients and clinicians who will depend on it. Three provisions, as drafted, will limit access without improving safety. Several appear to be carried over from the medical cannabis program, which involves unsupervised home use. Psilocybin treatment under this program does not.

1. Property-owner statement, 7.35.3.11(B)(9)

This paragraph requires a property-owner statement before a patient can receive care at home. I ask the Department to delete paragraph (B)(9) of 7.35.3.11, and I offer two points in support.

a) If the Department wants documentation of a home setting, it can follow Colorado's approach. 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.

b) 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. Patients who do not own their home would then lose access to care at home before they are able to receive treatment.

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

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

The current 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 sole 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

I ask the Department to 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. The delay matters most for people at end of life and for people with treatment-resistant depression.

I urge the Department to revise these provisions before the rules are finalized.

Thank you for considering my comment.

Sincerely,
Gabriel Charalambides



[Gabe Charalambides](#)

Founder & CEO

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