

From: [Trina Zahller](#)
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:

Please urgently consider my comments below. I am a New Mexico resident in Albuquerque, and I am also a clinician and someone hoping to deliver PAT care. I trained in OR and NM and am currently a licensed facilitator in CO. I am writing to comment on proposed rule 7.35.3 NMAC ahead of the October 2, 2026 hearing.

I ask the department to make the following two changes in the final rule. These changes are critical to ensuring that patients will actually have timely and affordable access to care.

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

Delete paragraph (B)(9) of 7.35.3.11.

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. Tenants are not required to secure landlord permission before consuming or possessing legal opiate medications that have much higher risk for abuse— why would we demand this for psilocybin?

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.

Thank you for considering my comment.

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