

New Mexico's Magic Mushroom Program Has a Math Problem

The rules may protect patients while pricing the legal market out of existence

By Wendy Robbins

New Mexico is preparing to offer medical psilocybin for treatment-resistant depression, PTSD, substance-use disorders and end-of-life care. This could change lives.

Before we build an expensive new system around a mushroom, let us do some simple math.

One patient would probably consume a macro dose of about 3 to 5 grams during one treatment. **One thousand patients would need only 6.6 to 11 pounds. Ten thousand patients would need only 66 to 110 pounds for the entire year.**

That is roughly the weight of one large dog. One capable commercial grower could produce it.

On today's unregulated market, mushrooms commonly retail for \$5 to \$12 per gram. Those 66 to 110 pounds would be worth approximately **\$150,000 to \$600,000**. Now compare the mushrooms' value with the bureaucratic machinery required to deliver them legally.

The supervision: A full-dose session typically lasts six to eight hours and requires both a practitioner and facilitator. Using illustrative rates of \$200 an hour for the practitioner and \$100 for the facilitator, 10,000 patients would require 20,000 six-to-eight-hour staff shifts—costing \$18 million to \$24 million for supervision alone. That excludes preparation, integration, mushrooms, administrative overhead, insurance and rent.

The proposed training: Practitioners—already licensed healthcare professionals—would need roughly 200 hours of training; facilitators, roughly 180, plus a New Mexico module. No programs are approved yet. At Colorado's rates, training 100 people could collectively cost \$700,000 to \$1.2 million—more than the mushrooms themselves.

The rooms: Ten thousand individual treatments require 10,000 room-days. Even if every room is used 250 days a year, New Mexico would need at least 40 treatment rooms operating continuously. Each needs secure storage, disability access, emergency plans, confidential records, insurance and staff.

One Oregon operator expected to spend \$10,000 on licensing, about \$12,000 on insurance and thousands more on security—before paying rent, renovating or hiring anyone. Apparently, the mushroom needs an entourage and a building code.

The testing: Each separate lot must be tested for potency and contaminants, with some testing repeated after five or six months. New Mexico has not published prices. Oregon's only licensed psilocybin laboratory charges \$600 for a compliance test. Fifty lots would cost \$30,000 before retesting, while a laboratory may need hundreds of thousands of dollars in equipment to serve this tiny market.

Remember: the mushroom is worth \$15 to \$60 per patient.

Regulated experiences may begin around \$1,500, while three- to five-day retreats in Oregon and Colorado commonly cost \$2,500 to \$5,000 or more. Those packages may include preparation, lodging, meals and some follow-up integration.

These are package prices, not practitioner pay. Across 10,000 patients, \$1,500 to \$5,000 each becomes \$15 million to \$50 million in charges.

Oregon is already warning us. Its number of licensed service centers has fallen to about 24. Regulators have proposed doubling annual license fees to \$20,000 for service centers and manufacturers and \$4,000 for facilitators. Apparently, the cure for too few businesses is charging the survivors more.

Colorado has tried to lower costs by allowing micro-healing centers within existing practices. It also allows adults to grow and share mushrooms personally. New Mexico offers neither escape valve.

And then there is microdosing. Microdosing means taking a tiny dose for subtle effects without producing a psychedelic experience. The proposed rules provide no workable pathway.

Imagine 10,000 people taking 0.25 gram three times weekly. That creates 30,000 doses every week and about 860 pounds of annual demand—recurring business that could help support growers and laboratories.

But if every tiny dose requires an authorized session at an approved location, that means **1.56 million supervised appointments annually**. There are not enough practitioners, facilitators, rooms or dollars. A microdose would require a macro-sized bureaucracy.

Microdosing research remains incomplete. That is a reason to study it and create a cautious pathway—not to pretend people are not already using untested products.

New Mexico is not facing a mushroom shortage. It is facing a math problem. Safety rules that make legal treatment unaffordable will send patients back to the unregulated market the rules were supposed to replace.

The Department of Health will hold its rule hearing Friday, October 2, 2026, at 9 a.m. Email written comments to jacob.clark@doh.nm.gov before the hearing closes.

Simply write: I support safe, legal psilocybin treatment. Before adopting these rules, please publish a complete economic analysis, reduce unnecessary costs and create a workable pathway for microdosing. Please show New Mexicans how this program can survive financially.

A program without affordable patients, viable laboratories, trained professionals or open clinics is not a medical program. It is an extremely well-regulated empty room.