



Psychedelic Medicine Task Force Meeting

Summary

- Participants listed below.
- Meeting documents with presentation slides provide more detail and are available on the [task force webpage](#).

Meeting Summary: May 6, 2023, 9:30 AM – 12:30 PM

Welcome

Facilitator, Jess Burke, with Management Analysis and Development (MAD), called the meeting to order. She reviewed rules of engagement for the meeting, welcomed outside observers, introduced task force staff, and gave reference to the task force webpage to find more information. Jess also reviewed the legislative charge and task force duties as found on slides 5-7 on the meeting presentation.

Kari Gloppen, Epidemiologist Supervisor at the Minnesota Department of Health (MDH), introduced herself as the new MDH staff contact, taking over for Dana Farley.

Kari provided an update to the task force about recording and saving task force meetings. She stated that to keep records of public meetings, Minnesota rules require state agencies make all public meeting materials fully accessible. MDH currently does not have funding or staff capacity to take the additional steps to ensure that accessibility. Kari apologized for the inability to meet this request and noted that this does not prohibit members of the public from recording the YouTube livestream. Task force members can reach out to Kari via email if they have additional comments or feedback.

Roll call was taken, and quorum was secured. See voting log for attendance.

Approve April meeting summary

A motion was made and seconded to approve the April 2024 meeting summary as written. Motion carried. See voting log for details.

Task force logistical business

Dr. Jessica Nielson, task force chair, provided an overview of the agenda and meeting outcomes, found on slides 9-10 of the meeting presentation.

Dr. Nielson asked task force members to share public feedback collected from their respective constituencies.

Dr. Nielson shared feedback from the psychedelic community; they want more access, fewer restrictions, and to be able to use outside of medical settings.

Paula DeSanto shared feedback collected from colleagues, friends, and via LinkedIn. Those who responded indicated overwhelming support for broader access in medical and adult regulated use. She noted minor concerns from psychiatrists on the lack of rigorous studies and efficacy, concerns from therapists on spiritual integration with clinical settings, and general concern about legalization opening more pathways for exploitation. She noted decriminalization might provide more safeguards. In general, there was overwhelming support.

Ari McHenry collected feedback via an anonymous survey in the harm reduction community. Broadly, survey respondents have used psychedelic medicine to treat and would advocate for wide access to these medicines.

Dr. Ranji Varghese stated he is collecting feedback from psychiatrists and non-psychiatrist mental health providers and will share a document to the task force as soon it is complete.

Donovan Sather shared he has been doing outreach to Indigenous spiritual leaders. He shared there may need to be some educational sessions to broaden peoples' understanding and awareness. He mentioned there are misperceptions and misunderstandings about the use of psychedelics and education is necessary to help understand what therapeutic practice would be.

Jess Burke noted a document from Courtney Amundson in the public engagement folder on task force Teams channel. She also noted feedback would be coming in from Margaret Gavian.

Elect task force vice chair and working group chairs

Dr. Nielson asked for nominations for task force vice chair and working group chairs. Bennet Hartz and Ari McHenry were nominated as vice chair. Paula DeSanto was nominated as legal work group chair.

Paula recommended combining the legal and regulatory work groups for now due to the cross over of members and content in both groups.

Roll call was taken. Bennet Hartz was elected task force vice chair and Paula DeSanto was elected working group chair. Details in voting log.

Subject matter expert panel: regulating for equity

The task force heard from a panel of psychedelic drug subject matter experts.

Panelist Dr. Mason Marks, MD, JD, praised the task force for giving accessibility and equity the most consideration out of any state in the nation. He noted Minnesota as an example for the rest of the nation thinking about these issues deeply. He encouraged task force members and the public to rewatch presentations from Arielle Clark and Christine Diindiisi McCleave regarding ensuring equity and accessibility. Dr. Marks noted a single dose of psilocybin in Oregon cost \$2,000 to \$3,000, which is not accessible to the public. This inaccessibility in Oregon's program has created a psychedelic tourism industry where most seeking services in

Oregon are from out of state. The program has been expensive and inaccessible to small business operators and as a result, many have gone out of business. Dr. Marks advised the task force account for all costs – facilitators, services, operators, training programs, etc. – as it makes recommendations to the legislature.

Bennet asked if businesses were failing in Oregon because of their inability to write off business expenses due to their dealings with Schedule 1 or Schedule 2 substances.

Dr. Marks responded that this was a significant factor in the cost and barrier to entry but there are also many other factors including cost of licensing, difficulty getting banking services, and finding space for facilities. He recommended moving away from having to use a dedicated facility as this contributes to the high costs.

Panelist Emma Knighton, psychedelic therapist and director at InnerTrek Center for Psilocybin Services, added that there are big issues around accessibility in Oregon. She agreed that many people using service centers in Oregon were from out of state and out of the country. She noted the reason for high costs of license fees for service centers, facilitators, and more is because license fees are funding the state office. This is an inaccessible model. She also added that currently, Oregon does not allow for dual licensure, meaning practitioners cannot act as a therapist and psychedelic facilitator at the same time. The licensure boards are not working together. She encouraged Minnesota to get ahead by talking to licensing boards and get approval ahead of time to ensure they will not take away people's licenses. She also recommended allowing for at home use. Currently Oregon only allows for use in service centers.

Panelist Jason Ortiz, Director of Strategic Initiatives at the Last Prisoner Project, reminded the task force about the criminal justice implications of the use of psychedelic medicine. Jason recommended that decriminalization must be part of any conversation with legalization. He recommended ensuring the benefits of legalization go to the communities who had been most impacted by prohibition. He recommended thinking about equity programs in three buckets: 1) criminal justice – ensuring the release of prisoners, removing criminal penalties, expungements, parental rights, and veterans' issues; 2) community investments – investing in infrastructure, parks, sidewalks, and creating local programming; and 3) economic opportunity – ownership and licensing. Jason recommended creating pathways for existing unlicensed community infrastructure to be able to enter the market and get licensed.

Dominique Mendiola, Senior Director for the Marijuana & Natural Medicine Division at the Colorado Department of Revenue, shared background and learnings from Colorado's regulatory framework. Dominique shared that her department licenses and regulates facilitators and healing centers. There is no commercial program, it is solely therapeutic in a regulated environment. Sessions can occur in healing centers, healthcare facilities, or someone's home. She recommended considering how the agency is resourced or funded – if it is funded from application and license fees, there could be barriers for entry. They are also considering additional rulemaking to address security requirements, how to integrate therapy, and costs of compliance. They are doing a survey to understand the range of environments in indoor and outdoor settings, considering a need for micro cultivation license types, and training first responders on how to respond. Dominique recommended ensuring equity is a part of every aspect of the program, ensuring there are diverse stakeholders involved, and considering priority applications, such as owners with Tribal history, veterans, and other factors that may inform priority review.

Task force members shared concerns and questions regarding dual licensures, high business costs due to inability to write off expenses, understanding decriminalization versus legalization, and how personal use and sharing is occurring in Colorado for psilocybin.

Emma shared that many are still concerned their licenses are under threat because they are working with Schedule 1 drugs. She also noted that many businesses in Oregon will have multiple business structures, one where Section 280E applies and one where it does not.

Mason added that heavily regulated, supervised programs are difficult to make equitable and accessible. He noted that states who have co-mingled healthcare with these substances are taking huge risks and will draw the most attention from the federal government.

Jason added that states can always provide funding and grants for small businesses to alleviate their inability to write-off costs. Jason also noted that decriminalization and legalization are complimentary. Decriminalization allows for access immediately under the privacy of peoples' own homes or in their community. Being able to grow your own is dramatically cheaper. Legalization and regulation will take more time to get off the ground and can be cost prohibitive. Both need to be happening at the same time.

Dominique shared that in Colorado, personal use is for personal possession and sharing for all adults. The law allows for personal cultivation not exceeding 12 x 12 feet. Can be for counseling, spiritual, community-based use. There are no sales transactions in these personal use sharing provisions except as it relates to services. There is no advertising allowed for sharing of services, if they are sharing, they need to inform they are not licensed.

Mason noted the prohibition on advertising is a concern because people can't promote harm reduction and it could be counterproductive.

Break

Research update: psilocybin

Dr. Caroline Johnson, Psychedelic Medicine Scientific Research at MDH, provided a research update on psilocybin found on slides 12-20 of the meeting presentation. Overall, 9 studies met the task force's criteria to only include conditions in randomized controlled trials published following peer-review. The task force is not reviewing results of clinical trials outside of that definition. Dr. Johnson noted the trials used the synthetic form of psilocybin, not the whole natural mushroom. Treatment was for mood and anxiety disorders and substance abuse.

All studies found psilocybin had beneficial effect on measures of depression and anxiety. In some studies, score improvements were immediate in the next day. Overall, in clinical setting, psilocybin-controlled therapy alleviated symptoms of depression and anxiety.

Task force members were asked to engage in a discussion and note in the Mural whether to recommend psilocybin and if so, in what capacity. Some task force members gave emphatic support to recommend psilocybin because of its long history of use, its effectiveness, low toxicity, and low potential for abuse. There

was disagreement on whether the task force should limit its recommendations to ensure more politically feasible and better chances of passing legislation.

Work group updates and discussion (including break)

Paula DeSanto provided a legal work group update and Adam Tomczik provided a regulatory work group update.

Task force members engaged in an activity on Mural to gather feedback on whether the task force should recommend adult regulated use of mushrooms and whether there are specific concerns from state agencies that would make certain options improbable.

Adjourn

Members of the public were reminded that if they have comments to provide to the task force, they can email health.pyschedelicmedicine@state.mn.us.

Participants

Task force members

Paula DeSanto
Jeremy Drucker
Stephen Egan
Bennett Hartz
Dave Hoang
Arielle McHenry
Dr. Jessica Nielson
Kit O'Neill
Jill Phillips
Ken Sass
Donovan Sather
Rep. Andy Smith
Michael Tabor
Adam Tomczik
Dr. Ranji Varghese

Others

Jessica Burke, MAD
Nick Kor, MAD
Kari Gloppen, MDH
Dr. Caroline Johnson, MDH
Emma Knighton, guest
Dr. Mason Marks, guest
Dominique Mendiola, guest
Jason Ortiz, guest

Next task force meeting

Monday, June 3, 2024, 9:30 am – 12:30 pm

Voting log

Member	Roll call	Minutes approval	Vice chair	Legal work group chair	Regulatory work group chair
Courtney Amundson	Absent	Absent	Absent	Absent	N/A
Helen Bassett	Absent	Absent	Absent	Absent	N/A
Guthrie Capossela	Absent	Absent	Absent	Absent	N/A
Sen. Julia Coleman	Absent	Absent	Absent	Absent	N/A
Paula DeSanto	Present	Yes	Ari	Paula	N/A
Jeremy Drucker	Present	Yes	Bennett	Paula	N/A
Stefan Egan	Present	Yes	Bennett	Paula	N/A
Dr. Margaret Gavian	Absent	Absent	Absent	Absent	N/A
Bennett Hartz	Present	Yes	Bennett	Paula	N/A
David Hoang	Present	Abstain	Bennett	Paula	N/A
Nick Lehnertz	Absent	Absent	Bennett	Paula	N/A
Arielle “Ari” McHenry	Present	Yes	Ari	Paula	N/A
Sen. Kelly Morrison	Absent	Absent	Absent	Absent	N/A
Dr. Jessica Nielson	Present	Yes	Ari	Paula	N/A
Kit O’Neill	Present	Yes	Bennett	Paula	N/A
Jill Phillips	Present	Yes	Bennett	Paula	N/A
Kenneth Sass	Present	Abstain	Bennett	Paula	N/A
Donovan Sather	Present	Yes	Bennett	Paula	N/A
Rep. Andy Smith	Present	Abstain	Bennett	Paula	N/A
Michael Tabor	Present	Yes	Ari	Paula	N/A
Adam Tomczik	Present	Yes	Ari	Paula	N/A
Dr. Ranji Varghese	Present	Yes	Bennett	Paula	N/A
Rep. Nolan West	Absent	Absent	Absent	Absent	N/A