

OHA Psilocybin Services - 2026 Part 1

Independent Transcript - Public Hearing - September 16, 2026

IMPORTANT: This is an independent transcript prepared from the public hearing audio recording. It is not an official Oregon Health Authority transcript and may contain transcription errors. The Psilocybin Alliance will upload and link the official OHA transcript when OHA makes it available.

Source: English audio recording of the OHA public rulemaking hearing. The supplied transcription report was generated with automated speaker detection.

Speaker 1: Good afternoon, everyone. We will get started in just a few moments. All right, I see we're still letting some people in, but in the interest of time, I will go ahead and get started today.

Speaker 2: Sigue ingresando gente, pero por cuestión de tiempo vamos a comenzar ahora.

Speaker 1: Good afternoon. My name is Brittany Hall, and I have been designated as hearing officer for this rulemaking hearing.

Speaker 2: Buenas tardes, mi nombre es Brittany Hall y estoy designada como oficial de la audiencia para el rol de esta audiencia.

Speaker 1: We welcome everyone and want to ensure that everyone is able to participate in this public hearing.

Speaker 2: Le damos la bienvenida a todos y queremos asegurar que todos estén participando en esta audiencia pública.

Speaker 1: Today we have simultaneous Spanish interpretation, which can be accessed by. By clicking the interpretation button.

Speaker 2: Hoy tenemos interpretación en español simultánea que puede ser accedida al dar clic al botón de interpretación.

Speaker 1: Once the interpretation button is activated, we request that all participants click on the interpretation button and choose either English or Spanish. This will ensure that everyone will be able to hear all comments. Whether provided in English or Spanish.

Speaker 2: Una vez que el botón de interpretación esté activado, solicitamos a todos los participantes que den clic en el botón de interpretación y ahí pueden elegir ya sea inglés o español.

Esto va a asegurar que todas las personas puedan oír los comentarios, ya sea que sean proveídos en inglés o en español.

Speaker 1: This hearing is now being recorded and transcribed. American Sign Language interpretation is also provided. Real-time captioning is available by clicking on the closed caption live transcript CC button and/or selecting show subtitle.

And again, Spanish interpretation is provided and accessed by clicking on the interpretation button and selecting Spanish. This hearing is being recorded and transcribed. A recording of audio and video will be made available online after the hearing. Please remain muted until your name is called and it's your turn to speak.

Please also keep your video camera off unless it's your turn to speak. In addition to providing comments during the hearing, you can send written comments by 5:00 PM Pacific Time on Monday, September 21st, to publichealth.rules@odhsoha.oregon.gov. Please remember that comments received after this deadline will not be considered. I would now like to call this hearing to order.

Let the record show that the time is approximately 12:05 PM and the date is September 16th, 2026. The purpose of this hearing is to receive testimony regarding the Oregon Health Authority Public Health Division's Proposed adoption of Oregon administrative rules in Chapter 333, Division 333, related to Oregon psilocybin services. The Oregon Health Authority Oregon

Psilocybin Services Section is proposing to permanently amend administrative rules in Chapter 333, Division 333. The proposed 2026 rules supplement prior rules and make further refinements.

The proposed rules address all aspects of implementation. The proposed rules increase license fees significantly, as the authorizing ballot measure anticipated the program would be self-sustaining and currently is not. The proposed rules are necessary to effectively implement ORS 475A, the Oregon Psilocybin Services Act, because they make important changes to the previously adopted rules that will provide greater clarity and efficiency of operations for both licensees and the Oregon Psilocybin Services Section of the Oregon Health Authority.

Some of the proposed changes increase flexibility for licensees While continuing to center client safety.

The rules also implement Oregon Laws 2026 Chapter 109, also known as House Bill 4040. The proposed rules implement this legislation by making changes to align with revised statutory language for facilitators who hold other license types. Changes to reporting average doses and describing requirements for individuals who want to apply for facilitator licenses in Oregon, including completion of facilitator training programs that have been approved by other states and meet or exceed Oregon requirements. The Public Health Division will not respond to questions during this hearing.

The Division will not cross-examine or debate the material at hand. All discussion shall be directed at the Hearing Officer. Testimony is limited to the matter at hand. The Hearing Officer may exclude or limit cumulative, repetitious, or immaterial testimony.

The virtual sign-up sheet for this hearing has now closed. If you have not signed up to speak, and would like to provide oral comments, we will open up to additional speakers as time allows once we have heard from everyone who has signed up in advance. We will call on people in the order they signed up to speak, and we will give you a heads up when your turn is coming by announcing the names of the next few people on deck. If you miss your name being called, I will circle back to ensure that everyone who wants to will be able to.

When we call your name, please unmute yourself by clicking the microphone button, or if you are on the phone, you will need to press star 6 to unmute yourself. Before providing your comments, please state your name and that of any organization you represent, if applicable. We request that everyone keep their comments to 3 minutes or less So that we can hear from everyone. You will, you will hear a beeping sound when you have 30 seconds left to speak, and then at the end of your time, you will hear the sound again.

When providing comments, please speak clearly and at a regular speaking cadence so that the interpreters can simultaneously interpret your comments. The hearing will close at 1:30 PM. Written comments are also being accepted until 5:00 PM on Monday, September 21st. Finally, OHA will not tolerate any comments that involve the use of profanity or any threatening remarks and may mute any individual who uses profanity or threatening language.

We ask that you are respectful of everyone who is on this call. All right, I will now open up for testimony. The first person on the list is Kim Jensen, and on deck will be Michael Townsend, Alicia Ramos, and Gary Braceland. And I apologize in advance if I mess up any names today.

Kim Jensen, if you are on the line and would like to provide comments, please unmute yourself and provide your name for the record.

Speaker 3: Hi, my name is Kim Jensen. Uh, Chairman and esteemed panel, my name is Kim Jensen. I am a licensed marriage and family therapist.

I've been working in the residential treatment programs for the last 20 years in California and Oregon. During this time, I have worked primarily with the severe and persistent mental illness population in secured and unsecured programs. I've witnessed firsthand the debilitating effects of bipolar disorder, major depressive disorder, post-traumatic stress disorder, and other forms of trauma and substance abuse that affect our clients. In November of 2020, the voters of Oregon approved the Oregon Suicide and Services Act, now codified as ORS 475A.

The spirit of this law was intended to provide access to this medicine for all and not just a privileged few who can afford the cost of these services. Angela Albee, manager of the Oregon Psilocybin Services Program, was quoted as saying, we're applying a trauma-informed and equity-centered lens as we administer this work, and we are working to emphasize client safety and access, culturally responsive and equity-centered services, May reduce harm to clients that have experienced trauma from societal structures that have exhibited control through power and privilege, implicit bias, and institutional racism. The current revamp of the proposed pricing structure, as referenced in OHA Division 333-333-406 Licensing Fee Subsection 2, , and , is in stark contrast to OHA's strategic plan. of eliminating health inequity in Oregon by 2030. The proposed pricing structure doubles the licensing costs for manufacturers from \$10,000 to \$20,000 a year, service centers from \$10,000 to \$20,000 a year, and facilitators from \$2,000 to \$4,000 a year.

This is in stark contrast to the state of Colorado's regular natural medicine review rules, which require a compliance fee of \$8,000 a year for standard natural medicine cultivating facility. \$6,000 a year for standard healing centers, and \$450 a year for natural medicine handler's license. Further, the state of New Mexico, which signed into law in April of 2025 the Medical Psilocybin Act, is currently, according to the New Mexico Department of Health, not charging for the cost of licensing and manufacturing facility, nor charging for the licensing of a treatment center, or not charging to become a facilitated licensor. Oregon, we can do better. By continuing to move forward with the current proposed pricing structure, the committee is creating a 2-tiered system of access to these entheogenic medicines.

One tier is for those who have the means for these boutique services, and the other tier of continued inequality of access to services and medicines that benefit and improve the quality of life for those less unfortunate. I urge this committee to reevaluate the current structure of the proposed administrative rules update to Division 333's licensing fees. I thank you for your time.

Speaker 1: Thank you.

Um, next on the list is Michael Townsend, and on deck will be Alicia Ramos, Gary Braceland, and Sandy Jolly.

Uh, so Michael Townsend, if you are on the line and would like to provide comments. Please unmute yourself and provide your name for the record. All right, I'm going to move on to Alicia Ramos, and then we will have Gary Braceland, Sandy Jolly, and Matt Curran.

So Alicia, if you are on the line and would like to provide comments, Please feel free to unmute yourself and provide your name for the record.

Okay, moving down the list, next is Gary Braceland, and then on deck, Sandy Jolly, Matt Curran, and Sheila Wynn-Smith.

So, Gary, if you would like to provide comments, please unmute yourself and provide your name for the record. And as a reminder, if you are on the phone, you can unmute yourself by pressing star 6.

All right, next we have Sandy Jolly, and then on deck will be Matt Curran, Sheila Wynn-Smith, and Shasta Wynn.

So Sandy, please unmute yourself and provide your name for the record.

Speaker 4: Hi, my name is Sandy Jolly. Before I provide my comment, can you just confirm that you can hear me?

Speaker 1: Yes, I can hear you. Thank you.

Speaker 5: Okay.

Speaker 4: Perfect.

So I come to you today as a mental health provider, a service center worker, a former Oregon State Hospital employee, and most importantly, a psilocybin client. I am here to share my personal story and urge you to protect and improve the access to Oregon's psilocybin therapy program through meaningful affordability. While working at the Oregon State Hospital, my high performance and work ethic were pushed to the limit while my compassion and empathy were depleted. I was stressed, anxious,

and burnt out, losing my joy, my hope, and my health, both physically and mentally.

As I tried to manage it all, I turned to substances to cope. Luckily, I am not ashamed to reach out for help. I contacted my primary care provider, started medications, and began weekly psychotherapy. I continued with the standard treatment for 3 years with very little progress.

I knew I needed more. It was my primary care provider who finally encouraged me to consider psilocybin-assisted therapy. Stepping into the unknown with psychedelics can be daunting, but my facilitator was calm, knowledgeable, and safe.

It also took a little bit of saving, going without a few of the extras to pay the out-of-pocket expenses.

I had my first journey in October of 2025 and my most recent this past April. I am proud to share that I am 5 months sober. And living a completely new life. I really contribute my psychedelic-assisted therapy as being pivotal in this transformation.

I ultimately had to quit my job at the Oregon State Hospital to save myself, the hardest and bravest decision I have ever made. As a caregiver, I will sacrifice To help the people in need, but giving myself that same care and compassion is tough. And I know that, and I credit my journey with psilocybin for giving me the self-compassion and courage I needed.

I now see a life worth living free from drugs and alcohol.

This is my personal story of survival, but I know so many Oregonians who deserve this healing too. Not because they can afford it, but because they are human with a heart and soul. I am fortunate enough to be middle class and not living paycheck to paycheck. I can afford psilocybin-assisted therapy with a few adjustments in my budget, but there are countless people who cannot, people who desperately need the help and transformation this medicine can provide.

Oregon consistently ranks near the bottom of the nation for mental health outcomes. I have seen it, I have lived it, and I have been in the trenches of our failing mental healthcare system. Please do not let this program become another casualty of laborious oversight, excessive bureaucracy, and cost-prohibitive barriers. This program is working.

It is changing lives. And the research is there to back it up. Do not let the safe and effective treatment remain only for the privileged. Let it be accessible to any and all Oregonians who need it.

Please protect this program by voting against the exorbitant fee increase. Thank you for your time, your dedication, and your consideration.

Speaker 1: Thank you.

Um, next on the list is Matt Curran, and then on deck will be Sheila Wynn-Smith Shasta Wynn and Michelle Glass.

So, Matt, if you are on the line and would like to provide comments, please unmute yourself.

Okay, next on the list is Sheila Wynn-Smith. And then on deck will be Shasta Wynn, Michelle Glass, and Courtney Campbell. Sheila, if you would like to provide comments, please unmute yourself and provide your name for the record.

Speaker 6: Hi, my name is Sheila Wynn-Smith. I am an Oregon facilitator and owner of Ripple Journeywork Service Center in Eugene. I care deeply about this work and the future of our Oregon program. I want this program to survive.

Before we debate further about whether licensees can afford the proposed new fees, I'd like OHA to answer a few fundamental questions. Why does this program now cost \$8.5 million per biennium to operate? Actual OPS expenditures in 2023 and '25 were approximately \$5.4 million. Projected expenditures for 2025 and '27 are approximately \$8.5 million, an increase of roughly 56%.

At the same time, OHA says staffing was reduced from 23 full-time employees to 17, and more than \$600,000 in expenses were eliminated. OPS has now also been consolidated with the medical marijuana program. Where are those savings? And what are

licensees actually getting for dramatically higher fees?

OHA recently notified us that due to capacity issues, we're losing our lunch forums.

So direct license support is being reduced because of capacity issues while projected spending increased 56%. Meanwhile, service centers have become unpaid data collectors under SB 303, which OHA itself identifies as a program cost driver. Oregon cannot keep bolting new responsibilities onto a shrinking program and then conclude that the people who remain simply need to pay more.

And we should be asking, what interests are driving this legislation and rule changes that keep adding these responsibilities? Who proposed them? Who benefits? What do they cost, and who ultimately pays?

For me, eliminating reduced fees means my facilitator license goes from \$1K to \$4K and my service center from \$5K to \$20K. I qualify for reduced fees because I am disabled. My disability limits the number of clients I can realistically serve. I cannot simply compensate for quadrupled fixed costs by serving more people.

If regulatory costs continue rising, they will interfere with our ability as a service center and facilitators to fulfill the very social equity plan OHA requires us to maintain. At my service center, 35% of our clients have needed scholarships or reduced pricing. I didn't enter this program expecting to get rich. But small businesses need a reasonable opportunity to recover startup costs, pay people fairly, and earn a livable income while doing this work.

We built our business around the regulatory framework and costs Oregon established. I don't think it's fair to ask people to make enormous commitments made under one set of expectations and then move the goalposts. This dramatically after those businesses have already been built. Please preserve reduced fees.

Consider graduated fees based on operational scale. Provide transition protections or phase increases for existing licensees, and evaluate whether approved training programs and other beneficiaries of the framework should continue or should contribute- should contribute more. Allow compatible secondary revenue opportunities for service centers. And identify broader funding sources for mandates that serve broader public purposes and research.

More importantly, show us what the core licensing compliance and public safety program for Measure 109 actually costs separately from everything that has been bolted onto it since. Because doubling a fee does not double revenue if the people paying it disappear. And if we don't know what the core program actually costs, how can we possibly know what are the, like, the right licensing fees. Thank you for your time.

Speaker 1: Thank you. And for those who may have joined after my opening remarks, we are operating a timer today because we do have a number of people signed up to provide testimony.

So when we're doing 3 minutes, and when you have 30 seconds left, you'll hear the chime, and then when the 3 minutes is up, the chime will alert again.

So next on the list is Shasta Wynn, and then on deck will be Michelle Glass, Courtney Campbell, and Sarah Miller.

So Shasta, if you are on the line and would like to provide your comments, please unmute yourself and provide your name for the record.

Speaker 7: Hi, Shasta Wynn. I'm a facilitator at Satya Therapeutics, and I'm creator of Micro Method facilitator training. And I'm going to chime right into what was said before me.

OHA is asking licensees to pay for its failure to administer the program Oregon voters enacted. OHA says fees must be increased because the program is financially unsustainable. Before doubling the fees, the public deserves to know what the OHA did with the money it collected and received over the past 3 years. The rulemaking and interagency records suggest that OHA did not confine those resources to implementing Measure 109's statutory framework.

It spent them creating, enforcing, and defending additional administrative systems that the statute did not authorize. OHA funded an interagency process with the Higher Education Coordinating Commission that expedited selected training programs while obstructing others. It helped transform an expressly non-medical program into a dual license eligible healthcare system requiring additional administration and oversight.

OHA also used later rulemaking to remove protections and requirements initially drawn directly from the statute.

It changed the anti-bundling rule into an anti-gifting restriction, despite the statute expressly allowing services to be offered for free.

It also removed the designated code of professional conduct rather than maintaining the code the statute required OHA to formulate. Those choices required staff, interagency agreements, rulemaking proceedings, enforcement actions, and legal defense. From my own litigation history, I also know they generated substantial Department of Justice costs as stakeholders challenged agency Actions because they lost investments after OHA implemented a program materially different from the ones voters enacted.

Now OHA proposes doubling nearly every major fee and eliminating reductions for low-income applicants and veterans. Its own fiscal statement admits this may drive out licensees, deepen the shortfall, and further restrict access. Licensees should not be forced to finance the cost of OHA's unauthorized expansions, restrictions, and resulting litigation.

Speaker 6: Thank you.

Speaker 7: I oppose the fee increases. Before adopting them, OHA must provide a detailed accounting of prior expenditures, identify the costs associated with each expansion beyond Measure 109, and explain why the remaining licensees should pay for an administrative system they neither requested nor authorized.

Speaker 1: Thank you.

Next on the list is Michelle Glass, and then on deck will be Courtney Campbell, Sarah Miller, and Heidi Pendergast.

Michelle, if you would like to provide comments, please unmute yourself and provide your name for the record.

Speaker 8: Thank you.

Speaker 1: Hey, next is Courtney Campbell, and then on deck will be Sarah Miller, Heidi Pendergast, and Mariah Moncada. Courtney, if you would like to provide comments, please unmute yourself and provide your name for the record.

Speaker 5: Yeah, I'm gonna cede my time.

Speaker 1: I think I signed up during the meeting last night. when I thought I might not be able to speak, but I was able to speak.

Speaker 9: So I will allow some other folks to talk.

Speaker 10: Thanks.

Speaker 1: Okay, thank you.

Next we have Sarah Miller, and then on deck will be Heidi Pendergast, Mariah Moncada, and Chris Solis.

So Sarah, if you would like to provide comments, please unmute yourself and provide your name for the record. Sure, thanks.

Speaker 5: My name is Sarah Miller, she/her. I'm a licensed facilitator, and I've been practicing with Oregon's program since nearly its inception. For the sake of brevity and in consideration for clarity amongst others on this call, this will serve as an

abbreviated verbal statement. I plan on sending a written statement that will be more comprehensive in scope and breadth with the technical detail necessary to illuminate my full concerns.

First, I would like to call out the OPS Division's thoughtful analysis in the proposed rulemaking document surrounding the proposed increase in fees. It demonstrates an acknowledgment of many of the real concerns held by many in the industry on its potential negative effects and has been the most insightful rulemaking analysis put forth by OPS to date, in my opinion. Many of my concerns have been stated by others already, and I will include them in my written statement. I do echo the sentiment that others have shared with regards to the lack of transparency around the financial information and program budget, especially when considering the drastic cost and fees.

As a licensee since nearly the program's inception, I have attempted to justify the high cost of licensure, chalking it up as a necessary evil due to the uniqueness of Oregon's groundbreaking program. Over the past several years, I have seriously considered the cost of maintaining my licensure at \$2,000 yearly and wondering if it was worth it. In terms of ROI or return on investment, it is not. But that's not why I do this work, and I suspect that many others would say the same.

As it is, the program is extremely cost prohibitive and out of reach for many to access. In accordance with the OPS-required social equity plan, I regularly provide reduced costs or free services to clients in need. Unfortunately, my costs as a facilitator are the only part of services that I have control over, and even with those removed, clients have a hard time paying for services. With the uniqueness of the interdependencies present in the program as it stands now, um, for regulation, I fear that these increases will render Oregon's groundbreaking program virtually obsolete.

As it has been acknowledged, raising fees this exponentially will affect almost every licensee and their ability to stay in business. It will have a domino effect. Service centers need facilitators. Facilitators need approved training programs.

Labs need manufacturers, and everyone needs the medicine. Oregon's program is being watched by the world, the first large-scale experiment in the impacts of psilocybin. We should be on our way to continue to be a positive model for other states and countries. But as it is, Oregon is proving to be a warning case of what not to do.

To move past the fees, which I still have more on, I'm happy that the OPS Division has shown that they've changed their stance against the arbitrary music rule. But that was only done after significant backlash.

So I wonder about the other changes that continue to be proposed and implemented, which seem to have no purpose other than seeming overreach and unnecessary minutiae. I would encourage members of the OPS Division to really get involved and see how the work is performed and carried out on the front lines to have a truer understanding of the impacts of some of the proposed rules going forward.

I oppose many of the changes proposed to the sections covering training and curriculum. As proposed, training program materials would- changes would require OHA written approval and a nonrefundable change fee of \$500 to be paid for modified curricula. I'm not sure what purpose these proposed rules to serve- are to serve, but the effect would be detrimental to the program as a whole. In past statements, the OPS Division has purported to support and welcome iterations of change and advancement as this program has grown.

However, to put arbitrary barriers to the agility in the implementation of changes is a direct antithesis of this goal.

This also calls into question the capacity of the Division to be able to sufficiently provide oversight and review submitted changes by training programs and how quickly approval will take. Given the budgetary shortfalls, I imagine staffing of the Department may not be optimal enough to handle the influx of work that these new rules would require. The administrative burden would not only be on training programs, but on the OPS division as well.

This was not called out in the notice of rulemaking document, though should be a consideration. For Section 333.333.4000, Section 3, Subsection K, the proposal for documentation for approval of the training programs from Colorado to be sufficient for facilitator licensures. Um, I, uh, have a question about opening up those allowances for facilitator training to count. Um, I think that it's wonderful, uh, but the program and regulatory guidelines for curricula approval are different than Oregon's.

Um, and as Oregon is continuing to create more barriers to our existing training programs, it seems unfair not to hold other training programs to the same standards. If Colorado's training programs suffice for facilitator applications, then why do we have stringent rules and regulatory requirements for Oregon? guidance training programs.

Speaker 1: All right, I- we are at the 3-minute mark, so, um, we may have time after I get through the initial list, and we can circle back around if you'd like to provide additional comments. Um, and also please submit them in writing, as you mentioned you were going to do.

Speaker 5: Cool, thank you.

Speaker 1: Sorry about that.

Um, next on the list is Heidi Pendergast, and then we have Mariah Moncada, Chris Solis, and Bonnie Kober.

So Heidi, if you are on the line and would like to provide comments, please unmute yourself and provide your name for the record.

Speaker 11: Hello, my name is Heidi Pendergast, and I'm the Oregon Director of Healing Advocacy, a nonprofit dedicated to safe access to psychedelic healing. I'd like to address my public comments today not only to the MCAP section, but to OHA's Public Health Division and leadership. My comments today are going to be specific to the proposed license fee increases, which I think we're all aware would be catastrophic to this program and potentially bring in less money than is currently coming into the section, making it less self-sustaining. This proposed budget solution is anything but a solution.

It undermines OHA's own health goals. The OHA's own Public Health Division State Health Improvement Plan specifically outlines goals around reducing things like depression and substance use. OHA's Behavioral Health Division states that it helps Oregonians achieve physical, mental, and social well-being by providing access to health, mental health, and addiction services. The OHA strategic plan repeatedly talks about transforming behavioral health, and I have great news on this front.

We have a program that is working, and the data and research to back it up is currently being published. On August 19th, Healing Advocacy co-hosted a research summit with OHSU and OPEN on Oregon's psilocybin therapy program. Presentations included research on the impact of psilocybin services on alcohol use, low-income individuals with depression, and studies on short- and long-term mental health outcomes of participants in our state's program. What we saw across all of these studies was that Oregon's psilocybin program mirrors the clinical trial research results.

Using clinically validated mental health scales, researchers repeatedly reported statistically significant improvements around depression, anxiety, substance cravings, quality of life, among other health indicators. Oregon's psilocybin therapy program has the potential to address some of the largest behavioral health issues in our state, but it needs the support of the OHA to do so. This program has seen over 24,000 individuals accessing psilocybin therapy in our state, and with an impressive safety track record demonstrated by the SB 303 data. Those numbers include cancer survivors, individuals struggling with substance use, depression, grief.

Heroic Hearts Project has hosted over 30 retreats in Oregon for veterans and their spouses who for the first time don't need to leave the country that they fought for to access these services. Our program is at an incredible inflection point where the hopes of voters and individuals who are looking for solutions to mental health challenges meet rigorous research, and the outcomes of that research are impressive. I urge the OHA to review this research and support the will and vision of the voters of the state to bring forth a program with the potential to transform behavioral health for Oregonians. This will require budget transparency in order to understand how to right-size the regulatory framework of this program to be in line with its safety profile, and proposed fee increases should be halted until there's more transparency.

Oregonians, voters, and licensees deserve a thoughtful, real solution that supports this program in order to move the needle on OHA's behavioral health goals. Thank you all for your time, and to all the speakers who came before, and to MCAP for your work on this program.

Speaker 1: Thank you.

Um, next on the list is Mariah Moncada.

And then on deck will be Chris Solis, Bonnie Kober, and Andreas Mett.

So Mariah, if you are on the line and would like to provide comments, please unmute yourself and provide your name for the record.

Speaker 12: Hi, I'm Mariah Moncada, a licensed psilocybin facilitator operating out of Chariot for the last 3 years. I am giving testimony today to encourage reconsideration of the budget changes.

The impact of these changes will likely have a significant impact on public health for, for local Oregonians and those who visit from out of state. I'm already aware of people who have gone through licensed facilitator training programs to gain the knowledge without intent to participate in the regulatory framework and instead operate underground. I think the percentage of facilitators who are doing that will increase with these changes. For those who already feel like \$1,000 or \$2,000 is unattainable for their yearly license fee.

The multiple levels of safety nets that are made possible within this regulatory setting should be more accessible to those who are interested in facilitating and the clients who are seeking this experience. The regulatory program also increases the accountability for all who are operating in this space, facilitators and their behavior, manufacturers manufacturers and their quality of safe mushrooms and service centers and creating a safe space for people to have this experience. Those with treatment-resistant depression or diagnoses that can be debilitating to daily life will now have a lower likelihood of having hope of relief. These people are part of our communities, and with access to these services, the individual and their community are healthier and stronger.

Fewer facilitators will be in the pool for clients to choose from, and it's important for clients to feel aligned with the person they are moving forward with to feel safe and able to make the most out of the experience. Without having options of diverse populations that the client feels their identity is reflected within, a client may feel that this is not a space for them, a place that they don't belong in. It would be a devastating shift that would have an impact felt from the individual clients to the regulatory framework at large, as we have spoken about how there is risk for an even larger budget deficit and the likelihood of this being a sustainable program just not be- just being very low.

So I hope that the impact of these changes are considered Thank you.

Speaker 1: Thank you.

Next on the list is Chris Solis, and then on deck will be Bonnie Kober, Andreas Mett, and Eduardo Kaplan. Chris, please feel free to unmute yourself and provide your name for the record.

Speaker 13: Hi, I'm Chris Solis.

I hold a worker permit and act as the service center manager at Drop Thesis in Bend, Oregon. My father is Indigenous and Mexican, and my mother is Scotch-Irish. I share this because my heritage is an important part of why I feel connected to this work. I carry a deep respect for the cultural and historical relationships people have had with this medicine across generations.

For me, participating in Oregon's regulated psilocybin program was never simply a professional decision. It was a way to help build something that could demonstrate that this work can be approached with respect, integrity, safety, and accessibility, and that psilocybin can be from- can be for people from every culture, heritage, and demographic. I grew up in an extremely broken home and spent much of my childhood without stable housing or many of the basic needs in life. I was the first person in my family to graduate from high school, and then I continued on to college.

Because of where I come from, I understand what it means to face barriers to opportunities that others may take for granted. This is one of the reasons why I was so excited when Oregon created a regulated framework for psilocybin services and emphasized accessibility as part of that vision. I believed in that commitment. I advocated for it, even when members of our

community questioned whether Oregon would truly deliver on it.

My role at Drop Thesis puts me directly in contact with the people seeking these services. I educate prospective clients, conduct screenings, and support our facilitators as they support the people who walk through our doors. I hold the stories of those people who arrive hopeful only to be met with financial barriers that feel impossible to navigate, and this is with the fees we currently have. This is not limited to the people we would traditionally consider low income.

We see the cost of services affecting people who may appear financially comfortable but are already managing so much in expenses and just the rising cost of simply living. At Drop Thesis, our staff and facilitators do everything we can to reduce those barriers. We work creatively, we dedicate countless hours and energy to make these services accessible, but there is only so much service centers and facilitators can absorb. If licensing fees increase to the proposed amount or to any amount, those efforts will be undermined.

The costs do not exist in isolation. They ultimately become another barrier for the people the program was intended to serve. Oregon has taken an extraordinary step by creating a legal regulated framework for psilocybin services. Many of us became pioneers in this program because we believed in, in what Oregon was trying trying to build.

It is difficult to be a pioneer in industry. It is even more difficult to pioneer something this new and complex. But here we all are. We have invested our time, our resources, and our hearts into making this program work, and I believe OHA has invested in that vision as well.

So I'm asking you to reconsider the increased licensing fees. Consider what it means, not just for the service centers, but for the people standing on the other side of our doors.

Speaker 14: Thank you.

Speaker 13: If accessibility was truly a priority of Oregon's psilocybin program, we need a fee structure that allows service centers to remain viable while keeping these services within reach of the people Oregon intended to serve.

Thank you.

Speaker 1: Thank you.

Next on the list is Bonnie Kober, and then on deck will be Andreas Mett, Eduardo Kaplan, and Jaron Riddle.

So Bonnie, if you are on the line and would like to provide comments, please unmute yourself and provide your name for the record.

Speaker 15: Hello, my name is Dr. Bonnie Kober. I am a retired board-certified anesthesiologist who practiced for 30 years in Texas. After I retired, I became a licensed psilocybin facilitator for the state of Oregon. I work at Sauté Therapeutics in Ashland, Oregon, Since I began there in September of 2023, I've seen about 300 clients, a little bit over that.

I was in the Army Reserves for 10 years in my past. I resigned my commission in 1999 as a major in the U.S. Army. I pay \$1,000 as a facilitation fee because of my time in the Army.

My licensing fee, as has been discussed, will go from \$1,000 to \$4,000 a year.

I personally think this is outrageous. As an example, my Texas license, which is renewed on an annual basis, was \$700 a year. I had a license to facilitate psilocybin in the state of Colorado.

My initial license for Colorado was \$700 a year. If I had maintained that, they have redone their structured fee, but it would now be \$840 a year for the same license. I think any license that is renewed annually, I don't care what kind of license it is, a \$4,000 fee is exorbitant. I work at SOTI, as I mentioned.

There we have a \$900 all-inclusive veterans program. That pricing has allowed many veterans to come through our doors. Most, most of my clients are veterans, probably because my Past in the military, a lot of veterans seek to come to use me as their facilitators. On an average month, about half of my clients are veterans.

On some months, 100% of my clients are veterans. Increasing this license fee not only for facilitators but for manufacturers, the growers, the facilitation centers itself will make it much harder for places like Satya and other service centers to maintain this reduced pricing for people whose finances are stretched. Clients that we include in this reduced pricing are not only veterans.

We also include people who are financially disadvantaged.

We include retired individuals, first responders, and really anyone who asks for a decrease in rates. I believe psilocybin services in Oregon were not established to be available only to the affluent people in the country. It was, I believe, established to be available and affordable to all people who are seeking the healing power of psilocybin, independent of medical diagnosis or financial ability to pay. I believe this dramatic increase in service center licensing fees, facilitation fees, and manufacturing fees will ultimately limit the availability and most likely increase the cost to all clients.

I ask this question, is limiting the availability of these psilocybin services the purpose that OPS has in mind by increasing these fees? Is your design to make these services only available in limited places and only to those who can afford it? If that is your plan, I think you are right on track. However, I don't think that's what 109 had in mind when it was enacted.

I don't think that's what it was enacted to do. Putting this plan in action will close service centers. It will close manufacturing centers, and many facilitators will not be able to afford the increase in price for their license. I think Oregon Psilocybin Services should make available to all the people in Oregon- They have done with the money that they have spent, the money that has been paid to them by manufacturers, facilitators, and service centers.

I think there needs to be an explanation, mathematically explained to the public. How has the dollars paid to OPS? How's that money been used? Accountability, I think, is in order.

Just to be clear, I think it's probably clear, I do not support the plan that is currently being enacted in line with Measure 109. I don't think it was in- I don't think it supports the way 109 was supported by the voters. Thank you for your time.

Speaker 1: Thank you.

Next on the list is Andreas Mett, and then on deck will be Eduardo Kaplan, Jaron Riddle, and Michael Rhodes.

Speaker 10: Hi, can you hear me?

Speaker 1: Yes, I can. Thank you.

Speaker 14: Okay, thank you. I spoke yesterday in my opposition to the license fee increases. For myself, I also spoke in opposition of the licensee free speech ban that is being put in place by OHA, and today I'm going to talk about my perspectives as a representative of the Psilocybin Alliance. I'm Andreas Mett, and I run Satya Therapeutics, and I'm a facilitator.

We run a service center and also a manufacturing operation. Our membership in the Psilocybin Alliance is 71 facilitators, 10 service centers, 3 manufacturers, and the only testing lab. Yesterday, at least 2 members of OHA's July Rules Advisory Committee testified that OHA ignored their input. They expressed frustration that after committing substantial time and providing detailed recommendations, their work was disregarded by the OHA.

Oddly, in the past, OHA has listened to outside special interests, which, for example, helped the creation of the vastly unpopular Senate Bill 303 data initiative that caused OHA to have an even greater budget shortfall due to, quote, unexpected costs. It just shows that outsiders of the industry have their own agendas, that unfortunately OHA seems more interested in listening to than to us, the operators. This is why we created the Suicide in Alliance, to gain transparency and to give industry operators a chance to have a voice against one of the most powerful agencies in the state. That brings me back to the concern Suicide in Alliance has already raised in writing.

OHA heard direct warnings about business closures, declining revenue, harm to small businesses, inadequate financial analysis, and alternatives. Those are not reflected in the proposed rules.

Speaker 11: OHA-

Speaker 14: pardon me, Psilocybin Alliance conducted a survey of facilitators this week. Over 70% indicate they will not renew.

This indicates OPS will be in worse shape financially than even their own analysis shows. Will OHA listen and do the right thing? OHA has not disclosed enough analysis to explain how it arrived at this fee structure the public has zero visibility into how OHA came to its conclusions. OHA is speaking out of both sides of its mouth.

Out of one side, it says these increases are necessary to preserve the program's viability. Out of the other side, it says it cannot reliably determine what the increase will do to the industry. That is utterly incoherent.

OHA also clearly analyzed risk when it served its own regulatory needs.

Why did OHA create transition protection for the laboratory, but none for facilitators, service centers, manufacturers, or workers? I request- I requested OHA's financial records in July so the industry would have transparency. OHA only produced partial information on Monday of this week. It was revealing.

Under at least one of OHA's own scenarios, the program's budget shortfall is worse because of the fee increases.

An advisory committee is not legitimate public participation if the agency listens, checks a box, and then proceeds as though the advice was never given. Licensees must follow strict rules. OHA should be held to the same standard when adopting the rules governing our industry.

OHA should not adopt these rules until it explains what happened to the committee's input, discloses the analysis supporting its fee structure, and demonstrates that the advisory process was more than a mere formality. Thank you.

Speaker 1: Thank you.

Next on the list is Eduardo Kaplan, and then on deck will be Jaron Riddle.

Speaker 4: Can you hear me?

Speaker 1: Yes. On deck is Jaron Riddle, Michael Rhodes, and then Michael Townsend.

So yes, Eduardo, please go ahead and provide your name Okay.

Speaker 16: Hello, I'm Eduardo Kaplan. Hello, I'm Eduardo Kaplan and I work at Bipana Accounting. Through work, I interact with many psychedelic clients from facilitators to healing centers to investors, and thus I would like to share my perspective regarding the present economic state of the psychedelic industry and its implications. At present, it is difficult to make enough profit within the psychedelic space to sustain a business.

This is due to the industry's recent establishment, the rate of present demand, licensure costs, as well as the 280E tax code, which prevents those trafficking a scheduled substance from being able to deduct standard business expenses. The main thing here that we can control in Oregon is licensure costs. Increasing licensure costs will only cause a further reduction in profit margins that in turn makes psychedelics non-sustainable nor accessible for many businesses and patients. Many people very committed and genuine about the healing potential of psychedelics cannot reasonably keep their businesses afloat during this phase of the industry.

That means we are encountering a real brain as well as heart drain within this field. Businesses and healers have also needed to increase pricing to deal with the loss of profits, which creates an even bigger gap in accessibility. What is left over are those with

business acumen who have managed to secure investment to wait out the initial difficulties. This is causing and will cause monopolies on the business level as well as the perspectival.

Thus, the range of viewpoints available in the space will flatten and cause a limiting of therapeutic modalities, ideology, as well as stifling and limiting of growth, insight, and creativity. Because of all this, I'm critically suggesting that the state of Oregon does not increase licensure costs. This will further stunt the industry and its potential. Thank you.

Speaker 1: Thank you. Um, Joseph Churchville, I see you have a hand raised. Is that to be added to the list for to speak once I make it through?

Speaker 3: Yes.

Speaker 1: Okay. All right. Um, I will add you to the list, but I do have some people left to call on. Um, I also have received a request from interpreters that if you are reading written testimony, to please read it at a slower pace so that they're able to translate as you're reading it.

Next on the list is Jaron Riddle, and then on deck will be Michael Rhodes, Michael Townsend, and Alicia Ramos.

So, Jaron, if you are on the line and would like to provide comments, please unmute yourself and provide your name for the record.

Speaker 17: Yep, my name's Jaron Riddle. I'm an enrolled tribal member from the Klamath Tribes.

I'm a licensed psilocybin facilitator practicing at Safia in Ashland, and I'm a member of the Oregon Psilocybin Advisory Board. Today, I'm speaking to you directly as a Native person and as a working facilitator, not as anybody on the board. The economic data for Native communities in Oregon reveals a stark disparity when measured against the state's current and proposed regulatory costs. The baseline economic gap- so the overall median household income in Oregon is \$83,011, but for Native households, it's \$64,446 per capita.

Native individuals', um, incomes sit at \$28,150 compared to the state overall average of \$45,612.

So this is a barrier for entry.

So for a Native person employed full-time in Oregon, the average income is \$39,800. If we generously estimate the initial cost of obtaining a facilitator license at \$10,000, that single barrier requires 25.19% of that Native person's total annual income.

Some to think about. The cost of staying licensed, a proposed \$4,000 relicensing fee demands 10.5% of that full-time average income.

So recently I participated in the OHA conversation about destigmatizing psilocybin That included several Native people from across Oregon. During that discussion, a poignant question was raised: Who are we?

Who are we really trying to destigmatize this for? That was asked after I shared that I do not know a single other enrolled tribal member facilitator in Oregon, nor do I personally know.

Speaker 2: Cuando dice que no conozco a ningún otro facilitador en Oregon. Para acceder a los servicios legales legalmente para la psilocibina, mientras está reportado en \$52,000, tarifas de para relicencia.

Ese promedio no da la realidad para el grassroots. Me alegra que los facilitadores estén ganándose la vida con este trabajo. Sin embargo, con años de práctica, he hecho menos de la tarifa propuesta. Mientras los costos de relicencia van subiendo, este sería el último año que yo y muchos otros, incluyendo muchos que representan la comunidad, podrán costear este tipo de trabajo.

Si las barreras financieras continúan así, va a ser un sistema muy exclusivo que va a cancelar a muchas personas.

Speaker 17: Thank you.

Speaker 1: Thank you. For our Spanish interpreters, if you could please make sure you're in the Spanish room.

We were hearing some Spanish translation in the English room just now.

Speaker 9: Yes, I'm sorry.

Speaker 1: Thank you.

Okay, next on my list is Michael Rhodes, and then on deck will be Michael Townsend, Alicia Ramos, and Gary Braceland.

And Sophia, I do want to acknowledge that I see your hand up and I've added you to the list. Um, I do want to make sure I get through everyone who signed up ahead of time before we open it up to others, so On the- Michael Rhodes, if you are on the line and would like to provide comments, please unmute yourself and provide your name for the record. All right. I'm going to move on to Michael Townsend, and then on deck will be Alicia Ramos, Gary Bracelin, and Matt Curran.

So, Michael Townsend, if you are on the line and would like to provide comments, please unmute yourself and provide your name for the record. And if you are on the phone, it's star 6 to unmute yourself.

Okay, next on the list is Alicia Ramos. And then on deck will be Gary Bracelin, Matt Curran, and Michelle Glass.

So, Alicia, if you are on the line and would like to provide comments, please unmute yourself and provide your name for the record.

Next will be Gary Bracelin, and then on deck, Matt Curran, Michelle Glass and Joseph Churchville.

Speaker 9: Uh, yes, Gary Braceland, I'll concede my time.

Speaker 3: I spoke last night, so I'm just listening today, and, uh, I think our point's being well made.

Speaker 1: Okay, thank you.

Uh, next on the list is Matt Curran, and then I have Michelle Glass. Joseph Churchville and Sophia Catalano, and I do see some hands going up. I'm going to add you to the list, so if you would like to provide comments once I make it through the list of those that signed up ahead of time, which we're almost through that list, feel free to raise your hand and I will start adding you.

So Matt Curran, if you're on the line and would like to provide comments, please unmute yourself and provide your name for the record. All right. Do we have Michelle Glass on the line? All right.

Next will be Joseph Churchville, and then on deck Sophia Catalano, Mike Fowler, Kirstie, and Robert Allen.

So, Joseph, if you would like to unmute yourself and provide your name for the record, please.

Speaker 9: Yes, hi, my name is Joseph Churchville. I didn't really have anything prepared, so I'm just gonna make this very quick.

I'm a military veteran. I was medically retired after 12 years of service, and without affordable psilocybin services, I would not be alive today. I dealt with everything from substance abuse to suicide, and if you raise these fees, the process to access these services go higher.

So it all just trickles down and Things are already hard enough.

I'm a single father and I also am a caretaker for my father. And this service has definitely helped break the generational trauma of war. My grandfather was in World War II, my father's in Vietnam.

So that stuff kind of got trickled down through our entire family.

And I look at my son and I don't want any of that to land on him. Without this service, I would not be aware, self-aware enough to kind of shift paths a little bit in parenting and whatnot, and to help the next generation out.

So it's already expensive enough too, as it is. It's really hard to be a caretaker taking care of a kid and try and make it out here.

So I oppose the increases in fees. That's all I have to say. Thank you for the time.

Speaker 1: Thank you.

Um, next on the list will be Sophia Castellano, and then on deck Mike Fowler, Kirstie, and Robert Allen. Uh, I also have Sean Sweetman and Jim Yu signed up. If you would like to provide comments, please raise your hand using the raise hand icon, or if you're on the phone, you can press star 9.

Um, so Sophia, if you would please unmute yourself and provide your name for the record.

Speaker 8: Of course. My name is Sophia Jordan Catalano. I am a Marine Corps veteran as well as a licensed facilitator. I speak both as a facilitator and as a person in which this program has greatly saved my life.

When I got out of the Marine Corps 2023, I had nowhere to really go. I was going through a terrible part of my life, and this program came into my life in a way that has transcribed into unbelievable benefits. I can confidently say that I'm not nearly as suicidal, not just because of the benefits of psilocybin, but also because of the unbelievably hearted people that seem to care about this program more than OPS and OHA claims to, and that's very evident in the fact of these fee raises, which if you had any sort of heartbeat into knowing what this program needs and what the needs of that help carry it, it wouldn't even be considered. And the fact it is considered is a complete failure as well as an oversight.

And I would hope that the people that oversight and run this program would not neglect the people that try to make it run day to day, as well as the service centers that are one month, a bad month away from closing its doors. That's not the case in all, but even the fact that there is simply one is also an oversight. And I happen to see so much more, you know, just complete blatant ignorance towards what service centers need, the needs of facilitators, the needs of service workers, the needs of manufacturers, which I have worked for as a service, as a manufacturer, as well as a worker, as well as a facilitator. I've seen the industry in many different angles, and at all those angles, angles, it is the people in which help continue these services that suffer the most, while OPS blatantly ignores and says, oh well, if a person closes its business due to these license hikes.

We are telling you from a ground-up perspective that we cannot afford these license hikes. It's, it's not like, oh, we'll find it, we'll pull it out from somewhere.

Speaker 18: No.

Speaker 8: To the people that are hearing this that happen to propose these licenses, this industry simply cannot afford it.

Speaker 11: Thank you.

Speaker 8: I specialize in low-income services. I have waived my fee as I drive 2.5 hours to help and sit with people that have found relief with a natural remedy that the pharmaceutical antidepressants and anti-anxieties just simply have not provided.

And so for an industry that claims health and is taxing the very people in which help make this program what it is, I'm sorry.

I'm sure you're great people, but you have failed this program.

So please let us continue to grow this program, make it what it is, and actually listen to the voices that have come forward to try and simply help and provide guidance. We would like to work with you, but it seems that you don't want to work with us, and I hope that is just not the case. That is all I have to say.

Speaker 1: Thank you.

Um, next on the list is Mike Fowler, and then on deck will be Kirstie, Robert Allen, and Sean Sweetman. And as a reminder, we are ending right at 1:30 today, so we have about 20 minutes left for testimony.

So Mike, if you could please unmute yourself and provide your name for the record.

Speaker 17: Good afternoon, my name is Mike Fowler.

Speaker 9: I'll keep this relatively short.

Speaker 17: I recently received psilocybin therapy.

Speaker 9: I believe that it's an extremely valuable service, and I believe that it has provided and is going to provide great benefit to myself and my family.

I'm a father of 2 and a husband. I would just want to say that if there's any increase, any increase in cost to this service, it would have made me second-guess this treatment option that again has been extremely valuable for me.

Speaker 17: Thank you. And maybe I would consider not even doing it in the, in the first place.

Speaker 9: And I'm sure I wouldn't be alone in that, in that thought.

So I hope that fees don't increase and this service is more broadly available to the folks who absolutely need it.

Speaker 17: Thank you.

Speaker 1: Thank you.

Next is Kirstie, and then on deck will be Robert Allen, Sean Sweetman, and Jim Yu.

So Kirstie, please unmute yourself and provide your name for the record.

Speaker 19: Hi, can you hear me?

Speaker 1: Yes, I can.

Thank you.

Speaker 19: Thank you so much. Yes, my name is Kirstie Teasdale.

I'd also like to make this pretty brief, but I'm coming on as someone who was lucky enough to access psilocybin therapy.

I have personally spent years in different therapy modalities, and psilocybin has been the most beneficial and transformative help I've ever received dealing with years of trauma. No pharmaceuticals I've ever taken, and I've taken quite a bit, have ever scratched the surface that psilocybin has. I can speak to the impact- I cannot speak to the impact of raising fees for facilitators. However, I can imagine in the current state of this economy, this being detrimental to them.

As a receiver of psilocybin medicine services, if it were any more costly, I would not have been able to afford it. I'm requesting the reconsideration of raising any fees for these services. It's critical we keep services affordable and accessible, and we keep programs in place for reduced fees and licenses. In addition, I disagree with any rules being proposed that would ban the free speech and religious freedoms of licensed individuals to talk about microdoses and We are needing more than ever to come together as a community to support each other, and I believe this to not be conducive to that.

Thank you.

Speaker 1: Thank you.

Next on the list is Robert Allen, and then on deck will be Sean Sweetman, Jim Yu, and then there's a phone number that ends in 870.

So Robert, please unmute yourself and provide your name for the record.

Speaker 9: Hello, my name is Robert Allen. I'm a licensed Oregon facilitator and sit on a board of a nonprofit, uh, psilocybin nonprofit, the Infinite Circle of Healing. Um, our whole goal of the nonprofit is to help underserved and underrepresented populations, and we exist because of how expensive all this is.

Um, so my concern is not simply that the proposed fee increases.

It's whether those fees could fundamentally change the program that the legislature created. Chapter 475A established a regulated psilocybin service framework that defines supervised administration sessions and established preparation, administration, and integration. My main question is that does OHA intend to preserve the adult supervised psilocybin services model established by the legislature, rather than move towards a more primarily medical model. The OHA says that these rules are intended to support budget and program sustainability, but sustaining the program should mean sustaining meaningful access to the program, not simply sustaining its administration.

The ORS 475A 235 requires fees to be reasonably calculated not to exceed the cost of activity for which the fee is charged.

So my main question, I guess, is, has OHA analyzed whether these fees will make participation economically unviable for facilitators and service centers and thereby reduce access to the program the legislature created?

So what exactly does OHA mean When it says it intends to sustain Oregon's psilocybin services, a program can remain legally authorized while becoming economically inaccessible. That can fundamentally change the character of a program without the legislature ever changing the underlying law.

So I would just like some answers to that. Thank you.

Speaker 1: Thank you.

Next on the list is Sean Sweetman, and then on deck will be Jim Yu.

A phone number that ends in 870, and then Jin Sol.

So Sean, please unmute yourself and provide your name for the record.

Speaker 10: Hi, my name is Sean Sweetman. Can you all hear me all right?

Speaker 1: Yes, I can. Thank you.

Speaker 10: Excellent. I wasn't originally planning on speaking today, so I don't really have anything.

Speaker 20: prepared.

Speaker 10: I actually tuned in more as a curiosity. I am not a facilitator or really involved at all in the psilocybin treatment. However, I know people in both Oregon and Colorado who are, and I've had a lot of friends and colleagues who have benefited greatly from this service. What I want to give is the perspective of someone who is An Oregon citizen and a voter.

Now, I wouldn't even know that this meeting was happening today if I didn't know people in the industry, and that quite frankly kind of bothers me. I think that this process needs to be more transparent. I think that there needs to be more outreach to the general community to let them know that this is going on, and I think that we need to get the perspectives of not just people. that are involved in this, which I do value, and I think it's great. We've heard from so many of these people today.

I also think we need more outreach towards the general community and to let them know that this is happening and to allow people to give feedback and to, you know, have their say in this.

So that's- I just wanted to bring that perspective to the table on this.

Speaker 1: Okay, thank you.

Uh, next on the list is Jim Yu, and then on deck will be a phone number that ends in 870 and Jin Sol.

So Jim, please unmute yourself and provide your name for the record.

Speaker 18: Hi, my name is Jim Yu. I go by he/him pronouns, and I am the co-owner at Vital Reset, the psilocybin service center located in And, you know, I just want to thank all those previous speakers for offering their insights and their passion, and from speakers from last night who offered a lot of great data and insights into the program. I don't have anything more to share along with data because it's so important, and I know that's already added to the record.

But I know that the program here in Oregon is built around safety, access and sustainability. And our safety record is fantastic, you know, any kind of major critical incidents for the last year is less than 1%.

So the sustainability and access portion is the part that troubles me the most. And I think what I hear a lot of people saying and have said yesterday was that there's no transparency into where the money is going or what the money is used for.

And I just want to see the work. And I think that everybody here just wants to see what the thought process is and the transparency into the program, because that's what we're missing. We don't know where the budget shortfall is coming from when all these other additions are tacked onto it. We don't know how the combining of, of OMPP and OPS is going to affect Budget, budgets going forward.

So just like if somebody's kid were to do a math problem at school, instead of showing us the answer, we want to see the work.

So please, I encourage you just to show us the work because that is part of the transparency.

Now, if you raise these fees, and I don't think anybody here wants, wants a raise in fees, we're going to see an attrition. of people who are just not going to renew their license. This is going to hit the program double because what's going to happen is it's going to push more people into the underground or the gray market.

The majority of psilocybin that's produced here in Oregon goes into the underground or black market or goes out of state, and that in turn reduces safety, and if we want to keep this program safe and accessible and sustainable, we have to make it sustainable not only for the people who are coming in to seek the service, but for the people who are operating the service.

So, you know, one of the things that- I want to suggest 3 things because I'm here to offer solutions and not just, you know, showcase problems- is that Colorado has 8 business licenses underneath their psilocybin program. Oregon has 4.

So number one, I hope that we can expand the licenses that we have here in the state of Oregon to offer more opportunities for people to work within the system.

Just like getting a fishing license, I have to have a Columbia River endorsement to fish in the Columbia River.

So let's have licenses with additional endorsements that offer those practitioners to have more engagement within the program, whether that's serving the medicine, whether that's being a support person. I don't mind paying those additional taxes.

Okay.

I also would recommend a year moratorium on these price hikes and do more research on what the impacts is going to be and be transparent about what those, what those impacts will be. And then I also recommend too that the taxation should be based on the minimum duration of the administration session rather than per milligram, because there are ways to work around the per milligram dosage with regards to taxes. And I think that we should be focusing on the minimum duration that the client is required to stay.

So no one is doing this for the money.

No one is getting rich on this. All those people are gone by now. Please, all these professionals and career people who are on this line talking about how this sustains them, we do it because we love it, not because we're making money, because no one's making money doing this. Thank you so much.

Speaker 4: Thank you.

Speaker 1: Uh, next on the list is the phone number that ends in 870, and then after that will be Jin Seoul. Um, and if you are on the phone, to unmute yourself, please press star 6 and provide your name for the record.

Speaker 10: Uh, Michael Rhodes.

Um, I'm a licensed facilitator, licensed facilitator of- at, uh, Versace Therapeutics in Ashland. Um, my, uh, talk today is regarding the speech limits, First Amendment, free expression, and the question of the Central Hudson test restriction, and has this been passed by the state attorney general and received the okay from that office? I would do that before employing this to avoid legal fees needlessly down the road. But restrictions or bans on truthful commercial speech such as advertising, education, facial marketing or client communication face heightened scrutiny.

Under Central Hudson, the state must demonstrate that the restriction directly advances a substantial government interest and is in no more extensive than necessary. Speech bans that restrict truthful information about legal services rarely survive judicial review.

So it would be a shame to have to go to all that trouble when we can deal with it by dropping it now. Overreach and content discrimination regulations that restrict licenses from discussing- licensees from discussing legal evidence-based practices or expressing critical views regarding regulatory compliance run afoul of basic First Amendment protections against content-based speech restrictions.

So please drop it.

Speaker 1: Thanks. Thank you.

Next on the list is Jin Sol.

Please unmute yourself and provide your name for the record.

Speaker 20: Hi, my name is Jin Sol Fader, and I'm a licensed facilitator. service center rep at Chariot here in Portland. As a single parent, the cost of becoming a facilitator and licensing fees have been inaccessible to me until this year. Before I became

a facilitator, I was a service center rep.

I have served psilocybin to hundreds of clients that have traveled here from all over the world. I've been lucky to see the amazing impact psilocybin has had on people from all walks of life. People come to us for many reasons, such as depression, anxiety, addiction, PTSD, trauma, chronic pain, and more. They come seeking healing, clarity, and a chance at a better quality of life.

Clients have come out of their journeys saying things like, that's the first time I've experienced joy in 20 years.

Some experience unconditional love, Forgiveness, and self-compassion for the first time in their life. Access matters. If OHA increases fees, it will have a massive ripple effect on all of us: service centers.

It will make what is already inaccessible for many perhaps impossible. I oppose the fee increase and hope OHA will consider the tremendous impact of their decisions. Our world desperately needs healing now more than ever, and keeping this program accessible is one way we can contribute to our collective healing. Thank you.

Speaker 1: Thank you. All right, I think we have time for one more person before I give some closing remarks and close the hearing.

So Jason Lampman, I see you have your hand raised. Please unmute yourself and provide your name for the record.

Speaker 19: Thank you.

Speaker 9: My name is Jason Lampman. I just- I've been listening for the last 2 days, and I- it's just- I just think it's clear, you know, from the beginning of this whole- when they created this, it was There was a lot of talk about how this is too expensive, and I think that this is just going to be the nail in the coffin.

So I just wanted to end by saying that I just I think that now before it's too late to save, I think that now now is that if if the problem is money and the OHA and OPS can't show how the This price hike will actually save this.

I think it's time to- that the OHA, OPS, and the public and licensees get together with the Oregon legislature. And, you know, I know that you guys are following the rules by being self-funded, but I know that probably the only rule available for the OHA is to make an emergency statement, which I believe those last 180 days. But I think that- I think now is the time. I think that's what we're hearing here, is that it needs help and we need to make changes that will make sure that this is there for the future.

That's all. Thank you.

Speaker 1: Thank you. All right, this concludes our second and final hearing.

Um, to submit written comments, please send them to public.health.rules@odhsoha.oregon.gov. We are accepting written comments until 5 PM on Monday, September 21st, 2026. After the public comment period closes on Monday, September 21st, the agency will review and consider all written and oral testimony before finalizing the rules. Responses to comments will be made available in the hearing officer report, which will be finalized in October.

Once finalized, the hearing officer report and final rules will be linked to the Oregon Psilocybin Services Section website at oregon.gov/psilocybin and sent out through the Oregon Psilocybin Services mailing list. You can subscribe to the mailing list by going to oregon.gov/psilocybin and clicking on the blue button that says sign up for distribution list. This hearing is now adjourned. Thank you to everyone who joined and have a good rest of your day.

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