

OHA Psilocybin Services - 2026 Part 1

RAC 2 - Products & Premises - Meeting 1 - July 7, 2026

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Speaker 1: July 7th, 2026. This is the Rules Advisory Committee meeting for the Oregon Psilocybin Services Section. This is RAC number 2 related to products and premises, and this meeting is being recorded. The first item on our agenda is opening remarks from Section Manager Angela Albee, so I would like to turn it over to Angie at this time.

Speaker 2: Thanks, Jesse, and hello everyone. First of all, thank you for deciding to join this RAC, this Rules Advisory Committee, and sharing your time and your feedback. This is really important, and we appreciate all of your time and your work.

And also, for those of you who are joining who are not members of the Rules Advisory Committee but listening in, I wanted to start off today to provide some opening remarks.

We've had a couple of announcements that have gone out, and I wanted to make sure that I address those in order for you to have a strong foundation for this Rules Advisory Committee discussion. First of all, on Friday, June 26th, we sent out to our distribution list a message about these proposed rules. We published them on our website with changes and then also wanted to bring to everyone's attention that we have been directed to increase, significantly increase our licensing fees, which includes doubling licensing fees and eliminating the reduced fees for low-income veteran and nonprofit applicants.

And so, as we said in that message, ultimately due to rising costs that are outside of our section's control, we have no other option other than increasing licensing fees.

Working in state government, you're required to balance your budget and demonstrate sustainability for future biennia, and in the last 5 years we've not had a budget shortfall. This is the first time, and so we understand that These fee increases can- may disproportionately impact those folks that qualify for reduced fees.

We also know that these will have a significant impact on the regulated community. We don't say that lightly.

We understand how devastating these fee increases are, and we wanted to explain that it's really important that folks understand the statute. The Oregon Psilocybin Services Act created a Psilocybin Control and Regulation Fund, and that only receives fees from revenue, which include license and application fees, and also that small 15% tax on the retail sale of psilocybin products.

So service centers that sell products to clients will administer a quarterly tax revenue to Department of Revenue, and then they take their administrative portion, and then whatever's left over comes back to us to help support the program. And over time, that has even reduced.

And so it's just important to understand that those are the only ways that we're actually able to, in the current environment, to sustain the program is through fees. We have taken as many cost containment strategies that we possibly can, including reducing positions, eliminating vacant positions, and doing a lot with cost-saving strategies. But there are elements about our budget that are outside of our section's control. And to that point, we also encourage all of you to participate after this Rules Advisory Committee adjourns in the public comment period, which will run from September 1st through the 21st.

And we'll have public hearings on rules on September 15th and 16th so that you can share your verbal comments and then your- in the hearing and then your written comments submitted in, you know, to us in the form and manner that we will release to everyone when we announce that public comment period. I want to just highlight another announcement that went out last Wednesday, July 1st, and that is that due to budget shortfalls, both the Oregon Medical Marijuana Program and the Oregon Psilocybin Services Section will be merging together to form one section. We've both, both sections have taken steps to reduce our cost and have done what we could. And the next step in this very limited environment, resource-limited environment, is to ultimately eliminate that section manager position and merge these 2 sections. sections together into one.

And so Megan Lockwood, who's the Oregon Medical Marijuana Program Section Manager, will be moving over to lead the Health Licensing Office, and I'll be leading this merger between the 2 programs and also leading these 2 programs and working towards sustainability. This will all happen by September 1st, but should not impact any of the program's work. And the biggest goal is to support our teams and to create continuity of operations.

And so I wanted to share that because in the context of our budget, these are the ways that our sections are, you know, being forced to navigate sustainability, and we have limited options.

And so I just wanted to share that with you all as you contemplate all of the proposed rule changes and, you know, also take a look at the licensing fees. I think we've been really open over the past few years of communicating the challenge of being a fee-based section, and that is statutory. That's already placed into law, and that's the law that Oregon voters passed in November of 2020. There have not been any changes to that law to allow for different funding mechanisms to follow or to change the statute in any way.

And in this environment, we're experiencing significant budget shortfalls for the healthcare system. Many of you might be following the Oregon Health Authority and the challenges around funding Medicaid and behavioral health and other programs that have been prioritized.

And so I know that this is a really heavy time and your conversations today are very important. And I also wanna be really honest about the limitations we have as a section.

And so I hope that this is a helpful grounding for your conversation. This is not something we take lightly, and again, we have no other option at this point to sustain the program, to continue administering the statute.

So, Jesse, did it- and Emily, Meredith, did I miss anything of importance before I leave the call today and you start the Rules Advisory Committee?

Okay, seeing none, I'm going to go ahead and turn it over to you, as I just wanted to share those updates.

So you can begin the conversation around the rules. Thank you so much.

Speaker 3: All right.

Speaker 1: Thank you, Angie.

My name is Jesse Sweet. I am the policy analyst for the Oregon Psilocybin Services Section, and I use he/him pronouns, and I work in the Policy and Engagement Program. I did see that there was a hand up during Angie's remarks, and we were not able to take questions at that time, but I'm going to offer some framing, and we're going to do some introductions, and we'll have an opportunity to address any procedural questions before we begin the review of the proposed rules. This is a Rules Advisory Committee.

And it consists of 2 separate tables. This table is covering rules related to products and premises. There was another table that was convened that covered rules related to training and facilitation, which met yesterday and earlier this morning. Each table is going to address separate draft rules, and then the drafts will be combined for public comment.

There is one exception. Both tables will review the definitions and the rules on license fees. Um, each table will also provide input on an identical statement of need and fiscal and racial equity impact statement. That's not on the agenda today because we're assuming it will fall on the 2nd meeting, which takes place on Thursday morning.

In some cases, the legislative changes are- in some cases, rule changes are necessary. to implement the legislative changes made in statute. Specifically, in 2026, we had House Bill 4040, which you will see cited as Oregon Laws 2026, Chapter 109. We found that in doing introductions, it's easier if we call the roll. This prevents confusion with popcorning around, and it also gives us an opportunity to ensure that we are pronouncing your name correctly.

So I'm gonna go ahead and call the roll in alphabetical order, and when I do that, please feel free to say a couple words about the perspective that you're bringing to the RAC and why you're involved today.

So Again, alphabetical by first name, we have Courtney Campbell.

Speaker 3: Yeah, hi everyone, I'm Courtney Campbell. I own and operate Chariot.

We are a licensed service center in Portland. We've been operating for just over 3 years now, and so I come to sort of this committee or group with Yeah, the perspective and experience of 3 years of service center operations and oversight. And yeah, happy to be here. Thanks.

All right.

Speaker 1: Thank you. Gary Braceland.

Speaker 4: Hello, everybody.

I'm Gary Braceland. I'm founder-owner of- co-founder-owner of Drop Thesis, a service center in Bend, Oregon. We've been open for 3 years.

I'm also a founder and partner in Tokyo Starfish, a vertically integrated cannabis company here in Bend.

Sat with CHAO, the industry organization for cannabis, on their board, also a local board. I'm on the Deschutes Cannabis Advisory Committee. I was also one of the co-founders of the Oregon Outdoor Alliance, which is a trade organization for the outdoor industry here statewide, and founder of Bend Outdoor Works, an outdoor products accelerator. And very interested in what we're going to do.

Speaker 5: Thank you.

Speaker 1: And Jeanette Romero.

Speaker 4: Jeanette Romero Christensen.

Speaker 6: Hi, everyone.

Speaker 7: I'm Jeanette Romero Christensen. I'm currently, I'm a bilingual clinical mental health associate in Portland. My background is social work, case management, mental health, specifically in the Latino population. I'd previously been with Clackamas County Leaders for Equity, Inclusion, and Diversity Council as a council member and a resident of Clackamas.

I have a couple kids. I'm glad to be here. Thank you.

Speaker 1: Thank you.

Josh Goldstein.

Speaker 8: Hello, I'm Josh. I live in Bend. I'm a licensed suicide facilitator.

I've been doing that since 2023. Prior to that, I was working in the underground for about 3 years. I am a retired teacher, principal of therapeutic boarding school. I'm currently in school getting my master's in social work.

I was part of about 11 years of mentorship with the Santo Daime. I was a member of that spiritual tradition for a while, led ceremonies for about 3 or 4 years. And I'm a dad. I'm human.

Curious, curious man. That's me.

Speaker 1: All right, thank you. And, uh, do you prefer Larry or Lawrence?

Speaker 9: Uh, Lawrence?

Speaker 10: I go either one. Uh, I tend to go with Larry. Uh, I'm Larry Lombard.

Uh, honored to be accepted on this, uh, committee. Uh, I am retired from Serenity Lane about 8 years ago. I was quality assurance manager there dealing with OARs and all the other stuff that goes with addiction and mental health treatment. Prior to that, I worked at Springbrook Northwest, which was bought by Hazleton.

And prior to that, I worked in Washington at the St. Peter's Inpatient Adolescent Center. I have a degree in pharmacology and a degree in history of medicine. And I can tell you the last year of pharmacy school There was some master's level people that came and gave a little talk about all the things we're talking about now, back when it was all absolutely illegal and snickering and whatnot.

A lot of personal experience with psychedelic medications. I'm always concerned that they're being used appropriately. I do understand there needs to be some exclusionary material, or at least criteria. Not sure whether that is really a state issue so much as it is an agency issue.

Anyways, I'm open to it. I was just talking about it. I found out my sister took psilocybin in high school and said it was a peak experience of her life. And we have a brother who committed suicide 2 years ago, and her comment was, I wonder if he had taken psilocybin and reset his brain, maybe he'd still be with us.

So I'm open to- there's obviously a lot of potential and it needs to be explored, but it also can be quite devastating to people that, uh, you know, set and setting is very, very important. And with any of these medications or compounds, whatever you want to call them, and I do have a fairly scientific background, so I'm glad I'm part of this committee and glad to give any input I can.

Speaker 1: Thank you for joining us. Mariah Moncada.

Speaker 11: Hello, my name is Mariah Moncada. I am a facilitator since 2023 and am the Director of Operations for Chariot, working with Courtney Campbell. And I served on a RAC a long time ago for SB 303, and I'm happy to be here again today with all of you. Oh, and I have 2 wild boys.

Speaker 1: Michael Eng.

Speaker 5: Hi, everyone. I am currently a student in the Oregon Psychedelic Institute training facilitator training program based in Joseph, Wallowa County, Oregon. Although we have no service center, our closest service center is probably 5 hours away.

So I have no idea where I'll practice. I am retired. I had a 25-year career with the federal government. Mostly in policy, and I was a mediator of 4 environmental conflicts.

I have degrees in psychology and policy, public policy, and I'm happy to be here. I served on a RAC on locating utility-scale solar projects in Eastern Oregon. I have different interests as well.

Speaker 12: Thank you.

Speaker 1: Thank you.

Mimi Solem?

Speaker 13: Hi.

Speaker 6: Yes, Mimi Solem.

I am operations manager at Fern Love Legal Service Center in Gaston, Oregon.

So I also am a service center rep involved in all the dosing days that we have. I have a background in small business operation and education, so just very glad to be here.

Speaker 1: Thank you.

Sam Gross. Hello.

Speaker 9: Let's see, I'm a psilocybin facilitator, a mental health therapist. I have a master's in business and social work.

And I spent 15 years in the Army, a year of it in Afghanistan, 15 years running my own businesses, and 10 years of that as a business advisor. And I'm in Bend. Yeah.

Speaker 1: Thank you for joining us today.

Spencer Duffy. That's me.

Speaker 5: What's up, everybody? My name is Spencer Duffy.

That is correct. I am a pharmacist. I graduated from West Virginia University with a PharmD degree in 2018 and moved out here that year. Currently living in Eugene.

I was a retail pharmacist for 4 years, and then I transitioned to a managerial role at a long-term care pharmacy with consultation in hospice care on the side. And, uh, I'm just here to try and do my part to help increase access for everybody. Thanks.

Speaker 1: Thank you.

Steve Jetter.

Speaker 14: Hi everybody, my name is Steve Jetter. I use he/him pronouns, and I am the program manager for ORLAP. ORLAP stands for the Oregon Environmental Lab Accreditation Program.

ORLAP is a program within OHA, and we work closely with Oregon Psilocybin Services, but we're not the same program.

So I'm here to represent the laboratory testing side. ORLAP's- one of ORLAP's roles is to regulate and accredit testing of laboratory testing, and specifically labs in this case doing testing of psilocybin materials. I'm happy to be here.

Speaker 3: Thanks.

Speaker 1: Thank you, Steve. And, and I'll warn you in advance that we may call you in on certain rules that are technical in nature for the benefit of the group. ORLAP participated in co-hosting a potency workgroup this spring, which informed some of these draft rules.

Finally, we have Dr. Tyler Browning.

Speaker 10: Hi.

Speaker 13: Yes, I just changed my name to Browning, so I haven't figured out how to change it in Zoom yet. Working on that.

I come to you from Coos County. We voted to not have psilocybin in our county, unfortunately. But I've been a psychiatric mental health nurse practitioner for about 4 and a half years now. I'm the mother of 2 toddlers, had them back to back when I started my career, so it's been a whirlwind.

I work at the Coquille Wellness Center. It's a tribal organization here in Coos County, and I also have my own private practice, Bee Mental Wellness, where I do assist with some ketamine work. Lots of experience with psychedelics, a huge advocate, and I'm very excited to be a part of this workgroup and hope I can bring us some rural health insight.

Speaker 5: Thank you.

Speaker 1: And I missed a name, I think, as I was going through. Do we have a Kelly Thomas?

Speaker 12: Yes, I'm here. Yeah, I just going back quite a bit.

I was a state representative in Nevada over 25 years ago. I've got a lot of experience in policy development on the executive branch too. I'm kind of here just representing self and in a way secular recovery community. I've gained a lot from these practices in my recovery.

I've got almost- well, on Saturday it'll be 2 and a half years, my longest And this is definitely a part of it.

So I wanted to bring that perspective to this conversation. And, you know, I've done training and outreach and collaborative stakeholder processes. I work for the state and help facilitate WRACs for my job as well.

And so that- I guess that's it in a nutshell. Look forward to the conversation.

Speaker 5: Great.

Speaker 1: All right, thank you all for joining us today.

I have a few more remarks I'm going to make on just kind of the, the rules of the road, so to speak, or how we're going- that's a poor word choice. I'm going to share some framing on the purpose of this meeting and how we intend to proceed with the facilitation.

So, the purpose of the Rules Advisory Committee meeting is to provide input on proposed rules and a fiscal and racial impact statement. The agency authority to adopt rules is derived from statute.

Rules must be within the scope of the statute and cannot conflict with the text in the statute. Additionally, rules do not typically address an agency's internal process. These RACs are a forum to receive feedback, and they are not a forum for making decisions. To the extent that the Section provides additional input during RAC meetings, we do so in order to place the draft rules in context and clarify how they are intended to function in relation to other regulations.

We may refer general questions to other resources such as our guidance that we have published or our general inbox. The revised drafts will be published for comment on September 1st, and we will have a public comment period from September 1st to the 21st, and the final rules may be amended based on the comment and adopted in late October. This is a public meeting, but we will not be taking public comment. Additionally, participation in this meeting is limited to the invited RAC members.

So to that end, if you are able to adjust your screen name to include the word- the letters RAC, that will help us manage the meeting. We ask that you do not deliberate outside of the meeting. We are meeting today, and we are meeting again on Thursday.

So, in order to comply with public meetings laws, we ask that you do not communicate with one another on the substance of the rules during that time.

And the audio recording will be posted to the website after the meeting. We ask that everybody remain muted, and we will use the raise hand function to facilitate the meeting. We have a lot of material, and we're going to go section by section in the order of the rules as they are in the document. There is one exception, and it's going to be at the start where we're going to skip around because it works better that way with these particular rules.

The chat is open, and Meredith will be assisting with any technical issues, but the chat is open for technical issues. It's not for deliberation. We may have to cut discussions short if we do not have enough time to cover everything. Conversely, if we finish early, we are not going to fill time.

We will be using a team facilitation approach. I will be introducing each rule section and providing a short context statement, and my colleague Emily will be managing the facilitation and calling on you all to provide comments. We have invited members with different backgrounds and perspectives, and we want to hear from everyone. Please don't be shy about expressing critical viewpoints, but of course, please be respectful and allow others time to speak.

It's very helpful if you find typos in the rules, but we are not going to be correcting typos or making any other edits in, in real time. We will just note them for later. The drafts were used redlines in Microsoft Word. You'll see a couple places where it's green rather than red.

That means text was moved. But the new sections are identified as new because they are going to be completely red, and the others track amendments. This RAC is seeing only the drafts that are relevant to your subject matter, and additionally, if a rule section is not being proposed for amendment. It is not included for either table.

And I realized when I was doing introductions that I forgot to introduce my colleagues at OPS.

So I introduced myself, and I would like to turn it over to Emily and Meredith at this time to introduce themselves.

Speaker 15: Hi, everyone. I'm Emily York.

I use she/her pronouns, and I am a program analyst with the Oregon Psilocybin Services Section. I'm on the same team with Jessie and Meredith and work closely with Angie. I'll pass it over to Meredith.

Speaker 6: Thanks, Emily.

Speaker 1: My name is Meredith Ryder.

Speaker 6: I use she/her pronouns, and I'm the administrative specialist for the Oregon Psilocybin Services Section.

Speaker 1: And I'll probably just be off camera most of the meeting, but if anyone has any technical issues or like if you're having a bad connection or whatever, you can message me in the Zoom.

Okay, thank you.

And we're going to share the draft on the screen now. This is going to be identical to the draft that you've received. But before we go into the definitions, I would like to just pause for a second to see if there are any questions about any of the process issues that we just discussed.

Speaker 10: Mike?

Speaker 5: If there were other sections that we would like to comment on, would that be at the- in September during that public comment time?

Speaker 1: Yes, assuming that the section is open for rulemaking.

So there are some sections that are not on the draft- in the draft because they went to the other table, and then there are other sections that are not in the draft because they're not being proposed for amendment.

Okay, um, so we'll start with the definitions.

Um, this definition draft has sections that relate to this table and definitions that relate to this table and definitions that relate to the training and facilitation table.

So I'm just going to briefly summarize, um, those definitions which, which we will see in this table, and the first is advertising. This will be applied in the Rule 6100, which we'll see later.

Oh, also, just- For everyone following along with rule numbers, we often will only use the last 4 digits of the rule number rather than saying 333333.

We'll just say 6100.

So the advertising rule that you see is- the advertising definition that you see is applied in Rule 6100, and it's really a clarification because the prior definition had some technical deficiencies as it applied to facilitators.

The next definition, which is relevant to this table, is going to be low-dose administration sessions. The other thing I would like to share about definitions is we will renumber these at the end in case we have to add a definition or subtract one.

That way, we only have to renumber it once.

So, the low-dose administration session is going to be applied in a number of rules. And it is a part of a new concept where products will be designated for low-dose administration sessions.

So it means an administration session in which a client consumes 2.5 milligrams or less of psilocybin analyte consisting entirely of products that have been designated for low-dose administration session as required by 2320.

So what I would suggest is that we maybe put this definition in the parking lot and come back to it when we open up the Rule 2320.

We also have silosin analyte. There was a statutory change recently last year that required silosin to be listed on product labels. This is really just some housekeeping.

Silosin had not been previously defined in our rules, so here we have a definition that ties to the definition which is found in ORLAP rules, which has some more specificity on the chemical compounds. And it specifies that it refers to the content measured by potency tests. The other important workgroup definition that we have here is total psilocybin equivalent.

So this is an alternative way of measuring potency of psilocybin products.

This was recommended by the workgroup that we referred to in March. And this will be used on psilocybin product labels.

So again, I would suggest that we, we kind of put this one in the parking lot and then we come back to it when we get to 2400, which is, is the rule where it is applied.

So I breezed through those fairly quickly, and I, I suggested that we put them all in the parking lot, but I would like to I'd like to pause for a moment here on definitions before we get to the first of the more substantive rules, just to see if there are any comments on the definitions, and then of course we will come back to them as they are applied.

Okay, the first rule on the page here is 2010, and this rule clarifies the prohibition on unregulated cultivation, on promoting unregulated cultivation and processing, and it states that a manufacturer- it amends existing language to state that a manufacturer Cannot provide instruction related to home cultivation, and it also adds the new 1F, which prohibits a manufacturer from promoting unregulated consumption of products, including products at unlicensed locations other than a service center.

Speaker 15: Sam?

Speaker 9: Yeah, so. I support prohibiting promotion of illegal activity, but the rules should protect neutral harm reduction education.

If clients disclose outside use, licensed professionals should not be afraid to provide safety information.

And so I'm just hoping that we can have some language in there around, you know, neutral harm reduction being okay.

Speaker 15: Thank you. Kelly.

Speaker 12: Okay, sorry, I forgot to raise my hand fast enough for the definitions, but I just had a question about like the 1.4 in the total psilocybin equivalent and the 2.5 in the low dose, and then also like the antelite, or however you pronounce that, the analyte. Just, um, where were the numbers derived from? Um, was there some scientific reasoning behind that? And, um, you clarify a little bit.

I looked up the word analyte, but I'm not, not clear on how that applies to all this.

Speaker 1: So, um, so briefly, um, that rule or that definition came from, um, a a proposal that was considered by our potency workgroup in the- in March. And we're going to be applying that definition pretty soon in 2400.

So that'll be coming up in the rules here in a second.

So I think it may make more sense to discuss the details of the definition where it's applied.

Speaker 12: Sounds good.

Speaker 1: And I'm sorry, what was- you had a question on a second definition, and as I was answering the first, I lost the second.

Speaker 12: Oh, just, yeah, what is- yeah, what does that antelite, or however you pronounce that, like, mean in this context?

I mean, I know what it- definition of it, but how does it-

Speaker 1: So, and I may call on Steve Jetter here as a lifeline, but The term analyte refers to the specific, like, psilocybin molecule.

So we're, we're not doing our dosing on dry weight of the product. We are doing the, the dosing that's based on the, the actual content of, of psilocybin.

Speaker 12: Okay, makes sense.

Speaker 15: Thanks.

Speaker 13: Gary.

Speaker 4: Yeah, I mean, I agree with Sam that, you know, I think this provision is a good idea. I think we just need to define it a little bit.

So as in E, it says promoting unregulated cultivation and processing of psilocybin products by providing information or instruction to home cultivation, where the one in F is just promoting unregulated consumption of psilocybin products, including recommended consumption.

You know, promoting is fairly generic. I would probably like to see some more specific wording in there. And to Sam's point about harm reduction, because, you know, there's a lot of people that will ask us about buying psilocybin on the internet or the black market.

And, you know, I think it's only right that we let them know that there's a danger and hazard to that. And that's why we have a legal tested system. But yeah, I mean, I don't think any of us want to be telling people necessarily how to go home and grow it. Or where to get it, or to go to an underground service, an underground session or ceremony anywhere.

But I believe the wording needs to be a little bit more defined as what promoting is and encompass harm reduction.

So we can have open conversations that, you know, hopefully people don't go buy some of these products off the internet or in their local gas station. That, uh, and try to home, um, dose. And, uh, I, I think if we don't have some latitude to have conversations about that or warn them that we're not doing a public service, um, for public health and harm reduction.

Speaker 15: Thank you. Mariah.

Speaker 11: Hello. I, um, want to amplify what Sam and Gary had both said.

I think there does need to be like similar to maybe a year or two ago, there was a differentiation for facilitators not being able to provide care outside of this work unless it was within like true harm reduction. I think that something similar to that should be applied and explicit here. I think that all of us within this service framework also don't want our clients to go out and grow and source in ways that could be dangerous. But feeling safe to have those conversations with people or to be able to pass along materials that other organizations have prepared on harm reduction content would feel like necessary and ethical.

I believe there was a death in Oregon based off of a gas station chocolate.

And so it isn't just a hypothetical, but a real thing to be considered.

So I just want to, yeah, amplify those, those concerns to be a little bit more specific and to leave room for- true harm reduction.

Speaker 15: Thank you.

I'm sorry, is it Tyler Dawn?

Speaker 12: Okay.

Speaker 13: Thank you.

I, so I'm reading this as the manufacturer of the psilocybin is prohibited from doing these things.

I'm actually very curious and I don't know Who the manufacturers are and what their relationship is to the facilitation locations?

Speaker 1: I'm going to provide a little bit of context, and then we'll come back to Gary. Mariah mentioned the facilitator rule in her comments, and we have a very similar rule that governs facilitator conduct. that has explicit provisions for harm reduction.

So this is the rule that covers manufacturer conduct.

And, you know, it does not have that explicit carve-out for harm reduction in the proposed text. And we have- I've recorded the comments stating that perhaps it should. It's unclear really how often manufacturers would be communicating with clients specifically, but this rule would apply to any promotion to the public at large, in addition to, you know, direct communications with clients.

Speaker 10: Sam?

Speaker 9: Yeah, to that point, I'd just say that, you know, like, people are just peopling all day, and if somebody knows that you're a manufacturer, people are going to talk to you.

So That's- that would be a reason why.

Speaker 4: Sorry, I was trying to find my hand button, but my screen just cut off a minute ago and came back on without it. I would wonder if that happened to all of you.

Um, but, you know, for instance, like, uh, the Journal of American Medicine, uh, article that came out with, uh, Rose City Labs testing of gas station products not too long ago seems like something that would be safe enough to hand out to people, uh, for public health and information. But according to this, that might not be acceptable. Is that correct?

Speaker 1: You know, the language states that promoting unregulated consumption is prohibited.

You know, based on the comments that we've received, we may need to adjust that language to clarify what we mean by promoting unregulated consumption.

Speaker 14: Great.

Speaker 4: Thank you. Yeah.

And did we all black out there a minute ago and come back on? I'm having troubles with my Zoom. Is it just me, my signal?

Speaker 15: I think it might be just yours.

Speaker 4: Oh, okay. Thank you. I might have to click off and come back if you see me come back.

Speaker 15: Okay.

Thanks for the heads up.

Okay, shall we move on to the low-dose administration sessions?

Speaker 1: Yes, thank you. This is a new rule, and I'm going to describe it using plain language, and then I'll walk through the sections.

Essentially, this is a concept which is going to require every product that leaves a manufacturer and is transferred to a service center to be labeled and designated as either a product that may be used for low-dose administration sessions or a product that may not be used for low-dose administration sessions.

So this concept came about after the potency workgroup. We had some licensees brought to our attention that there were concerns that products that had high psilocin content may not be appropriate for a low-dose administration session because the low-dose administration sessions, which were not previously defined, they were just described, were for products containing less than 2.5 milligrams of psilocybin analyte. However, the psilocin analyte that is present in that product is psychoactive.

There was some concern that if we're only using psilocin for these Excuse me, if we're only using psilocybin for these low-dose administration products, it may not be truly the low dose that the client is expecting to receive.

So starting- I'm going to go now section by section, and then we'll get to the comments.

Speaker 3: Okay.

Speaker 1: So starting in 1, it describes the ratio of psilocybin to psilocin analyte.

And this ratio is 4 to 1, so it cannot- it must have a ratio of psilocybin analyte to psilocin analyte which equals or exceeds 4 parts of psilocybin to 1 part of psilocin. And there is a reference to ORLAP rules in Section 1 there. And after I finish my walkthrough of the sections, I'm going to turn it over to Steve Jetter for just a second, and then we'll get to the facilitated conversation to see if Steve has anything else to add.

Um, so there are 2 requirements for a low-dose product.

The first is in 1, it's the ratio, and the second is in 2.

So it needs to have the qualifying ratio, and it also needs to be less than 2.5 milligrams of psilocybin analyte per package.

Also, whole fungi may not be consumed during a low-dose administration session. This was already in place.

It's due to the variability in fruiting bodies. And finally, Section 4, every product that is transferred from manufacturer to a service center must be designated on the packaging using one of the following classifications: A, may be used for low-dose

administration, and B, may not be used for low-dose administration sessions.

So I'd like to invite Steve Jetter to fill in any of the gaps that I may have missed, and if I haven't missed anything, you can just give us the thumbs up.

Speaker 14: Sure, thanks, Jesse.

Yeah, I'll just add in a little bit more context about how these numbers were derived. As Jesse mentioned, this came about from our workgroup that we put together in March, and we had some real-world products described to us where the amount of psilocybin in this case already exceeded the 2.5 milligrams allowable for a session like this. But the ratio between the psilocybin analyte at about 5 milligrams to the ratio, or to the amount of psilocin analyte at about 3 milligrams, exceeded 2 to 1.

And so in this case, you know, this, this was evidence to us that there are products being produced that have relatively large proportions of psilocin present.

In relation to the psilocybin, and workgroup members described to us that this wasn't uncommon, and also that if products like this were being used for low-dose sessions, low-dose administration sessions, as Jesse said, people may be getting quite a lot more active ingredient than they intended.

So what we landed on, we didn't receive any information about literature reviews on what a number would be appropriate. But we decided on, based on that 2-to-1 ratio, we decided on a 4-to-1 ratio as being kind of an acceptable limit.

And so in the case of these proposed rules where a product is suitable for low-dose administration sessions, containing at most 2.50 milligrams of psilocybin, that same product under these rules could contain no more than 0.625 milligrams of psilocin.

So that would keep the product underneath that 4 to 1 ratio. Essentially, the psilocin analyte is 25% or less of the amount of the psilocybin analyte present.

So that's kind of how we landed on those numbers. I think there could be discussion about what is a more appropriate number if people had, you know, some data or evidence that they'd like to present.

But that is where we derived those numbers. And then there was the question earlier about analyte. And just because we keep saying that, Jesse did a good job of describing it. It can be best thought of, like he said, as the molecule itself.

And, and the term analyte is used broadly in analytical testing to describe the molecule or organism or whatever is actually being measured in the analytical procedure.

So in, it's, it's directly linked to the result of testing.

So you can think of it as the amount of psilocybin or psilocin that was determined in the testing that was performed. I'll stop there, but happy to answer any other questions about the kind of chemistry technical portion.

Speaker 15: Thank you, Steve. And I see some hands up, so I'll first call on Larry.

Speaker 10: This may be a very minor point, and it may be addressed elsewhere in definitions, but in 2323, says whole fungi may not be blah, blah, blah. Uh, shouldn't the fungi have a modifier to specify what fungi we're talking about here?

Or is that just assumed? And I don't think you should ever assume anything in a rule or a law. Just a thought.

Speaker 1: Yeah, just really quickly, that is a defined term, and it's, uh, Oh, Josh, are you ready to go?

Speaker 8: Yes.

Speaker 14: Yeah.

Speaker 8: Clarifying question.

So the 2.5 milligrams of psilocybin anilate and then the ratios, would that- could it be remedied by simply saying 2 2.5 milligrams of TPE.

Am I understanding that correctly, that the ratio is to keep the total psilocybin analyte below 2.5? Can't we just say 2.5 TPE? Because most of the mushrooms are, are identified with that anyways.

Speaker 6: Is-

Speaker 8: am I understanding that correctly?

Speaker 1: Um, I'm going to provide a little bit of context on TPE. Total psilocybin- now that we've used the acronym, I cannot remember if the P is psilocybin or psilocin.

Speaker 14: Psilocybin.

Speaker 1: Total psilocybin equivalent.

So that is going to only be used in our labeling rules. During the workgroup, there was suggestions that we should be using total psilocybin equivalent, or TPE, as a unit of measurement throughout the system. And frankly, we have infrastructure, not only administrative rules, but also tracking software, which is built on a different unit of measurement, on milligrams of psilocybin.

So to change the unit of measurement throughout the system would be incredibly costly, and frankly, it just wasn't a viable option.

So that's why we have the ratio here in this rule and why we have total psilocybin equivalent in the label rule.

So I hope that provides some helpful context.

Speaker 8: Sort of. It's still a little- so as a facilitator, we're allowed to give up to 50 milligrams of psilocybin.

Does that- my understanding was that was changed to 50 milligrams of TPE, is that not accurate?

So you could go technically higher than 50 milligrams if that's true.

Speaker 1: Right, so the majority of the dosing rules are unchanged. What we are talking about here is only related to what we are now calling low-dose administration sessions.

And these are the shortest duration of administration sessions.

So that's why they're being treated differently. But as far as the top dose, it remains 50 milligrams, and psilocybin analyte is the, the compound that we're measuring for that.

Speaker 8: Okay.

Speaker 3: Courtney. Thanks. Would this apply to products transferred from manufacturers to service centers beginning after their- this is approved or not approved? Or would we have to go back and apply a new label, one label with this sort of distinction, may or may not on all current inventory that we have.

There could be some clarification around that that would be helpful.

And also, it might actually just be easier if you left it up to the service center to- and facilitator to interpret the current labeling on a dose of an item and just say, oh, this is 2.5 and it has meets the requirements of low enough solisin analyte.

And so as a result, this can be used for a low-dose session, and then we would avoid all of this relabeling altogether. That's my only feedback.

Speaker 12: Thanks.

Speaker 15: Thank you. Gary?

Speaker 4: Yeah, so I mean, first of all, this is on a low-dose administration session, correct?

Speaker 14: Correct.

Speaker 4: And I mean, I guess my first question is, why did this rule even come up when we are looking at the lowest dose even possibly available to people? Um, I think first of all, this complicates the system even more, um, driving people to the black market to buy their microdose. We already have a very high bar of the paperwork you have to fill out coming in to do it in the location, in the service center.

So I believe that this goes against health and public safety by driving people to the black market to buy a low dose, or as we call it, a microdose.

You know, I was speaking to Dan at Rose City Labs who definitely believes the 4:1 ratio is not a good idea or applicable. He believes that we should do TPE if we're going to mess with low dose at all, even though I would encourage you that this is the lowest dose. I mean, 2.5 milligrams of psilocybin Has less effect than 2 or 3 cups of coffee.

So I think we're spending time and money on something that really doesn't need to be fixed. And if we are going to address it, it should be in-

Speaker 15: Oops, we cut most of his comment. Yeah, but Okay, we'll wait for Gary to come back. And Sam, go ahead.

Speaker 9: Yeah, I appreciate what Gary was saying, the concerns there.

I've also been talking with Dan at Rose City. I have a few different comments on this one. First is the- well, there was a wondering if the 4-to-1 was an appropriate number.

And the research that I did, the psilocybin to psilocin ranges from 3 to 1 to 5 to 1.

So if you put it at 4, 4 in the middle, half the products that come through are going to fail. And that's also a cost problem as opposed to changing the, you know, the, um, Programming in the backend of whatever system you're using to, to change things.

So there's costs on both sides.

So, but if you're going to keep it, then moving closer to 3 to 1 as a pass would be appropriate. Um, but I also like using total psilocybin equivalent instead of, of this ratio as well. Um, Additionally, the idea of, let's see, the per package cap, because there is that, that rather than a per serving cap, it may create packaging inflation. Manufacturers may need many small compliant packages instead of, uh, one package containing, uh, multiple low-dose servings.

Um, I know that Dan at Rose City was concerned about him or the lab being responsible for the may or may not, um, language because he doesn't feel like he's the the one in charge of that. And then overall, for, for the thing, there's really- there's a worry about manufacturer burdens for making gummies, chocolates, teas, and so on. Um, you know, each time a product fails or they have to do things in an extra small, um, packaging, um, dose dosages, or, um, batches, it all adds to the cost, which it's going to be passed on, and we're already hurting for, you know, appropriate costing. That's all I got.

Speaker 15: Thanks, Sam. And I'm gonna pop back to you, Gary, because I know that you lost a connection and you might be wanting to just finish.

Speaker 4: Yeah, sorry. I can't believe that's my, uh, internet.

I, I, I kind of thought-

Speaker 15: Well, um, let's go to you, Mariah, and maybe Gary can come on without the video, and that'll save some bandwidth.

Speaker 11: Okay, um, I'll- I just want to- a few things for this one. Um, I have been a client for a low-dose administration session for like a microdosing, um, event, and I personally had a serving where the ratio was like, uh, 2 to 1, and it was not a microdose, and it did like, um, have an impact on, like, my, my, it didn't feel as easy to leave the space like maybe a true microdose would.

So I understand the reasoning and like the informed aspect and process for this.

I do think there is validity there. I do think also that the, I'm very grateful that we're not switching to TPE so that we do have the flexibility for folks with blunting, um, aspects at the 50 milligram, like keeping it psilocybin annulate, actually gives us facilitators a lot of freedom. And I'm so grateful for that, and I'm so grateful for our clients that have blunting factors. I'm wondering if though with this it could potentially be easier on the manufacturers if for just this, for just this, the ratio was made to where the taking TPE into consideration so that we're still like reporting into our OPS log with psilocybin analyte, but that the labeling has the TPE of 2.5, um, or, or less.

That way our folks are getting a true microdose because even at 2.5 with a 1 to 4 ratio, then I think it was like 3.5-ish milligrams of TPE, um, running the equation.

So I might consider making the language to where that lowest dose is 2.5 TPE, still reportable in psilocybin analyte, to, um, keep people feeling comfortable to go get their bowl of ramen after the Milicrida session. I remember feeling so overwhelmed in my, like, ordering process and I was like, that was not a microdose.

Speaker 15: Thank you.

And I'm going to pop back to you, Gary, one more time. Hopefully we can hear your full comment.

Speaker 4: Yeah, thank you. I was really thinking you guys were, like, clicking me off there for a minute, but maybe it is my bandwidth.

So I moved indoors and cut the video off.

So Apologize for the problems. Yeah, to reinforce a couple points here, I think, you know, Sam talking to Dan, and I also talked to Dan, and one of his concerns is, you know, with testing prices already going up, and this could cause some confusion and test failures, it could get really expensive. for people that were trying to make microdoses or low-dose batches, which I don't think does any good for the public. And, to the comment just a moment ago, was it Mariah or-

Speaker 8: Yeah.

Speaker 4: That, yeah, I, you know, I understand sometimes people take a low dose and it might feel a little bit more than a low dose. And, you know, we've done quite a bit of microdosing in our service center. And, you know, everybody's a little different and every batch, obviously, depending on the TPE, is a little different.

You know, so to me, that's the facilitator and the client talking and go, I mean, we've had it at 1 milligram or even 2 milligrams.

It felt a little strong.

So it's dialing the facilitator and the client. dialing in the dose that is correct for them.

Some people only need a half a milligram.

Some people need the full 2, 2.5 and still don't feel it.

So, um, yeah, I just think that this is overcomplicating the system. And, uh, you know, as I said, people can readily get microdoses out there illegally from the black market that aren't tested whatsoever. And we're just driving them to that if we make this more complicated. Thank you.

Speaker 15: Thank you. We've been on this one for quite some time, so I think maybe going with the 2 hands that are up and then moving on.

So, Josh, I see your hand is raised again.

Speaker 8: Yeah, I figured out what the problem was that this is addressing with the 2.5 milligrams.

But if you include- if you have- if the ratio of psilocin is higher, then you're taking a higher equivalent. I really like what Mariah said of having for this, having the packages labeled. They already are with the TPE still reportable as psilocybin equivalent. I think there is an increased complication, especially with licensing fees going up and now manufacturers are going to have to create these other substances to, you know, offer, you know, gummies or whatever.

If, if the TPE was reported on this, then people could still take whole mushrooms.

You know, if it's a ground homogenized and the batch is 2.5 TPE, it seems like simplifying would be in service of everyone. That's it.

Speaker 15: Thank you.

Kelly?

Speaker 12: Yeah, just quickly and kind of related to that, like the whole fungi, I was wondering why the whole fungi not be consumed, what the reasoning is behind that. I mean, is it because it's not easy to test? It's not like you can't create a homogeneous, you know, measurement from that.

Just curious why number 3 isn't Please.

Speaker 1: Yes, this was a recommendation from our board during the development period, and it's informed by research from the mycologist on the board on the variability of psilocybin content within fruiting bodies.

So whole fungi is allowed for as a product under our rules, But it is not permitted for the shortest duration of administration session. And the reason it is not permitted for the shortest duration is due to that variability in potency and a concern that, you know, a client who is only present for 15 or 30 minutes may still be under the influence if we do not have an accurate measure of the product potency at that very low dose.

So that's the reason why whole fungi has not been permitted for the lowest tier, and that's been in place for several years. It's just got moved around into this new rule section.

Speaker 12: Yeah, you want to be able to order your ramen smoothly.

Okay, thanks.

Speaker 15: Is there anyone that we haven't already heard from that wanted to comment before we move on, on this specific one? We've heard from you.

Speaker 6: Make it-

Speaker 15: if you want to just go quickly, because we are trying to be sensitive of our time, make sure-

Speaker 11: Yes, it'll just be super quick. Um, just, uh, yeah, just a consideration to not have the unnecessary extra work of the may, may not.

Leave it up to the facilitator to look at the package, see the 2.5 or less, and let that be like, like you're, you're getting what you need. I love like the homogenized or edible forms instead of the whole fungi. I get that point. But if we could like lighten a little bit of the burden on everyone, that's something, uh, like I think like a smooth way for all needs to be met.

Speaker 7: I'm done.

Speaker 15: Thank you. All right.

Speaker 1: Emily, I'm going to ask that we go a little bit out of sequence because I think this rule lines up with 5250.

Speaker 15: That's right.

Speaker 1: Okay.

Speaker 15: So should we go to 5250 now?

Speaker 1: Yeah, let's go to 5250.

And as a reminder, we've got a break scheduled at 3:30, I believe.

Um, so we'll talk about 5250, and then we'll go back to the labeling rule, um, when we're done with that. Oh, we've also got 7040 after 5250, which is the testing rule.

So as we talk about these rules, hopefully it will come together a little bit more what the whole package is going to look like on these, um, proposals for the lower dose administration products.

So you'll see the text on the page where we've got different durations that are, that are dose dependent, and the proposed changes are in A for clients consuming less than 2.5, and the product has been designated as a low-dose administration session. For that first session, it's a 30-minute minimum duration, and then for subsequent sessions, it's a 15-minute minimum duration. And just to clarify what you're seeing in B, if a product does not satisfy the ratio, that does not mean that the product is prohibited from being sold in the system. It just means that it does not qualify under 1A.

So that's where you're seeing a different minimum duration under 1B of 1 hour. The other thing we did here for specificity is we added a decimal point for- so it now reads 2.50. And there are some minor changes later in the rule regarding to Regarding forms and form and manner. But the sub- the changes of substance are in Sections 1, which replaces the Section 1A, which specifies what may be consumed in the shorter duration, and Section 1B, which replaces the deleted Section 2.

Speaker 11: Sam?

Speaker 9: Yeah, I'd just like to reiterate for the, you know, the low dose that TPE would just make this not complicated and we wouldn't need 2 different Thank you.

Speaker 15: Gary?

Speaker 4: Totally agree with Sam on that.

This is just again overcomplicating it, and TPE would solve this. And to Mariah's point, allowing people to enter the psilocybin analyte in the registry system keeps you guys from having to change your whole program, your whole platform, and be costly.

Speaker 15: Thank you. Mariah?

Speaker 11: Yeah, my suggestions for this one would then be relative to the suggestions of the last one, to where this one would read that they were that the facilitator had to look at the package to ensure that it was 2.5 milligrams of TPE, which is on every label anyways, to ensure that it met those minimum durations. And a simple, a simple option.

Speaker 6: Right.

Speaker 11: Just seeing like a way to modify the 1B would be then to say clients consuming products that contain more than 2.5 milligrams of TPE would have the minimum duration time of 1 hour.

It's like a technical Thank you.

Speaker 1: Okay, are we ready to move to 7040, which will kind of close the loop on this low-dose product? 7040 describes the potency testing done by a manufacturer. And the new Section 2 says that the laboratory must designate whether it may be used for low-dose administration as described in the 2320, the new rule.

So to provide a little context of what this looks like in practice, the manufacturer will not be testing the finished product.

So the manufacturer will only be looking at the ratio. We already test for psilocybin analyte and psilocin analyte.

So this is not a new test. It's a new calculation.

The manufacturer will make that calculation and include it in their test results. And then when the product is packaged, the manufacturer will place the designation on the product, the final designation on the product label, because there are 2 components to the designation. There's the ratio, and then there is the volume, which must be satisfied.

Speaker 15: Josh?

Speaker 8: I'll be the broken record. If we did TPE, this, all these things would be unnecessary.

Speaker 15: Brian.

Speaker 11: Another way to continue the strain of thought here would be that maybe the manufacturer has like I know we all have the TPE on our labels, but if it was like highlighted, like manufacturers must highlight that it's 2.5 TPE.

So then it's like really easy to see instead of having to do the extra work there. It's just another thought of how that could be technically applied, and then that could be removed.

Speaker 15: Thank you.

Speaker 14: Gary?

Speaker 4: Totally agree. If we went with TPE, this wouldn't be, uh, even needed. Thank you.

Speaker 1: Okay, are we ready to navigate back to 2400?

And thank you all for your patience as we're moving around here. And as I am stumbling over my words a little bit, this is our 2nd RAC meeting of the day, and it's a lot of talking.

Okay, 2400 is labeling for sale to a client. The first change here is a very minor change, and you'll see it in 3.

We had a problem with term consistency.

Sometimes we were using trade name and other times we were using operational names, so you'll see some edits to resolve that problem where we're going to be using operational name throughout. The more substantive part here is the new Sections 3F and G.

So under 3F, we are requiring the total psilocybin equivalent to be placed on the product label, expressed in milligrams and calculated using laboratory test results.

And then we also have G, which is the low-dose administration designation, which we have already discussed. And we're proposing to delete 5 because 5 was reference to an alternate potency formula which had previously been defined in ORLAP rules, or it's currently defined in ORLAP rules, total potential solodyn. But we have been working together with ORLAP, and it's our understanding, and Steve, please weigh in if this is not accurate, that ORLAP will be revising their definitions on their side to move from total potential solodyn to total psilocybin equivalent.

Speaker 15: Okay.

Speaker 14: Just in case people don't see me on the screen, yep, this is Steve Jetter. ORLAP is updating our rules concurrently with this RAC, and we will be changing the definitions to total psilocybin equivalent.

Speaker 7: Josh.

Speaker 8: Steve, can you clarify what you said there, that the definition is going to change regarding what exactly?

Speaker 14: Sure. Yeah.

So we're in our rules is where the actual equations themselves for determining these calculated values lie.

And so we'll be updating the equation to reflect total psilocybin equivalent rather than total potential psilocin, which is how our rules currently, as they're currently written, they still use the TPP, the total psilocin, total potential psilocin.

Speaker 7: Does that I hope.

Speaker 8: I think so. That's just for your- so as it is now, it's total potential psilocin, but it's going to be going to total potential psilocybin, TPE?

Speaker 14: TPE.

Speaker 8: Total psilocybin equivalent?

Speaker 14: Correct. Yeah.

Speaker 8: Does that get transferred to to these RAC or to these rules, or is that just your, as you define for testing?

Well, yeah.

So what, what's the connection between that and this?

Speaker 14: So, um, the, the rules that we're looking at today, um, typically like there, there are examples in both the OPS, the Oregon Psilocybin Services rules and the ORLAP rules where we point at each other.

And so we're working in tandem to make sure that all of our rules are harmonized and where we point to each other, they are saying the same thing.

Speaker 1: Thank you.

Speaker 15: Yeah, thank you, Gary.

Speaker 4: I mean, with that said, isn't that more of a reason to go to TPE in the low-dose Language and kind of all have be using the same language. And I guess my second question is: Was Dan from Rose City our one lab left on that committee in March?

And has he been consulted in any of these technical dosage questions?

Speaker 12: Yes.

Speaker 1: Uh, the, the lab was present at the, the March, um, workgroup.

Speaker 4: And then the other question, if we're talking about using the TPE language here, will, will make sense we would use TPE in the low dosage conversation as well.

Speaker 11: Maria. In my hopes that my dreams come true and we do the TPE for this lower dose situation, that the G, you know, could specify maybe changing, you know, with being reflective of the other changes, having another way to signify that the TPE is 2.5, like a a circling or highlighting or something that really like large text or something that makes it very clear and apparent that that's what it is. To be, to be clear.

Speaker 15: Thank you.

Well, Jesse, do you think this is a good place to take a break?

Speaker 1: It seems so, yes.

So we have a 15-minute break on the agenda, and the way that we do this is we just turn off our cameras And our microphones. We leave the meeting open.

We will put up a break slide, and we will see you all when we convene- reconvene at 3:45.

Speaker 15: Okay, we're at 3:45.

So we're gonna make our way back into the second half of the meeting.

Speaker 1: Okay, thank you all for sticking with us.

The next rule, which will be coming up on the screen in a moment, is 2410, the product information document. For context, the product information document is a companion rule to the label rule, which we just looked at, and it contemplates the reality that labels can be small and that all of the information that we might want to share with the clients could be difficult to fit onto a label.

So clients also receive this product information document. There is the change from trade name to operational name, which I previously discussed in 1A and 1B.

And there is the inclusion of the designation for low-dose products. And we've heard quite a number of comments about how total Psilocybin equivalent may be preferable to, to this designation.

So you all are, of course, welcome to repeat those comments in this section. But, you know, for the sake of brevity, we may ask that you just say, if you have nothing new to add to your prior comments, just, we may ask that you just Refer back to your prior comments.

Speaker 6: Mimi. Hi, just, I guess this falls back on the manufacturer for a little bit more admin work for them. Is this something that is- I don't know, I guess I just want more detail. There's no question, sorry.

I guess I'm just considering the, the administrative efforts in all of these, these things, so I'm just, just concerned about that.

Speaker 2: Yeah.

Speaker 15: Thank you.

Speaker 13: Gary?

Speaker 4: Seems to make sense and refer back to previous comments on TPE.

Speaker 1: Thank you, Gary.

Okay, so if there are no more discussions on the label and product information document, the next rule is license fees.

So Emily and myself are going to be unable to offer any additional policy remarks.

You know, our section manager, Angie Albee, opened the meeting with a summary of program budget and kind of the rationale for increasing the fees.

So my framing remarks are going to be limited to how this rule functions. In 1A, you see that the application fee has increased from \$500 to \$1,000 for premises-based licensed, and in 1B, it's an increase for facilitator licenses. The annual license fees in Section 2 have all been doubled.

Those will be effective on January 1st, '27, with the exception of labs, which are effective on January 1st, 2029. The deletion of the prior Sections 3, 4, and 5 represent the elimination of reduced license fees. And the increased change request fees are described in Section 3, um, what is now Section 3. The fee for adding an applicant who requires a background check is going from \$250 to \$500, and the fee for premises change of location or modifications that require an additional inspection is going from \$250 to \$1,000.

And I would note that that change fee for inspections is only related to changes. That fee would not be applied on a routine renewal inspection or an inspection related to surrender of a license. That concludes my framing for, for this rule.

Speaker 10: Sam.

Speaker 9: All right, I got a few things on this one.

Um, so let's start with, I ran projections for the average psilocybin service center in Oregon, and right now they're doing about 18 services a month. That's macrodose. And they're about break-even.

So adding \$10,000 a year is going to put them further in the hole. Most facilitators aren't making any money.

Some manufacturers aren't. And I spoke with Dan at Rose City Labs, and he has fixed costs that are pretty high that are associated with, with this.

And so as manufacturers go out of business, his fixed costs stay the same, which means he needs to charge more per test that he does. And then manufacturers can't handle that and that gets passed on and eventually lowers the demand, which hurts everyone.

So starting with that, I did a survey of everyone that OPS had an email address for.

So I sent out 331 emails.

I got 146 responses. It's approximately 44%. I'm happy to share these numbers. Um, of the 307 facilitators, I got 131 responses.

Of the 6 manufacturers, I got 4. Of the 18 service centers with email addresses, I got 11 responses.

And so the way that those look are, for the facilitators, 10 said they would renew if it doubled, 11 said maybe, 110 said they would not. Of the 4 manufacturers that responded, 2 said they would and 2 said they wouldn't.

Of the service centers, 5 said they would, 1 said maybe, 5 said no. And if you use a calculation of maybe being about a 50% yes or 50% no, then we start seeing how the numbers work out.

And so what we end up with is if everybody renewed right now, who we have right now at today's rates, OPS is bringing in just over \$1 million a year. And then if we implement these new revenue changes and extrapolate across the folks who did not respond to my survey, then OPS will lose \$589,000 in license fees per year from all of the dropouts.

And again, I'm happy to share all of my survey information. And I just wanted to bring up what a death spiral is in case anybody doesn't know. But a death spiral occurs when a regulatory program responds to declining revenue by increasing fees on the remaining licensees, but the higher fees cause additional licensees to leave the regulation- regulated system. As participation decreases, the cost burden is spread across fewer licensees, creating pressure for further fee increases.

The cycle can continue until the regulated market becomes financially unstable, inaccessible to smaller operators, and unable to generate the revenue needed to sustain the program.

So, I've highlighted that, you know, or Angie brought up, there's no money to be had anywhere else. I'm showing you with proof there is no money to be had in the industry.

So something else has to be done.

Nobody's making money here, and if you increase the costs, everybody goes away, and we're in a death spiral, and the industry fails. And that's the one I have.

Speaker 1: Thank you.

Speaker 5: Josh?

Speaker 8: Yeah, I don't have the data to back up what sense I'm making of things. However, it's very much in line with what Sam just shared that, you know, in the language that in the email that was sent out, it said that due to rising costs that are outside OPS control, increasing fees are the only option to support budget and program sustainability. However, that's just false. Yes, if we increase costs, there's going to be attrition.

And then what is the only recourse is to raise fees again. And as well, this goes against the state's stated goals of cultural equity with eliminating the reduced costs for veterans and others. It just seems like setting ourselves up for the death of this. I did not like the language that said that this is the only way, and it can't be the only way.

That lacks- I mean, I'm not a- I don't work for the state, so I'm not familiar with all the limitations and things, but there has to be another way. I mean, we are a bunch of creative people here.

I know there are limitations based on how Measure 109 was passed, However, it just seems like throwing our hands up because the trajectory of that is not going to lead to more facilitators, which is going to require more, you know, raising costs.

And so I did have a question.

I don't know if this is outside of the rules of this law, but, and not wanting to pass on the burden to participants. However, In the sake of keeping this ship afloat, is there any possibility of having a fee built in, a small one even, to every journey that is had to spread the costs out? Because, yeah, doubling it to \$4,000 for facilitators who aren't making a bunch of money anyways, as well as doubling to service centers, it just, it seems like a death spiral to me. And that's, I mean, we have such a unique opportunity here and it'd be such a shame to see this collapse.

Speaker 15: Thank you. Kelly?

Speaker 12: Yeah, I completely agree with what the first 2 gentlemen just said. And boy, I love data.

Thanks for doing those surveys.

You know, it's my perspective on this was like, I mean, if a household's short on income, you know, look, you look for another revenue stream or you trim expenses, right?

So we've heard that all the expenses are trimmed, but, you know, I'm not going to go to my employer and ask to double my salary because groceries are more expensive.

So, you know, that's kind of how I'm bringing this, the whole, all the comments, right?

And so I'm not necessarily even opposed to food stamps. Fees raising. But the problem is that this is a regressive fee structure. This is like the City of Salem tax when they did the payroll tax, and then it was just- that's, that's- there's different ways to solve this.

We can do it with a progressive, um, fee structure, not a regressive one. If you just flat fee, double it across the board, that is regressive. Um, there's other ways you can do progressive fee tiers by, you know, revenue or entity size on a flat rate. I mean, you got, uh, you know, a manufacturer doing tons of, you know, millions of dollars in revenue, \$20,000 is a rounding error.

But you got the guy that's just trying to get his license going facilitator from doing 4. I mean, I'm not interested in being a facilitator anymore. Uh, you know, so there's other things you can do, sliding scale based on revenue or client volume, as I understand. That exists in the marijuana program, possibly.

There's that. There's, you know, there's other things. I don't know if public-private partnerships are available in here, but, you know, you could also do it in an installment or quarterly if you're going to raise it on the small people. But, you know, there's solutions to this.

I mean, if we're stuck with raising fees, I would just advocate for progressive fee structure than a regressive fee structure.

Speaker 14: Thanks.

Speaker 15: Thank you, Gary.

Speaker 4: Yeah, I think death spiral is the appropriate word here.

I mean, I think the timing on this is just terrible.

You know, right now we had 39 service centers and correct me if I'm wrong on these numbers. We had 39 service center licenses. There's only 22 left.

I believe we had 14 manufacturers. There's only 6 or 7 left. We had 3 labs. We only have 1 left.

So to me, this kind of goes totally against the OHA OPS 3 main directives. It definitely doesn't increase access. If anything, it goes the complete opposite way. To where these expenses are gonna go through the roof and, and sessions are going to get even more expensive.

So only the most elite can afford it. And we need to, you know, be talking about getting insurance and OHP to help more, to help, you know, reimburse or pay for some sessions. And that would definitely help the program in general. I believe it also works against health and public safety because what we're doing is we're driving people to the black market.

There were 12 million people from the statistics I saw that did psilocybin in the US last year.

Now, how many of those were legal sessions? Not even 10%.

So all we're going to do is drive more people to the legal market, black market, which does not help health or public safety.

I believe we're in a death spiral and this is just going to accelerate it. And we have to do something to change this program around. And I believe that it's actually going the opposite way to open up access. to make it more accessible for more people at a lower price to be able to do this. And if, you know, you'd run the numbers on this, if 3 to 5% of the American public is doing psilocybin, what's the number in Oregon then?

We have 5 million people, right?

So if we took and every one of them opened up access, You know, and we've got the 15% tax. There goes our deficit. If if we were allowed to to over-the-counter microdosing alone and tax it at 15%, I believe that that deficit would disappear nearly overnight in one year.

You know, I also am getting a question. from a lot of people right now. If OHA or OPS and OMMP are now merging, what are the cost savings there? And seeing a little bit more transparency on how that money is spent.

Somebody just brought to my attention the other day that there's 17 people in OPS and there's only 22 service centers.

And 8 manufacturers. And then I guess one of my last points would be, you know, with Measure 110 getting repealed, they repealed everything but the taxation part of it.

So the cannabis taxes are still going to rehabilitation and treatment fund. From my understanding, the state's having a hard time deploying that money quickly enough to get it out there to build more, more treatment centers.

Um, since we deal in mental health and addictive treatment, um, I believe there's, you know, last I heard there's like \$190 million in that account.

Um, so 2 things. Go the other direction and loosen access, tax it. And then I believe there's a, you know, \$3 million, \$3.5 million to what is being taken out by the cannabis taxes by Measure 110.

That's still what's sitting there is a drop in a bucket and a rounding error to a line item that would fund our whole program. That's my soapbox. Thank you.

Speaker 15: Thank you.

Tyler Tong.

Speaker 13: I just want to comment. All of the people that have spoken so far are- I can feel their passion and their wisdom in doing this work for the past 3, 5 years above ground trying to follow the extensive list of rules that already exists and feeling the crunch of this financial burden.

It's soul-crushing, not just to the people here, but everybody who's trying to provide this life-saving treatment for Oregonians and also being a beacon of hope for the entire country and the world in trying to bring this medicine to the people that we know works and has worked for thousands of years without colonizers creating rules around it.

With that being said, I do think that many people in this group and outside of this group could figure out a way to fund the program and maybe, yeah, loosen the rules around it, make it affordable and safe at the same time. I think that there have been a lot of limiting words on this project that are not serving us at all.

Speaker 10: Thank you.

Speaker 15: Courtney?

Speaker 10: Yeah, thanks.

Speaker 3: Um, obviously, uh, these fee increases are, um, uh, significant, will affect, uh, every operator of this space or will make the sort of viability of the program, you know, even more challenging. And while I appreciate, you know, what Angie said at the beginning in her introduction about sort of, you know, the measures that have been taken to sort of, you know, streamline administrative processes and sort of, you know, she spoke about this at the Psychedelic Society meeting last, last week, um, about sort of the efforts. Um, it would be wonderful to have some real transparency around budget, um, OPS budget, and sort of specifically like where money is being spent, because I think that might help us actually address rule changes, um, in a way that, um, makes this program makes it so it has an appropriate amount of regulation for what is actually happening.

And so, so I would like request here publicly, I don't know, formally, do I need to file something to request an actual sort of like budget, like from OPS, other than just sort of these vague comments about what has been done? I've heard about DOJ engagements for lawsuits that are actually totally outside of OPS. They're semi-adjacent, but I can't imagine that engaging the Department of Justice for a sustained time is helping the already- or the high cost that the program already incurs.

And so I think if we want to actually make this thing work, we need to prioritize, like, what needs to be regulated.

And how can we change these rules? Because for the last 3 years, all we've done at these meetings- this is my first time on a rack, I've sat in on them, I've been a part of the public comments- is we just add, add, add, add, add. And all this adding just adds time and money for all of us on the operational side. And like, where does all- where do all these additions come from?

Like, why are we adding so much? We're never taking away. We're never considering whether 6 hours is the appropriate amount of time for a session for somebody that takes between 35 and 50 milligrams. Maybe it is.

For me, it is. I need 8 hours probably. But like, for some people, they don't.

And so that could cut costs.

But we've never really looked at things like that and gone line by line through this document and seen like, what do we actually need to regulate a state model appropriately and safely? Because all of us in this space, Client safety is our number one goal, and we go above and beyond most of this all the time. And a lot of it is irrelevant and is just a burden to the operators, the facilitators, the service centers, the manufacturers. Talking about relabeling, adding labels for like a low dosage, like, what are we doing here?

Like, we could just avoid all that. You could just trust us a little bit. We've shown that this program is safe. We've shown that we do this with client care being like the center of all of it.

And it'd be wonderful if there was just a forum for like some of us to get together and literally go rule by rule and see like, what do we actually need in this and what can we get rid of? Because obviously this isn't working well and I don't see it working well in 2 years.

So it would be at like a minimum to consider like, what have we learned from this experiment? And then like, what can we do moving forward to see like, If this is even a thing that can work, which would be very unfortunate if the whole thing has to go bye-bye.

But you can't just keep doubling fees because that's what it costs, and we don't actually even know what it costs. And I'll stop there. Excuse the rant.

Speaker 1: Emily, I would like to provide a little bit of information before we move to the next commenter.

If you visit the OPS homepage, there is a link for- under the I Want To menu for I Want to Submit a Public Records Request.

So that is on the landing page of our website, and that is the mechanism for requesting documents that you have referred to.

Speaker 15: Jeanette.

Speaker 7: Thank you.

I'm new. This is my first meeting. I'm learning a lot, taking in a lot. I have a question.

With these changes, I guess I kind of want to know where we all stand as a group.

I know we're individual, but let's just say we came up with a way to go back to how it was, regular fees and all. I mean, is this a done deal? Is what we're saying, explaining the examples of how it could help Does it matter in this group meeting, or is it just a way for us, you know, to discuss it, and this is just the change that's going to happen?

Does that make sense? Like, regardless of what we say, what-

Speaker 1: Yeah, it does make sense, and it's difficult for us to answer that question directly in this forum. I do think it is helpful context to consider that some of the solutions that have been floated are legislative in nature.

So we are the implementing agency.

We need to implement the statutes that are passed by the legislature. We- and we do that by adopting administrative rules and That's really the best answer that, that we can provide to that question in this forum.

Speaker 15: Josh.

Speaker 4: Yeah, so a couple things.

Speaker 8: One, I think the language that was used in the email that said this is the only solution is very short-sighted and completely inaccurate. I understand that these things are complicated. We're working with big systems. I just did a short AI search and asked about, you know, taking what Gary had said, that there's this money from cannabis that is set aside specifically for mental health support related to addiction support, harm reduction, and things like that.

There's millions of dollars there. I asked, would it be possible to use that money to support this. Again, I know there are complications with this. But it said that the most realistic way would be to have the legislature reclassify this and simply say, this is what it says, psilocybin services delivered under Measure 109 may qualify as behavioral health or addiction recovery services.

I know there's lots of research out there around psilocybin and addiction. I actually helped pilot a project and supported people recovering from opioid substance use disorder.

We know that works.

It also said that OHA could interpret psilocybin services as trauma-informed care and mental health support.

If OHA classified psilocybin as behavioral health, as a behavioral health modality, then that this could be possible. That it does not require a ballot measure, just rulemaking.

So we're talking about these rules. And again, I'm aware there are complications.

I just want to- there's a danger in the language when we say this is the only. That hits me. I don't like that. It doesn't feel true.

Speaker 12: It feels-

Speaker 8: it lacks creativity. And especially when we're talking about psilocybin, we're talking about breaking down these rules that we abide by that are not true.

So I realize I have a lot of passion around this. Maybe what we do is we all the everyone with OPS from OPS and the legislature, we do a big group journey together and say, okay, what is possible?

Because we absolutely know this is short-sighted. And it was mentioned earlier that we are that we are pioneers here. that it matters what we do. It matters how we navigate. We have a responsibility.

And it just- yeah, there's- I'll leave it there. I've said enough. Thanks for listening.

Speaker 15: Thank you, Sam.

Speaker 9: Yeah, so information request was brought up. I did an information request. And I got back 2 documents. One is a one-page Work chart for OPS with 17 employees on it, and the second one is a 4-page budget document, and there's a paragraph on the 4th page that says 2025 to '27 biennium, and the first line is OHA current service level CSL did not include

support for OPS and OHA did not approve a policy option package, POP, for the 2025-27 biennium.

OPS has projected a budget gap for 2025 to 2027.

So as I read that, whatever OHA current service level and OHA policy option package, whatever those 2 things are, didn't do what was done before or what could have been done, and now there's a shortfall.

Speaker 15: Thank you. Mariah?

Speaker 11: Thank you. Um, I really appreciate the survey and the death spiral comment, and it does feel heartbreaking. Um, it does feel like there, with this current plan, there is no way out, that we will all lose our jobs as we know it, for the OPS 17 people and the hundreds of facilitators and service centers and manufacturers. Yeah, it feels pretty impossible and also heartbreaking to lose the equity or accessibility features of reduced license fees for those who have different means, and like think about what it would feel like to remove the social equity plans for all of the licensees and how that would feel unjust.

But it will be harder for facilitators to be able to honor their social equity plans if their licenses are doubling.

And so this trickles out in impacts. impacts those who are seeking these services. And I don't really know what the solution is, but I know that this isn't it. And I want to know if you guys are able to share, like, how these numbers were proposed.

And if those who proposed them considered those reductions in license renewals, because it just kind of feels like there's something that's like trying to like suffocate this, like drown this program. But I also like, I feel for you guys, and I know that it's really hard, and I know that like inflation and like logistics and things are out of your hands. But this, this ultimately won't serve Anyone. It'll stop serving all of us.

Speaker 15: Thank you.

Speaker 1: Yeah, and we are unable to share any additional budget information. But, you know, we appreciate the comments and the questions.

So, you know, please do not allow our lack of an answer to chill the conversation.

Thank you.

Speaker 6: Um, thank you to everyone who is speaking up. Sam, for doing the extra work of gathering that information. Um, I agree, this is, um, such a passionate community, and this work is really important.

And this sort of thing feels like the beginning of the end. And I think that the people that are in this community are, are really smart. I do think that there's a different way, and I don't have the answers, but I do hope that moving forward it isn't an email that says this is how it is. I hope that there's more, um, communication. problem-solving, just an open mind for, for making this program successful.

We are one of the first states, and I'd like to be proud of the work that Oregon is doing and continues to do with psilocybin.

Speaker 15: Thank you, Gary.

Speaker 4: Yeah, I just want to add on a little to somebody's comment a moment ago about, you know, we are the pioneers in this, right? And we know probably we weren't going to get it right the first round.

And we, we knew that we probably weren't going to be able to self-fund this thing within 2 years. But, you know, right now, yeah, it feels like You know, this is in a death spiral. And if we don't do something, we're going to lose all of that work that we have done and set the whole industry and movement back years if we can't make this work. And, you know, in the private sector, we don't have the- luxury of being able to say, well, we're short on revenue and high on overhead, so we're just going to double all of our costs and charge our clients more because we'd lose all our clients.

Kind of like, I think, is the next thing that's going to happen here. We can't magically wave a wand and increase revenue.

So we learned to work within our means. I mean, I would love to have 3 more employees.

I can't afford them. I would love to do much more promotion and a lot of things that, you know, we can't afford.

So I would say that, you know, this program needs to think a little bit more like a private sector business and go, okay, well, here's how much revenue we have.

So Our budget for overhead is this.

I think we need to, to Josh's point, get a little creative to where we can go find more money.

You know, the Measure 110 comment was just one idea, but I mean, I know there's, there's programs out there where \$3.5 million is a rounding error in a line item. And, you know, I mean, I think the doubling of price is just kind of a knee-jerk reaction. I mean, to be honest with you, I wouldn't even object to a 10 or 20% increase.

I get it.

You know, but all that's going to do is, like I said, decrease accessibility and drive people to the black market, which does nothing to increase health and public safety.

So I'm hoping we can find a way around this to work together and not just say this is the only way, because I just don't buy that. Thank you.

Speaker 15: Thank you. Jeanette.

Speaker 7: Thank you. Again, being new, maybe everyone has this information.

I don't know yet. But have we coordinated at all with the Oregon Opioid Settlement Board on spending? Are there funds there for that? Secondly, I'm a former military spouse, and in working with Veterans Affairs here in the state of Oregon, you know, there are a lot of nonprofits, a lot of agencies that want to help. in this capacity where I would hope there would be funding in that way.

So those are my questions, if those have been looked at. That's it, 2 questions.

Speaker 1: We're unable to answer those questions specifically, but I would remind the group that our section manager, Angie Olby, did describe the legislative funding sources in her introductory remarks.

So any additional funding sources would require a legislative change.

Speaker 7: Thank you.

Speaker 15: Sam?

Speaker 9: One more quick comment on this. I was researching It looks like there's a board that's over OPS in general.

I went down through their bios. There's like a mycologist, which is cool, and medical people. The thing that's missing is a small business person who, like, understands how these things affect businesses.

Maybe some of these people have done business in their past.

I don't know. But it looks like a glaring omission. of a really critical stakeholder in a group like that.

So it'd be great if whoever listens to this thing and is involved with the board might consider adding a small business person to the board.

Speaker 10: Gary?

Speaker 4: I would just say that, you know, if OHP, Medicaid, Medicare, and insurance covered this, we wouldn't probably be having this conversation because we'd have enough revenue coming through the program.

So I guess I'm still a little confused why a program through OHA is not fundable through OHP.

Speaker 9: Thanks.

Speaker 1: Hey, I'd like to recognize that this is a really heavy conversation and thank all of you for your comments and for continuing to express yourself in thoughtful and respectful ways.

It's not lost on us.

The next rule also addresses fees.

So there is, first of all, in Section 3, a provision which is not related to fees. This is for worker permits.

They are required to report any felony conviction within 10 business days. Licensees have an identical requirement.

Also in Section 7, the rule states that a practicum site supervisor must hold a worker permit. This was discussed at length by the training table.

This provision is really specific to how training programs operate. We've got some technical changes. Considered incomplete is now being changed to closed as incomplete because that's more precise language. The fee changes are found in the new Section 9.

The former fee for a worker permit was \$25 annually. That's been moved up to \$200 annually.

Also, in what has now been renumbered as Section 10, there was 180 days to pay. That has been moved to 90 days following a determination to grant the application.

Speaker 14: Sam?

Speaker 9: Yeah, I'd just like to make a quick comment on the worker permit fee increase.

You know, as we've already mentioned, it's really tight for the service centers. They can't afford to have employees just hanging around, and so that requires increased flexibility, and it's nice when they can have like a handful of folks ready at any given moment to come in and support services.

And but when you're having to pay \$200 a pop for each person, that gives those service center owners pause on like, how many people can I have available ready to support?

And so for that reason, I don't agree with the increase to \$200.

Speaker 15: Thank you. Kerry?

Speaker 4: Totally agree with Sam. Uh, \$200,000 from \$25,000 is, you know, kind of exorbitant. Um, and yeah, we work with a lot of part-time people, as Sam pointed out, to try to fill the roles and keep overhead down.

Um, so you know, that's just going to raise the cost more and make it harder to fill those positions.

So, I'm totally against the \$200 fee, but I totally agree with some of the other ones here.

So, for instance, that somebody with a permittee or authority would have to report being Arrested. Oh, this is of any conviction or felony within 10 days. I believe OLCC for liquor licenses and cannabis are you have to notify them within a certain amount of days on even an arrest.

So yeah, I don't think that that's. Out of line, 10 days of a conviction for any felony. That totally makes sense. And the practicum site supervisor, suppose they should probably have a worker's permit and it should be held in a licensed facility.

But yeah, I think the \$200 from \$25, I mean, that's a little bit more than a double.

Speaker 12: Even.

Speaker 4: Thank you.

Speaker 15: Thank you.

Courtney?

Speaker 3: Yeah, just to piggyback on, on that \$25 to \$200 fee, it feels- seems a bit disproportionate, sort of, to the other fee increases. We have probably 10 folks who have worker permits. Because it's, as Sam said, it's like nice to have the flexibility and sort of have folks available to come help be, you know, reps and on-site if, say, someone schedules a session late or one rep needs to like go pick up their kid from school, then another one can come fill in.

But increasing it from 25 to 200, you know, that roster starts to get a lot smaller and just, you know, creates more challenges and burdens on- service centers to operate in a way that makes sense.

Speaker 6: Thank you.

Speaker 11: Once upon a time, it was \$25 for 5 years.

So I just want to bring awareness to our little slippery slope we're all on.

Speaker 8: Yeah.

Speaker 11: Yeah, it's just like, I wonder like, when will it stop? Like, at what point do we- is there an end? It's just adding and adding and adding.

And yeah, it's like one thing to have like the 25 for 5 years to then go to 25 each year. And they're just- it makes me concerned for this whole program. Like, what happens when half of our people drop out and then the license for a facilitator goes from \$4,000 to \$8,000? Like, um, death spiral is, uh, feeling very inevitable in this structure.

Speaker 1: Okay, the next rule, 4280. Is our rule on license surrender, and we're doing a couple things here. One is technical, and we're going to see this edit throughout the rules. You'll see at the top that the language in a form and manner prescribed by the authority has been replaced by language that states submitting the form published on the authority's website.

In conjunction with this rule, making our section is going to be looking at revising forms for 2027 and changing the way that we make these forms available on our website.

So you're going to see this edit throughout the rules where we have a specific form. You're going to see the language that says the form published on the authority's website. Where there's not a specific form, you'll still see that form and manner, and it's a reference to a process rather than a specific form.

The other thing that is happening in this rule is at the very bottom at 6. Previously, there was no process for surrender of a worker permit. We only had it for licenses and training programs.

So 6 adds worker permit surrender to this rule.

And it is fairly straightforward. It mirrors the provisions for licenses and training programs. Maria.

Speaker 11: This all seems fine and good to me, though I have a question that I don't know if you can answer right now, and I understand if you can't.

But for this change in forms and from forms to processes, at what point will licensees be made aware of those changes? Because I know they typically go into effect January 1st, 2027. Will there be like a heads up in December or- okay.

Speaker 1: Yeah, I mean, we can't provide you exact dates, but it is the Section's intention to adopt rules in late October and to simultaneously revise our forms.

So this will give folks hopefully a little bit of lead time at the end of the year before the rules become effective on January 1st, 2027, to adjust their business processes as needed.

Speaker 6: Gary?

Speaker 4: Yeah, I have a question on the surrendering of the workers' permits. I mean, these are employees, and I just have a feeling you're going to have kind of a low compliance with this rule with employees.

I mean, they've got their permit, it was 5 years.

Now it's only a year. It's already been paid for. I mean, wouldn't them not renewing it be enough?

I just don't, you know, having had a lot of employees over the years, don't see them following through. And this is on the employee, not the employer.

Speaker 5: correct.

Speaker 4: So I just don't see a lot of employees, if they leave the industry, actually complying to this rule.

Speaker 1: Yeah, let me provide a little more context.

You know, this is for a voluntary surrender. This is for an employee who chooses to surrender their worker permit. And, you know, if a- if someone simply stops working and keeps their permit active, this rule does not apply to them.

If somebody's permit expires, this rule does not apply to them.

But this rule states that the permit remains in effect until the authority accepts the surrender, and that allows OPS to resolve any trailing compliance issues that might be present while the permit is still active.

So that's kind of the purpose of the surrender rule.

Speaker 4: But they don't get their money back, so what would be their incentive to surrender versus just let it expire? I guess I'm just confused.

I don't-

Speaker 1: Yeah, they could choose to just let it expire. But for example, if somebody had pending compliance issues and requested surrender, this rule allows us to resolve those issues before accepting their surrender.

Speaker 10: Got it.

Speaker 4: Okay, so if there was an issue, investigation, whatever, they can surrender Rather than wait for the expiration.

Okay. I think I understand a little.

Speaker 15: Josh?

Speaker 8: Yeah, I was gonna comment on that.

I mean, I'm just trying to understand from like a worker permit. If I had a worker permit and I, I would have absolutely no incentive whatsoever to surrender, like if I'm leaving, industry, I'm- my guess would be you would have zero of these. I may be off, but I just wonder if it just- it's just one of those things like, can we- where can we simplify? That's it.

Speaker 4: Agreed, Josh. I just don't think you're going to have anybody- you're going to have zero of these unless there's- unless they're trying to escape some type of penalty.

Speaker 1: Okay, the next rule set, or the next pair of rules here is pretty substantial, and we have 20 minutes left.

So we're going to start the conversation on 4300 and 4310.

And recognizing that we may not finish it, and we can Bring it back when we meet for the second meeting.

So on 4300, you will see a lot of text has been deleted or proposed for deletion, and the reason that this is being proposed for deletion is that it is being moved over to 4310, the new rule.

So So as you're looking at 4310, the contents of Sections 1 through 6 were the deleted text in the prior rule, and then 7 through 11 is additional. What this does, to summarize at a high level, is this is the process for service centers to provide notice of- to conduct temporary uses of their licensed premises for activities that are unrelated to the exercise of a licensed privilege.

So, and it clarifies activities related to regular staff operations of the licensed businesses, like staff meetings, for example, that's not a temporary use. And I'm just going to summarize real quickly. I see folks are already queuing up. The requirements of all of the statutes and rules remain into effect, and we list some of them.

So this is an including but not limited to list, and it's, you know, no alcohol beverages or other intoxicants, no one under 21 years of age, preventing access to limited access areas. I'm not going to read the entire list. In Section 3, again, this is not a new requirement, but products may not be sold or transferred during a temporary event, and no psilocybin services may be provided. There must be a licensee representative present.

These uses may only occur between the hours of 6:00 AM and 11:59 PM. It may not occur while a license is suspended.

Moving on to the new sections, which provide more detail on complete and adequate notice. Service centers must provide advance written notice, and this must be at least 5 business days prior to the event.

Service centers may use a single written notice to provide Notice of multiple and recurring events.

So for example, if you have an event that happens every Tuesday evening, you don't need to file every week. You can do that with one notice. The authority will provide written confirmation when- that the notice is adequate and complete.

Service centers may not conduct the temporary uses unless they have received that written confirmation. And if there is a recurring event, what Section 11 is saying is that they must- the service center must provide advance written notice when they are changing that recurring event. That concludes my summary of this rule.

Speaker 15: All right, Josh.

Speaker 8: I'm wondering what problem this is solving. The psilocybin's in a, like, 600-pound safe. What, yeah, what is, what is the intention of this? And what, what, what problem is it solving?

I don't understand.

Speaker 1: So this rule has You know, as I stated, the notice part is new. And, you know, it's- or not new, but newly clarified. This is intended to inform the agency about other events that are happening at the Service Center that may present some issues with compliance.

I mean, what we're essentially saying in this rule is that the rule- the requirements for a licensed service center are present 24/7.

You know, they're- it's not the case that, you know, you can have minors on session- on present- on premises if there's no sessions taking place, for example.

You know, that's the one clear example that everybody talks about.

So it's really just informing the agency of what's happening at the service center and conversely informing the service center that, you know, these rules are present and applicable regardless of the activities that are happening.

Speaker 8: I guess the question is why. I mean, if a service center is not doing sessions, Right?

There's no access to psilocybin, and you have a building that people are trying to recoup their costs on.

And now, especially since all these fees are doubled, what is the danger?

What is the perceived problem of even having a minor on- You know, there's a service center I work at that's a really nice building, and it would be lovely to have, you know, meeting, a meeting space Or a yoga class, right?

Speaker 1: Even for minors.

Speaker 8: What I'm curious, like, what is the thinking that says this place is-is it dangerous? What message are we sending to people?

Like, I'm just-I'm not under-I guess. Can you offer it any clarification on that? Yes, I understand during business hours when you're having journeys.

Absolutely.

But if you're not, it's a building. Everything's locked up. What, what, what is the perceived harm that is a potential, potentiality?

Speaker 1: So the prohibition on minors is, is actually statutory.

So we can't change that one in rule. As to the others, you know, I don't know that I'm able to Is it possible to remove these pieces in this process, or is this-

Speaker 8: are we just tweaking?

Speaker 1: You know, you were providing input on the proposed rules.

So if your input is that we should scrap this-

Speaker 8: Absolutely.

Speaker 1: That is input that you are welcome to provide.

Speaker 8: Yes, scrap it. There it is. It seems like rules for the sake of rules. rules that don't have- there's no- I can't perceive- it might be my short-sightedness.

I don't perceive these rules doing anything other than creating bureaucracy. That's my feedback.

Speaker 12: Mimi.

Speaker 6: Thank you.

Yes. out of all of the rules, this one makes the least amount of sense to me. And, um, so now we're adding more to it.

So I think my question, and I know it's not going to be answered, is why is this, um, approval needed to have a yoga class at a beautiful space?

And now that service center fees are doubled, \$20,000 a year, um, to be able to host some sort of meeting space, to provide this beautiful space to other things would be actually helpful to the people that are spending these large fees.

I guess as far as the rules that are being proposed, I would vote against them if I could. But I also am curious about this sending a notice. It has to be 5 days prior. You're waiting for a response.

So is this 5 business days? What happens if we don't hear a response? If we're able to make a little bit of extra money for renting a space for a yoga class and then we don't even hear a response?

You know, there's just like, it makes me really nervous.

Yeah, so the expected turnaround time, um, as far as like you're sending this request and it needs to be adequate and complete, what does that mean? Is there a checklist for this? Um, I, I have a lot of, I have a lot of concerns about this rule in general, but I know it already exists. Um, I do think that if we were to consider ever cutting down some of the rules in this very, very large, uh, rule packet, this would be one that I would bring up for sure.

Speaker 1: Thank you. Sam?

Speaker 9: I think they both just covered this super well, so I just want to reiterate with what they're saying. Service centers aren't making money.

Anything we can do to help support them with as little paperwork as possible and not And let's, let's not have, you know, a fine OPS employee hanging out in front of their computer all day running through these things and signing them and sending them back. That just does not seem like a good use of somebody's time or budget.

Speaker 15: Thank you, Courtney.

Speaker 3: Yeah, a lot of these aren't new, but because they are reorganized, I will take the opportunity to provide my input as it is.

And my input would be like Josh's, to scrap it entirely.

Any sort of revenue that we might recoup by being able to use- to have the temporary use is negated by a number of these restrictions. The biggest one would be having a rep on site for the entirety of the event, which again, I'm okay with number 3, that psilocybin products can't be sold or transferred and no psilocybin services are provided during the temporary use.

So we don't need a rep there because everything is locked per the very intense security rules.

Cameras are still rolling, all those things.

So, yeah, any sort of way to sort of generate a little bit more income is, you know, negated, halved by having a rep on site. And I guess, why? Why does it have to only be between 6:00 AM and 11:59 PM?

What could possibly- like, why is OHA so concerned, OPS concerned about what may happen in those other hours. Um, you know, why, why can't alcohol be served?

Like, there's no good reason for that other than you think something dangerous might happen, may happen, hasn't happened, but may happen.

So we're going to put these very restrictive rules in place here.

Um, there doesn't seem to be a lot of rationale for any of this. Um, just sort of like, you can't do this because we say so. Without really any good reason. We pay high rents for these spaces.

Or if you're running or walking. Um, and, uh, a temporary use to be able to rent this space for other purposes without these restrictions would be semi-helpful for the operators with small businesses.

Speaker 15: Thank you, Gary.

Speaker 4: Yeah, I, I totally agree with what I think the general consensus here is, is this is rulemaking for the sake of rulemaking and totally overkill.

We, we have to follow the regulations anyhow. We actually used this and took our service center out of operation and did a temporary use a year or so ago for a community-wide event that was happening in our downtown area. And we wanted to be able to have an open house and give tours to people that were coming through from all these different events. And we were kind of like, we had a band in the parking lot.

Um, so we actually were part of this community event.

And so we took our service center out of operation and applied for temporary use. Um, you know, there's, uh, a bar and a pub right behind us. There's a distillery across the street.

Um, and so to Courtney's point, you know, I mean, I think if you're taking it out of of service and you're not doing any sessions or, you know, the psilocybin's locked up in a restricted use area, which people can't go into anyhow, even if you take it out of service, that, you know, this just seems like overkill.

So we had somebody at the front and back door making sure that nobody brought alcohol into the premise from another facility or another event. But, you know, the whole time I'm like sitting there thinking, well, we just took our service center out of operation for the day.

So why does it even matter if they come in with a beer or a glass of wine?

You know, we were sitting there checking IDs at the door to make sure nobody under 21 even came in. And we made people put their beer out on a table by the sidewalk.

Um, so yeah, I mean, I, I think that this is overkill, and I would agree that if you take it out of service to have a party, an open house, an event, um, I actually think that beer and wine should be allowed to be served. It makes no sense.

I mean, we're surrounded by 4 bars. Um, And I also believe that there needs to be some definition or clarification about more than just, uh, if you're having an employee meeting, a staff meeting or something, that doesn't count. Um, what about an open house? What about giving tours to potential clients?

What about, uh, yeah, yoga, some, you know, Class. I just think it's, it's overkill. It's not very clear and defined of what a use is okay and what use needs a temporary use. And then up above in the sublet, and it's not even in red, but it kind of falls into this as well.

Um, you know, we're not allowed to sublet.

So, I mean, what would be wrong with having a mental health counselor on site? What would be wrong with having an acupuncturist on site? What, you know, or, or having a facilitator who had a dual licensure be able to have an office in, in your facility?

Um, I just, I, I don't get it. I think it's overkill, and I agree with everybody else that this should be totally simplified and better defined or stricken. Thank you.

Speaker 15: We're getting close to 5 PM, and we've been here together for a while now.

I see, Mariah, your hand is up, and maybe that can be our last comment for the day.

Speaker 11: Yeah, I didn't realize the time.

Sorry. But it's reiterating what other folks have said.

I understand that a lot of times rules get made because maybe there were actions of noncompliance with the rules, and so then that instigates this. But, you know, there's probably been several more, dozens more events that worked just fine where there wasn't the infraction. And I think it's worthwhile to consider the weight of those, that there have been adults adulting and being responsible and being in compliance, and that they're- I think the headache of having to submit isn't necessary, and I think just making it so that the rules of the psilocybin service center being in compliance, whether it's in operation or not, is reasonable and doesn't need the additional context.

So I would be supportive of striking the need to submit a request.

And then if you don't, then yeah, like having a checklist to make it easier if we must do it so that we don't fall into noncompliance for the compliant, unnecessary compliant, like loop doom spiral.

So yeah, that's what I have to say for now. It's 5, so I'll stop.

Speaker 1: Thank you all.

And as a reminder, we are going to reconvene on Thursday. And I do not have my calendar open. Emily, is that a morning meeting or an afternoon?

Speaker 15: Yeah, it's 9 AM this Thursday.

Then July 9th.

Speaker 1: Great, and we will pick it back up with any additional comments on 4310. As far as timing, we're, we're doing pretty well as far as being able to cover everything in the second meeting. We will cover the remaining rules, and we will also cover the draft impact statement, which was sent to you via email on Monday, and also included in, in the meeting materials.

So thank you all again for your time, and we will see you Thursday at 9:00 AM.

Speaker 15: Thanks, everyone.

Speaker 6: Thank you.

Speaker 15: Have a good evening.

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