

OHA Psilocybin Services - 2026 Part 1

RAC 1 - Training & Facilitation - Meeting 2 - July 7, 2026

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Speaker 1: Good morning.

Speaker 2: Good morning.

Speaker 3: Morning.

Speaker 4: Hello.

Speaker 1: We're just letting people in, getting settled. We'll get started in just a couple. minutes.

So feel free to grab a cup of coffee or tea, or do any last things, and we'll hang here for just a couple minutes to make sure everyone finds their way in.

Speaker 5: Right.

Speaker 1: Good morning, everyone. We're just a couple minutes past 9, so we might give it just another minute or so, and then we'll get started today. Alright. Well, thank you all for joining us again this morning.

And I feel like most of us are here, Jesse.

Speaker 6: Yeah, I think we can go ahead and get started. And we were on 4060 when we broke yesterday. It's good to see all of you again this morning.

And 4060 is the rule that contains the increase of license fee and the reduction of- or elimination, excuse me, of reduced fees. And we've already received a number of comments, but we're going to continue with this rule at the beginning of today's session in order to receive any more comments that you all may have.

So, Emily, if you are able to put 4060 up on the screen, that may help move us along.

Speaker 5: That would help.

Speaker 7: Yeah, that's how we do this.

Speaker 1: Okay.

Speaker 8: Let's see here.

Speaker 5: Alright.

Speaker 1: Just gonna put it in full screen mode and then zoom in a bit.

Speaker 9: And there we are.

Speaker 1: And I see your hand is up.

Speaker 8: Good morning, everybody.

I think I saved my comments for this morning.

So this is the same comment I was gonna make yesterday, but I do object to the fees. being increased by this much. The reality is there are other options and people can go to Colorado. And I just think this needs to stay at least competitive with Colorado.

Otherwise, people just won't come to Oregon and they won't get licensed in Oregon. There's no reason for them to do that if they're coming from a different state or they want to bring people, which is what we do.

So this would make it impossible for us to continue to bring cancer patients and survivors to Oregon. That's all, that's all I wanted to say.

Speaker 1: Thank you. Chris?

Speaker 10: I do have a couple questions. Do you guys know how many licensees currently use reduced fees?

Do you have the numbers on that at all?

Speaker 6: I am not able to answer that question today.

Speaker 7: We-

Speaker 6: I will share that on the data dashboard, we have current numbers for overall number of licensees by license type, but I do not have the information on reduced fees that you just asked for.

Speaker 10: Okay, and then Have you guys, like Anne just said, have you guys considered any alternatives?

Have you done any research on what other options there may be?

Speaker 1: Or are-

Speaker 10: or do you want us to give you those options? Or is that something for discussion in September?

Speaker 6: Okay, so there was a couple questions in there.

Firstly, the The OPS staff who are here today, myself, Emily, and Meredith, are unable to speak to larger budget issues. We really can't add anything to the opening remarks that our section manager, Angie Albee, shared yesterday regarding other options.

Also regarding other options, you know, the purpose of this meeting today is to provide feedback on the proposed rules.

So to the extent that other options are being proposed, they- it would be most useful for them to be focused on other options that would be implemented via changes to rule rather than the entire world of other options.

Speaker 10: Okay.

Speaker 6: So I hope that that answers your questions.

Speaker 10: As clear as mud.

Speaker 8: Thank you.

Speaker 10: No, just kidding. Had to lighten up the mood a little bit.

Speaker 8: Thank you.

Speaker 1: Alison.

Speaker 3: Morning. I feel like it's important that I echo our objections. I don't think I have anything necessarily new to add. I just really felt like we needed to hammer home hammer this point home.

This feels egregious, both the amount of increase and the lack of lowering fees.

So it just really feels like we have no room for the industry to go anywhere. And I'm quite concerned that this really is a death knell.

So I just really felt like I needed to emphasize that.

I've been thinking about it overnight and trying to come up with this idea of whether or not I'm being overly sensitive, and I talked to other people about it and tried to get some perspective. And I came here this morning to say, no, no, this is too much. And I just want to be very clear. That's the feedback that I have.

Speaker 1: Thanks. Thank you.

Speaker 5: Sam.

Speaker 11: Yeah, I just want to I want to step back and give some folks on this committee a little bit more perspective on this as well and acknowledge, I think, what we're all feeling, right?

Which is that on face value, this is a public venue in which we've taken our time to provide feedback on something that we, you know, on the whole collectively feel is not just egregious and overly burdensome for the program, but could be one of, if not the final nail in this program, right?

Speaker 5: Right.

Speaker 11: That's a big, scary thing. And I want to give some gratitude and some grace to the OPS staff that are on this as well.

They are literally stuck, have been stuck between a rock and a hard place for a very long time. As you can see, they're not able to necessarily answer the big questions that we have, because the truth is, even if they could, they don't necessarily have the answers either. This is from my understanding, and I'm not asking OPS staff to engage in this because this is, this is just kind of separate. But this is not necessarily something that OPS or the division is, is a decision that they are making on their own.

There are forces above OPS, above all the staff that are here within OHA leadership, that for reasons that are not entirely clear yet, they don't take this program seriously.

Some of them don't think it's safe.

Some of them don't think it's effective, despite what most of us, if not all of us, know on this committee.

And so I just want to color some of that picture in, one, to give some continued grace to the OPI staff that are on here.

They've done an amazing job. And to also highlight that there are- there will be other opportunities here. I think there are other entities not represented on this call that are trying to figure out, you know, where the, where the hammer is coming from top down, right? And I do think the thing I want to also invite people to think about is, you know, figuring out what your specific narrative can be as to why this program not only deserves to continue to exist, but all the incredible work it's already done for people that we all know and love and the impacts it's had on people.

That narrative plus some of the safety and promising efficacy data that we're seeing come out of this program, that is what I truly believe is the opportunity not just to prevent licensing fees from being doubled, you know, but potentially a turnaround to where the state can actually see this as an incredibly powerful tool that they just haven't yet taken full advantage of.

So I just wanted to share that narrative and that perspective. Over the next couple of hours, I didn't want this to be complete doom and gloom. I do think there are opportunities outside of this process to affect what we are talking about here today.

So I just wanted to share that. Thanks for the extra time.

I know it went a little long.

Speaker 1: Thank you.

Amy.

Speaker 7: Good morning. Yeah, I definitely second everything Sam just said and appreciate you calling that out. And Jesse and Emily, you guys really are getting the brunt of this.

And so I just so appreciate your, you know, your tenacity to help deal with all of this that's coming your way. I do want to just call out something. Yesterday I sat with this also last night and did a lot of digging online. And again, it is no secret that this program and our service centers are dwindling.

The number of license renewals is dwindling. We really are hanging on by a thread. The feedback- I mean, just there's people on this call now that haven't even applied for licenses due to the cost. And one of the things I just wanted to also remark on yesterday.

I know I mentioned I am a recipient of the reduced fees from being a military veteran. It's just the fact that, you know, you guys- when I say you guys, I mean just OPS. The rules require a social equity plan and how we're going to make these services more accessible to folks. And removing the dynamics that hold you- hold OPS to the same standard by taking away reduced fees is pretty egregious.

And I just wanted to share that that it's really important that if you are requiring as part of a renewal, which by the way, I was going through my renewal process last night and I'm having to submit, you know, a social equity plan, that I would encourage OHA and OPS to be held to the same standard and to have an avenue for people to access these services as well, if that's gonna be required as part of the application process for the facilitators that are the ones being now asked to pay these really high, really high fees. The other thing in relation to the social equity plan, you know, as I mentioned yesterday, but again, just want to hammer this point in a little bit further, is the service centers are already really struggling to stay open. And this, this particular topic of cost trickles down to a lot of the other rules that we've discussed in terms of spaces for people to go and do their practicums and places for them to hold their learning sessions and things like that. The fewer centers that we have, the flexible within the rules, and the higher these expenses are, the more you need to be flexible within the rules, knowing that you really are only going to be having this- these services available to those that can afford it.

There's already online a massive wave of feedback coming from the public about how this is an elite service that only those that have big pockets are able to afford this service because it costs thousands of dollars already today as it is. I have a list of hundreds of veterans that are waiting for services when there's an opportunity for them to get at a discounted rate. And this is only going to exacerbate the issue with the cost being duplicative.

So I think a lot of the other things I would have to say, I'm just championing what we said yesterday and what other people have already said this morning.

But I do think it was important to just go ahead and be another voice to champion that the fees simply are just egregiously way too high, and this is going to be a nail in the coffin for this industry here in the state of Oregon. There are a lot of other ways to go about collecting fees, raising fees even slightly. I mean, you could do 10% raising, which is normal for year over year, but to quite literally double these fees is just far too much. But most importantly, taking away the avenue for those that need some sort of break with our vets, the low income, et cetera.

It's just direct in conflict to what OPS stands for with requiring social equity plans from facilitators. Thank you.

Speaker 1: Thank you. And Jesse, I know that you mentioned this earlier, that there's a chance to kind of circle back to fees and budget once we get to the statement of need and fiscal impact.

So it might be good just in the interest of time, do you think, for us to keep moving and then Yes, I do think it would be good to move to 4070, which also contains a fee increase.

Speaker 6: So I'll summarize that in addition to the other things that this rule is proposing to change. The rule on the screen, 4070, relates to worker permits. There is a new Section 3 which states that the permittee must notify the authority in writing Within 10 days of a conviction for any felony.

This is identical to the provision that is in place for licensees. There is a clarification in the new Section 7 that an individual designated as a practicum site supervisor must hold a worker permit. The fee increase is in the new Section 9. The rules propose to increase the fee for worker permit from \$25 to \$200.

And then there is a clarification in 10 and 11. The prior text said considered incomplete and the new text says closed as incomplete. That's just to use more precise language.

Speaker 7: Amy.

On number 7 there, an individual designated as a practicum site supervisor must hold a worker permit. I just want to strike this one as well and just say that I disagree with this. This goes back to my comments from the other day about having to have designated practicum sites versus just opening up more places to be able to hold those practicums. The other thing that I want to just comment on is the multiple licenses that are required or permits permits that are required.

As an example, a facilitator is required to have a worker permit also, and that is- it's unnecessary. We don't touch any of the psilocybin to begin with in our particular roles, and everything is already really incredibly expensive, so requiring extra licenses- I understand this is probably a vie for just more revenue for the state of Oregon, but because it's specifically calling out a designated practicum site, this is something that I opposed earlier in the proposed rules, but also just wanting to champion that. Requiring people to have multiple permits and licenses for one particular role, I think, is overly expensive and unnecessary, burdensome on the continuation and the longevity of this program and the desire for people to renew their licenses and be sustaining in the program.

Speaker 1: Gracie?

Speaker 2: Yeah, just similar to what Amy said, it's counterintuitive to me. The practicum site supervisor is responsible for students. They are in no way associated with the actual practicum site with the service center.

So like, I am the practicum site supervisor for Acadia.

I am responsible for my students. I'm not working at the service center. I'm not doing anything with clients. I'm not doing anything with the psilocybin.

I don't work at the service center. And in fact, we use multiple service centers, but I don't- they have their own workers, they have their own worker permits. That is not the role of the practicum site supervisor. They are not associated with a service center.

They are associated with the education program. We are licensed separately. We have our own, you know, our own thing going on there. It just seems nonsensical to me.

Like, why would you need a worker permit for a place you don't work? I don't work at a service center, so why would I need a worker permit?

Speaker 1: Thank you. Lisa?

Speaker 12: I agree with Marcie on all things.

Speaker 1: Amy?

Speaker 7: Just one thing I want to add. There might be some people on the call that don't know this, but whenever you apply for the worker permit, in addition to a second license, so a service center license or even the facilitator licenses, you are required to do a background check every time.

So besides also paying for double fees, you're paying for double background checks, which is an additional fee that's an expense added on to the individual. That's an unnecessary burden.

So it's not just about the permit, it's also about the steps involved in the permitting.

So double background checks as an example, it's just an overstep and an overreach.

Speaker 1: You. Go to criminal record checks.

Speaker 6: Yes, and the changes in this rule are very technical. We will see this change in a couple rules where the term individual person is being adjusted, and we're just going to use individual because it is more clear that we're talking about a person and not a legal entity.

We also have in Section 9 a reference to form and manner, where previously there had been a reference to specific instructions. It's been replaced with form and manner to allow for more flexibility in the background check process. Those are the only changes to this rule.

Speaker 9: Amy.

Speaker 7: I think the one feedback I would have on here is that it actually seems probably more clear with the way it's written now.

So the- in number B, it says on their webpage.

So with you guys removing the webpage element of that, where is the clarity going to be found for the individual in terms of what is a form and manner? Just clarity in terms of the actual definition of what that is, because before it says where it's listed, but now it's not listed anywhere.

Is that going to be added somewhere else?

Speaker 6: We will be looking at other ways to communicate to licensees and permittees where this is. The change is made because if we- this is one instance where we collaborate with the background check unit, and we may be a little more fluid in our process going forward on background checks than on other forms where we don't collaborate.

So that's why the change was made in rules, so that we don't have to change the rule if we change the process. But we do have other ways of communicating to, to the public about, you know, what the proper process will be.

If there's no more questions, we can move to 4110. Um, in 4110, there's just one edit that's been proposed in Section 4 stating that an individual named as an applicant must be present at the time of the site inspection. This is a clarification.

You know, I- it's OPS understanding that this was always implied, and these inspections go a lot smoother when the applicant is present.

So that's the proposed edit.

Speaker 12: Amy?

Speaker 7: I'm going to agree with this one. This one makes a lot of sense.

Speaker 1: Thank you.

Speaker 6: Okay, thank you. Are we ready for- if there's no more comments, we can move to 4120. And the edits- there's one reference that's adjusted in Section 2.

The substantive edit is in Section 3, where there was previously 180 calendar days to pay for a license fee, and that is proposed to be adjusted to 90 days. Considered incomplete is replaced with closed as incomplete because that is more clear language.

Speaker 1: Amy?

Speaker 7: I agree with this one.

I think if you submit an application and within 90 days you don't have the funds, you would- that it makes sense to close it and reopen it at the time that you have the funds.

Speaker 1: Thank you.

Speaker 6: Okay, we're ready to move to 4120.

So one of the themes that we're going to see Excuse me, that was 4120.

We're moving to 4200. One of the themes that we're going to see for today is that some of these rules have a lot of text, but the proposed changes are minor clarifications, and other rules, there's going to be a lot more substantive change to discuss.

So this rule is one that we would characterize as a lot of text with minor changes. We have reference to form and manner in Section 1.

In 1, we have a reference to another Rule 4930, and this rule requires applicants to submit information about their demographics. This was part of Senate Bill 303, and I would like to note, and this will be come up in later rules as well, that applicants are required to submit the form, but there is an option with every question of do not answer.

So that's some important context on that form. The rest of these changes are form and manner in 2, clarification of the type of fee in 5, And form and manner again in 5 several times.

So that concludes the summary of this rule.

Speaker 2: Amy.

Speaker 7: I'm just curious why the change on B to A 3 times. Is there a dynamic there that isn't obvious?

Speaker 6: So we're looking at 2D and E.

Speaker 7: 2B, 2D, 2E.

Speaker 6: Yes.

So this contemplates that a licensee may work at multiple premises rather than the licensed premises. That's the reason for that change.

Speaker 9: William.

Speaker 8: Yeah.

Speaker 5: Good morning.

Speaker 13: So there is this part in 1A in which it says individuals who qualify as applicants must submit their information regarding race, ethnicity, preferred spoken language.

Why the must? Must submit?

Speaker 6: Yeah, thank you for the question. And, you know, I attempted to summarize this earlier, and I do think it warrants a little more time.

There was legislation in 2024 which required licensees and applicants to submit this data. We as a section have implemented this legislation by using forms which allow a person to choose not to answer a particular question.

So, you know, as you're looking at the information listed, it includes things like race, ethnicity, sexual orientation, and gender identity. We are not requiring that somebody disclose their gender identity as a condition to receive a license.

I want to be very clear on that. The form must be submitted, but there, with every question, there is an option to check that the applicant chooses not to answer that question.

So it must be submitted because that's what's required by the statute, but the implementation gives individuals the option not to answer.

Speaker 8: Okay.

Speaker 6: Emily, if there's no more questions about- excuse me, 4200, I think we can move to 4250. 4250 is our rule on license renewal, and we're proposing a number of changes to this rule which are designed to streamline the renewal process.

So I'm going to walk through all the changes, and then we'll open it up for discussion. Picking up on the comment that we just addressed, there is the reference to the forms that we just discussed in 1A of 4250. In 1C, there is a requirement that the renewal application include an attestation that every user of the product tracking system has been trained.

The training is already required by the rules, so the only addition here is that we're going to be asking with the renewal application that applicants verify that that training has occurred. In Section 1D, we have, we have language that addresses timeliness of renewal applications. And to clarify, this 60-day calendar period, 60 calendar day period, is designed to guarantee that there will be no break in operations for applicants that apply for renewal 60 days prior to expiration.

So what this is designed to do is it's designed to avoid a situation where somebody submits the renewal application the day before expiration, and then, you know, is looking at a gap in licensure while their application is processed.

So it's not required that applicants apply 60 days before expiration, but if they do apply 60 days prior to expiration, they're guaranteed to have no gap in in their operations. Moving to Section 2, you'll see there's quite a bit of deleted text here, but that's deleted for brevity because the reference to 4930 in Section 1 covers all of this same language. Again, in Section 3, we have An individual named as an applicant must be there present for the time of inspection. In Section 4, we have text that addresses modifications required due to deficiencies in the inspection, and it says that the authority will identify required modifications, and those must be addressed within 30 calendar days.

And the authority may deny a renewal application if the applicant does not address the modifications within 30 calendar days. The language there is may rather than shall to allow for situations like construction or permitting delays. We have more substantive text in Section 8. Failure to submit forms, documents, or information requested by the authority under this rule within 30 calendar days may result in the renewal application being closed.

And finally, in Section 9, we have language regarding collection of civil penalties, and it states that the authority shall deny a renewal application if the applicant has an unpaid civil penalty imposed under a final order issued by the authority. That concludes my summary.

Speaker 5: Amy.

Speaker 7: There's a chance I may raise my hand one more time after I just read through one more time.

But initially, I appreciate Jesse, you calling out- that was my first thought- was construction delays. However, this language in here isn't clear that there is an opportunity to submit that there might be a delay. Like, there isn't a notification process clarity or anything that is defined clearly.

So I appreciate you saying it verbally, but in terms of the language, is it possible for OPS to add in clarity about delays such as constructions or permits, or anything that are required from the city, etc., that you can submit extension requests following X process.

I think that would be helpful for clarity in the rules.

Speaker 1: Thank you.

Speaker 6: Okay, there's a lot of text proposed to be changed in this rule, and I don't know if we can take this pause to mean that there's no more comments. I want to give it just a second to allow anyone else to weigh in.

Speaker 2: Just saying I support the, the language on record. I appreciate their use of may instead of, you know, being definitive, having more flexibility there.

Speaker 1: Thank you.

Speaker 6: Hey, are we ready to move to client rights and responsibilities?

Okay, for some context, during the development period, the Oregon Psilocybin Advisory Board recommended that we adopt a Client Bill of Rights, and the Client Bill of Rights has been in place since the initial rule set. This year we are looking at proposed modifications which would expand the Client Bill of Rights to address expectations of clients as well as the rights of clients.

So the rule proposes to rename this Client Rights and Responsibilities, and the client responsibilities are Listed at the top. And I will not read them aloud, but they are basically expectations for treating other people respectfully and for maintaining- importantly, for maintaining the privacy and confidentiality of other clients.

Speaker 10: Lisa.

Speaker 12: Um, I like this change. My curiosity is around, um, how are we holding clients accountable? Like, I like that we're asking them to show up too, because we show up for them. Um, but how are we holding clients accountable?

Speaker 6: You know, I can only answer that question by saying that OPS has no authority to- over clients.

You know, our authority is over licensees and permittees, but, you know, the section felt it was important to include this language to set expectations.

Speaker 8: Amy.

Speaker 7: I know this might be a little controversial, guys, but I actually disagree with including this.

The intent is beautiful. It's really beautiful. However, if you are a skilled facilitator, you know that sometimes people express themselves in a way they simply cannot control when they're on psilocybin.

So as an example, they may use sexual language, they may make a sexual motion, which has nothing to do with the other person in the room at all.

I've had clients who make motions and do things when they're on psilocybin that they would not be proud of if they were in a sober state. They express themselves in ways that come out of trauma. They may use language that in a sober state they would never, but when they're under the influence, they are expressing themselves in a way that they need to, that they show up how is coming

through for them in their journey.

And so while the intent is good and in a sober state someone could agree, okay, yes, I'm not going to use any sexual words or make any sexual actions, and I'm just focusing on the first one here, but even the second one, you know, if in the journey that they're having under high doses of psilocybin, you know, they very, very well may say to the person to their left, oh my gosh, did you see that?

Or whatever the case is.

So the avoid disrupting another client's participation in psilocybin service is overly broad.

And also not something that in a sober- sorry, a not sober state that they may be able to adhere to. The one that I agree with is maintaining privacy and confidentiality of other clients.

That's fine to include, but the other ones are unfortunately just not something that we can expect of clients, 'cause they're gonna show up how they show up in a non-sober state.

Speaker 1: Thank you. Marci?

Speaker 2: Yeah, very similar to what Amy said.

We don't control their, their journey experience. And in my experience, sometimes they do need to purge very things that, you know, are, are listed here. I think that it's, you know, these are conversations that we do have with clients when they come in about like touch and, you know, things like that. These are things that we train facilitators to have a conversation with.

And so I don't mind it being something mentioned here, but I feel- I worry that when they read this, it will make them, um, kind of put a wall up when they start their journey about, am I doing this right? Am I going to say something I shouldn't? Am I going to bother someone else? We have clients who like have a really hard time going deep because they're worried about like, is someone in the other room going to hear me?

Um, and so I worry that putting this in the paperwork sets their mindset into this like rigid box of what a journey can or can't be that might be prohibitive to the actual work that they need. Definitely with the privacy and confidentiality, thumbs up. But the other ones, I think that the language is too harsh and too specific. Maybe it could be just a little softer or more generic or gone completely.

But when I read this, I thought, ooh, A, it's not practical. Like, we don't control what their journey experience is. And B, I think it would potentially inhibit the client client journey and restrict them from fully engaging with what they need to do.

Speaker 1: Thank you.

Jade?

Speaker 9: Yeah, I just wanted to say that I agree completely with what Marcie and Amy are saying, especially regarding just the kind of too specific of language. I definitely agree with the privacy and confidentiality and the one on just kind of being, you know, treating with dignity and respect. I mean, in terms of enforcing this, isolating someone when they're having an experienced and maybe finally feeling emboldened to express themselves in a way that might be interpreted as sexual, like that might just feel like very punitive and not really trauma-informed to like isolate them if they're just simply expressing themselves in a way that they finally feel emboldened to do.

So yeah, I don't know if there's a way to maybe specify to refrain from sexual words or actions in a way that impedes other clients' sessions, or like, I don't know if that's going too far into the specifics, or we just refrain it completely. But I feel like it's just kind of gives too much- how do I put this- pressure on them to still refrain themselves in the expression that they're probably hoping to be able to let go of. And I understand the intentions behind this. It's very, I think, honorable to want this to be part of it.

But I just worry that this is just going to cause more issues with people in their healing journeys. But yeah, I definitely agree with the privacy and confidentiality and the dignity and respect But yeah, I just feel like everyone else has been saying it's a bit too specific and might go in a different direction than what the intent has been.

Speaker 1: Thank you. Lisa.

Speaker 12: I just wanted to update my comment to be more specific about what I support.

So we can't control like what they say, and I don't think we should attempt to control it specifically. I agree with attempting to control or asking them to control it is totally unrealistic. I do think it is fair to say that we should be able to ask them to clarify to ask of them to treat others with dignity and respect, uh, to refrain from engaging in threatening behavior, whether or not that happens or not.

Well, those of us who have worked in the space, sometimes that happens, um, and it just happens. Um, to avoid disrupting another client's participation, I think it's fair to ask them to not do that and understand that that's like- obviously there's no accountability for clients, so That's between you and the client, and then to maintain privacy and confidentiality with the other clients. Everything else I feel like could be stricken.

Speaker 1: Thanks.

Thank you.

Speaker 13: Sam.

Speaker 11: Yeah, just to put it simply, this is a- this feels like a solution in search of a problem. It's overly duplicative, and for the amount of length of rules we already have, I do I do not think we should add it.

Speaker 1: Thanks. Thank you.

Allison.

Speaker 3: It's been really instructive listening to everyone's response to this.

I think how I read it, and now I realize I was reading it incorrectly from everyone else's responses, so it was really helpful to hear, was that I was doing a- these are the rules you have when you're sober.

So that all of the incidents where you're engaging with us in this process, These are the ways in you need to conduct yourself as you're learning about this process, as you're coming out of it and doing your integration work. I had not been thinking about that these were the rules we were setting while they were going through the journey.

So I don't know if it's useful at all to make a distinction about our expectations about how they are and how they show up when they are sober versus how they're experiencing their journey.

Because I think it's entirely fair for us to say, when you come to us for services, this is how we expect you to treat us and other people in the way that you operate in the regular world. We have these kinds of consent conversations with clients a lot when we are working with them. But once we are in the room and we are doing the work, that is a separate space and the rules are different.

And so I, I realized that I was reading this from the understanding that this was administrative and the kind of consent that you do when you are sober.

Not that this was expected while they were under the influence.

So I wasn't sure that that was your intent in writing the rule. And if it were, then it would be important that we make that distinction. Otherwise, I just misread it.

Speaker 1: Thank you. Marcie?

Speaker 2: I just want to go on record supporting what Allison said. I read it as like the full psilocybin services.

But if we could distinguish between when receiving preparation and integration services, that I would be on board with all of these. I love the idea that clients have rights and responsibilities. Like, that general concept is great to me. I just want to be realistic about what we're doing.

But if it were specific to, you know, except under, you know, administration services, blah, blah, blah, I would totally be on board with all of them. Yes.

Speaker 6: Thank you.

So in my summary, I neglected to summarize some of the other changes that are later in the, in the rule.

So I'd like to hit those real quick and then move on to the next rule in the interest of time.

So we have an additional client right, which is to request changes to the setting including changes to lighting, sound, facilitation style during my administration session. To give a real-world example, this means if the client wants you to turn off the music, as a facilitator, the client has the right to ask that the music be turned off. The other additions here- there is a clarification, and this comes from statute, This clarification that a facilitator may not cease providing services to a client during an administration session.

Again, that language comes from statute, but there would be some reasonableness as far as enforcing this provision in something like a life safety emergency. And there is language about providing healthcare or behavioral healthcare services. In recent legislation, certain dual licensed facilitators are permitted to provide healthcare and behavioral healthcare services during preparation and integration sessions only.

So this is just a clarification that clients need to be informed of when that's happening.

Speaker 7: Amy. Can you scroll back up? I just want to read something really fast. I want to be clear because I have a second point to this section.

So I would like to strike to refrain from sexual words or actions while receiving psilocybin services. Again, just because those with sexual trauma or if that just naturally comes up or whatever during their journey, that would be a completely unrealistic expectation of clients under the influence. The to avoid disrupting another client's participation in psilocybin services, again, not a realistic expectation because it's overly broad. Disrupting could be somebody yelling in the next room, which happens every single day in psilocybin service centers.

So just, I would strike that entire sentence because it's just not specific enough. But I do agree with keeping to maintain privacy and confidentiality confidentiality- wow, I can't talk- to maintain privacy and confidentiality of other clients. And then if you could kindly scroll down. And the- oh, yes, thank you.

To where we just were a moment ago. I do firmly, fully, vehemently support that clients should be able to make changes to lighting, sound, and facilitation style prior to or during administration session, that is amazing.

Absolutely. Clients- this is a client-directed experience and they should be able to make those changes to support their journey.

And then the one regarding the facilitator not ceasing providing services.

So I know that there are other sections within the rules about facilitators needing to take a break, such as a restroom break or something like that, where maybe the center worker or somebody would come and cover during their absence. There are other cases I mean, I know I've had waves of intense nausea that have happened where I need to take a quick 10-minute break to regroup myself or something.

So I just would- I think it would be helpful if there's language clarified within this particular section that supports a break if it's needed, because sometimes these journeys are 6+ hours long and you might need to pop out to quickly take a bite or take care of something medical, take medications, go to the restroom. breast pump, whatever the case is, for the facilitators to be supportive.

Sometimes breast pumping takes 20 to 30 minutes, you know, just depending on what's going on.

So just want to make sure that there's room in there for facilitators to have a break if they need to in those rare occasions. Thank you.

Speaker 1: Thank you.

William?

Speaker 13: Yeah, well, since I facilitate mostly in groups, I want I want to make a big distinction between facilitating individually. It makes a lot of sense to cater to individuals when you're facilitating to an individual and they want the music to stop, the lights to change, and so on. But when you're facilitating a group, then there's the whole group experience.

And one individual can be having issues with, let's say, the music or the lighting.

Speaker 7: Yeah.

Speaker 13: And so in those cases, I think it should be important, like, to- I heard you say that the enforcing of these rules will be a lot more flexible. I don't know if the rules need to explicitly say these things, but it is important for me to state that in those kinds of cases, my perspective of facilitation is that it is good to have a good team that can take care of the individual needs. needs of the participants in a group.

Sometimes the participant needs to leave the room.

Sometimes the participant can be having a big experience of feeling that everything, anything that a facilitator is doing or the lead facilitator in the group is doing is wrong because they have, let's say, religious trauma. And they think that for a moment, for an hour, the whole thing seems like a cult that is having something and it's just part of their healing experience. And nothing to do with what other people, the rest of the group is experiencing and so on.

I have also seen people have back-to-back administration sessions, for example. And on day 1, the person absolutely loving the music, the same exact music on day 2 was absolutely horrific for them. Again, since this is in a group setting.

Speaker 8: Yeah.

Speaker 13: It is difficult in a way to accommodate to all the individual needs and experiences, even though, of course, facilitation means being hyper-flexible and hyper-attuned to everyone present in the room.

So these are just some of my general reflections on these.

So I don't know how to word these things properly in terms of what should be written down. I don't know if it is good to add some specifications.

I don't know, but these are my thoughts.

Speaker 1: Thank you.

Speaker 13: Oh, oh, oh, by the way, regarding the previous issue of- I agree with what other people were saying. That's why I didn't say much about whatever people need to say or express during an administration session.

I think facilitation requires a lot of flexibility. Facilitators need to be able to hold all different sorts of expressions, either movements of sexual energy. And on the other hand, regarding disruptive and what is disruptive, to other participants. It is very hard to know

in a group setting what is and what is not disruptive, because sometimes what appears to be disruptive might be later when participants share the best experience for some to see and to go through the apparently disruptive experience of another participant.

So So yeah, trying to, trying to like control the behavior or the expressions of the participants during the experience from the perspective of the rules might be complicated. I think the rules can't be as flexible as what the facilitators are experiencing in the room in the moment.

Speaker 1: Thank you.

Speaker 7: Ann.

Thank you.

Speaker 8: I just want to second everything Julian just said. I think these rules are fine for individual sessions, but they're not appropriate for groups, and they're going to create some stress around making good judgment in a group setting. I don't think that we necessarily need these extra rules.

I think we can rely on good judgment Thank you.

Speaker 1: Marlon?

Speaker 5: Yeah, I think my only comment here is just the word to request. It doesn't say they get the answer or they get the decision, but they have the right to express a request for a change.

So if I look at the other ones, the other words that are used are to receive or to withdraw request is optional and the response is based on how the facilitator or the group needs to function.

So I don't know how we emphasize that, but I think that helps with the clarity.

Speaker 1: Thank you. Jade?

Speaker 9: Yeah, I would just like to say I agree with everyone with this. I think maybe just specifying like reasonable changes for the individual.

So like, you know, with lighting, sunglasses, with sound, headphones, like there's ways we can maybe not specify that, that in this writing, but as a way to be like, if in a group setting there's ways to make it more adaptive sensory-wise for someone without- maybe obviously they need to be removed from the room, that's totally fine too. But there are ways to, I think, word this in a way that it doesn't just shut down the vibe because one person might not be enjoying what is being expressed.

So yeah, I just would suggest maybe putting like reasonable request reasonable changes for the individual to the setting, just so that that's specified, because we can't make everyone adjust for one person. But I understand that this is something that individuals should have the right to request.

Speaker 1: Thank you. Lisa?

Speaker 12: I don't know if this is the exact change that could be made with this particular wording, but instead of to avoid disrupting another client's participation, we could potentially flip it to avoid directing or attempting to direct another client's participation. Kind of puts the power in the other person who's like trying to control other people versus someone on psilocybin trying to control themselves.

Speaker 1: Thank you. Sam.

Speaker 11: Um, this is a- I think this comment is going to application to a lot of potential proposed rules. Inviting everyone to step back. I mean, getting this level of specificity assumes that we do not trust the facilitators to do what they are trained to do. Do we

need the rule is the question that I think I want to encourage people to ask.

And if we do, I mean, you know, that's fine. But, you know, having had the privilege of having Julian, for example, in a group ceremony facilitation where someone was having a challenging experience and they needed to be removed, you know, it wasn't- you know, Julian did an incredible job and definitely didn't need to, like, be reminded by the rules and how to handle that situation. And we either trust these people who are licensed to do it or not. And if we don't, then it merits looking at what the requirements are for licensing.

But like, it just seems totally unnecessary. And I'm hoping that we can move on to identify more areas like this where- are we, are we really needing to add this level of specificity that's not enforceable? Or is there a bigger problem where we actually don't actually trust the people we've already licensed to do this work?

Speaker 2: Thanks.

Speaker 9: Thank you.

Speaker 6: Okay, so in the interest of time, I would like to move us on to 4810. This is not a substantive change. We have form and manner language being replaced in Section 4.

And in Section 7.

Okay, so because this is technical and because we've got kind of an awkward pause here, I'll take the awkward pause to mean that we have no comments on this rule. 4930, here we've got an obsolete date reference that has been removed, and we have clarification that failure to submit the application information would result in the application being closed as incomplete.

We also have clarification in Section 1 that this applies to new and renewal applications. And again, this is that required applicant demographic information that we discussed in the earlier rule.

Speaker 1: And Jesse, was this the one that we sent separately?

Speaker 6: Yes, thank you for the reminder, Emily. This was when I was dividing the rules. I made a sorting error.

So this was sent yesterday morning as an add-on to the materials.

Speaker 11: If it's a renewal, can't we just have a box that people say that nothing has changed? Like filling out a whole other form is not necessary for renewals, it doesn't feel like.

Speaker 6: So I cannot speak to the details of the implementation.

One of the things I can speak to is because of the way that this requirement came about through legislation, it's catching people who were already licensed.

So we needed to include the reference to renewals, but I don't have specifics on implementation, whether it would be a complete form or whether there would be a checkbox, as you referenced.

Speaker 11: So you're saying Statutory changes would need to be made in order to make it less redundant for renewals?

Speaker 6: No, that's not what I'm saying.

I'm saying because when the statute was enacted, most people were already licensed, the rule needs to require them to submit the information when they renew their license.

Speaker 11: Oh, got it. People that receive licenses prior to 303 implementation.

Speaker 8: Okay.

Speaker 11: Okay, thanks, Jesse. That makes sense.

Speaker 5: Amy.

Speaker 7: I just want to make sure I heard Jesse earlier correctly.

Did you say that there is an opportunity for opt-out on these individual data points, Jesse?

Speaker 6: That's correct.

So every question has an option of choose not to answer.

Speaker 7: Perfect.

That's all I care about because there's some things on here like sexual orientation and gender identity that I would not want to answer.

So thank you so much.

Speaker 2: Marcie? I guess I don't know, are they answering these questions as part of the application or is it separate?

And if it's separate, that line in Part 2 about failure to submit the information may result in the application being closed. I would like a timeline on that. It's like within 30 days within 7 days of the application if it's part of the application.

Okay, but if it's a separate form that they have to do, I think a specific timeline of when they need to submit by would be important.

Speaker 7: Amy. I just went through the renewal process literally last night. I'm sure this is regarding changes in the future, But just to answer Marci, it is all done within the portal at the same time.

So it's not a separate process as far as my experience has been, but I don't know if the intent is to change that for the future.

Speaker 6: Okay, are we ready to move to 5000, Preparation Session Requirements? There is one substantive change in this rule and then some other conforming edits, which I don't think would require much discussion.

So the substantive change is right at the top in Section 1. We are proposing to delete the 24-hour requirement for completing a preparation session at least 24 hours before an administration session.

And this would provide service centers more flexibility in scheduling clients.

Speaker 5: Amy.

Speaker 7: I just want to fully agree with this because the flexibility is needed for clients. I've had many cases of clients not being ready or willing to have a conversation.

They want a conversation, but they need more time to sit.

So this does put more flexibility into the client's schedule and their needs and desires.

So fully supporting.

Speaker 8: Thank you.

Speaker 1: Marlon?

Speaker 5: Yes, I certainly support the removal of the 24-hour period. Since this rule is also open, though, I would like to point out on number 5 around the transportation plan, it indicates that a facilitator must complete it versus a client completing the transportation plan. The other kind of rule put that responsibility on the client, and I don't know if that can be clarified as well, that as a client responsibility, the facilitator must make sure that it's done, but this implies that the facilitator actually writes the plan.

Speaker 1: Thank you. Marcie?

Speaker 2: I just wanted to go on record supporting the removal of the 24-hour requirement. particularly for service centers that focus on low doses, microdoses. I think that anything we can do to make those things more practical, both for clients and for service centers, is excellent.

So I do support that change.

Speaker 1: Thank you.

Speaker 6: Okay, if we have no more comments on 5000, we can move to 5040. And you will see, because we changed the name of the Client Bill of Rights, that we need to change that name when it's referenced in other rules, and that is the only that is proposed for this rule.

So assuming we've got no comments on that conforming edit, the next rule is 5050, Client Information Form. The only changes proposed for this rule are in 5 and , where we are replacing the form and manner language with reference to specific form.

Speaker 10: Sorry, I I got a little-

Speaker 6: I know we're going fast and there's a lot of text to navigate.

Speaker 1: Okay, so we went through the informed consent.

I'm sorry, everyone.

Speaker 9: Yes, so I'm getting there.

Speaker 6: I moved us pretty quickly past 5040 because it's just a conforming edit. And then we have 5050, which there you have the form and manner edits on the screen now.

Speaker 1: And Marlon, I see your hand is up.

Speaker 5: I just wanted to confirm these are not new forms. These are just pointing to the existing forms around medical devices and client safety, correct?

Speaker 6: That's correct.

You know, as part of our form revisions, we may be doing some streamlining and improvement, but we're not- these are not creating new forms.

Speaker 5: Thank you.

Speaker 6: So are we ready to move to 5070?

So 5070 has a conforming edit in 7.

We have an edit in 10 where we change may not to shall not. This is a style edit. Constructively, it means the same thing. And the substantive clarification here, which we discussed in a prior rule, is that practicum students may not act as a client support person under this rule.

Speaker 4: Marci?

Speaker 2: I don't support this philosophically, but if we are going to say that practicum students can only observe, then it makes sense that we would clarify. There was discussion when we started the conversation around client support persons a year or so ago, and we kind of opened up the definition for that. We're like, oh, well, can practicum students just do that instead?

So I think clarity on that, if we're saying they can only observe, then, then this seems in line with that.

Speaker 1: Thank you.

Speaker 13: Yeah, similar. I think that at least practicum students should be able to act as client support persons. At least that's my perspective.

Speaker 1: Thank you. Amy?

Speaker 7: I propose striking this addition altogether. I think it's unnecessary and if there's a request from the client to have that particular individual in the room with them, that would be at the disposal of that individual to decide who they want in the room with them as their support person.

If they so happen to be a practicum student, I think that's totally fine, and it's up to the client to decide who they want their support person to be.

So I would request that we just remove this rule altogether.

Speaker 1: Thank you. Anne?

Oh, you're on mute.

Speaker 8: Thanks. It's very important to have practicums or everybody in the room have a role that's more than just observational because there's something a little creepy about having somebody just there to observe. And it's- I mean, I've talked to people in our community with cancer patients, and they just don't feel that comfortable having people there to only observe.

It's a relational problem. And it's also something where, like, they're there for them. I mean, if they're there to just observe, right, then they're there for themselves, and they're watching people have this very intimate experience, and that doesn't feel right.

So I would encourage you to rethink.

I mean, this is a bigger picture question about practicum students generally, but why are they there other than for themselves if they're just there to observe? And, and how is that appropriate for this kind of setting? It's a bigger question, but I, I think there's something wrong with the way we're thinking about practicum students.

Speaker 1: Thank you.

Lisa.

Speaker 12: I think clarification of what students can do is really helpful. I completely agree that practicum students should be allowed to act as client support persons. We really need ways for students to be able to learn, and this is one avenue.

Thanks.

Speaker 1: Thank you, Jade.

Speaker 9: Yeah, I just wanted to say that I agree with what everyone is saying here, and especially in the context of interpreters. If a practicum student happens to speak that native language, and to deny them that ability to make that connection with another fellow human being, and just to simply observe, it just feels very alienating.

And just that experience of being on the other side of an interpretation service and not having that human-to-human contact, I feel like this is not very trauma-informed. termed, in terms of just denying that ability for a human to have a connection with another human outside of an interpretation, kind of spaced-out kind of context.

And so, yeah, I just wanted to say that here, but I know that this is a bigger question for this, and I know it makes sense according with the entirety of the rules here, but yeah.

Speaker 1: Thank you. Amy.

Speaker 7: Sorry, just one thing I want to add really quickly is just the need for us to protect client-directed experiences. There's a lot of rules that are being proposed that are the state directing how the experience goes and what's included, and there has been a lot of effort and energy put into ensuring that these experiences are client-directed and client-curated.

And so having the state be micromanaging who's in the room and in what roles they have, it's starting to get to a point where it's not a client-directed experience and it's more state-directed.

And so I just encourage that we respect the balance of the client's journey when they're under a psilocybin experience and in the medicine.

There's a curation of folks that are in the room intelligently selected and placed in Conversation with the facilitator and the client to ensure that they have the needs of the client considered and support persons having to be specific people and can't be other specific people. It's, in my opinion, an overstep of the state to get too involved in what's happening within the room of a client-directed experience.

So just again, strongly opposing this rule.

Speaker 1: Thank you.

Speaker 5: Thank you.

Speaker 6: Okay, are we ready to move to 5120? In 5120, Section 7, we have language that is repeated in statute. In certain places, we repeat the statutory language in our rules, you know, understanding that folks may be looking at our rules and not referring to the statute.

Section 9 is a form and manner edit. Section 10, Section 15 clarifies language around providing services at other locations. And Section 16 is language that states that a facilitator may not encourage activity that is illegal under state law, including promoting unregulated cultivation and processing of products by providing information and instruction relating to home cultivation, scheduling clients to consume psilocybin at an unlicensed location, or recommending that clients consume psilocybin products at any location other than a service center. That concludes the summary.

Speaker 1: Anne?

Speaker 8: I think this is the right place to mention people with disabilities or who are on medications like chemotherapy, where the transportation to and from a service center is the worst part of the entire experience. We've had people who are on chemotherapy be totally fine at the service center, but then in the car ride home, they throw up and they can't stop throwing up because of the jolt. The cars are a problem if you're on certain medications.

So I know, I don't think anybody should be encouraging anything that's, you know, not within the statutory framework, but I also think there should be reasonable accommodations for people who, for whom the transportation is a problem. This might be a bigger issue, but this might be the right place to bring it up. Like, it's, this is not, service centers are not accessible to everybody, or nor And if there's a way to have reasonable accommodations where a service center can, you know, and a facilitator can bring it to where somebody is so they don't have to be in a car if they're on chemotherapy, that would be really wonderful and more in compliance with other things that we value.

So.

Speaker 1: Thank you.

Speaker 8: Amy.

Speaker 7: I want to strike both of these from inclusion into the rulebook. Facilitators are already not allowed to touch psilocybin products anyway.

That is not part of our license. That is not included in our work. That is not included in any part of our training to touch the psilocybin.

So that should be irrelevant and not included.

Section 16, and I want to strike that entirely. Besides the state of Oregon's licensed service centers, there are other places globally that psilocybin is lawful and allowed to be consumed. We are often looked to for safety information. We're looked to for guidance on how to safely access other retreats and services that are not necessarily in the state of Oregon, And so restricting us to be able to have conversations to help clients safely access services and products at alternative locations that are within appropriate and above-ground settings, this is an overreach.

There's also an issue here of- oh my gosh, there's a particular term I'm looking for- safe access. harm reduction is what I'm looking for. And I'm looking at- we are, we are consulted and asked as we are in this industry and we are experts with psilocybin consumption and other programs and services that exist outside of the state of Oregon and outside of the state of Colorado of how people can access these things.

So while I think it's a given that nobody would support illicit or illegal activity. I think that right now we're in such a sensitive timeframe of needing to provide information to clients that they can safely access these things.

So I fully oppose and want to get rid of Section 16 altogether. It's too invasive into supportive conversations around safety and access in other locations besides the state of Oregon. which you have no right or way to control or regulate our conversations.

Speaker 1: Thank you. Jade?

Speaker 9: Yeah, I just wanted to say that I completely agree with what Amy is saying, especially regarding to the harm reduction, and we don't want to just guardrail, you know, that kind of trust or that ability to have that conversation. Obviously, we would profess that it's for educational purposes, and maybe here's some websites to go to that have have, you know, lists of these things, but it's not up to us to recommend anything. I just think that this really puts an unnecessary guardrail on the ability for facilitators to have that conversation.

If someone wants to continue this journey and they just don't feel like it's feasible to continue with the service center in Oregon, like, that conversation should be had in a healthy way that isn't just, you know, obviously we're not going to be promoting illegal cultivation or, you know, any kind of anything like that.

But like, there are ways ways where, and like recommendations in terms of like educational material that we should be able to speak on that's not promoting or, you know, advertising specifics. But yeah, I just wanted to say that I completely agree with what Amy's saying, especially in the lens of harm reduction following an experience that is part of the integration conversation that I think a lot of people would feel like if they don't have that, those questions answered, they might just look elsewhere. And that can lead to other issues down the line.

Speaker 1: Thank you.

Marcie?

Speaker 2: Yes, I have a different perspective. I do support this language in here, very similar to the language around, like, clients being able to request that the music is changed. I think that the reason some of these things are explicitly in here is because I know formal complaints have been made about facilitators for exactly this reason.

There are people encouraging illegal activity. Both of you have said, like, of course we wouldn't. They are, um, and they're encouraging, telling people how to grow it at home. Like, these things are happening.

Complaints are being filed with OPS about it. Facilitators refusing to change the music at the client's request, promoting, you know, growing, cultivating at home.

Um, so I, I don't mind this language specifying that you can't do that because it is happening and it shouldn't be happening.

Speaker 9: Thank you.

Speaker 2: Harm reduction. If you notice that last line, it says these rules do not prevent a facilitator from, and then you scroll down. There are like harm reduction services that are allowed, so it doesn't, it doesn't prohibit you from that. It's just from encouraging illegal activity, right?

And so because the language specifies that, like, you should not be encouraging illegal activity, I do support the inclusion of this.

Speaker 1: Thank you.

Speaker 5: Marlon? Yeah, I am, I feel torn, I guess, between 15 and 16.

One, I do, I think 15 is just redundant, but that's beyond your point. The inclusion of 16, I get a lot of calls about people talking about wanting just to microdose. And understanding the rules around the fact that you have to come to a service center. You're not going to fly in 3 times a week from California or North Carolina to do that.

So we talk about options about how they, in their own location, can do that.

Now, is that soliciting illegal activity? I'm not always familiar with the laws in North Carolina or in California, But allowing a conversation to occur about their choices, I struggle with this impeding my ability to just be a human being and having a conversation.

Speaker 1: Thank you.

Speaker 5: Amy.

Speaker 7: Can you go back to the section that's being proposed to change? Thank you.

So in particular, just to respond to Marcie and just clarify, The language right here, even though there are additional rules below, one, these rules do not prevent a facilitator from- there is an inclusion about facilitating at an alternate location where it's licensed and authorized to do so.

However, the particular line that I am having a massive issue with is scheduling clients to consume psilocybin at an unlicensed location or recommending that clients consume psilocybin products at a location other than a service center. That means I wouldn't even be able to say to that person, hey, you know what, what might be great for you? There's a place in Mexico where you can fill in the blank, or there's a place in Costa Rica. In fact, let me connect you with that team.

They're amazing. And by the way, it's above board and legal in those particular locations. Me particularly, Amy Childress, I am associated with an organization that's licensed lawfully in another country that serves DMTX. I should be able to have that conversation because it's a legal conversation.

But this is particularly saying unless it's a licensed service center, which is- that place is not a service center that's licensed under the state of Oregon or Colorado. That's banning me to have that conversation.

So it's completely unnecessary, completely unfair. And the way that this language is written, it's going to freak facilitators out from having organic conversations with the clients.

And so I just, again, this is an overstep and an overreach to not allow people to have human conversations, harm reduction conversations, and support clients to be able to access services outside of the state of Oregon.

Speaker 1: Thank you. Marcie.

Speaker 2: I do see what you're saying there.

I didn't read it that way because it specifically said at the top, may not encourage activity that is illegal under state law.

So I read that as here in Oregon.

So like, if you're here in Oregon, you got to be at a service center. That's state law.

Speaker 5: law.

Speaker 2: If you're in Mexico, you do Mexico state laws, you know, you do your own thing there. It's just whatever is not allowed here in Oregon, if you're going to do it in Oregon, you got to follow the Oregon rules. Maybe we could have better language around that so that facilitators don't feel like they can't, you know, recommend places outside of Oregon. I just, I didn't read it like that because of the state law inclusion.

Speaker 6: So, you know, thank you all for the comments. We may need to look at Using more specific language in this provision. And I also, I want to be mindful of our time. We had a break scheduled at 10:30, I believe.

So I would like to take that break now and reconvene at 10:45. And then if we We can pick it up with the next rule, 5130, at 10:45. That will keep us moving through the agenda.

Speaker 1: Sounds good.

Speaker 6: Okay, and as we did yesterday, we're just going to keep the meeting open, but we will mute our microphones and turn off our cameras, and I'll see you all at 10:45.

Okay, welcome back, everyone. Thank you for the discussion so far. We have a few rules left, including rules regarding music and administration sessions, which may be of particular interest to some RAC members.

And we were- are going to reserve the last 45 minutes of today's conversation for discussion of the impact statement. And I see, Amy, that you have your hand up already, so I don't know if you have any any comments that you'd like to go back to on 5120 before we move to the next rule, 5130?

Speaker 7: I do. I thought about- we're on break.

Thank you so much for accommodating. RFRA, religious freedom laws, that's a tricky one because there are provisions specifically carved out for organizations, Native American churches and beyond, that microdosing or accessing services outside of the Oregon legal framework exist and hold space for.

And so when facilitators are having conversations with clients, they may direct them to churches that exist specifically in alignment with their religious beliefs and to access sacraments that are in alignment with RFRA laws.

And so I I just want to emphasize the importance of the diversity and inclusion that we promote and amplify throughout our statements, our application process, our rulebooks, that we're also including other religious beliefs.

And RFRA laws hold space for individuals to access sacraments in accordance with their religious beliefs.

And so as facilitators directing or providing information for where they can find akin churches that will be in alignment with those beliefs. I just want to add that for Section 16 there, that there needs to be provisions allowed for RFRA.

Speaker 6: Thank you.

Okay, so if we're ready to move on to 5130, this- these are not substantive changes. There was an exception in Section 6 of this rule that we have moved up into Section 1, and that is to help the reader. We found that some people stopped reading before they got to the exception. And in Section 5, we had- we have added the 2 new boards that were included in House Bill 4040 as additional boards for dual licensed facilitators.

And those dual licensed facilitators, if they hold that license and if they provide notice to clients as required by our rules, are able to provide healthcare and behavioral healthcare services during preparation and integration sessions, but not administration sessions. And that prohibition is statutory.

Speaker 1: Amy.

Speaker 7: But I fully support this.

There are some fabulous dual license people, including Jay Cusker, who's on this call, that this is definitely a service that many facilitate- sorry, many clients, when they're reaching out, they're looking for folks who are specialized in a particular area or another.

So I really appreciate this inclusion and also draw the line at facilitation itself, that the facilitation ceremony is not a clinical service in any way, shape, or form.

Speaker 12: Thank you.

Speaker 7: shape or form. It is completely its own thing, its own category, not even close to being a medical service.

And so wanting to make sure that that line is firmly drawn and not a boundary crossed of individuals being- doing dual license services within the actual session itself.

Speaker 6: Okay, are we ready to move to 5200?

Okay, there's a lot happening in this rule.

So I'm gonna go, as I have done for some of the other rules, Section by section and do a summary, and then we'll start the conversation.

Beginning with Section- former Section 3, which is proposed for deletion. This is proposed for deletion because with the removal of the 24-hour waiting period and the increase in flexibility, it was felt that this provision was no longer needed. In Section 6, it looks like we're deleting text, but we're actually moving it. And Section 7 is the provision that creates an allowance for individuals to provide music and support clients by conducting breathwork.

Work, and it is limited in its scope in that the person who is providing this needs to be either a facilitator or a licensee representative who holds a worker permit. Additionally, if that person is a licensee representative, they do not count as the backup representative who is required elsewhere in the rules. In Section 8, you see this is mostly text that has been moved from the prior Section 7, which is now Section 6. This was existing text about the nature of the audiovisual materials provided.

In the new Section 9, we have the provision that I already referenced that says in addition to the facilitator, you need to have a backup licensee representative, and that cannot be the same person who's performing the music. And we have conforming edits in Section 11. And that concludes my summary of this rule.

Speaker 10: Amy.

Speaker 7: A lot of feelings about this one.

So, given that I'm more traditionally trained and practiced, and a lot of my my clients want a more traditional ceremony experience for their sessions. It's really important to me that we don't close off allowing musicians or breathwork practitioners to come to group ceremonies or even one-on-ones. This is something I'm a big advocate of allowing, uh, in the future, and we'll continue to advocate this in other forums also, that banning or individuals who are not licensed to provide music or even things like yoga in microdosing sessions or whatever, like allowing the inclusion and the infusion of other individuals and services such as live music and breathwork.

It's really important that they are not licensed with a worker permit because they're not touching the psilocybin. They are not the ones delivering it. They're just providing music. This goes back to traditional ways of serving medicine.

There is live music performed in traditional ceremonies, and sometimes that is a completely different person to the facilitator, the shaman, the host of the ceremony, the person touching the medicine. Those are 2 different, distinctly different roles in some cases.

And so I really feel that it's important that we don't require licenses or worker permits for individuals performing a service such as sound bowls or sound baths in accompaniment with a circle setting and a psilocybin open session when it's something that the client has- is intentionally opting in for. You may see services being provided at service centers today, such as microdosing yoga or sound baths, etc. It doesn't- it should not necessarily have to be the individual serving.

The facilitator is not always the same person who's skilled in that thing and may instead want to be the person providing services, comforting, supporting the clients while there is an expert in music or an expert in yoga or sound baths or whatever the case is, creating and curating an experience that's really beneficial for clients to enjoy and to get the most out of their experience.

Sometimes that takes a little bit of a team, and that individual is not going to be the person taking care of the clients or touching the psilocybin.

So requiring licenses or workers' permits is completely unnecessary in my opinion.

Speaker 1: Thank you.

Jade.

Speaker 9: I do agree with most of what Amy's saying. I think the only caveat in terms of representative is in terms of the worker permit. With my understanding that that means that they've passed some kind of background check to make sure that they are a safe individual to be amongst folks who are in this different state of consciousness.

I do feel like that is important. Maybe not a worker's permit specifically, but some kind of background check. Of, you know, ability to screen for that prior to inviting someone into that space. I understand that this might not be realistic, but I just wanted to mention that, that I- while I don't think that they need to have like a facilitations license, I do think some kind of worker permit or some kind of background check to make sure that that is not going to pose any kind of threat or anything to individuals who are in this vulnerable state of consciousness. that they know that this has been screened through prior to that interaction or to, you know, having that individual in their space.

But yeah.

Speaker 1: Thank you. Sam?

Speaker 11: Yeah, this one for me falls into another solution in search of a problem.

So for folks who haven't been following this for the last 2 years, OPS, you know, wanted, you know, has gone through several iterations of this, and there's no justifiable safety reason on record for these requirements.

And so I would like to propose that we strike this entire section and revert back to what the original rules had stated, which again, there does not seem to be any allowance within the statute to prohibit this or restrict this type of music.

And so I just- this whole thing needs to be stricken, in my opinion.

Speaker 9: Thanks.

Speaker 1: Thank you. Marcie?

Speaker 2: The language feels a little redundant to me. Maybe I don't understand correctly, but I thought that a licensee representative of a service center already had a worker permit.

Like, you can't work at a service center if you don't have a worker permit.

So I'm not really sure why that language needs to be in there unless I'm misunderstanding. That's at the end of Section 7.

You know, I agree with what others are saying.

This feels unnecessarily restrictive. If we're going to say only facilitators and only licensee representatives can play music, you know, I don't see any justification, like Sam said, historically for why that would be a safety issue that someone else can't come in. But if we are going to say that, it still feels redundant to say they have- it doesn't say the facilitator has to have a worker permit, just the licensee representative, and they already do.

So I'm not sure why that's necessary.

Speaker 1: Thank you.

Speaker 11: One additional comment here again that I think probably applies to a decent amount of some proposed proposed new rules and existing rules is that this is one of the 100 examples that, um, one, I don't think is justified. Um, like, there's no evidence to justify this. And more importantly, these are the types of 1,000 paper cuts that collectively increase costs over time.

They increase costs for clients, for operators, and for OPS to enforce them.

And So that on its own is another reason to oppose this type of change.

Speaker 5: Thanks.

Speaker 1: Thank you.

Speaker 5: Amy.

Speaker 7: One thing I just read that caught my attention was that as long as clients consent- sorry, let me get my act together over here. as all clients consent prior to beginning an administration session. Does this imply that there's going to be some sort of written consent, or are we just talking verbal? If we are talking just verbal, in that case, that should be trust placed in the facilitator to appropriately navigate their preparation session with their client to go over what the session will look like and have client-directed experiences for the client.

If we're not going to be adding a form, which I do think is ridiculous and unnecessary, then I would definitely strike that language also, because definitely a client is going to be informed of what's going on within their session. This is going to be a client-directed thing, as we are hammering throughout the rest of this document anyways.

So just to support what Sam had said, this is kind of redundant and not necessary, although I am very excited to see that live music was put back, as that was proposed earlier this year to be removed entirely.

So I'm glad that that advice was listened to from the community listening sessions.

The other thing I wanted to say too regarding Jade's comment about licenses for being required for people who are doing sound bowls and sound baths and live music and things like that, I do think that them being- having to pay for a worker's permit and be

background checked is not necessary because they are not going to be interacting with the clients. They're simply going to be performing live music. In addition, where does the line stop? Because if we're in group settings, the clients are not having their backgrounds checked.

So there needs to be a buck drawn somewhere where we're not requiring- it's going to reduce our options also, by the way, to- because people aren't going to want to pay for licenses just to come and do an hour, 2-hour-long sound bath journey or something like that.

So that- I just want to say that I don't agree with requiring people who are performing breathwork or yoga sessions or music sessions, etc., to have additional licenses or permits because that background check truly is not necessary. They're being supervised by the facilitator and the service center. There's multiple staff members on site during these sessions.

And so how the supervision, the safety of clients is at the behest and the responsibility of the person leading the session, not the individual performing music or yoga, etc. So again, just this whole section I think needs to be struck.

Speaker 2: Thank you. Who in?

Speaker 13: Yeah, well, I am happy with a couple of things of the proposed changes.

One has to do with, um, well, it's, it's clear that the proposal is to change the perspective that music is, uh, something that prevents proper facilitation, which is how things were worded in, in the the rules that are now applying.

So on that front, I'm really happy about that because it does allow for a more traditional way of facilitating in which music is part of the facilitation. On the other hand, I do agree with Sam that this may due to partially where I come from. Uh, I'm not sure that the more we regulate, the better the service is.

I think that regulation should be bare minimum for safety, and then there's a lot of things that can be added on top of that that are not in the boxes of safety and well-being and that are more or in the boxes of flavors and particularities. Like Amy was saying, in some traditional settings, it is not the person leading the ceremony that sings.

In some other settings, it is the person that is leading. But, you know, there's a lot of diversity there, and it would be unnecessary to, like, go into all the specifics of what each person does and what facilitation can look like.

Speaker 1: Thank you. Jade?

Speaker 9: I first want to say that I appreciate your feedback, Amy. I do take that, and I am really receptive to that.

I feel like that helped give me a different perspective. One other thing regarding what Julian and Sam have been saying, there's this one part under Section 8 that just seems pretty redundant. The part that says facilitators and service centers may only perform or provide music and other audio and visual materials that are non-directive. Like, why are we dictating what exactly we're submitting?

I know, like, this has good intentions. Like, we don't want to just be telling people or having very explicit music that's guiding them through that journey, but why are we putting that in there? I just feel like that's just moot, in my opinion. We should not be dictating exactly what non-directive music looks like for facilitators.

We should- and for presentees.

Speaker 5: So yeah.

Speaker 1: Thank you.

Speaker 2: Yeah, I agree.

I actually would qualify music as directive. Like, music does direct the experience a lot of times.

And so to suggest that it must be non-directive, like, I don't know what that means really. Like music in and of itself is kind of, can direct the energy, not in a bad way, but that's just the nature of it, right?

It is energetic.

And so it seems a little silly to say it must be non-directive.

Speaker 1: Thank you. Amy.

Speaker 7: Yeah, this is the last thing I'll say on this because I really could go on and on and on. It really does occasionally seem like some of these rules are being written by people who have never had a psilocybin session before. Or have never led a psilocybin session before. And I really don't mean that disrespectfully, but it's just this particular section is so disconnected from the reality of how psilocybin sessions go and how music shows up, breathwork shows up during a session and during a ceremony in some cases.

One of the things that I joined this RAC for and also have been attending the listening sessions and the input sessions and will continue to do so is because I really care about not making psilocybin services too clinical. Because if you go back to the roots of how these have been served for thousands of years, as I was mentioning yesterday, there's an art to it, there's a science to it. And while they can be served and performed in very clinical ways, that is just one way of thousands of other ways that these medicines have been used, these earth medicines have been used across continents in different cultures and different places and spaces. And there's a reason that after thousands of years of use by tribes all around the world that have been using these medicines, that music is included.

It is- specific tracks are chosen, intonations, tones, chants. There's all kinds of things that are used to help a client or a person going through a psilocybin session either in healing place or a journeying place. There's all different kinds of ways.

And so cultural importance, cultural relevancy is so essential for consideration here.

And it's really important that the state isn't getting involved in decisions about what music is playing or how it's being played, if it's directive or non-directive, if it's been agreed to before or whatever the case is. This is a- we're going down a path where the person writing these rules really is above their their batting game here on understanding why these things are being used and how they're being used.

And so this is a particular topic that is so important for us to have less regulation on. Music is the absolute last thing that should be included in any part of this rules and regulation book.

It's not a safety factor in any way, shape, or form. But it is absolutely a religious factor, a cultural factor, a traditional factor, a historical factor that goes many, many thousands of years beyond the state of Oregon's comprehension of even using these medicines in any kind of particular way.

And so I just could not be more of an advocate. This is probably, besides the raising of costs, this is probably the most top issue to me to leave it alone.

Leave the music alone. Let the facilitator and the client make those decisions for themselves in the room, because these are so uniquely important and so intimately special for the individual in the room and the facilitator that they have selected to work with, whether they're doing that in a traditional way or a clinical way. That is the business of the people in the room, not the state. Thank you.

Speaker 1: Thank you.

Speaker 13: Yeah, well, I want to add a little bit regarding what Marci was bringing up, which is a fair comment, and it is a broader topic. That is the topic of what exactly is a non-guiding, non-guided facilitation, because I understand that there are some extreme examples of people- I have heard horrible stories of people that create and curate, um, challenging and stressing music and images and light experiences, and that they believe that re-exposure to traumatic events during the administration of substances is a way of healing and so on, which is on the absolute dream, which it's not what we are talking about. On the other hand, um, I

have seen so many clients for whom part of their, uh, participation and their healing in administration sessions has to do a lot with surrender and not with like self-guiding, but that feeling that they can really trust the container in which they can open up to what is, what is happening.

Uh, so I understand that the perspective of non-guiding and non-guiding facilitation has to do with, um, harm reduction, so safety, as well as placing the agency in the, in the client or the participant to a great extent. But clients and participants come also a lot with a perspective of like, I don't know what I am walking into, like I am, I am here willing to, to be, to be guided. That's their language of what they are expecting a lot in, in some aspects of the process.

For some other people, of course, taking their own agency as participants and, and curating their own experience can be a really healing experience, but Um, you know, I think, um, I did not mention that I am, I am a licensed, um, psychologist in Ecuador, and here I am, uh, working to get a license as a, as a therapist.

Um, but I wanted to say that it's in psychology, in my perspective, what is right for one person can be really wrong for the other person. What is right for me today may be the wrong thing for me tomorrow.

Meaning, sometimes for me, the right thing is to surrender and not be too, too controlling about an experience. Another day, actually having a lot of my agency and deciding every aspect of my session might be the right thing for me.

So I think that, that on that hand, the other thing is that There is no way around the fact that any kind of facilitation, just the presence of a facilitator and the curation of a space, the, the fact that a service center exists somehow brings some elements to the experience of the participant. Are those experiences non-guided? Well, in a way, there's a little bit of a- not exactly an imposing because there's an agreement and there is consent there, but anything that the facilitator does in a way is having an impact on the experience of the participant.

So I think that it is more important to emphasize that facilitation should be very sensitive, should be agreed upon.

Should be consensual and should be- the facilitator should follow feedback constantly, both verbal and nonverbal, in all the states of mind of the participant, more than trying to pin down the issue of guided versus non-guided. Because it- I do not understand exactly what non-guided fully means. What if there is anything that is non-guided, and also if non-guided is really wrong in every kind of situation?

Speaker 1: Thank you.

I know we're getting close to the time when we need to get through the rules, so, Amy, I know you've spoken a couple times, so try to keep your comment as concise as you can for the Yeah, sorry.

Speaker 7: Last thing. I did promise you it was my last one last time.

Sorry.

Okay.

So just the last thing I want to say on this period is clients that come to us, the majority of them are new. They've never done this before. I would venture to say if we were to do a raise of hands on this call, most of us would say most of their clients, it's their first time.

So when people come to these sessions, they are looking to us to make decisions on how they're mixing, what's included, how they drink it, how they consume Um, what the music is, how should the lighting be, where- how should I be dressed? All of these things, they're looking to us for advice and for input.

So the expectation that clients are going to have a playlist, uh, there's probably gonna be some Tool or something on there that's absolutely ridiculous and inappropriate, uh, for a psilocybin session.

And so it really, uh, the, the, the word directed needs to be struck for sure because, uh, this is a volume Most of these people have no idea what they need or want or what is going to be okay for a psilocybin session.

Even sometimes that Johns Hopkins playlist that was created for study has like crazy intense classical music that would send someone into an anxiety attack, and so it is really important that the state of Oregon trusts the facilitators and their expertise to help clients navigate these choices like music in a way that is going to serve the client best in these scenarios.

Speaker 6: They have no idea Okay, in the interest of time, I would like to move on to 5230. We have 2 rules left, 5230 and 5240. 5240 is not substantive. 5230 is on the screen right now.

So OPS received some input that our client-facilitator ratios for group facilitators- for group sessions were somewhat limiting.

So what this rule proposes to do is to increase some flexibility by reducing the number of tiers from 5 to 3.

So the numbers, the revised numbers are on the screen, and, you know, this would change the minimum required ratios and provide a little more flexibility for service centers and facilitators.

Speaker 5: Lisa.

Speaker 12: Just wanted to state for the record, I support this change.

Speaker 1: Thank you. Mercy.

Speaker 9: Same.

Speaker 4: Korean.

Speaker 13: Um, there's an issue here with math and, um, and the, and the dosages. Um, I wonder if it would be okay to say things, for example, on C where it says for clients consuming equal or greater than 15 and less than 35, right?

Let's see. Is the idea that the client can take 34 but not 35 with the ratio of 1 to 6?

Speaker 6: That's correct. Anytime We put a number in the rules, that means that clients could come in right under or right over that number, and that will affect what the ratio is.

Speaker 13: So my suggestion would be to make that bracket up to 35 so that the clients can consume up to 35, and then above 35, meaning 36 and up, then like 1 to 2 as the ratio.

The reason why I say this is because if the ratio is 1 to 6, for example, in the, in the space between 15 and 35, but it is less than 35, which means 34, I would need to tell the service center to have dosages of 34 milligrams, and that can be complicated for them.

Some of them only have packages of 5, and 5, 10, 15, 20, things like that.

So, so if you- if we can like say up to 35, like that the number ends in 5, so not less than 35 but less, less than 36, let's say, so that the 35 is That will be very useful for, for, for me.

Speaker 1: Thank you. Mercy?

Speaker 2: I agree, and it also seems inconsistent with the previous rules.

So the first one, like A says equal to or less than 5, and then greater than 5 is the next one.

So it seems like they should all follow that pattern where it's 0 to 5, and then over 5 to 15, and then 15 to- over 15 to 35. It's just for consistency, if nothing else.

The, the people who are packaging are starting to get wise to our needs, you know, and so they are making doses of 34.9 and things like that.

So they are adjusting, but it seems very unnecessary. I agree that it should end on the, the whole number.

Speaker 1: Thank you.

Lisa.

Speaker 12: I just wanna add that I, I agree with that. request to change the language. The way that manufacturers are making their packets, they do come in 5, 10, 20, 25s, and it would just make it a whole lot more streamlined.

Speaker 8: Thank you.

Speaker 1: Thank you. Marlon.

Speaker 5: My question is, I'm not familiar with the rules around how packaged occurs, but my understanding was is that milligrams are measured with a single decimal point.

So if the rules say 35, that really is 35.0.

And that distinction needs to be- I think the rule needs to match the rule of how packages are documented and load it so that it, it's consistent. By leaving off that decimal, that's where we end up playing these games of 34.9 or 35.1. Where does that line draw?

So consistency is my message here.

Match it to however the packaging rules say milligrams of sulfonamide mononitrate need to be documented. Thank you.

Speaker 1: Thank you.

Speaker 8: Amy?

Speaker 7: Yes, this is another one where it seems to be written by somebody who hasn't physically sat in a psilocybin room with a client to physically watch people open packages and then try to get all of the product out and, and how it shows up. I don't think this- the grow centers need to change their process in any way, shape, or form. They make them in even amounts, but also this makes it much easier for the client who is most likely a first-timer and most likely has never done this before, where they're able to get just flat, even amounts.

So I fully support the callout to make them whole amounts and adjust the language to be more in line with how A and B are written.

So the person physically doing this, often this is a powder and they come in little jars or packets of equal amounts that it's easier for the client themselves. There's zero confusion on math. This is clean reporting, clean scale weighing, clean measurements for also the sites that grow.

So there's several reasons in there to just make this very simple in terms of language and flat amounts.

Speaker 1: Thank you.

Speaker 6: Okay.

So the final rule that we have here is consumption limits. And this is a clerical edit The edit to 2 may actually be unneeded because we're saying analyte twice in the same sentence, so maybe we could ignore the edit to 2.

But in 3, we have a reference to form and manner, and in 5, we're proposing to delete language because that same language is repeated in 6.

So it's not a substantive change, it's just- it's a deletion for redundancy.

Speaker 2: Julian.

Speaker 13: Yeah, I would like to ask why is 50 milligrams the cap?

And the only reason why I ask this is not because I don't consider that 50 is strong enough, but because there are some people that, um, for multiple reasons, uh, have to be taking medication that blunt the experience of psilocybin. And there are also some people that, for whatever reason that I don't understand, their receptors might be not super open and so on. And then there comes a point in which even 50 is not enough for those kinds of participants.

Speaker 6: Yeah, so I, you know, I can speak to that briefly.

And, you know, this is an issue that we have heard during public listening sessions and in other forums. The 50 milligram limit was based on recommendations that we received from our board during the development period. We used available data from clinical trials as kind of a benchmark that in those clinical trials, clients typically receive an average of 35 milligrams. We have heard similar comments to what you have expressed, Julian, in other forums.

So, you know, that I realize that doesn't really answer your question, but that does provide some background.

Speaker 13: Sure, but is there a way to propose a revision to this, if not now, maybe in the future?

Speaker 6: Yeah, you're welcome to do so now.

Speaker 13: Okay, yeah, then I will propose a revision to the cup, especially considering this thing of like, I have seen unfortunately participants that I cannot give them anymore and they are barely feeling anything and they really need it.

Speaker 6: Okay, thank you.

And I see that a couple hands are going up that would like to speak to this, and I don't want to stymie the conversation.

I also want to be mindful of time.

So what I would suggest is that we handle these questions as- or these comments as efficiently as possible, and then we still move on to reserve about half an hour for the impact statement.

Speaker 5: Amy?

Speaker 7: I'll be quick just to say, beyond the 2 reasons Julian already listed, sometimes clients have waves of nausea and they throw up their dose immediately following with a 10 to 15 minute period and they need more. And if they've already taken 50 milligrams, they've just now thrown up at least 35 to 40 of it and need more.

So I also want to second that allowing the facilitator to make the judgment call and increasing the amount, I would say up to 100 would be appropriate for these psilocybin sessions. Thank you.

Speaker 11: You know, I'll be quick too.

As someone who was involved in the original conversations around where the cap should be and citing clinical research. The thing that we should point out is that that clinical research also screened out people who were on SSRIs and those medications. And we now actually have safety data and outcomes research from several different places that show that people can still be on their SSRIs and benefit from psilocybin.

And, um, I think that's a reason to revisit this, especially based on the incredibly, um, the incredible safety safety record that this program has, even with people who are on currently SSRIs that would benefit from a higher cap. Thanks.

Speaker 1: All right. Should I bring up the statement of need and fiscal impact?

Speaker 6: Yes, thank you.

Speaker 1: Ah, okay, it might take me one second.

Speaker 6: Yeah, and I'll do a little framing on this document.

So I'm gonna walk through the text when we get it on the screen, but just to let everybody know the purpose of this document.

So state agencies have rules for rulemaking that we need to follow. And as part of that, we need to file this Statement of Need and Fiscal Impact, which several years ago was amended to be a Statement of Need and Fiscal and Racial Equity Impact Statement. This goes with every rule filing. The audience is the Secretary of State who accepts our rule filings, and it is designed to assess the impact of the proposed rules.

And, you know, sometimes we need to use- oftentimes we need to use narrative language rather than real numbers because we don't have access to hard numbers.

So that's the framing. I'm going to paraphrase some of the introductory paragraphs, and then I'm going to spend some more time on the substantive paragraphs.

So starting with this first paragraph, that's need for the rules.

This states our statutory authority in 475A.

It also references the recent legislation, House Bill 4040. It references our rulemaking history. We have adopted rules every year since 2022, and it lists the entirety of the subject matter in summary reform.

These proposed 2026 rules supplement prior rules and make further refinements. They address all aspects of implementation and support the Act's goals. The proposed rules increase license fees significantly in order to support program sustainability, and we will talk more about that in later paragraphs. They're necessary to effectively implement And we have some statements about increase of flexibility while continuing to center client safety.

Again, reference to the 40/40 that we're implementing. And we summarize those changes, and they are dual license facilitators holding other license types, changes to reporting average doses. That's going to be seen by the other table, and describing requirements for individuals who want to apply for facilitator license, and that's the training reciprocity provision. The documents relied upon are the statutes.

So I want to pause for a second.

I know I flew through that opening paragraph pretty quickly. I paraphrased, I didn't read word for word, but if we have any comments that anyone would like to make on the opening paragraph, paragraph, we would take them now.

Speaker 1: Marlon.

Speaker 5: Jesse, just so that I'm perfectly clear, the intended audience for this is only- it's for the Secretary of State just to say that you followed rule processes?

Speaker 6: Yeah, so every state agency is required to assess the impact of their proposed rules, and we do that through this process, and we do that with the assistance of this Rules Advisory Committee.

So that's the audience and the purpose.

Speaker 5: Got it.

Speaker 8: I think it might, given how many times it's come up in the conversation, it might be important to include the idea that these rules may shut down the program based on the increased fees, if that's possible to include. Just a thought.

Speaker 6: Yeah, hold that thought for the next couple paragraphs. We're going to get there.

Speaker 9: The only thing I would want to add is that where it says the proposed changes increase flexibility for licensees, maybe putting intends to increase, because it's saying that this is like a guarantee, and I don't really agree with that wording. Just in terms of just like an intention rather than it being a, this will increase flexibility while continuing. I just don't think that verbiage is accurate.

Speaker 6: Okay, if we're ready to move on to kind of the more substantive paragraphs here.

We first start with the statement identifying how adoption of the rules will affect racial equity. And to summarize the first paragraph, we say that they will impact all licensees and training programs, summarizes the structure of our section and the recommendation process from our board, summarizes our community engagement There is a typo here. We did not meet on July 4th. And it states that we will continue to engage, and it states the nature of our engagement.

That is all summary.

The next paragraph, I'm going to spend some more time reading this one word for word. On balance, the proposed rules will affect equity negatively.

Some rule amendments that provide flexibility or address concerns of licensees are likely to have a positive impact, but any positive impact is outweighed by the negative impact created by increased fees.

The proposed rules double license fees as well as increase fees for changes. They eliminate reduced fees provisions, and I'm not going to list all of the criteria for reduced fees. The reduced fees were adopted in 2022 and were designed to encourage lower-income applicants and individuals with diverse life experience to become licensed, specifically for licensed facilitators that represent diverse lived and professional experiences that provide culturally responsive services and health and behavioral health services to communities. The elimination of reduced fees not only impacts licensees directly, but also the clients they serve from certain communities may have more difficulty locating a facilitator who provides culturally and linguistically responsive services or shares affinity with the client.

I paraphrased on the affinity. The fee increases affect the cost of doing business for all licensees, including those who are not eligible for reduced fees. To the extent that this increased cost is passed on to clients, the increased cost is likely to have a greater impact on underserved individuals, lower-income individuals, and communities who have experienced historical and contemporary inequities and marginalization. There's a lot in that paragraph, so I would like to pause on this paragraph and take some comments before we move to the next one.

Speaker 5: Amy.

Speaker 7: I just want to say chef's kiss, well-written, really support that paragraph. Thank you.

Speaker 1: Thank you.

Mercy?

Speaker 2: Love it.

Speaker 1: Chris?

Speaker 10: I kind of want to go back to- I believe it was Jade that said Some rule amendments that provide flexibility, I would like to add in there intends to provide because it doesn't necessarily provide that flexibility.

And the increased cost is likely to have a greater impact. It's not likely to have a greater impact. It will have a greater impact. And that's just what I wanted to say on the verbiage there.

Speaker 12: Thank you.

Speaker 10: Thank you.

Speaker 1: Thank you, Jade.

Speaker 9: Yeah, I just wanna say that this seems like a pretty, very well-worded paragraph.

I'm not sure if there's any way or if there's any like end goal of like being, having the reduced fees be reinstated if said circumstances come back. I don't know if that is something that would be appropriate to put in there just so that this is not like, you know, like if there is some kind of goal in terms of that being reintegrated into a different program. address that when that time comes. But other than that, I feel like this is pretty well-worded in terms of acknowledging the impact. But yeah, I think something along the lines of, with the intention or goal to reinstate the reduced fees if budgeting, you know, permits XYZ, I feel like that would be- maybe give some people some hope or something.

I don't know. But yeah.

Speaker 1: Thank you.

Speaker 6: Okay, so the next paragraph addresses the impacts to the system at large, and it states plainly that OPS expects the increase to reduce the overall number of licensees and create a significant- a more significant budget shortfall for the program.

This will have a detrimental impact for many people, for example, students who have invested in training. We will, prior to filing, complete the highlighted dates, and we also describe impacts to related sectors including real estate, tourism, public agencies that may be losing revenues. We have a statement about the number of licensed facilitators grown in recent years as dual licensure was introduced by 2387 and then expanded upon by House Bill 4040. And we list the boards. I'm not, I'm not going to repeat the, the boards there, but I would like to leave it open for comments on this paragraph at this time.

Speaker 1: Sam.

Speaker 11: Jesse, I don't want this to be a homework assignment for you, but I want to float it to the extent that it's within reach and easy to do.

I know that the state and the Oregon Health Authority and the behavioral health sector in general have their own state goals that they are trying to achieve in terms of equity and access for behavioral healthcare. Um, to the extent that you or we, maybe it's we, believe that, um, these changes would also impact the state reaching those goals, even though those goals are meant, you know, often tied to other modalities that the state is investing in, whether it's Medicaid or other services.

I truly do believe that the psilocybin program is doing a service to those goals while not necessarily directly tracked side by side. I'm curious if there's an opportunity to include a statement that would say, you know, that there's the possibility that this- these fee increases and these changes might directly impact the larger state behavioral health goals. behavioral health goals as it relates to outcomes and a healthy Oregon that the entire state, um, is in favor of and driving towards.

Speaker 1: Thank you. Jay?

Speaker 4: Yeah, I was just curious if anyone's done a study or researched how many certified facilitators compared to the ones that have actually pursued licensure. Because I think a lot of people are really afraid of getting licensed now, and they're holding off because of the fees, and it's just going to increase it. I think that the training centers are actually making more money than the service centers and the facilitators, and, and there, it seems like there's a chasm there that needs to be breached or understood or met.

Speaker 1: Thank you.

Thank you. Mercy.

Speaker 2: I appreciate the specific example of the impact on students here. I would also like to include service centers.

The people I know who have started them have sunk tens of thousands, if not hundreds of thousands of dollars into locations, into getting them compliant, into getting, you know, creating these beautiful spaces.

Some of them have multi-year leases, and so to drop this on them when they're already struggling, they are not not going to survive, and they are going to lose out on that real estate investment. They might not own the building, but the money they dropped into making the location a good service center will be entirely lost.

So I would like to see their voices included here as well.

Speaker 1: Thank you.

Sorry, Anne.

Speaker 8: In keeping with that, it would be great to have a sentence about how much money has been invested by Oregonians into this program or into the belief in this program in good faith, and how much of that will be lost if it folds in on itself, which is likely to happen if these fees increase.

Speaker 1: Thank you.

Jade.

Speaker 9: Yeah, just to add on, I think, to what Sam was mentioning regarding the goals for behavioral health in Oregon as a whole. I think it would be helpful to acknowledge the possibility of increased hospitalizations from use without the facilitation of an expert, as well as the co-use such as with alcohol or cannabis. Those significantly increase psychosis risk.

I see that very often with my role, especially when it is not facilitated or screened.

So some kind of acknowledgment of the distress of behavioral health as a whole might be helpful just to acknowledge that impact with the fees and the inaccessibility of the service as a whole in the future.

Speaker 1: Thank you.

Allison.

Speaker 3: Yeah, just to add my voice to this. One of the things as I was reading this that I felt, and maybe it's implied, and so I just wanted to sort of say it more explicitly, was the precarious nature of this experiment. We, we were kind of speaking in terms of negative impact and the specific examples of who that will impact, and that is important. I think being able to highlight the precipice point.

I feel like somewhere in here, and I think we're all kind of circling around it with our language, but the sense of that there is a tipping point that we are, and we've all said it in different ways, but that there are approaches that the, or, you know, that we're doing here, the impact of these these could be such that this experiment fails. And, and it doesn't feel like we've been able to in, in these paragraphs sort of hint at or appropriately point at the fact that this can't continue this way.

And so these negative impacts that you're noting and the way in which it's not meeting the larger Oregon goals of equity and, and those things does feel like we need to be a little bit more explicit about the potential for the whole thing falling, falling apart.

So I just wanted to, to sort of note the- can we be a little bit more emphatic in our language, or an adjective or a sentence somewhere that points to the fact that this is not something that we can continue down this path, and that there will be a point at which it, it is not something we can continue to sustain?

Speaker 1: Thank you. Sam?

Speaker 11: Yeah, riffing off of what Allison said, but actually pivoting towards the opportunity that this challenge arises, right? I think we spent a lot of time talking about the crisis that is on our hands as to what happens when licensing fees go up, right?

That is very true. And this also feels like a really good opportunity from a narrative and communications perspective. perspective to also include the historic nature of what this program has accomplished.

You know, it's estimated over 22,000 people have been through this program. We have an impeccable safety record that is as good, if not arguably better, than clinical trials, right?

These are the types of things that state legislators and OHA leadership need to hear, not just the program is broken, please help us fix it, right? I I do think it's important to the extent that we have the hard data and facts that we can include from the data collection that has been mandated in this program to actually include that as well, not just to say what's not working, but also to highlight what is working, what has not come to fruition that people- that half of the overregulation came from. Right.

You know, a lot of this overregulation came from we don't know what our program is going to look like from a safety perspective.

Guess what?

Now we know it's just as safe, if not safer, than many other modalities that the state has invested in time and time again. And I think we do have an opportunity to highlight a lot of the positive nature that this program has done for so many people and give the leaders that are going to decide whether or not to intervene. And that's what we're talking about.

We're talking about people above OPS at OHA leadership, somewhere between the governor's office and the OHA leadership actually hearing about this program, not just that it's on its deathbed, but what it's actually accomplished.

So I would really like to encourage us to think about, and to the extent that OPS is able to pull some of that information and include it here on the positive benefits that this program has already provided to tens of thousands of people. Thanks.

Speaker 1: Thank you.

Jay?

Speaker 4: Totally agree with Sam. Thank you for bringing that up, Sam. I really appreciate it.

Speaker 1: Anne?

Speaker 8: I also agree. I think the narrative around leadership in Oregon being a leader and the fact that Colorado is doing so well is because of Oregon, right? Like, there's just so many things that are so wonderful about this program.

And there's a lot of data around it too. And we just finished a study that we'll be publishing by the end of the year around cancer survivorship and how working in the state of Oregon is actually just as safe, if not safer, than clinical trials because of how well it's been run. And there's just so much to be proud of and to capitalize on given the changes happening in the world that, like, right now is the time to support this because Oregon is a leader, and that's the framing.

Speaker 1: Thank you.

Chris?

Speaker 10: I just want to agree with what everyone else has said, especially Sam, and going back to that and pivoting to the positive. And I think, and I don't know if this is the place to add this in here or not, This is for a different discussion. But if we're talking about the positive and not just the negative, I also think we need to bring in not just how well this program is doing, but how do we make it better?

Like we said, Oregon is a leader in this. We want other people to be following us. And if we look at it from that perspective, then I think we also need to bring up the way everything has been structured from Measure 109. What we're doing now isn't necessarily working. Where can we pivot in how we have things set up to make this a better program than what we've got already, to continue pushing forward and going forward?

And I think that's just as important. Thank you.

Speaker 1: Thank you. Amy?

Speaker 7: I just wanted to add that I'm one of the facilitators associated with the Oregon Health and Sciences University study that has been going on for a while now, collecting data specifically to support advocating for these services, not only in the state of Oregon, but beyond in other states as well. And I've sent many of my clients- this is a paid study for those of you that aren't aware, where clients can get \$350 towards their- back on a card called the ClinCard in response to answering surveys over the course of 1 year for data and information about their service.

Speaker 4: The-

Speaker 7: our ability at the Oregon Health and Sciences University to continue that study is at risk. We're already dwindling in numbers.

There's constant pushes to add more clients to that and more facilitators to that to send their clients to that study.

And so I would just propose adding in a line if it makes sense to fit this in here, that beyond Oregon being number one, you know, the first state and a leader in this industry, something that eyes all around the globe are looking at our ability to maintain and run this program as a gateway for other states to follow.

It's also impacting our educational and survey data and clinical studies and school-based studies that are happening, that if we, if we So this will impact our ability to complete the studies that we already have spent hundreds of thousands of dollars standing up.

So this will impact our current infrastructure for collecting data and completing those trials because this will directly- all these costs will roll downhill and restrict clients from being able to participate in research and in their own sessions at an individual level.

So it might be worth just because of the power of the name of the Oregon Health and Sciences University and that monumental study that's been going on for the last couple of years, just to include something along those lines of our local infrastructure and our local school systems that have put a lot of money into these programs.

Speaker 1: Thank you.

Speaker 6: All right, moving along, we've got about 10 minutes to finish up here. I'm gonna summarize these next 2 paragraphs, then we'll take comments on them together.

The negative impact is offset to some degree by rule changes intended to offer more flexibility, and we give examples of those rule changes which would expand options for psilocybin services and make services more accessible to a broad range of clients. Music, group administration sessions, and implementing the legislation on dual license facilitators and out-of-state training programs. That's the summary of the first paragraph, which essentially says the negative impact is offset to a degree. The second paragraph is that many of the proposed rule changes are technical in nature.

Some of these changes may ease licensees' administrative burdens, Regulations and other changes may create new requirements, and we summarize some of the new cost of regulation, and we say that to the extent that that cost of regulation is passed on to clients, the rules would have a negative impact on underserved individuals, lower-income individuals, and communities who have experienced marginalization. Throughout the rulemaking process, we have to craft rules to promote public safety without creating unnecessary costs for licensees that may be passed on to clients.

Speaker 1: Marlon?

Speaker 5: Yeah, I understand trying to give an overall perspective, but it feels like to me that these 2 paragraphs are trying to nullify the negative aspect or at least create an equal positive return on the rule changes.

And I don't think that's reasonable. The fee change is over and above all a detriment to this whole process, and we need to leave that there.

So these 2 paragraphs feel like you're saying, but it's all going to be okay. And I don't believe that that's really true.

So, you know, my initial response was these 2 paragraphs should just be removed. You've mentioned it before about how some of these things will create some positive changes to the process, but this just feels like you're trying to soften the blow that the fees are going to create.

Speaker 1: Thank you.

Speaker 6: Okay, if we are ready to move on to the fiscal and economic impact.

And this section is not as detailed as the prior section as it relates to the the impact of fees. Although many of the same statements that we used in the prior paragraphs could be repeated here, and they may eventually be repeated in the final draft, this focuses more narrowly on the cost of compliance rather than the cost of the fees.

So I'll summarize: licensed businesses and state agencies will incur costs to comply with the rules. It's impossible to quantify that cost, but it is likely to be significant due to increased fees.

The rules are necessary to implement the statute and the legislation. Less restrictive operational rules could carry a lower cost of compliance, but may carry a higher risk of negative impacts to safety. The market is still relatively new and fluctuating, and we are continuing to issue licenses. However, we do acknowledge that some businesses, specifically service centers, have closed.

Like all new businesses, psilocybin businesses incur significant startup and ongoing business costs, and it is difficult to determine how much these costs will be influenced and how much the costs are affected by other factors such as psilocybin status as a Schedule I drug, which carries with it increased challenges with banking liability insurance and higher operating costs. Existing businesses that become psilocybin businesses will incur costs for equipment and modifications, and then we have a line about fee-based structures. and how we have no other funding options.

So those are the introductory paragraphs, and then after this we'll move on to the remainder of the document.

Speaker 1: Jean?

Speaker 9: Yeah, so my only question is where I'm seeing about that the licensing fees must cover the costs of the admin. I remember in the beginning someone mentioned that the Oregon Psilocybin Is there anywhere where that's being addressed in terms of like budgeting, or if that's gonna alleviate some of the costs? I'm just curious if that's something that is going to be addressed in this, or if that is something that is just to make both of them work. I'm not sure.

I just remember hearing that earlier, and I'm just seeing there's no other funding, but I remember hearing about that merge that is happening.

So I'm just curious.

Speaker 8: Yeah, so I think that's a great question.

Speaker 5: curious.

Speaker 6: Yeah, I'll speak to that very, very briefly, just to say that we don't know at this time.

Our Section Manager, Angie Albee, shared yesterday the news of the merger, but this is all very new, and we don't have information available to answer that question. Sam?

Speaker 11: Yeah, in regards to while the overall fiscal and economic impact of the rules cannot be quantified at this time. I understand the constraints that may make it seem like that can't happen at this time, but that there's a choice that's being made to not do that.

And I think it's, you know, and there might be reasons for that, but boy, wouldn't it be helpful if we did have an economic impact statement on proposed draft rules that would actually help inform the conversation as to whether or not they are necessary, if they're actually going to solve a problem, or if they're going to make it worse. I think it's worth having that discussion. And it's also something that if OPS or the OHA can't do that, I know some people who could.

So it's very well within their reach.

Economic impact is something that I'm working on right now at the Center for the program overall. And I do think the more that we are able to lean into the opportunities that economic impact analysis creates, not just for the rules and the impact on cost overall and affordability, but also the positive impact, economic impact of this program, right? For those who aren't paying attention, which I'm sure isn't anyone on this call, but everyone's paying attention to the rising costs for state budgets across the country for behavioral Behavioral health, right? I mean, I think the behavioral health budget increased 40% in the last biennium for Oregon, right?

And we're seeing the same types of results, if not less than. Same people cycling through over and over. Like, this program stands to have a major economic impact in the positive for the state. The question is, can we seize the opportunity and do the work to not just say that it can, but to prove that it can?

And I think this is actually an area specifically within the rule where, and maybe this is something that folks who want to work on this afterwards outside of this setting, please come talk to me. I would love to help facilitate this type of analysis because I think it's totally within reason. There's enough people that have been in this program for years now. They can literally quantify what the time it, you know, the time it takes and what that time costs them and how those costs get handed on.

I think that's actually a really big opportunity.

And so, So I think that language should be changed in terms of it. It's a decision that either OPS is making to not want to quantify, or they can't because it may increase costs.

Okay, communicate that to us.

We want to be a good partner. If there's work that you can't do because it's going to increase costs, but we see it's an opportunity to actually help address that and we can provide information to do that analysis, we should work more collaboratively in doing so.

Speaker 7: Thanks.

Speaker 1: Yeah.

Speaker 6: So we are at time and we are not completely finished. If folks are willing to give us 5 more minutes, I think we can be completely finished.

So I will give the briefest of summaries on these detailed impact of cost. Yes, state agencies do incur cost, but similar To the other statements, we can't really quantify the cost at this time. 2 talks about small businesses.

We will include license numbers when we file, but we estimate that many licensed businesses meet the definition of small business. B talks about recordkeeping, and yes, there will be cost to To some more recordkeeping. Equipment is more ambiguous because we are not so sure whether these are going to require new equipment. And then finally, was the Rules Advisory Committee consulted?

Yes, you're being consulted right now.

So Very briefly, knowing that we're already over time, if we can take some comments on this, these last portions, if there are any, that would be helpful.

Speaker 1: Go ahead, Amy.

Speaker 7: Is it worth putting in a line?

I see that you're talking about costs on small businesses, but what about the individuals also? This will single-handedly end careers for some psilocybin facilitators.

Speaker 6: Yeah, so we would consider those individual facilitators included within the small businesses. Does that address your comment?

Speaker 7: I mean, I personally would consider it separately. I think when I see like a small business, I'm looking at it as like an individual who's got like a building and they're providing services at the building. But like I'm talking about like individual workers that aren't associated necessarily with the small business other than being employed there or serving there. This will literally- like when a service center shuts down.

That means now as a facilitator who I just rent a room there, that means now my business is also impacted and I don't have a job anymore. And I now have to go to a different city, potentially different state. I might have to fly to Colorado to serve and move my entire business.

So to me, this is like, it's an additional bullet point.

It's going to shut individuals down from having a job.

Speaker 1: Okay.

Speaker 6: Yeah, I've got your So if there are no further comments on this impact statement, I would like to thank everybody for the time that you have dedicated to assisting the Oregon Psilocybin Services Section in making our rules the best they can be. And we appreciate your input.

And for next steps, we will continue with Rules Advisory Committee meetings for the other table throughout this week. Then we will publish revised drafts for public comment period on September 1st. The period will run from September 1st through 21st, and any Rules Advisory Committee member is welcome to provide comments during that period. Final rules will be adopted in late October and effective on January 1st, 2027.

Again, thank you all very much. Thank you for your grace and your patience and your input on the proposed rules.

Speaker 2: Thank you, Jesse. Thank you, Emily.

Speaker 1: Have a good day.

Speaker 7: Yeah, thank you to Jesse and Emily. You guys, appreciate it.

Speaker 10: Bye everyone, pleasure meeting you.

Bye. Bye.

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