REQUEST FOR CLARIFICATION AND CORRECTION OF SEPTEMBER 1, 2026 NOTICE OF PROPOSED RULEMAKING

Oregon Psilocybin Services — OAR Chapter 333, Division 333

Date: September 1, 2026

To: Oregon Health Authority

Public Health Division

Oregon Psilocybin Services

publichealth.rules@odhsoha.oregon.gov

Attn: Jesse Sweet, Rulemaking Contact

Re: September 1, 2026 Notice of Proposed Rulemaking — OAR Chapter 333, Division 333

To Oregon Health Authority:

I am submitting this request for clarification and, where appropriate, correction or supplementation of the September 1, 2026 Notice of Proposed Rulemaking concerning Oregon Psilocybin Services.

This request is intended to identify specific questions arising from the Notice, the proposed rules, and the 2026 Rules Advisory Committee process so that interested persons can meaningfully evaluate the proposal and provide informed public comment.

Please also treat this submission as written comment in the pending rulemaking and include it in the rulemaking record.

This submission does not presume that OHA has violated the Oregon Administrative Procedures Act. Where the presently available record does not establish an answer, I am requesting that OHA provide the information or clarify its position.

1. Relationship between the proposed fee increases and program sustainability

OHA states in its September 1 Notice that the proposed rules are needed in part because the authorizing ballot measure anticipated that the Oregon Psilocybin Services program would be self-sustaining and the program currently is not. OHA therefore proposes significant increases in licensing fees.

The Notice also states:

> *"OPS expects that an increase in licensing fees may reduce the overall number of licensees and create a more significant program budget shortfall."*

These statements raise an important question concerning how the proposed fee increases are intended to meet the stated need for program sustainability.

Requested clarification:

Please explain how OHA expects the proposed fee schedule to advance program sustainability despite its stated expectation that increased fees may reduce the number of licensees and create a more significant program budget shortfall.

To the extent such information exists, please identify:

- the number of license renewals assumed under the proposed fee structure;
- the attrition or nonrenewal rate assumed for each license category;
- projected licensing revenue under the proposed fee structure;

2026-0981 001 10/02/2026

- the number of licenses required for the proposed fee structure to meet projected OPS expenditures; and
- the analysis supporting the conclusion that the proposed fee amounts are appropriate to address the identified program shortfall.

If OHA has not performed these calculations, please clarify that fact.

2. Basis for the specific proposed fee amounts

The September Notice proposes, among other changes, increasing the facilitator annual license fee from $2,000 to $4,000 and increasing service center and manufacturer annual license fees from $10,000 to $20,000. It also substantially increases other fees, including the worker permit fee.

In the RAC record presently available to me, members asked how the proposed fee amounts were derived and raised the possibility that reduced renewal rates could offset or exceed the additional revenue produced by higher fees. In that same available RAC record, OHA staff stated during the discussion that they were unable to provide additional budget information.

Requested clarification:

Please identify the methodology used to determine each proposed fee amount.

In particular, please identify whether the proposed fees were calculated from:

- projected OPS expenditures;
- projected numbers of licensees;
- projected renewal rates;
- historical licensing revenue;
- projected licensing revenue;
- anticipated license attrition;
- general-fund or other funding assumptions; or
- another methodology.

If no quantitative methodology was used to establish the particular fee amounts, please explain how those amounts were selected.

3. Statement that the overall fiscal and economic impact cannot be quantified

The September Notice states that:

> *"the overall fiscal and economic impact of the rules cannot be quantified at this time"*

while also concluding that the impact on the regulated community is likely to be significant.

ORS 183.335(2)(b)(E) requires a statement of fiscal impact identifying economically affected state agencies, units of local government and members of the public, and an estimate of that impact. It further provides that, in considering the economic effect of the proposed rule on businesses, the agency shall utilize available information to project any significant economic effect of the rule on businesses, including a cost-of-compliance effect on small businesses.

In the RAC record presently available to me, a RAC member specifically challenged the conclusion that the economic impact could not be quantified and offered quantitative information and assistance with such analysis.

Requested clarification:

Please identify:

1. which components of the fiscal and economic impact OHA determined cannot be quantified;
2. why those components cannot presently be quantified;

3. what available information OHA used in reaching that determination;
4. which portions of the economic impact OHA determined *can* be quantified; and
5. whether OHA attempted separate quantitative estimates for individual effects even if OHA concluded that the aggregate effect of the entire rules package could not be quantified.

4. Treatment of quantitative information presented during the RAC process

In the July RAC record presently available to me, a member reported conducting a survey concerning anticipated license renewal if licensing fees were doubled.

The member reported sending 331 emails and receiving 146 responses. Among 131 responding facilitators, the member reported that 10 indicated they would renew if fees doubled, 11 indicated "maybe," and 110 indicated they would not renew.

The RAC evidence available to me also records a resulting projection that increased attrition could substantially reduce licensing revenue.

The September Notice does not identify this information.

The absence of this information from the Notice does not establish that OHA failed to consider it.

Requested clarification:

Please state:

- whether OHA considered the survey information presented during the RAC;
- whether OHA obtained or reviewed the underlying survey data;
- whether OHA evaluated the survey's methodology;
- whether OHA accepted or rejected any portion of the information;
- whether OHA conducted its own attrition analysis; and
- how anticipated license attrition was incorporated into the fiscal-impact analysis.

If OHA determined that the survey information was unreliable or inappropriate for use in the fiscal analysis, please explain that determination.

5. Principal documents, reports and studies prepared by or relied upon

ORS 183.335(2)(b)(D) requires the Notice to include:

> *"A list of the principal documents, reports or studies, if any, prepared by or relied upon by the agency in considering the need for and in preparing the rule."*

The September Notice identifies the documents relied upon as Oregon Laws 2026, Chapter 109 (HB 4040), and ORS 475A.

In the RAC record presently available to me, OHA personnel discussed the OPS budget shortfall and referred to budget information concerning the program's financial condition.

In the RAC record presently available to me, during discussion of the draft impact statement, OHA staff stated that the documents relied upon were the statutes.

I presently do not have sufficient information to determine whether any OPS budget documents, revenue projections, fee calculations, license-count projections or other financial analyses were "prepared by or relied upon" by OHA within the meaning of ORS 183.335(2)(b)(D).

Requested clarification:

Please state whether OHA prepared or relied upon any of the following in considering the need for or preparing the proposed fee amendments:

- OPS budget projections;
- revenue projections;
- expenditure projections;
- license-renewal projections;
- license attrition projections;
- calculations used to establish the proposed fee amounts;
- analyses of the effect of eliminating reduced fees;
- analyses concerning the sustainability of the proposed fee structure; or
- other financial reports or studies.

If any such document qualifies as a principal document, report or study under ORS 183.335(2)(b)(D), please identify it and clarify whether the Notice should be supplemented or corrected accordingly.

If OHA's position is that no such document was prepared by or relied upon in considering the need for or preparing these rules, please state that position expressly.

6. RAC recommendations concerning significant adverse impacts on small businesses

ORS 183.333(3) provides that when an agency appoints an advisory committee for a rule, the agency shall seek the committee's recommendations regarding whether the rule will have a fiscal impact, the extent of that impact, and whether the rule will have a significant adverse impact on small businesses.

If the committee indicates that the rule will have a significant adverse impact on small businesses, the agency must seek the committee's recommendations regarding compliance with ORS 183.540. OHA must consider recommendations provided under subsection (3) in preparing the fiscal-impact statement.

The September Notice states that OHA estimates many licensed psilocybin businesses meet the definition of small business and describes substantial potential economic effects associated with the proposed rules.

The RAC record available to me contains repeated concerns regarding the economic effect of the proposed fee increases on licensees and includes suggested alternatives to uniform fee increases.

I do not presently have the complete July 9, 2026 Products and Premises RAC record. Accordingly, I cannot determine from the record presently available to me precisely how the ORS 183.333(3) process was completed.

Requested clarification:

Please identify:

1. whether either 2026 RAC indicated that the proposed rules would have a “significant adverse impact on small businesses” for purposes of ORS 183.333(3);
2. if so, when OHA sought the committee's recommendations regarding compliance with ORS 183.540;
3. what recommendations were provided; and
4. how OHA considered those recommendations when preparing the September fiscal-impact statement.

7. Consideration of less burdensome alternatives

In the RAC record presently available to me, members discussed alternatives to uniform increases in annual licensing fees, including approaches based upon revenue, entity size or client volume, installment or periodic payment structures, and transaction- or journey-based approaches.

ORS 183.540 establishes mechanisms for reducing significant adverse economic impacts on small businesses where the statutory conditions apply. ORS 183.335 also requires agencies to request public

comment on options for achieving the rule's substantive goals while reducing negative economic effects on businesses.

The September Notice requests comment concerning such alternatives but does not explain OHA's disposition of the alternatives raised during the RAC.

I do not have information establishing that OHA failed to consider those alternatives.

Requested clarification:

Please identify which alternative fee structures presented during the RAC process OHA evaluated and, for each material alternative:

- whether OHA determined the alternative was legally available;
- whether OHA evaluated its expected revenue;
- whether OHA evaluated its effect on small businesses;
- whether OHA determined that it would adequately fund OPS; and
- the reason OHA accepted or rejected the alternative.

8. Elimination of reduced license fees

The September Notice proposes eliminating reduced fees for qualifying applicants and states that approximately **32 percent of license transactions during the current biennium have been for a reduced fee**.

The Notice also recognizes potential adverse effects on culturally responsive facilitators and clients and acknowledges the possibility that reduced access to licensed services could cause some individuals to seek services outside the regulated system.

The additional information in the September Notice provides materially more detail concerning these impacts than was available during portions of the RAC discussion.

Requested clarification:

Please identify:

- the projected additional annual revenue resulting from elimination of reduced fees;
- the number of license applications or renewals OHA projects may be lost because of their elimination;
- whether OHA modeled the net revenue effect after anticipated attrition; and
- what alternatives to complete elimination of reduced fees OHA evaluated.

9. Worker permit fee increase

The September proposal increases the worker permit fee from $25 to $200.

In the RAC record presently available to me, members specifically raised concerns that the increase could make it more difficult for service centers to maintain flexible or part-time staffing.

Requested clarification:

Please identify:

- the cost or other basis supporting the increase from $25 to $200;
- the number of worker permits OHA projects will be issued or renewed at the proposed fee;
- the projected additional revenue;
- whether OHA anticipates a reduction in worker permit applications or renewals; and
- whether the staffing effects raised by RAC members were incorporated into OHA's fiscal analysis.

10. Restrictions concerning home-cultivation information and instruction

The September proposed rules retain provisions restricting certain licensees from promoting unregulated cultivation, including by providing information or instruction related to home cultivation. These provisions appear in OAR 333-333-2010(1)(e), 333-333-4480(11), 333-333-5120(16), and 333-333-6030(1)(e).

OHA made other changes between the RAC draft and September proposal that narrowed some provisions concerning recommendations about consumption outside licensed service centers. The home-cultivation information/instruction provisions nevertheless remain in the September proposal.

This raises questions concerning the scope of the restriction, including whether and to what extent OHA intends it to regulate information or instruction provided outside the provision of regulated psilocybin services.

At this stage, I am requesting OHA's legal basis rather than asserting that OHA lacks authority.

Requested clarification:

For each license category subject to a restriction concerning providing information or instruction related to home cultivation, please identify the specific provision or provisions of ORS chapter 475A that OHA believes authorize it to condition licensure upon compliance with that restriction.

Please also clarify:

- whether the restriction applies to information provided outside a licensed premises;
- whether it applies to independently operated educational businesses;
- whether it applies to books, electronic publications, websites, classes or other educational materials;
- whether it applies when the information concerns conduct lawful under Oregon law;
- whether it applies only when the activity is undertaken using the licensee's licensed business identity; and
- how OHA distinguishes regulated promotion from protected educational, scientific, journalistic or harm-reduction information.

I do not find answers to these questions in the four September 1 documents.

11. Potential fiscal impact of restrictions on information, education, and related economic activity

The September fiscal-impact statement discusses numerous costs and economic consequences of the proposed rules.

I have not identified a separate analysis of potential economic effects resulting from restrictions on licensees' ability to provide information, education or other services outside the regulated psilocybin-services framework.

I do not have information establishing whether OHA conducted such an analysis internally.

Requested clarification:

Please state whether OHA evaluated potential lost revenue, foregone business opportunities or other economic effects associated with these restrictions.

If OHA performed such an analysis, please explain how it was incorporated into the fiscal-impact statement.

If OHA concluded that these provisions do not create an economic effect on affected businesses, please explain the basis for that conclusion.

12. July 9, 2026 Products and Premises RAC record

OHA's 2026 rulemaking materials identify RAC meetings occurring July 6 through July 9.

The RAC record available to me establishes that the Products and Premises RAC was scheduled to reconvene on July 9 to address remaining proposed rules and the draft impact statement.

I presently do not have the recording or transcript of that meeting.

Because that discussion may bear directly upon the fiscal-impact and small-business questions addressed above, the absence of the record limits my ability to determine precisely what recommendations were made and how OHA responded.

A separate public-records request has been submitted seeking the July 9 recording, transcript or caption file and associated meeting materials.

Requested action:

Please make the complete July 9, 2026 Products and Premises RAC recording, transcript or caption file, and associated meeting materials publicly available as promptly as possible during the current public-comment period.

13. Requested response and supplementation

The purpose of this request is to permit meaningful evaluation and comment on OHA's September 1 proposal while the rulemaking remains pending.

Accordingly, I respectfully request that OHA:

1. provide written responses to the questions identified above;
2. correct or supplement the September 1 Notice where OHA determines correction or supplementation is appropriate;
3. identify and make available any additional principal documents, reports or studies required to be identified under ORS 183.335(2)(b)(D);
4. make the July 9 RAC record available;
5. explain how the requirements of ORS 183.333 concerning fiscal impact, small-business impact and RAC recommendations were satisfied; and
6. place this submission, and any written response provided by OHA, in the rulemaking record.

Nothing in this request should be understood as limiting the submitter's ability to provide additional data, views, arguments or objections during this rulemaking after receiving OHA's response or additional records.

Respectfully submitted,

Andreas Met

2026-0981 007 10/02/2026

From: Dan Herkimer
To: Public Health Rules
Subject: proposed rules - public comment
Date: Tuesday, September 1, 2026 10:50:12 AM

You don't often get email from danherkimer@ymail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

These rules are a step in the wrong direction. Recent medical research has shown that psylocibin treatment is effective - increasing fees and costs to the participants will only reduce access to treatment. Do NOT adopt these rules!

Respectfully,

Dan Herkimer
Bend, OR

From: Michelle Corse
To: Public Health Rules
Subject: Public comment on Psilocybin program changes
Date: Wednesday, September 2, 2026 10:13:12 AM

You don't often get email from corsedvm@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello!

Unfortunately I am not able to make the public hearing in regards to the proposed changes to the Oregon Psilocybin program but I am emailing here to share my concerns and thoughts.

Psilocybin therapy has been instrumental in improving my mental health and well being. It has allowed me to embark on a path and journey which allows me to fulfill my potential as a human in this world - it allows me to be a more grounded, healthy and insightful citizen, family member, partner and friend. Psilocybin has been so instrumental in my own healing that I have been drawn to become a licensed psilocybin facilitator in the state of Oregon. In June, I completed my training with InnerTrek as a first step to becoming a licensed facilitator. Almost immediately upon graduating from this program I heard about the proposed fee changes to the Oregon Psilocybin Services program - these fee changes make it harder for facilitators to help clients and it overall increases the fees that clients have to pay to experience these truly life changing experiences. At some point, maybe a point really soon, it feels like this whole system will collapse and it will not be able to support the fee changes.

This impending reality causes me grief - for myself, for potential clients, for our society and our overarching culture. Ballot Measure 109 was built on hope, promise and potential. The hope, promise and potential of these medicines, the hope, promise and potential of humans to heal and better humanity. These proposed changes directly impact that hope, promise and potential. I see a future where these medicines can help so much - can improve people's individual lives, people's relationships with others and the world. It is sad to see the program gutted before it is allowed the opportunity to thrive and grow. Fledgling things (humans, other animals, plants, human constructed program and businesses) - need time, time to find their footing, time to find their place, their growth and their path. I do not think that Measure 109 was given the time and space to do that, and that this proposed fee increase will be extremely detrimental to the ability of this program to provide the services that align with the intent of the Ballot Measure.

Sincerely,
Michelle Corse

Public Comment — Facilitator License Fees, Reduced Fees, and Alternatives Under ORS 183.335(2)(b)(H)

September 6, 2026

Oregon Health Authority
Oregon Psilocybin Services
Attn: Jesse Sweet, Rulemaking Contact

Dear Mr. Sweet:
My name is Andreas Met. I am a licensed Oregon psilocybin facilitator and co-founder of Satya Therapeutics a licensed service center and manufacturer.

I submit this comment specifically regarding OHA's proposal to increase the annual facilitator license fee from $2,000 to $4,000 while eliminating the existing $1,000 reduced facilitator fee.

I have separately raised broader concerns regarding the financial basis for OHA's proposed fee increases, requested OPS financial records, and requested postponement of OHA's intended action under ORS 183.335(4). I am also separately addressing procedural issues associated with the rulemaking process.

This comment has two purposes: first, to request OHA's assumptions concerning facilitator renewal, attrition and revenue; and second, to respond expressly to the request for alternatives under ORS 183.335(2)(b)(H).

A. OHA's Renewal and Attrition Assumptions

The proposed increase affects two very different facilitator populations. A facilitator currently paying $2,000 would experience a 100 percent increase. A facilitator currently qualifying for the $1,000 reduced fee would pay $4,000—four times the current fee, or a 300 percent increase.

The existing reduced-fee categories include individuals who have received Supplemental Security Income benefits within the prior 12 months, individuals enrolled in or who qualified for the Oregon Health Plan within the prior 12 months, individuals who received SNAP benefits within the prior 12 months, and individuals who have served in the Armed Forces of the United States. See OAR 333-333-4060.

The largest percentage increase therefore falls on facilitators for whom OHA's existing rules specifically created reduced licensing costs.

Moving a reduced-fee facilitator from $1,000 to $4,000 produces an additional $3,000 for OPS if that facilitator renews. If that facilitator does not renew, OPS receives zero from that license.

OHA should therefore identify:

1. How many facilitators currently pay the $1,000 reduced fee?
2. How many currently pay $2,000?

3. What percentage of each group does OHA assume will renew at $4,000?
4. What additional attrition does OHA attribute to the $4,000 fee?
5. Does OHA assume greater attrition among current reduced-fee facilitators?
6. What total facilitator-license revenue does OHA project after accounting for attrition?
7. What renewal and attrition assumptions did OHA use when selecting $4,000 as the proposed fee?

A $4,000 fee could increase revenue per remaining facilitator while producing less total revenue if the resulting attrition is sufficiently large. That possibility should be quantified.

B. Alternatives Submitted Under ORS 183.335(2)(b)(H)

The following alternatives are submitted specifically in response to the notice's request for public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business, as provided in ORS 183.335(2)(b)(H). ORS 183.335(3)(e)(C) requires the rulemaking record to contain public comments received in response to that request and the agency's response to those comments.

Alternative F-1 — Preserve the Reduced Fee

Retain a reduced facilitator fee for individuals presently qualifying under OAR 333-333-4060 while increasing the standard facilitator fee. Please address whether preserving the reduced-fee structure would maintain participation among facilitators who presently qualify for reduced licensing costs while still increasing OPS revenue.

Alternative F-2 — Intermediate Reduced Fee

If OHA determines that $1,000 is insufficient, increase the reduced fee to an intermediate amount rather than immediately increasing it to $4,000. Please compare projected revenue and attrition at reasonable intermediate fee levels.

Alternative F-3 — Phase In the Standard Increase

Increase the standard facilitator fee from $2,000 to $3,000 initially and consider a subsequent increase only if program finances demonstrate that it remains necessary. Please compare projected cumulative revenue and attrition under a phased increase with immediate implementation of $4,000.

Alternative F-4 — Low-Volume Facilitator Tier

Create a lower fee for facilitators serving relatively few clients annually. Please evaluate whether a low-volume tier would retain facilitators who otherwise would not renew and whether the resulting aggregate licensing revenue would exceed the revenue produced by applying the uniform $4,000 fee to a smaller licensee base.

Alternative F-5 — Graduated Fee Based on Revenue or Volume

Establish facilitator fee tiers based on facilitation revenue or client volume. Please compare projected revenue and attrition under such a structure with the proposed uniform $4,000 fee.

Alternative F-6 — Transition Protection

Allow currently licensed reduced-fee facilitators a defined transition period before imposing the full standard fee. Please evaluate whether a transition period would reduce immediate nonrenewal.

Alternative F-7 — Installment Payments

Allow quarterly or semiannual payment of facilitator licensing fees. This alternative could preserve the total annual fee while reducing the immediate cash-flow burden. Please address whether OHA can implement such a payment structure.

Alternative F-8 — Optimize Revenue After Attrition

Rather than selecting the fee that produces the highest revenue per facilitator, select the fee expected to produce the greatest sustainable total revenue after accounting for attrition. Please identify the fee levels OHA analyzed and the projected renewal and revenue at each.

Conclusion

The central question is not simply whether $4,000 produces more revenue from each facilitator who remains. It is whether $4,000 produces more total revenue after attrition. That question is especially important for facilitators moving from $1,000 to $4,000, including individuals qualifying through SSI, OHP, SNAP, or service in the Armed Forces.

I ask OHA to identify the renewal, attrition, and revenue assumptions used to select the proposed $4,000 facilitator fee; identify the number of facilitators presently paying the standard and reduced fees; provide the projected facilitator-license revenue after accounting for nonrenewal and attrition; and respond in the rulemaking record to each of the alternatives above.

Respectfully,

Andreas Met

Public Comment — Manufacturer Fees and Alternatives Under ORS 183.335(2)(b)(H)

September 6, 2026

Oregon Health Authority

Oregon Psilocybin Services

Attn: Jesse Sweet, Rulemaking Contact

Dear Mr. Sweet:

I submit this comment regarding OHA's proposal to increase the annual manufacturer license fee from $10,000 to $20,000.

I am a co-founder of Satya Therapeutics, an Oregon-licensed psilocybin service center and licensed psilocybin manufacturer, and I am also a licensed Oregon psilocybin facilitator.

Satya Therapeutics is both a licensed manufacturer and service center. For our business, the proposed $20,000 manufacturing fee may make continued manufacturer licensure economically impractical.

A. OHA's Manufacturer Assumptions

For each manufacturer that renews, OHA receives an additional $10,000. For each manufacturer that does not renew, OHA receives zero future manufacturer licensing revenue.

OHA should identify:

1. How many manufacturers currently hold licenses?
2. How many does OHA assume will renew at $20,000?
3. What manufacturer attrition rate did OHA assume?
4. What total manufacturer licensing revenue does OHA project after attrition?
5. Did OHA model whether a lower fee could generate greater total revenue by retaining more manufacturers?
6. What effect did OHA assume manufacturer attrition would have on the remaining regulated market?
7. What renewal and attrition assumptions did OHA use when selecting $20,000 as the proposed manufacturer fee?

B. Alternatives Under ORS 183.335(2)(b)(H)

The following alternatives are submitted specifically in response to the notice's request for public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business, as provided in ORS 183.335(2)(b)(H). ORS 183.335(3)(e)(C) requires the rulemaking record to contain public comments received in response to that request and the agency's response to those comments.

Alternative M-1 — $15,000 Manufacturer Fee

Model a $15,000 annual fee and compare projected manufacturer retention and total revenue with $20,000.

Alternative M-2 — Phased Increase

Move first to $15,000 and evaluate the program's financial position before any subsequent increase. Compare cumulative revenue with immediate implementation of $20,000.

Alternative M-3 — Production-Volume Tiers

Establish lower fees for low-volume manufacturers and higher fees for larger-volume manufacturers. Please evaluate whether a volume-tiered structure would retain manufacturers that otherwise would not renew and compare aggregate licensing revenue under that structure with the proposed uniform $20,000 fee.

Alternative M-4 — Revenue-Based Manufacturer Fees

Base fee tiers on manufacturer gross revenue rather than imposing the same $20,000 fee on every manufacturer. Please compare projected manufacturer retention and total licensing revenue under a graduated structure with the proposed uniform $20,000 fee.

Alternative M-5 — Vertically Integrated Business Structure

Evaluate a modified fee where a manufacturer and service center under common ownership pay a combined or adjusted fee rather than two separate $20,000 licenses. Please evaluate whether a combined or adjusted fee for vertically integrated businesses could preserve those businesses while producing greater sustainable total OPS revenue than imposing both full fees and causing one license to be surrendered.

Alternative M-6 — Installment Payments

Allow quarterly or semiannual payments. Evaluate whether this reduces manufacturer nonrenewal without reducing annual revenue.

Alternative M-7 — Optimize Post-Attrition Revenue

Model multiple manufacturer fees and identify which level generates the greatest total manufacturer licensing revenue after expected attrition. Please disclose the modeled fee levels, renewal assumptions and resulting revenues.

Conclusion

A $20,000 manufacturer fee is financially superior to a lower fee only if the additional amount collected from manufacturers that renew exceeds the licensing revenue lost through additional attrition. I ask OHA to identify the renewal, attrition, and revenue assumptions used to select the proposed $20,000 manufacturer fee; provide projected manufacturer-license revenue after accounting for nonrenewal and attrition; identify the alternative fee levels OHA modeled; and respond in the rulemaking record to each of the alternatives above.

Respectfully,

Andreas Met

Public Comment — OPS Budget Sustainability and Alternatives Under ORS 183.335(2)(b)(H)

September 6, 2026

Oregon Health Authority

Oregon Psilocybin Services

Attn: Jesse Sweet, Rulemaking Contact

Dear Mr. Sweet:

I am a co-founder of Satya Therapeutics, an Oregon-licensed psilocybin service center and licensed psilocybin manufacturer, and I am also a licensed Oregon psilocybin facilitator.

I submit this comment regarding the financial premise underlying OHA's proposed licensing and permit fee increases: the need to make Oregon Psilocybin Services financially sustainable.

I do not dispute that OPS requires sufficient revenue to operate. I do question whether substantially increasing fees across multiple categories produces the most sustainable financial result after accounting for resulting licensee attrition.

A. Define the Financial Problem

Before selecting the solution, OHA should identify the problem numerically. Please disclose:

1. projected annual OPS expenditures;
2. projected annual revenue under existing fees;
3. the resulting projected annual budget shortfall;
4. projected gross revenue under the proposed fees;
5. assumed attrition for each license and permit category;
6. projected revenue after applying that attrition;
7. the resulting projected surplus or remaining shortfall; and
8. the time horizon used for these projections.
9. What renewal, nonrenewal, and attrition assumptions did OHA use in determining the proposed fee structure across all license and permit categories?

This analysis is particularly important because increasing fees can create a feedback effect:

Budget shortfall → higher fees → greater attrition → smaller licensing base → lower revenue → larger shortfall → pressure for still higher fees.

OHA should disclose whether it modeled this possibility.

B. Alternatives Under ORS 183.335(2)(b)(H)

The following alternatives are submitted specifically in response to the notice's request for public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business, as provided in ORS 183.335(2)(b)(H). ORS 183.335(3)(e)(C) requires the rulemaking record to contain public comments received in response to that request and the agency's response to those comments.

Alternative B-1 — Optimize Fees for Total Revenue Rather Than Fee Amount

Model multiple fee levels for each licensing category and select the combination expected to maximize sustainable total revenue after attrition, rather than maximizing the amount charged per license. Please provide the modeled fee levels, renewal assumptions and resulting revenues.

Alternative B-2 — Phased Program-Wide Increases

Implement smaller increases initially and reassess revenue and licensee retention after one renewal cycle before imposing additional increases. Please compare projected multi-year revenue with immediate doubling.

Alternative B-3 — Graduated Fees

Use revenue-, volume-, or activity-based tiers so that lower-volume businesses pay less and higher-volume businesses contribute more. Please model the revenue and attrition effects of such a structure.

Alternative B-4 — Preserve Targeted Reduced Fees

Maintain reduced fees for qualifying populations while increasing fees elsewhere. Please calculate the actual revenue foregone by retaining reduced fees and compare it with the potential revenue lost if reduced-fee licensees leave the program.

Alternative B-5 — Reduce or Defer Expenditures

Identify OPS expenditures that could legally and operationally be reduced, deferred, consolidated, or eliminated. Please identify the annual savings associated with each material option and quantify how each option would reduce the amount of licensing revenue required.

Alternative B-6 — Administrative Efficiency

Identify administrative functions, staffing arrangements, contracts, technology expenses, or other operating costs where efficiencies could reduce the budget gap. Please identify the potential

annual savings and explain whether those savings were considered before selecting the proposed fee increases.

Alternative B-7 — Reallocate Required Revenue Among License Categories

Model alternative distributions of OPS's required licensing revenue among facilitators, manufacturers, service centers, laboratories, training programs, worker permits, and other fee-generating activities. Please explain the assumptions used to allocate the proposed increases among categories and compare the resulting revenue and attrition effects with alternative allocations.

Alternative B-8 — Installment Payment Structure

Permit appropriate annual licensing fees to be paid periodically rather than entirely at renewal. Evaluate whether this could reduce attrition without reducing total annual OPS revenue.

Alternative B-9 — Multi-Year Licenses Where Legally Permissible

Evaluate whether longer licensing periods or multi-year structures could reduce administrative costs or improve revenue predictability where authorized by law. Identify any statutory barriers if OHA concludes this alternative is unavailable.

Alternative B-10 — Hybrid Sustainability Model

Evaluate a combination of moderate fee increases, preservation of targeted reduced fees, graduated fees, expenditure reductions and administrative efficiencies rather than relying predominantly on large across-the-board fee increases. Compare the projected multi-year financial result with OHA's proposed structure.

C. What the Public Needs to Evaluate These Alternatives

For each material alternative, the useful comparison is:

Fee/revenue structure → expected retention → post-attrition revenue → program expenditures → resulting surplus or shortfall.

Without that comparison, neither OHA nor the regulated community can determine whether doubling fees actually produces a more financially sustainable program.

Conclusion

OHA's objective should not be to collect the greatest possible amount from each remaining licensee. It should be to create the most sustainable regulated program.

The question is therefore not: **How high can OHA set the fees?**

It is: **What combination of fees, licensee retention, expenditures and other available measures produces sufficient OPS revenue while causing the least unnecessary damage to the regulated businesses that provide that revenue?**

I submit Alternatives B-1 through B-10 expressly in response to OHA's request for alternatives under ORS 183.335(2)(b)(H). I ask OHA to identify the expenditure, renewal, attrition, and revenue assumptions underlying the proposed fee structure; provide projected program revenue after accounting for nonrenewal and attrition; identify the resulting projected surplus or shortfall; and respond in the rulemaking record to each of Alternatives B-1 through B-10 pursuant to ORS 183.335(3)(e)(C).

Respectfully,

Andreas Met

Co-Founder, Satya Therapeutics

Licensed Oregon Psilocybin Facilitator

From: Rahb Loyd
To: Public Health Rules
Subject: Public Comment on Proposed Rulemaking, OAR 333-333
Date: Sunday, September 6, 2026 4:32:40 PM

You don't often get email from robert.blake.lloyd@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

I am submitting this comment in opposition to the fee provisions of the proposed amendments to OAR 333-333, specifically OAR 333-333-4060 (License Fees), 333-333-4070 (Worker Permit Fees), 333-333-3010 and 333-333-3035 (Training Program Fees), and the associated elimination of reduced-fee eligibility categories.

The magnitude of the increase is structurally destabilizing, not incremental.

- Facilitator license fee: $2,000 to $4,000. A 100% increase.
- Service center/manufacturer license: $10,000 to $20,000. A 100% increase.
- Application fee (all license types): $500 to $1,000.
- Training program curriculum approval: $500 to $1,000.
- Worker permit: $25 to $200. A 700% increase.
- Site inspection/change-of-location fees: $500 to $1,000.

The rule change eliminates the reduced-fee tier entirely. Current rules provide reduced fees for nonprofits, veterans, SSI recipients, and SNAP recipients. OPS designed this mechanism in 2022 to diversify the facilitator pool and preserve culturally responsive care. Per the agency's own Notice, roughly 32% of license transactions in the current biennium used this reduced-fee pathway. Removing it does not marginally raise costs. It removes the primary on-ramp for a third of the licensed workforce.

This collapses an already fragile market, by the agency's own admission. The Notice concedes that fee increases "may reduce the overall number of licensees and create a more significant program budget shortfall." This is a self-reinforcing contraction. Higher fees shrink the licensee base. A shrinking base shrinks fee revenue. Shrinking revenue invites further increases. The Notice also states that facilitator students who cannot afford the new fees will lose $10,000 to $15,000 in sunk training investment per person, and that service centers unable to recoup premises investment will be forced to close. As of August 25, 2026, OPS reports only 422 licensed businesses statewide. A regulatory apparatus funded by doubling fees on a base this small is not solving its revenue problem. It is accelerating the erosion of its own tax base.

Cost pass-through directly harms access. ORS 475A was structured as a fee-funded, self-sustaining model. A program that must double fees within four years of statewide launch to remain solvent suggests the funding model itself is unsound at this scale, not that individual fee levels were merely miscalibrated. Facilitators and service centers already operate on thin margins in a federally unbanked, Schedule I adjacent cash environment, a challenge the Notice itself acknowledges regarding banking and insurance access. These operators will pass

increased costs directly to clients. This raises the price of an already costly therapeutic experience, often $1,500 to $3,500 per session before this increase, and pushes it further out of reach for the population the reduced-fee tier was designed to protect: low-income, SSI or SNAP eligible, and veteran applicants and clients. The Notice's own equity analysis warns this may push clients toward unregulated, unsupervised use, undermining the public safety rationale for regulation in the first place.

Recommendation: reject the fee schedule in OAR 333-333-4060 and 333-333-4070, and reverse the elimination of the reduced-fee provisions in OAR 333-333-4060(4) and (5). Oregon should pursue a funding model that lowers barriers rather than raising them. Colorado's Natural Medicine Health Act offers a directly comparable model worth structural review. Personal use, possession, and cultivation are decriminalized outside the licensed framework, healing centers operate under a tiered and lower-barrier licensing structure, and the regulatory apparatus is not solely dependent on service-fee self-sufficiency at the volumes Oregon requires. Oregon should evaluate a hybrid approach: decriminalized personal and community use alongside the licensed service-center model. This would relieve fiscal pressure on the OPS fee base and restore affordability and access for facilitators and clients. It would also extend more naturally to other psychedelic-assisted therapies, including MDMA, ibogaine, and mescaline, as they move through federal and state regulatory pathways.

I urge OPS to withdraw the proposed fee increases, restore the reduced-fee eligibility categories, and open a separate rulemaking track to study alternative, lower-cost funding and access models, including elements of Colorado's regulatory structure.

Respectfully submitted,
Robert Johnson

Public Comment — Service Center Fees and Alternatives Under ORS 183.335(2)(b)(H)

September 6, 2026

Oregon Health Authority

Oregon Psilocybin Services

Attn: Jesse Sweet, Rulemaking Contact

Dear Mr. Sweet:

I submit this comment regarding OHA's proposal to increase the annual service center license fee from $10,000 to $20,000.

I am a co-founder of Satya Therapeutics, an Oregon-licensed psilocybin service center and licensed psilocybin manufacturer, and I am also a licensed Oregon psilocybin facilitator.

This comment requests OHA's underlying service-center attrition assumptions and separately submits specific alternatives under ORS 183.335(2)(b)(H).

A. OHA's Service-Center Assumptions

A service center that renews at $20,000 generates an additional $10,000. A service center that does not renew generates zero future service-center licensing revenue.

OHA should therefore identify:

1. How many service centers does OHA expect to renew at $20,000?
2. How many does OHA expect not to renew?
3. What percentage attrition did OHA assume in establishing the $20,000 fee?
4. What total service-center licensing revenue does OHA project after attrition?
5. What alternative fee levels did OHA model?
6. At each alternative fee level, what renewal rate and total revenue did OHA project?
7. What renewal and attrition assumptions did OHA use when selecting $20,000 as the proposed fee?

The financially relevant number is not the current number of service centers multiplied by $20,000. It is the expected number remaining after the increase multiplied by $20,000.

B. Alternatives Under ORS 183.335(2)(b)(H)

The following alternatives are submitted specifically in response to the notice's request for public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business, as provided in ORS 183.335(2)(b)(H). ORS 183.335(3)(e)(C) requires the rulemaking record to contain public comments received in response to that request and the agency's response to those comments.

Alternative SC-1 — $15,000 Intermediate Fee

Consider $15,000 rather than $20,000. Compare expected renewals, attrition and total licensing revenue at both levels.

Alternative SC-2 — Phased Increase

Increase the fee over two renewal cycles rather than immediately doubling it. Compare cumulative revenue and attrition under both approaches.

Alternative SC-3 — Client-Volume Tiers

Establish fees based on annual client volume. Please evaluate whether lower fees for low-volume centers would retain service centers that otherwise would not renew and whether the resulting aggregate licensing revenue would exceed the revenue produced by applying a uniform $20,000 fee to a smaller licensee base.

Alternative SC-4 — Revenue-Based Tiers

Establish graduated fees based on service-center gross revenue. Compare projected total OPS revenue under a graduated system with the proposed uniform $20,000 fee.

Alternative SC-5 — Reduced Fee for Low-Volume Centers

Create a defined low-volume service-center category with a lower annual fee. Please quantify the licensing revenue OHA would retain from centers that otherwise would not renew and compare that amount with projected revenue under the uniform $20,000 fee.

Alternative SC-6 — Installment Payments

Permit quarterly or semiannual payments while preserving the annual fee. Evaluate whether this could reduce closures attributable principally to cash-flow constraints.

Alternative SC-7 — Revenue-Maximizing Fee

Model multiple fee levels—for example $12,500, $15,000, $17,500 and $20,000—and determine which produces the greatest total licensing revenue after expected attrition. Please disclose the results.

Conclusion

OHA should select a fee based on projected post-attrition revenue, not simply revenue per surviving service center. I ask OHA to identify the renewal, attrition, and revenue assumptions used to select the proposed $20,000 service-center fee; provide the projected service-center licensing revenue after accounting for nonrenewal and attrition; identify the alternative fee levels OHA modeled; and respond in the rulemaking record to each of the alternatives above.

Respectfully,

Andreas Met

Public Comment — Worker Permit Fee and Alternatives Under ORS 183.335(2)(b)(H)

September 6, 2026

Oregon Health Authority

Oregon Psilocybin Services

Attn: Jesse Sweet, Rulemaking Contact

Dear Mr. Sweet:

I am a co-founder of Satya Therapeutics, an Oregon-licensed psilocybin service center and licensed psilocybin manufacturer, and I am also a licensed Oregon psilocybin facilitator.

I submit this comment regarding OHA's proposal to increase the psilocybin worker permit fee from $25 to $200.

This is an eightfold fee—700 percent above the current amount. Because this is a fundamentally different population from service centers, manufacturers and facilitators, the increase deserves independent analysis.

A. Why $200?

OHA should identify:

1. How many active worker permits currently exist?
2. What annual revenue does the $25 fee generate?
3. What does OPS actually spend administering the worker-permit program?
4. What annual revenue does OHA project at $200?
5. What reduction in worker permits or applications does OHA assume at $200?
6. What methodology produced the $200 amount?
7. Why was $200 selected rather than $50, $75, $100, $125 or $150?
8. What permit-holder retention or application assumptions did OHA use when selecting $200 as the proposed fee?

B. Alternatives Under ORS 183.335(2)(b)(H)

The following alternatives are submitted specifically in response to the notice's request for public comment on whether other options should be considered for achieving the rule's substantive goals

while reducing the negative economic impact of the rule on business, as provided in ORS 183.335(2)(b)(H). ORS 183.335(3)(e)(C) requires the rulemaking record to contain public comments received in response to that request and the agency's response to those comments.

Alternative WP-1 — $50 Permit

Model a $50 permit and disclose projected revenue and permit-holder retention.

Alternative WP-2 — $100 Permit

Model a $100 permit and compare projected revenue with the proposed $200 fee.

Alternative WP-3 — $150 Permit

Model a $150 permit and compare revenue and attrition with $200.

Alternative WP-4 — Phased Increase

Increase the permit fee incrementally rather than from $25 directly to $200. Please compare projected permit-holder retention, applications, and total revenue under a phased approach with immediate implementation of the $200 fee.

Alternative WP-5 — Longer Permit Term

If legally and administratively permissible, evaluate whether a longer permit term paired with the higher fee would reduce the annualized burden.

Alternative WP-6 — Cost-Based Permit Fee

Set the worker permit fee based on OHA's actual reasonable administrative cost of processing, issuing, renewing, and maintaining worker permits. Please identify that cost and explain how it compares with the proposed $200 fee.

Conclusion

An eightfold increase requires more than the general observation that OPS needs additional revenue. I ask OHA to identify the methodology, administrative-cost assumptions, permit-holder retention assumptions, and revenue projections used to select the proposed $200 fee; explain why $200 was selected rather than lower alternatives; and respond in the rulemaking record to each of the alternatives above.

Respectfully,

Andreas Met

From: Kristina Maxey
To: Public Health Rules
Subject: Public Comment — Please Don"t Price Healing Out of Reach - Kristina Maxey Personal Story
Date: Monday, September 7, 2026 9:13:58 PM

You don't often get email from kristinamaxey.13@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Oregon Health Authority and Oregon Psilocybin Services:

My name is Kristina "Kris" Maxey. I had the privilege of serving on the 2026 Training and Facilitation Rules Advisory Committee. I am trained in psilocybin facilitation, teach in facilitator education, live in rural Oregon, and have experienced Oregon's legal psilocybin program as a client.

But before I was any of those things, **I was someone desperately trying to get my life back.**

I grew up in the 1970s and '80s, in the era of "just say no." Psilocybin was not something I ever imagined turning to for healing.

Eventually, it became my last hope.

I had experienced a profound mental and emotional breakdown. Trauma I thought I had healed decades earlier had not actually been healed. Eventually, my nervous system became so overwhelmed that simply functioning became extraordinarily difficult.

Leaving my house for a doctor's appointment could require days of mentally preparing myself. I wasn't properly caring for my home. I wasn't properly caring for my pets. I wasn't caring for myself. There were times I didn't bathe or eat. Medications hadn't given me the relief I needed and, for me, sometimes brought adverse effects of their own.

At that time, I had been diagnosed with complex PTSD, major depressive disorder, including treatment-resistant depression, and severe anxiety. Today, I no longer experience the depression that once consumed so much of my life. The overwhelming majority of my trauma and anxiety symptoms have also resolved or are manageable, and I continue doing the integration and healing work around what remains. The difference between the person I was then and the person I am today is difficult to put into words.

I did not want to die.

I wanted desperately to live. I just couldn't continue living the way I was living.

And I remember reaching the point of thinking: *If this doesn't work, I don't know what I'm going to do.*

Psilocybin worked for me.

Not like magic. It didn't erase my history, and it didn't do my healing for me.

I had to do the work—and I still do.

I have grieved. I have faced painful parts of myself and my history. I've worked on my nervous system, my relationships, my patterns, and the ways I respond to the world. Sometimes today I will begin an old pattern of thinking and actually have to stop mid-sentence. The old pathway doesn't seem automatic anymore. I have to find another way through it in real time.

That still amazes me.

More than two years later, I can leave my house. I can function. I can think. I can work. I can teach. I can care for the things and people I love. I can participate in my community.

And now I have sat at a table helping Oregon consider the future of the very program that helped give me my life back.

But there is something critically important about my story: I could not afford this healing.

Someone believed in me and loved me enough to help pay for my access to psilocybin services.

Without that help, I could not have walked through the door.

That is why I am asking Oregon not to double licensing fees and to reconsider a system that depends so heavily upon fees for its survival.

I understand that regulation costs money. I understand that Oregon must fund oversight and protect the public.

But when facilitators pay more, service centers pay more, and regulatory costs continue increasing, eventually those costs reach the client.

And the person who needs help is standing on the other side of that door saying:

I can't afford to come in.

That is especially true in rural communities like Klamath Falls, where access may already require hours of travel, lodging, missed work and additional expense.

If we make the legal system too expensive to operate, service centers will struggle or close, and many already have; facilitators may choose not to become or remain licensed, and many already have; and clients will either go without services or seek psilocybin outside the regulated system.

That does not make Oregon safer.

We need to reconsider the funding model itself.

I would like Oregon to explore public funding, legislative appropriations, preservation of

reduced-fee pathways, rural-provider incentives, revenue-based licensing structures, and eventually pathways for health coverage—including the Oregon Health Plan—where legally and clinically appropriate.

I also believe Oregon should continue advocating for evidence-based federal reform of psilocybin's Schedule I status. Oregon cannot change federal scheduling through this rulemaking, but federal policy continues to affect research and the evolution of psychedelic care.

Most importantly, I believe we need to change the question we're asking.

Instead of asking only:

How do we collect enough fees to sustain this program?

Let's also ask:

How do we sustain this program so the people who need it can actually reach it?

Because healthy people help create healthy families. Healthy families help create healthy communities. Healing trauma does not solve every problem facing our society, but people who can function, connect, work, care for themselves and others, and participate in their communities matter enormously.

Psilocybin isn't magic.

People still have to choose healing. They have to show up. They have to integrate. They have to do the work.

But first, **they have to be able to get through the door.**

I was fortunate that someone opened that door for me.

Please don't create a system where fewer Oregonians can afford to walk through it.

Oregon was brave enough to lead the country in creating legal access to psilocybin services. Now we have an opportunity to lead again—not simply by keeping the program alive, but by making it safe, sustainable, and genuinely accessible.

This is why we did this.

Thank you for considering my comments and for allowing me to share my story.

Serving Our Community,

Kristina “Kris” Maxey
2026 Training & Facilitation Rules Advisory Committee Member
Klamath Falls, Oregon
Founder, Oregon Cold Case Collective
oregoncoldcasecollective.org

"At any moment in life, we have the option to choose an attitude of gratitude, a posture of grace, a commitment to joy."

From: Aaron
To: Public Health Rules
Subject: Public Comment from a Facilitator
Date: Tuesday, September 8, 2026 11:22:29 AM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Psilocybin Services rulemaking team,

I am writing during the September 1–21 comment period to oppose the proposed fee increases, and especially the elimination of reduced fees.

My standing: I am a licensed facilitator at Unstuck LLC in Corvallis, a member of the first Subtle Winds training cohort, and a volunteer with Zendo, White Bird, and MAPS since 2018. This is my primary career — one I retrained and changed my life to enter.

The impact on me: My annual facilitator fee would go from $1,000 to $4,000 — a ***4x increase***! driven by both the base increase and the loss of the Oregon Health Plan reduced fee I currently qualify for.

The core contradiction: OPS requires me to maintain a social equity plan, yet is eliminating the very reduced fee that makes my own participation possible. If these fees pass, I will be forced to scale back that equity plan — directly reducing access and raising the barrier to entry the program was built to lower.

I understand the goal is sustainability amid rising costs. But ***sustainability cannot mean pricing out the practitioners the program depends on.*** This industry is still in its infancy — by figures shared recently, only about *18% of Oregonians even know psilocybin is legal here.* Unstuck itself narrowly avoided closing and is only now recovering. The program needs time to grow, not a heavier load on its smallest license holders.

Three alternatives I ask you to consider:

- Tax the product, not the practitioner. Psilocybin is a small fraction of total service cost; a modest product-based mechanism spreads the burden across the market instead of onto individual facilitators.
- Reduce administrative burden by removing requirements that don't serve client safety. Colorado's program offers a working precedent for a lighter footprint.
- Preserve the reduced-fee tier. Eliminating it undercuts the equity goals the program requires the rest of us to uphold.

I believe in this program and want it to survive. Please reconsider the proposed increases and preserve the reduced fee.

With Gratitude,
Aaron Garmon

Facilitator at Unstuck LLC
(541) 497-1784
Appointment link Here:
Book Appointment

From: amet1984@hushmail.com
To: Public Health Rules
Subject: Protective and Conditional Objection to Fiscal Impact Statement Under ORS 183.333(5)
Date: Tuesday, September 8, 2026 1:33:29 PM

[You don't often get email from amet1984@hushmail.com. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Mr. Sweet:
A copy of this email was sent from admin@psilocybin-alliance.org to you. There is a problem with the headers in the PA email system and the email from Gary Bracelin is showing up with my name in the header. So to remove all doubt, I am submitting this under my name on behalf of the Psilocybin Alliance in addition to the email sent to you earlier.

The Psilocybin Alliance is an association with more than 10 members likely to be affected by the proposed 2026 Oregon Psilocybin Services rules. Its members include participants in Oregon's regulated psilocybin system who will be directly affected by the proposed rules.

The Alliance submits this timely protective and conditional objection to the fiscal impact statement accompanying OHA's Notice of Proposed Rulemaking pursuant to ORS 183.333(5).

ORS 183.333(5) provides that if an agency does not appoint an advisory committee for consideration of a permanent rule under ORS 183.333(1), an association with at least 10 members likely to be affected by the rule may object to the agency's fiscal impact statement. In that circumstance, the agency must appoint a fiscal impact advisory committee. ORS 183.333(6) also permits an agency to use the Small Business Rules Advisory Committee for purposes of this section.

Protective and Conditional Nature of This Objection

OHA convened Rules Advisory Committees during development of the proposed 2026 OPS rules. Other advisory bodies also exist that OHA could potentially contend were used for purposes of ORS 183.333.

The Alliance therefore does not assume that the 2026 OPS Rules Advisory Committees were the only bodies OHA may characterize as advisory committees under ORS 183.333(1).

Accordingly, this objection is expressly protective and conditional.

If OHA's position is that no advisory committee was appointed under ORS 183.333(1) for consideration of these proposed permanent rules, the Psilocybin Alliance hereby objects to the fiscal impact statement pursuant to ORS 183.333(5) and requests appointment of the fiscal impact advisory committee required by that subsection.

If OHA's position is that any advisory committee was appointed under ORS 183.333(1) for consideration of these proposed permanent rules, the Alliance requests that OHA:

identify that committee or committees;
identify when each committee was appointed for consideration of these rules; and
identify where in the rulemaking record OHA satisfied ORS 183.333(3) and (4) with respect to that committee.

ORS 183.333(3) requires an agency that appoints such an advisory committee to seek the committee's recommendations concerning whether the rule will have a fiscal impact, the extent of that impact, and whether the

rule will have a significant adverse impact on small businesses. If the committee indicates a significant adverse small-business impact, the agency must also seek recommendations concerning compliance with ORS 183.540. ORS 183.333(4) requires the agency to consider those recommendations in preparing the fiscal impact statement.

Basis for the Objection

OHA proposes substantial increases in OPS licensing and permit fees while acknowledging that the overall fiscal and economic impact cannot presently be quantified and that higher fees may reduce the number of licensees and potentially worsen the program's budget shortfall.

The presently available rulemaking materials do not identify quantified assumptions showing, among other things:

anticipated license renewals and nonrenewals;
expected attrition attributable to the proposed increases;
projected licensing revenue after that attrition;
the assumptions used to select the proposed fee amounts; or
whether alternative fee structures could produce sufficient revenue with less economic harm and greater licensee retention.

Those issues go directly to the fiscal impact of the proposed rules.

Requested Action

The Psilocybin Alliance respectfully requests that OHA:

Confirm whether OHA appointed any advisory committee under ORS 183.333(1) for consideration of these proposed permanent rules.
If yes, identify the committee or committees and identify the portion of the rulemaking record demonstrating compliance with ORS 183.333(3) and (4).
If no, treat this letter as the Alliance's timely objection under ORS 183.333(5) and appoint the fiscal impact advisory committee required by that subsection.
Identify the renewal, attrition, revenue, and other fiscal assumptions supporting the proposed fee structure.
Identify any fiscal-impact and small-business recommendations received from any advisory committee used in developing these rules and explain how those recommendations were considered.
Include this objection and OHA's response in the rulemaking record.

Nothing in this submission concedes that the 2026 OPS Rules Advisory Committees, the Small Business Rules Advisory Committee, the Oregon Psilocybin Advisory Board, or any other body was or was not an advisory committee appointed under ORS 183.333(1).

Nothing in this submission waives any position available to the Alliance or its members under ORS 183.333, ORS 183.335, ORS 183.540, or other applicable law.

The Alliance is filing now because ORS 183.333(5) establishes a limited period for making this objection. The statute permits an objection by an association with at least 10 members likely to be affected by the rule, and the Alliance satisfies that requirement.

Respectfully,

Andreas Met
Psilocybin Alliance

Sent using Hushmail

From: Cindy Brodner
To: Public Health Rules
Subject: Public Comment re: Doubling of licensing fees
Date: Tuesday, September 8, 2026 9:50:59 PM

You don't often get email from cbrodner@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear OHA,

I am very concerned that the proposed doubling of licensing fees by the OHA Psilocybin Services will have the effect of severely limiting access to this very safe and effective healthcare.

I am a Licensed Psilocybin Facilitator in Oregon, and have been since it became legal in 2023. Prior to that, I had been a Licensed Professional Counselor for over 30 years, and I have worked extensively with individuals suffering from complex trauma and severe depression.

As a psilocybin facilitator, I have been amazed to see the progress people like this can make after just one dose! Many clients with a lifetime of suffering are able to break through the old patterns that kept them stuck, find a fresh perspective, and new meaning in their lives. They often reduce or taper off their psychiatric medications and make real progress in therapy post administration. I am concerned that this very safe and effective adjunct to mental health care is in jeopardy of being eliminated as an option for folks who have tried everything to heal their long-standing mental health issues.

I have learned that many facilitators will need to drop their licenses, and service centers will go out of business under the weight of the doubled fees. So many will be forced out that the increased fees may backfire and result in reduced revenue for the OHA program. The facilitators and service centers that do survive the fee increase would have to increase their fees substantially to cover the costs, and only the very wealthy would be able to access this needed service. I would hate to see that happen.

I would appreciate more information on the financial situation that OHA Psilocybin Services is in, so that I might be in a better position to respond to this proposal. I am concerned that this fee increase could jeopardize the entire program and may end up costing OHA more with the large number of licensees who will need to close their businesses.

Sincerely,
Cindy Brodner, LPC

2026-0981 036 10/02/2026

From: Fiona PhoenixFire
To: Public Health Rules
Subject: Fee Increase Concerns
Date: Tuesday, September 8, 2026 4:44:36 PM

You don't often get email from fionafirestarter@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

My name is Fiona and I hold both a facilitator lisence and a service center workers permit in southern Oregon. I also recieve assistance pricing for my licensing fees, and with the proposed increases and elimination of reduced rates I will no loger be able to afford to work in this highly impactful field. I will be forced out of the two positions that are my source of income if these changes go through. I don't have access to enough information about the fiscal projections to engage meaningfully in the public comment, and from what I understand that is because it has not been made available to the advocates working on this issue. How am I to know what is necisary for the program if this information has not been disclosed? What I do know is that there surely must be other ways to support the program without putting the burden on those of us sitting with clients and holding the safe and legal container of the service center, and ultimately making the services inaccessable to all but those at the very top of the economic pyramid. I'm writing you today to aks that you delay making this decision, disclose the projections, financial records, and assumptions that these increases are based on. The people who work in this space, and the communities that we serve, need time to understand these details of the program to comment on proposed changes. I have the honor of supporting people in life changing and transformative experiences, and it would be a shame to be squeezed out of this work because we weren't able to address the needs of the program as an informed community. Thank you for your time, and I look forward to being a part of this profound work for a long time to come.

Blessings,
Fiona Anuweh
LPF

From: Gary Bracelin
To: Public Health Rules
Subject: Protective and Conditional Objection to Fiscal Impact Statement Under ORS 183.333(5)
Date: Tuesday, September 8, 2026 4:44:42 PM

You don't often get email from admin@psilocybin-alliance.org. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Mr. Sweet:

The **Psilocybin Alliance is an association with more than 10 members likely to be affected by the proposed 2026 Oregon Psilocybin Services rules**. Its members include participants in Oregon's regulated psilocybin system who will be directly affected by the proposed rules.

The Alliance submits this timely protective and conditional objection to the fiscal impact statement accompanying OHA's Notice of Proposed Rulemaking pursuant to **ORS 183.333(5)**.

ORS 183.333(5) provides that if an agency does not appoint an advisory committee for consideration of a permanent rule under ORS 183.333(1), an association with at least 10 members likely to be affected by the rule may object to the agency's fiscal impact statement. In that circumstance, the agency must appoint a fiscal impact advisory committee. ORS 183.333(6) also permits an agency to use the Small Business Rules Advisory Committee for purposes of this section.

Protective and Conditional Nature of This Objection

OHA convened Rules Advisory Committees during development of the proposed 2026 OPS rules. Other advisory bodies also exist that OHA could potentially contend were used for purposes of ORS 183.333.

The Alliance therefore does not assume that the 2026 OPS Rules Advisory Committees were the only bodies OHA may characterize as advisory committees under ORS 183.333(1).

Accordingly, this objection is expressly protective and conditional.

If OHA's position is that no advisory committee was appointed under ORS 183.333(1) for consideration of these proposed permanent rules, the Psilocybin

Alliance hereby objects to the fiscal impact statement pursuant to ORS 183.333(5) and requests appointment of the fiscal impact advisory committee required by that subsection.

If OHA's position is that **any advisory committee** was appointed under ORS 183.333(1) for consideration of these proposed permanent rules, the Alliance requests that OHA:

1. identify that committee or committees;
2. identify when each committee was appointed for consideration of these rules; and
3. identify where in the rulemaking record OHA satisfied ORS 183.333(3) and (4) with respect to that committee.

ORS 183.333(3) requires an agency that appoints such an advisory committee to seek the committee's recommendations concerning whether the rule will have a fiscal impact, the extent of that impact, and whether the rule will have a significant adverse impact on small businesses. If the committee indicates a significant adverse small-business impact, the agency must also seek recommendations concerning compliance with ORS 183.540. ORS 183.333(4) requires the agency to consider those recommendations in preparing the fiscal impact statement.

Basis for the Objection

OHA proposes substantial increases in OPS licensing and permit fees while acknowledging that the overall fiscal and economic impact cannot presently be quantified and that higher fees may reduce the number of licensees and potentially worsen the program's budget shortfall.

The presently available rulemaking materials do not identify quantified assumptions showing, among other things:

- anticipated license renewals and nonrenewals;
- expected attrition attributable to the proposed increases;
- projected licensing revenue after that attrition;
- the assumptions used to select the proposed fee amounts; or
- whether alternative fee structures could produce sufficient revenue with less economic harm and greater licensee retention.

Those issues go directly to the fiscal impact of the proposed rules.

Requested Action

The Psilocybin Alliance respectfully requests that OHA:

1. **Confirm whether OHA appointed any advisory committee under ORS 183.333(1) for consideration of these proposed permanent rules.**
2. **If yes, identify the committee or committees and identify the portion of the rulemaking record demonstrating compliance with ORS 183.333(3) and (4).**
3. **If no, treat this letter as the Alliance's timely objection under ORS 183.333(5) and appoint the fiscal impact advisory committee required by that subsection.**
4. Identify the renewal, attrition, revenue, and other fiscal assumptions supporting the proposed fee structure.
5. Identify any fiscal-impact and small-business recommendations received from any advisory committee used in developing these rules and explain how those recommendations were considered.
6. Include this objection and OHA's response in the rulemaking record.

Nothing in this submission concedes that the 2026 OPS Rules Advisory Committees, the Small Business Rules Advisory Committee, the Oregon Psilocybin Advisory Board, or any other body was or was not an advisory committee appointed under ORS 183.333(1).

Nothing in this submission waives any position available to the Alliance or its members under ORS 183.333, ORS 183.335, ORS 183.540, or other applicable law.

The Alliance is filing now because ORS 183.333(5) establishes a limited period for making this objection. The statute permits an objection by an association with at least 10 members likely to be affected by the rule, and the Alliance satisfies that requirement.

Respectfully,

Gary Bracelin
Psilocybin Alliance

From: Jeanette Small
To: Public Health Rules
Subject: Public Comment - Oregon Psilocybin Services proposed rule changes
Date: Tuesday, September 8, 2026 12:44:09 PM

You don't often get email from smalljeanette@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Public Comment to Oregon Health Authority, Medical Cannabis & Psilocybin (MCAP) section regarding proposed rule changes with emphasis on licensee fee increases

I was one of the first facilitators licensed in Oregon and have been practicing in the state-licensed framework since 2023. For the first two years, I also had a licensed service center (Lucid Cradle) in Central Oregon.

My experience with the regulatory authority has been positive. I find the agency's efforts genuine, their communication transparent and thorough. I believe everyone working in this field has gone above and beyond to create and maintain public safety while supporting a nascent public service sector (psilocybin services).

Economic pressures, however, have been very impactful. Any emerging industry carries a tremendous amount of financial risk. Working with people and consciousness-altering substances carries additional risks. Shouldering all of these responsibilities in a federally illegal space adds countless hurdles to an already challenging experience. Not being able to deduct the cost of business creates a profound taxation burden. Numerous limitations such as strict zoning and security systems requirements are costly. Many conventionally available supports for small businesses are not extended to entrepreneurs in psilocybin services, and many professional services end up costing a premium (higher costs for rentals, tax preparers, attorneys, etc.).

The economic pressures I speak of are not the responsibility of the regulatory agency, but they play a very important role in licensees' ability to remain financially viable. I personally ended up surrendering my service center license because my landlord raised my rental costs to double what my next-door neighbor paid the same landlord. It was not the fault of OPS or any other state agency, but it impacted my ability to stay in business.

As the agency deliberates raising licensing fees, I have compassion for its need to recoup its own costs to run this framework with the high quality of services it established. I understand the urgency in identifying the much-needed funding sources. At the same time, **I urge you to please consider the financial breaking point of the psilocybin services licensees.**

Most businesses are breaking even at best. Business structures that seem to post the greatest profits appear to be travel agency-type groups that carry little to none of the licensing and administrative burdens by allowing their contractors to shoulder that load. Service centers struggle to meet their financial obligations month-to-month, and most licensed facilitators are not serving enough clients able to pay fees that accurately reflect

the providers' investments in education, time and energy required to provide excellent care.

Doubling the facilitator license fee will give me pause to consider if renewal is still a sound financial choice for me, and I have been fortunate to attract higher-paying clientele than many other licensed providers in the state. I expect that for many, the increase in fees will serve as a strong deterrent to professionally pursuing facilitation. I am also worried that this increase will push too many service centers out of business, leaving me without a place to bring my clients.

With genuine compassion for the difficult financial situation in which MCAP finds itself, I ask you to please consider that doubling licensees' fees may in fact shutter this fragile framework before we are able to establish sufficient resilience.

Thank you for reading my public comment and for giving my feedback thought and consideration.

Warmly,

Jeanette

Jeanette Small, MA, LPF, Professional Counselor Associate
Professional Counselor Associate (R12074)
Supervisor: Edgar Julian Caballero, LPC (Oregon C5993)
https://jeanettesmall.com
Licensed Psilocybin Facilitator (FL-ab030660)
Founder of Lucid Cradle
https://lucidcradle.com
(805)637-8582 mobile
Bend, Oregon, USA
My Book: "In Lucid Color: Witnessing Psilocybin Journeys"

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you are not the named addressee, you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

From: Karlinne Michele Brodine
To: Public Health Rules
Subject: Subject: Public Comment on Proposed Psilocybin Licensing Fee Increases
Date: Thursday, September 10, 2026 10:59:55 AM

You don't often get email from karlinnemichele@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Psilocybin Services Rulemaking Team,

My Path into Oregon's Psilocybin Program

My path into psilocybin facilitation grew from a lifetime of caring for and supporting people. As a BSN, RN, I worked in nursing for more than 26 years, including a decade in adult behavioral health. Earlier in my professional life, I spent 23 years as a flight attendant with Trans World Airlines. Both careers taught me how to remain calm, attentive, and compassionate while helping people move through unfamiliar, vulnerable, and sometimes frightening experiences.

Later in life, I chose to become an Oregon licensed psilocybin facilitator. At 77 years old, entering this emerging profession has required courage, extensive education, personal commitment, and a significant financial investment. I completed the required training, fulfilled Oregon's licensing requirements, developed a professional practice, created a website, formed relationships with licensed service centers, and paid $2,000 to renew my facilitator license in January 2026.

All of this was done with a sincere desire to provide safe, responsible, and compassionate support within Oregon's legal program.

Despite my preparation and continued commitment, I have not yet had my first facilitation client. Building awareness and public trust in a new program takes time. Many people remain curious about psilocybin services while also feeling uncertain about safety, cost, legality, and what the experience involves. Licensed facilitators play an essential role in providing accurate education and helping people make thoughtful, informed decisions.

My commitment extends beyond developing a private practice. In October 2026, I will teach "Psilocybin 101 for Older Adults" through the Osher Lifelong Learning Institute at Southern Oregon University. The course provides older adults with a calm and supportive introduction to psilocybin, emphasizing safety, preparation, informed consideration, respectful discussion, and appropriate professional support. The course is educational and is neither therapy nor medical guidance.

Being selected to teach this course demonstrates a growing need for responsible public education. Older adults deserve reliable information presented in an environment where their questions and concerns are treated with dignity. My nursing experience and facilitator training allow me to contribute meaningfully to this conversation, even while my facilitation practice

remains in its earliest stage.

A substantial licensing fee increase could end my ability to remain in Oregon's regulated program before my practice has had a fair opportunity to become established. At this stage of life, another major annual expense cannot easily be absorbed. Continuing to pay thousands of dollars while receiving no income from facilitation is financially unsustainable.

The consequences reach far beyond one individual license. Oregon risks losing experienced nurses, counselors, veterans, educators, and other devoted professionals who entered this field because they believed in its potential and wanted to serve responsibly. When conscientious facilitators are priced out, the program loses valuable experience, diversity, community education, and access to skilled support.

Affordable licensing is also a matter of public safety. Oregon created a regulated framework so people could access psilocybin services with trained facilitators, careful screening, preparation, supervised administration, and integration support. Making participation financially impossible for qualified professionals weakens the very framework Oregon worked so hard to create.

My request to the Oregon Health Authority and Oregon Psilocybin Services is simple: please consider the human consequences before approving licensing fees beyond the reach of small, independent practitioners. Give Oregon's program time to grow. Allow facilitators who have invested their hearts, professional experience, time, and financial resources a reasonable opportunity to serve.

Oregon has become a leader by creating a legal and regulated path for psilocybin services. Preserving affordable participation will help ensure this pioneering program remains grounded in safety, integrity, accessibility, and genuine human care.

Thank you for giving my experience a place in this important conversation.

Sincerely,

Karlinne Michele Brodine, BSN, RN

Oregon Licensed Psilocybin Facilitator

License ID: FL-LC866FEA7C

From: LaDonna Remy, MSW, LICSW
To: Public Health Rules
Subject: Public Comment on Proposed Oregon Psilocybin Services Fee Increases
Date: Tuesday, September 8, 2026 12:58:18 PM

You don't often get email from ldremy1@msn.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority:

I am writing to submit public comment regarding the proposed fee increases for Oregon Psilocybin Services.

I am a Licensed Clinical Social Worker (LCSW) in Oregon, a Licensed Independent Clinical Social Worker (LICSW) in Washington, an Oregon Licensed Psilocybin Facilitator, and hold the required Oregon Psilocybin Services worker permit. I have also recently joined the Psilocybin Alliance in response to the proposed fee increases and concerns about the sustainability of Oregon's regulated psilocybin program.

I am committed to providing ethical, safe, and responsible services within Oregon's regulated psilocybin program, and I am deeply concerned about the magnitude of the proposed fee increases. The facilitator license fee would increase from $2,000 to $4,000 annually, the service center and manufacturer license fees from $10,000 to $20,000, and the worker permit fee from $25 to $200. I am also concerned about the elimination of reduced licensing fees.

For me personally, increasing my facilitator license from $2,000 to $4,000 will significantly affect decision making regarding continuing to maintain this license. This fee does not exist in isolation. As a licensed professional and facilitator, I ,and others, also have expenses associated with continuing education, professional liability insurance, regulatory compliance, worker permit requirements, and the other costs necessary to practice responsibly.

If the fee increases to $4,000 and I remain licensed, I will need to increase what is billed to clients for psilocybin facilitation services. I expect other facilitators and service providers will face the same difficult economic reality.

Psilocybin services are already financially inaccessible to many people. These services are paid for out of pocket, and cost is already a significant barrier. Increasing the financial burden on facilitators and service centers will inevitably affect consumers. Some professionals will leave the regulated system, while those who remain will face increasing pressure to pass these additional expenses on to clients.

As a clinical social worker, I have spent my career seeing what happens when the

cost of care becomes a barrier to receiving it. I do not want to see Oregon unintentionally create that same problem within its regulated psilocybin program.

I am particularly concerned by information recently shared with licensees regarding an independent survey of 331 Oregon psilocybin licensees. Of the 146 licensees who reportedly responded, only 17 indicated that they would renew at the proposed rates, 12 said they might renew, and 117 said they would not. The resulting analysis projected that licensing revenue could decline from approximately $1.05 million to $463,000—a reduction of approximately 56%.

I understand that this was an independent survey rather than an OHA study. Nevertheless, the results raise a serious question that deserves a transparent answer before these fees are adopted:

What evidence demonstrates that doubling these licensing fees will actually improve the financial sustainability of Oregon Psilocybin Services?

This question becomes even more important given OHA's own acknowledgment in its rulemaking notice, as reported to licensees, that the fee increases may reduce the overall number of licensees and create a more significant program budget shortfall.

If OHA anticipates that increasing fees may cause licensees to leave and potentially worsen the budget shortfall, then affected licensees and the public need to understand the financial analysis supporting the proposed increases.

Meaningful public comment requires access to the information necessary to evaluate the proposal. I respectfully ask OHA to disclose the financial model underlying these fees, including:

• projected Oregon Psilocybin Services expenses;

• anticipated license renewals by license type;

• assumptions regarding licensee attrition;

• projected revenue after accounting for that attrition;

• the financial assumptions and calculations used to establish the proposed fee amounts; and

• any analysis of the effect these increases are expected to have on small businesses and consumer costs.

Without this information, affected licensees are being asked to comment on major fee increases without the factual basis necessary to determine whether those increases are necessary, sustainable, or likely to accomplish their intended purpose.

I respectfully ask OHA not to take final action on these fee increases until the underlying financial information, projections, and assumptions have been made available and affected licensees have been given a meaningful opportunity to review

and comment on them.

I also urge OHA to consider the cumulative effect of these increases across the regulated system. Doubling the cost of facilitator and service center licenses does not simply affect individual licensees. If service centers must absorb an additional $10,000 annually, those costs may also be passed along to facilitators and ultimately to clients.

The result could be a cycle of fewer licensees, higher prices, reduced consumer access, and potentially less revenue available to support the regulatory program.

At a $4,000 annual facilitator licensing fee, I cannot say with certainty that I will continue to maintain my license. If I do renew, I anticipate that I will need to raise my facilitation fees. Other facilitators facing the same economic pressures may have to make similar decisions.

I want Oregon's regulated psilocybin program to succeed. I support appropriate regulation and recognize that a regulatory program must be financially sustainable. But sustainability cannot mean simply shifting an increasing financial burden onto a shrinking pool of licensees.

A sustainable program must also allow qualified professionals to remain in the system, service centers to remain viable, and individuals to have realistic access to the services the program was created to provide.

Before doubling these fees, please provide licensees and the public with the financial analysis demonstrating that doing so is likely to solve the problem rather than make it worse.

Thank you for considering my comments and for including the experiences of those of us working within Oregon's regulated psilocybin system in this rulemaking process.

Sincerely,

LaDonna Remy, MSW, LICSW, LCSW
Oregon Licensed Psilocybin Facilitator
Oregon Psilocybin Services Worker Permit Holder
Member, Psilocybin Alliance

LaDonna Remy, MSW, LICSW, LTD
Licensed in Washington and Oregon
Phone: (509) 475-1315
Website: www.https//:ladonnaremycounseling.com
Blog: www.http//:perspectiveontrauma.com

"It is not only what we do, but also what we do not do, for which we are accountable".

Moliere

The information contained in this email may be privileged, confidential or otherwise protected from disclosure. All persons are advised that they may face penalties under state and federal law for sharing this information with unauthorized individuals. If you received this email in error, please reply to the sender that you have received this information in error. Also, please delete this email after replying to the sender.

From: Matthew Wissler LPF
To: Public Health Rules
Subject: Proposed changes to licensing fees
Date: Tuesday, September 8, 2026 11:19:21 AM

You don't often get email from mwissler@proton.me. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom it May Concern,

I am writing to submit a comment on the proposed changes to Oregon Psilocybin Services licensing fees. I have previously submitted a comment, but I have since discovered that the proposed changes will also do away with OPS's equity fee. As someone who fits into this category, this would effectively quadruple the cost of my license and would equal roughly 15% of the income I make from my facilitation practice. It also seems like hypocrisy to continue to ask facilitators to provide equity plans and services when you do away with the one you have yourself.

I also wonder if you have seriously looked at how many people this would cause to not renew there license. As someone who has been active in this field since the start (co-facilitated the second session held under 109), I have seen many service centers open and close, many facilitators not renew their license, and many who have completed their training who never bothered getting licensed due to cost and instability in this sector. I sincerely doubt that this will create the gain in revenue for the program that is intended, and may in fact result in a loss of revenue as a significant number of facilitators and centers decide to not renew.

This is a struggling industry at the moment, you know this, you get the 303 reports and know how many licenses are forfeited etc. While this additional culling may result in more stability for those who are able to remain, we are much more likely to succeed together than in cut-throat competition.

I would also like to add that the benefits of OPS to individuals and communities has been massive. I have seen profound personal transformations, I have seen people at end of life who were better able to make peace with their circumstances and better enjoy the time they have left with those they love etc. I also know that (as an example) one service center also brings millions of dollars per-year into the community in which it operates. This isn't only through what they charge clients, but the number of people who travel in from out of town, stay for multiple nights, eat out at local restaurants etc.

I understand you are also in a tough financial position, but this "solution" seems like it might be more of a death blow to the services Oregon has blazed a trail for.

Thanks for your time and consideration,
Matthew Wissler
Licensed Psilocybin Facilitator
mwissler@proton.me
707-787-7697

Sent with Proton Mail secure email.

From: Shasta Winn
To: Public Health Rules
Subject: Public Comment OHA Psilocybin Rules
Date: Tuesday, September 8, 2026 1:50:18 PM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

Oregon Health Authority is saying that the psilocybin program cannot sustain itself without significant increases in licensing fees. At the same time, OHA has not provided the financial and budget records requested that would allow meaningful review of how existing program revenue has actually been spent.

That combination is deeply concerning.

I am a licensed facilitator and the former director of Myco-Method, a facilitator training curriculum approved by OHA in March 2023. My experience with the program, its rulemaking, enforcement, and resulting administrative proceedings has forced me to examine how OPS developed.

What emerged is not simply the cost of administering Measure 109. It is the cost of a program that has repeatedly expanded, revised, enforced, and sometimes abandoned regulatory systems beyond its original structure.

Measure 109 gave OHA responsibility for facilitator training standards and curriculum approval. It did not place the Higher Education Coordinating Commission inside the psilocybin program. OHA nevertheless funded HECC work involving psilocybin training programs and later made HECC documentation a condition of maintaining OHA approval. The resulting structure generated interagency agreements, staff work, rulemaking, compliance activity, enforcement, public-records disputes, administrative proceedings, and litigation.

OHA also charged training programs only $500 for a five-year approval, even though completion of an approved training program was required for facilitator licensure and training providers could charge substantial tuition. Other participants faced recurring fees. If the program is now financially unstable, the allocation of costs should be examined.

The same applies to regulatory churn. OHA required training programs to teach its Facilitator Code of Ethics, spent resources developing and administering that requirement, and later removed it through rulemaking. OHA also devoted resources to gifting and noncommercial-service restrictions, including complaints, investigations, legal review, clarification requests, rulemaking petitions, administrative proceedings, and litigation, even as the relevant rules and interpretations changed.

The program has also expanded beyond its original non-medical structure. Oregon initially prohibited facilitators from diagnosing or treating health conditions and prevented professionals from exercising another license while functioning as facilitators. The system

now incorporates dual licensure, requiring new rules, disclosures, forms, guidance, technology changes, compliance procedures, and coordination with professional licensing boards.

Data collection has expanded as well. Later legislation created extensive reporting requirements, and OHA acknowledged that implementation required dedicated systems for collection, storage, deidentification, and sharing. Those systems require ongoing technology, staffing, rulemaking, privacy review, compliance work, and maintenance. Yet OHA has also not provided clear public transparency about who receives access to this data, whether it is being licensed, sold, transferred, or otherwise monetized, what entities may financially benefit from it, and whether any revenue generated from the data returns to the program. If regulated participants are being asked to finance an expanding data infrastructure, the public should also know who benefits economically from the information that infrastructure produces.

Some of these expansions came from OHA. Others came from later legislation. All of them cost money.

That is why the lack of financial transparency matters so much.

Before regulated participants are asked to pay substantially more, the public should be able to determine how much has been spent on core statutory licensing functions, HECC, repeated rulemaking, investigations, DOJ legal services, changing regulatory requirements, data infrastructure, clinical integration, and other administrative expansions.

We also have no clear picture of where the expansion stops. If higher fees are approved today, what prevents those revenues from financing additional staffing, rulemaking, data systems, interagency work, enforcement, and clinical integration tomorrow, followed by another claim that fees must rise again?

Expenses are not fixed facts. They are the product of policy choices.

Before OHA's current budget is treated as an unquestioned baseline, it should account for what it built, what it changed, what it enforced, what it abandoned, what those choices cost, and what limits exist on further expansion.

The central question is not simply how much money OHA says it needs.

It is: What is the program spending money on, how much of that spending is necessary to administer the statutory program, how much reflects later expansion, and what prevents that expansion from continuing indefinitely once higher fees are approved?

Shasta Winn

Please accept this letter and the economic, small-business, equity, and procedural objections contained herein for formal inclusion in the official public rulemaking record.

I submit these comments in two capacities: individually, as an Oregon-licensed psilocybin facilitator directly affected by the proposed facilitator licensing fees and elimination of reduced fees, and on behalf of Ripple Journeywork LLC, an Oregon-licensed psilocybin service center directly affected by the proposed service center licensing fees.

I believe in Oregon's regulated psilocybin program. I have invested my time, my work, and my personal life savings into helping build it. I also understand that Oregon Psilocybin Services needs adequate funding to operate.

What I cannot support is doubling licensing fees and eliminating reduced fees without showing licensees and the public the financial analysis demonstrating that these changes will actually create long-term program sustainability.

OHA has stated that these changes are necessary for budget and program sustainability. At the same time, the agency has acknowledged that higher fees may result in fewer licensees and could create a larger program budget shortfall.

That makes the financial analysis behind this proposal critically important.

Insufficient Financial Basis for the Proposed Fee Structure

I specifically object to adoption of these fee increases without disclosure of the financial assumptions used to determine that these particular amounts will create a sustainable program.

The public has not been provided a clear accounting of the current projected OPS deficit, actual annual program expenses and fee revenue, projected revenue under the proposed fee structure, anticipated license attrition by license type, or the number of remaining licensees necessary for the program to break even.

Without this information, I do not understand how licensees are supposed to provide meaningful public comment on whether this proposal will work.

OPS has years of licensing information available through TLC. The agency knows how many licenses have been issued, how many have expired, how many have been renewed, which license types are declining, and how many licensing transactions have received reduced fees. While no one can predict future renewals with certainty, reasonable financial projections can and should account for uncertainty.

OHA can model what happens if 20, 30, 40,50 or 60 percent of licensees do not renew.

That analysis matters because doubling a fee does not necessarily double revenue. If substantially fewer people remain licensed, the revenue gained from higher fees can be offset by the revenue lost through attrition.

The risk is especially concerning because service centers are already closing under the existing fee structure. Fewer service centers also mean fewer places for licensed facilitators to work. That can make facilitator licenses less economically viable, causing additional non-renewals and further reducing program revenue.

This creates the potential for a cycle in which higher fees cause licensees to leave, leaving fewer licensees responsible for funding the program and creating pressure for still higher fees.

OHA itself has acknowledged the possibility of a larger budget shortfall resulting from license attrition. I therefore specifically object to the adequacy of the fiscal impact analysis and question whether the current analysis satisfies the requirements of ORS 183.335 and ORS 183.336 to use available information to estimate significant economic effects and impacts on small businesses.

Before these rules are adopted, OHA should show us the financial model demonstrating why these particular fee amounts were selected and how they are expected to create long-term sustainability.

Removal of Reduced Fees and Equity Impact

I also specifically object to eliminating reduced annual licensing fees for veterans, people with disabilities, low-income applicants, public assistance recipients, and others who currently qualify.

OHA has reported that approximately one-third of licensing transactions in the current biennium have utilized reduced fees. Eliminating those reductions while simultaneously doubling the standard licensing fees creates a much larger increase for people currently receiving them.

For someone currently paying a 50 percent reduced fee, this is not simply a doubling of their licensing cost. A $1,000 facilitator license becomes $4,000. A $5,000 service center or manufacturer license becomes $20,000.

That is four times the current cost.

Those are exactly the people for whom reduced fees were supposed to create a pathway into this program.

Removing that pathway will disproportionately affect lower-income practitioners, veterans, people with disabilities, small independent businesses, and others who do not have substantial financial resources behind them. Stripping away reduced licensing tiers while imposing dramatically higher costs places independent operators under significant financial pressure, limits the viability of peer-led care, and creates a substantial barrier for disabled, low-income, and marginalized practitioners seeking to enter or remain within Oregon's legal psilocybin framework.

There is also a direct effect on client access.

At Ripple Journeywork, approximately 35 percent of our clients have received scholarships or reduced pricing to access services. Money spent absorbing significantly higher regulatory costs is money that cannot be used to subsidize access for clients who cannot afford the full cost of services.

When small service centers and practitioners are forced to absorb large increases in fixed costs, those costs ultimately have to come from somewhere. They result in higher prices, fewer scholarships, reduced services, owners taking additional losses, or businesses closing.

Contradiction With Social Equity Requirements

There is also a contradiction between eliminating reduced fees and the Social Equity Plan requirements imposed on licensees.

OHA requires licensees to develop and report on Social Equity Plans. Those plans ask businesses to demonstrate how they will promote equity within their operations and communities.

At the same time, this proposal eliminates one of the few direct financial mechanisms within the licensing structure designed to make participation more accessible.

It is difficult for small businesses to expand scholarships, improve community access, and carry out meaningful equity work while the state simultaneously increases their fixed regulatory costs and eliminates the reduced fees intended to support economically vulnerable licensees.

For Ripple, these changes would materially undermine our ability to carry out the goals contained in our own state-required Social Equity Plan.

Separate Impact on My Facilitator License

I am also directly affected by these proposed rules as an individual Oregon-licensed psilocybin facilitator, separate from my ownership of Ripple Journeywork.

I currently qualify for the reduced facilitator licensing fee. Under the proposed rules, my annual license would increase from $1,000 to $4,000, **quadrupling my licensing cost in a single licensing cycle.**

For many facilitators, including me, this is not a high-volume source of income. A $4,000 annual license could consume a substantial portion of my facilitation earnings before accounting for insurance, continuing education, travel, and other professional expenses.

This is exactly why reduced fees matter. They allow people with financial or physical limitations to remain part of Oregon's regulated framework. I worked hard to earn this license, and I should not have to choose between paying four times my current licensing cost or allowing it to lapse simply because my disability limits how much I can reasonably practice.

I ask OHA to evaluate the economic impact on facilitators based on realistic income and session volume, not simply the number of licenses issued, and to account for the disproportionate effect eliminating reduced fees will have on lower-volume practitioners.

Separate Impact on Ripple Journeywork LLC

Because Ripple currently receives the reduced fee, the proposed changes would increase our annual service center licensing cost from $5,000 to $20,000. That is an additional $15,000 every year for the same license.

Had I known that our annual licensing cost could quadruple this early in the program, I would not have risked my life savings to open a service center.

Small businesses cannot make responsible investment decisions when mandatory regulatory costs can change this dramatically after those investments have already been made.

I specifically request that OHA consider Ripple Journeywork LLC as an affected small business when evaluating the requirements of ORS 183.336 and the alternatives available under ORS 183.540.

Constructive Alternatives for Program Sustainability

I am not asking OPS to operate without adequate funding. I am asking the agency to consider alternatives that do not place the entire burden of solving the funding problem on a shrinking pool of licensees.

1. Preserve reduced fees. Maintain meaningful reduced licensing fees for veterans, people with disabilities, public assistance recipients, nonprofit entities, low-income practitioners, and others currently eligible. If adjustments are necessary, adjust the program rather than eliminating it entirely.

2. Provide the financial analysis before adopting the increases. Publish the underlying budget, deficit, revenue projections, attrition assumptions, and alternative scenarios and provide stakeholders a meaningful opportunity to review and respond to that information before final adoption.

3. Use a graduated or scaled fee structure. A small, low-volume service center should not necessarily carry the same regulatory funding burden as a substantially higher-volume operation. OHA should evaluate reasonable tiers based on objective measures of operational scale.

4. Broaden the Funding Base: Approved training programs financially benefit from Oregon's regulated framework while paying substantially lower regulatory fees than facilitators, service centers, and manufacturers. Before dramatically increasing costs for existing licensees, OHA should evaluate whether training program fees fairly reflect their role in the program and whether increasing their contribution could broaden the funding base. *OHA should also consider whether a funding model that depends heavily on continually licensing new facilitators is sustainable when service centers and opportunities for those facilitators are declining*.

5. Provide protections or a transition period for existing licensees. Existing businesses made substantial investments under the fee framework in place when they entered the program. OHA should consider a three- to four-year transition period, grandfathered rates, phased increases, or another mechanism that gives existing service centers and manufacturers reasonable time to recover startup investments and adjust to a dramatically different cost structure.

6. Expand compatible revenue opportunities for service centers. OHA should examine regulatory barriers that prevent service centers from developing appropriate secondary revenue streams that do not compromise client safety or the integrity of psilocybin services. This could include reasonable pathways for overnight accommodations where appropriate and other compatible wellness uses.

7. Pursue a long-term funding solution. Licensing fees alone may not be sustainable for a program with a limited license base. OHA should evaluate broader funding options, including whether a modest adjustment to the existing psilocybin

tax could distribute program costs more fairly. Where legislative action is required, OHA should work with lawmakers toward a funding model that supports the program without placing an unsustainable burden on the people and small businesses carrying it.

Small-Business Alternatives

ORS 183.540 provides mechanisms for reducing significant adverse economic effects on small businesses, including different timetables, exemptions, and less costly alternatives.

I specifically request that OHA explain which alternatives under ORS 183.540 it considered in connection with these fee increases, including reduced fees, phased implementation, grandfathering, graduated fees, different implementation timelines, and other less costly alternatives, and explain why those alternatives were accepted or rejected.

I also request disclosure of the recommendations provided by the 2026 Rules Advisory Committee concerning fiscal impact, significant adverse effects on small businesses, license attrition, and alternatives for reducing those effects.

Formal Requests for Financial Information and Rulemaking Record

To allow meaningful evaluation of the proposed rules, I formally request that OHA identify and place into the rulemaking record, to the extent required or available, the financial information and materials prepared by or relied upon in determining that these fee increases are necessary and appropriate.

Specifically, I request:

1. **OPS expenditures and projected costs:** Actual OPS expenditures for the most recently completed fiscal years and the current fiscal year to date, broken down by major expense category, along with projected operating costs for the remainder of the 2025–27 biennium and for 2027–29.
2. **OPS revenue, funding sources, and projected deficit:** Actual revenue by source and fee category, including licensing, application, worker permit, training program, and other fees; General Fund or other state support; the current projected 2025–27 budget deficit; and the amount of additional annual revenue OHA believes is necessary for OPS to become financially sustainable.
3. **Psilocybin tax revenue and forecasts:** Actual psilocybin tax revenue collected; amounts used for tax administration or other program-related costs; net amounts transferred to the Psilocybin Control and Regulation

Fund; current revenue forecasts required under ORS 475A.670; and how actual and projected tax revenue were incorporated into OPS's calculation of its funding shortfall.

4. **License counts, renewals, and reduced fees:** Current active license counts by license type; renewal and non-renewal rates by type for each year available; and the number and percentage of reduced-fee transactions by license type.
5. **Revenue and attrition modeling:** The license-retention assumptions and calculations used to project revenue under the proposed fees, including projected revenue and remaining license counts by type; scenarios assuming 10, 20, 30, 40, and 50 percent non-renewal; and the number and mix of licenses necessary for OPS to break even.
6. **Basis for the proposed fee amounts and alternatives considered:** The analysis used to select a 100 percent increase in standard licensing fees; projections for smaller, phased, graduated, or otherwise alternative increases; analysis of maintaining reduced fees rather than eliminating them; increased contributions from training programs; and other funding structures considered before selecting the proposed fee schedule.
7. **OPS costs and cost containment:** Identification and estimated cost of the "rising costs outside OPS's control" cited as requiring higher fees; identification of which major OPS expenses are fixed and which vary with the number of licensees, applications, inspections, or other regulated activity; cost-reduction measures already implemented and their estimated savings; and additional cost-containment measures considered and rejected.
8. **Equity, small-business, and disparate-impact analysis:** Any analysis conducted concerning the effects of eliminating reduced fees and increasing licensing costs on small businesses and on veterans, people with disabilities, low-income licensees, public-assistance recipients, and other populations currently eligible for reduced fees, including any analysis of how those effects could affect client access to regulated psilocybin services.
9. **RAC recommendations and supporting materials:** All principal budgets, forecasts, spreadsheets, reports, studies, revenue projections, attrition analyses, and other documents prepared by or relied upon in determining the need for and amount of the proposed fee increases, together with RAC recommendations and agency responses concerning fiscal impact, small-business impact, license attrition, reduced fees, and alternatives for reducing adverse economic effects.

If this information does not exist, I ask OHA to state that clearly in the rulemaking record.

Request for Postponement

Pursuant to ORS 183.335(4), I timely request postponement of the agency's intended action for a sufficient period within the statutory timeframe to allow the requested financial information to be disclosed and meaningfully reviewed before final action is taken.

My request for postponement is not a request to cancel the scheduled public hearings. I intend it to provide adequate time after disclosure of the financial basis for the proposal for affected licensees and small businesses to evaluate that information and provide informed comment.

Conclusion

I want OPS to be financially sustainable.

But sustainability cannot simply mean charging fewer and fewer licensees more and more money.

Before Oregon dramatically increases the cost of remaining in this program, we deserve to understand the size of the problem, how the proposed fees were calculated, what level of license attrition OHA expects, and whether the proposal actually solves the problem.

If the numbers demonstrate that this approach is sustainable, show us the numbers.

If they do not, we need to consider another approach.

I urge OHA to preserve reduced fees, postpone final adoption long enough to provide and review the financial information supporting this proposal, meaningfully evaluate less costly alternatives for small businesses, and work with licensees and lawmakers toward a funding model that gives Oregon's psilocybin program a realistic chance to survive.

Respectfully submitted,

Shelah Wind-Smith
Founder & Lead Facilitator
Ripple Journeywork LLC
Oregon Licensed Psilocybin Service Center
Eugene, Oregon

From: Elene L. Johas Teener
To: Public Health Rules
Subject: Response to Oregon's decision
Date: Wednesday, September 9, 2026 7:50:09 AM

[You don't often get email from elene@johasteener.com. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

The cost of maintaining my licensure is well beyond my ability to renew. I provide services to both underserved populations and regular populations. The costs for both groups are prohibitive. Using plant medicines are potentially profoundly transformative and they are not a silver bullet. They are an adjunct to healing PTSD CPTSD, not purely the model of healing. Unless a useful and affordable treatment is available this program reaches few, if any of the population that need it the most.
I encourage you to keep evolving adapting and working on a model that is workable for real facilitators and real clients.
Warmly
~Elene Johas Teener, LCSW Certified in EFT, FL-7e3cOc6f
—
Elene L. Johas Teener
"Attraction isn't random ~ It's recognition"

September 9, 2026

Oregon Health Authority
Public Health Division
RE: OPS Section
PO Box 14450
Portland, OR 97293-0450

I am a facilitator in Oregon as well as a Licensed Professional Counselor (LPC) and Certified Alcohol and Drug Counselor (CADCI). With the proposed fee increase for licensing, it has made it unlikely I will be able to afford to renew and continue this work sustainably along with many other wonderful professionals. This will relegate me to close my small business that I was so proud to start and decrease a significant portion of my livelihood as a mental health professional.

Clients will have longer wait times for services, and will need to be referred to facilitators outside myself, leading to clients feeling potentially less safe and prepared to take a journey. I serve up to 30 clients a year, many of which are offered reduced rates to help with accessibility to this much needed mental health service, this benefit will be lost to most if not all those individuals if referred to a stranger. If I were to remain licensed, this would not feasibly be something I could offer, putting me in a tough ethical and moral place, also going against the social equity plan that OHA required of this licensing process.

There is no other licensing board that necessitates this high of a licensing fee in Oregon. This is a budding field, barely 3 years old, perhaps if there was 10 or 15 years of this profession being established, a licensing fee increase would make sense, but this significant of an increase is unprecedented. e.g. https://getlicensemap.com/states/oregon This fee increase is also particularly unhelpful to the forward movement of the field, as evidenced by an executive order signed April 18th, 2026 directing the FDA and DEA to fast-track research, speed up clinical trails and create pathways for access to psilocybin in medical settings.

Meaningful public comment requires access to the information needed to evaluate the proposal, including the financial assumptions, projected revenue, expected licensee attrition, and other fiscal information underlying the proposed fees. OHA has not yet provided that information, thereby denying procedural fairness. Without it, affected licensees are being asked to comment on major fee increases without the full factual basis needed to evaluate whether those increases are necessary, sustainable, or likely to achieve OHA's stated goals.

2026-0981 061 10/02/2026

As a community of healthcare providers, we ask that OHA should not adopt major fee increases, especially without first providing the financial information needed to evaluate them. OHA should release the underlying financial records, projections, and assumptions, then give affected licensees enough time to review that information and submit informed public comment before final action. OHA should demonstrate that these fees are actually expected to close the budget gap, not simply charge more to a shrinking number of licensees.

Sincerely,

Gretchen Leuthy

LPC, CADCI, Oregon Facilitator

2026-0981 062 10/02/2026

From:	Meredith Rider (she/her) on behalf of OHA Psilocybin
To:	matthew@yournpa.org; Public Health Rules
Cc:	OHA Psilocybin; Britt Rollins
Subject:	FW: Public Comment - Opposition to Proposed OAR 333-333 Fee Increases and Regulatory Changes (September 15, 2026 Hearing)
Date:	Wednesday, September 9, 2026 4:47:59 PM
Attachments:	Olivia Goeppner Letter.pdf Psilocybin Testimony- Quinn.pdf Robert Dupuy Letter.pdf Roberta Eisen - Client.pdf Scott Thomas testimonial.docx Thomas.docx Andy Warchol.pdf Ari - Unstuck.pdf Janssen - Client.pdf John Fegley.pdf John S..docx Josh Patrick.docx VitalReset_LetterOfSupport_NPA.docx Brodine - Facilitator.docx Charlesworth_Testimony_Psilocybin_Fees.pdf Erin Allan Testimony.docx Facilitator - Catalano.docx Facilitator Testimonial – Char McKendrick.pdf Greenhill - Facilitator.docx Letter re fee change.pdf Letter to the OHA from a facilitator.pdf McMullin letter to lawmakers OPS.pdf Oregon"s Psilocybin Therapy Program is in Danger — Arlo"s Psilocybin Service.pdf Psilocybin Testimony- Quinn.pdf Remy - Facilitator.pdf Rucker-Smith Call to Action Testimonial.pdf Sam Gross - Facilitator.docx Shasta Winn - Facilitator.pdf Spring Anderson.docx testimony from facilitator.pdf To the Honorable Legislators of the great state of Oregon.docx Why I Built a Psilocybin Service Center, and Why I Closed It.pdf image001.png

---

Hi Matthew,

Thank you for sharing your comments. We are forwarding your comments to publichealth.rules@odhsoha.oregon.gov so they can be included in the official record. Additional information about the rulemaking process and public comment period can be found on the Oregon Psilocybin Services Administrative Rules webpage.

Sincerely,
The Medical Cannabis & Psilocybin (MCAP) Team
www.oregon.gov/psilocybin

OHA Customer Service Survey (Public Health Division)

2026-0981 063 10/02/2026

OREGON HEALTH AUTHORITY

You can get this information in other languages, large print, braille or a format you prefer. Please reply to this e-mail with your request and every effort will be made to provide the information in a way that is accessible to you. We also accept all relay calls at 971-673-0322.

From: matthew@yournpa.org <matthew@yournpa.org>
Sent: Wednesday, September 9, 2026 4:00 PM
To: OHA Psilocybin <OHA.Psilocybin@oha.oregon.gov>
Cc: Britt Rollins <britt@yournpa.org>
Subject: Public Comment - Opposition to Proposed OAR 333-333 Fee Increases and Regulatory Changes (September 15, 2026 Hearing)

You don't often get email from matthew@yournpa.org. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority and Oregon Psilocybin Services:

I am writing on behalf of the National Psychedelics Association (NPA) and the dozens of clients, facilitators, manufacturers, and laboratory professionals who have submitted personal testimony to us in opposition to the proposed rule changes published September 1, 2026.

The testimonials incorporated into this letter and submitted alongside it, represent a cross-section of the people this program was built to serve: veterans with PTSD, seniors with decades of depression, ministers seeking spiritual depth, young professionals struggling with anxiety, people of color healing generational trauma, survivors of family suicide, and the practitioners who guide them. We respectfully urge the Authority to reject the proposed fee increases and to instead pursue a transparent, stakeholder-informed, review of the program's budget and administrative practices before any further financial burden is placed on this fragile, pioneering industry.

The Proposed Fees Will Trigger a Program Death Spiral

Sam Gross, an Army veteran who deployed to Afghanistan and now serves as both a therapist and licensed psilocybin facilitator, did what OHA should have done before publishing these rules: he ran the numbers. During the 2026 Rules Advisory Committee process, Gross contacted 331 licensees and received 146 responses. A very large percentage said they would not renew at the proposed fees. As he testified:

> "The math is simple: if you double a fee but lose enough of the people paying it, you can actually collect less revenue. Then fewer licensees means less revenue, which creates pressure for higher fees, which drives out even more licensees. That is how you create a death spiral."

Gross encouraged OPS to conduct its own statewide survey to verify or refute his findings. As far as he is aware, that survey was never done. Now OHA's own notice acknowledges that higher fees may reduce the number of licensees and potentially create a larger program budget shortfall. Oregon created something historic. We cannot protect it by making the system increasingly expensive until only wealthy operators and wealthy clients can participate.

What These Fees Mean for the People Oregon Promised to Help

Robert Dupuy is an 80-year-old Oregon resident who decided he needed more help than his therapist could provide. He needed to unlock doors and a lifetime of suppression to understand his childhood and the trauma that grew from it. He turned to psilocybin with an incredible facilitator. That decision, he wrote, was "the best decision of my life. Without Oregon's groundbreaking psilocybin program I would still be stuck in the past trying to understand how to navigate life." He also warns, "Many who need help are already outside of the ability to pay current fees. An increase so dramatic would cause many others to abandon the program."

Trina Janssen would never have gone on a psilocybin journey at all if her facilitator had not committed, as part of her social justice statement, to offering a free facilitation for someone who could not otherwise afford it. Trina was the fortunate recipient. After her journey, she was able to more deeply connect with members of her family. She wrote, "We were not estranged, but we also never talked about the past or anything difficult or strong emotions. Once I started sharing some of what I experienced with my mother and brothers, we were able to talk about things from my childhood that had never been acknowledged, and it helped us all move forward with healing and finding a deeper and more loving connection with each other." She is hoping licensing costs are kept low so that other people like her can access this type of medicine.

Rev. Scott Thomas, a 66-year-old retired United Church of Christ minister from Buffalo, New York, traveled to Portland in September 2025 for his psilocybin journey. He called it "among the most important spiritual experiences of my life, up there with my ordination." The experience deepened his apprehension of God's providence, the interconnectedness of all living things, and the essential goodness of creation. He is now, he says, "a better person – calmer, more empathetic, softer in the heart, deeply

grateful for God's gifts – in a way that persists and continues to grow." He understands that proposed fee increases will make access much more difficult for many facilitators and encourages legislators to consider the infinite good this access has afforded so many.

Roberta Eisen, a mental health professional and co-founder of the D.C. Children's Institute, traveled from Washington, D.C. to Portland specifically for psilocybin treatment. She had struggled with PTSD since age 16, when she found her father after he attempted to take his own life following years of depression in the aftermath of the Holocaust. At age 23, her mother died by suicide in the same childhood home. She lived with that angst until her treatment helped her regain her inner peace. She wrote, "It would be a crime to make this so unaffordable that most people could not get the treatment that they need for their mental health and well being."

Amy Charlesworth, a licensed facilitator in Portland who served sixteen years in the United States military, including a deployment to Afghanistan, is alive today because of Oregon's regulated psilocybin program. After years of VA treatment, medications, and daily suicidal ideation, psilocybin reached what other treatment could not. She is now a facilitator so that other veterans can find this before they run out of time. She could afford to get licensed only because Oregon offers reduced fees to veterans. Without that program, she would have been priced out entirely.

Her clients are veterans and first responders. They fundraise for sessions. They borrow for sessions. They spend down savings for sessions. As she wrote:

> "A licensee has one place to put a higher fee, and that is the price of a session. Veterans who are already choosing between this and rent get priced out first, and they are the people this program was written for."

Janet Rucker-Smith, a 63-year-old African American licensed facilitator, broke a cycle of generational trauma through psilocybin that five years of therapy could not touch. She used a solid chunk of her savings to pay for training and the $2,000 state licensing fee. As a person of color, she quickly saw that the psilocybin community lacks racial and cultural diversity. She notes the harsh reality, "The cost of both the legal journeys and becoming a legal psilocybin facilitator is a huge barrier for so many people, particularly people of color."

John S., a 33-year-old Oregon client, wrote simply, "I'm considered highly externally successful by most of society but I've suffered from anxiety and depression for the past decade. Psychedelic assisted therapy is the one thing that actually provided lasting improvement to my mental wellbeing."

Thomas, a firefighter paramedic in the Willamette Valley, submitted testimony through our organization describing how a single psilocybin session helped him move from "a tightly wound ball of stress" to a place of "immense, overwhelming gratitude" after years of burnout and the grief of losing a fellow firefighter to cancer. His facilitator offered a first responder discount, yet the session still required "much budgeting and overtime" to afford. He wrote that higher rates would have made this service inaccessible to him. And in the first responder community, the stakes are measured in

lives, "Suicide is by far the leading cause of death in firefighters."

Josh Patrick, a client from Vermont who traveled to Oregon for licensed psilocybin services, emphasized what is at stake beyond cost. He opposes any effort to fold the psilocybin program into the cannabis regulatory framework. His experience with a licensed provider left him feeling safe. He warns, "Changing how the program works could make the entire experience less safe when we start combining the legislation with marijuana marketing organizations." The current structure, with trained facilitators, dedicated service centers, and a clear regulatory framework, is what made his experience safe and effective. Merging this program with cannabis oversight, he wrote, risks dismantling those protections and sending a message that this work is not taken seriously.

Olivia Goeppner, an ally and advocate who has witnessed the program's impact even though she is not a client herself, wrote. "This move on the budget in particular puts an unnecessary burden on the practitioners and small businesses and increases costs to those in need of this therapy." She strongly opposes the shift and hopes the therapy can be inclusive of all Oregonians regardless of income level.

The Facilitators Who Chose to Build Something Above Ground

Melinda Halpern, a Licensed Professional Counselor in Oregon for almost 25 years, made a deliberate choice to participate in Oregon's regulated program rather than do this work underground. She invested more than $10,000 in a 10-month facilitator training program on top of two decades of education and licensure. She has sat with over 30 individual Journeyers and 7 group Journeys, providing four partial scholarships and one completely unpaid Journey, because she believes access matters.

But Halpern identifies the central contradiction in OHA's approach:

> *"OHA is asking practitioners to reach lower socioeconomic populations and to demonstrate those efforts through a Social Equity Plan. I understand and support the intention behind that. In fact, I am already doing it through offering scholarships. But there is something deeply contradictory about asking small practitioners to make this work more accessible while simultaneously making it financially harder for those practitioners to stay in business."*

Lynne Herbert, a licensed therapist and facilitator, echoed this concern. Asked to develop a plan for supporting underrepresented populations, she took that responsibility seriously. But as she wrote, "When the cost of simply maintaining a license doubles for facilitators, the financial pressure moves in the opposite direction. It becomes harder for practitioners to offer reduced-cost services, harder to sustain community-based offerings, and more likely that the people with the fewest resources will be the ones least able to access these services."

LaDonna Remy, a Licensed Clinical Social Worker with 25 years of experience in mental health, moved to Oregon specifically to pursue the education, training, and

licensure required to become an Oregon Licensed Psilocybin Facilitator. She made a significant investment of time, education, training, and financial resources because she believed in the potential of Oregon's regulated program. She notes that if her annual facilitator license doubles to $4,000, she will have to seriously evaluate whether she can continue maintaining it. And if she remains licensed, she will need to increase her fees. She expects other facilitators will face similar decisions. As she testified, "Increasing licensing fees does not affect only licensees, it affects access."

Liz Greenhill, a licensed acupuncturist for 20 years who became a facilitator in 2024, walked us through the brutal math that OHA needs to hear. Each client takes about 20 hours of her time across preparation, journey, and integration. She offers a sliding scale of $500-$2,000, with most clients paying $1,000. On top of that, clients pay $500-$700 for the service center and $60-$200 for mushrooms. At the current $2,000 annual license fee, the first three clients she sees each year essentially only covers her overhead. At $4,000, the first four clients are free. She sees 12-20 clients per year. As she put it, "If I only work with 12 clients that year, that's like getting my rate docked in half. That's bananas."

The Budget Problem Is Regulatory Expansion, Not Low Fees

Shasta Winn, a licensed facilitator and former director of Myco-Method, a facilitator training curriculum approved by OHA in March 2023, provided a detailed analysis of what has actually driven program costs. She testified that OHA has not provided the financial and budget records requested that would allow meaningful review of how existing program revenue has been spent. Her testimony revealed that the problem is not simply the cost of administering Measure 109, but the cost of a program that has repeatedly expanded, revised, enforced, and sometimes abandoned.

Winn documented multiple examples of regulatory expansion: OHA funded Higher Education Coordinating Commission (HECC) work and later made HECC documentation a condition of maintaining OHA approval; charged training programs only $500 for five-year approval while requiring completion of approved programs for licensure; required training programs to teach its Facilitator Code of Ethics, then later removed it through rulemaking; devoted resources to gifting and noncommercial-service restrictions, including complaints, investigations, legal review, and litigation even as rules changed; expanded the program beyond its original non-medical structure to incorporate dual licensure, requiring new rules, disclosures, forms, guidance, technology changes, compliance procedures, and coordination with professional licensing boards; and expanded data collection requirements with dedicated systems requiring ongoing technology, staffing, rulemaking, privacy review, and maintenance.

Winn concluded by calling for greater scrutiny of OHA's spending.

> *"Before OHA's current budget is treated as an unquestioned baseline, it should account for what it built, what it changed, what it enforced, what it abandoned, what those choices cost, and what limits exist on further expansion. The central question is not simply how much money OHA says*

it needs. It is: What is the program spending money on, how much of that spending is necessary to administer the statutory program, how much reflects later expansion, and what prevents that expansion from continuing indefinitely once higher fees are approved?"

We agree. If OPS has a revenue problem, the first response should be a transparent audit of where existing funds are going—not a blanket doubling of fees on an industry that is already struggling to survive.

The Program Oregon Built -- and the One Oregon Is Risking

Cindy Brodner, a Licensed Professional Counselor with over 30 years of experience, attended Michael Pollan's talk in Portland, graduated from the first cohort of Inner Trek's facilitator training program, and has since facilitated psilocybin services for over 100 clients. She has helped people in their 60s and 70s break through decades of depression. One client in her 70s recently told her she "can't believe she has had the opportunity to experience this full body healing, and for the first time in her life, she feels hopeful." Brodner found the work so rewarding that she decided to retire from her counseling practice and do this exclusively.

However, she is watching the program she believes in crumble under the weight of fee increases. As she wrote, "Many facilitators will need to drop their licenses, and service centers will go out of business under the weight of the increased fees. So many will be forced out that the doubling of the fees may result in reduced revenue for the program and it may not be sustainable."

Oregon Is Being Watched - and These Numbers Don't Lie

Amy Charlesworth summarized the five concrete harms of these rules:

1.
2.
3. Fees
4. double for service centers ($10,000 to $20,000), manufacturers, and facilitators ($2,000 to $4,000). Worker permits go from $25 to $200.
5.
6.
7.
8. For
9. veteran, nonprofit, and low-income licensees, the increase is fourfold. A service center paying $5,000 today under the reduced fee program would pay $20,000. Nearly a third of Oregon's roughly 400 psilocybin licenses currently qualify for reduced fees. Eliminating
10. the program removes their pathway to licensure entirely.
11.

12.
13.
14. Clients
15. absorb the increase. A licensee has one place to put a higher fee, and that is the price of a session.
16.
17.
18.
19. Fewer
20. people can enter. Higher entry costs restrict new facilitators, new service centers, and new cultivation sites at a time when Oregon needs more of each, especially outside the Portland metro area. Rural Oregonians already drive hours to reach a service center.
21. Fewer licensees means longer waits, longer drives, and higher prices.
22.
23.
24.
25. It
26. conflicts with what OHA requires of us. Oregon requires a social equity plan as a condition of licensure. The reduced fee program is the state's only structural tool for affordability. Removing it while continuing to require equity plans asks licensees to
27. deliver access that the state has just taken away, and it runs against the Authority's own stated purpose for the program.
28.

Our Request

The National Psychedelics Association respectfully requests that the Oregon Health Authority:

1.
2.
3. Reject
4. the proposed across-the-board fee increases in OAR 333-333-4470 and related rules, and maintain current fee levels until a full, transparent budget review is completed.
5.
6.
7.
8. Commission
9. an independent audit of OPS administrative spending, including the cost of

regulatory expansion, repeated rulemaking, HECC coordination, data infrastructure, investigations, enforcement actions, and internal operations, with findings made public.

Keep the reduced fee program, including the veteran, low-income, and nonprofit categories. As Amy Charlesworth said, "The reduced fee program is how I got here. I am asking you to leave it in place so the next veteran can follow."

If fees must rise, phase the increase over several years so that licensees can plan for it rather than close their doors.

Scale fees to volume so that a facilitator seeing a handful of clients a month does not carry the same fee as a high-volume operation. Flat fees fall hardest on the smallest licensees.

Engage in genuine, good-faith stakeholder consultation with service centers, facilitators, manufacturers, and the sole licensed testing laboratory to identify cost-saving operational reforms before any fee adjustment is considered.

Address the program's structural revenue challenges through creative solutions—such as the dual licensure pathway authorized by HB 2387, federal research partnerships, and legislative appropriations—rather than by placing the entire burden on licensees who are already struggling.

Measure 109 promised Oregon voters a program that would be safe, accessible, and affordable. The proposed fee increases break that promise. They will drive

experienced practitioners out of the field, push vulnerable clients toward unregulated alternatives, and accelerate the closure of the very service centers that make this program work. As Cindy Brodner wrote, "This is a needed service for so many who suffer. I would hate to see that happen."

We are not opposed to responsible regulation. We are opposed to regulation that regulates itself out of existence. As Sam Gross put it, "I am asking Oregon to make sure the way we fund this program does not destroy the very licensing base that pays for it, or make legal access so expensive that the people we built this program for can no longer afford to use it."

We would welcome the opportunity to discuss these concerns in further detail at the September 15 hearing or in a separate meeting with Authority leadership.

Respectfully submitted,

Matthew Ettinger
Executive Director
National Psychedelics Association
matthew@yournpa.org

This comment is submitted on behalf of the National Psychedelics Association and incorporates personal testimony from Oregon psilocybin clients, facilitators, manufacturers, and laboratory professionals collected in August and September 2026. We have attached the full individual testimonials for the record.

From: **Andy Warchol** andywarchol@yahoo.com
Subject: Re: Oregon Psilocybin Program - Important Legislative Update
Date: June 30, 2026 at 6:30 PM
To: Matthew Ettinger matthew@yournpa.org

AW

Hey Matthew I am facilitator and also a client who has been through psilocybin therapy with great results. I had been on depression medicine since I was 9 and anxiety medicine since was 13. I went to rehab for drugs and alcohol and had addiction issues all my life. I had treatment resistant depression until I found psilocybin therapy. After doing sessions I have quit drinking alcohol, drugs and am completely off my depression and anxiety medicine. I also am a facilitator that went to school and have this medicine change lives including my own. Let me know how i can help.

Sent from Yahoo Mail for iPhone

On Tuesday, June 30, 2026, 5:32 PM, Matthew Ettinger <matthew@yournpa.org> wrote:

Dear Fellow Facilitator,

I am writing to share important news that could significantly affect our community and the clients we serve.

We have been hearing from sources within the regulatory space that there are active discussions about folding the Oregon psilocybin program into the existing cannabis regulatory framework. While nothing has been officially confirmed, this is a development that warrants our collective attention and action.

Adding to this concern, there is also talk of potentially **doubling the fees currently charged to both service centers and facilitators**. Such an increase would place a serious financial burden on our community at a time when client access to these services is more critical than ever.

We believe the legislature needs to hear directly from the people whose lives have been transformed by this work. Personal stories are often the most powerful tool we have when shaping policy, we need your help gathering them.

We are reaching out to ask: do you have clients who might be willing to share their experiences with lawmakers? Even a small number of compelling personal accounts could meaningfully shift the legislative conversation. We are committed to handling any such outreach with the highest level of care for client privacy and informed consent, clients would have full control over what they share and how.

If you are open to participating, or if you have already been hearing similar concerns and want to connect about next steps, please reply directly to this email. We would love to hear from you.

The Oregon psilocybin program is worth fighting for, and the voices of those who have benefited from this work are our strongest asset.

Thank you for everything you do.

Warm regards,

Matthew Ettinger
Executive Director
National Psychedelics Association
matthew@yournpa.org

From: **Info Unstuck** info@unstuckoregon.com
Subject: Re: Oregon Psilocybin Program - Increase of License Fees Increase
Date: July 1, 2026 at 11:00 AM
To: Matthew Ettinger matthew@yournpa.org

I would be willing to contribute my own story if that would be helpful. I came in to Unstuck as a client. I credit my first session with saving my life. I am now a part-owner of Unstuck. I would never have pursued this treatment option without the legal and safety framework provided by the OPS program, not to mention the legitimacy. But I almost didn't get here because I could barely afford a session. In fact, I had to work a trade for services with Unstuck in order to afford my session. The idea that it's about to get more expensive, if not simply collapse, is more than heartbreaking, it means I won't be able to provide or even recommend a psilocybin treatment to anyone but the most affluent.

Let me know which format and how I can submit my full story.

— Ari

> On Jul 1, 2026, at 10:46, Matthew Ettinger <matthew@yournpa.org> wrote:
>
> Hi,
>
> I wanted to reach out with some news that I think is important for all of us in the Oregon psilocybin community to be aware of.
>
> There are currently active discussions about folding the Oregon psilocybin program into the cannabis regulatory framework. At the same time, we're hearing talk about doubling the fees charged to service centers and facilitators - a move that would put serious financial strain on an already fragile ecosystem and could push many practitioners out of the program entirely.
>
> This is exactly the kind of moment where the legislature needs to hear directly from the people whose lives have been changed by this work, not just from advocates and organizations, but from real clients sharing real stories.
>
> I wanted to ask: do you have a group of clients who might be open to telling their stories so we can bring those voices to the legislature? Even a handful of compelling personal accounts can shift the conversation in a meaningful way. We would of course handle everything with the utmost care around confidentiality and consent, and clients would have full control over what they share and how.
>
> Time may be short, so the sooner the better.
>
> Thanks so much for your time.
>
> Warmly,
>
> ME
>
> Matthew Ettinger
> matthew@yournpa.org
>
> <NPA-Logo-colored-full.jpeg>

My Path into Oregon's Psilocybin Program

My path into psilocybin facilitation grew from a lifetime of caring for and supporting people. As a BSN, RN, I worked in nursing for more than 26 years, including a decade in adult behavioral health. Earlier in my professional life, I spent 23 years as a flight attendant with Trans World Airlines. Both careers taught me how to remain calm, attentive, and compassionate while helping people move through unfamiliar, vulnerable, and sometimes frightening experiences.

Later in life, I chose to become an Oregon licensed psilocybin facilitator. At 77 years old, entering this emerging profession has required courage, extensive education, personal commitment, and a significant financial investment. I completed the required training, fulfilled Oregon's licensing requirements, developed a professional practice, created a website, formed relationships with licensed service centers, and paid $2,000 to renew my facilitator license in January 2026.

All of this was done with a sincere desire to provide safe, responsible, and compassionate support within Oregon's legal program.

Despite my preparation and continued commitment, I have not yet had my first facilitation client. Building awareness and public trust in a new program takes time. Many people remain curious about psilocybin services while also feeling uncertain about safety, cost, legality, and what the experience involves. Licensed facilitators play an essential role in providing accurate education and helping people make thoughtful, informed decisions.

My commitment extends beyond developing a private practice. In October 2026, I will teach "Psilocybin 101 for Older Adults" through the Osher Lifelong Learning Institute at Southern Oregon University. The course provides older adults with a calm and supportive introduction to psilocybin, emphasizing safety, preparation, informed consideration, respectful discussion, and appropriate professional support. The course is educational and is neither therapy nor medical guidance.

Being selected to teach this course demonstrates a growing need for responsible public education. Older adults deserve reliable information presented in an environment where their questions and concerns are treated with dignity. My nursing experience and facilitator training allow me to contribute meaningfully to this conversation, even while my facilitation practice remains in its earliest stage.

A substantial licensing fee increase could end my ability to remain in Oregon's regulated program before my practice has had a fair opportunity to become established. At this stage of life, another major annual expense cannot easily be absorbed. Continuing to pay thousands of dollars while receiving no income from facilitation is financially unsustainable.

The consequences reach far beyond one individual license. Oregon risks losing experienced nurses, counselors, veterans, educators, and other devoted professionals who entered this field because they believed in its potential and wanted to serve responsibly. When conscientious facilitators are priced out, the program loses valuable experience, diversity, community education, and access to skilled support.

Affordable licensing is also a matter of public safety. Oregon created a regulated framework so people could access psilocybin services with trained facilitators, careful screening, preparation, supervised administration, and integration support. Making participation financially impossible for qualified professionals weakens the very framework Oregon worked so hard to create.

My request to Oregon's legislators and decision-makers is simple: please consider the human consequences before approving licensing fees beyond the reach of small, independent practitioners. Give Oregon's program time to grow. Allow facilitators who have invested their hearts, professional experience, time, and financial resources a reasonable opportunity to serve.

Oregon has become a leader by creating a legal and regulated path for psilocybin services. Preserving affordable participation will help ensure this pioneering program remains grounded in safety, integrity, accessibility, and genuine human care.

Thank you for giving my experience a place in this important conversation.

Sincerely,

Karlinne Michele Brodine, BSN, RN
Oregon Licensed Psilocybin Facilitator
License ID: FL-LC866FEA7C

Public Testimony in Opposition to Proposed Increases to Oregon Psilocybin Services License Fees and to the Elimination of the Reduced Fee Program

Submitted during the public comment period of September 1 through September 21, 2026

To: Oregon Health Authority, Oregon Psilocybin Services
From: Amy Charlesworth, Licensed Oregon Psilocybin Facilitator, Portland, Oregon
Re: Proposed amendments to psilocybin license and application fee rules
Date: September 7, 2026

My name is Amy Charlesworth. I am a licensed Oregon psilocybin facilitator in Portland, and I served sixteen years in the United States military, including a deployment to Afghanistan. I am writing to oppose the proposed doubling of license fees and the proposed elimination of the reduced fee program.

I qualified for the reduced fee program as a veteran, and it is the reason I hold a license today. Before I was a facilitator I was a client of these services, and they are the reason I am alive to write this.

What I Brought Home

I came home from deployment with post-traumatic stress disorder, depression, and anxiety. I did what I was told to do. I went to the VA. I sat in talk therapy for years. I took the medications I was prescribed, then the next ones when those failed, then the ones after that.

I got worse. For several years I lived with daily suicidal ideation. It was there when I woke up and it was there when I tried to sleep. I am putting that in a public document because the people deciding this rule should know what the stakes are for the clients I now serve.

There are good people working at the VA. The care I could get there never reached the injury underneath, and that is a common experience among veterans. We run out of options before we run out of pain, and some of us do not survive the gap between the two. I came close.

What Changed

Psilocybin reached what years of other treatment had not. I am careful about how I say that, because this work gets oversold. One session did not fix me. What the session gave me was access to grief I had carried for years and could not put down, and to a degree of self-compassion I had not felt in a very long time. The months of integration afterward did the rest of the work, and that part was slow and unglamorous.

I am alive, and I am working. That outcome is what this program was built to produce.

How I Got Licensed

I became a facilitator so that other veterans could find this before they ran out of time. I could afford to get licensed because Oregon offers reduced fees to veterans and to applicants with demonstrated financial need. Without that program I would not hold a license today, and I would have been priced out of serving the population I came home from war with.

Most of my clients are veterans and first responders. They are already stretching to afford a session. They fundraise for it, borrow for it, and spend down savings for it. When a client tells me why they waited so long to call, the answer is almost always the price.

What the Proposed Rules Do

1. Fees double. Service center and manufacturer annual licenses go from $10,000 to $20,000. Facilitator licenses go from $2,000 to $4,000. Worker permits go from $25 to $200. Application fees rise alongside them. Most licensees are small operators, and most facilitators work alone or in very small practices.

2. For veteran, nonprofit, and low income licensees, the increase is fourfold. A service center paying $5,000 today under the reduced fee program would pay $20,000. Nearly a third of Oregon's roughly 400 psilocybin licenses currently qualify for reduced fees. Eliminating the program removes their pathway to licensure entirely.

3. Clients absorb the increase. A licensee has one place to put a higher fee, and that is the price of a session. Veterans who are already choosing between this and rent get priced out first, and they are the people this program was written

2026-0981 077 10/02/2026

for.

4. Fewer people can enter. Higher entry costs restrict new facilitators, new service centers, and new cultivation sites at a time when Oregon needs more of each, especially outside the Portland metro area. Rural Oregonians already drive hours to reach a service center. Fewer licensees means longer waits, longer drives, and higher prices.

5. It conflicts with what the Oregon Health Authority requires of us. Oregon requires a social equity plan as a condition of licensure. We have to document in writing how we will make these services reachable for underserved populations. The reduced fee program is the state's only structural tool for affordability. Removing it while continuing to require equity plans asks licensees to deliver access that the state has just taken away, and it runs against the Authority's own stated purpose for the program.

Oregon Is Being Watched

Oregon went first, and every state considering a psilocybin access program is studying what we build here. They will learn from our mistakes as readily as from our successes. If Oregon prices its own program out of reach, other states will design around what happened here, and the state that led this work will end up behind the states that followed it.

What I Am Asking

Keep the reduced fee program, including the veteran, low income, and nonprofit categories. This is my main request.

If fees have to rise, phase the increase in over several years so that licensees can plan for it rather than close.

Scale fees to volume. A facilitator seeing a handful of clients a month should not carry the same fee as a high volume operation. Flat fees fall hardest on the smallest licensees.

Publish the cost accounting behind the increase, and pursue general fund, grant, and legislative options before shifting the shortfall onto the people least able to carry it.

Bring affected licensees into the conversation before adoption, including veteran licensees. We can tell you where this breaks.

I am one facilitator with one story. I am also the result this program was designed to produce: a veteran who had run out of options, found something that worked, and came back to do the work for the next person in line.

The reduced fee program is how I got here. I am asking you to leave it in place so the next veteran can follow. Thank you for your consideration. I am available to speak with staff or with the rules advisory committee.

Respectfully submitted,

Amy Charlesworth
Licensed Oregon Psilocybin Facilitator, License No. FL-2e9fbed1
United States Military Veteran, 16 Years of Service
Portland, Oregon
amy@qnamy.com

2026-0981 078 10/02/2026

To Oregon Legislators and Policymakers,

I am writing as an Oregon Licensed Psilocybin Facilitator, a mental health professional, and someone who quite literally uprooted my life in order to participate in Oregon's pioneering regulated psilocybin services program.

I moved to Oregon because I felt deeply called to this work and believed in what this state was attempting to create. Psilocybin facilitation was not simply another professional credential I decided to pursue. It was work I felt passionate enough about to relocate my life, leave behind an established community, and reorganize both my personal and professional future around.

The financial burden of becoming a licensed facilitator was substantial. Between specialized training, licensing costs, professional expenses, travel, lost work time, relocation, and the ongoing expenses required to participate in Oregon's regulated system, I invested an enormous amount financially before ever sitting with my first client as a licensed facilitator. I made that investment because I believed this work mattered.

My professional background includes years of work in mental health, trauma-informed care, mindfulness, somatic practices, and nervous-system regulation. Oregon offered something that did not exist elsewhere when I chose this path: an opportunity to provide psilocybin services legally, transparently, and within a framework designed around preparation, screening, informed consent, safety, professional support, and integration.

Since becoming involved in this work, I have witnessed firsthand the profound and sometimes life-changing impact psilocybin experiences can have on people. Many of the individuals who come to this work are not seeking a novelty or an easy solution. They often arrive after years of trying to feel better, heal, or understand themselves through other avenues. Some have spent years in therapy. Some have tried numerous medications or treatment approaches. Some have devoted enormous effort to meditation, personal growth, behavioral change, or other forms of healing, yet still feel that something has remained inaccessible to them.

I have sat with people who felt they had tried nearly everything available to them and had experienced little meaningful change. And I have witnessed what can happen when those same individuals are given an opportunity to approach psilocybin in a carefully prepared, supported, and legal setting.

I have seen people gain perspectives on their lives that they had struggled for years to reach. I have witnessed people encounter grief, trauma, fear, self-criticism, and longstanding emotional patterns in entirely new ways. I have seen people reconnect with a sense of meaning, compassion, possibility, and connection that they thought they had lost.

Not every experience is easy, and psilocybin is not a guaranteed cure. Responsible practitioners should never represent it that way. But it would be equally inaccurate to minimize the transformations that many of us working within this program have witnessed firsthand. For some people, these experiences have been among the most meaningful experiences of their lives. That is why the regulated framework matters so much.

The individuals who seek these services are not simply purchasing psilocybin. They are entering a process. A facilitator may spend hours getting to know someone before an administration session ever occurs - understanding their history and intentions, discussing risks, preparing them for difficult material that could arise, and helping them develop tools for navigating the experience.

Then we remain with them through an administration session that can consume an entire working day. We hold the container through moments of joy, fear, grief, confusion, insight, vulnerability, and sometimes profound emotional intensity. Afterward, we help people begin the process of integrating what occurred into their actual lives. That level of care requires training, judgment, preparation, emotional presence, and time. It also requires a system that makes it financially possible for skilled and conscientious people to continue doing the work. That is why I am deeply concerned about dramatic increases in licensing fees.

For many of us, the financial investment began long before our licenses were issued. We paid for specialized training, licensing, continuing education, professional expenses, and the enormous amount of time necessary to enter a completely new regulated profession.

In my case, I went further. I uprooted my life and moved to Oregon because I believed so strongly in this work and in Oregon's vision for providing it legally and responsibly.

After making that level of commitment, it is extremely discouraging to now face licensing costs that threaten to make remaining in the program financially unsustainable. Passion cannot indefinitely compensate for an economic model that does not work.

If licensing costs continue rising dramatically, many independent facilitators will eventually have to make the painful decision to leave. Small service centers and other independent operators face the same reality. The loss will not be limited to our individual businesses.

Oregon risks losing experienced practitioners who have spent years developing the skills necessary to work safely and responsibly with people in extraordinarily vulnerable states. It risks losing professional diversity and replacing a community-based model with one in which only larger organizations or people with significant financial resources can afford to participate. That has direct consequences for clients.

Fewer facilitators and fewer service centers mean less choice, less geographic access, and higher costs. Psilocybin services are already financially inaccessible to many people because insurance generally does not cover them. Increasing the financial burden on providers will inevitably place additional pressure on client pricing.

We risk creating a system in which legal psilocybin services exist in theory but are increasingly accessible only to the wealthy. That would undermine one of the most important promises of Oregon's program.

It could also unintentionally drive people toward the very unregulated environments this system was created to provide an alternative to. When legal access becomes prohibitively expensive,

people who feel strongly called to these experiences do not necessarily stop seeking them. Some will pursue them underground, without required screening, preparation, safety standards, trained facilitation, or integration support. Maintaining a viable regulated system is therefore not simply an economic issue. It is also an issue of safety and responsible access.

Oregon took an extraordinary step when it created the first regulated psilocybin services framework of its kind in the United States. People from across the country and around the world continue to come here because Oregon created something that did not previously exist.

They stay in our hotels, eat in our restaurants, visit our communities, and participate in an entirely new Oregon-based industry. More importantly, they come here because Oregon has given people a legal and supported way to engage with an experience they believe may be deeply important to their lives.

People also moved here, invested here, trained here, opened businesses here, and built professional lives around the promise that this program could become a sustainable model. I am one of those people.

I uprooted my life because I believed in this work. I accepted the substantial financial burden of becoming licensed because I believed in this program. And after witnessing firsthand what carefully supported psilocybin experiences can mean for people - particularly people who felt they had exhausted nearly every other avenue available to them - I believe in it even more strongly today. I want to remain part of Oregon's regulated psilocybin program. I want to continue providing thoughtful, ethical, client-centered facilitation within the legal system Oregon worked so hard to create.

But for Oregon's experiment to succeed, the program must be financially sustainable not only for the state, but also for the people actually delivering these services.

I understand that meaningful regulation costs money. I am not asking Oregon to abandon oversight or eliminate appropriate licensing fees. I am asking lawmakers and regulators to find a funding structure that does not destroy the very professional community the regulatory system depends upon.

Please consider what Oregon stands to lose. Behind every license is a person. Behind many of those people are years of training, thousands of dollars of investment, businesses that were built from the ground up, families that made sacrifices, and - in my case - an entire life relocated because of a belief in what Oregon was building.

And behind every facilitator are the people we serve. People who came here looking for something they had not been able to find elsewhere. People who trusted Oregon's legal system enough to be vulnerable within it. People whose experiences have changed the way they relate to themselves, their histories, their relationships, and their lives. Those people deserve continued access to a safe and sustainable regulated program.

Please protect Oregon's psilocybin services program by pursuing a licensing and funding structure that maintains rigorous oversight while keeping participation viable for independent practitioners and small businesses.

The future of this program depends not simply on whether Oregon continues issuing licenses. It depends on whether the dedicated people who sacrificed so much to build this field can afford to keep holding them.

Sincerely,

Erin Allan
Oregon Licensed Psilocybin Facilitator
Marriage and Family Therapist Associate

--
Erin Allan (she/her)
Marriage and Family Therapy Associate, R9709
Supervisor: Mandy Miller, LMFT # T1614
Phone: 971-258-0473
Email: erinallanwellness@gmail.com
website: Erin Allan Wellness

Greetings to those that read this. In advance I want to thank you with the deepest wells of gratitude for the time given to read my story.

In 2023, I transitioned out of the United States Marine Corps. Like many veterans, returning to civilian life was profoundly difficult. I was navigating fresh heartbreak, panic attacks, a destabilizing lack of direction, and the feeling that I was completely mentally broken. In these dark moments I leaned on the suicide hotline because I could not find my footing or understand where I belonged anymore. I was completely lost and without hope.

At the time, I was interviewing for supply chain and logistics positions. This was the same field I had worked in while serving. It was safe, familiar, But it was not something I loved. In the back of my mind I knew that if I stayed on that path, I would be settling for a life without true meaning or fulfillment. I just couldn't see anything else that I could hope to have a future in. This was my darkest and most suicidal time after getting out.

Around that time, I reconnected with a friend who was legally cultivating Psilocybe cubensis within Oregon's state-regulated psilocybin program. While catching up, he invited me to join his operation. My immediate reaction was essentially, "Hell no, DRUGS??? ." in my mind I imagined American gangster and all sorts of nafarious stories that I would hear about shady operations. I did four years not getting anything so much as an NJP, I'm not going to start now.

But then he explained what Oregon had actually created.

This was not an shady underground operation. Oregon had created a legal, regulated, above ground framework for individuals to access psilocybin services within a structured environment.

I decided to take a leap of faith. At the very least I can live to be a cool grandma with some cool stories. Little did I know that decision would completely change the trajectory of my life.

Working with mushrooms, I discovered a passion and reverence for something that I never felt before. For the first time in my life I felt like I was good at something and it had a positive impact on people I never got the honor to meet. This was absolutely life changing and healing. From cultivation, I expanded into working as part of a service center team, where I witnessed firsthand the profound experiences of people coming through Oregon's program. Eventually, that work compelled me to pursue my training as a licensed facilitator.

Today, a central focus of my practice is accessibility.

I intentionally keep my personal facilitation fees as low as I reasonably can because I do not believe someone's financial status should determine whether they have access to potentially life changing services.

I encounter people who feel as though they have tried everything. years of talk therapy, medications, and conventional approaches, sometimes with little or no lasting relief. People come through these doors carrying trauma, depression, anxiety, grief, existential distress, and deeply rooted patterns that have followed them for years.

Being entrusted to hold space for another human being as they navigate a non-ordinary state of consciousness and explore their own inner experience is the most meaningful work I have ever done.

As a veteran, this movement gave me something I desperately needed when I left the military:

It gave me purpose, hope and a joy for life again.

It gave me meaningful work. It gave me community. It gave me a way to reintegrate into civilian life and, perhaps most importantly, it allowed me to fulfill a part of myself that I deeply missed from my military life: the need to be of service.

In the Marine Corps, service meant knowing that my efforts were connected to something larger than myself and that I had a responsibility to the people beside me. When I left the military, I did not fully understand how deeply I would miss that sense of purpose. Through this work, I found a new way to serve by holding space for people during some of the most vulnerable and difficult moments of their lives.

Psilocybin facilitation gave me a way to carry that part of myself forward. It allowed me to take the devotion to service that the Marine Corps instilled in me and give it a new purpose: helping another person find their footing, reconnect with themselves, and discover their own way forward.

And now Oregon is beginning to see real world research emerge from the framework it had the courage to create.

Researchers at Oregon State University have contributed scientific work examining psilocybin and helping establish a scientific framework for its use in therapeutic settings. More recently, researchers studying Oregon's regulated psilocybin services followed hundreds of participants across service centers and licensed facilitators, reporting improvements in measures including depression, anxiety, PTSD symptoms, mental well-being, and life satisfaction, while serious adverse reactions were uncommon.

This matters.

Oregon did not simply create another industry. Oregon created a living model that researchers, policymakers, clinicians, and other states can learn from.

But the economic reality underneath that model is extraordinarily fragile.

At nearly every level, from mushroom manufacturers and testing laboratories to service centers and independent facilitators. Small operators are trying to survive on razor-thin margins. Service centers face enormous operating expenses while trying to keep client costs within reach. Facilitators wrestle with keeping their fees affordable while paying licensing, insurance, training, and professional expenses. Manufacturers balance cultivation and compliance expenses with mandatory testing costs while trying to keep products affordable for the service centers relying on them.

These are not giant corporations with endless financial resources.

The backbone of this program is made up largely of everyday people.

Many are people whose own lives were changed by psychedelic experiences. They walked away from comfortable careers, invested their savings, accepted enormous personal and financial risks, and chose to build something bigger than them selves because they believed others deserved the opportunity to experience what had helped them have a second chance at life.

When the opportunity arose to hold space for others, many of us did not think twice.

We believed in this hope filled vision. We still do.

That is why proposed increases to licensing and regulatory fees are so soul crushing.

There is a point at which another fee is no longer simply another cost of doing business. It becomes the difference between renewing a license and walking away. It becomes the difference between a service center remaining open and closing its doors. It becomes another expense that eventually has to be passed down to the person seeking services.

And the first people to disappear from this system will not be the wealthiest clients.

It will be the people I am most committed to serving.

Veterans. Low-income Oregonians. Trauma survivors. People struggling with depression and grief. People who have already spent years and thousands of dollars trying to find something that helps.

If Oregon continues increasing the financial barriers to operating within this program, we risk creating a system where the people who could benefit most are the least able to access it.

I ask our legislators and regulatory leaders to look beyond the numbers on a licensing spreadsheet and recognize the human infrastructure those numbers represent.

Behind every license is a person.

Behind every service center is a group of people trying to keep its doors open.

Behind every manufacturer is someone cultivating and testing a product under one of the most highly regulated psilocybin systems in the country.

And behind every client is a human being who arrived at this program for a tender reason.

I know what it feels like to desperately need another path.

I know what it feels like to believe there may not be one.

And I know what it means to finally find hope again.

So I plead with Oregon's legislators and regulatory leaders: please protect what this state had the courage to create.

Work with the people operating on the ground to find sustainable solutions before increasing the financial burden placed upon them. Protect the small service centers, manufacturers, laboratories, and independent facilitators who have carried this vision forward. Protect affordability so that Oregon's psilocybin program does not become something accessible only to the privilege of wealth.

Oregon chose to do something unprecedented. It created a regulated path where none existed before and entrusted ordinary people with the extraordinary responsibility of bringing that vision to life.

Please do not price those people or the people they serve out of the very system they helped build.

Give us the opportunity to prove what this program can become.

For some of us, Oregon's psilocybin program did more than give us a profession.

It gave us a reason to believe in our lives again.

Best Regards,

Sophia Catalano
Veteran facilitator
Cell: (458)273-6017

Facilitator Testimonial

Char McKendrick, Oregon Licensed Psilocybin Facilitator

There is something fitting about Oregon being the place where legal psilocybin services have taken root. Fungi are woven into the physical landscape here, shaped by and responsive to the environments that surround them. In many ways, we are no different. We are shaped by the conditions we grow within.

Oregon created the conditions for something entirely new to emerge: a legal framework where people can safely explore what psilocybin experiences might hold for them, supported by trained facilitators and within a system designed around safety, autonomy, and care.

I have spent more than 15 years working professionally as a graphic designer across the corporate and nonprofit worlds, while also running a dance studio for more than a decade. It is a career I worked hard to build, one that offered me stability, predictable income, and a clear professional path. Becoming a licensed psilocybin facilitator meant choosing to invest significant time, money, and energy into something far less certain because I believed deeply in what Oregon was trying to create.

My relationship with psychedelics began years before Oregon's regulated program existed. My own experiences with psilocybin became part of a much larger process of working through trauma, examining the beliefs and patterns I had inherited, reconnecting with parts of myself I had lost touch with, and developing a deeper sense of personal agency. Those experiences did not give me easy answers or magically resolve the difficult parts of my life. What they did was create opportunities to see myself differently and to continue doing the work afterward.

When I learned that Oregon had created a legal framework for psilocybin services, that possibility resonated deeply with me. Psychedelic experiences had profoundly changed my own life, and I discovered a path I had not known existed: a way to bring together something that had become deeply meaningful to me with the opportunity to create spaces where others could safely and legally explore these experiences for themselves.

I completed the required training, practicum, examinations, licensing process, and continuing education necessary to become an Oregon Licensed Psilocybin Facilitator. Beyond those formal requirements, I remain deeply committed to my own ongoing self-reflection, growth, and personal healing. I believe that knowing myself, continuing to examine my own patterns and biases, and tending to my own well-being are essential parts of being able to show up with presence and integrity for the people I support. I have begun transitioning away from my established career to build a sustainable practice as a facilitator.

That transition has required real financial and professional risk. Facilitation is not currently a predictable or highly profitable career. There are licensing fees, insurance, continuing education, business expenses, service center costs, administrative requirements, and many hours of work and intention that happen outside of the administration session itself. A single day journey involves discovery conversations, medical screening, intake, preparation sessions, coordination with a service center, an administration session lasting most of a day, integration afterward, documentation, and ongoing communication. It also requires a continued commitment to learning in a field where our understanding continues to evolve: staying informed about dosing, different strains and products, medications and potential interactions, emerging research, and the experiences being observed across Oregon's growing community of practitioners.

I choose to do that work because I have seen what can happen when someone is given the time, safety, autonomy, and support to turn inward.

I have sat beside people navigating trauma, grief, anxiety, major life transitions, questions of identity, and patterns they have carried for years, sometimes decades. I have watched people encounter difficult emotions and memories while remaining supported and physically safe. I have witnessed what it can look like when someone who has been holding their breath for a very long time is finally given the space to exhale. I have witnessed moments of heartbreak, laughter, strength, tenderness, insight, and profound self-compassion.

As a facilitator, my role is not to tell someone what their experience means or promise that psilocybin will heal them. Oregon's non-directive model is one of the things I value most about this program. My job is to help create a safe container in which people can have their own experience, maintain their autonomy, and receive attuned support when they need it.

That kind of care takes time and deep, intentional presence.

It also matters deeply to me that this work not become accessible only to those who can easily afford it. I come from a low-income background, and many of the opportunities that allowed me to build the life and career I have today were made possible through scholarships, donations, and the generosity of others who helped make those opportunities accessible to me. I carry that with me in how I approach this work.

I offer sliding-scale options across my individual and group work, have worked with scholarship and social-equity clients, and create and participate in community offerings intended to provide lower-cost ways for people to experience Oregon's regulated model. I want people across the financial spectrum to have the opportunity to access this work, yet even with these efforts, affordability remains one of the largest barriers I encounter.

When someone considers a legal psilocybin journey in Oregon, they are not simply paying a facilitator. They may also be paying hundreds of dollars for a service center room and for regulated psilocybin product. For many people, the total cost is already difficult or impossible to afford.

Large increases in licensing fees do not exist separately from that reality.

Those costs eventually have to go somewhere. Facilitators and small service centers can absorb only so much before they are forced to raise prices, reduce accessible offerings, maintain another career indefinitely to subsidize this work, or leave the program altogether.

For facilitators like me, building a practice within a new and evolving program takes time. Dramatically increasing the cost of remaining licensed makes it significantly harder to reach a point of sustainability, and risks pushing out practitioners before they have had the opportunity to establish themselves.

And when those facilitators leave, Oregon loses more than a license renewal fee.

It loses the training, experience, relationships, community infrastructure, and countless hours people have invested in learning how to hold these experiences responsibly. It loses practitioners who are trying to serve scholarship clients, lower-income clients, and people who may already have struggled for years to find support that works for them.

Oregon chose to do something unprecedented by creating a regulated system where adults can access psilocybin legally, with trained facilitators and established safety standards. People now travel here from across the country and around the world because this option exists. They stay in our communities, support Oregon businesses, work with Oregon facilitators and service centers, and experience a model that other states and countries are watching closely.

This program is still young. Like the fungi woven into Oregon's landscape, it is remarkably capable of working with what is already there, including what has broken down, and creating conditions for something new to emerge.

But resilience does not mean something can thrive without support.

Oregon gave this program an environment in which to take root. Now we need to give it the time and support to establish itself.

If we make participation financially unsustainable before that can happen, we risk losing many of the small practitioners and community-centered businesses that took the initial risk of building it.

I want to continue doing this work. I want to continue making room in my practice for people across the financial spectrum, so that access to this work is not determined solely by someone's ability to pay. I want to see Oregon's psilocybin program become more accessible, more sustainable, and better with time.

Accessibility cannot be built by continually increasing the financial burden on the people providing the services.

I hope Oregon's legislators will look beyond the number of licenses on a spreadsheet and recognize the people represented by them. Each license represents someone who trained, invested, took a risk, and chose to participate in an entirely new system because we believed Oregon could create something worth protecting.

Please give this program, and the people who built it, the opportunity to continue growing.

Char McKendrick
Oregon Licensed Psilocybin Facilitator
Mind Monarch
Portland and Eugene, Oregon

Dear lawmakers,

I'm writing to ask you to consider maintaining the current pricing of psilocybin licensure for facilitators and services centers and I'll explain why. I came to study this form of therapy from twenty years as an acupuncturist, helping Oregonians live better with pain and addiction. Energy medicine like acupuncture reduces both physical and emotional pain, and helps people heal in ways that are tangible and measurable and also in ways more etheric and felt, and you can easily find hundreds of testimonials from patients who agree. But I'm not here to talk about acupuncture, I'm hear to talk about psilocybin.

We live in a society where people are inundated with chronic illness, chronic pain, mental illness, and many among us suffer from a kind of soulsickness. We get soulsick from trauma, whether that be due to abuse, poverty, addiction, mental illness, collective oppression in marginalized communities, the effects of war on veterans, refugees, and survivors, and so on. Soulsickness plagues our country, our state, and our communities. And we have very few resources for how to help people heal from soulsickness. It requires a type of spiritual healing, and I don't mean religion. Healing a damaged soul requires deep repair, trust, safety, and something else-- what may have been ceremonial in cultures that live closer to the earth -- but is not available to accessible to most modern Americans. Facilitated psilocybin therapy is exactly that. And it's incredible that Oregon was the first state in the nation to legalize it.

In the past 3 years, Oregon's leadership in psilocybin care has provided thousands of individuals with soul repair. As someone who went through the second cohort of certification, I have personally witnessed people experience what most report to be: one of the most memorable and significant days of their lives. The transformative powers of psilocybin in a facilitated settings are unparalleled, reaching to a healing capacity far beyond what psycho-pharmaceuticals can offer. People report increased perceptions of belonging, inter-connectedness, safety, trust, self-love, and a more positive outlook in life. These profound changes in outlook and perspective seem to be the antidote to hopelessness, loneliness, anger and resentment, anxiety, and suicidal thought. Some of my clients have worked with their psychologists to taper off and stop taking anti-depressants since their journey. They simply don't need them anymore.

In follow-up surveys, months after their journey, my clients have reported:

"I notice a deeper capacity to view myself as an innocent person worthy of love and compassion."

"In the journey, I experienced calm for the first time in my life. I feel opened up to a better understanding of myself and what is important to me. I now have deeper access to personal peace, self acceptance and love."

"I've definitely notice an increased tenderness with myself and with others, even strangers. A more open heart. Also more body acceptance in general , less self criticism. Also less perseveration on fears."

"From the journey I got a change in perspective; I was able to see my struggles from a distance and this has been helpful. I now have an increased feeling of general safety in the world. Also, a knowing on a physical and spiritual level that there exists far more than what I see and experience in my typical day without the medicine! For this I am truly grateful."

There is no arguing that facilitated psilocybin is deeply impactful to peoples' lives, and that having more functional people improves the functioning of society. The challenge we face as facilitators is financial. The training programs we enrolled in cost us $10,000 on average. The licensure is $2000/year (as it stands). We are required by Oregon law (it's written in the OHA) to offer a sliding scale so that this service is not an elite one only available to those living in the highest income bracket. This is an equitable part of the legalization which is good! The challenge is that there is no system in place to support facilitators who work with low-income clients at a low rate. The provider takes the hit.

2026-0981 089 10/02/2026

Let me walk you through some math. Each psilocybin client I serve takes about 20 hours of my time. We meet three times before the journey (for an Introductory call and two Preparation sessions), have a long Journey day (at the Service center), and meet twice more after the journey (for Integration). In our Prep sessions, I learn about what brings them to this point where they are seeking soul level healing, we go over paperwork (there's a lot), get to know each other and build rapport, and do some embodiment exercises to discover some somatic tools we might call on during the journey which will assist them. We also distill their needs and desires for growth and healing into an Intention statement that we bring to the Journey and carry through it with. For the Journey Day, I expect I may be at the Service Center 8 hours or longer, and I also need to block off the next day in my calendar so that I don't have a heavy work load, because I need to recover from the effort it takes holding spiritual space like that for someone. In the Integration sessions afterwards, the client has the opportunity to tell me their experience of the journey, we reflect on how their intention served them, and we come up with a Plan of Action to help them integrate the profound teachings of the journey into their daily life moving forward.

This work, as you can probably tell, requires a lot of expertise and care. If offer a sliding scale of $500-$2000 for the experience and trust people to place themselves where they land on that scale based on their income and assets. Now, bear in mind they also have to pay for the service center ($500-$700) and the cost of their mushrooms ($60-$200). Most clients pay me $1000, some $1500. So, if they pay me $1000, they are paying close to $2000 for the entire experience. That's a lot.

From my end, when my licensure is $2000/year, I know that the first 3 patients I see per year I'm doing essentially for free -- in order to meet my overhead. In addition to the licensure fee, I also have expenses like my website, my continuing ed courses, my LLC cost, and so on. Because I work a job in another field as well, I see, on average, 12-20 clients per year. Which means 1/3 of my clients I am not getting paid for-- that money is just going to meet my overhead.

If the rate for licensure goes up to $4000/year, then I am not getting paid essentially for the first 4 clients I work with. Then I am working 80 hours for free, just in order to maintain the licensure, and I start at zero with the 5th client. And if I only work with 12 clients that year? That's like getting my rate docked in half. That's bananas.

This is deep and powerful work that serves individual and collective healing. Please don't make it harder than it needs to be to continue to do this important work. I fear that if the licensure cost doubles, many licensed facilitators will stop doing this important work, and others will bring their services underground, where the product and the experience is unregulated and illegal, causing risk to both the client and the facilitator. If we lose facilitators, then there's less money coming back to the OHA and the whole program could fall apart and fail. If costs rise for the service centers, they will close, also threatening the survival of the program, or else they will be forced to jack up prices for the clients, making it completely unaffordable. This is a profound form of therapy that is sitting precariously on unstable ground. We need to solidify another source of funding to support Oregon's Psilocybin program so that we can enable clients, facilitators, and service centers to continue to do this deep, healing work. Our soulsick society needs it. Please show Oregon's leadership and innovation by designing a new subsidy for this invaluable program.

2026-0981 090 10/02/2026

Sincerely,
Liz Greenhill, LAc, PF
Licensed Acupuncturist in Oregon since 2009, Psilocybin Facilitator since 2024

--
Liz Greenhill, LAc., PF
(503) 863-6342
Soul Repair Society, LLC
Licensed psilocybin facilitator in Portland since 2024
Acupuncturist + Herbalist since 2009
Creator and Voice of Body Land Metaphor Medicine — Over 50 Guided Visualizations in English and 5 in Spanish, listen for free at on Apple, Spotify, Amazon

From: **Trina Janssen** thedgpeth70@gmail.com
Subject: Psilocybin journey impact statement
Date: September 7, 2026 at 11:26 AM
To: matthew@yournpa.org

TJ

Hi Matthew,

I've heard about the proposed increases to psilocybin facilitator licensing. It was suggested to send an email to you to let you know the impact that a psilocybin journey had for me, so that my story can perhaps be used to keep these costs down.

I would have never gone on a psilocybin journey, except for the fact that my facilitator, as part of her social justice statement, has committed to doing a free facilitation for someone who could not otherwise afford this. I was the fortunate recipient of one of these, and even though going into it I knew it would be impactful, I didn't realize the positive way this would affect my life.

After my psilocybin journey, I was able to more deeply connect with members of my family. We were not estranged, but we also never talked about the past or anything difficult or strong emotions. Once I started sharing some of what I experienced with my mother and brothers, we were able to talk about things from my childhood that had never been acknowledged, and it helped us all move forward with healing and finding a deeper and more loving connection with each other.

I am so grateful that I was given the opportunity to do something like a psilocybin experience. I am hoping that licensing costs are kept low, so that other people like me who might not otherwise be able to afford it can access this type of medicine.

Thank you for taking the time to read this, and if you have any questions or would like more details, please don't hesitate to reach out.

Trina Janssen

2026-0981 092 10/02/2026

From: **JOHN FEGLEY** jfeg@comcast.net
Subject: Fees
Date: June 30, 2026 at 7:38 PM
To: matthew@yournpa.org

JF

I write you in advocacy of psilocybin therapy.

I have degrees in Psychology and Counseling and was a practitioner for forty-four years. I have worked with four therapists as a client over the years, three practicing conventionally and one using EMDR. I have been on countless anti-depressants. And from all that education and experience, I was always a partial responder.

At seventy-eight years of age, I thought I had more or less exhausted my therapeutic options and would be moderatley depressed for the rest of my life. There was one approach I hadn't tried - psilocybin. I had read positive reviews of its efficacy, especially with veterans, and decided to check it out. I found one in Salem and tried it.

It is hard to put into words such a profound experience as I'm having with psilocybin therapy. At the very first session, I uncovered and dealt with an issue that I didn't know I had but which, other than genetics, had been at the core of my depression. Subsequent treatments have had just as much impact on my well-being. Friends and family have commented on the changes in me. More important, I am living with hope again and have rediscovered an interest in life that had waned.

It is an expensive therapy. However, considered by the hour massage is more expensive. Please do not make this treatment less avaiable to those in need by increasing the fees associated. In fact, I would wish that you would look for ways to make it more available.

Thank you.

Sincerely,

John Fegley
5025 Leonardo Ct S
Salem, OR 97306
jfeg@comcast.net
Home: (503)364-3074
Cell: (971)218-3346

2026-0981 093 10/02/2026

Hi, my name is John. I'm 33 years old and considered highly externally successful by most of society but I've suffered from anxiety and depression for the past decade. Psychedelic assisted therapy is the one thing that actually provided lasting improvement to my mental wellbeing. Please keep my story in mind as you determine what is best for us.

John S.

My name is Josh Patrick, and I am an Vermont resident and a client who has received psilocybin services under the state's licensed program.

I am writing to ask you to oppose any legislation that would fold the psilocybin program into the cannabis regulatory framework, or that would significantly increase fees for service centers and facilitators.

My experience:
My experience with licensed psilocybin in one that I believe I would not get anyplace else. Having the integration done as well as the journey with a licensed provider left me with the feeling that I would be safe. Changing how the program works, could make the entire experience less safe when we start combing the legislation with marijuana marketing organizations. I strongly encourage you to not combine the two.

Why this matters:
Doubling licensing fees would also make these services unaffordable for many practitioners, reducing access for Oregonians who could benefit most.
Oregon's psilocybin program was designed with careful attention to safety, set, and setting. The current structure - with trained facilitators, dedicated service centers, and a clear regulatory framework - is what made my experience safe and effective. Merging this program with cannabis oversight risks dismantling those protections and sending a message that this work is not taken seriously.

I urge you to protect this program and to ensure that the people doing this meaningful work can continue to do so, so that people like me can continue to derive benefits from these unique healing services.

Thank you for your time and service.

Sincerely

Josh Patrick
Hinesburg, VT

September 7, 2026

Dear Oregon Health Authority,

I am writing to strongly urge OHA to reconsider the proposed increase in licensing fees for psilocybin facilitators.

I am both a licensed therapist and a licensed psilocybin facilitator in Oregon. I chose to become licensed because I believe deeply in the importance of this work and in the value of keeping it above ground—within a regulated, ethical, and accountable framework. I have seen firsthand the meaningful and positive changes this work can support, and I have genuinely valued the opportunity to serve people in this way.

I want to continue.

However, the proposed doubling of licensing fees gives me pause about whether continuing as a facilitator will remain financially viable. As a small private practitioner, this is a significant additional expense. And while I could pass that cost along to clients, I am unwilling to do so. Psilocybin services are already financially out of reach for many people who could benefit from them. Increasing the cost of participation feels fundamentally at odds with the broader intention of making this emerging therapeutic modality accessible.

What concerns me even more is the impact this has on the equity work OHA has asked facilitators to undertake.

I have been asked to develop a plan for supporting underrepresented populations and people with limited financial resources through this work. I have taken that responsibility seriously and have wanted my practice to contribute to a more accessible and inclusive model of care.

But when the cost of simply maintaining a license doubles for facilitators, the financial pressure moves in the opposite direction. It becomes harder for practitioners to offer reduced-cost services, harder to sustain community-based offerings, and more likely that the people with the fewest resources will be the ones least able to access these services.

I understand that OHA has costs associated with regulating and administering this program. I also understand that licensing requires resources. But I hope the State will consider the larger consequences of making participation in this system substantially more expensive.

There is something important being built here in Oregon. I believe strongly in this work, in thoughtful regulation, and in the potential for psilocybin services to become an important

2026-0981 096 10/02/2026

part of therapeutic care. I want to remain licensed. I want to continue doing this work responsibly and above ground. But I also want to be able to do so in a way that remains accessible to the people who need it.

I urge OHA to reconsider the proposed fee increase and to look for ways to fund the program without placing such a significant burden on facilitators and, ultimately, on clients.

Please don't undermine what has been created by making it financially unsustainable for the very practitioners who are working to build a thoughtful, ethical, equitable program.

I want to continue this work. I hope the State will make it possible for me—and others like me—to do so.

With respect,



Lynne Herbert, LPC
Oregon Licensed Psilocybin Facilitator

2026-0981 097 10/02/2026

From: **Melinda Halpern** melinda@headwaterspsychedelics.com
Subject: Letter to the OHA from a facilitator
Date: September 6, 2026 at 5:31 PM
To: Matthew Ettinger matthew@yournpa.org

MH

Dear Oregon Health Authority,

I am writing because I care deeply about the future of Oregon's regulated psilocybin services program, and because I am genuinely concerned that the proposed licensing costs would make it impossible for practitioners like me to continue doing this work.

I have been a Licensed Professional Counselor in Oregon for almost 25 years. Throughout my career, I have worked with people facing some of the most difficult experiences imaginable, including treatment-resistant depression, PTSD, and the lasting effects of abuse and trauma. When Oregon created a regulated pathway for psilocybin services, it felt like a natural extension of the work I had already devoted my professional life to.

I made a very deliberate choice to participate in Oregon's regulated program rather than do this work underground. That distinction is important to me.

Psilocybin is readily available outside of the regulated system. It would have been easier, less expensive, and required far less investment for me to simply do this work outside the framework Oregon created. I chose not to. I believed in what Oregon was trying to build. I believed that people deserved to have access to psilocybin in an environment where safety, preparation, informed consent, support, and accountability were taken seriously.

I put my time and my own money behind that belief. I completed a 10-month facilitator training program that cost more than $10,000. That was a significant personal and professional investment, on top of more than two decades of education, training, licensure, and experience as an LPC. I made that investment because I wanted to do this work responsibly and because I wanted to be part of a regulated system that could serve as a model for the rest of the country.

Since becoming a facilitator, I have sat with over 30 individual Journeyers and 7 group Journeys. I have also provided four partial scholarships and one completely unpaid Journey. I have done this because I believe access matters. I don't want this work to be available only to people who have plenty of financial resources or who are desperate for help with no legal option in sight.

Sitting with someone during a psilocybin Journey is a responsibility I take very seriously. The medicine itself is only one part of the experience. The preparation beforehand, the relationship between facilitator and Journeyer, the physical and emotional environment, the ability to recognize when someone needs support, and the care provided throughout the experience all matter. My 20-plus years as a mental health professional inform how I approach this work, but I also recognize that psilocybin facilitation requires its own specialized

training and responsibilities.

OHA is aware that Oregon facilitators have experienced an adverse experience rate of less than 1%. Behind that number are individual people who trusted us to be there with them during some of the most vulnerable moments of their lives. I have witnessed people experience meaningful insights, moments of connection, increased hope, and a renewed sense of possibility. I have watched people who have struggled for years approach something new with courage.

This work is not simply about providing psilocybin. It is about creating a safe container around an experience that can be profound, emotional, and deeply personal and working with our clients to help them move forward with the insight they have gained.

That is why I am so concerned about the direction of licensing costs. To my knowledge, I have never encountered another professional certification that comes close to this level of financial burden, simply to be licensed. And now we are being asked to do even more.

OHA is asking practitioners to reach lower socioeconomic populations and to demonstrate those efforts through a Social Equity Plan. I understand and support the intention behind that. In fact, I am already doing it thru offering scholarships. But there is something deeply contradictory about asking small practitioners to make this work more accessible while simultaneously making it financially harder for those practitioners to stay in business.

I am willing to serve people who cannot afford the full cost. I am willing to continue investing my time and professional experience in this program. But I cannot make an economically unsustainable practice sustainable simply through good intentions. The State of Oregon made a grand gesture by being the first state to allow psilocybin to be used with a structured model. To eliminate a highly successful program within three years by adding outrageous facilitator and facility fees not only does a disservice to my profession, but to the residents of Oregon who ASKED for the opportunity to work with psilocybin for health and healing.

OHA is well aware if the cost of staying licensed becomes too high, practitioners will leave. Service centers will close. Sources to offer scholarships or reduced-cost services are disappearing and there will be fewer regulated options for the very people OHA is asking us to serve. And where will those Journeyers go?

The underground option is already there. It is accessible and it is less expensive and highly touted in the media. I deliberately chose not to participate in that system because I believe regulation can offer something better and safer.

That would be a heartbreaking unintended consequence of a program that was created in large part because safety matters. I want to continue doing this work.I believe in it. I believe that Oregon has created something important and potentially transformative. I have invested a tremendous amount of myself into this program because I believed Oregon was asking

people like me to help build something that would last.

Oregon has the opportunity to show the rest of the country what responsible, compassionate, accessible psilocybin regulation can look like. But accessibility has to apply to both sides of the equation. Journeyers need to be able to afford services, and qualified practitioners need to be able to afford to provide them

Equity cannot mean asking practitioners to give more and more until they can no longer afford to remain in the program.

I respectfully ask OHA to reconsider the financial burden being placed on facilitators and service centers and to find a way to keep licensing affordable and sustainable.

Please remember the people who chose to participate in this program in good faith. Remember the time, money, training, and personal sacrifice they have already made. Remember that these are Oregonians, registered voters, that are providing this work. Remember the Journeyers who have trusted us. And remember that every practitioner who is forced out of the regulated system means one fewer safe and supported option for someone seeking help.

With respect,

Melinda Halpern, LPC and Licensed Psilocybin Facilitator

740 NW Colorado Ave

Bend OR 97702

541-749-0535

MYNA BIRD

JOURNEY SUPPORT

September 8, 2026

Dear Oregon Lawmakers:

I am writing to implore you to save Oregon's psilocybin program, which I fear will collapse under the proposed fee increases for licensees. I have been a licensed psilocybin facilitator since 2023. I also have a doctoral degree in clinical psychology and have been working as a licensed psychologist since 2004 (in Oregon and Washington). With 22+ years of experience in mental health under my belt, I feel well able to assess the beneficial impacts of the psilocybin program. While I still deeply value my work in a conventional psychotherapy setting and intend to continue that work, the astounding progress made by most psilocybin clients is humbling and the speed at which they achieve that progress is noteworthy. I have been regularly brought to [happy] tears by psilocybin clients' descriptions of their gains. The kind of clients who seek me out tend to have significant trauma histories, treatment-resistant depression, and a lifetime of anxiety. So, when they tell me that they know peace in their bodies for the first time, or feel self-love for the first time, or finally have a felt-sense of their trauma truly being in the past rather than haunting the present, I know that they have the right kindling for a more lasting change. It is important for you to understand that psilocybin doesn't merely boost moods (which would still be worthwhile if that was all that it did). But it goes beyond that to boost mood in the context of a genuine experiential understanding of transformational and healing concepts such as self-compassion and knowing how to be in the present moment.

I grew up in Oregon and genuinely love this place. I love the way Oregon manages to get things done that other states do not through the ballot initiative process. We are a part of something special here. I felt deeply proud of Oregon in 2020 when Measure 109 passed. Its passage showed our state's willingness to try something new (which is also very, very old) despite the federal government's misguided scheduling of psychedelics. Now other places are following suit, research about safety and effectiveness is building, and there is talk of rescheduling. But Oregon is at risk of destroying the program that started it all unless you take action that might save it.

Many of the facilitators I know are like me, doing this as a "side gig" not because there is not enough work to do it full-time, but because we hold other professional licenses in helping fields that we want to use. I also feel that to do this work well, I need space between journeys since each one is intense and requires a significant emotional investment from me. I believe that the program benefits from people like me who have a significant training background in ethical provision of care, who continue to be accountable to multiple licensing bodies, and who give consideration to the self-care required to offer effective and ethical psilocybin support.

Carrie McMullin carrie@mynabirdjs.com 503-837-2339

2026-0981 101 10/02/2026

MYNA BIRD

JOURNEY SUPPORT

Even without fee increases, I have been paying a very burdensome $2000 per year for this part-time work, while I pay $605 every other year for my Oregon psychologist license. What this means is, for my psychologist license I pay an average of under 1% of my psychology practice's annual gross income, and if the proposed psilocybin licensing fees go into effect, I would be paying over 10% of my gross annual income from that business. While I love this work, I do not believe it would be sustainable to continue if I had to pay $4000 to stay licensed.

I received email communications from another facilitator who conducted an informal poll. He said that he asked 331 licensees if they would renew if the proposed fee increases go into effect. Of the 146 respondents, an astounding 80% said they would not renew (I was one of those). And that number grows to 88% when you include the people who say they would 'maybe' renew. If this bears out, the implementation of the fee increases would effectively de-fund Oregon Psilocybin Services rather than maintain it as licensees drop out of the program. This is why I believe our ground-breaking program, from which people make such tremendous gains, will collapse if you do not intervene.

One of the critiques that I can make of the psilocybin program prior to this proposed fee increase was around accessibility. The costs were already so high that many people in lower income brackets were priced out. The burdens of PTSD and treatment-resistant depression often damage people's earning potential, and powerful treatments can feel out-of-reach to many. People cannot yet use their health insurance to cover psilocybin services. So, most of the people who have been helped by this program were of financial means. And I am so glad they were helped. But more people need to have access. Myself, the other facilitators I know, and service center operators tend to be here because we deeply care and we do what we can to offer discounts. But we have families to feed and cannot afford to lose money to provide routine and steep discounts. Even without the fee increases, many service centers have had to fold due to cost burdens. I believe that doubling licensing fees will exponentially increase the accessibility problem, *if* the program can stay afloat at all.

Please consider alternative ways of funding Oregon Psilocybin Services, rather than these fee increases. Please keep people like me, people with long-standing healthcare careers, in the pool of psilocybin support providers. Please maintain Oregon's status as a leader in this ground-breaking work. Please help more people experience relief from their suffering. Please help this program!

Sincerely,

Carrie McMullin, Psy.D.

Carrie McMullin, Psy.D.
Carrie McMullin
carrie@mynabirdjs.com
503-837-2339

2026-0981 102 10/02/2026

To Whom it May Concern, 6/9/26

I am an ally and advocate for the movement of psilocybin therapy here in Oregon although not a client myself. This is not where we want to go in terms of support from our state. This move on the budget in particular puts an unnecessary burden on the practitioners and small businesses and increases costs to those in need of this therapy.

I strongly oppose this shift in budget and would be fine for you to use my words and email for your purpose in pushing back.

Best of luck and my hope that this therapy can be inclusive of all Oregonians regardless of income level.

-Olivia Goeppner

2026-0981 103 10/02/2026

Jul 6

An Open Letter to the Good People of Oregon

TLDR: *To make up for a budget shortfall, the OHA is planning to double facilitator licensure fees (and psilocybin center fees) which will effectively make this medicine exclusively available to wealthy patrons and organizations while decimating the quality of care that psychedelic therapy requires.*

Dear Oregon,

You ever hear the one about the 84-year old artist who after trying psychedelics for the first time was able to liberate himself from an abusive guardian (70 years removed) and earn the privilege of knowing himself for the first time in his life? Or the story about the young musician who after cycling through every available SSRI turned to psilocybin therapy and gleaned enough insight and self-love to lift the veil of treatment-resistant depression that had dogged him for years? Or the middle-aged art teacher, who after years of debilitating pain and depression—which had her on disability—turned to magic mushrooms and 6 months years later, she's back in the classroom and paddleboarding on the weekends? Yeah, these are real case studies from three of my clients over the last two years, and if the Oregon Health Authority gets their way, these stories of healing, redemption and liberation will come to a screeching halt.

To address a budget shortfall, the OHA is proposing to double facilitator fees to $4,000 a year (therapists in Oregon pay about $150 a year). Coupled with a proposed $10,000 fee increase for service centers, these short-sighted financial measures will price out the middle-class and firmly establish psilocybin therapy in Oregon as a plaything for CEOs and the ultra-rich. Some of my critics might call BS and point out that the "underground" scene is vibrant and often cheaper or that retreats in Mexico are numerous and offer a more authentic medicine ceremony. I'll concede both of those points, but that concession doesn't invalidate my hypothesis.

My clients sought out this therapy primarily because it unfolds within a safe, legal and regulated container. These are people who —like it or not—have been conditioned to distrust plant medicine, and a structured, legal environment is basically their only option. These are people that don't have random wads of money to spend on productivity hacks, but turned to psilocybin therapy as a kind of a last resort. These are people who can't afford the plane tickets and luxe accommodations of the retreat model. These are people who trip on a Friday and have to go back to work on a Monday.

Doubling the fees make it virtually impossible for a facilitator like me to run a business. I'm barely in the black and yeah I could raise my prices, but I suspect my clientele couldn't make that leap with me. Even my wealthier clients have lamented the price tag of $1600 + mushrooms for a session that includes the room rental and about 25 hours of work—two preparation sessions, the journey and two integration sessions. Additionally, service centers (the OHA-approved facilities where people actually trip) that actually offer equity accommodation and collective models will undoubtedly feel the crunch of this 100% increase in fees.

Fortunately for the movement in general, not all facilitators and centers will be affected.The drive-thru centers that invest the bare minimum into preparation and integration will just increase volume. The schmancy centers who cater to the ultra-wealthy won't bat an eye at increasing prices for folks who won't bat an eye at paying more. What's another 2K when you're already paying 5K?

So, Oregon what are we going to about it? Like any good choose your own adventure book, we've got 2 paths here before us. We can be uncreative, double the fees and reserve psilocybin therapy for the 1% while the rest of us lumber forward with afflictions that will undoubtedly multiply and cause more problems in the future? Or we can actually put on our big-human boots and fund this program properly. Can we agree that the data from the last decade of clinical trials proves that psilocybin therapy is at least as effective as talk therapy and SSRIs? Why, then isn't it covered by Medicaid? Are we so cowardly that we'd rather lean on a timeworn stigma than make this program a true revolutionary thing?

We were the first in the country to do this. It's a big f*cking deal. Were we always planning just to dangle our toes in the water? Where's the moxie? The verve? Where them bureaucratic cannonballers?

Nah, you're right. Let's not do anything. Let's watch tech-bros live-stream their spiritual journeys on LinkedIn while psychedelic gurus flash their pretty teeth in the background. Yeah, who gives a shit about the mechanic who can't shake off his anxiety or the veteran who's fighting like hell to break free from generations of alcoholism?

We won't let have mushrooms, but we'll let 'em eat cake.

Comments (0)

Newest First

Preview Post Comment...

Shrooms in the News Vol. 12: All the Guided Psilocybin Therapy Headlines Fit to Print ›

2026-0981 104 10/02/2026

Michael Quinn
179 Covington Lane
Bakersville, NC 28705
mpkquinn@gmail.com
828-678-1151

September 9, 2026

Matthew Ettinger
Executive Director
National Psychedelics Association
matthew@yournpa.org

Dear Matthew Ettinger,

A few weeks ago, I attended a local integration group. The therapist started the meeting by asking us to close our eyes and put our hands over our hearts. She then asked us to remember how we got to the place we are today.

I became overwhelmed with emotion. I remembered my psilocybin journey and the strength of my deceased grandfather, my facilitator, everyone at Meadow Medicine, my local therapist and psychiatrist, and of course my wife.

I have suffered from depression for more than 20 years, with very little relief from dozens of pharmaceuticals, a variety of talk therapies, and even ketamine treatments. I first became aware of psilocybin as a possible alternative therapy through my psychiatrist, who made an offhand comment years ago: “The future of treatment for mental health disorders is psychedelics.”

On September 28, 2024, Hurricane Helene slammed into the area where we live. As a result, my treatment-resistant depression was compounded by PTSD. The dark hole I was in became even deeper, darker, and more hopeless than before. I honestly was not able to take care of myself without my wife’s help. I didn’t think I was going to make it out alive, and neither did my wife.

At the end of my rope, I asked my psychiatrist about the statement he had made years earlier. He referred me to Michael Pollan’s *How to Change Your Mind* book and Netflix documentary. I felt like I finally had some hope.

My wife and I did a lot of research and felt that Meadow Medicine in Portland, Oregon, was my best hope for healing.

The Meadow team was incredibly compassionate and understanding. My wife and I traveled to Portland for my journey on April 14, 2026.

2026-0981 105 10/02/2026

The journey was a beautiful experience that I hope I never forget. I distinctly remember, at the end of the journey, lying in bed, thrusting my arms and fists in the air and declaring, “I’m back! I’M BACK!”

That day became so important to me that I actually mark time by it. When someone asks me a question, I sometimes need to ask myself, “Pre-journey or post-journey?”

I was reborn that Tuesday. April 14, 2026, completely changed the trajectory of my life.

I remember coming back home to North Carolina and talking with my longtime therapist and psychiatrist. They both started to cry when I told them about the experience. My therapist said through the tears, “Mike, I have been trying to get you to understand your value for the last seven years.”

I initially didn’t tell any of my family what I was going to do because I didn’t want to disappoint them or have to explain, once again, how the therapy didn’t work. But when I called my mom and sister, they both asked, “What’s going on? You sound so different,” before I was even able to tell them the news or about my experience in Portland.

I am so thankful to the voters, legislators, and everyone involved in getting this desperately needed therapy in place in Oregon.

I’m sharing my story because I know there are other people who need the same chance for healing that I was given. Thankfully, I was able to afford the cost of the treatment. Yet, there are so many who desperately need treatment but cannot afford it. I urge the industry to take steps to prevent an increase in cost and to help those that can’t afford it to receive it.

Sincerely,
Michael Quinn

From: **LaDonna Remy, MSW, LICSW** ldremy1@msn.com
Subject: Testimonial for Legislatures regarding Psilocybin Services Fee Increases
Date: September 8, 2026 at 2:40 PM
To: matthew@yournpa.org

LR

Dear Matthew,

I am submitting my story for legislative outreach regarding the proposed Oregon Psilocybin Services fee increases.

I am a Licensed Clinical Social Worker in Oregon, a Licensed Independent Clinical Social Worker in Washington, and an Oregon Licensed Psilocybin Facilitator. I have worked in the mental health field for approximately 25 years, with much of my professional career focused on working with individuals who have experienced trauma.

My decision to become involved in Oregon's regulated psilocybin program grew out of my many years of professional experience working with trauma. I moved to Oregon in part to pursue the education, training, and licensure required to become an Oregon Licensed Psilocybin Facilitator. I saw this emerging field as an opportunity to serve clients at a deeper level.

Becoming a facilitator required a significant investment of time, education, training, and financial resources. I made that investment because I believe in the potential of Oregon's regulated program.

I am concerned that the proposed fee increases threaten the accessibility and sustainability of this program.

My facilitator license currently costs $2,000 annually. Under the proposed rules, that would increase to $4,000. The worker permit would increase from $25 to $200. Service centers, which facilitators depend upon in order to provide psilocybin services, would see their annual licensing fees increase from $10,000 to $20,000.

These costs do not simply disappear. Ultimately, they affect the people seeking services.

Many of the individuals I serve travel from Washington to Oregon to participate in Oregon's regulated program. By the time someone pays for preparation, facilitation, service center costs, psilocybin product, travel, lodging when necessary, and integration, they have already made a substantial financial commitment.

Oregon residents face many of these same financial barriers even without the added expense of interstate travel.

If my annual facilitator license doubles to $4,000, I will have to seriously evaluate whether I can continue maintaining it. If I do remain licensed, I will need to increase my fees. I expect other facilitators will face similar decisions.

That is what I hope legislators will understand: increasing licensing fees does not affect only licensees, It affects access.

In short, if facilitators leave because maintaining a license is no longer financially viable, there will be fewer providers. If service centers face substantially higher operating costs, those costs will affect facilitators and clients. If those who remain must raise their fees, psilocybin services will become accessible to an increasingly narrow group of people who can afford them.

My years as a clinical social worker have taught me the importance of regulation, professional accountability, and public safety. I support all three. I have also seen how quickly the cost of services can become a barrier to people seeking help.

I made a meaningful investment in becoming an Oregon Licensed Psilocybin Facilitator, and I value the opportunity to participate in this program. I hope the financial structure will make it possible for me, and other qualified facilitators and service providers, to remain part of Oregon's regulated system.

I am asking Oregon's legislators to help protect the long-term viability of this program by seeking a sustainable funding solution that does not depend on dramatically increasing fees for a shrinking number of licensees.

Oregon created something innovative when it established a regulated psilocybin services program. I hope we do not now make participation so expensive, for providers and ultimately for clients, that the very individuals this program was intended to serve can no longer access it.

Thank you for considering my story.

Sincerely,

LaDonna Remy, MSW, LICSW, LCSW
Oregon Licensed Psilocybin Facilitator
Oregon Psilocybin Services Worker Permit Holder
Member, Psilocybin Alliance

LaDonna Remy, MSW, LICSW, LTD
Licensed in Washington and Oregon
Phone: (509) 475-1315
Website: www.https//:ladonnaremycounseling.com
Blog: www.http//:perspectiveontrauma.com

"It is not only what we do, but also what we do not do, for which we are accountable".
Moliere

The information contained in this email may be privileged, confidential or otherwise

protected from disclosure. All persons are advised that they may face penalties under state and federal law for sharing this information with unauthorized individuals. If you received this email in error, please reply to the sender that you have received this information in error. Also, please delete this email after replying to the sender.

6/8/26

To Whom it May Concern,

My name is Robert Dupuy, and I am an Oregon resident and a client who has received psilocybin services under the state's licensed program. I am writing to ask you to oppose any legislation that would fold the psilocybin program into the cannabis regulatory framework, or that would significantly increase fees for service centers and facilitators.

My experience: At 80 years old I decided that I needed more help than I was getting from my therapist. I needed to unlock doors and a life time of suppression to understand my crazy childhood and the trauma that grew from turmoil. I turned to psilocybin with an incredible facilitator. That decision was the best decision of my life. Without Oregon's ground breaking psilocybin program I would still be stuck in the past trying to understand how to navigate life.

Oregon's psilocybin program was designed with careful attention to safety, set, and setting. The current structure - with trained facilitators, dedicated service centers, and a clear regulatory framework - is what made my experience safe and effective. Merging this program with cannabis oversight risks dismantling those protections and sending a message that this work is not taken seriously.

Doubling licensing fees would also make these services unaffordable for many practitioners, reducing access for Oregonians who could benefit most. I urge you to protect this program as it exists and to ensure that the people doing this meaningful work can continue to do so. Please do not push aside those of us who struggle with life issues.

Psilocybin has allowed us to see hope and find answers. Cost is a very important part of choosing psilocybin. Many who need help are already outside of the ability to pay current fees. An increase so dramatic would cause many others to abandon the program.

Thank you for your time and service.

Sincerely,

Robert Dupuy
Portland, Oregon
robert@robertdupuy.net

2026-0981 110 10/02/2026

From: **Roberta Eisen** roberta@eisenblackstonegroup.com
Subject: A few words in support of Psychedelics
Date: September 8, 2026 at 2:41 PM
To: matthew@yournpa.org

RE

Dear Matthew,

Last year I traveled to Portland specifically to have a psychedelic treatment with Dr. Alicia Bigelow.

I had struggled with PTSD since age 16 when I found my father on the floor in our home after drinking a glass of ammonia to try to take his own life, after struggling with years of depression following the holocaust.
At age 23, my mother hung herself in the basement of my childhood home, the same home where I found my father years before. I lived with this angst and struggled to not always think that the worst would happen until after I received my treatment with Dr. Bigelow.

Not only is she a profoundly compassionate facilitator, but the fact that I had the opportunity for her to lead me on this journey to regain my inner peace, was the most incredible thing I have ever experienced. I meet with her monthly to maintain my progress, and I feel that I owe much of my happiness at this stage of my life to her and this treatment.

Living in Washington, DC in a very political environment, I felt courageous to step into this new area of research but considering that both if my parents struggled with depression, I feel so lucky that this treatment could be made available for me in your state.

I am happy to offer any further words of support. I too am a mental health professional and wish that others could gain the relief that I am living now, because of this medical treatment. From my perspective, it would-be a crime to make this so unaffordable that most people could not get the treatment that they need for their mental health and well being.

I look forward to supporting this cause in any way that I can in the future. Pease let me know if there is anything else that I can do to support this cause.

Best,

Roberta Eisen

D.C. CHILDREN'S INSTITUTE
A DIVISION OF EISEN BLACKSTONE GROUP

Roberta Eisen, M.Ed., LPC, NCC, Co-Founder

Roberta Eisen, M.Ed., LPC, NCC, Co-Founder

O: 202-822-5229 | roberta@eisenblackstonegroup.com

dcchildrensinstitute.org | @dcchildrensinstitute

4910 Massachusetts Avenue NW, Suite #318 | Washington, DC 20016

2026-0981 112 10/02/2026

Call to Action Testimonial

Opening the Path to Wholeness to The Whole of Us

I'm writing this letter to hopefully clearly express how the deeply profound healing resulting from my legal psilocybin-assisted journeys has so positively changed my life. I became aware of plant medicine healing 20 years ago and instantly knew I not just wanted but *needed* to have a personal journey.

For reasons unknown to me, however, the opportunity did not happen until two years ago at the age of 61. Now at the age of 63, not only have I had three psilocybin journeys, I am now a licensed psilocybin facilitator. Why? Because one of the very first thoughts that came to me after my first experience was this: *Five years of therapy could not have excavated the deep wounded roots that one psilocybin journey revealed*.

During the subsequent two journeys, the medicine took me deeper and deeper into my life's core wound – the "mother wound" that created the "I don't matter" wound. I finally experienced the feeling of the love I was always wanting to receive, always hoping my mother would wrap me in. And that love was not just within me; it *was* me, my true essence.

Also revealed was my mother's childhood experience of feeling unseen, discarded, like an afterthought – her "I don't matter" wound. Deep compassion for my mother filled my heart. Viscerally feeling what happened to her has been the key that continues to unlock my genuine love and compassion for her. My mother (91) and I now enjoy a loving, emotionally healthy relationship.

And finally, the journey during my facilitator training practicum earlier this year brought everything full-circle, allowing me to heal the lifelong core mother-wound that unbeknownst to me has been deeply rooted in generational trauma I didn't even know I had. As an African American, this particular journey (with the cumulative effects of them all) revealed to me this: I am a cycle-breaker.

The inhumane trauma of my African ancestors violently uprooted, taken from their homes and families to be enslaved and treated sub-humanly has been deeply rooted in every generation in my family up to my own. I was shown how my mother's extremely dysregulated nervous system was passed to her by her parents and she passed it on to me. I am the first generation in my family to break that cycle.

And during this most recent practicum journey I re-connected with my African ancestors. In my body I felt the burden they carried in their strong legs, strong arms, strong backs. It felt like heavy weights were placed on my entire body, the enormous weight of being used and seen as not human, like *we don't matter*. Then it all shifted. I felt the burdening weight gradually lift from my body as I was filled with pride and power of how very strong my ancestor's legs, arms, backs, and spirits were/are. Filled with gratitude, I felt their welcoming presence encouraging me to forge this healing medicine path.

Over the past 12+ years as a certified professional coach, I have thoroughly enjoyed the role of behavioral health coach for hundreds of clients throughout the U.S. and thousands of

sessions. But after my incredibly profound healing experiences with psilocybin, I came to a point when I knew in my soul that like me, people would benefit exponentially more from the deeper core healing that psilocybin can potentially offer.

So I took a leap of faith, quit my coaching job, and completed my psilocybin training program with Entheogen Institute. It's important to know that I believe in this work so deeply, I used a solid chunk of my savings to pay for the training and the $2000 state licensing fees. At my age, that was not an insignificant decision.

As a person of color, I quickly saw that the psilocybin community lacks racial and cultural diversity just like the coaching community historically has lacked. I have been so honored to support other people of color through coaching, and I look forward to doing the same within the psilocybin healing realm. Unfortunately, the cost of both the legal journeys and becoming a legal psilocybin facilitator is a huge barrier for so many people, particularly people of color.

I will conclude this letter by expressing my gratitude to the reader for taking this time to learn about my profoundly life-changing personal experience with the sacred beings we call psilocybin. They have healed deep-rooted trauma within me, some I knew was there but could not on my own know, and some I did not even know I had.

As a journeyer, a facilitator, an Oregonian…as a human being, this magical medicine is meant to be accessible to all. High cost barriers for service centers and facilitators create high cost barriers for too many of us who seek deep, core healing.

People need to be healed for a society to be healthy. Help us open the path to wholeness for the whole of us. Do not marginalize the healing that is meant for all of us.

Warmly,

Janet Rucker-Smith
Oregon Licensed Psilocybin Facilitator FL-d4da39fa

Please note: I have also attached this letter as a pdf.

To whom it may concern,

I didn't become a psilocybin facilitator because I thought it would be an easy way to make money.

I'm a veteran. I served in the Army, including a deployment to Afghanistan. Later, I became a therapist. I entered Oregon's psilocybin program because I believe some people can benefit from this work and deserve a safe, legal, responsible way to access it.

That matters to me, especially when I think about veterans.

Psilocybin is not a magic solution and it is not right for everyone, but people deserve to have the option available with screening, preparation, trained support, and accountability.

The problem is that we are making the legal system so expensive that eventually it stops being realistic for the people it was created to serve.

I work as both a therapist and a licensed psilocybin facilitator, and I am involved in efforts to make legal psilocybin services more accessible to veterans. These services are already expensive. Service centers have major overhead. Facilitators have training, licensing, insurance, continuing education, and the time involved in preparation, administration, and integration.

When the state dramatically increases licensing fees, that money has to come from somewhere.

Businesses absorb it, clients pay more, or licensees leave.

During the 2026 Rules Advisory Committee process, I became concerned when OHA proposed doubling licensing fees. Rather than just saying I thought it was a bad idea, I contacted 331 licensees and received 146 responses.

A very large percentage said they would not renew at the proposed fees.

The math is simple: if you double a fee but lose enough of the people paying it, you can actually collect less revenue.

Then fewer licensees means less revenue, which creates pressure for higher fees, which drives out even more licensees.

That is how you create a death spiral.

We encouraged OPS to conduct its own statewide survey. If our numbers were wrong, I wanted to know. As far as I am aware, that survey was never done.

Now we are looking at essentially the same fee proposal, while OHA's own notice acknowledges that higher fees may reduce the number of licensees and potentially create a larger program budget shortfall.

I am not interested in attacking OHA or guessing at anyone's motives. I just want us to do the math.

If OHA has analysis showing that these fee increases will create a sustainable program after accounting for licensees leaving, show it to us.

If that analysis does not exist, we should not gamble the future of Oregon's regulated psilocybin program on the assumption that enough people will simply absorb the cost.

Oregon did something historic when it created the first regulated psilocybin-services program in the country. That is worth protecting.

But we cannot protect it by making the system increasingly expensive until only wealthy operators and wealthy clients can participate.

If facilitators leave and service centers close, the people who lose are not just licensees. It may be a veteran who finally decided to try something different. It may be someone who cannot afford another increase in the cost of access. It may be someone who turns to the unregulated market because the legal option has become unaffordable.

I want to stay in Oregon's regulated system. I want to keep doing this work responsibly. I want veterans and other people to have access to legal psilocybin services without needing to be wealthy.

I understand that OPS needs to be funded. I am not asking Oregon to protect me from the cost of doing business.

I am asking Oregon to make sure the way we fund this program does not destroy the very licensing base that pays for it, or make legal access so expensive that the people we built this program for can no longer afford to use it.

Oregon created something worth protecting. I hope we are willing to do the math necessary to make sure it survives.

Sam Gross
Licensed Oregon Psilocybin Facilitator
2026 OPS Rules Advisory Committee Member
U.S. Army Veteran

1 September 2026

Hello –

My facilitator, the wonderful Rose Engeln, has passed on a request for testimonials from clients as to the value of Oregon's psilocybin regulatory framework. I'm happy to share my thoughts.

I am an ordained minister in the United Church of Christ, now retired. For 11 years I served a church in the suburbs of Buffalo, following a cradle involvement in the UCC and more broadly a lifelong seeking after deep spirituality.

I was drawn to psilocybin, like many I'm sure, after reading Michael Pollan's book *How to Change Your Mind*. Specifically, I was attracted by the idea that the medicine might open for me a frontier of spiritual experience that I had long been denied. As a church professional, I have to say that a lot of good things stem from Christian faith and church involvement, but knock-your-socks-off spiritual experience is not typically one of them. And I wanted that, desperately.

From my earliest Zoom interactions with Rose and on into her thoughtful aftercare, my psilocybin journey provided that and more. I traveled to Portland in September 2025 for this adventure. (On a macroeconomic level, that involved fees for Rose and the host facility, three hotel nights, restaurant meals, Uber rides and the like – expenses I was only too happy to meet.)

Throughout, I appreciated the careful attention to detail and the safeguards that Oregon's regulatory structure provides. It was important to me to do this in a controlled and safe environment, and everyone involved ensured that that was the case. That also contributed to how positive my journey was; I felt thoroughly supported every minute, and from what I understand about the "set and setting" expectations around psilocybin, I think that created the conditions that enabled the amazing and meaningful experience I enjoyed.

Meaningful to the nth degree. This was among the most important spiritual experiences of my life (I'm 66), up there with my ordination. It has deepened and changed my apprehension of God's provenance and presence in my life and the life of the world. I could write volumes about what I saw and felt, but suffice it to say that I came away deeply assured of the primacy of love, the interconnectedness of all living things and the created order, and the essential goodness of all of it. That revelation has only grown in my life since last year, and I am now a better person – calmer, more empathetic, softer in the heart, deeply grateful for God's gifts – in a way that persists and continues to grow.

I understand that significant proposed increases in licensing fees may make access to Oregon's psilocybin program much more difficult for many facilitators. As someone who has benefited so greatly from my singular experience, I encourage legislators to consider the infinite good this access has afforded to so many. Thank you for considering what I've shared here.

Blessings,

Rev. Scott Thomas
Buffalo, New York
srthomas500@gmail.com

2026-0981 117 10/02/2026

From: **Shasta Winn** sabacooperative@gmail.com
Subject: My Testimony (Shasta Winn)
Date: September 8, 2026 at 1:42 PM
To: matthew@yournpa.org

SW

Hello,

Oregon Health Authority is saying that the psilocybin program cannot sustain itself without significant increases in licensing fees. At the same time, OHA has not provided the financial and budget records requested that would allow meaningful review of how existing program revenue has actually been spent.

That combination is deeply concerning.

I am a licensed facilitator and the former director of Myco-Method, a facilitator training curriculum approved by OHA in March 2023. My experience with the program, its rulemaking, enforcement, and resulting administrative proceedings has forced me to examine how OPS developed.

What emerged is not simply the cost of administering Measure 109. It is the cost of a program that has repeatedly expanded, revised, enforced, and sometimes abandoned regulatory systems beyond its original structure.

Measure 109 gave OHA responsibility for facilitator training standards and curriculum approval. It did not place the Higher Education Coordinating Commission inside the psilocybin program. OHA nevertheless funded HECC work involving psilocybin training programs and later made HECC documentation a condition of maintaining OHA approval. The resulting structure generated interagency agreements, staff work, rulemaking, compliance activity, enforcement, public-records disputes, administrative proceedings, and litigation.

OHA also charged training programs only $500 for a five-year approval, even though completion of an approved training program was required for facilitator licensure and training providers could charge substantial tuition. Other participants faced recurring fees. If the program is now financially unstable, the allocation of costs should be examined.

The same applies to regulatory churn. OHA required training programs to teach its Facilitator Code of Ethics, spent resources developing and administering that requirement, and later removed it through rulemaking. OHA also devoted resources to gifting and noncommercial-service restrictions, including complaints, investigations, legal review, clarification requests, rulemaking petitions, administrative proceedings, and litigation, even as the relevant rules and interpretations changed.

The program has also expanded beyond its original non-medical structure. Oregon initially prohibited facilitators from diagnosing or treating health conditions and prevented professionals from exercising another license while functioning as facilitators. The system now incorporates dual licensure, requiring new rules, disclosures, forms, guidance, technology changes, compliance procedures, and coordination with professional licensing boards.

Data collection has expanded as well. Later legislation created extensive reporting requirements, and OHA acknowledged that implementation required dedicated systems for collection, storage, deidentification, and sharing. Those systems require ongoing technology, staffing, rulemaking, privacy review, compliance work, and maintenance. Yet OHA has also not provided clear public transparency about who receives access to this data, whether it is being licensed, sold, transferred, or otherwise monetized, what entities may financially benefit from it, and whether any revenue generated from the data returns to the program. If regulated participants are being asked to finance an expanding data infrastructure, the public should also know who benefits economically from the information that infrastructure produces.

Some of these expansions came from OHA. Others came from later legislation. All of them cost money.

That is why the lack of financial transparency matters so much.

Before regulated participants are asked to pay substantially more, the public should be able to determine how much has been spent on core statutory licensing functions, HECC, repeated rulemaking, investigations, DOJ legal services, changing regulatory requirements, data infrastructure, clinical integration, and other administrative expansions.

We also have no clear picture of where the expansion stops. If higher fees are approved today, what prevents those revenues from financing additional staffing, rulemaking, data systems, interagency work, enforcement, and clinical integration tomorrow, followed by another claim that fees must rise again?

Expenses are not fixed facts. They are the product of policy choices.

Before OHA's current budget is treated as an unquestioned baseline, it should account for what it built, what it changed, what it enforced, what it abandoned, what those choices cost, and what limits exist on further expansion.

The central question is not simply how much money OHA says it needs.

It is: What is the program spending money on, how much of that spending is necessary to administer the statutory program, how much reflects later expansion, and what prevents that expansion from continuing indefinitely once higher fees are approved?

Shasta Winn

The attrition we've already seen across providers will only be worsened by the uncertainty and additional financial burden these proposed changes would cause. As a facilitator, I've seen firsthand the incredible and life-changing impact this program has had for so many people. To jeopardize that would be a tremendous loss at a time when the need is only growing. When Oregon became the first state to pioneer this program, we focused a lot on equity and how we could even bring this therapy to people who could not afford the typical payment, but under these new regulations we are effectively abandoning our ability to create a viable service model that allows us to balance the needs of the greater population.

Additionally, we now have increased pressure as other states like Colorado and New Mexico are getting their own programs up and running and other states like Minnesota are working on legislation as well. Giving up our leadership position now based on short-sighted financial pressure could be disastrous for our long-term stability and viability. Oregon has built something truly innovative that has become a model for other states. With thoughtful adjustments now, we can preserve access, support responsible providers, and ensure the long-term success of this groundbreaking program.

Thank you again for all you're doing, it matter so much to so many people!

Sincerely,

Naomi Spring Andersen
lisenced faciltator

From: **Kayli Howard** mindfeelrelease@gmail.com
Subject: testimony from facilitator
Date: September 8, 2026 at 11:41 AM
To: matthew@yournpa.org

KH

To Whom It May Concern,

My name is Kayli Howard, I am one of the first licensed psilocybin facilitators in Portland, Oregon. During the pandemic I was in graduate school, studying clinical psychology remotely, when my husband and I decided on a whim to check out Portland. As we were driving up I was reading the news on my phone and saw that measure 109 had passed. Never before had I imagined living in Portland, but once I saw that news everything changed. Psilocybin has been instrumental in my own healing and growth, having the opportunity to use it while helping others on their own healing journeys has been the gift of a lifetime.

It's been five years now since I've been a Portland resident and it's this work that keeps me here. Since I am a therapist, I often work with clients with more complicated mental health diagnoses. They are often individuals with higher anxiety who have never touched a psychedelic before because of their fears around it, or are stuck in deeper depressions where they've tried everything else before opening up to this path.

As a therapist working in this regulated framework, I have been able to support over 300 clients, holding space in a safe environment, with regulations in place that help them feel they can surrender and trust the experience. The results I've seen are astonishing. It's a privilege to stand witness to the growth, shifts, and breakthroughs that I get to see weekly. As a therapist, I still believe in psychotherapy, but my experience has shown me how much deeper psychedelic work is in helping clients see themselves with more curiosity and compassion, and from there, with the support of skilled facilitators, they are supported in using their own agency to make real and meaningful shifts in their lives.

The loss of affordable licensing would drive more skilled clinicians out of the field and it would make it difficult for others to offer discounted pricing because of the overhead. This work is already cost prohibitive to so many, I beg of you to consider not making it any more so.

Warmly,
Kayli Howard
www.mindfeelrelease.com

Thank you for taking the time to read this email. I know you are busy and your attention is appreciated.

I'm a firefighter paramedic operating in the Willamette Valley. I initially thought that psylicibin therapy was only accessible for those with diagnoses such as depression or PTSD. While I consider myself fortunate not to suffer from those diagnoses, the daily realities of work stress, chronic sleepless nights and the demands of a young family had left me stressed, often irritable, quick to anger and feeling stuck in life. Instead of being able to enjoy precious family time, I felt isolated. Burn out is a common issue in my line of work and I certainly felt like I had reached that point. The final straw that led me down the path to therapy and psilocybin was the untimely death of a dear firefighter friend to cancer, leaving behind his own young family in the process. This additional grief was enough for me to seek help.

The impact of the psilocybin session was felt during and immediately after completion, and has continued ever since. I went from a tightly wound ball of stress who let his life be controlled by the anger of small inconveniences, to someone completely at peace with the world. Someone who felt immense, overwhelming gratitude for my beautiful healthy family, kinship for all the people I work with, and incredible compassion for the community I serve.

Two months have passed since my single psilocybin session and it remains one of the most transformative experiences of my life. The power and majesty of the journey remains a guiding light in how I attempt to navigate the world, treat others and carry myself in times of stress. Family and coworkers have all noticed a dramatic difference in me as a person. More importantly, I have notice the difference in myself. I have never felt so much purpose, gratitude and gentle focus in every daily interaction I have with the world.

I am fortunate that I live close to a psilocybin therapy center and drive by it every day. This passive exposure is the reason I was even aware of it. I imagine without that I would never have known to try it. With the therapy not covered by insurance, cost is a huge barrier too. My facilitator was kind enough to offer a first responder discount, but the single session still required much budgeting and overtime to be worked in order to afford it. This is a service that is already out-of-reach for low income families, and the transformative effects of it should not be kept from people based on income.

While I'm immensely grateful that I live in a state that has been brave enough to legalize this therapy, the news that the state is now considering increasing fees associated with the program is extremely upsetting. Rates even higher than they are currently would've likely made this service inaccessible to me.
PTSD and depression are rampant in the first responder community. Suicide is by far the leading cause of death in firefighters. This service has the chance to save the lives of so many Oregonians.
Fee increases on a service that is just gaining traction in the state will serve only to do the opposite; reduce access to a service that could save so many who are struggling and alone.

Thanks for taking the time to read this note. I hope that Oregon remains a leader at the forefront of mental health, and continues to take action to improve access to this incredible service.

Thomas

July 3, 2026

Matthew Ettinger
Executive Director
National Psychedelics Association
matthew@yournpa.org

Re: Letter of Support — Legislative Concept for Psilocybin Services Stabilization

Dear Matthew,

We're writing in full support of the proposed $3 million General Fund appropriation to stabilize Oregon's regulated psilocybin services market.

We recently purchased Vital Reset from its founding owners and are currently awaiting our new license application approval. Vital Reset is the easternmost licensed psilocybin service center in Oregon, located in Hood River in the Columbia River Gorge. We didn't have to buy a psilocybin service center. We chose to — because we believe in what Measure 109 built, and because the people who need this work deserve somewhere to go. We stepped into this knowing the financial risk. We're still here. But the framework doesn't yet seem to believe in us the way we believe in it.

We don't think three years ahead right now. We think about next year. That's not a planning failure — it's an honest reflection of what it costs to operate under a first-in-the-nation regulatory framework with no meaningful state investment to offset the burden. Licensing fees, compliance infrastructure, and the ongoing cost of operating responsibly under ORS 475A add up fast. And when operating costs run ahead of revenue, the question isn't whether to grow — it's whether to stay open. We don't yet feel confident enough in the state's commitment to this framework to invest in our own longevity. That has to change.

Our clients are serious people seeking serious changes. Veterans who've tried everything else. People carrying years of depression, anxiety, PTSD, or grief with no other path forward. Rural Oregonians who drove hours because there was nowhere closer to go. We hold this work to the highest standards in ethics, safety, and care — because anything less isn't acceptable, and because the people who come to us deserve nothing less. We've seen what this work can do. Our commitment to being of service is unwavering. We're simply asking the Legislature to match it.

Oregon has something worth protecting — and something worth finishing. We led the nation when we passed Measure 109. Colorado followed. New Mexico followed. Dozens of states are now examining how to implement regulated psychedelic therapeutic options, and they're watching Oregon to understand how it's done. If our market collapses under the weight of startup costs the state didn't help absorb, we don't just lose service centers. We lose our credibility as the model.

Oregon owes it to itself — and to every state that followed our lead — to demonstrate that this work can be offered safely, ethically, and on solid financial ground.

The $3 million appropriation isn't a subsidy for businesses that couldn't make it. It's a bridge investment in a model that hasn't had time to mature — and that the state has a direct interest in seeing succeed. Tied to workforce development, rural access, and clinical data generation, this is exactly the kind of targeted, time-limited investment that justifies itself.

We support this effort and ask the legislature to act on it. Jim Yue, co-owner of Vital Reset, is available to testify before Ways and Means, the Human Services Subcommittee, or Behavioral Health should that be useful.

Thank you for leading this.

Sincerely,

Libby Volgyes & Jim Yue
Vital Reset
Hood River, Oregon
libby@vitalreset.com

From: Alesha Jess
To: Public Health Rules
Subject: In Support of Oregon"s Psilocybin Therapy Program
Date: Thursday, September 10, 2026 7:22:00 PM

You don't often get email from aleshaphe@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

My name is Alesha Jess. I am a native Oregonian, and I am a strong proponent of good mental health, mental health services, and easy access to mental health.

This program is working, and it is changing lives. Oregon's program is the first of its kind in the country. It has already served more than 24,000 people, including veterans, cancer survivors, and people living with depression and addiction. Research is showing marked improvements in their mental health. As a cancer survivor and survivor of childhood sexual assault, I have seriously considered using these services for myself.

Fee increases will restrict access for the Oregonians who need it most. Higher provider costs get passed on to clients. That makes psilocybin therapy more expensive for the people who stand to benefit most, including low-income and rural Oregonians. This means I could not have the chance to use this ground-breaking service myself.

Do not increase the licensing fees!

Sincerely,
Alesha Jess
41645 Powell Ln
Lebanon, OR 97355

From: amet1984@hushmail.com
To: Public Health Rules
Subject: Supplement to Protective and Conditional Objection Under ORS 183.333 — July 9, 2026 RAC Record
Date: Thursday, September 10, 2026 9:48:45 AM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Mr. Sweet:

On September 8, 2026, the Psilocybin Alliance submitted a Protective and Conditional Objection to the Fiscal Impact Statement Under ORS 183.333(5) concerning the proposed 2026 Oregon Psilocybin Services rules.

The Alliance submits this supplement because the July 9, 2026 Products and Premises Rules Advisory Committee recording has now been located and reviewed. That record provides additional information directly relevant to the Alliance's September 8 objection.

At the July 9 meeting, OHA expressly transitioned the committee to review of the Statement of Need and Fiscal Impact, explained that the document was required for the rule filing, and stated that OHA would walk through the document section by section and take committee comments. OHA further explained that the statement would examine fiscal impacts on licensees, the public, and state agencies.

OHA then described the proposed rules as significantly increasing license fees "in order to support program sustainability." Committee members immediately challenged that premise. One member stated that the proposed fee increases would not support sustainability, and another stated that anticipated licensee attrition could instead reduce annual program revenue by nearly $600,000.

Committee members also directly challenged the adequacy of the information supporting the fiscal analysis. One member stated that the impact statement was generic without data and urged OHA to obtain and present actual data concerning affected licensees.

OHA stated during the discussion that it estimated most psilocybin businesses would qualify as small businesses and that individual facilitators were being treated as businesses for purposes of the small-business analysis. OHA further stated that it could not accurately predict the net cost of compliance and that increased compliance costs were relatively minor compared with the proposed fee increases.

The committee also proposed alternatives to the flat-fee approach. Among other things, one member characterized the flat fee as regressive and urged consideration of a progressive or sliding-scale fee structure.

The July 9 record therefore establishes that, before OHA filed the final Notice of Proposed Rulemaking, OHA had received direct committee input concerning:

* anticipated licensee attrition;
* resulting reductions in program licensing revenue;
* adverse impacts on small businesses;
* equity and access impacts;
* the absence of sufficient quantitative support for the fiscal analysis; and
* alternative fee structures intended to reduce burdens on smaller licensees.

The record is particularly significant because OHA itself told the committee that increased licensing fees were being proposed to support program sustainability while also acknowledging that increased fees were expected to reduce the number of licensees and create a more significant program budget shortfall.

Relevance to ORS 183.333

ORS 183.333 draws a distinction between obtaining public views and the additional obligations that arise when an agency appoints an advisory committee under subsection (1).

Under ORS 183.333(3), if an agency appoints such an advisory committee, the agency shall seek the committee's recommendations concerning:

1. whether the proposed rule will have a fiscal impact;
2. the extent of that fiscal impact; and
3. whether the proposed rule will have a significant adverse impact on small businesses.

If the committee indicates that the rule will have a significant adverse impact on small businesses, the agency must also seek the committee's recommendations concerning compliance with ORS 183.540. ORS 183.333(4) separately requires the agency to consider the recommendations obtained under subsection (3) when preparing the fiscal impact statement.

The July 9 record demonstrates extensive discussion and comment concerning fiscal impact. What the presently available record does not clearly identify is what OHA regarded as the committee's recommendations under ORS 183.333(3), when OHA sought those recommendations on each of the statutory subjects, and how those recommendations were considered in preparing the final fiscal impact statement.

That distinction is central to the Alliance's September 8 objection.

The issue is not whether RAC members were permitted to speak about fiscal impact. They plainly were. The issue is whether, if OHA appointed the RAC as an advisory committee under ORS 183.333(1), OHA completed the recommendation-seeking and consideration process required by subsections (3) and (4).

This question is particularly important because the committee expressly identified significant adverse effects on licensees and small businesses, questioned OHA's sustainability assumptions, proposed alternative fee structures, and requested better quantitative support before the final Notice of Proposed Rulemaking was filed.

Requested Identification of the Statutory Record

Accordingly, the Psilocybin Alliance respectfully requests that OHA:

1. Identify every committee or other body that OHA contends was appointed as an advisory committee under ORS 183.333(1) for consideration of these proposed permanent rules.
2. For each such committee, identify the date and manner by which OHA appointed the committee for purposes of ORS 183.333(1).
3. For each such committee, identify when and how OHA sought the committee's recommendations concerning:
   * whether the proposed rules would have a fiscal impact;
   * the extent of that fiscal impact;
   * whether the proposed rules would have a significant adverse impact on small businesses; and
   * if significant adverse small-business impact was indicated, compliance with ORS 183.540.
4. Identify the specific recommendations OHA considers to have been provided in response to those requests.
5. Identify where and how OHA considered those recommendations in preparing the fiscal impact statement, as required by ORS 183.333(4).
6. Identify what analysis OHA performed in response to the July 9 committee's concerns regarding licensee attrition, resulting licensing revenue, small-business impacts, the adequacy of quantitative support, and alternative fee structures.
7. Because the proposed rules include implementation of legislation enacted by the Legislative Assembly, identify whether OHA considers ORS 183.333(1)(c) applicable to any advisory committee it appointed for this rulemaking and, if so, identify the legislative member invited to participate as a nonvoting member pursuant to that subsection.
8. Include this supplemental submission and OHA's response in the administrative rulemaking record.

This supplement does not withdraw, narrow, supersede, or otherwise modify the Alliance's September 8, 2026

Protective and Conditional Objection.

The Alliance continues to preserve both statutory alternatives identified in that filing. If OHA appointed an advisory committee under ORS 183.333(1), the Alliance requests identification of the record demonstrating compliance with ORS 183.333(3) and (4). If OHA did not appoint such an advisory committee, the Alliance maintains its timely objection under ORS 183.333(5) and its request for appointment of the fiscal impact advisory committee required by that subsection.

Respectfully,

Andreas Met
Psilocybin Alliance

Sent using Hushmail

From: Beate
To: Public Health Rules
Subject: Re. proposed rules for Oregon's psilocybin therapy program
Date: Thursday, September 10, 2026 1:16:38 PM
Attachments: image.png

You don't often get email from newdna@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

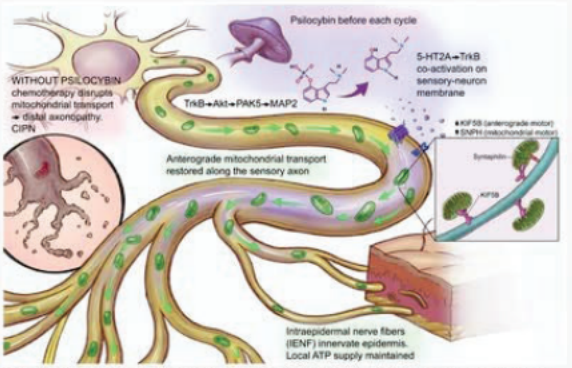
From Paul Stamets, who helped save the SF Bay with oyster mushrooms when 60,000 gallons of heavy fuel oil spilled after a tanker crashed into the bridge in 2008.

≡ Science

Psilocybin prevents chemotherapy-induced peripheral neuropathy through mitochondrial trafficking preservation

MARIO HELES, LILACH PASVOLSKY, [...], AND MORAN AMIT

+27 authors Authors Info & Affiliations



Psilocybin prevents chemotherapy-induced nerve damage by restoring energy delivery to peripheral sensory axons. Chemotherapy disrupts mitochondrial movement along the axon, which leads to loss of intraepidermal nerve fibers (IENFs) and CIPN (left inset). Psilocybin given before chemotherapy is converted to its active metabolite, psilocin, which engages 5-HT2A–TrkB receptors, restores axonal mitochondrial transport through KIF5B, releases syntaphilin-anchored mitochondria (right inset), and preserves IENFs. ATP, adenosine 5′-triphosphate.

ILLUSTRATION: DAVE ATEN

Doubling facilitator license fees, manufacturer license fees and hiking worker permits from $25 to $200, seems extremely cynical for patients who are newly aware of non-toxic options.

Half of my family has property in Oregon, facilitating organic farming w. biologic compost. But a friend here in Malibu has serious Long Covid, w. lung issues requiring oxygen tanks, and finds help w. mico-dosing psilocybin. The idea of creating financial barriers for literally handicapped people is heinous to me. Please Protect the Psilocybin

Therapy Program!

Oregon's program is the first of its kind in the country and, even tho Oregon ranks near the bottom of the nation for mental health outcomes, this therapy program is producing real results and doing so safely, with an adverse event rate below 1% across more than 24,000 people, including veterans, cancer survivors, and people living with depression and addiction.

In the first US state-regulated psilocybin program, participants reported clinically meaningful improvements. **I.e** decreases in depression, anxiety, and posttraumatic stress disorder symptoms. 58.6% ranked the experience among the 10 most meaningful of their life.

This program is working: Keep it going! OHA has not released the financial analysis behind the proposed fees: in a survey of licensees conducted this summer, 117 of 146 respondents said they would *not* renew at the proposed rates. If that rate of non-renewal occurs across the program, OHA will generate less in overall revenue than if they did nothing and kept the fees where they are now. Please think carefully.

--
All the Best, Beate Nilsen,
Malibu, CA and Jackson, OR

2026-0981 129 10/02/2026

From: Ben G.
To: Public Health Rules
Subject: Proposed changes to OAR 333-333-4060
Date: Thursday, September 10, 2026 9:19:45 PM

You don't often get email from gben0014@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Health Authority,

I am writing to you to express my experience with Oregon's Psilocybin Services and how detrimental the proposed psilocybin rule updates would be to everybody involved in this form of therapy within Oregon and anyone travelling to Oregon, such as myself. I am a resident of Washington State and I travelled to Portland to receive professional licensed psilocybin-based therapy services through a facilitator that offers a sliding scale discount program. I would not have been able to afford the services otherwise and I believe other people in my situation would not have been able to front the full cost of a psilocybin experience without considerable financial constraint.

Without a doubt, the psychedelic experience was tremendously impactful to my mental health, and to the state of my relationship to my wife. We both undertook psilocybin journeys together to answer many questions about our self-identities, work through and move past deeply ingrained habits that were unhealthy, and to form new habits based on the healthy intentions we set for ourselves with guidance from the facilitator. The integration of healthy intentions with our psychedelic experience gave us a new meaning to our own identities, and helped us to face critical issues in our marriage that years of talk therapy was not able to resolve. As a result, we are healthier and happier than ever with ourselves and to each other.

I strongly believe in this therapeutic modality, which has the potential to profoundly benefit countless individuals, along with my serious concern regarding the proposed amendments to OAR 333-333-4060. Currently, facilitator licensing fees constitute a significant portion of operational costs for this service; many facilitators, driven by genuine commitment to this work, voluntarily absorb rising expenses to maintain reduced rates for clients who need this care. Raising state-imposed licensing costs would place immediate financial strain on facilitators and, by extension, threaten to price out the very patients who stand to benefit most from this treatment. I respectfully request that the proposed doubling of licensing costs be withdrawn and the reduced fee program be retained.

Thank you for taking the time to read this letter, I appreciate this service that Oregon provides, and it is very meaningful to me that it continues to be practical and accessible to the public for years to come.

Regards,

Ben Gronewold

From: Cadence Lumus
To: Public Health Rules
Subject: Proposed rule changes fee structure
Date: Thursday, September 10, 2026 11:58:07 AM

You don't often get email from lumusviolin@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I am writing as a psychedelic facilitator. I hold a certification as a volunteer at Fireside project which means I have spent over 250 hours on the phone talking to people about psychedelics, and nurturing people in altered states of consciousness as they navigate difficult moments.

I am writing you today to say a few words about Oregon's Psilocybin program.
I think the proposed hike in fee structure will kill the program.
And I think that is a good thing.

Oregon's Psilocybin program has always been financially inaccessible to anyone poor. The most reasonably priced session through OR's legal program is about $700. Most centers charge more, because they have to in order to meet the business requirements of OR's existing fee structure and be financially sound without a wealthy benefactor. This is already more than many Oregonians are willing to pay for a month's rent. The proposed fee increase will make inaccessible to a lot of rich people as well. And for them, I think the cost of a plane ticket to CO and a legal session there will be more attractive.

I see the proposed fee increase as a way to functionally move Psilocybin back into the underground in OR. Which is where it should be until a law is passed that makes Psilocybin accessible to poor people of all colors, and especially to indigenous people. I will also support such a law to be passed. OR isn't doing a good enough job facilitating this medicine.

Thank you for your time.
Cadence Lumus

From: Mind Monarch
To: Public Health Rules
Subject: Protecting Oregon's Psilocybin Services Program
Date: Thursday, September 10, 2026 10:18:10 PM

You don't often get email from mindmonarch.pdx@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

My name is Char McKendrick, and I am an Oregon Licensed Psilocybin Facilitator. I am writing in opposition to the proposed licensing fee increases for Oregon Psilocybin Services, including doubling the facilitator license fee from $2,000 to $4,000.

There is something fitting about Oregon being the place where legal psilocybin services have taken root. Fungi are woven into the physical landscape here, shaped by and responsive to the environments that surround them. In many ways, we are no different. We are shaped by the conditions we grow within.

Oregon created the conditions for something entirely new to emerge: a legal framework where people can safely explore what psilocybin experiences might hold for them, supported by trained facilitators and within a system designed around safety, autonomy, and care.

I came to this work after more than 15 years as a professional graphic designer across both the corporate and nonprofit worlds, while also running a dance studio for more than a decade. I had built a stable career with predictable income and a clear professional path. My own experiences with psilocybin became part of a much larger process of working through trauma, examining beliefs and patterns I had inherited, reconnecting with parts of myself I had lost touch with, and developing a deeper sense of personal agency. Those experiences did not give me easy answers or magically resolve the difficult parts of my life. What they did was create opportunities to see myself differently and to continue doing the work afterward.

When I learned that Oregon had created a legal framework for psilocybin services, I discovered a professional path I had not known existed: a way to bring together something that had become deeply meaningful to me with the opportunity to create spaces where others could safely and legally explore these experiences for themselves. I completed the required training, practicum, examinations, licensing process, and continuing education necessary to become an Oregon Licensed Psilocybin Facilitator. Beyond those formal requirements, I remain deeply committed to my own self-reflection, growth, and personal healing. I believe that knowing myself, examining my own patterns and biases, and tending to my own well-being are essential parts of being able to show up with presence and integrity for the people I support.

This work also requires considerably more than the hours spent in an administration session. A single journey can involve medical screening, intake, preparation, service center coordination, an administration session lasting most of a day, integration, documentation, and communication before and afterward. It requires a continued commitment to learning in a field where our understanding continues to evolve, including medications and potential interactions, dosing, emerging research, and the experiences being observed across Oregon's community of

practitioners.

I have seen firsthand why preserving this program matters. I have sat beside people navigating trauma, grief, anxiety, major life transitions, questions of identity, and patterns they have carried for years, sometimes decades. I have watched people encounter difficult emotions and memories while remaining supported and physically safe. I have witnessed what it can look like when someone who has been holding their breath for a very long time is finally given the space to exhale. I have witnessed moments of heartbreak, laughter, strength, tenderness, insight, and profound self-compassion.

As a facilitator, my role is not to tell someone what their experience means or promise that psilocybin will heal them. Oregon's non-directive model is one of the things I value most about this program. My job is to help create a safe container in which people can have their own experience, maintain their autonomy, and receive attuned support when they need it.

It also matters deeply to me that this work not become accessible only to those who can easily afford it. I come from a low-income background, and many of the opportunities that allowed me to build the life and career I have today were made possible through scholarships, donations, and the generosity of others who helped make those opportunities accessible to me. I carry that with me in how I approach this work.

I offer sliding-scale options across my individual and group work, have worked with scholarship and social-equity clients, and create and participate in community offerings intended to provide lower-cost ways for people to experience Oregon's regulated model. Yet affordability remains one of the largest barriers I encounter. Clients are not simply paying a facilitator. They may also be paying hundreds of dollars for a service center room and for regulated psilocybin product. Doubling facilitator licensing fees while simultaneously doubling fees for service centers and manufacturers adds financial pressure at multiple points within a system that is already expensive for clients to access.

Those costs eventually have to go somewhere. Licensees can absorb only so much before they must raise prices, reduce accessible offerings, subsidize their practices through other work, or leave the program altogether. For me, an additional $2,000 each year is meaningful. I am building a facilitation practice while intentionally keeping sliding-scale and lower-cost options within my work. Money directed toward a substantially higher licensing fee is money that cannot be invested elsewhere in making that practice sustainable and accessible. I do not want maintaining my license and maintaining accessibility for my clients to become competing priorities.

I am also concerned about eliminating reduced-fee options. If Oregon wants this program to serve people across the financial spectrum, it also needs a diverse community of facilitators, service centers, manufacturers, and workers who can afford to remain within it. I believe strongly in appropriate regulation and the safety standards that make Oregon's model possible. At the same time, the financial and administrative burden of that regulation must remain proportionate enough for the people providing these services to stay in the program.

There is also a basic question of whether these increases will accomplish their stated purpose. If substantially higher fees cause enough licensees not to renew, Oregon could be left attempting to fund the program through a smaller pool of licensees paying increasingly higher fees. Before adopting these increases, OHA should publicly demonstrate the financial assumptions behind them, including projected expenses, anticipated renewal rates and

attrition, and expected revenue after accounting for licensees who may leave the program.

Oregon chose to do something unprecedented by creating this regulated system. People travel here from across the country and around the world because this option exists. They stay in our communities, support Oregon businesses, work with Oregon facilitators and service centers, and experience a model that other states and countries are watching closely.

This program is still young. Like the fungi woven into Oregon's landscape, it is remarkably capable of working with what is already there, including what has broken down, and creating conditions for something new to emerge. But resilience does not mean something can thrive without support. Oregon gave this program an environment in which to take root. Now we need to give it the time and stability to establish itself.

I understand that Oregon Psilocybin Services needs a sustainable funding model. But making participation less sustainable for the licensees the program depends on cannot be the answer. I urge OHA to reconsider the proposed fee increases, preserve reduced-fee pathways, release the financial analysis supporting any proposed fee changes, and pursue a funding structure that protects both the sustainability of the program and access for the people it was created to serve.

Accessibility cannot be built by continually increasing the financial burden on the people providing the services. Please give this program, and the people who built it, the opportunity to continue growing.

Respectfully,

Char McKendrick
Licensed Psilocybin Facilitator
Co-Founder, MicroMagic
mindmonarchpdx.com
micromagicexperiences.com



From: Chris Klopp
To: Public Health Rules
Subject: Proposed rules for Oregon"s Psilocybin Program
Date: Thursday, September 10, 2026 11:26:22 AM

You don't often get email from gypsydancer@tds.net. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon

Health Authority,

I am asking you **not to increase license fees** for facilitators, service centers and manufacturers that support Oregon's Psilocybin Program. Fee increases will only serve to limit accessibility and the overall benefits this program provides (and has already been shown to provide). Living with major depression and/or chronic pain is a circumstance that no one deserves. For a host of reasons, the number of people experiencing physical and/or psychological pain is rising. These illnesses are not only devastating to an individual and their life, but are also costly for society when they can no longer work and end up having no other choice but to use available disability programs. Doesn't it make sense to provide people with the tools to heal or at least manage these overwhelming illnesses, so that they can carry on a normal life and contribute to our world, rather than sink into a state of disfunction that benefits neither themselves or society? If there were successful treatments available for these conditions, there would not be people clamoring for new treatments that come available. Choose to give these patients hope, by retaining accessibility to Oregon's Psilocybin Program.

Sincerely,

Chris Klopp

From: Chris M
To: Public Health Rules
Subject: Treatment
Date: Thursday, September 10, 2026 10:24:57 AM

You don't often get email from chrisminblkdiamond@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I have voted against this hallucinogenic treatment many times.
There is no studies done to have confirmed its benefits.
It creates health problems through the psychosis It generates.
It creates the very symptoms you're trying to treat.
Please revoke this barbaric "treatment".

Thank you,

Chris Mayeda

From: Christa Lund
To: Public Health Rules
Date: Thursday, September 10, 2026 7:22:03 PM

You don't often get email from christaclund@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom It May Concern,

I am a citizen and clinician writing to express my concern for the proposed increase in facilitation fees. The fees are already steep and my concern is that increasing these fees may cause fewer people to seek licensure and therefore facilitate without compliance to the law. This medicine is so needed, and barriers to entry are already present. Removing those barriers are for everyones benefit.

Thank you

--
Christa

From: Constantine Dhonau
To: Public Health Rules
Subject: Public Comment on Proposed Oregon Psilocybin Services Fee Increases
Date: Thursday, September 10, 2026 11:59:01 AM

You don't often get email from motivate@constantine.coach. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

I'm writing to urge OHA not to adopt the proposed increases to licensing and permit fees for Oregon's psilocybin services program.

I care deeply about expanding access to evidence-informed mental health care, and Oregon has done something genuinely important by creating the first regulated psilocybin services program of its kind in the country. At a time when so many people struggle to find mental health care that is both accessible and effective, I believe the priority should be making a promising program more sustainable and accessible—not creating financial pressures that could shrink the provider network and increase costs for clients.

I am particularly concerned by the proposal to double facilitator license fees from $2,000 to $4,000 and service center and manufacturer fees from $10,000 to $20,000, while increasing worker permit fees from $25 to $200 and eliminating reduced-fee options. These are substantial increases. If providers cannot absorb them, those costs will inevitably affect the affordability and availability of services. That burden is especially concerning for lower-income people and others for whom psilocybin services are already financially difficult to access.

I am also troubled that OHA's own rulemaking notice acknowledges that the increases may reduce the number of licensees and potentially create an even larger program budget shortfall. Before imposing such significant increases, I believe OHA owes both licensees and the public a transparent accounting of the underlying financial assumptions: projected program expenses, anticipated renewal rates, expected licensee attrition, and projected revenue after that attrition is taken into account. If substantially higher fees cause enough providers to leave the program, increasing the price of participation could undermine both access and the financial sustainability the increases are intended to protect.

Oregon now has the benefit of real-world experience with this program. More than 24,000 people have participated, and emerging research is providing evidence about both safety and mental health outcomes within Oregon's regulated model. Regulation should continue to protect participants, but it should also evolve in response to evidence. Where oversight can safely be streamlined or made more efficient, I encourage OHA to explore those options before transferring substantially greater costs to the people providing these services and, ultimately, to their clients.

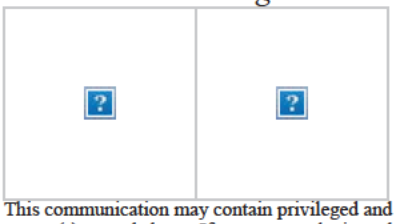
Oregon took an extraordinary step by building this program. I hope the state will now protect what it has built by pursuing a sustainable regulatory model that maintains appropriate safeguards while expanding rather than restricting access.

Please reconsider the proposed fee increases and publicly demonstrate the financial analysis supporting any increases that OHA ultimately determines are necessary.

Thank you for considering my comments and for the work involved in administering this groundbreaking program.

Sincerely,

Constantine Dhonau, PCC, MNLP *he/him*
Trauma | Psychedelic Facilitation & Integration
Book a Meeting
"We work with being but non-being is what we use" - Dao De Jing, 11



This communication may contain privileged and confidential information, including protected client information, intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited.

From: Gwen Ingram-Jones
To: Public Health Rules
Subject: Protect the Psilocybin Therapy Program
Date: Thursday, September 10, 2026 12:53:39 PM

You don't often get email from guineveva@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I am a consumer of mental health services. I do not want a raise in facilitator license fees.

This program is working, and it is changing lives. Oregon's program is the first of its kind in the country. It has already served more than 24,000 people, including veterans, cancer survivors, and people living with depression and addiction. Research is showing marked improvements in their mental health. If you have a short personal story or client quote you can share that aligns with that research, include that too.

Oregon needs approaches to mental health care that get results. Oregon ranks near the bottom of the nation for mental health outcomes. This program is producing real results and doing so safely, with an adverse event rate below 1 percent across more than 24,000 participants. The state should support and grow that record, not put up new barriers.

Fee increases will restrict access for the Oregonians who need it most. Higher provider costs get passed on to clients. That makes psilocybin therapy more expensive for the people who stand to benefit most, including low-income and rural Oregonians.

Regulation should be right-sized to the program's safety record. The program's design is protecting clients. Instead of shifting more costs onto providers, the state can safely streamline its oversight structure to make it less expensive and less bureaucratic.

OHA has not released the financial analysis behind the proposed fees: projected program expenses, expected renewals, assumed licensee attrition, and projected revenue after attrition. In a survey of licensees conducted this summer, 117 of 146 respondents said they would not renew at the proposed rates. If that rate of non-renewal occurs across the program, OHA will generate even less in overall revenue than if they did nothing and kept the fees where they are now. OHA should release its assumptions and demonstrate that these fees will actually close the budget gap, rather than charging more to a shrinking number of licensees without any substantive review.

The evidence is in. Real-world research on Oregon's program is confirming what clinical trials and clients have shown:

- Safety and Mental Health Outcomes of Oregon State-Regulated Psilocybin Services

Low-Income Group Psilocybin Assisted Therapy for Depression

- Mental health outcomes following a psilocybin session within Oregon's state-regulated model: A naturalistic study

Gwen Ingram-Jones, LMFT, CEDS, NMF
Psychotherapist, Facilitator and Coach
p. 425.345.0517
f. 425.620.3309

NOTICE: This email and/or its attachments may contain confidential or privileged information. It is only intended for the individuals named as recipients of the message. If you are NOT an authorized recipient and have received it in error, please delete the message immediately and contact the sender. You are requested not to copy or forward this message to anyone to protect the confidentiality of the intended recipient. Thank you.

FOR CLIENTS: When you choose to communicate Patient Identifiable Information by responding to this email, you are consenting to the associated email risks. Please note email is not secure, and I cannot guarantee that information transmitted will remain confidential.

Note- This email is not monitored daily, if you are in crisis please dial 988. If you have an emergency, please dial 911.

From: Hillary Howarth, Psy.D.
To: Public Health Rules
Subject: Comment on Proposed Psilocybin Facilitator Licensing Fee Increase
Date: Thursday, September 10, 2026 8:56:53 PM

You don't often get email from hillary.howarth@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Health Authority,

I am writing to express my concern regarding the proposed increase in the annual psilocybin facilitator licensing fee from $2,000 to $4,000 for 2027.

I am an Oregon-licensed psychologist with more than 20 years of clinical experience, specializing in trauma therapy. I am newly licensed as a psilocybin services facilitator, and I pursued this additional licensure because I believe psilocybin services can offer an important and transformative option for people who have struggled to find relief through traditional approaches to mental health treatment.

I want to be clear that I am not transitioning my practice to psilocybin services exclusively. Rather, I see this work as an adjunct to the psychotherapy I already provide. I plan to continue offering psychotherapy and trauma-focused treatment while incorporating psilocybin services for a small number of appropriate clients—likely only one or two psilocybin experiences per month.

For a clinician practicing at this level, an annual $4,000 facilitator licensing fee is simply not financially sustainable. At approximately $333 per month, before accounting for office expenses, professional liability insurance, continuing education, training, other licensing costs, and the many other expenses associated with maintaining a clinical practice, the proposed fee would make it untenable for me to continue my facilitator license. If the fee increases to this level, I would likely not renew my facilitator license next year.

I am particularly concerned about the broader implications of this change. One of the things that has made me so committed to this work is seeing how profoundly some people can change through their psilocybin experiences. I have witnessed people experience meaningful shifts in their relationship to trauma, depression, anxiety, grief, and longstanding patterns of suffering. For some, these experiences have opened possibilities for healing and change that they had not been able to access through conventional psychotherapy or psychiatric medications.

I believe strongly in preserving psilocybin services as an option within Oregon's mental health landscape—particularly for people for whom traditional methods have not worked, have provided only limited benefit, or have left them feeling that they have exhausted their options. As a psychologist and trauma therapist, I am especially interested in the potential for this work to complement, rather than replace, thoughtful and well-established psychotherapeutic care.

I am also concerned that a substantial fee increase could unintentionally narrow the facilitator pool. Clinicians like myself, who have extensive training and years or decades of experience working with vulnerable populations, may simply decide that maintaining a facilitator license is no longer economically feasible if we are offering services at a relatively low volume. This could disproportionately remove experienced mental health professionals from the facilitator community—not because they lack commitment to the work, but because the economics no longer make sense.

That could have consequences for the quality and accessibility of services. I believe Oregon benefits from having facilitators with strong clinical backgrounds, particularly when working with people who have significant trauma histories or complex mental health needs. A licensing structure that makes it difficult for experienced clinicians to participate may ultimately reduce the diversity and depth of expertise available to clients.

I am also concerned about the effect this increase could have on clients themselves. If facilitators are required to absorb an additional $2,000 per year in licensing costs, many will inevitably need to pass some or all of that expense on to clients. Psilocybin services are already financially out of reach for many people. Increasing the cost further risks making this emerging therapeutic option accessible primarily to those with significant financial resources, rather than to the people who may benefit from it most.

Finally, I worry that unnecessarily high costs could create incentives for some providers to leave the regulated system altogether. I strongly believe in the importance of Oregon's regulated model and want to see it succeed. Keeping qualified, experienced practitioners within that system—and making it possible for them to remain there—is an important part of maintaining safe, ethical, accessible services.

I understand that the Oregon Health Authority has costs associated with administering and regulating this program, and I support appropriate fees that allow the program to function responsibly. My concern is specifically with the magnitude of this proposed increase and its disproportionate impact on facilitators who provide these services on a limited basis.

I respectfully ask OHA to reconsider the proposed doubling of the annual facilitator licensing fee and to explore alternatives that would allow low-volume facilitators to remain licensed. A tiered fee structure based on volume, a reduced fee for facilitators providing a limited number of services, or another mechanism that recognizes the very different practice models among facilitators could help address administrative costs without pushing experienced clinicians out of the program.

I believe deeply in the potential of psilocybin services to expand the ways we can help people heal, particularly those who have not found sufficient relief through traditional treatments. I hope Oregon will continue building a regulated system that prioritizes safety and quality while also keeping this work accessible to qualified practitioners and, ultimately, to the people who need it.

Thank you for considering this perspective and for the work involved in developing and overseeing Oregon's psilocybin services program.

Sincerely,

Hillary Howarth, Psy.D.

Licensed Psychologist
Licensed Psilocybin Facilitator

6637 SE Milwaukie Ave., Suite 203
Portland, OR 97202
(503) 544-4785

Please remember that email is not a secure mode of communication, and that confidentiality cannot be guaranteed. If you would like to communicate about personal concerns, please call me at the number above.

If you are experiencing a mental health crisis, please call 911 or contact the Multnomah County Crisis Line at 503-988-4888

This email message and any attachments are intended for use only by the addressee and may contain privileged or confidential information. Please notify the sender if this message is received in error and delete/destroy the contents of this email. Thank you.

From: H S
To: Public Health Rules
Subject: Psilocybin fee increases
Date: Thursday, September 10, 2026 11:07:37 AM

You don't often get email from hstude1@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

I'm an Oregonian who was able to participate in this experience. I'm asking that the opportunity not be made more difficult by way of increased fees or other methods. Health professionals have endorsed this therapy, and more studies have demonstrated benefits. Please do "due diligence" before changing the structure.
If anything, reduce the barriers. Don't increase them.

Sincerely,
Hugh Studebaker
Salem, oregon

From: Jamie Blackburn
To: Public Health Rules
Subject: Public Comment: OR Psilocybin Therapy Program
Date: Thursday, September 10, 2026 7:22:07 PM

You don't often get email from innermapproject@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Good afternoon OHA,

I am writing today to share my thoughts on the proposed increase in fees for facilitators, service centers, manufacturers, and those who hold worker's permits in Oregon's Psychedelic Therapy Program. I believe this is a great threat to the future of the program and will further restrict access to these services.

I currently hold a facilitator license in both Oregon and Colorado. Oregon's $2000 license fee is already more than twice what I paid ($840) in Colorado. I support solely group sessions in Oregon because they are more affordable and accessible to clients, and my primary purpose in this work is helping those who might not be able to access traditional therapy, or for whom traditional therapy has not been successful.

If the proposed increases were to go into effect, I would not renew my license in Oregon and continue to provide affordable services to clients. I have been facilitating in Oregon since February 2025, and I anticipate that my average annual income from Oregon facilitation between February 2025 and August 2027 (when my current license expires) will be ~$15,000. It is already challenging to spend 13% of my income on licensing fees, but doubling the cost would mean I am giving over 1/4 of my profits back to Oregon for fees. Any business owner can see that this is not a smart business decision.

Additionally, here are a few more things to consider:

1. It is already often more accessible for most out-of-state clients to travel to Colorado for facilitation due to cost of flights, having more direct flights into the Denver airport, and a shorter travel time from the Eastern half of the country. Increasing fees in Oregon would mean more out-of-state clients would choose to travel to Colorado instead of Oregon for services.
2. Increasing licensing fees will drive more Oregonians to seek services in the unregulated (or "underground") system, which could lead to more adverse outcomes and inconsistent preparation and integration.
3. Due to the medically complicated nature of addiction disorders, End-of-Life/palliative care, and eating disorders, clients seeking treatment for those conditions will have less access to the regulated model, and will either not receive services or will have such a long wait that their conditions may worsen.
4. Higher fees= fewer facilitators, service centers, and manufacturers. This will create a bottleneck for clients, which could increase how long they have to wait for services. This could lead them to seeking psilocybin therapy elsewhere, or forgo participating in

psilocybin therapy completely.

I urge you to consider keeping fees at the current rates. This program has helped nearly 24,000 people and is important for the future of mental health not only in Oregon but in our country as a whole. Please keep the nation's first legal psilocybin therapy program intact!

Thank you for reading my letter and for all you do for the state of Oregon.

Best wishes,
Jamie Blackburn

--
Jamie Blackburn, MA, NMF, E-RYT
(she/her)
Natural Medicine Facilitator & Mental Health Provider
www.innermapproject.com

From: Jann Purdy
To: Public Health Rules
Subject: Against proposed fee increases for psilocybin therapy program
Date: Thursday, September 10, 2026 5:46:43 PM

You don't often get email from jjpurdymiller@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I am an Oregonian who cares about the affordability of healthcare programs. I have been paying attention to the proven effectiveness of psilocybin treatments for such wide-ranging health problems such as depression, CTE, PTSD, and other mental health issues. It seems odd to me that there would be an increase in the fees for providers of this new expansive treatment. Oregon started this burgeoning and exciting new treatment and resource for those suffering from mental health issues. Why would it want to risk tamping down on that innovation and ingenuity?

Thank you,
Jann Purdy

From: Jeri
To: Public Health Rules
Subject: Protect the Psilocybin Therapy Program
Date: Thursday, September 10, 2026 2:14:41 PM

You don't often get email from jeriberi123456789@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear OHA,

I am a concerned Oregonian that cares about mental health care.
Im writing to ask you to show the public how increasing fees will allow access to the program for everyday Oregonian's. These increased fees will cause a barrier for us. I believe that the program can save lives.

Thank you,

Jeri Agee

From: Josh Goldstein
To: Public Health Rules
Subject: Public comment for proposed rules for Oregon"s Psilocybin program
Date: Thursday, September 10, 2026 9:05:49 PM

You don't often get email from innerwisdomgold@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Members of the Rules Advisory Committee and OHA Leadership,

I am writing to strongly oppose the proposed fee increases that would double facilitator licenses to $4,000, double service center fees to $20,000, raise worker permits to $200, and remove reduced-fee options.

I was part of Oregon's first graduating cohort of facilitators in 2023, and I previously served on the Rules Advisory Committee. Unlike many in this field, facilitation is my full-time profession and sole income. Before doing this work, I spent 25 years in education as a teacher and principal. In all that time, my educator licensing fees were a tiny fraction of what OHA charges psilocybin facilitators right now, let alone the $4,000 you are proposing.

In my practice, I have led retreats for veterans and first responders and worked with clients facing heavy grief, anxiety, emotional pain, shame, and trauma. Over and over, participants tell me that one well-supported journey did what years of regular therapy couldn't. Oregon ranks near the bottom nationwide for mental health, yet over 24,000 people have used this program with an adverse event rate below 1%. This work is safe, it is effective, and it is changing lives.

Doubling fees works directly against that success:

- It kills client access and scholarships. I charge $1,500 per journey, which lets me offer sliding-scale discounts and scholarships to people who couldn't otherwise afford it. If my fees double to $4,000, and service centers double their rates to cover a $20,000 fee, I will have to raise my prices and cut those scholarships. Many of my clients already scrape together every dollar they have to be here. Raising fees turns healing into a luxury good.
- The math doesn't make sense. What is the long-term plan here? In what world does doubling the cost bring in more facilitators and more revenue? It's completely backwards. A recent survey showed that 117 out of 146 licensees will not renew at these rates. OHA's own notice admits this could shrink the provider pool and worsen the budget gap. Show us the math. What are your actual projections for attrition and net revenue?
- Look at alternative funding. Budgets are tight, but shutting down access isn't the answer. What happened to the mental health and addiction funding connected to Measure 110? With some creativity and policy adjustment, there are other ways to fund this program rather than putting the entire burden on small businesses.

- The bigger cost to Oregon. When you price people out of care, their trauma doesn't vanish. They end up in emergency rooms, acute care, and crisis systems that cost the state far more money.
- It is pushing dedicated providers out. Because this field is becoming financially unstable, I am currently in a Master of Social Work program just to have a backup plan. I shouldn't have to plan an exit from a career where I am safely helping people every day, simply because the regulatory fees are untenable.

We do not need more expensive bureaucracy for a program with a sub-1% adverse event rate. We need right-sized oversight and more access. Please drop these fee hikes, keep the reduced-fee options, and look for real solutions that keep this work viable.

Sincerely,

Josh Goldstein
Licensed Psilocybin Facilitator (Facilitator License: Fl-dc161f4f)
Bend, OR

From: Josh Michaels
To: Public Health Rules
Subject: Written Comments
Date: Thursday, September 10, 2026 11:05:20 AM

You don't often get email from joshmichaels@mac.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hi,

I'm submitting written comments for proposed rules.

Every member of the board needs to read this research paper:

https://jaapl.org/content/51/2/160

Period, point blank, take 20 minutes to read this. The entire psilocybin therapy program has been a fraud on Oregon taxpayers from day one. Taxpayers were tricked into supporting this program by false claims that have no basis. Taxpayers were promised that the program would pay for itself, and still today it's funded by taxpayer money. The majority of consumers are not from the state of Oregon, meaning Oregon taxpayers are paying for healthcare for residents of other states.

During the initial comment periods, I tried tirelessly to get this board to understand that this this plan is not economically viable, creates extraordinary risks for Oregonians, and doesn't solve any of the problems that it claims to. Over the long haul every single problem that I warned about in the initial comment periods came true, from fraudulent schools that fail, to service centers that aren't economically viable, to an overabundance of facilitators and a lack of centers.

Now that everything I said came true, pretty much exactly as I said, will you please just take 20 minutes to read this paper, and seriously consider whether there is any practical or viable reason to keep this system going. People are begging the state to not raise fees… and I would agree with them. Don't raise fees. Cancel the whole program. It will never be economically viable, and it hasn't lived up to any of the claims the creators made.

Thanks for your time,

-josh

The Perilous Policy of Oregon's Psilocybin Services

Brian Holoyda, MD, MPH, MBA

J Am Acad Psychiatry Law 51:160–66, 2023. DOI:10.29158/JAAPL.230023-23

Key words: forensic psychiatry; psilocybin; psilocybin-assisted psychotherapy; psilocybin administration; psychedelics

Psilocybin and other psychedelic compounds have the potential to treat psychiatric disorders in a radically different manner than traditional psychopharmaceuticals.[1] Their ability to alter neural connectivity in the cortex and to transform an individual's conscious experience suggests that they might be able to disrupt well-worn brain circuits that contribute to symptoms of depression, anxiety, and addiction.[2] Psychedelics remain classified on Schedule I of the Controlled Substances Act,[3] however, which renders their manufacture and administration illegal under federal law.[4] Despite a growing body of evidence indicating that psilocybin may be useful in the treatment of certain psychiatric conditions, the research regarding its safety and efficacy in clinical populations remains limited.

The federal legislation governing psilocybin has not prevented jurisdictions in the United States from legalizing their administration locally. In 2020, Oregon became the first state in the country to decriminalize the manufacture, delivery, and administration of psilocybin at supervised, licensed facilities.[5] The development of Oregon's psilocybin services offers a glimpse into one state's plan to legalize the administration of an insufficiently researched, unpredictable, and risky compound via a faux-therapeutic model with limited consideration of potential harms. The role of the forensic psychiatrist in future psilocybin-related litigation promises to be extensive, including assessment and testimony related to negligence and fitness for duty, among others. Here I review the course by which Oregon decriminalized and developed services related to psilocybin administration, delineate various flaws of the process and outcome, and describe the potential for forensic psychiatrists to participate in evaluating the probable negative outcomes of the legislation.

The Development of Psilocybin Services

In 2019, the therapist couple Thomas and Sheri Eckert sponsored the Psilocybin Service Initiative to obtain the necessary signatures required for the legalization of psilocybin services to appear as a ballot measure in the November 2020 election. In interviews around that time, Mr. Eckert expressed a goal of providing access to psilocybin to various populations, ranging from those with severe mood disorders to the public.[6 8] The Eckerts filed a ballot initiative on July 2, 2019 and submitted the required 112,020 sponsorship signatures on July 16, 2019. Following approval of the signatures one year later, the state approved Ballot Measure 109 for the November 2020 election.[9] The Oregon Psychiatric Physicians Association and American Psychiatric Association opposed the measure, highlighting the lack of Phase III clinical trials of psilocybin and the potential dangers of allowing nonphysician providers to administer an experimental drug to patients with medical and psychiatric disorders.[10,11]

Despite these legitimate and reasonable concerns, Oregon voters passed Ballot Measure 109 with 55.75 percent of the electorate in favor of the legalization of psilocybin administration at supervised, licensed facilities

Dr. Holoyda is Chief Psychiatrist, Contra Costa County Detention Health Services, Martinez, CA and Forensic Psychiatrist, Denver, CO. Address correspondence to: Brian Holoyda, MD, MPH, MBA. E-mail: holoyda@gmail.com.

Disclosures of financial or other potential conflicts of interest: None.

2026-0981 153 10/02/2026

in the state.[12] Once codified as law, the ballot measure became Oregon Revised Statutes Chapter (ORS) 475A.[13] ORS 475A mandated the establishment of the Oregon Psilocybin Advisory Board (OPAB), a panel of 14 to 16 members appointed by the Governor, to provide advice to the Oregon Health Authority regarding the roll-out of psilocybin services following a two-year development period. OPAB activities during the development period included staffing the OPAB and its subcommittees, creating a rules framework for psilocybin services, developing a method by which to approve psilocybin facilitator training programs, fielding public listening sessions, and generating educational materials for regulatory agencies and the public.[14] The Oregon Health Authority adopted an initial subset of rules related to psilocybin product testing and training programs in May of 2022 and the remainder of rules, now published as Oregon Administrative Rules (OAR) 333-333, on December 27, 2022.[15] Anticipating the launch of psilocybin services in 2023, the Oregon Health Authority is now accepting license applications for psilocybin facilitators, manufacturers, service centers, and laboratories.

OAR 333-333 is extensive and delineates the types of psilocybin products that can be produced; standards for manufacturing and testing psilocybin products; licensing procedures for manufacturers, testing labs, service centers, and facilitators; a client bill of rights; and requirements for preparatory and treatment sessions.[16] Legal products include dry whole fungi, mycelium, and homogenized fungi; psilocybin extract; and edible psilocybin-containing products derived from the species *Psilocybe cubensis*. The rules outline the basic requirements of psilocybin facilitator training programs, including a total of 120 hours of instruction on history (12 hours), cultural equity (12 hours), safety and ethics (12 hours), science (four hours), facilitation skills (16 hours), preparation and orientation (16 hours), administration (20 hours), integration (12 hours), and group facilitation (16 hours), as well as 40 hours of practicum training at a psilocybin service center.[17] Psilocybin facilitator applicants must complete an approved training program and obtain a score of 75 percent on an examination to pass.[18] Though the rules do not list the minimum educational or training requirements to apply to be a facilitator, the Psilocybin Facilitator License Application Guide indicates that one must be 21 years old and have a high school diploma or its equivalent.[19] Despite these minimal requirements, facilitators are expected to "utilize their training to distinguish between typical side effects of consuming psilocybin and medical emergencies."[20] In addition, though facilitators are not allowed to "engage in any conduct that requires additional professional licensure while providing psilocybin services to clients, including but not limited to diagnosing and treating physical or mental health conditions,"[21] they are also expected to "determine whether they are able to provide psilocybin services to a client."[20] Facilitators must also review an informed consent document with each client. The client must initial next to 30 statements, which include the following:

> 2. ____ *I understand that psilocybin services do not require medical diagnosis or referral and that psilocybin services are not a medical or clinical treatment*.
> . . .
> 4. ____ *I understand that the risks, benefits, and drug interactions of psilocybin are not fully understood, and individual results may vary.*
> 5 ____ *I understand that some people have found psilocybin administration sessions to be challenging or uncomfortable. Common potential side effects include nausea, mild headache, fatigue, anxiety, confusion, increased blood pressure, elevated heart rate, paranoia, perceptual changes, altered thought patterns, reduced inhibitions, recovery of repressed memories and past traumas, and altered perception of time and one's surroundings. If they occur, these side effects are usually mild and temporary. Because the potential risks and benefits of psilocybin administration are not fully understood, there may be unanticipated side effects* (Ref. 22, italics in original).

An individual in Oregon wishing to obtain psilocybin must go to a psilocybin service center and participate in a preparation session with a facilitator between one and 90 days prior to receiving psilocybin. Preparation sessions include a review of the informed consent document, the client Bill of Rights, and information regarding the product intended for administration.[23] The facilitator is also supposed to discuss the client's willingness to receive "supportive touch" during the administration session, intention and expectations, and medical and psychiatric history. The only exclusionary criteria to receiving psilocybin are a positive response to whether or not the client has taken lithium in the last 30 days, if the client has thoughts or desire to self-harm, or if the client has a history of a diagnosis or treatment of "active psychosis."[24] During the administration session, the client purchases the psilocybin product from a representative of the service center, consumes up to 50 milligrams of psilocybin by self-dosing, then sits with the facilitator for anywhere from one to six hours, depending on the dose of psilocybin consumed.[25] The facilitator

2026-0981 154 10/02/2026

then offers the client the opportunity to participate in one or more integration sessions using a "nondirective facilitation approach."[26]

Perilous Policy

ORS 475A and OAR 333-333 are rife with flaws, starting with the alleged aim of the legislation. The statute opens with a set of legislative findings to justify psilocybin services, including the following:

> The People of the State of Oregon find that:
>
> (1) Oregon has the one of the highest prevalence [sic] of mental illness among adults in the nation;
>
> (2) An estimated one in every five adults in Oregon is coping with a mental health condition;
>
> (3) The Governor has declared addiction as a public health crisis in this state;
>
> . . .
>
> (5) Studies conducted by nationally and internationally recognized medical institutions indicate that psilocybin has shown efficacy, tolerability, and safety in the treatment of a variety of mental health conditions, including but not limited to addiction, depression, anxiety disorders, and end-of-life psychological distress;
>
> (6) The United States Food and Drug Administration has:
>
> (a) Determined that preliminary clinical evidence indicates that psilocybin may demonstrate substantial improvement over available therapies for treatment-resistant depression; and
>
> (b) Granted a Breakthrough Therapy designation for a treatment that uses psilocybin as a therapy for such depression . . . [27]

The legislative findings documented above suggest that the state's rationale for legalizing psilocybin administration was to combat its mental health and addiction crises. For many reasons, currently available research does not support such reasoning. First, data do not yet support the use of psilocybin for the treatment of psychiatric conditions. In 2020, a review of the research of psychedelics and psychedelic-assisted psychotherapy found insufficient evidence to warrant Food and Drug Administration approval of any psychedelic for the treatment of mental health conditions.[28] More recently, a meta-analysis of nine articles published within the last ten years assessing the effect of psilocybin on various psychiatric disorders found evidence of improvement in various self-report symptom measures, such as the GRID-Hamilton Depression Rating Scale (GRID-HAMD) and the 16-item Quick Inventory of Depressive Symptomatology Self-Report (QIDS-SR16).[29] Because of the studies' heterogeneity, however, the authors noted that the insufficient body of research on psilocybin renders it "difficult to endorse the prescription of psilocybin in the treatment of psychiatric conditions" (Ref. 29, p 15) and emphasized the lack of research on the efficacy and safety of psilocybin in the treatment of mental disorders. ORS 457A's assessment of the state of the research on psilocybin is at the least a misleading overstatement, if not an outright fabrication.

Taking ORS 475A at its word, individuals with psychiatric disorders contributing to the mental health and addiction crises appear to be the targets of psilocybin services. The subjects of clinical trials assessing psilocybin in psychiatric disorders are not representative of clinical psychiatric populations, however, so there is no reason to believe that psilocybin services will help those with significant mental health needs in Oregon. Johns Hopkins University, a major contributor to the rebirth of psychedelic research, excludes from its studies individuals with a history of psychotic and bipolar disorders, as well as individuals with first- and second-degree relatives with such conditions.[30] Other researchers have used more extensive exclusionary criteria. A recent study that found that a two-dose course of psilocybin was as effective as escitalopram in moderate to severe depression excluded individuals with a history of psychosis, suicide attempts, and any suspected or diagnosed condition that "could jeopardize rapport between the patient and their two mental health caregivers within the trial" (Ref. 31, p 1403).

Research on psilocybin and addiction is similarly highly exclusionary. A recent trial that showed a decrease in the percentage of heavy drinking days in patients with alcohol dependence following two psilocybin sessions excluded subjects with any "major psychiatric and drug use disorders."[32] The findings from these studies, though promising, are not generalizable to clinical psychiatric populations, so it is unreasonable to expect psilocybin to have an effect on Oregon's mental health and addiction crises. Furthermore, OAR 333-333 indicates that psilocybin facilitators are not allowed to diagnose individuals and do not require a psychiatric referral before administering psilocybin, so individuals who have never been represented in psilocybin research will likely begin to receive the drug in Oregon.

Not only has research failed to support the administration of psilocybin to clinical psychiatric populations for the treatment of psychiatric conditions, but

2026-0981 155 10/02/2026

also OAR 333-333 will likely place vulnerable populations at risk of negative outcomes. The indications for psilocybin and psilocybin-assisted therapy have not been established, nor have the risks posed to various patient populations. In a recent podcast interview with Sam Harris, psychiatrist and leading psychedelic researcher Roland Griffiths described how patients in his clinical trials have developed mania following psilocybin-assisted psychotherapy sessions and expressed ongoing concern about the risk of *de novo* psychotic disorders resulting from treatment.[33] There is some research support for Dr. Griffiths' worries. A recent survey of more than 500 individuals self-reporting bipolar I and bipolar II diagnoses found that 32.2 percent ($n = 174$) described unwanted outcomes during or within 14 days of a "full psychedelic trip" from psilocybin, including new or increasing manic symptoms (14.2%, $n = 77$), sleep disruption (10.4%, $n = 56$), anxiety symptoms (9.4%, $n = 51$), and depressive symptoms (8.9%, $n = 48$).[34] Eighteen or 3.3 percent of subjects had to use emergency services during or within 14 days of the psilocybin use. As noted above, because psilocybin facilitators in Oregon are not able to diagnose psychiatric disorders and do not require any mental health training, they will not be able to screen out patients with psychiatric disorders that pose a risk of negative outcomes and, in research contexts, would preclude participation.

ORS 475A's legislative findings provide a veneer of psychiatric justification for psilocybin services. As delineated above, this purported rationale does not hold up to scientific scrutiny. The allusion made by activists and policymakers to Oregon's mental health crisis in Ballot Measure 109 and ORS 457A was not just misguided, but dishonest and cynical. They suggested that psilocybin will alleviate Oregon's mental health and addiction crises without any supportive evidence. Despite allegedly operating under this intention, the OPAB (on which Eckert served as chair until his relationship with the CEO of a Dutch psychedelic company came to light)[35] mandated the use of a disclaimer-heavy informed consent document that requires facilitators to tell clients that psilocybin is "not a medical or clinical treatment."[22] If psilocybin is not a medical or clinical treatment, then it cannot reasonably be proposed that it will treat the patients with psychiatric and substance use disorders that constitute the state's mental health and addiction crises.

Perhaps the truth is that psilocybin services were never meant to address Oregon's mental health crisis. The results of Ballot Measure 109, delineated thoroughly in OAR 333-333, represent legalization of recreational psilocybin administration under a contrived regulatory framework that lacks consideration of the potential harm to clients. At a minimum, OPAB should have established a process by which to provide medically monitored psilocybin-assisted psychotherapy. Instead, clients in Oregon can obtain a consciousness-altering drug from a high school graduate with no mental health training or experience and without psychiatric or general medical referral or prescription. The facilitator will inform the client that, even though psilocybin has more profound effects than any currently available psychotropic medication, it is not a medical treatment. Finally, the facilitator will describe a litany of potential medical and psychiatric side effects of psilocybin that one cannot reasonably except somebody without medical training to identify or manage. After all, the 120-hour course required for licensure represents approximately 25 percent of the 625 hours of education and training that the state requires for someone applying for a massage therapist license.[36] If OPAB intended to establish a safe, rational process by which to offer psilocybin-assisted psychotherapy to clients in Oregon, then its members failed. Perhaps the real goal was to legalize recreational psilocybin administration under a faux-therapeutic guise.

Forensic Forecast

For many reasons, it may have been better for Oregon to legalize recreational psilocybin outright, as the legal repercussions from its model will likely be extensive. Had the state legalized the recreational sale of psilocybin, sellers may have had limited liability for the outcomes of individuals consuming the product. Because the state has imposed the requirement of an administration session overseen by an inadequately trained facilitator with a pseudo-professional license at a designated service center, however, there will now be licensed individuals and facilities responsible for the negative outcomes that result.

Elsewhere I have described the various civil legal risks facing psychiatrists who incorporate psychedelics into their clinical practice, such as malpractice related to a lack of standards of care and the potential for inappropriate treatment with negative results.[37] In Oregon, however, there is no medical oversight to psilocybin services, which makes the potential for facilitators to be found negligent in their care more nebulous. OAR 333-333 indicates that facilitators "have a duty to put

2026-0981 156 10/02/2026

clients' interest above their own and to use a standard of care that other reasonable facilitators would use under similar circumstances."[20] Nowhere does the state define the standards of care for psilocybin facilitation. This is not surprising. Had the state legalized psilocybin-assisted psychotherapy, then there would have been research and other publications from which to develop some standards of care for the "reasonable facilitator." Instead, the state created a new licensure pathway and explicitly barred facilitators with medical licenses or licenses in mental health fields like psychology or social work from "exercis[ing] the privileges of that license while providing services to clients."[21] In doing so, the state further obfuscated the ethical and practical obligations of psilocybin facilitators.

As there are no standards of care for Oregon's model of psilocybin administration, facilitators may reasonably face allegations of negligence if they fail to meet the expectations and requirements delineated in OAR 333-333. Clients face serious risk of medical and psychiatric harm if inadequately screened for psilocybin services. It is unclear how facilitators with no medical or mental health training or experience are supposed to assess clients' psychiatric history, including their history of psychiatric diagnosis and treatment. The list of yes-or-no screening questions described in OAR 333-333 is insufficient. A client with schizophrenia who has been stable on antipsychotic treatment for years could purposely or unintentionally obfuscate this history by responding "no" regarding a history of "active psychosis" and subsequently experience a relapse of psychotic symptoms during the psilocybin administration session. Should the patient require transfer to an emergency department or inpatient psychiatric hospitalization, the facilitator may have been negligent in failing to obtain the client's past psychiatric records. Perhaps a facilitator, lacking any understanding of psychotropic medications, accidentally allows a patient on various serotonergic agents for depression to receive psilocybin. If the client develops serotonin syndrome and dies, the facilitator may be negligent for failing to obtain the client's medication list and taking steps to mitigate the client's risk of interactions with psilocybin, not that anybody should reasonably expect a high school graduate to be able to perform such a task.

Even if a facilitator appropriately and adequately screens a client, situations may arise during a psilocybin session that require the facilitator to intervene in a manner that conflicts with the expectations outlined in OAR 333-333. Clients may become agitated or aggressive while intoxicated with psilocybin,[38] a risk enhanced by their ability to administer the drug at self-determined, inappropriately high doses. OAR 333-333 only allows for "supportive touch," or touch "limited to hugs or placing hands on the client's hands, feet or shoulders" during the administration session.[20] I have recommended that all psychedelic treatment be medically monitored in case a patient requires a sedative or restraint beyond supportive touch.[39] In Oregon, however, facilitators will be unable to prevent clients from physical aggression directed toward the facilitator or anyone else, from entering other clients' treatment areas, or from leaving the service center. Because clients are only capable of consenting to supportive touch during administration sessions, any more forceful restraint or touch would violate OAR 333-333 and could potentially lead to a civil claim of battery.

One reason to restrict psilocybin facilitation to psychiatrists and other mental health professionals in the context of psilocybin-assisted psychotherapy is that such individuals hold licenses that require commitment to professional codes of ethics and conduct. Although OAR 333-333 prohibits facilitators from engaging in romantic relationships or sexual contact with clients and clients' relatives for one year following the provision of psilocybin services, facilitators will likely lack sufficient training and experience related to working with individuals in vulnerable, suggestible, and otherwise altered states of mind. They may fail to know how to manage powerful countertransference reactions toward clients and develop inappropriate relationships with them. Such cases could result in violations of OAR 333-333 and allegations of sexual battery. Even more concerning is the risk that the minimal requirements to become a psilocybin facilitator will attract grifters, wannabe gurus, narcissists, and psychopaths motivated to exercise control over clients in highly suggestible states. A recent podcast series described numerous instances of inappropriate sexual and physical contact between well-known psychedelic therapists and their clients, even in the context of clinical trials sponsored by the Multidisciplinary Association for Psychedelic Studies.[40] The risks posed by the inadequately trained and educated therapists in Oregon will be even greater. Fitness for duty evaluations of psilocybin facilitators who

2026-0981 157 10/02/2026

engage in inappropriate relationships with clients may result.

Forensic psychiatrists interested in conducting evaluations related to the negative outcomes of Oregon's psilocybin services will require extensive knowledge of psilocybin and Oregon's legal and administrative framework. At a baseline, psychiatrists should understand psilocybin's effects, risks, and the evolving research of its potential indications and psychiatric, medical, and pharmacologic contraindications. Assessing allegations of negligence in psilocybin administration requires a further understanding of the model of psilocybin services delineated in OAR 333-333 and the differences between Oregon's psilocybin services and the model of psilocybin-assisted psychotherapy as described in research and other contexts, as aspects of OAR 333-333 fall below the expected clinical standards described elsewhere. Evaluating a psilocybin facilitator's fitness for duty involves an awareness of the duties of psilocybin facilitators, as well as a recognition that Oregon's model does not utilize trained psychotherapists or medical monitoring despite requiring facilitators to have specialized medical knowledge and skills. Cases stemming from Oregon's psilocybin services promise to be complex, given the inadequacy of Oregon's administrative rules and the evolving research into psilocybin as a psychopharmacologic treatment, and forensic psychiatrists may be best suited to identify the associated risks and pitfalls.

Conclusion

Though overhyped and insufficiently researched, psychedelics will likely play a role in psychiatric treatment in the future. By passing Ballot Measure 109, however, Oregon voters legalized the administration of a consciousness-altering agent to virtually all comers. OAR 333-333 allows facilitators and service center personnel to provide psilocybin to clients who lack any treatment indication, medical or psychiatric clearance, or even a prescription. OPAB has hamstrung psilocybin facilitators with unreasonable expectations of medical knowledge and skills despite minimal education and training requirements. It is highly probable that negative outcomes will result from Oregon's misguided policy. Given the lack of research on the safety and efficacy of psilocybin in clinical populations, not to mention the general public, lawsuits will likely drive the establishment of standards of care for psilocybin facilitation, rather than science. Forensic psychiatrists should play a role in assessing the results of psilocybin services gone wrong and help to redirect psilocybin services in a more rational, reasonable direction.

References

1. Carhart-Harris RL, Goodwin GM. The therapeutic potential of psychedelic drugs: Past, present, and future. Neuropsychopharmacology. 2017; 42(11):2105–13
2. National Academies of Sciences, Engineering, and Medicine. Exploring psychedelics and entactogens as treatments for psychiatric disorders: Proceedings of a workshop. Washington, DC: The National Academies Press; 2022. Available from: https://nap.nationalacademies.org/cart/download.cgi?record_id=26648. Accessed February 4, 2023
3. Controlled Substance Act, Pub. L. No. 91-153 (1971)
4. Marlan D. The movement to decriminalize psilocybin, explained. The Appeal; 2021 Mar 1. Available from: https://theappeal.org/the-lab/explainers/the-movement-to-decriminalize-psilocybin-explained. Accessed February 8, 2023
5. Feuer W. Oregon becomes first state to legalize magic mushrooms as more states ease drug laws in 'psychedelic renaissance'. CNBC; 2020 Nov 6. Available from: https://www.cnbc.com/2020/11/04/oregon-becomes-first-state-to-legalize-magic-mushrooms-as-more-states-ease-drug-laws.html. Accessed January 15, 2023
6. Foden-Vencil K. Psychedelic mushroom supporters push for Oregon legalization - with caveats. Oregon Public Broadcasting; 2019 Jan. Available from: https://www.opb.org/news/article/psilocybin-psychadelic-mushrooms-oregon-legalization. Accessed January 15, 2023
7. Schwartz A. Measure 109 would use magic mushrooms to treat mental illness. Herald and News; 2020 Oct 18. Available from: https://www.heraldandnews.com/news/oregon/measure-109-would-use-magic-mushrooms-to-treat-mental-illness/article_bae3aba8-a54d-582c-86e4-5673990d4ea7.html. Accessed January 15, 2023
8. The Psychedelic Podcast: Tom and Sheri Eckert - inside the campaign to legalize psilocybin therapy in Oregon. Third Wave; 2020 Sep 27 Available from: https://thethirdwave.co/podcast/episode-94-tom-and-sheri-eckert/. Accessed February 8, 2023
9. Oregon Secretary of State. Initiative number 34; 2020. Available from: https://egov.sos.state.or.us/elec/web_irr_search.record_detail?p_reference=20200034..LSCYYY. Accessed January 15, 2023
10. Oregon Psychiatric Physicians Association. OPPA opposition statement to Measure 109; 2020. Available from: http://www.oregonpsychiatricphysicians.org/uploads/6/0/5/6/60567621/20200912-m109oppa.pdf. Accessed January 15, 2023
11. Levin S. Untitled APA opposition statement to Measure 109. American Psychiatric Association; 2020. Available from: https://www.psychiatry.org/File%20Library/Psychiatrists/Advocacy/Federal/Public-Health/APA-Letter-Oregon-Psilocybin-Treatment-08252020.pdf. January 15, 2023
12. Oregon Secretary of State. November 3, 2020, general election abstract of votes; 2020. Available from: https://sos.oregon.gov/elections/Documents/results/november-general-2020.pdf. Accessed January 15, 2023
13. Oregon Revised Statutes Chapter 475A – Psilocybin Regulation; 2021. Available from: https://www.oregonlegislature.gov/bills_laws/ors/ors475A.html. Accessed January 15, 2023
14. Oregon Health Authority. Oregon Psilocybin Services – Development Period (2021–2022); 2023. Available from: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/Psilocybin-Development-Period.aspx. Accessed January 15, 2023

2026-0981 158 10/02/2026

15. Oregon Health Authority. Oregon Psilocybin Services – Administrative Rules; 2023. Available from: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/Psilocybin-Administrative-Rules.aspx. Accessed January 15, 2023
16. Oregon Health Authority. Oregon Administrative Rules, Public Health Division – Chapter 333, Division 333 – Psilocybin; 2023. Available from: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=7102. Accessed January 15, 2023
17. Oregon Health Authority. Oregon Administrative Rules, Public Health Division – Chapter 333, Division 333 – Psilocybin, 3050 – Psilocybin Training Program Core Requirements; 2023. Available from: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=289697. Accessed February 8, 2023
18. Oregon Health Authority. Oregon Administrative Rules, Public Health Division – Chapter 333, Division 333 – Psilocybin, 3200 – Facilitator Exam; 2023. Available from: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=297810. Accessed February 8, 2023
19. Oregon Health Authority. Public Health Division. Psilocybin facilitator license application guide for applications submitted by mail; 2022. Available from: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Facilitator-License-Application-Guide-MAILED.pdf. Accessed January 15, 2023
20. Oregon Health Authority. Oregon Administrative Rules, Public Health Division – Chapter 333, Division 333 – Psilocybin, 5120 – Facilitator Conduct; 2023. Available from: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=297866. Accessed February 8, 2023
21. Oregon Health Authority. Oregon Administrative Rules, Public Health Division – Chapter 333, Division 333 – Psilocybin, 5130 – Facilitator Scope of Practice; 2023. Available from: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=297867. Accessed February 8, 2023
22. Oregon Health Authority. Oregon Administrative Rules, Public Health Division – Chapter 333, Division 333 – Psilocybin, 5040 – Informed Consent; 2023. Available from: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=297861. Accessed February 8, 2023
23. Oregon Health Authority. Oregon Administrative Rules, Public Health Division – Chapter 333, Division 333 – Psilocybin, 5000 – Preparation Session Requirements; 2023. Available from: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=297859. Accessed February 8, 2023
24. Oregon Health Authority. Oregon Administrative Rules, Public Health Division – Chapter 333, Division 333 – Psilocybin, 5050 – Client Information Form; 2023. Available from: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=297862. Accessed February 8, 2023
25. Oregon Health Authority. Oregon Administrative Rules, Public Health Division – Chapter 333, Division 333 – Psilocybin, 5250 – Duration of Administration Session; 2023. Available from: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=297877. Accessed February 8, 2023
26. Oregon Health Authority. Oregon Administrative Rules, Public Health Division – Chapter 333, Division 333 – Psilocybin, 5260 – Integration Session; 2023. Available from: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=297878. Accessed February 8, 2023
27. Or. Rev. Stat. § 475A.200 (2021). 2021. Available from: https://www.oregonlegislature.gov/bills_laws/ors/ors475A.html. Accessed February 8, 2023
28. Reiff CM, Richman EE, Nemeroff CB, the Work Group on Biomarkers and Novel Treatments, a Division of the American Psychiatric Association Council of Research, *et al*. Psychedelics and psychedelic-assisted psychotherapy. Am J Psychiatry. 2020; 177(5):391–410
29. Irizarry R, Winczura A, Dimassi O, *et al*. Psilocybin as a treatment for psychiatric illness: A meta-analysis. Cureus. 2022; 14(11):e31796
30. Johnson MW, Richards W, Griffiths R. Human hallucinogen research: Guidelines for safety. J Psychopharmacol. 2008; 22 (6):603–20
31. Carhart-Harris R, Giribaldi B, Watts R, *et al*. Trial of psilocybin versus escitalopram for depression. N Engl J Med. 2021; 384: 1420–11
32. Bogenschutz MP, Ross S, Bhatt S, *et al*. Percentage of heavy drinking days following psilocybin-assisted psychotherapy vs placebo in the treatment of adult patients with alcohol use disorder: A randomized clinical trial. JAMA Psychiatry. 2022; 79(10):953–62
33. Harris S. #306 Psychedelics & Mortality – A conversation with Roland Griffiths; 2022 Dec 13. Available from: https://www.samharris.org/podcasts/making-sense-episodes/306-psychedelics-mortality. Accessed February 4, 2023
34. Morton E, Sakai K, Ashtari A, *et al*. Risks and benefits of psilocybin use in people with bipolar disorder: An international web-based survey on experiences of 'magic mushroom' consumption. J Psychopharmacol. 2023; 37(1):49–60
35. Riski T. Measure 109 co-chief petitioner Tom Eckert resigns as Psilocybin Advisory Board chair amid calls for his depature. Willamette Week; 2022 Mar 10. Available from: https://www.wweek.com/news/2022/03/10/measure-109-co-chief-petitioner-tom-eckert-resigns-as-psilocybin-advisory-board-chair-amid-calls-for-his-departure. Accessed January 15, 2023
36. Oregon State Board of Massage Therapists. Licensing information; 2023. Available from: https://www.oregon.gov/obmt/pages/license.aspx. Accessed January 15, 2023
37. Holoyda BJ. Malpractice and other civil liability in psychedelic psychiatry. Psychiatr Serv. 2023; 74(1):92–5
38. Carbonaro TM, Bradstreet MP, Barrett FS, *et al*. Survey study of challenging experiences after ingesting psilocybin mushrooms: Acute and enduring positive and negative consequences. J Psychopharmacol. 2016; 30(12):1268–78
39. Holoyda BJ. Psychedelic psychiatry: Preparing for novel treatments involving altered states of consciousness. Psychiatr Serv. 2020; 71(12):1297–9
40. Cover Story: Season One: Power Trip. Washington, DC: Vox Media; 2021–2022. Available from: https://www.psymposia.com/powertrip. Accessed February 8, 2023

2026-0981 159 10/02/2026

From: Josh Smythe
To: Public Health Rules
Subject: Protect Psilocybin Therapy
Date: Thursday, September 10, 2026 12:10:35 PM

You don't often get email from shua586@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hi,

I am an Oregonian who cares about mental health care and has personally witnessed the transformative power of psilocybin therapy in my friends and family.

Fee increases will restrict access for the Oregonians who need it most. Higher provider costs get passed on to clients. That makes psilocybin therapy more expensive for the people who stand to benefit most, including low-income and rural Oregonians.

Oregon needs approaches to mental health care that get results. Oregon ranks near the bottom of the nation for mental health outcomes. This program is producing real results and doing so safely, with an adverse event rate below 1 percent across more than 24,000 participants. The state should support and grow that record, not put up new barriers.

Thank you,
Joshua Smythe

From: Julian Voss-Andreae
To: Public Health Rules
Subject: Public Comment: Proposed Psilocybin Program Fee Increases
Date: Thursday, September 10, 2026 2:41:45 PM

You don't often get email from julianvossandreae@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

Please do not increase the licensing fees for Oregon's psilocybin services program.

I believe this program is an incredibly important first step toward providing people with a new and potentially transformative form of mental health care. I have personally heard several first-hand accounts from people who have participated in the program and who have told me that they "would not be here" without what they experienced during their psilocybin sessions.

The program is already in a precarious position because of the high costs to clients. The people who may have the greatest need for this kind of help are often also those who are least able to afford it. Increasing the costs of operating the program will ultimately make access even more difficult.

We need this program to remain robust—and, ideally, to grow. Increasing fees at this stage risks doing exactly the opposite.

This is very important work, and I hope OHA will consider the potential consequences of these fee increases carefully.

I would be happy to speak with you by phone if additional details or input would be helpful. I can be reached at the number below.

Best regards,

Julian Voss-Andreae

Julian Voss-Andreae
8003 SE 17th Avenue
Portland, OR 97202
+1 (503) 329 5203
www.instagram.com/JulianVossAndreae
www.JulianVossAndreae.com

From: Justin Botillier
To: Public Health Rules
Subject: Proposed Psilocybin License Fee Increases
Date: Thursday, September 10, 2026 12:06:00 PM
Attachments: image.png

You don't often get email from justin@calyxcpa.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

My name is Justin Botillier, CPA, and I am the CEO of Calyx CPA LLC. For more than a decade, Calyx has specialized in working with businesses operating in the cannabis industry, and the psilocybin industry since its inception.

We have had the opportunity to work closely with the first psilocybin service centers, facilitators, & cultivators in Oregon's regulated program. That gives us a unique view into the economics of these businesses, not just from a tax and accounting perspective, but from seeing firsthand how difficult it can be to build a sustainable business within the current regulatory structure.

I am writing regarding the proposed increases to Oregon's psilocybin licensing fees, particularly the proposal to double them.

I understand the problem OHA is trying to solve. Oregon Psilocybin Services was intended to be self-sustaining, and right now it is not. There simply has not been enough activity in the regulated market to generate the license fees and tax revenue necessary to support the regulatory program at its current cost.

But I am concerned that doubling licensing fees attempts to solve the problem in a way that will make the underlying problem worse.

Psilocybin service centers have some very real limitations that other businesses do not have. They sell time and space. There are only so many rooms in a facility, so many hours in a day, and so many administration sessions a facilitator can supervise. They also have limited recurring revenue. If the medicine works exactly as intended, a client may not return for months, years, or perhaps ever.

At the same time, these businesses are trying to keep services affordable. Many operators provide sliding scales, scholarships, and reduced pricing because they genuinely believe these services should be available to people who cannot otherwise afford them.

Then add federal illegality, banking difficulties, expensive insurance, high regulatory costs, §280E, and the normal expenses of operating a business. The margins are already extremely tight. OHA itself acknowledges that some service centers have closed and that affordability is already a concern for existing and prospective licensees.

This is where I believe the proposed fee increase risks creating a downward spiral. Even

without the fee increase, I have seen most of my Service Center clients change ownership. Mostly to former employees or friends that just want to "give it a go," because they like the medicine. They are also likely going to fail.

If licensing costs increase substantially, existing businesses will decide they cannot renew and prospective operators will decide not to enter the market. Fewer service centers and facilitators mean less capacity, less competition, and potentially higher prices to clients. Higher prices mean fewer people participate in the regulated market. Fewer participants mean less psilocybin product tax revenue and fewer businesses capable of supporting the regulatory system through licensing fees.

Then the program has the same fixed regulatory costs spread among an even smaller group of businesses, creating pressure to raise fees again.

In fact, OHA's own fiscal impact statement recognizes exactly this possibility, stating that increased licensing fees may reduce the overall number of licensees and **"create a more significant program budget shortfall."**

> OPS expects that an increase in licensing fees may reduce the overall number of licensees and create a more significant program budget shortfall. This may have a detrimental impact on licensees and clients that want to access psilocybin services. This impact is likely to be more acute for communities already experiencing access challenges. Students that have completed psilocybin facilitator training programs in Oregon to become licensed facilitators who cannot afford the increased licensing fees would lose value of their educational completion, which is estimated at $10,000-$15,000 per student. As of August 4, 2026, OPS has licensed 649 facilitators since January 1, 2023. Licensed service centers have made significant investments in their premises and will be unable to recoup those investments if they are forced to close. Related sectors, including real estate and tourism, would also experience negative impacts.

That should give everyone pause.

The problem is not that license fees are too low. The problem is that the regulated industry is not yet large enough to support the cost of the regulatory structure that has been built around it.

I recognize that OHA has obligations under ORS 475A and that, under the existing funding structure, there may not be another obvious source of money. But doubling fees on the businesses that have managed to survive so far is not a sustainable solution.

I would strongly encourage OHA and the Legislature to look instead at ways to reduce the cost of administering the program, provide temporary alternative funding while the market develops, and remove unnecessary barriers that make participation in the regulated market more expensive.

Oregon took an enormous step by becoming the first state in the country to create a regulated psilocybin program. We should be doing everything we reasonably can to give that experiment an opportunity to succeed.

Right now, many of these businesses are not focused on growth. They are focused on survival.

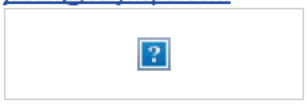
Increasing the cost of survival may ultimately leave OHA with fewer licensees, fewer clients,

less revenue, and an even larger funding problem than the one it is trying to solve.

Thank you for considering my comments.

--

Justin Botillier
Partner & CEO | Calyx CPA
P 541-816-4483
F 541-816-4490
justin@calyxcpa.com



Secure client portal
Secure email document exchange

From: Keith Aisner
To: Public Health Rules
Subject: Proposed Rules for Oregon"s Psilocybin Therapy Program
Date: Thursday, September 10, 2026 1:54:00 PM

You don't often get email from keith.aisner@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom it May Concern,

There are no good reasons to be adding additional fees to this growing program. Mental health and psychedelics are making good strides within the mental health community, showing real positive benefit to the public. The results are not subtle, but profound. Oregon has an opportunity to be a leader in this realm of mental health. While our finances are certainly an issue, one would think it much smarter to grow the psychedelic research field in Oregon to increase revenue rather than strangling this particular baby in its crib.

Thank you,
Keith Aisner
Registered Voter

From: Mae Ghylin-Base
To: Public Health Rules
Subject: Public comment — proposed amendments to OAR 333-333-4060 (license fees and reduced-fee provisions)
Date: Thursday, September 10, 2026 1:27:56 PM

You don't often get email from mae.psychesoma@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Psilocybin Services rules team,

My name is Mae Ghylin-Base. I have worked as a Service Center Representative for the past year and a half, and my facilitator's license was recently approved. My practice is trauma-informed and somatically grounded, focusing on women, immigrants, and survivors of religious abuse.

I am commenting on the increase in the annual facilitator fee from $2,000 to $4,000 at OAR 333-333-4060(2), and on the repeal of the reduced-fee provisions at 333-333-4060(3) through (5).

What the increase does to my clients.

My standard rate is $1,400 for a full journey — two preparation sessions, an administration session, and integration, roughly fifteen hours of client-facing work across a month or more. An additional $2,000 a year leaves me three options. I can raise my rate by about $170 per client. I can cut the scholarship I built into my practice — one client per quarter at half fee, which costs me around $700 each, and which a $2,000 increase consumes almost exactly three of. Or I can absorb it and earn less than I already do in a field where, by every account I have from colleagues, almost no one is yet reliably profitable.

There is no fourth door. All three end in the same place: this care becomes more expensive, or less available, for the people with the least room to pay.

Nearly every facilitator I know runs some version of a sliding scale, a scholarship, a payment plan, or quiet pro bono work. They do it in a field that does not yet pay them well, because they are seeing clients who did not find what they needed in conventional care — and Oregon, near the bottom of the country for mental health outcomes, has a great many of those people. That generosity is unbilled, undocumented, and the first thing to disappear when overhead rises, because it is the only line in the budget a facilitator fully controls.

On the repeal of the reduced-fee provisions.

I am on Medicaid in Washington, but two of the four qualifying paths — Oregon Health Plan and Oregon SNAP — are open only to Oregon residents, so I do not qualify and would not benefit if the provision were kept. That asymmetry is worth the Authority's notice on its own. I am not asking you to expand the provision. I am asking you not to erase it, and I think that request is worth more coming from someone with nothing to gain by it.

The facilitators I know who receive the reduced rate are the same ones offering the steepest discounts and the most flexible payment plans to clients who cannot afford these services. We treat this practice as a healing modality, not a recreational event.

As drafted, subsections (3) through (5) disappear with nothing in their place. For a facilitator who qualifies today, the effect is not a doubling. It is a jump from $1,000 to $4,000 in a single renewal cycle. I have not seen that stated plainly anywhere in the draft, and I would ask that it be stated plainly before anything is adopted, because I do not believe it is what the Authority intends.

The Authority requires every license applicant to submit a social equity plan. I wrote mine in good faith. I would ask that the Authority hold its own to the same standard.

What I am asking for.

1. **Release the financial analysis before adopting these fees** — projected expenses, expected renewals, assumed attrition, and projected revenue after attrition. Licensees deserve to see the numbers behind a doubling, and whether the Authority's own modeling shows these fees closing the gap or widening it.
2. **Retain OAR 333-333-4060(3) through (5).** Removing them is the most visible retreat from this program's founding commitments the Authority could make.
3. **Allow the annual fee to be paid in installments.** This costs the Authority nothing in total revenue and changes everything for a small practice. A $4,000 lump sum at renewal is a wall; the same amount quarterly is a business expense. Cash flow, not cost, is what pushes out the low-income and minimally resourced facilitators who give this program its reach.
4. **Bring licensees and the Legislature into the same conversation.** Facilitators, service centers, labs, and manufacturers all understand that the Authority cannot appropriate its way out of this. We would rather help solve the funding problem with you than absorb it one renewal at a time.

I will be direct about my own plans, since specifics are more useful than sentiment. I intend to facilitate for one solid year under the current $2,000 fee, and then let my license lapse until the fees come down or something else changes. I spent years of education and a good deal of money becoming the kind of facilitator this program says it wants. I would rather stay.

Thank you for your time, and for the care that you put into this work.

Respectfully,

Mae Ghylin-Base
Service Center Representative; approved facilitator applicant #FL-ba242c63
PsycheSoma Facilitation
Vancouver, Washington
mae.psychesoma@gmail.com

From: Matthew Ettinger
To: Public Health Rules
Subject: Additional Testimonies
Date: Thursday, September 10, 2026 4:25:16 PM

You don't often get email from matthew@yournpa.org. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Please add these testimonials to my written comments.

Thank you.

--
Matthew Ettinger
Executive Director
National Psychedelics Association
matthew@yournpa.org

I am so deeply grateful to say I've been working full time in this field for the last three years. I have helped start two different service centers in Portland, OR, worked on the admin side of things, consulted for and screened hundreds of clients and supported many of them as a service center rep or facilitator. I currently facilitate full time and work mostly in group containers. I have taken a significant pay cut in income since moving to group work but it's where my heart is and where I see the most impact being made. I collaborate with the Survivorship Collective which organizes deeply discounted, multi-group session retreats for those navigating current and past cancer diagnosis and treatment. These are mostly women's groups and the bonding and healing that I've seen happen in these spaces is continually humbling. I also work for the Sheri Eckert Foundation specifically with Ligaré, the Christian Psychedelic Society facilitating groups for Christian clergy facing burn out in their respective communities. These groups are fully funded and participants often would not be accessing this medicine otherwise. I also continue to work with 1:1 clients and offer deeply discounted sessions especially for SA survivors, LGBTQ+ and neurodivergent people. Most of my work is with people who could not afford this work without the help of non-profit funding. I have developed relationships with these organizations and currently could not afford to renew my license without accruing additional debt. I wonder if the OHA understands how many will NOT renew if these fees are raised and how the entire program may not survive. To put it simply, I might be looking at the end of a career that is four years in the making and truly a dream come true. I have walked with people, over and over, into the darkness of childhood sexual abuse, uncovering memories of traumatic episodes that are processed and released over the scope of our work. I have held space for queer couples navigating infidelity and seeking to repair the relationship. I have sung to individuals with transgender bodies attempting to step more fully into themselves through creative

expression as they wept at their own beauty. I have sat with those navigating a cancer diagnosis that will ultimately take their life and listened as they expressed peace about their fate because of what psilocybin helped them feel and see. I have listened as Christian leaders who are often the strange birds in their community, expand their spiritual perspective, recognize the true nature of their own soul and relax into a non judgemental space where they can explore and express freely. I have watched people quit jobs, find love, release life long held traumatic energy in their bodies and change their whole lives as a result of this work. I have found my life's passion and purpose in this field and sincerely ask for the OHA to consider the monumental work that is happening everyday and if these upcoming measures might dismantle this network of practitioners and centers. Please, take time to look closer at these changes and respond to the many asks that have been named and submitted.

Kelly Lynn Lunde

Testimonial:
Preparation and integration. Set and setting. I had experienced, a year prior to my journey at
Meadow, the magic of working with Psilocybin, so when I learned that there was a place in
Portland, Oregon where one could safely and legally move into and through the inner world of
their own being, I knew I wanted to take part in it. I took a leap of faith and drove from central
California to take my journey and I am eternally grateful I did. To have had such an amazing
experience at Meadow with my facilitator and to be apart of the Meadow community has been
an absolute blessing. It has been a life changing experience for me. From the discovery call,
through each preparation session, the journey itself, and the following integration sessions- I
felt held, honored, and as though I had been given the most nurturing environment to help me
on my journey of healing. I feel as though I continue to unfold from the experience. Presence
has deeply taken root in my everyday life- something I had been longing for- as I have always
had an analytical mind that hardly quiets, but since my journey in Oregon I have felt myself
being in the here and now more frequently. I had gone to Meadow during the anniversary of my
fathers passing with the hopes of potentially meeting him in that space, and low and behold- I
did. I saw him for the first time in the light of his eternal existence- not at the man he was in the

flesh but his pure energy, love, and protection. All of the hurt, resentment, anger, and trauma-
melted away as I saw into the inner depths of his being, though his humanness with his

suffering into the very soul which is body encapsulated for 56 years. He was with me, he is with
me and there is a deep knowing of this now. I am grateful for such an experience in a safe, legal
setting that helped me prepare for the medicine with reverence and that has helped me with
further integration.

Sincerely,

Kristi Haslam

Hello,
My name is Chris Tittle. I am a Licensed Professional Counselor as well as a licensed Psilocybin Facilitator. Approximately six years ago I began to see signs of how psychedelics
could augment and assist therapy. I enrolled in a training program that includes an in-depth,
6-week focus on psilocybin and its benefits to overall wellness. It was during my education that
Oregon approved the program I was currently in as qualifying for facilitator licensure.
During my training it became clear to me that I wanted to facilitate psilocybin journeys and that
to do so I would need to move from Utah (where I had lived my entire life) to Oregon, where I
knew no one. However, it was an easy decision. Oregon was at the forefront of an emerging
(yet also ancient) practice with psilocybin. I wanted to do it in a way that was legal and
accessible. Turns out, both have been a little bit tricky up to this point and both are related to the
high costs associated with licensing.
The cost of training for me was approximately $13,000. Add that to the cost of \the annual fee of
$2,000 just for a facilitator license and the expenses are getting quite high. Originally, I had
hopes of opening a service center, but that dream quickly vaporized with the associated costs.
Like many others, I was not sure I wanted to spend such a large amount for my license after my
training. The ROI just did not make sense. My LPC license is about $300 every 2 years!
Eventually, I decided to invest and get my facilitator license because I believe in the

medicine
and the good it does.
Finally, the cost for legal psilocybin services is high for the consumer as well. Most large-dose
sessions at facilities are over $3000. The proposed increase in fees will raise the cost for the
consumer as well. I suspect that some facilities will also shut down, making it even harder for
people to receive a helpful service.
Furthermore, there are other options now, like Colorado, New Mexico, or underground. All
cheaper and all with trained facilitators. Additionally, at these prices, more people are going to
just go underground or do it on their own, which is increasing the likelihood of “bad” experiences.
All that being said, if the cost of a license increases, especially to $4000, I will opt out of the
program. It is simply too much to ask for a facilitator to pay, especially with the cost of treatment
increasing, which will result in less clientele.

Chris Tittle, LPC
Licensed Psilocybin Facilitator, FL-1ba6b47d

Greetings!
What brought me to being a facilitator is the fact that it was legalized in Oregon. My own
personal experience was having experimented a lot when I was a young teenager. I didn’t realize how much it had truly impacted my life journey until later in life.
I was opened up to the heart of love and connection and filled with the goodness of the
world. Having come from a home where there was a lot of neglect, dysfunction, and domestic violence, I didn’t realize there could be a whole other world available to me! It
opened up a freedom within that helped me to follow my hearts calling. After a few years
of these journeys, I read the classic book by Ram Das, “Be Here Now” (this must have
been 1971!). This showed me that I can live in this state of mind and it wasn’t even about the mushrooms or chemicals any longer. So I gave up all mind altering substances and worked deeply with Tibetan Buddhist teachers and yoga practices for the next 35 years, giving up my use of psychedelics. I lived with Indigenous cultures which also supported a more integrated and heart felt way of life. I went into the helping
professions working as a counselor for domestic violence, then working with Yoga therapy for a few decades, which took me into hospitals, corporations, and addiction recovery centers.
I had no interest in taking psychedelics again, and even though I was hearing about this

‘psychedelic renaissance’, I didn’t understand how they could say just a couple of integration sessions, since for me, I felt I had been integrating most of my adult life! But when my son mentioned that one of his childhood friends had climbed the corporate
ladder, and started using psychedelics, dropped out of corporate life, and opened a psychedelic retreat organization; I woke up one morning and thought “I don’t have to hide my past anymore, I have these skills of working with non ordinary states of consciousness - and that helped heal the trauma I grew up with in ways that regular talk
therapy couldn’t.
So I woke up and wrote my CV and felt that all my years of experience would help me come back to my roots of Being and help others even more than my decades of teaching Yoga.
What I noticed, and re-introducing myself to Psilocybin, was that there were deeper layers of trauma that meditation and yoga alone was not getting to. The more I cleared
these emotional obscurations, the deeper the meditative path became for me. When I taught yoga in addiction recovery centers, I felt like something more was needed. And now Psilocybin became that something more!
I participated in a study set up to help people with Alcohol Use Disorder by working with
Psilocybin and the results have been phenomenally beneficial. Having worked with over
200 people in these last few years I have literally seen at least 97% effectiveness of people turning their lives around and opening up to a place of deep Harmony, Joy, and
self compassion.

Although the facilitator license fee was steep (at $2,000/year!!), I felt that it was worth it
to help get this program off the ground. But in hearing how it is now trying to double the
fees for everyone, I felt it just wouldn’t warrant me being able to afford to keep doing this
work which is emotionally demanding, even at the same time of being deeply rewarding.
If all our fees are increase, it would limit it to only very wealthy people. Or drive people
to go to other State where it’s more accessible.
When drug companies and major universities are all doing this research into Psilocybin,
to show how efficacious it is; why would Oregon - the first state to become legal, want to
make it unfeasible to operate a legal program here? I’ve heard that N.D.’s license fees
are closer to $400/year. Facilitators have enhanced over 20,000 people’s lives since the
program rolled out in 2023, which is when I started facilitating. It’s like OHA would be shooting itself in the foot to raise the fees on this.
Some people say they’ll just go underground. But personally, I will not go

underground, I
like working with in the legal framework because it helps protect the clients, and all the
clients I've worked with are not the type of people who would want underground services. All the people that I've worked with who have flown in from other states and other countries are also adding to the local economy. I personally could not afford to pay
double what the fees are now, and the field would lose another gifted healer.
I feel that being a Psilocybin facilitator has really been the combination of my decades of work in the healing field where I can now bring it all together. As an elder, I also work
with a large percentage of elders who feel more of a trust with someone who's had all of
these years of experience. I certainly hope that the people who are helping to see this program through can see the benefit of not only keeping the fees the way they are, but
lowering these license fees, so that it can be more accessible to those that really need
it. There have also been studies on the efficacy of low income group work to alleviate depression. These services are helping to alleviate the burden on our current health care system.
We have so much science behind the effects of psilocybin - This is what will help create
a more just Society.
Sincerely,
Phyllis Moses

From: Nora Stevens
To: Public Health Rules
Subject: Please reconsider fee increases
Date: Thursday, September 10, 2026 7:22:11 PM

You don't often get email from nora.stevens@rediscoverypdx.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,
I am a licensed psilocybin facilitator in Oregon and a member of the first cohort to graduate.

I work as an independent contractor. Between my job that pays the health insurance and caring for my children, I do not take many psilocybin clients. I hope to increase that number as my children need less daily care from me.

Personally, I have gotten great relief from depression so I wanted to help others with this exciting new treatment option. But my few clients mean I have to charge a lot for each session just to cover my current license fee. Especially in this economy, that charge is out of reach for most people. If the fees were doubled, I could not afford to continue my practice.

We are on the cusp of a wonderful revolution in mental healthcare. Oregon has been leading the way. Let's not let a small amount of money be the death of the psilocybin movement in Oregon.

Please reconsider this fee increase. There are other options between doubling fees and doing nothing.

Thank you,
Nora Stevens, MS, EdD

Nora Stevens
Rediscovery Coaching and Psychedelics
503-309-0805

2026-0981 174 10/02/2026

From: Shelby Hawkins
To: Public Health Rules
Subject: Keep it accessible!!
Date: Thursday, September 10, 2026 11:28:03 AM

You don't often get email from rshelbyhawkins@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Fee increases will restrict access for the Oregonians who need it most. Higher provider costs get passed on to clients. That makes psilocybin therapy more expensive for the people who stand to benefit most, including low-income and rural Oregonians.

From: terry christensen
To: Public Health Rules
Subject: Psilocybin treatment for depression
Date: Thursday, September 10, 2026 11:23:44 PM

You don't often get email from trrychrstnsn@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

My name is Terry Christensen. I am a 75 year old veteran. I have been battling depression for most of my life. I have had physicians prescribe just about every anti depressant on the market.
I began researching psilocybin treatment. I found several options that were available. I spoke with three facilitators here in Bend, Oregon. All were priced out of my price range. I am retired and am on social security. I gave up on the idea of treatment.
I was contacted by a nonprofit group called HHP the Heroic Hearts Project. They help veterans with financial aid. I was able to be enrolled in a mixed group of veterans for a retreat in Portland. My part of the financial assistance was $350.00.
It was a life changing experience. The five day program included two sessions of psilocybin therapy and five days of group therapy to help with integrating the experience.
The retreat was 18 months ago. The last year has been great. My wife and I have shared one of the best years in our 53 year marriage.
I am very grateful for the opportunity to experience the retreat. It has changed my life for the better. Psilocybin treatment needs to be more affordable for people with low incomes. This will save lives.
Thank You
Terry C Christensen Sr

From: Yassir Baza
To: Public Health Rules
Subject: Comment on Proposed Fee Increases — Oregon Psilocybin Services Program
Date: Thursday, September 10, 2026 10:53:42 AM

You don't often get email from baza.a.yassir@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority Rules Coordinator,

I'm writing as a family member of someone who has gone through Oregon's psilocybin services program, to comment on the proposed increases to facilitator, service center, manufacturer, and worker permit fees, and the elimination of reduced-fee options.

I've watched this program make a real difference for someone I love, and I've come to trust it. That's not something I say lightly. The program's own numbers back up what I've seen: more than 24,000 people served, with a reported adverse event rate below 1 percent. That's a safety record worth protecting, not taxing.

The proposed fees put that record at risk. OHA's own rulemaking notice acknowledges the increases "may reduce the overall number of licensees and create a more significant program budget shortfall," and a licensee survey this summer found 117 of 146 respondents would not renew at the new rates. Fewer providers means higher prices passed to clients, and that falls hardest on the low-income and rural Oregonians who need this care most, in a state that already ranks near the bottom nationally for mental health outcomes.

Before finalizing these fees, I'd ask OHA to publish the financial analysis behind them, projected expenses, expected renewals, assumed attrition, and net revenue, and to size the fees to the program's actual risk profile rather than a budget target this data suggests it won't hit.

Thank you for considering my comment, and for the chance for Oregonians like me to be part of this process.

Yassir A. Baza, PMP
Patient family member

From: cmpeskuski
To: Public Health Rules
Subject: Fee increase
Date: Friday, September 11, 2026 3:02:27 PM

You don't often get email from cmpeskuski@proton.me. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority,

I am a Marine Corps veteran writing in opposition to the proposed licensing fee increases for Oregon's psilocybin services program. I do not live in Oregon and I have no financial stake in this. I am writing because of what this medicine did for me and what your program means to people in states that do not have one.

I came home from Iraq and Afghanistan and spent about a decade going the way the system pointed me. Medications, therapy, the standard course of care. I drank. I gained weight. I got severely depressed and lost most of what I recognized about myself. What I was being offered was not working, and I was running out of ideas.

In 2022 I left the country to get help. I went to Peru because there was no legal way to do this at home. Nothing supervised, nothing regulated, no provider I could vet, no oversight of any kind. I went anyway, because I was out of options.

It worked. I stopped drinking and have not gone back. I took the weight off. I built a meditation and integration practice I still keep. But the thing that actually matters is that I became present for my wife and my son again. I am a better husband and a better father than I was, and I can trace that directly to this work.

I should not have had to leave the country to get it, and the next veteran should not have to either.

That is what Oregon built. You created the first legal, regulated, supervised pathway in this

country. More than 24,000 people have now been served, with an adverse event rate under one percent. Every state now writing rules, including mine, points to Oregon as the evidence this can be done safely. When Oregon's program shrinks, that evidence shrinks with it.

On the fees themselves, two things concern me.

Provider costs reach clients. Doubling facilitator and service center fees will raise the price of care, and it will price out exactly the people with the least room in their budget and the fewest alternatives. Rural clients. Low-income clients. Veterans.

And the math has not been shown. Your own rulemaking notice concedes the increases may reduce the number of licensees and worsen the budget shortfall. In a survey this summer, 117 of 146 licensees said they would not renew at the proposed rates. If that holds, the state collects less than it would by leaving fees alone. Before these rules are adopted, the Authority should publish its projected expenses, expected renewals, assumed attrition, and projected revenue after attrition, and demonstrate that this actually closes the gap.

I understand agencies face real budget pressure. I am watching my own state's health department make hard choices under a compressed timeline right now. But a fee schedule that drives out the providers is not a solution to a funding problem. It is a slower way to lose the program.

Oregon got here first and did it well. Please do not make it harder for the people who built it to keep going.

Respectfully,

Chris Peskuski

United States Marine Corps

Sent from Proton Mail for iOS.

From: William
To: Public Health Rules
Subject: Please do not raise fees on psilocybin facilitators!!
Date: Monday, September 14, 2026 8:42:44 AM

[You don't often get email from williamjasonhib@gmail.com. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

This is Dr. Hibbitts. It would be a tragic mistake to raise the fees for psilocybin licensing. The margins are thin enough right now that people are dropping out like flies. Raising the fees will just make this a failed system. Please reconsider and look at the economics of the reality on the ground.

Thank you for your consideration,

Dr. Hibbitts
Sent from "smart" phone

From: Heather Shelton
To: Public Health Rules
Subject: Public Comment for OPS proposed rule changes
Date: Friday, September 11, 2026 8:41:58 AM

You don't often get email from heather@epichealingeugene.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear OHA,
I am a licensed facilitator and a retired registered nurse working in the psilocybin field here in Oregon. I have worked with people in a variety of health care settings over the last 30 years and have found this work to be the most transformative for my clients. I work with people at end-of-life, those with terminal diagnoses, people suffering from grief and trauma, and many who struggle with some form of mental health issue. Witnessing the profound healing that people receive from these legal services has given me hope for humanity as I have watched so many suffer from our current healthcare paradigm that does not put patients or mental health at the core.

I have been able to offer many low income and elderly clients discounts on their psilocybin services, which will not be possible if my license fee doubles. I have researched and found that the most expensive medical doctor license in the nation is $1800- less than what we currently pay. Increasing our fees to $4000/year will make these services unattainable for many Americans and most Oregonians, and it will ruin our program.

We have not been shown adequate evidence that raising the licensing fees will help our program succeed. From my readings, more than half of facilitators surveyed indicated they would not renew their licenses if fees double. This means we end up with a larger budget shortfall than if we change nothing. Before making any financial changes, we deserve a more thorough report of the financial picture.

I am so proud of what we have created here in Oregon- being the first in the Nation is an honor and privilege—and we need to make this work so we can continue to be great leaders in the country and the world.

Thank you,
Heather Shelton BSN, Ret RN
Oregon Licensed Psilocybin Facilitator
Herbalist

From: Helen Gilchrist
To: Public Health Rules
Subject: Protect the Psilocybin Therapy Program
Date: Monday, September 14, 2026 8:42:42 AM

You don't often get email from gilhegirl@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I am an advocate for psilocybin treatments and hope that other states will follow in your lead. That being said, please keep the therapy program.

This program is working, and it is changing lives. Oregon's program is the first of its kind in the country. It has already served more than 24,000 people, including veterans, cancer survivors, and people living with depression and addiction. Research is showing marked improvements in their mental health.

Fee increases will restrict access for the Oregonians who need it most. Higher provider costs get passed on to clients. That makes psilocybin therapy more expensive for the people who stand to benefit most, including low-income and rural Oregonians.

Regulation should be right-sized to the program's safety record. The program's design is protecting clients. Instead of shifting more costs onto providers, the state can safely streamline its oversight structure to make it less expensive and less bureaucratic.

Ask OHA to show the math. OHA has not released the financial analysis behind the proposed fees: projected program expenses, expected renewals, assumed licensee attrition, and projected revenue after attrition. In a survey of licensees conducted this summer, 117 of 146 respondents said they would not renew at the proposed rates. If that rate of non-renewal occurs across the program, OHA will generate even less in overall revenue than if they did nothing and kept the fees where they are now. OHA should release its assumptions and demonstrate that these fees will actually close the budget gap, rather than charging more to a shrinking number of licensees without any substantive review.

Thank you,

HG in WA state.

From: James Nicol
To: Public Health Rules
Subject: Service center license fee increase
Date: Friday, September 11, 2026 3:21:51 PM

You don't often get email from jamesgnicol@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Oregon Health Authority and Oregon Psilocybin Services:

My name is James Nicol, and I am an investor in Drop Thesis, a licensed psilocybin service center in Bend, Oregon. I am writing to oppose the proposed increase in the annual service center license fee from $10,000 to $20,000.

A 100 percent increase in a major recurring fee creates real concern for investors and operators in an industry that is still developing. Service centers already face significant costs for facilities, staffing, insurance, compliance, administration, and client care. Increasing licensing costs further will ultimately make services more expensive and less accessible.

It also creates uncertainty for those investing capital into Oregon's psilocybin industry. Responsible investment is necessary for service centers to survive, improve their programs, employ qualified staff, and expand access. Dramatic increases in recurring regulatory costs make continued investment more difficult to justify.

I respectfully ask OHA to reconsider the proposed increase and pursue a more sustainable funding structure that supports regulation without placing an excessive burden on operators, clients, and investors.

Thank you for considering my comments.

Sincerely,

James Nicol
Investor, Drop Thesis
Bend, Oregon

From: Ken Weingardt
To: Public Health Rules
Subject: Psilocybin Services program
Date: Friday, September 11, 2026 6:16:03 AM

You don't often get email from kenweingardt@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Health Authority,

I am writing to urge OHA to reconsider the proposed fee increases for Oregon's Psilocybin Services program.

Oregon created the first regulated psilocybin services program in the country, and it is working. More than 24,000 people have participated, including veterans, cancer survivors, and people struggling with depression, addiction, and other significant challenges. Emerging research and the experiences of participants suggest meaningful improvements in mental health and well-being.

Oregon needs innovative approaches that produce results. The state continues to face serious mental health challenges, yet its psilocybin program has demonstrated that these services can be delivered with a strong safety record. With an adverse-event rate below 1 percent across more than 24,000 participants, the appropriate response should be to strengthen and improve this model—not create financial barriers that threaten its sustainability.

Increasing licensing fees will ultimately increase costs for clients. Providers cannot indefinitely absorb higher regulatory expenses, and those costs will inevitably affect access, particularly for low-income and rural Oregonians.

Regulation should also be proportional to demonstrated risk. Oregon has accumulated several years of real-world experience with regulated psilocybin services. That experience should now be used to identify opportunities to streamline oversight, reduce unnecessary administrative costs, and maintain strong consumer protections without making participation financially unsustainable.

Finally, I urge OHA to publicly show the math behind these proposed increases. Please release the projected program expenses, anticipated license renewals, assumed licensee attrition, and projected revenue after that attrition. In a recent survey, 117 of 146 licensees indicated they would not renew at the proposed rates. If attrition approaches that level, substantially higher fees could actually produce less revenue while weakening the program.

Before imposing these increases, OHA should demonstrate that they will close the budget gap and consider alternatives that preserve access, safety, and the long-term viability of this groundbreaking program.

Sincerely

Ken Weingardt, PhD.

Psychologist
Natural Medicine Facilitator
Boulder, Colorado

303-335-9339
kenweingardt.com





From: Megan Fettig
To: Public Health Rules
Subject: In Support of Psilocybin Therapy Program
Date: Friday, September 11, 2026 8:29:42 AM

You don't often get email from riverwaycounselingllc@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom It May Concern,

I'm writing to express my objection to increasing fees for the Psilocybin Therapy Program. I believe increasing fees will restrict access especially to low-income folks who traditionally have less access to resources and mental health support.

Thank you,
Megan

--
Megan E. Fettig, MA, LCPC, LPC
Riverway Counseling LLC
she, her, hers
Phone: 406-220-0851

STATEMENT OF CONFIDENTIALITY
This correspondence and any attachments are for the sole use of the intended recipient(s) and may contain confidential or privileged information. Any unauthorized use, disclosure, or distribution is prohibited and may be unlawful. If you are not the intended recipient or a person responsible for delivering this message to the intended recipient(s), please contact the sender and destroy all copies of the original message.

From: Melissa Hruby
To: Public Health Rules
Subject: proposed psilocybin fee increases are a mistake
Date: Friday, September 11, 2026 10:06:11 AM

You don't often get email from melissalehew@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I work in the Oregon Psilocybin industry with a workers permit as support staff at one of the service centers in Bend.

I have seen first hand how this program is working and changing lives! My on experience during a facilitated journey was transformative!

I believe any fee increase would be detrimental to existing services centers. The goal should be to make access easier, more affordable and less complicated. Oversight is important and should be appropriate for the existing safety record.

Oregon was brave in stepping forward to be the first state to allow legal psilocybin access. Being a good leader means pausing, taking stock and making appropriate adjustments to continue moving forward. Fee increases are not the way to increase access to this transformative medicine.

Melissa Hruby

From: Melissa Jackson
To: Public Health Rules
Subject: Public comment on adding definition of "compliance test" to OAR 333-333-1010
Date: Friday, September 11, 2026 1:27:22 PM
Attachments: image001.png

Hello,

I am submitting this public comment to recommend adding a definition of “compliance test” to OAR 333-333-1010.

The term “compliance test” is used in OAR 333-333-6030 and OAR 333-333-7020, but the term is not defined in the definitions section OAR 333-333-1010.

An example definition for compliance test may be found within the cannabis testing rules OAR 333-007-0310(21).

Adding a definition of “compliance test” will help clarify how the term applies to psilocybin testing and support consistent interpretation of the rules.

Thank you,

Melissa Jackson
ORELAP Assessor & Policy Developer
Cell: 503-746-1454
www.healthoregon.org/orelap
OHA Customer Service Survey (Public Health Division)



The ODIE web portal is now at a new web address. Please use this link to access ODIE: https://orelap.oregon.gov/home

2026-0981 188 10/02/2026

From: Michael Eng
To: Public Health Rules
Subject: Public Comments for Oregon Psilocybin Services 2026 proposed rules
Date: Friday, September 11, 2026 3:26:36 PM

You don't often get email from mikeeng@mac.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Psilocybin Services team,

Please accept and consider my public comments regarding the Oregon Psilocybin Services 2026 proposed rules.

I live in Wallowa County in NE Oregon. I served on the **2026 Rules Advisory Committee #2: Products and Premises**. I am a recent graduate of the Oregon Psychedelic Institute's Psilocybin Facilitator Training Program, whose curriculum has been approved by OPS, and whose program has been approved by HECC.

My goal in becoming a state-licensed Psilocybin Facilitator has been to serve elders wanting to be well-prepared for their eventual death, individuals with terminal diagnoses, and hospice patients approaching their imminent death. As you are aware, numerous studies have shown that psilocybin can effectively help individuals suffering from end-of-life-induced fear, anxiety, pain, depression, and existential distress, to improve their overall quality of life.

I am retired and have an adequate income to sustain myself. Working in collaboration with other health care providers, I therefore wished to provide psilocybin facilitation services, as a community service that would be free of charge to individuals seeking this form of assistance at their end of life.

Unfortunately, after spending multiple thousands of dollars to become a state-licensed Psilocybin Facilitator, I no longer see this as an economically viable path for me with the increase in Facilitator Application Fee and the doubling of the annual License Fee, as proposed by **OAR 333-333-4060(1b)** and **OAR 333-333-4060(2c)**. So, I will not be applying for state licensure, as I had anticipated.

Furthermore, due to local prohibitions, as allowed by ORS 475A.718(1), the nearest state-licensed service center to residents of Wallowa County is more than a five-hour drive. This obstacle precludes individuals in a frail health condition from accessing state-authorized psilocybin services. The distance to the nearest licensed service center and the requirement for overnight accommodations, also creates an unrealistic additional cost burden for me as a non-profit facilitator, as well as for individuals from my county seeking psilocybin services.

Having now completed a Psilocybin Facilitator Training Program, I also question the wisdom of the proposed changes to **OAR 333-333-3070: Psilocybin Facilitator Practicum Requirements**. The practical challenges for a Training Program director to adequately plan for a practicum and to coordinate with a Practicum Site Supervisor in obtaining advanced

consent from a service center client in order to be observed by practicum students and to share that client's personal information, will result in an unpredictable practicum training situation with limited capability to ensure consistent quality control. It would seem that the only way this process could possibly operate smoothly is if the Training Program and the Service Center were the same entity, which I don't think would necessarily be desirable.

I believe that the provision authorized by **OAR 333-333-3070(9)** for a practicum student to receive up to four hours credit for participating in an administration session as a client is promoting an unethical practice on the part of a psilocybin facilitator. Following a psilocybin administration session, a client should be self-focused on integration of the experience for the next several days. The practical logistics of a practicum schedule, however, would instead require the student/client to quickly refocus their attention to the observation of other clients. In my opinion, an ethical psilocybin facilitator should not be working with a client directly after participating in their own administration session, during a subsequent critical period for integration.

I also don't agree with OPS dismissing and eliminating the existing **OAR 333-333-3070(8)** provision allowing for the use of role playing during the practicum. When done well, realistic role playing has great potential training value because multiple challenging administration session scenarios can be presented to students and actively learned from, rather than just passively observing a consenting service center client, who could end up having a quite routine experience, while at the same time being unpredictable from a training program perspective for ensuring that a good and challenging learning opportunity is afforded the student facilitators.

Although outside the scope of the 2026 Proposed Rule process, I would like to convey to OPS my strong opposition to **ORS 475A.498**, which requires that psilocybin may only be administered at a licensed service center. I believe this provision unfairly and illegally discriminates against end-of-life individuals who could benefit from psilocybin services, but who are denied access to these services because their physical condition prevents them from traveling to a service center.

Thank you for considering my comments as you finalize OPS's proposed rule changes.

Michael Eng
64705 Lostine River Rd
Lostine, OR 97857

From: Renee Miereanu
To: Public Health Rules
Subject: Testimony and plea
Date: Friday, September 11, 2026 12:05:58 AM

You don't often get email from mushroomguideoregon@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To whom this may concern;
I am a certified and licensed
Oregon Psilocybin facilitator. I was one of the first to be trained and licensed in 2023. I got into this work because I had been a coach for many years and saw the devastation of depression, PTSD, brain degeneration and wanted to get into this work to assist in a deeper path.

It was very expensive to get educated and licensed with a loan of over $15,000. That I haven't recouped as yet. Then invested in my business making this work attainable. Because I live in Ashland, Oregon I spent six months traveling back-and-forth to Portland for my excellent training with InnerTrek.

I made several personal and professional sacrifices to participate in Oregon's regulated program.

I found the importance of the safety and support that OPS provided produced meaningful outcomes that I have witnessed in Clients as well as cohort facilitators. This cost of $2,000. per year was originally a big stretch financially and now with the possibility of this a loss of less affordable licensing and access could mean my practice in this beautiful work could end before it has hardly begun.

There must be many other perspectives of making this affordable for many more people without doubling the fees for my work, service centers, and producers of this magnificent medicine.

You have not given us any other choices or any other statistics why you are considering this enormous, unreasonable financial leap in fees.

I have witnessed so many people heal from their issues with grace and gratitude. Please, consider other options. The logic behind this increase is askew… be because many of us will drop out so you may actually lose money rather than make money.

It is absolutely evident that this medicine could save Oregon Health Services much more money by improving the quality of life of so many people with psilocybin that have been usingvery long-term aid and mostly has been less than successful.

Please do not raise these fees and let us continue the success of the first State in the nation to improve the mental health of people from all around the world who come here for these

services.
Very Sincerely,

Renée Miereanu, Oregon State Licensed Psilocybin Facilitator

Since 1982 Master Neuro-Linguistics Practitioner/ Coach

2026-0981 192 10/02/2026

From: Birdie Maser
To: Public Health Rules
Subject: Comments on Proposed Fee Increase
Date: Saturday, September 12, 2026 12:18:59 PM

You don't often get email from birdie@interwovenrituals.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority,

I am writing as a licensed psilocybin facilitator practicing in Portland to submit public comment in opposition to the proposed rule doubling the annual facilitator license fee from $2,000 to $4,000, and to the elimination of reduced-fee licensing for veterans and low-income applicants.

Facilitator work is inherently uneven. I have had many months with a single client session, and some months with none at all. Doubling my licensing fee would mean the state is effectively claiming 25% or more of my annual revenue before I cover any other cost of doing business. For facilitators with lighter caseloads than mine, that share climbs to 50% or 75%. The current $2,000 fee is already a significant yearly commitment for a part-time, client-dependent practice; doubling it will not simply reduce our margins, it will push a meaningful number of us out of the field entirely. Many facilitators are already barely breaking even at today's rate.

I have watched this work create real, lasting change for the clients I serve — improvements in chronic physical conditions, in treatment-resistant depression, in grief and trauma that other interventions had not resolved. Measure 109 was passed on a promise to make this care safe, accessible, and affordable, without placing an ongoing burden on taxpayers. Doubling facilitator fees while removing the reduced-fee pathway for veterans and low-income applicants moves the program away from that promise, not toward it, and shifts the cost of a state funding shortfall onto the smallest, least-capitalized license holders in the system. Fewer facilitators means longer waits and higher session costs for the clients who need this care most.

I recognize OHA has real costs to cover, but I'd ask that the following be considered before this rule is finalized: (1) a smaller, phased increase for facilitators rather than a full doubling in one cycle; (2) retaining the reduced-fee tier for veterans and low-income applicants rather than eliminating it outright; and (3) identifying funding sources beyond facilitator and service-center licensing fees, given how disproportionately this group already shoulders the program's costs relative to other regulated health professions in the state.

Thank you for including this comment in the public record.

Sincerely,
Birdie Maser
Licensed Facilitator

BIRDIE MASER
Licensed Psilocybin Facilitator & Guide
Alternative Healing & Medicine
C: (541) 933-0079
www.interwovenrituals.com
Instagram: @interwovenrituals



> "The land knows you, even when you are lost."
>
> – Robin Wall Kimmerer, Braiding Sweetgrass

2026-0981 194 10/02/2026

From: David
To: Public Health Rules
Subject: PROPOSED OREGON PSILOCYBIN SERVICES FEE INCREASES
Date: Saturday, September 12, 2026 8:51:52 AM

You don't often get email from david@bethanystable.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

It is improper for the State to meet the will of the voters with these proposed regressive fee changes. The efficacy of psychedelics as a remedy goes back 75 years and it is only government interference that has inhibited the good that these treatment have proven to provide. Get out of the way!

THE PROPOSED FEE STRUCTURE IS REGRESSIVE, PUNITIVE AND STANDS IN THE WAY OF THE WILL OF THE VOTERS.

David Bowles
15325 NW Central Dr
Portland, OR 97229

From: Jina Clark, Attorney
To: Public Health Rules
Subject: Keep the fees low to Support Oregon"s Psilocybin Therapy Program
Date: Saturday, September 12, 2026 4:29:16 PM
Attachments: image001.png

You don't often get email from jina@clarklawportland.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom It May Concern:

Some people have had to go out of the country to receive the benefits of Psilocybin and other plant medicines. Please keep the fees low so that the people who need plant medicines the most have access.

These medicines are continually proving more effective and with less side effects than many pharmaceuticals that make the pharmaceutical industrial complex rich.

https://www.hopkinsmedicine.org/psychiatry/research/psychedelics-research

Very Truly Yours,

Jina L. Clark, Formerly Jennie L. Clark
Supervising Attorney
Clark Law and Associates, LLC
6501 S Macadam Ave. Suite E
Portland, OR 97239
(503) 238-1010
Fax (503) 238-1212

E-MAIL CONFIDENTIALITY NOTICE: This e-mail is confidential. The contents of this e-mail message and any attachments are legally protected attorney-client communications. If you are not the intended recipient of this message or believe you have received it in error, please immediately notify the sender via e-mail or telephone at (503) 238-1010 (U.S.). Any use, dissemination, disclosure, copying, or storing of this message and any attachments is strictly prohibited. While we believe this email and attachments to be free of any virus-type defect, it is the responsibility of the recipient to ensure it is virus-free, and we are not responsible for any loss or damage arising from such virus.

CLIENT WARNING: If you are receiving this e-mail on your employer's computer or device, or through an employer-assigned e-mail address, your employer may gain access to it. This will jeopardize the confidentiality of this e-mail and may harm your case, even if you are using a "personal" e-mail address. Please cease using employer devices or e-mail addresses to communicate about your legal matter. Instead, use your personal computer along with your personal e-mail address or some other mode of confidential communication.

From: Heidi Pendergast <info@healingadvocacyfund.org>
Sent: Thursday, September 10, 2026 10:20 AM
To: Jina Clark, Attorney <jina@clarklawportland.com>
Subject: We Need You to Take Action to Support Oregon's Psilocybin Therapy Program

Ensure state regulated psilocybin therapy is safely and effectively implemented.

Make Your Tax-Deductible Donation Today

Tell OR Leaders to Protect the Psilocybin Therapy Program

Jina,

The Oregon Health Authority is taking public comment on proposed rules for Oregon's psilocybin therapy program, including a plan to double licensing fees for the facilitators, service centers, and manufacturers who make this care possible. Comments are being accepted through **September 26, 2026**.

Healing Advocacy is making the case for this program directly with legislators and the Governor's office. But the public record matters too, especially now that OHA has a new interim director, Fariborz Pakseresht, who is hearing about this program for the first time. The people who run our program, work in our program, and have been helped by our program are the most credible voices. Please take a few minutes to add yours.

Two ways you can help immediately:

1. **Email your written comments** to: publichealth.rules@odhsoha.oregon.gov (draft talking points to help you write are below). If you speak at a hearing, sending your comments in writing as well makes sure they're in the record.
2. **Join one of two virtual public hearings**:
   * Tuesday, September 15, 2026, 6:00 pm - 7:30 pm (PDT) | Sign Up | Join Meeting
   * Wednesday, September 16, 2026, 12:00 pm - 1:30 pm (PST) | Sign Up | Join Meeting

What's Being Proposed

The proposed rules would raise facilitator license fees from $2,000 to $4,000, service center

and manufacturer license fees from $10,000 to $20,000, and worker permits from $25 to $200, and would eliminate reduced-fee options. OHA's own rulemaking notice acknowledges that the increases "may reduce the overall number of licensees and create a more significant program budget shortfall."

What to Say

Start with who you are: a client, a facilitator, a service center operator, a clinician, a veteran, a family member, or an Oregonian who cares about mental health care. Then choose the points below that matter most to you.

This program is working, and it is changing lives. Oregon's program is the first of its kind in the country. It has already served more than 24,000 people, including veterans, cancer survivors, and people living with depression and addiction. Research is showing marked improvements in their mental health. If you have a short personal story or client quote you can share that aligns with that research, include that too.

Oregon needs approaches to mental health care that get results. Oregon ranks near the bottom of the nation for mental health outcomes. This program is producing real results and doing so safely, with an adverse event rate below 1 percent across more than 24,000 participants. The state should support and grow that record, not put up new barriers.

Fee increases will restrict access for the Oregonians who need it most. Higher provider costs get passed on to clients. That makes psilocybin therapy more expensive for the people who stand to benefit most, including low-income and rural Oregonians.

Regulation should be right-sized to the program's safety record. The program's design is protecting clients. Instead of shifting more costs onto providers, the state can safely streamline its oversight structure to make it less expensive and less bureaucratic.

Ask OHA to show the math. OHA has not released the financial analysis behind the proposed fees: projected program expenses, expected renewals, assumed licensee attrition, and projected revenue after attrition. In a survey of licensees conducted this summer, 117 of 146 respondents said they would not renew at the proposed rates. If that rate of non-renewal occurs across the program, OHA will generate even less in overall revenue than if they did nothing and kept the fees where they are now. OHA should release its assumptions and demonstrate that these fees will actually close the budget gap, rather than charging more to a shrinking number of licensees without any substantive review.

The evidence is in. Real-world research on Oregon's program is confirming what clinical trials and clients have shown:

- Safety and Mental Health Outcomes of Oregon State-Regulated Psilocybin Services
- Low-Income Group Psilocybin Assisted Therapy for Depression
- Mental health outcomes following a psilocybin session within Oregon's state-regulated model: A naturalistic study

If you hold a license or worker permit: tell OHA what license you hold, whether you would renew at the proposed fee, and what the increase would mean for your business, your prices, your employees, and your clients. Specific numbers are the most persuasive thing you can offer.

Oregon built this program from nothing, and it is working. A short comment from you helps make sure the people deciding its future understand that. Thank you for speaking up.

With gratitude,
Heidi Pendergast
Oregon State Director, Healing Advocacy Fund

Sent via ActionNetwork.org. To update your email address, change your name or address, or to stop receiving emails from Healing Advocacy Fund, please click here.

From: Travis Johnston
To: Public Health Rules
Subject: Public Comment Opposing Proposed Psilocybin Services Fee Increases
Date: Saturday, September 12, 2026 2:16:20 PM

[You don't often get email from travis.johnston@heroicheartsproject.org. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Health Authority,

My name is Travis Johnston. I am a disabled Army veteran, former firefighter and paramedic, MSW candidate, and trained psilocybin facilitator who completed both an Oregon approved training program and practicum. My professional focus is supporting veterans, first responders, and others affected by trauma, depression, grief, and moral injury.

I am writing to oppose the proposed licensing fee increases and the elimination of reduced fee options within Oregon Psilocybin Services.

Increasing the facilitator license fee from $2,000 to $4,000 would create a substantial barrier for facilitators entering or remaining in the program. This is especially true for practitioners committed to serving clients at reduced or no cost. My own social equity plan focuses on making services accessible to disabled veterans, particularly veterans from historically underserved communities. Doubling licensing costs would make that commitment harder to sustain and would inevitably increase what many clients must pay.

This matters because psilocybin services are generally not covered by insurance. Many veterans and other people living with serious mental health challenges already struggle to afford care. Increasing provider costs while eliminating reduced fee options moves the program further away from those who may benefit most.

I have lost fellow veterans, including my younger brother and a close friend from my Ranger unit, to suicide. I also live with the effects of combat trauma and understand both the need for effective mental health options and the consequences when people cannot access appropriate support. Oregon should be working to expand responsible access, not creating financial barriers that may reduce the number of qualified facilitators and service centers.

The proposed increases also appear financially uncertain. OHA’s notice acknowledges that higher fees may reduce the number of licensees and worsen the program’s budget shortfall. Before adopting these increases, OHA should publicly release its projected expenses, anticipated renewal rates, attrition assumptions, and expected revenue under the proposed fee structure. If a substantial number of licensees do not renew, doubling the fees may generate less revenue while

weakening the program.

I respectfully ask OHA to:

1. Reject the proposed fee increases in their current form.

2. Preserve meaningful reduced fee options.

3. Release the complete financial analysis supporting any proposed increases.

4. Consider graduated or income based fees for facilitators and smaller service centers.

5. Right size administrative costs based on the program's actual safety record and demonstrated needs.

6. Work with the Governor and Legislature to identify funding solutions that do not place the program's full financial burden on providers and clients.

Oregon created an innovative, regulated model that has now served thousands of people with a strong safety record. The state should protect its long term viability by making participation sustainable for ethical providers and accessible to the people the program was intended to serve.

Thank you for considering my comments.

Sincerely,

Travis Johnston
U.S. Army Veteran
MSW Candidate
Trained Psilocybin Facilitator

From: Travis Judge Johnston
To: Public Health Rules
Subject: Do Not Increase Oregon Psilocybin Licensing Fees
Date: Saturday, September 12, 2026 2:19:06 PM

[You don't often get email from tjj2125@columbia.edu. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Health Authority,

I am submitting this supplemental comment to clearly oppose any increase in the annual fees for Oregon Psilocybin Services licenses and permits.

The existing annual fees are already substantial, particularly for facilitators and smaller service centers operating in a developing market without insurance reimbursement. Doubling facilitator fees from $2,000 to $4,000 and service center and manufacturer fees from $10,000 to $20,000 would make the program less sustainable. Increasing worker permit fees from $25 to $200 and eliminating reduced fee options would create additional barriers for the people working to keep the program operating.

These annual fees should not be increased. Providers would have to absorb the added expense, pass it on to clients, reduce access programs, or leave the regulated system. Every outcome would weaken Oregon's program and make psilocybin services less accessible, especially for low income, rural, disabled, and otherwise underserved participants.

OHA's own notice acknowledges that the proposed increases may reduce the number of licensees and worsen the program's budget shortfall. A fee increase that drives licensees away could produce less revenue while concentrating even greater costs among those who remain.

OHA should not increase annual fees without first releasing a complete financial analysis showing projected program expenses, anticipated renewals, assumed licensee attrition, and expected revenue after that attrition. Licensees and the public deserve to see evidence that every reasonable administrative efficiency and alternative funding source has been considered.

I respectfully ask OHA to keep annual licensing and permit fees at their current levels, preserve reduced fee options, right size administrative expenses, and work with state leaders to develop funding solutions that do not place additional costs on providers and clients.

The financial stability of the program cannot be achieved by making participation financially unsustainable.

Thank you for including this comment in the public record.

From: Peter Cedergren
To: Public Health Rules
Subject: Proposed licensing fees
Date: Sunday, September 13, 2026 8:56:34 AM

You don't often get email from pcedergren@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom it May Concer,
I am writing to you from Colorado, where I am a licensed psilocybin facilitator in training (NMIT). Earlier this year I had a licensed micro-healing center, but made the difficult decision to not renew the license due to the extremely high licensing fees. It was a small operation, thus the "micro" nomenclature. To renew my licensing for one additional year would have cost me almost $7,000 for 2026 and almost $9,000 for 2027. Seeing one or two clients a month and charging low fees to make my services accessible to those who need it, those who cannot afford high prices, it was simply financially unviable for me to stay in business.

The result of those high licensing fees is that in Colorado, there have not been any new applications for healing centers for some time now. The state has made this venture simply too expensive and it appears that Oregon is now proposing to go that same route.

Psilocybin is a tremendously powerful medicine that changes lives after simply one session. In this country there are close to one million veterans with PTSD and close to 20 of them commit suicide every single day. This medicine needs to be made *more accessible* to those who desperately need it, not *less accessible*. The proposed fee increases in Oregon will do just that; make this powerful medicine less accessible to those who truly need the help.

Thank you for you time,

Peter Cedergren, MA, LPC, NMIT

--
Reintegration Counseling, LLC
Sacred Symbiosis, LLC - SacredSymbiosis.net
Peter Cedergren, (he/him), MA, LPC, NMIT
Sex Offender Treatment Provider & Licensed Clinical Psilocybin Facilitator
cell: 303-319-2193

"I am not afraid. I was born to do this."
- Joan of Arc

"What is most personal is most universal."
- Carl Rogers

"Dream the impossible dream and the world will not grind you under, it will lift you up."
- Terence McKenna

2026-0981 204 10/02/2026

CONFIDENTIALITY NOTICE: This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by email or phone and destroy all copies of the original message. Thank you.

September 9, 2026

Oregon Health Authority
Oregon Psilocybin Services

Re: Opposition to Proposed Increases in Oregon Psilocybin Services License Fees

Dear Oregon Health Authority and Oregon Psilocybin Services,

My name is Adrianne Rae Wilson-Poe, Ph.D. I am a multidisciplinary researcher in the field of psychedelic health, and I am writing of my own accord as a concerned Oregonian. These views are my own and I do not represent the institutions with which I am affiliated.

I am writing to strongly oppose the proposed increases to license fees for Oregon's psilocybin services program.

I recognize that Oregon Psilocybin Services is facing significant budget challenges and needs sufficient resources to administer and regulate this novel public-health framework. However, *substantially increasing license fees is likely to have the opposite of the intended fiscal effect*: driving licensees out of the regulated system, reducing revenue, and potentially worsening the program's budget shortfall.

The proposed fee increase is a fiscal risk, not a fiscal solution.

Earlier this summer, a local therapist Sam Gross surveyed Oregon psilocybin licensees specifically about what they would do if licensing fees were doubled. They contacted 331 licensees and received 146 responses:

- 17 said they would renew at the proposed rates.
- 12 said maybe.
- **117 said they would not renew**.

Based on these responses, the projected annual licensing revenue would fall from approximately $1.05 million to $463,000—a roughly **56% decline despite the fee increases**.

This creates a potentially feed-forward problem that could undermine the entire program:

Higher fees → fewer licensees → less revenue → larger program shortfall → greater fiscal pressure on remaining licensees → higher prices for OPS clients → less demand for OPS services → fewer clients → unsustainable small businesses → even fewer licensees → collapse of the program.

2026-0981 206 10/02/2026

Most concerning, OHA's own rulemaking materials acknowledge that higher fees may reduce the number of licensees and could contribute to a larger program budget shortfall. The agency has therefore identified the central risk itself: increasing fees may undermine the revenue base on which the program depends.

Oregon's regulated program is generating invaluable knowledge

There is another reason to be especially cautious about shrinking the licensed ecosystem: **Oregon's psilocybin services program is generating invaluable real-world evidence about psychedelic services, safety, outcomes, and regulation.**

Our recent peer-reviewed study in *JAMA Network Open*, Safety and Mental Health Outcomes of Oregon State-Regulated Psilocybin Services (Korthuis et al., 2026), provides a powerful example. We followed 346 adults receiving services through Oregon's regulated program, across 24 licensed service centers and 83 licensed facilitators.

We found significant reductions in depression, anxiety, and PTSD symptoms at three months, alongside improvements in mental well-being and life satisfaction. Serious adverse behavioral reactions were uncommon, occurring in four participants (1.2%), and we generated important information about potential risks.

As of the date of this letter, we now have **700 clients** enrolled in the study, with many planned and in-progress publications to track the program's impacts over a much longer time frame. Evidence of this rigor, magnitude, and real-world applicability has never before been possible to collect.

This kind of evidence is possible **because Oregon has a functioning, regulated psilocybin services system**. Clinical trials provide essential controlled evidence, but Oregon's program allows researchers to study what happens when psilocybin services operate in the real world: With diverse clients, a genuine workforce of facilitators, and a network of Oregon small business service centers.

The knowledge generated by this system has implications far beyond Oregon. Policymakers, researchers, clinicians, regulators, and public-health professionals around the nation and the world are watching Oregon to understand how psychedelic services can be responsibly implemented and regulated.

Licensees are therefore not simply sources of program revenue. They are part of the public-health and research infrastructure that makes Oregon's experiment possible.

A substantial contraction of the licensed sector could reduce access to regulated services, diminish opportunities for practice-based research, and weaken Oregon's position as a leader in evidence-based psychedelic policy.

Do not inadvertently undermine the program

If the objective is to make Oregon Psilocybin Services financially sustainable, the agency should carefully consider whether doubling fees will actually accomplish that goal. The OHA openly acknowledges that the proposed changes could result in fewer licensees, less revenue, reduced access to regulated services, and a larger budget deficit.

That would be an extremely unfortunate and avoidable outcome.

Oregon has created an unprecedented public-health and regulatory experiment. It is already generating peer-reviewed evidence that would be impossible to obtain without a functioning real-world system.

I strongly urge the Oregon Health Authority to reject the proposed doubling of psilocybin license fees and consider the broader fiscal and public-health consequences of shrinking the licensed ecosystem.

The goal should be to sustain the program—not inadvertently undermine the very infrastructure that is generating valuable knowledge for Oregon and the world.

Thank you for considering this comment.

Sincerely,



Dr. Adrianne Rae Wilson-Poe
Co-Director, Open Psychedelic Evaluation Nexus
Assistant Scientist, Legacy Research Institute

From: Edoardo Kaplan
To: Public Health Rules
Subject: Comment Regarding Proposed Rules for Oregon"s Psilocybin Therapy Program
Date: Monday, September 14, 2026 10:52:06 AM

You don't often get email from ed@bipanna.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I am Edoardo Kaplan at Bipanna Accounting. Through work I interact with many psychedelic clients, from facilitators, to healing centers, to investors, and thus I would like to share my perspective regarding the present economic state of the psychedelic industry and its implications.

At present, it is difficult to make enough profit within the psychedelic space to sustain a business. This is due to the industry's recent establishment, the rate of present demand, licensure costs, as well as 280E tax code, which prevents those "trafficking" a scheduled substance from being able to deduct standard business expenses. Increasing licensure cost will only cause a further reduction in profit margins that in turn makes psychedelics non-sustainable nor accessible for many businesses and patients.

Many people, very committed and genuine about the healing potential of psychedelics, cannot reasonably keep their businesses afloat during this phase of the industry. That means we are encountering a real brain- and heart- drain within this field. Businesses and healers have also needed to increase pricing to deal with the loss of profits, which creates an even bigger gap in accessibility. What is left over are those with business acumen who have managed to secure investment to wait out the initial difficulties. This is causing and will cause monopolies on the business level, as well as perspectival. Thus, the range of viewpoints available in the space will flatten and cause a limiting of therapeutic modalities, ideology, etc., as well as a stifling and limiting of growth, insight, and creativity.

Because of all this, I am critically suggesting that the State of Oregon does not increase licensure costs. This will further stunt the industry and its potential.

Thank you,
Edoardo

From: Gary Bracelin
To: Public Health Rules
Subject: PUBLIC COMMENT / Gary Bracelin
Date: Monday, September 14, 2026 6:06:52 PM
Attachments: Public_Comment_OPS_Budget_Sustainability (2).docx

You don't often get email from gary@dropthesis.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

September 10, 2026
Oregon Health Authority
Oregon Psilocybin Services Program

Re: Public Comment — OPS Budget Sustainability (Proposed Facilitator, Service Center, and Manufacturer License Fee Increases

To the Oregon Health Authority and OPS Rulemaking Team:

My name is Gary Bracelin, and I am the owner of Drop Thesis, a licensed psilocybin service center in Oregon, and one of the co-founders of the Psilocybin Alliance. I also own several additional small businesses in the state. I am submitting this comment in opposition to the proposed increase in licensing fees for facilitators, service centers, and manufacturers.

The Rules Advisory Committee (RAC) process

This proposal was raised and extensively discussed during the RAC process, where licensees and stakeholders voiced substantial concerns about its impact on the program's viability. Based on the fee schedule that has moved forward, it does not appear that this feedback meaningfully shaped the proposal. I would ask OHA to explain how RAC input on this specific issue was incorporated, and if it was not, why the committee process did not result in changes.

Financial assumptions behind the proposed fees haven't been shown

OHA has not released the underlying financial analysis supporting these fee increases, including projected program expenses, expected renewal rates, anticipated licensee attrition, and projected revenue after that attrition. This matters because the data we do have points to the opposite of the intended outcome: in a survey of licensees conducted this summer, 117 of 146 respondents indicated they would not renew their license at the proposed rates. (In fact, the current attrition rate, without raising the fees, is over 50% of licensed manufacturers, testing labs and service centers!)

If that rate of non-renewal holds across the program, these fee increases would generate **less** total revenue than leaving fees unchanged, while shrinking the number of businesses serving Oregonians. Before finalizing this rule, OHA should publish its assumptions and demonstrate that the proposed fees will actually improve, rather than worsen, the program's financial position.

Higher fees will restrict access, particularly for those who need this care most

Provider costs are ultimately passed on to clients. Raising license fees on facilitators, service centers, and manufacturers will raise the price of psilocybin therapy at exactly the moment the state should be working to make it more accessible, particularly for low-income and rural Oregonians, who are already the most price-sensitive population this program serves. This is ironic, since one of OHA's core values is accessibility.

Fewer licensed providers mean more Oregonians turning to unregulated products!

Independent research, including analysis from Rose City Labs and Oregon State University on illegal psilocybin products sold outside the licensed system, shows that the majority share of psilocybin currently consumed in Oregon comes from illegal sources, maybe even as high as 90%. These products are untested, and often mislabeled and misleading, and in some documented cases very dangerous. Raising costs on licensed, tested, safety-regulated providers does not shrink that illegal market; it risks pushing even more Oregonians toward it. If protecting public health and safety is among OHA's core mandates, that goal is better served by supporting the legal, licensed, tax-paying market's growth rather than by crippling it.

Why is that illegal number so high? It's clear that laws are not being enforced, allowing the illegal market to exist and thrive. With all the costs and constraints we face in the regulated, legal market (and with more proposed expenses now!), how can we compete, much less survive? We need your support to suppress the illegal market.

Regulation should reflect the program's actual safety record

Oregon's program has already served more than 24,000 people, with an adverse event rate below 1 percent. That is an extremely strong safety record, and the state's oversight structure should be right sized to reflect it. It should be focused on efficient, cost-effective common-sense regulation rather than raising costs on the businesses that are already operating legally and safely.

What this fee increase means for Drop Thesis

Quite frankly, for Drop Thesis, this fee increase could be the difference between staying in business or closing our doors. The doubling of the licensing fees will not only affect our operations costs and overhead but impact the survival of some of the facilitators who work closely with us. We'd likely have to eliminate some staffing (even though we are already lean) yet still must stay within the strict OHA guidelines. As it is inevitable that some of these costs

will have to be passed onto our clients, we project a decrease in actual sessions and a significant drop in inquiries. The economy is hard enough right now, and we work hard to find ways to serve as many people as we can yet still survive. This will be a huge blow to our core values.

I ask that OHA reject the proposed fee increases as currently structured and work with licensees to find a sustainable funding approach that does not put access, safety, or the program's future at risk. We have ideas and want to be collaborative and transparent so that this industry can grow and thrive.

Thank you for considering this comment.

Sincerely,
Gary Bracelin
Owner, Drop Thesis

From: Javier Samayoa
To: Public Health Rules
Subject: Protect the Psilocybin Therapy Program
Date: Monday, September 14, 2026 9:18:46 AM

You don't often get email from samayoajavier@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

My name is Javier Samayoa, a veteran and philocybin graduate from Heroics Heart Project, who is writing to let you know that the program saved my life, and more people need it who are struggling with PTSD, TBI's, and or chronic pain.

This program is working, and it is changing lives. Oregon's program is the first of its kind in the country. It has already served more than 24,000 people, including veterans, cancer survivors, and people living with depression and addiction. Research is showing marked improvements in their mental health.

I suffered from symptoms due to my service connected trauma in the Navy and had tried everything available, and nothing helped quite like the philocybin retreat. This was a life changing experience for me and my family, including my fellow verteran brothers who attended with me.

I sincerely hope you will continue to support access to treatments like this for those who need them, as they offer meaningful hope and can have a profound, life-changing impact on individuals and families facing similar challenges.

Cheers,
Javier Samayoa

2026-0981 213 10/02/2026

From: Judah McAuley
To: Public Health Rules
Subject: Comment on proposed rules for psilocybin therapy program
Date: Monday, September 14, 2026 10:43:41 AM

You don't often get email from judah.mcauley@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

I'm very concerned about the proposal to massively increase the fees for Oregon's nascent psilocybin therapy program. Doubling the fees for facilitators and manufacturers and then massively increasing the fees for worker permits threatens to strangle a program that is barely getting on its feet.

In the short time that it has been open, I know that it has already served 24,000 people. That's a small fraction of who could potentially benefit but is still a positive impact in the lives of some many fellow Oregonians. This program is already in the cross hairs for those fighting against new approaches to mental health treatment (and often mental health treatment of any kind) owing to perceived "woke"/"dei"/"social justice" ties. I understand that the OHA needs to be able to pay for the oversight, monitoring, and administration of the program and that can be tough in a tight fiscal environment. But the OHA hasn't even released the financial analysis of the current program and projections of the coming year and in no world is it ok to masively increase fees before even showing what the budgetary need is.

I would ask the OHA to delay the finanical changes in the proposed rule for at least a year. Get the financial projections finished, do a serious dive into the potential effects of rate increases on service availability and how those changes would impact the financial model, and then come out publicly to discuss the real world impact where we are centering the mental health lives of our fellow Oregonians and figuring out how to make this program socially and fiscally sustainable. The current proposal puts the cart before the horse and runs the risk of kneecapping a promissing program before it is given a chance to truly show its cost and impact. Please do not be short sighted.

Thank you.

Judah McAuley

From: Libby Volgyes
To: Public Health Rules
Subject: Public Comment: Proposed Fee Increases to Oregon Psilocybin Services
Date: Monday, September 14, 2026 1:32:04 PM

You don't often get email from libby@vitalreset.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority,

My name is Libby Volgyes. I'm a licensed Oregon psilocybin facilitator and co-owner of Vital Reset, a licensed service center in Hood River. I'm writing to oppose the proposed rule changes that would double annual license fees for service centers and facilitators, double application fees, and eliminate the reduced-fee tiers for nonprofits, veterans, and low-income facilitators.

I'd watched this work change people's lives for three years before I ever thought about owning a service center. This past June, my business partner and I decided to invest in that belief — we signed to buy Vital Reset knowing the program was already under budget pressure, and we reopened August 1st. We did it because we think this state needs this program to work, not just for clients who can afford the top tier, but for the people this law was written to serve.

Safe psilocybin services have never been cheap to run. Trained facilitators, real screening, a well-kept space: none of that comes at a discount, and six weeks into new ownership, we're still absorbing what it costs to do this right. I know the other side of that cost personally — I still facilitate on the low-income rate myself, $1,000 instead of $2,000, because I care more about making this work accessible than about what I earn from it. That's the tier this rule would erase entirely, on top of doubling the standard fees: service center licenses from $10,000 to $20,000, facilitator licenses from $2,000 to $4,000, and higher application fees across the board.

This proposal lands on an industry that's already struggling. Roughly half the licenses issued in Oregon have lapsed or been surrendered. Doubling costs now doesn't stabilize this program. It shrinks it, and it prices out the exact facilitators and clients this program was built to reach.

I'm asking OHA to reject these fee increases as drafted. At minimum, I'm asking you to preserve the reduced-fee tiers for nonprofits, veterans, and low-income facilitators —

eliminating them does more damage to program access than any budget shortfall justifies.

Libby Volgyes
Vital Reset / Healing by the River
Licensed Facilitator, Hood River, Oregon

September 12, 2026

Oregon Health Authority
Public Health Division, Rules Coordinator
publichealth.rules@odhsoha.oregon.gov
Re: Public Comment — Proposed OPS Fee Increases (Service Center License / Worker Permit)

Oregon Health Authority,

My name is Serena, and I own Drop Thesis, a service center licensed under Oregon Psilocybin Services (OPS) in Bend, Oregon. We have operated since January 2024, holding a Service Center License and a Worker Permit. I'm writing to submit public comment on the proposed rulemaking that would increase OPS licensing fees, including raising service center license fees from $10,000 to $20,000 and worker permits from $25 to $200.

We run a lean operation. Every dollar we bring in goes directly back into keeping the doors open and the work sustainable. A fee increase of this size would not be an inconvenience for us, it would be a genuine threat to our ability to continue operating. We would need to seek outside financial support just to cover it, and we intend to try, because we believe deeply in the value of this program to the people it serves. But I want to be direct with OHA: many operators in our position will not be able to absorb this, and the proposed increase is close to doubling costs for businesses that are, in most cases, still finding their financial footing.

A survey data gathered earlier this year by advocates within the OPS licensee community had this to say… Of 331 licensees contacted, 146 responded. Only 17 said they would renew at the proposed rates, 12 said maybe, and 117 said they would not. Based on those responses, the projected licensing revenue could fall from approximately $1.05 million to $463,000 (a decline of roughly 56%) even with the fee increases in place. Notably, OHA's own rulemaking notice acknowledges that higher fees may reduce the number of licensees and could deepen, rather than close, the program's budget shortfall.

Given this, I'm asking OHA a direct question: what financial analysis shows that these specific increases will actually make OPS more sustainable, rather than shrinking the licensee base further and leaving the program worse off? Before final action is taken, I'm asking OHA to release the financial modeling behind these fees (projected OPS expenses, expected renewal and attrition rates, and projected revenue after attrition) and to give licensees adequate time to review that information and respond with fully informed comment. Meaningful public comment isn't possible without it.

I don't say any of this lightly. I built Drop Thesis because I believe this work matters, and I want to see OPS succeed as a program. But a fee structure that risks pushing out the very operators doing that work, without a clear and transparent case for why it will help, is not a path toward sustainability, it's a path toward a smaller, more fragile program.

Thank you for considering this comment.

Serena Dietrich
Owner, Drop Thesis
Bend, Oregon

From: amet1984@hushmail.com
To: Public Health Rules; Sweet Jesse I
Subject: Public Comment — OHA's Proposed Licensee Speech Ban
Date: Tuesday, September 15, 2026 9:58:30 AM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority:

Attached or included below is my written public comment concerning the speech and outside-activity restrictions contained in proposed OAR 333-333-2010(1)(e)–(f), 333-333-4480(11)–(12), 333-333-5120(16), 333-333-6030(1)(e), and 333-333-6100.

Please include this statement in its entirety in the official 2026 Oregon Psilocybin Services rulemaking record. I also intend to present a shortened version during the public hearing.

This comment should be considered together with my September 14 public-records request for OHA's legal, constitutional, factual, economic, and interpretive records supporting these provisions. OHA acknowledged that request on September 15 but has not committed to producing responsive records before public comments close on September 21.

Please confirm receipt and inclusion in the rulemaking record.

Thank you,

OHA'S PROPOSED LICENSEE SPEECH BAN

Public Comment of Andreas Met
2026 Oregon Psilocybin Services Rulemaking

My name is Andreas Met. I am a licensed psilocybin facilitator and co-founder of Satya Therapeutics, an Oregon-licensed psilocybin service center.

I am submitting this comment on behalf of myself and in defense of the broader licensed industry. My concern is not limited to whether these rules might affect a book that I personally write. These provisions could affect facilitators, service centers, manufacturers, laboratories, educators, researchers, authors, website operators, and other licensees throughout Oregon.

Proposed OAR 333-333-2010(1)(e)–(f), 333-333-4480(11)–(12), 333-333-5120(16), 333-333-6030(1)(e), and 333-333-6100 would restrict licensees from "promoting" or "encouraging" activity that is unlawful or unregulated under Oregon law. The proposed language expressly reaches providing information or instruction concerning home cultivation. It also addresses recommendations concerning consumption outside the licensed system and makes licensees responsible for speech by employees, advertisers, influencers, and others acting on their behalf.

These are not merely rules governing what occurs inside a licensed psilocybin facility. They potentially regulate what licensees may write, publish, teach, discuss, advertise, or communicate outside their licensed operations.

Under this language, a facilitator could reasonably fear disciplinary action for writing a book about mushroom cultivation. A manufacturer could fear discussing general mycology. A laboratory licensee could fear publishing scientific or educational information. A service-center owner could question whether a website, class, social-media

post, public presentation, or harm-reduction discussion might be interpreted as “promoting” or “encouraging” prohibited activity.

The rules do not clearly explain where education ends and promotion begins. They do not explain whether intent is required. They do not explain whether the restrictions apply only to commercial advertising or also to books, research, journalism, classes, public testimony, private conversations, and noncommercial educational speech. They do not clearly separate psilocybin-producing mushrooms from lawful non-psilocybin mushroom cultivation and businesses.

That uncertainty itself produces a chilling effect. A licensee does not have to be prosecuted before speech is suppressed. When the consequence of guessing incorrectly may be an investigation, disciplinary action, or loss of a license, reasonable people will remain silent rather than risk becoming OHA’s test case.

This concern is not hypothetical. Before these rules were proposed, I asked OHA about selling facilitator-authored ebooks and lawful non-psilocybin mushroom products. OHA responded with additional questions about the contemplated content and activities but did not provide a clear rule-based answer establishing what would and would not be permitted. The proposed language makes that uncertainty substantially more serious.

OHA regulates licensed psilocybin operations. That does not mean a person surrendering a professional license also surrenders the right to participate in education, publishing, scientific discussion, lawful business, or public debate. Conditioning a license on broad restrictions affecting speech outside licensed operations raises serious questions under the First Amendment and Article I, section 8, of the Oregon Constitution.

If OHA believes these restrictions are necessary, the rulemaking record should identify the actual problem being addressed. It should contain evidence of incidents or harms demonstrating the need for each restriction. It should explain OHA’s statutory authority to regulate speech and lawful outside activities. It should include the agency’s constitutional analysis, economic-impact analysis, definitions, enforcement standards, and consideration of narrower alternatives.

On September 14, I requested OHA’s existing records addressing those subjects. OHA confirmed on September 15 that it would log the five categories of requested records and advised that most requests are completed within 30 business days. Public comments close September 21.

The public therefore may not receive the agency’s supporting record until weeks after its opportunity to comment has ended. Licensees cannot meaningfully evaluate the justification, scope, constitutionality, or economic consequences of these restrictions without access to the analysis upon which OHA relied.

OHA should not ask the public to comment first and disclose the basis for its decision later.

In any responsible organization, leadership would not approve sweeping operational and speech restrictions while acknowledging that it cannot reliably estimate their consequences. Government should not be held to a lower standard—particularly when the people bearing the risk are also required to fund the agency imposing it.

I ask OHA to withdraw these provisions from the present rulemaking.

Alternatively, OHA should postpone final action until it has:

Disclosed the legal, constitutional, factual, and economic basis for the restrictions;
Provided sufficient additional time for affected licensees and the public to evaluate and respond to those records;
Defined “promoting,” “encouraging,” “providing information,” “instruction,” “unregulated cultivation,” and “unregulated consumption” with objective enforcement standards;
Clearly limited the rules to conduct within OHA’s statutory authority and distinguished conduct from protected speech;
Addressed books, ebooks, websites, research, classes, public presentations, social media, harm-reduction information, lawful mushroom businesses, and non-psilocybin mushroom cultivation expressly; and
Considered narrower alternatives directed at demonstrable harm rather than broad categories of speech.

Oregon licensees should not have to obtain OHA's informal permission before writing a book, teaching a class, publishing research, participating in public debate, or operating an otherwise lawful business.

OHA should regulate licensed conduct with clear rules. It should not use the possession of a license as a basis for controlling a licensee's speech throughout the rest of that person's life.

Please include this statement, OHA's response, and the requested supporting records in the official rulemaking record.

Andreas Met

Sent using Hushmail

From: Matthew Wissler LPF
To: Public Health Rules
Subject: Comment on proposed OHA OPS rule changes
Date: Tuesday, September 15, 2026 1:02:12 PM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom it may concern,

My name is Matthew Wissler, I am a licensed and practicing facilitator, as well as the longest running instructor with The Changa Institutes Facilitator training program instructing up and coming licensees in OR, CO and NM. soon to be NM. I have previously commented on the proposed fee increase in general, and the removal of OHA's equity rate separately. I now would like to submit some very major concerns with proposed OAR 333-333-2010(1)(e)–(f), 333-333-4480(11)–(12), 333-333-5120(16), 333-333-6030(1)(e), and 333-333-6100 that would restrict licensees from "promoting" or "encouraging" activity that is unlawful or unregulated under Oregon law. The proposed language expressly reaches providing information or instruction concerning home cultivation. It also addresses recommendations concerning consumption outside the licensed system and makes licensees responsible for speech by employees, advertisers, influencers, and others acting on their behalf.

I have a few major concerns. First, as an instructor teaching facilitators in training in three states (problematic on it's own since this sets OR law at a higher standard), we often draw on people's illegal, or "underground" experience in class since that is the only experience a person can have up until three years ago outside of clinical trials. As an example, a student in the first cohort that included people in CO was a decriminalized (still illegal) cultivator. She then became CO's first licensed cultivator. When subjects pertaining to cultivation are appropriate for class discussion, would I need to stifle her input since it involves explicit illegality? This is just one of hundreds, if not thousands, of examples. This would effectively severely limit student's ability to participate with the material, and my ability to instruct.

An even more concerning example is how the Portland City Council is currently holding hearings on formally making arresting and prosecuting people for crimes related entheogen use a none priority for police. If I were to speak at this hearing could that potentially trigger an issue under these changes? Even if not, does the fear that it might make it less likely for facilitators to participate in political speech? Fundamentally this is a violation of our rights!

Finally, this also would inherently forbid, or cause concern, around participating in events held by organizations like the Portland Psychedelic Society, MAPS, Zendo etc.

These changes either needs to be very explicitly defined with a highly narrow criteria, or NEEDS to be done away with all together.

Thank you for your time and consideration.

Kind Regards,
Matthew Wissler
Licensed Psilocybin Facilitator
mwissler@proton.me

707-787-7697

Sent with Proton Mail secure email.

From: Max Kelemen (Portland Psychedelic Society)
To: Public Health Rules
Subject: Written comment for proposed fee increases for Oregon Psilocybin Services
Date: Tuesday, September 15, 2026 6:36:35 PM

You don't often get email from max.kelemen@portlandpsychedelic.org. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom It May Concern,

My name is Max Kelemen. I serve as Executive Director of the Portland Psychedelic Society and its Action Fund, a nonprofit that provides education, community, and advocacy around psychedelics. A community that began in 2014 and represents over 20,000 people in our city and beyond. I have been deeply involved in Oregon's psychedelic community since 2018.

I have sat in rooms with veterans, people in recovery, members of BIPOC and LGBTQ+ communities, and many others who found hope through psychedelics after other approaches failed them. Before Measure 109, many risked breaking the law to pursue that healing. They then came to communities like ours seeking a safe place to speak honestly about experiences they often felt they had to hide. Regulated access opens an entirely new channel for people who want to seek healing without entering the underground or fearing legal consequences. It allows people to make that choice within a system designed to support their safety. That distinction matters, especially for people who would never otherwise consider breaking the law. Oregon did more than create a new state program. We became the first place in the country to test what safe, legal, supported psilocybin access can look like in the real world. More than 24,000 people have now participated, and emerging research on this program from OHSU/Open Lab is showing tremendous promise. Because I am connected to this movement locally, nationally, and beyond, I can tell you that many eyes are on Oregon right now. What happens here will help shape what other states and communities believe is possible. Oregon's mental and behavioral health systems are already deeply under-resourced. We do not have time to take a promising option off the table just as evidence of its value is emerging. If these services help people recover, return to work, reduce their reliance on crisis care, or reconnect with their families and communities, the potential cost savings to the state could be substantial. We should be studying and strengthening that opportunity, not putting it at risk. This program is also supporting an emerging economic ecosystem of facilitators, service centers, educators, researchers, integration providers, and community organizations. Many have invested substantial time and money while operating on razor-thin

margins because they truly believe in this work. They witness the impact firsthand. If rising fees force them out, Oregon will lose jobs, expertise, investment, and its position as a leader in a rapidly developing field. This is not the moment to retreat from a groundbreaking program just as we are beginning to understand its impact. Restricting access will harm Oregonians, push people back underground, and surrender an opportunity Oregon worked hard to create. Please protect this program and help Oregon continue leading the way. Thank you.
With humility,

Max

Max Kelemen
Executive Director
Portland Psychedelic Society



View and book a time to meet with me

From: Sonja Towner
To: Public Health Rules
Subject: Oregon Psilocybin Services
Date: Tuesday, September 15, 2026 11:55:53 AM

You don't often get email from sonja.towner@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Health Authority and Oregon Psilocybin Services:

My name is Sonja Towner. I am an Oregon Licensed Professional Counselor who lives and works in a rural community. I am currently completing the education required to become a licensed psilocybin facilitator. I am writing to strongly oppose the proposal to double the annual facilitator license fee from $2,000 to $4,000 and eliminate the existing reduced-fee options.

I want to be completely direct about the effect this proposal will have on me: if Oregon doubles the annual facilitator license fee to $4,000, I will not apply for the license.

That is not a political statement or an empty threat. It is a practical financial decision. I have already chosen to invest significant time, money, and energy in the education required to enter Oregon's regulated system responsibly. I am doing this while maintaining my professional counseling license, completing continuing education, carrying liability insurance, and operating a small private practice. A $4,000 annual fee simply to hold an additional license—before paying the other expenses associated with providing psilocybin services—would make pursuing that license financially unreasonable.

I am exactly the kind of person Oregon should want entering this field. I have spent my career helping people navigate trauma, grief, anxiety, depression, painful relationship patterns, emotional dysregulation, and deeply rooted negative beliefs about themselves. I understand the importance of informed consent, ethical boundaries, trauma-informed care, nervous-system regulation, preparation, safety, and responsible integration. My intention is to bring that experience into psilocybin facilitation while remaining within the scope established by Oregon law.

My commitment to this work is also personal.

My own psilocybin journey contributed to meaningful healing in my life. It did not magically remove my problems, prevent grief, or make difficult relationships easy. It did not "fix" me,

because I was never a broken person who needed to be fixed. What it did was help me access parts of myself and my healing that intellectual understanding alone had not been able to reach.

Since that experience, I have noticed concrete changes in how I respond to difficult emotions. I have become more capable of pausing before reacting, recognizing when an old wound or fear is driving an impulse, and choosing not to act from that fear. I have been better able to interrupt rumination, tolerate uncertainty, remain present with sadness, and return to a regulated state without abandoning myself. These changes have affected my daily life, my relationships, and the way I understand healing as a mental health professional.

That experience is part of why I am pursuing facilitator education. I want other people to have access to safe, ethical, legally regulated experiences supported by people who understand that healing requires more than administering a substance. It requires preparation, trust, emotional safety, appropriate boundaries, careful support, and meaningful integration afterward.

Doubling the facilitator fee will not make facilitators more competent, more ethical, or better prepared. A person's ability to pay Oregon $4,000 every year does not measure that person's integrity, clinical experience, judgment, or commitment to public safety. Training, enforceable ethical standards, appropriate oversight, and meaningful accountability create safety. An excessive licensing fee creates a financial barrier.

The proposed fee would be required every year regardless of whether a facilitator serves two clients or fifty. This makes the increase especially damaging to facilitators who want to maintain small caseloads, work part-time, provide individualized support, or serve people who cannot afford premium prices. It favors high-volume providers and people with greater financial resources. Those are economic characteristics—not measures of competence or safety.

I am particularly concerned about what this will mean for rural Oregon because rural Oregon is my home. People in rural communities already face fewer providers, longer travel distances, limited specialized services, and additional transportation and lodging costs when care is unavailable locally. Psilocybin services are already financially inaccessible to many rural residents. When the state increases the cost of licensing facilitators and doubles service-center fees, those expenses do not disappear. They are passed on to clients, or providers decide they cannot afford to participate.

In my case, the state will lose a prospective facilitator altogether.

I will continue being a therapist. I will continue helping people heal. But I will not pay $4,000 every year for a facilitator license when Oregon has not demonstrated that it costs anywhere near $4,000 annually to regulate one facilitator. My education, experience, and commitment will remain in my community, but they will not become part of Oregon's regulated psilocybin program.

OHA's own rulemaking notice acknowledges that increasing these fees may reduce the number of licensees, restrict access, and have a disproportionate impact on underserved and lower-income communities. OHA also acknowledges that decreased access to regulated services may cause some people to seek unregulated services, increasing potential risks to clients and public safety. These are not minor or speculative concerns. They strike at the fundamental purpose of having a regulated program.

The proposal would also eliminate reduced fees previously available to qualifying veterans, low-income applicants, and nonprofit organizations. OHA's notice states that approximately 32% of licensing transactions during the current biennium involved a reduced fee. Eliminating those provisions while simultaneously doubling standard fees moves Oregon away from equity and accessibility—not toward them.

There are also serious unanswered financial questions.

A survey described in materials circulated to Oregon's psilocybin community contacted 331 licensees and received 146 responses. Of those respondents, only 17 reportedly said they would renew at the proposed rates, 12 said they might renew, and 117 said they would not. The associated analysis projected that licensing revenue could decline substantially despite the higher fees. This was not an OHA survey, but the results are significant enough that OHA should investigate them rather than proceed without conducting its own comprehensive assessment of likely licensee attrition.

Before doubling these fees, OHA should publicly disclose:

- The projected operating expenses of Oregon Psilocybin Services;
- The specific regulatory expenses attributable to facilitator licenses;
- The calculations used to determine that $4,000 is the appropriate annual facilitator fee;
- The number of facilitators expected to renew at the proposed rate;
- The rate of licensee attrition included in OHA's projections;

The projected revenue after accounting for that attrition; and

- The point at which declining participation would cause the fee increase to generate less revenue rather than more.

The public cannot meaningfully evaluate this proposal without that information. Facilitators, students, service centers, and prospective applicants are being asked to accept a 100% increase without being shown that the increase corresponds to a 100% increase in the actual cost of regulation. OHA has not publicly demonstrated that regulating one facilitator currently costs $2,000 per year, much less that the cost has suddenly risen to $4,000.

A licensing fee should reflect the reasonable and documented cost of administering and regulating that license. It should not be an arbitrary amount imposed because licensees represent an available source of revenue. Nor should individual facilitators be expected to absorb unrelated expenses or sustain an inefficient funding structure without transparency.

I am not asking OHA to shift the same unsupported cost onto another group of licensees. I am asking OHA not to impose an unsupported increase.

Oregon has worked to establish itself as a leader in legally regulated psilocybin services. That leadership will mean very little if the regulated system becomes financially inaccessible to the facilitators needed to provide those services and to the people the program was created to serve. A system accessible only to wealthy clients, high-volume providers, and large businesses is not an accessible or sustainable model.

Please reject the proposed increase in the annual facilitator license fee, preserve reduced-fee options, and require transparent financial documentation before considering any future increase. If OHA believes an increase is necessary, it should first release the complete financial model and underlying assumptions and provide the public with a meaningful opportunity to review and respond to that information.

If the $4,000 fee is adopted, I will not become licensed. I believe many other qualified people will reach the same conclusion. Oregon will not become safer by driving conscientious, well-trained, trauma-informed professionals out of its regulated program before they can even enter it.

Please do not confuse the ability to pay an excessive fee with the ability to provide safe, ethical, and meaningful services.

Thank you for considering my comments and for including them in the official rulemaking

record.

Sincerely,

Sonja Towner, LPC
Oregon

--
Sonja Towner
“In any given moment, we have two options: to step forward into growth or to step back into safety.”
~Abraham Maslow

From: Adrianne Cerra-Shreves
To: Public Health Rules
Subject: voicing my opinion on raising the fees for psilocybin
Date: Wednesday, September 16, 2026 2:06:52 PM

You don't often get email from a_cerra@hotmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To whom it may cocern:

I oppose the proposed fee increases for the Oregon Psilocybin Program. I believe this will cripple the program. It is way too expensive as it is. I am fortunate I was able to pay $1200 for a ONE TIME Psilocybin Journey (6 hour day) and it helped me out greatly with my depression and PTSD trauma from my sservicee in the Army and deployment to Afghanistan. I've been waiting for years to try to do this type of thing and I would like to do it more but it's so ridiculously expensive as it is. I can see how the cost is already so prohibitive for most people. If you raise the fees, it will bankrupt the few providers and services that are just starting to get on their feet in this state. Oregon should try to be in the forefront of this new therapy and not hinder the program which has the potential to help so many people.

I'm also writing to voice my concern to protect the free speech of facilitators and patients, and protect their ability to have conversations surrounding all sorts of things like microdosing and other information. Please respect religious freedom laws of our ability to ask questions and have conversations. These proposed OAR rules ending in 2010 4480 5120 6030 and 6100 should be OPPOSED.

Sincerely,

Adrianne Shreves
42220 Marks Ridge Drive
Sweet Home, OR 97386
cell: 541-570-5507

Public Comment to the Oregon Psilocybin Program - September 2026

My name is Amy Charlesworth; I am a licensed Oregon psilocybin facilitator, a global educator of psychedelic science, and a military veteran having served 16 years in Oregon. Additionally, I am licensed because of the reduced-fee program that currently exists for Veterans and those with low/qualifying income. I also served on the Rules and Advisory Committee (RAC) for 2026 and was extremely disappointed to see that almost none of our feedback was considered in what now feels like a performative “box checking” session for OHA versus a meaningful feedback session to where our comments are truly weighted.

I oppose several parts of proposed rule changes, in addition to some currently existing rules and practices that also need to be changed.

First, the fees. Licensees already fund this program. Raising fees pushes costs onto clients, and the first people priced out will be low-income Oregonians and veterans. People are already struggling to access these services. No insurance can cover these services. Many facilitators offer sliding-scale sessions to keep that door open, and higher fees make that harder or impossible to sustain. As a veteran, this matters deeply to me because I would be dead without psilocybin access. I urge OHA to protect an avenue for low-income and veteran access, including fee relief for practitioners who serve these communities. It is imperative that we keep in place a path for low income individuals and veterans to still access these services. If you do away with this avenue, you should also do away with the licensee requirement to submit an equity plan. You cannot hold licensees to a different standard than you are willing to uphold yourself. You are acting in stark contrast to Oregonian equality and equity values by removing this program’s low income and military veteran path to licensing. Not one member of the public wants this and whoever proposed it should be relieved of duty as they are not acting on behalf of Oregon constituents. I cannot believe OHA would allow or even suggest complete removal of a path to access for low income and veterans.

In addition, I oppose the proposed $500 fee for curriculum changes placed on licensed training programs and schools. This is a new and rapidly changing field. Training programs should be updating their content as research and best practices develop. Costs are already rising across the board, and a $500 charge for every improvement tells schools to stand still. We need more ways for this industry to evolve, not fewer. This rule needs to be re-written to be limited.

I also oppose OAR 333-333-3070(10), which would bar practicum students and site supervisors from acting as client support persons. Serving as a support person is solid, real-world practice, and it does not negate their experience of being a legitimate support person, either. Students already struggle to find practicum experience, and this rule removes one of the few avenues they have. We should be expanding hands-on learning, not closing it off. As you can clearly see, we are losing service centers, and those of us actually working in the field know how hard it is to get service center space and a reasonable travel distance. We need MORE options, not fewer, to get training. There is no justification for this proposed rule change. We need less regulation, not more.

2026-0981 231 10/02/2026

I also oppose what is being called by the public, “OHA's Proposed Licensee Speech Ban”. Proposed rules, including OAR 333-333-2010, 4480, 5120, 6030, and 6100, would discipline licensees for "promoting" or "encouraging" unregulated activity, including sharing information about home cultivation, and would hold us responsible for what others say on our behalf or their interpretation of it. These rules reach beyond licensed facilities into what we write, teach, and publish. They never define "promote" or "encourage." When a wrong guess could cost you your license, you stay silent. That raises serious concerns under the First Amendment and Article I, section 8, of the Oregon Constitution.

They also ignore religious freedom. For many people, psilocybin is a sacrament. In Gonzales v. O Centro, the U.S. Supreme Court ruled unanimously under the federal Religious Freedom Restoration Act for a church that uses a sacramental tea. Oregon's Constitution guarantees freedom of worship. Religious speech is protected speech, and OHA should state clearly that these rules do not reach religious practice or teaching. There is a lot of grey area around microdosing/sacraments, and personal cultivation. It is not up to the OPS program to determine when something qualifies as religious freedom and when it doesn’t. It is not up to OPS to govern our conversations and what we can teach. Teaching or talking about something does not mean breaking any laws. When we are asked questions by clients as the foremost experts on psilocybin, we have a constitutional right to freedom of speech to educate as we see fit, and/or practice our faith and religion. This is a right many of us have identified we will file a lawsuit to protect if the State of Oregon pushes this issue. We have a right to educate, speak, and use our voices. As many have also indicated in the past two days of public commenting sessions, you are simply going to drive people back underground and cut your own revenue off that we are willingly opting in to give to you in the first place. We are driving revenue for the state of Oregon (consider all of the out of state travelers, just as one example, and all the taxes we pay as another).

Holding a license should not mean giving up the right to speak, teach, or worship. Healing should not be only for those who can afford it, and training should be free to grow. Please protect access, support education, and leave our speech and faith alone.

I’d also like to advocate for individuals to be able to receive end of life care and/or psilocybin services at HOME or alternative locations to service centers. This should be a right for those who are at end of life. Oregon - please do what you can to support individuals to receive access outside of service centers. Service centers are dwindling, massively increase the cost, and are not accessible for all. You have been sued over this. You know it is a real need. Other states are figuring it out and Oregon is falling behind.

I want to also advocate for rule changes around the experience and restrictions clients and services centers have. When a client comes in for a psilocybin session, often it is their very first time. They have never seen or put hands on the psilocybin. They have never opened the containers or mixed the product. They don’t know what they are doing at all with it. These are also more often than not EXTREMELY emotional experiences and times for clients. They are nervous, scared, and unsure. Service Centers, workers, and facilitators are highly trained and experienced individuals. We are licensed and have paid 10’s of thousands of dollars for

2026-0981 232 10/02/2026

education, licenses, taxes, and more to be able to have the right to handle psilocybin. There is ZERO justification for not allowing the service center workers to help clients prepare their product for consumption. We could easily do it with the client, being supportive to them. We need to be able to offer advice, suggestions, education, and information to create a safe and supportive experience and environment for the client who is about to have their psilocybin session. The rules are currently not clear, have been grossly misinterpreted from the law, and overstepping. It makes no sense to require the client to mix or prepare the product without assistance in one of the most sensitive times of the client's life when they have absolutely no idea what they are doing. This is a significant oversight and demonstrates the rules were written and enforced by individuals who actually have no hands on experience working directly with clients in a service center. Please stop charging innocent and lowly paid service center workers thousands of dollars in fines for trying to help people in their hour of need who literally have no idea what they are doing. This is one of the most ridiculous rules there are and is not designed to protect or serve clients.

I'd also like to point out that forcing psilocybin facilitators to hold two licenses/permits and have two separate background checks is extremely unnecessary. We are not allowed to handle the psilocybin, yet we are forced to have two licenses. We should not be required to have two background checks - it's expensive and not needed.

Furthermore, I want to ensure psilocybin facilitators are able to get CE's from more than just already established licensing bodies. The infrastructure is not set up for that yet. There are not enough educational options currently available for this field of psychedelics. It is still an emerging market and more time is needed. We need the ability to get CEs from more than just licensing bodies.

It's concerning to see that although RAC members and a massive amount of public pushback and comments have been received to the OHA OPS program, these governing bodies don't seem to be listening to, or being transparent with, the constituents of which they serve? This is extremely disheartening and is also inspiring an alliance of community members across the board to rise up and begin deeper policy and advocacy work, in addition to work now being done to submit new bills in support of moving this program outside of OHA to a group that will give us more transparency. We have been asking questions, denied clarity or answers, and requests for records have been timed for after public commenting periods disabling us from speaking to the actual data/information. **We are losing faith in OHA/OPS's governance of this program** as we watch it being actively, and what seems to be intentionally, dissolved by raising fees so high people stop applying for licenses. I have hope these things are not true.

We will keep showing up, keep advocating, keep attending meetings, keep speaking, and keep raising the issue with senators and politicians until we have a program that is stable and not cannibalizing itself. Please hear us. We are not in this work for the money - we are barely scraping by. Many of us have multiple jobs to be able to do this work on the side out of the passion of our souls to help individuals who are not mentally ok - because we know psilocybin works to help people heal. Thank you for reading these comments. This work truly matters deeply to those of us who have been saved by it.

2026-0981 233 10/02/2026

From: bonny koeber
To: Public Health Rules
Subject: Fee increases OPS
Date: Wednesday, September 16, 2026 9:52:25 AM

You don't often get email from bonnykoebermd@yahoo.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

My name is Bonny Koeber MD. I am a retired anesthesiologist and a licensed facilitator for the state of Oregon. I work at Satya Therapeutics in Ashland Oregon where I've seen over 300 clients since 2023.
I was in the army reserves for 10 years and I resigned my commission as a major in 1999. My number one client is veterans.
At Satya we have a $900 all-inclusive price for veterans. That pricing has allowed a lot of veterans to use our services. On average each month about half of my clients are veterans. Some months all of my clients are veterans.
This License increase will make it much harder to provide services to any individuals at reduced rates. Clients that we include in reduced rates are those who are financially disadvantage, first responders, and veterans.
I believe the psilocybin services in Oregon were not established to be available to only affluent individuals. It was, I believe, established to be available and affordable to **ALL** people seeking the healing power of Psilocybin ..independent of a medical diagnosis or financial ability
I believe the dramatic increase in service center licensing fees, facilitator fees, and manufacturing fees, will ultimately limit the availability and most likely increase the costs to all clients.
I asked the question: Is this what the OPS has in mind?
Is your design to make Legal Psilocybin services only available in limited places and affordable for only the affluent?
Is this what Measure 109 was enacted to do?
If that is your plan, then I think you are on the right track.
Putting this plan in action will close service centers, close manufacturing centers, and many. facilitators will not be able to afford to renew their license.

I think that Oregon Psilocybin services should make available, to the people of Oregon , how they have spent the money that they have been paid by manufacturers, facilitators, and service centers. I think there needs to be an explanation mathematically shown to the public as to why these fee increases are necessary. Accountability.

Just to be clear, I do not think the plan that is currently being enacted is in line with Measure 109 that was voted on by the people of Oregon.
Thank you for your time

Licensed Psilocybin Facilitator Oregon
Owner: PsilocybinJourneyGuide.com
Retired Anesthesiologist.

From: Christopher Stasney
To: Public Health Rules
Subject: Public Comment in Support of Oregon's Psilocybin Services Program
Date: Wednesday, September 16, 2026 10:03:01 AM

You don't often get email from christopherstasney@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Health Authority,

I am writing as a former Oregon resident of more than 12 years and as an Oregon voter who supported Measure 109 in 2020. I continue to care deeply about the success of Oregon's effort to establish a safe, regulated model for psilocybin services.

I am concerned about the proposed increases to licensing and worker permit fees. Raising facilitator license fees from $2,000 to $4,000, service center and manufacturer fees from $10,000 to $20,000, and worker permit fees from $25 to $200 could create significant barriers for the people and organizations needed to operate this program. I am particularly concerned that higher costs will ultimately make services less accessible to Oregonians with limited financial resources and to people living in rural areas.

Oregon took an important and unprecedented step when voters approved Measure 109. The state now has an opportunity to demonstrate that a carefully regulated psilocybin services model can function safely and effectively in the real world. According to the information provided by the Healing Advocacy Fund, the program has already served more than 24,000 people, with an adverse-event rate below 1 percent. The same information indicates that OHA's own rulemaking notice acknowledges that the proposed fee increases could reduce the number of licensees and potentially worsen the program's budget shortfall.

Before imposing substantially higher fees, I believe OHA should make the underlying financial analysis available to the public. In particular, I would like to see the assumptions behind projected program expenses, renewals, licensee attrition, and revenue under the proposed fee structure. If substantially higher fees could cause enough providers to leave the program that overall revenue actually declines, that outcome would be counterproductive.

I support appropriate regulation and strong safety standards. However, regulation should also preserve the accessibility and viability of the program that Oregon voters created. I respectfully ask OHA to reconsider the proposed fee increases, publicly explain the financial basis for them, and pursue less burdensome approaches to addressing the program's budget needs.

I appreciate the work being done to establish a responsible framework for psilocybin services in Oregon, and I hope the state continues to develop this program rather than inadvertently making it more difficult for providers and clients to participate.

Thank you for considering my comment.

Sincerely,

Christopher Stasney
Former Oregon resident and 2020 Measure 109 voter

Chairman and esteemed panel.

My name is Kim Jensen, and I am a licensed Marriage and Family Therapist. I have been working in residential treatment for the past 20 years in California and Oregon. During this time, I have worked primarily with the Severe and Persistent Mental Illness population in secured and non-secured programs. I have witnessed firsthand the debilitating effects of Bi-Polar Disorder, Major Depressive Disorder, Post Traumatic Stress Disorder and other forms of trauma and substance abuse, that affect our clients.

In November of 2020, the voters of Oregon approved the Oregon Psilocybin Services Act, now codified as ORS 475A. The spirit of the law was intended to provide access to this medicine for all, not just a privileged few who can afford the cost of these services. Angela Allbee, manager for the Oregon Psilocybin Services Program was quoted as saying: “We are applying a trauma-informed and equity-centered lens as we administer this work and are working to emphasize client safety and access. Culturally responsive and equity centered services may reduce harm to clients that have experienced trauma from societal structures that have exhibited control through power and privilege, implicit bias, and institutional racism.”

The current revamp of the proposed pricing structure, as referenced in Oregon Health Authority’s Division 333-333-4060 Licensing Fees, subsection (2) a), b), and c), is in stark contrast to OHA’s Strategic Plan goal of “eliminating health inequities in Oregon by 2030”. The proposed pricing structure doubles the licensing costs for a Manufacturing Facility from $10,000 to $20,000 a year, Service Centers from $10,000 to $20,000 and Facilitators from $2,000 to $4,000 a year. This is in sharp contrast to the state of Colorado’s Regulated Natural Medicine Rules which require a compliance fee of $8,000 a year for a Standard Natural Medicine Cultivating Facility, $6,000 a year for a Standard Healing Center and $450 a year for a Natural Medicine Handler’s License. Further… the state of New Mexico, which signed into law in April of 2025 the Medical Psylocibin Act, is currently, according to the New Mexico Department of Health, not charging for the cost of licensing a Manufacturing Facility, not charging for the licensing of a treatment center, and not charging to become a licensed facilitator. Oregon, we can do better.

By continuing to move forward with the currently proposed pricing structure, the committee is creating a two-tiered system of access to these entheogenic medicines. One tier is for those of means that will be using these “boutique” services and another tier of continued inequality of access to services and medicines that benefit and improve the quality of life for those less fortunate. I urge this committee to re-evaluate the current structure of the proposed Administrative Rules update to Division 333’s Licensing Fees.

I thank you for your time.

2026-0981 238 10/02/2026

From: Michelle Glass
To: Public Health Rules
Subject: Oregon Psilocybin Public Comment: The Medical Cannabis & Psilocybin (MCAP)
Date: Wednesday, September 16, 2026 3:33:09 PM
Attachments: image001.png

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom It May Concern,

I am officially submitting my written comments about the Medical Cannabis & Psilocybin (MCAP) proposed changes as a Licensed Oregon Psilocybin Facilitator. **Please confirm this has been registered in the files.**

I strongly oppose any increase in licensing fees. What is already an astronomical fee of $2,000/annually for my facilitator license is untenable at the proposed rate of $4,000/annually. Even if I could afford this, it would necessitate that I double my service fees and that is a cost passed on to clients who already have a very challenging time affording rates as they have been. Getting access to such a healing remedy should not cost so much money. My service center and the grower who supplies to it have already doubled their fees. This has meant that ONE journey that used to cost $3,000-4,000 (mushrooms, room rental at the service center, and my facilitation costs) for a client will now cost $6,000-8,000, not including any travel and lodging fees. *Only the elite can afford this.* Raising fees does not create accessibility, it does the opposite. I almost got my Colorado facilitator license which would have cost under $900/annually but declined to travel myself to offer services there. **If Colorado can make their program sustainable at lower costs, then we can find a way to do so.**

A few surveys have gone out asking if we will renew our licenses at the new proposed fees. Over 70% will relinquish if fees are increased. I will be sadly forced to relinquish my license if fees are increased. I spent many years and incredible money to attain this. To have my own state be the one responsible for ending my career is more than sad, it is unnecessary and unavoidable. Increasing any fees results in a deficit for the program, not getting ahead as they had hoped. **Before**

implementing, let's all go back to the drawing board. Oregon is the leader in the US, let's keep it this way. If you implement the fees, we will lose our standing. We now have beginning studies coming out that verify what FDA and other clinical studies have found, in addition an incredible safety profile of less than one percent of adverse events = 99% safe. These studies and the real-life outcomes are evidence that Oregon is putting its money where its mouth is when it states it seeks to improve physical and mental health of Oregonians. Let's keep going, not implode the program.

I strongly encourage those reviewing the proposed changes to pause on any increases <u>until other avenues have been exhausted, while keeping the program alive</u>. Let us try to find other alternatives before hundreds of licensees relinquish their licenses. Let us make a ballot measure to put to the residents of Oregon to fund this life-giving program. Let us find revenue through as many means as possible while keeping it alive and working.

I strongly request that OPS/MCAP make any proposed fees and other changes very public for <u>ALL</u> Oregonians to be aware of and make comment on. So far, this information has been limited/given to those on the ground doing the work and us passing it along to clients and those who may be interested. Oregonians voted for M109, let us all decide together how to fund this before it is systematically dismantled due to proposed licensing fee increases. A proposal of this magnitude needs the entire population to weigh in, not just those doing the work. Give a minimum of two months of aggressive widespread advertising in all public venues (all local and regional newspapers, tv, news, social media, etc.) first and then allow adequate time for ALL Oregonians to give feedback.

I demand OHA/OPS to release ALL transparency of their financial income and expenses <u>before any increases</u>. This has been a long-standing question amongst providers on the ground. Where do our license fees go? How is OPS using these funds? Show us the numbers. We need transparency and we need it now – we needed it all along. I hear people have requested this and it has not been given, or when given only many months later and only partial data. This is simply inadequate. We want it all.

I strongly oppose the proposed licensee speech ban. This is a first amendment right to our own free speech. Threatening to jeopardize our licenses based on what we say is unconstitutional, and frankly mean-spirited.

Finally, I have served on three OHA Rules and Advisory Committees (RAC) over three years' time. I spent many extra hours (often that I barely had to give) in hopes to positively affect proposed changes to our program. I was proud and excited to be accepted, not once but three times. I was deeply disappointed and disillusioned each time, as what me and my fellow RAC members provided feedback on was ignored and in many cases went directly opposite of our feedback. Yes, they took down our feedback, but it was not implemented. When it came time to apply this year, I declined because I did not want to waste my time knowing that what I and other RAC members provide feedback on would not be heard nor implemented. I share this because though I have taken the time to write this feedback, I have little faith that what I and everyone I heard today in the public Zoom forum shared will be taken seriously. Rather, it this has left me with the feeling that OHA/OPS (now MCAP) is doing these things to show one thing but do another – show they are interested but do whatever it is they want to do instead. **This is why I ask for a ballot measure, for widespread feedback from ALL Oregonians, and to find a positive way forward.**

Will you be transparent? Will you actually listen to what the vast majority are asking for (no fee increases)? Will you work WITH us to keep this afloat while we find more revenue sources?

Again, please confirm this has been registered on file.

Thank you.

Warmly,
Michelle

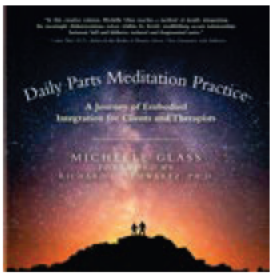
Michelle Glass
she/her
Oregon Licensed Psilocybin Facilitator,
Certified IFS Practitioner, Alternative Counselor,
®

2026-0981 241 10/02/2026

and SoulCollage Facilitator
Author of *Daily Parts Meditation Practice®: A Journey of Embodied Integration for Clients and Therapists*
www.thelistenerllc.com
541.790.1781

Meet me on Zoom here:
https://us02web.zoom.us/j/6901357051?pwd=VlcxQWhzaEVrR1NNUmZjbmZ6cjdZQT09
Meeting ID: 690 135 7051

"*May you be filled with compassion for yourself and others.*" ~ Roshi Joan Halifax



-

PRIVILEGE AND CONFIDENTIALITY NOTICE: Please note that the information contained in this message may be protected and confidential. If the reader of this message is not the intended recipient or an authorized employee or agent of the intended recipient, you are hereby notified that any dissemination, distribution or copying to this communication is strictly prohibited. If you have received this communication in error, please notify the sender by replying to the message and deleting it from your computer and any network to which your computer is connected. Please note the integrity and security of this message cannot be guaranteed on the internet.

Notification of Privacy Risk:
Please be advised that email transmissions are capable of being intercepted, so any confidential information that is sent or received cannot have its privacy guaranteed.

2026-0981 242 10/02/2026

From: Paul Volk
To: Public Health Rules
Subject: Public Comment on Proposed Rules, OAR Chapter 333, Division 333 (Oregon Psilocybin Services)
Date: Wednesday, September 16, 2026 11:48:00 AM

You don't often get email from paulvolk@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

I welcome any feedback and collaboration on the below comments and next steps.

To: publichealth.rules@odhsoha.oregon.gov Re: Public Comment on Proposed Rules, OAR Chapter 333, Division 333 (Oregon Psilocybin Services) — September 2026 Rulemaking Comment Period: September 1–21, 2026 Submitted by: Paul Volk, Portland, Oregon

Context

I am a member of the general public, currently completing training to become a licensed Oregon psilocybin facilitator. Separately, I am in the early stages of developing a wellness business and had hoped it might eventually include a licensed psilocybin microdose-oriented offering; under the current fee structure I would qualify for the reduced-fee tier this rule proposes to eliminate. Given the scale of the proposed increase, I am now reconsidering whether to include a licensed psilocybin component in that business at all. I raise this only to establish why I have a direct stake in this rulemaking. The rest of this comment is about OHA's published data, not my situation.

Executive Summary

My core concern: the proposed fee levels appear to have been set without a published cost or budget justification. OHA's own license and client data allow me to calculate a range of plausible revenue scenarios, and none of them are certain to close the undisclosed budget gap. Even in the best case, these increased fees will likely reduce access for the populations this program's existing fee structure was specifically designed to serve.

Using OHA's own published licensing and client-services data, this comment finds:

1. OHA has not published an itemized budget behind the $3.5–3.7 million figure commonly cited as its shortfall, and its own current rulemaking filing states the fiscal

impact of these changes "cannot be quantified at this time."

2. Even in the best case of zero license attrition, the proposed fee increases would raise only enough to cover about **34%** of that commonly cited figure.

3. Under a realistic license attrition scenario, that coverage falls further, to roughly **21%**.

4. Oregon's network of licensed providers would be put further at risk by this fee increase, compounding an existing decline in client demand and landing hardest on the low-income and veteran clients who make up a meaningful share of this program's current client base.

5. Eliminating the reduced-fee tier would make market participation nearly impossible for the very applicants it was designed to support, a group OHA's own Statement of Need and Fiscal Impact shows made up roughly 32% of license transactions in the current biennium.

My requests: I ask OHA to publish the actual OPS budget, clarify the gap this rulemaking is meant to close and publish the analysis behind it; to publish a breakdown of reduced-fee tier usage by license type; and to adopt a phased transition period for reduced-fee tier applicants rather than immediate elimination. Full detail on each of these findings and requests follows below.

Detailed Analysis

1. OHA Has Not Published the Cost Basis for These Fees

OHA's communications, and testimony submitted during the 2025 legislative session, have referenced a program budget shortfall in the range of $3.5–3.7 million. When I traced this figure to its source, I could not find it stated as a deficit in any OHA or Legislative Fiscal Office document. The closest match in the public record is a $3,690,394 line item in the Legislative Fiscal Office's 2025-27 Budget Review for OHA, but it reflects OHA shifting Psilocybin Services' support from General Fund to Other Funds, meaning license fee revenue, over the two-year 2025-27 biennium. It is not a confirmed budget deficit of that size.

OHA's own Statement of Need and Fiscal Impact for this rulemaking states directly: "the overall fiscal and economic impact of the rules cannot be quantified at this time." The same filing notes that raising fees "may reduce the overall number of licensees and create a more

significant program budget shortfall," which describes a risk, not a number.

I think this is worth resolving plainly rather than leaving it ambiguous. As of this filing, I could not locate a quantified, itemized budget shortfall for the 2025-27 biennium in any OHA or legislative document, including OHA's own current rulemaking record. Below, I've built an independent revenue model using OHA's public license data, in the hope that it's useful groundwork. I would welcome OHA either confirming a specific shortfall figure so it can be measured against, or clarifying that no such figure currently exists.

2. Even the Best Case Falls Well Short of the Commonly Cited Figure

Using OHA's current license counts as of September 1, 2026 against the proposed fee schedule, and assuming every current licensee renews with zero attrition, total annual license and permit fee revenue would rise as follows:

License Type	Count	Current Fee	Proposed Fee	Current License Fee Revenue Est.	Proposed License Fee Revenue Est.
Facilitator	387	$2,000	$4,000	$774,000	$1,548,000
Service Center	22	$10,000	$20,000	$220,000	$440,000
Manufacturer	7	$10,000	$20,000	$70,000	$140,000
Laboratory	1	$10,000	$10,000 (unchanged)	$10,000	$10,000
Worker Permit	966	$25	$200	$24,150	$193,200
Total				**$1,098,150**	**$2,331,200**

Net gain: approximately $1,233,050. Measured against the commonly cited $3.5–3.7 million figure, this best-case, zero-attrition scenario covers only about **34%** of it.

I want to be specific about what that percentage is actually measuring, since the figure's exact meaning is unresolved, as explained above. If the full two-year, $3,690,394 fund-shift figure is treated as a single-year comparison point, the way it is often cited in public discussion, the annual revenue gain covers roughly 34% of it. If instead that figure is treated as a two-year target and compared against two years of modeled revenue gain, coverage looks closer to two-thirds. I use the more conservative, commonly cited reading throughout this comment for consistency. Regardless, OHA needs to state plainly what figure this rulemaking is actually meant to close, and over what period, before the public

can evaluate whether these fees are proportionate to the problem. *(See Note on Data Sources and Methodology, below.)*

3. A Realistic Scenario Covers Even Less

The best case above assumes every licensee renews. In practice, some share will not, and because the standard fees for Facilitator, Service Center, and Manufacturer licenses each exactly double, every licensee who declines to renew removes both their current fee payment and the additional revenue this rule was counting on from them, at once. Realistic attrition does not just slow revenue growth. It erodes the gain this rule is supposed to produce.

The following non-renewal assumptions are informed estimates, not precise historical rates. OHA's dashboard only distinguishes renewals from first-time approvals for 2025 and 2026 to date. No such breakdown exists for 2023–2024, since those licenses had already cycled out of active status before those annual reporting windows closed, and no renewal-status breakdown has ever been published for Worker Permits, at any point. Where dashboard data exists, I have used it as directional context; where it does not, I say so plainly rather than implying a sourcing that isn't there:

License Type	License Attrition Estimate			
	Low	Moderate	High	Basis
Facilitator	10%	**17.5%**	25%	Informed estimate; partial renewal-status data available for 2025–2026 only
Service Center	15%	**25%**	35%	Informed estimate; same limited data window; higher fixed costs assumed to somewhat lower exit likelihood
Manufacturer	20%	**45%**	70%	Informed estimate; very small license base (7 statewide) makes any estimate volatile
Worker Permit	5%	**12.5%**	20%	Informed estimate only, OHA's dashboard has never published a renewal-status breakdown for this license type

Applying the **moderate** column, total revenue **covers approximately 21%** of the

commonly cited figure, down from the 34% best case above. Under the more conservative (low) assumptions, coverage is somewhat higher, around 27%; under more pronounced (high) assumptions, it falls further, to around 15%. I would also flag that the Manufacturer license category is small enough, 7 licenses statewide, that its figures swing heavily on one or two licenses either way and shouldn't be read as a stable trend in either direction. We also see this concern in the Statement of Need and Fiscal Impact for this rulemaking "OPS expects that an increase in licensing fees may reduce the overall number of licensees and create a more significant program budget shortfall." *(See Note on Data Sources and Methodology, below.)*

4. A Shrinking License Base Would Compound an Already Shrinking Client Base, and Land Hardest on the Clients Least Able to Absorb It

OHA's own client-services data shows client volume over the past five quarters has been volatile and, most recently, still well below year-earlier levels:

Quarter	Clients Served	Quarter-over-Quarter Change	Year-over-Year Change
2025-Q1	1,509	—	—
2025-Q2	1,758	+16.5%	—
2025-Q3	1,310	−25.5%	—
2025-Q4	1,358	+3.7%	—
2026-Q1	952	−29.9%	−36.9%
2026-Q2	1,220	+28.2%	−30.6%

A program with contracting demand is being asked to absorb a fee shock that plausibly reduces the number of licensed providers as well. Fewer facilitators and service centers means less availability, and providers who remain are likely to pass some portion of their higher licensing costs on to clients through session pricing, which would put further downward pressure on a client base that is shrinking YoY. This compounding effect matters as much as the revenue shortfall itself: both sides of this market are contracting, and this rule does not appear to account for that.

Oregon's licensed facility infrastructure is also thin enough that this loss would not be evenly felt. There are only 22 Service Centers statewide, and OHA's own client data shows just 6 of Oregon's 36 counties reporting limited client activity in the most recent quarter

(2026-Q2). Counties like Marion (14 clients), Clackamas (25), and Deschutes (29) each show only a few dozen clients per quarter, consistent with being served by a small handful of facilities, if not just one. A county in that position does not experience a "moderate" loss of access if its one local facility exits. It loses local legal access to this program entirely.

Any reduction in access would also not fall evenly across who currently uses this program. In OHA's own client-survey data:

Population (OHA client-survey data, recent quarters)	Share of Reported Clients
Low-income (household income below ~$44,725)	11%–14%
Veteran status	5%–7%
Combined (upper-bound estimate; categories may overlap, not strictly additive)	**16%–21%**

Veteran status is a new data field OHA began collecting starting 2026-Q1; the figure above reflects the only two quarters of data currently available, not an established multi-quarter trend. These populations already represent a meaningful share of who this program currently serves, and they are generally the least able to absorb the higher session costs that would likely follow from reduced provider capacity or fee pass-through. A fee increase that risks shrinking the network of licensed providers is, by extension, a risk to continued access for exactly these groups. *(See Note on Data Sources and Methodology, below.)*

5. The Reduced-Fee Tier Elimination Would Make Market Participation Nearly Impossible for 1/3 of the Licence Population

My own situation illustrates this concretely:

Example Startup Fees	Reduced Tier (to be eliminated)	Standard Tier (proposed)	% Increase
Facilitator application fee	$150	$200	+33%
Facilitator annual license fee	$1,000	$4,000	+300%
Service Center application fee	$500	$1,000	+100%
Service Center annual license fee	$5,000	$20,000	+300%

Total, first year	**$6,650**	**$25,200**	**+279% (3.79x)**

That is a substantially steeper increase than the roughly 2-fold increase facing standard-rate applicants, and it applies at the point of entry, before a single client has been served or any revenue earned. For someone qualifying under SSI, OHP, SNAP, or veteran status, this isn't a renewal cost an established business can plan around. It's a barrier applied at the exact moment someone is deciding whether to try entering this field at all.

OHA's own Statement of Need and Fiscal Impact for this rulemaking states that approximately 32% of license transactions in the current biennium have been for a reduced fee. That's a substantial share of the licensed population, though OHA hasn't broken this figure down by license type, so it isn't possible to know how much of that 32% reflects Facilitators specifically, versus Service Centers or Manufacturers, whose cost increases from eliminating this tier differ significantly, as shown above. Eliminating the tier without a clearer picture of who currently relies on it, by license type, is a change that deserves its own explicit justification, separate from the general fee increase. *(See Note on Data Sources and Methodology, below.)*

My Requests

Before finalizing this rule, I ask OHA to:

1. Publish a complete itemized breakdown of historical program costs and projected program budget needs
    a. This removes the need to interpret the $3,690,394 fund-source reclassification referenced in the Legislative Fiscal Office's 2025-27 budget review or the Consolidated OHA Budget or the 2023-25 Biennium budget allocation of $7,255,172 to reverse engineer the program costs.
2. Publish the revenue and attrition assumptions used to set these specific fee levels, clarifying the actual budget gap this rulemaking is meant to close.
    a. This removes the need to interpret the Statement of Need and Fiscal Impact that the fiscal impact "cannot be quantified at this time"
3. Publish a breakdown, by license type, of the 32% reduced-fee tier usage figure

already cited in OHA's rulemaking filing, so the public can evaluate how this elimination may impactFacilitators, Service Centers, and Manufacturers differently.

4. Adopt a phased transition period for reduced-fee tier applicants rather than an immediate 4x cost increase, so licensees and applicants who currently qualify are not required to absorb the increase in a single step.

Thank you for the opportunity to comment.

Note on Data Sources and Methodology

The figures throughout this comment are built from OHA's own published OPS licensing dashboard and quarterly client-services data. Because that dashboard reports point-in-time license status rather than a continuous transactional record, and OHA does not publish a machine-readable export of it, reconstructing consistent multi-year comparisons required some interpretive judgment about how certain dashboard fields relate across reporting windows. Where OHA's dashboard does not distinguish renewals from first-time approvals for a given license type or time period, including all of 2023–2024, and Worker Permits at any point, I have labeled the affected figures as informed estimates rather than implying a historical basis that does not exist. I have applied conservative, clearly-labeled assumptions throughout and cross-checked figures wherever possible, but I want to be transparent that this reconstruction could contain small inaccuracies arising from ambiguity in the dashboard's own structure, the same structural opacity that is itself part of what this comment is asking OHA to address.

Budget, Fiscal Impact, and Statutory Documents Consulted

- Legislative Fiscal Office, 2025-27 Budget Review – Oregon Health Authority (source of the $3,690,394 fund-shift line item)
- OHA, OPS 2025 Public Listening Sessions Summary with Questions and Answers, July 23, 2025
- OHA, Notice of Proposed Rulemaking Including Statement of Need and Fiscal Impact, OAR 333-333, 2026 rulemaking (source of the "cannot be quantified" statement and the 32% reduced-fee transaction figure)

Original Data Sources

-

- Client Data
    - **Source:** "Data Archive" quarterly snapshots of CSVs
        - **Recommendation**: Provide a single normalized historical consolidated file, keeping quarterly granularity, as schemas for each quarterly snapshot differ.
- License Data
    - **Source**: Manually extracted annual snapshots from "Licensing Page" here as well as all time extracts manually collected from the dashboard
        - **Recommendation**: OPS published CSV files with quarterly snapshots of licensing data similar to client data snapshots.

2026-0981 251 10/02/2026

James Amarante, PhD, LCSW, LPC, NMCF
james@jamesamarante.com
203-640-7261

Oregon Psilocybin Services
Oregon Health Authority
Public Health Division
800 NE Oregon Street
Portland, OR 97232

September 12, 2026

Re: Public Comment on 2026 Proposed Amendments to OAR Chapter 333

Dear Oregon Psilocybin Services:

Thank you for the opportunity to provide public comment on the proposed 2026 amendments to Oregon's psilocybin services rules. I am writing specifically regarding the proposed changes to OAR 333-333-4520, Client Rights and Responsibilities; OAR 333-333-4810, Client Confidentiality; OAR 333-333-5040, Informed Consent; and OAR 333-333-6100, Advertising Restrictions.

I am a psychotherapist, social work professor, and licensed natural medicine clinical facilitator whose clinical and scholarly work includes psychedelic-assisted care, ethics, addiction, and harm reduction. I strongly support Oregon's efforts to preserve client autonomy, confidentiality, informed consent, and freedom from undue influence. I believe, however, that the evolving commercial infrastructure surrounding regulated psilocybin services has created a gap that the current proposed rules do not yet fully address.

Increasingly, third-party technology platforms do more than provide administrative software. A single platform may collect client intake and outcome data, host provider profiles and client reviews, evaluate or distinguish providers based on client-reported outcomes, match prospective clients to providers, process payments, sell or award marketplace visibility, and operate consumer-facing marketing channels. These functions may each be legitimate independently. When they are combined, however, data generated within a vulnerable care relationship can acquire commercial significance in ways a client may not reasonably anticipate.

This is no longer merely a theoretical possibility. One platform operating extensively within Oregon's regulated system publicly promotes the collection of validated outcome measures, verified client reviews, provider matching, and a marketplace for psilocybin services. It has also created provider awards based on participant-reported measures

2026-0981 252 10/02/2026

including depression, anxiety, well-being, mystical experience, perceived safety, and client recommendation. Its public materials further state that “quality data” may be used to determine which facilitators are matched with clients.

I do not raise this example to suggest that a particular company or licensee has violated Oregon law. Rather, it illustrates how quickly the regulated marketplace has evolved and why existing distinctions among clinical data collection, quality improvement, research, advertising, and commercial referral are becoming increasingly difficult to maintain.

The proposed amendment to OAR 333-333-4810 already recognizes an important principle: when de-identified data concerning a client's receipt of psilocybin products or services will be provided to a third party, the client must be told who will receive the data, the specific purpose for which it will be used, and must have an opportunity to opt out. I strongly support that protection. I am concerned, however, that disclosure and consent alone are not sufficient safeguards when data generated within psilocybin services are used to promote, rank, reward, or commercially differentiate the people providing those services.

A client who completes outcome measures may reasonably understand those measures as serving clinical, safety, research, or quality-improvement purposes. It is far less intuitive that the same responses could help determine whether their facilitator receives an award, appears more prominently in a marketplace, qualifies for referrals, is presented as more effective than other facilitators, or otherwise gains commercially from the client's reported experience. The downstream relationships among data collection, provider evaluation, marketing, referral, and financial benefit can be difficult for clients to fully appreciate even when those uses are described in a consent document. This is particularly important in psilocybin services, where clients may enter an unusually vulnerable and relationally dependent context and may reasonably assume that information they provide about their mental health and deeply personal experiences is being collected primarily for purposes related to their own care, safety, or the broader understanding of psilocybin services.

There is also an important ethical precedent for concluding that consent does not resolve every problem created by this relationship. Major behavioral health professions place explicit restrictions on soliciting testimonials from clients or others vulnerable to undue influence. The American Psychological Association prohibits psychologists from soliciting testimonials from current therapy clients or others vulnerable to undue influence. The American Counseling Association similarly prohibits counselors from soliciting testimonials from current clients, former clients, or others who may be vulnerable to undue influence. Standards for Technology in Social Work Practice likewise caution against soliciting online testimonials from clients or former clients who are vulnerable to undue

influence. These standards recognize an important principle: in relationships characterized by vulnerability, trust, and professional power, the ethical question is not always simply whether a client can be asked to consent. Sometimes the solicitation itself is inappropriate.

I believe the same principle deserves consideration here. Client outcome data and experiential reports should not become instruments for commercially ranking or rewarding individual facilitators merely because the data have been de-identified or because a broad consent has been obtained. Using client-reported depression, anxiety, well-being, mystical-experience, safety, or satisfaction measures to confer provider awards, establish comparative provider performance, enhance marketplace standing, or determine commercial referral eligibility transforms information gathered within a care relationship into a marketing asset. In my view, OPS should consider prohibiting these uses rather than merely requiring that they be disclosed.

At minimum, OAR 333-333-4810 should make clear that consent for research, quality improvement, regulatory reporting, or the client's own care does not constitute consent for commercial secondary use. But I encourage OPS to go further and establish boundaries around uses that create an inherent conflict between client welfare and provider commercial interests. Outcome and experience data may appropriately be aggregated to evaluate Oregon's psilocybin program, study safety and effectiveness, identify areas for quality improvement, or advance research. That is fundamentally different from using an individual client's report to increase or decrease the commercial standing of the particular facilitator with whom that client has an ongoing or recently completed professional relationship.

This distinction matters not only for privacy but also for the integrity of the facilitator-client relationship. Once better reported outcomes, higher ratings, or particular types of experiences carry economic value for a facilitator, service center, or affiliated platform, incentives change. Psilocybin facilitation also involves an unusual degree of vulnerability, suggestibility, and interpersonal influence, often within a substantial power differential between client and facilitator. In that context, facilitators may intentionally or unintentionally shape how clients understand, evaluate, and ultimately report their experiences and outcomes. This influence need not take the form of overt pressure; it may occur through expectation-setting, the framing of difficult experiences, enthusiasm about perceived improvement, the timing or manner in which outcome measures are presented, or subtle interpersonal cues about what constitutes a “successful” experience. When favorable client reports also carry reputational or economic benefits for the facilitator or

service center, the risk that these relational influences affect reported outcomes becomes more consequential.

There is a related concern at the level of case selection. Providers working with individuals who have complex trauma, severe or chronic symptoms, unstable social circumstances, or other factors associated with less predictable outcomes may assume greater reputational or commercial risk than providers serving comparatively less complex populations. Without appropriate safeguards, outcome-based provider comparison can therefore create incentives not only to influence how outcomes are understood and reported, but also to select clients more likely to produce favorable results. This may disadvantage the very clients for whom equitable access is most important.

The same concern arises when particular phenomenological outcomes are rewarded. Ranking facilitators according to scores on measures of mystical experience, for example, risks turning a descriptive measure of a client's experience into a performance metric for the facilitator. Even without intentional manipulation, commercial rewards attached to a particular type or intensity of psychedelic experience may influence preparation, expectation-setting, dosing preferences, environmental choices, or facilitation style. The resulting problem is not simply that a metric may be imperfect: once that metric carries professional or economic value, it can begin to shape the care it was intended merely to measure. That incentive deserves particular attention in a regulatory system grounded in client autonomy and nondirective facilitation.

I also encourage OPS to consider these issues in connection with OAR 333-333-4520 and OAR 333-333-5040. The proposed Client Rights and Responsibilities appropriately protect a client's right to make decisions free from coercion or undue influence, to receive full disclosure of facilitator conflicts of interest, to refuse disclosure of information to third parties, and to choose a facilitator. Those rights could be strengthened by recognizing conflicts and influences introduced by third-party referral and marketplace platforms.

When a third party recommends or assigns a facilitator, clients should be able to know whether the recommendation may be influenced by outcome scores, reviews, provider payment activity, marketplace placement, participation in affiliated programs, commercial relationships, or other financial considerations. Similarly, a client's right to choose a facilitator should be meaningful before a client becomes financially or practically committed to a particular service arrangement.

Finally, I encourage OPS to consider whether OAR 333-333-6100 should more explicitly address platform-mediated reviews, testimonials, and outcome-based advertising. The Oregon Psilocybin Advisory Board's original ethical recommendations stated that

facilitators should not solicit testimonials from clients. Although that recommendation was not incorporated into the current advertising rule, the underlying concern remains important and is consistent with longstanding ethical standards in behavioral health professions.

That protection should not depend upon who technically sends the request. If a commercial platform embedded within the service workflow automatically asks clients to rate, review, or recommend their facilitator and then uses those responses to market the facilitator, rank providers, confer awards, or direct future clients, the ethical concern is substantially the same as if the facilitator had solicited the feedback directly. Indeed, a platform-mediated system may make the solicitation more systematic and commercially consequential. The vulnerability and power dynamics that make testimonial solicitation ethically problematic do not disappear because an intermediary presses the "send" button.

For that reason, I encourage OPS to distinguish between genuinely unsolicited client speech—which clients should of course remain free to provide—and systematic solicitation of promotional feedback from clients within or immediately following regulated psilocybin services. The latter should not become permissible merely by routing the request through a third-party technology platform.

These concerns can be addressed without imposing substantial administrative burdens on licensees. I encourage OPS to consider amendments or clarifying guidance that:

1. prohibit the use of individual client outcome or experiential data to rank, reward, commercially differentiate, or determine referral eligibility for individual facilitators or service centers;
2. clearly distinguish permissible uses of outcome data for research, aggregate program evaluation, safety monitoring, and quality improvement from uses intended to promote or commercially advantage particular providers;
3. prohibit facilitators, service centers, and third parties acting on their behalf or in commercial partnership with them from systematically soliciting client testimonials, ratings, or recommendations for promotional purposes, while preserving clients' ability to provide unsolicited feedback;
4. require disclosure of any material financial or commercial factors that influence a third-party recommendation or matching decision, including marketplace placement, provider payment activity, participation in affiliated programs, or other commercial relationships;

5. ensure that declining optional data collection or commercial use of data does not adversely affect a client's access to psilocybin services, matching assistance, pricing, or other benefits;
6. protect a client's right to meaningful facilitator choice before financial commitment when a third party is involved in provider selection; and
7. clarify that advertising, informed-consent, confidentiality, conflict-of-interest, and client-rights protections cannot be circumvented through arrangements in which activities prohibited or restricted for a licensee are instead performed by an affiliated or contracted third-party platform.

Oregon has been a national leader in creating a regulated framework for psilocybin services. That leadership now includes responding to forms of commercial intermediation that were difficult to anticipate when the original rules were drafted. As technology platforms become increasingly embedded between clients, facilitators, service centers, and the information generated through psilocybin services, maintaining clear boundaries between care, data collection, evaluation, referral, and marketing will become increasingly important.

I encourage OPS to use the present rulemaking process to establish those boundaries while they remain possible to define prospectively, rather than relying primarily on disclosure and consent after commercial practices have become entrenched.

Thank you for considering these comments and for your continued work to protect client autonomy, safety, confidentiality, and equitable access within Oregon's regulated psilocybin program.

Sincerely,



James Amarante, PhD, LCSW, LPC, NMCF

From: Jenny
To: Public Health Rules
Subject: Dissent for proposed increase to Oregon psilocybin therapy licensing fees
Date: Thursday, September 17, 2026 9:36:51 AM

You don't often get email from cinnamonjenny@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Committee Members,

I am a licensed worker who has been providing support to Michael Briggs' Horizon Edibles manufacturing business for the past nearly-three years. I have also completed a facilitator training program and passed the licensing exam, but have not yet finished the facilitator licensing process. Additionally, I have lived in Portland for more than 15 years and have felt so excited and proud that Oregon has been on the cusp of alternative mental healthcare. Psilocybin offers such a vast, deep, meaningful option to so many people who have been struggling or stuck in their search for deeper healing. I have been looking forward to the ways Oregon will find to increase access to psilocybin services to more and more people as time goes on. With your proposed rate increase, it seems this will not be happening.

Honestly, I am deeply disheartened at the proposed rate increase. Michael Briggs at Horizon Edibles has just made the decision not to renew his manufacturing license - the first and only license to sell edible psilocybin products in Oregon. This means that the weekly joy I had been deriving from providing support in his lab - helping with the grow process, packaging, and delivery to clients - has just come to an abrupt halt. I'm not sure you realize how devastating this rate increase is. Michael is just a person, working a full-time job on the side in order to scrape together the money to keep his business running. The $10,000 yearly manufacturing license fee was nearly beyond reach. $20,000 is unthinkable. And now, no one will benefit from his carefully and lovingly crafted psilocybin extract products, which delivered an exactly measured amount of psilocybin that whole mushrooms could never guarantee, which eased the gastrointestinal strain on the system that bothers so many people who ingest whole mushrooms, and which were a delicious and delightful alternative to whole mushrooms.

If you go forward with the licensing fee increase, I will also no longer be able to complete the facilitator licensing process. For me, $2000 was more than I could scrape together - and $4000 is just completely out of reach. I feel sad about this, because again, I feel so inspired and passionate about the many benefits of psilocybin treatment. It's a beautiful and exciting process that offers measurable benefits.

Before you go through with this increase, will you share the financial analysis behind your decision? If the increase will cause a cascade of license lapses from manufacturers, service centers, facilitators, and workers - which we all know it will - how do you expect the program to continue or serve anyone except those individuals who are already more financially advantaged?

Thank you for your consideration.

Jenny Newbry (she/her)
Actor / Writer / Creative Explorer

www.actinglikejenny.com
971-276-3007

2026-0981 259 10/02/2026

From: Shraga Israel
To: Public Health Rules
Subject: Public Comment: Oregon Psilocybin Services 2026 Proposed Rules (OAR chapter 333, division 333)
Date: Thursday, September 17, 2026 12:07:08 AM

You don't often get email from main@metanoia-ca.org. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Rules Coordinator,

Please find below the written comment of Metanoia, a California 501(c)(3) public charity (EIN 39-2328100), on the Notice of Proposed Rulemaking for OAR chapter 333, division 333, Oregon Psilocybin Services, filed August 28, 2026.

The comment addresses the structure of the data the program records, and nothing else. We would be grateful for confirmation of receipt.

Respectfully,
Shraga Israel
Founder and Chief Executive Officer, Metanoia
main@metanoia-ca.org · +1 (209) 432-7113

Comment of Metanoia: Oregon Psilocybin Services, 2026 Proposed Rules

Submitted by: Metanoia, a California nonprofit public charity (EIN 39-2328100), 2108 N St #5956, Sacramento, CA 95816-5712. Contact: main@metanoia-ca.org · +1 (209) 432-7113.

Re: Notice of Proposed Rulemaking, OAR chapter 333, division 333, Oregon Psilocybin Services, filed August 28, 2026.

Subject: Data elements, outcome measurement, and adverse-effect definitions in the proposed rules.

Scope of this comment

Metanoia is a nonprofit research and education organization. We conduct no services in Oregon, hold no Oregon license of any kind, have no financial relationship with and no financial interest in any licensed facilitator, service center, manufacturer, laboratory, or training program, and derive no revenue from any activity regulated by these rules.

This comment addresses only the structure of the data the program records. It takes no position on licensing fees, license categories, program administration apart from the structure of the records it keeps, access, eligibility, product standards, or the merits of the program itself. We offer no view on whether any person should or should not use psilocybin. Every recommendation below concerns a rule the Authority has itself opened for amendment in this

2026-0981 260 10/02/2026

package.

We comment because Oregon Psilocybin Services operates the most fully specified mandatory prospective record system we have identified in the United States covering supervised non-clinical psilocybin exposure. Whatever data dictionary these rules adopt is likely to function as the de facto national reference for records of this kind, including for any federal repository that later seeks to coordinate across State programs. That makes the specification of the fields a matter of consequence beyond Oregon.

That consequence is no longer hypothetical. In August 2026 the first systematic evaluation of a State-regulated psilocybin program that we have identified was published: a prospective cohort of 346 clients drawn from 24 of Oregon's 26 licensed service centers, supervised by 83 licensed facilitators, with structured follow-up at one week, one month, and three months (Korthuis et al., 2026). That study is a research cohort operating alongside the program, not a product of the reporting rules themselves, and the contrast between what it was able to record and what the rules require is, in substance, the subject of this comment.

1. Recommendations

1. Code the existing "reasons for which clients requested psilocybin services" element to a closed, multi-valued vocabulary, and record when it was captured. The element exists. What it lacks is a vocabulary, an explicit multi-value structure, and a capture-timing field. (OAR 333-333-4910(2)(b), as proposed. Implemented through the form published under OAR 333-333-4900(1), as proposed.)
2. Give the existing post-session reaction element a case definition that does not depend on care-seeking, observation windows beyond 72 hours, a severity and functional-impact grade, and a re-exposure rule. (OAR 333-333-1010(59), as proposed. OAR 333-333-4910(6). OAR 333-333-5250(8)–(9), as proposed.)
3. Require the denominator for the post-session figure: the number of clients the facilitator was required to attempt to contact, and the number actually reached. Without it the reported count cannot be expressed as a rate by anyone, at any later time. (OAR 333-333-4910, as proposed. Parallel to the count already required at 4910(3)(e).)
4. Attach a provenance block to every record: capture timing, reporter type, and the denominator for the period in question. (OAR 333-333-4900 and OAR 333-333-4910, as proposed.)
5. Record a coded reason on every change of licence, permit, or curriculum-approval status. Where the same status change is available on materially different grounds, the grounds should be recorded distinguishably. (OAR 333-333-3010(5), as proposed, which adds a further ground at (5)(e). OAR 333-333-3010(8). OAR 333-333-4280.)
6. State the unit of measurement in the reported dose fields, and make the reported figures convertible to the unit that governs session duration. (OAR 333-333-4910(4)(c)–(d), as proposed, read against OAR 333-333-5250(1)(a) and the new definition at OAR 333-333-1010(96).)

Each is a specification. None depends on any view about the program. None requires the Authority to collect any additional identifying information about any client. Recommendations 3 and 6 are satisfied entirely with aggregate figures, and Recommendation 5 with facts the Authority necessarily already holds at the moment it acts.

2. What the rules already record, and what a later reader cannot recover from it

We begin from what the program already does, because every one of our recommendations refines an element that exists rather than asking for a new one.

Purpose is already collected. Service centers already compile and report, in aggregate, the reasons for which clients requested psilocybin services (OAR 333-333-4910(2)(b)). The Authority's own text contemplates that a client may have more than one reason, and the proposed amendment moves the phrase further in that direction. What the rules do not specify is the vocabulary those reasons are coded to, whether they are recorded as one value or several, or at what point in the client's course of services they are captured. Reasons compiled by two service centers are therefore not necessarily commensurable, and a reason recorded during a preparation session and one recorded afterwards enter the same field.

Within-session adverse reactions are already reported, and are defined precisely. Under the definitions in effect, an "adverse reaction" is one "that occurred during an administration session and does not require transport to a hospital". The behavioral and medical variants each require that the client's reaction "required contacting emergency services or receiving care from a medical care provider" during an administration session, and a "severe adverse reaction" requires hospital transport (OAR 333-333-1010(2), (3), (4), (85)). Counts in these four categories are reported quarterly in aggregate (OAR 333-333-4910(5)).

We want to be exact about what we are and are not saying. These definitions are good ones for what they do: they are administrable by non-clinical staff, they are auditable against an external record, and they do not depend on any rating scale or on a facilitator's clinical judgment. We recommend keeping them unchanged.

And, unlike any other data source we have identified in the country, Oregon already looks past the session. The rules define a "post-session reaction" as "a medical or behavioral reaction occurring within 72 hours of the client's release from an administration session that was likely related to psilocybin consumption and resulted in contacting emergency services or the client receiving care from a medical care provider" (OAR 333-333-1010(59)). They require a facilitator to attempt to contact every client within 72 hours of the conclusion of the administration session, and, on that contact, to inquire whether the client experienced any post-session reactions, to document them on the Authority's form, and to share that documentation with the service center (OAR 333-333-5250(8)–(9)), and they require the service center to compile, aggregate, and report the number of such reactions quarterly (OAR 333-333-4910(6)).

We have not identified another jurisdiction in the United States that requires a scheduled post-exposure contact, a defined post-exposure event, and a recurring report of that event. The remainder of this comment is about the four specifications that would make the resulting figure interpretable, and it is written in that light: the structure exists, and the cost of the changes we propose is correspondingly small.

Denominators are separable, but only in one place. Clients may ask that their data be withheld from what is submitted to the Authority, service centers must still collect it, and the number of clients who so ask is itself reported (OAR 333-333-4900, OAR 333-333-4910(3)(e)). That requirement is unusual and valuable: most data sources cannot tell a reader how many records are missing. Section 4 below concerns the one place where the same discipline has not yet been applied.

3. Why purpose of use, and why before the session

Oregon's structure gives it something we have not identified in any other data source in the country: a preparation session that occurs before exposure, at which a record is already being created. It is the only point we have identified in an existing United States data system at which purpose can be captured prospectively as a matter of routine.

This matters because purpose is the one element in the set that cannot be reconstructed afterwards. Purpose recorded after an experience is subject to the same recall effects that weaken retrospective outcome measurement, and is additionally liable to be revised in light of what happened. Purpose recorded before is a fixed reference point against which a later outcome can be assessed.

It also matters because purpose is not binary and not single-valued. In the largest prospective survey of naturalistic psilocybin use to date, motivations were captured immediately before exposure from 1,802 respondents and were non-exclusive: self-exploration (n = 1,461, 81.1%), mental health (n = 1,284, 71.3%), therapy (n = 863, 47.9%), creativity (n = 787, 43.7%), recreation (n = 680, 37.7%), productivity (n = 403, 22.4%), and physical health (n = 258, 14.3%): 5,736 endorsements from 1,802 people, an average of approximately 3.2 each (Nayak et al., 2023). The same individuals endorsed self-exploration and mental-health motivations. A single-valued field, or a scheme that infers purpose from the absence of a clinical diagnosis, will misclassify a large share of exactly this population.

We recommend a coded element with one designated primary value and any number of secondary values, a retained free-text field, and a separate required field recording when the purpose was captured.

This requires no change to the text of the rule. The proposed amendment to OAR 333-333-4900(1) has service centers collect 303 client data "by using the form published by the Authority for the current reporting period, on its website." A vocabulary and a capture-timing field are properties of that published form. The Authority can adopt them, revise them, and version them without reopening the rule. Metanoia is developing such a vocabulary and will publish it under an open license, without fee or licensing restriction, for Oregon or anyone else to use or adapt.

We note one drafting point. The proposed text of OAR 333-333-4910(2)(b) reads "The reasons, or reasons, for which clients requested psilocybin services." We assume the intent was "The reason, or reasons," or simply "The reasons." Either is clearer than the text as proposed, and the choice between them is a small opportunity to state on the face of the rule that the element is multi-valued.

4. The post-session element: four specifications

The Authority has already done the structurally difficult part: it created a post-exposure event, a scheduled contact at which to ask about it, and a recurring report. Our recommendations concern what a later reader can do with the resulting number.

(a) The definition is a care-seeking threshold, not a symptom threshold. A post-session reaction is one that "resulted in contacting emergency services or the client receiving care from a medical care provider" (OAR 333-333-1010(59)). That threshold is auditable, and we

do not propose replacing it. But it means the reported figure counts health-service contacts, not effects. A reader who pools it with incidence estimates from the research literature, where the denominator is symptom report, not care-seeking, is combining two different quantities. We recommend a second, separately named element recording symptom presence at fixed windows, reported alongside and never summed with the first, and we recommend that the rule say expressly that the two are distinct.

(b) The window is 72 hours. That is a real window and a defensible one, and it is 72 hours longer than any other State window we have identified. It is also shorter than the interval at which the persisting effects described in the literature are observed. We recommend that the rule fix additional observation windows now: 7, 30, 90, and 365 days after the administration session, even if the obligation to report at all of them is phased. Defining a window costs nothing. Retrofitting one onto records already collected is not possible.

(c) There is no severity or functional grade. A reaction that produced a single telephone consultation and one that produced a week of impairment enter the quarterly return as the same integer. We recommend that severity and functional impact be graded on a stated scale and recorded separately from the presence of the event.

(d) There is no re-exposure rule. A client who participates in a further administration session during an open follow-up window is, for the period after that session, no longer being observed for the first. We recommend that any subsequent administration session within an open window be recorded with its date, and that records with re-exposure before the window closes be flagged and analyzed separately.

On case definition generally. Without a standard case definition the same underlying data yields incompatible numbers, and this is demonstrable within a single published study rather than only across studies. In the prospective survey cited above, at the 2–4 week window 1,055 of 1,182 respondents (89.3%) reported no persisting negative effects, leaving 127 who reported at least one. Expressed as a composite that is 10.7%. Expressed as the largest single category (mood fluctuations, n = 55) it is 4.7%. The four listed categories drew 144 endorsements from those 127 participants, so they are non-exclusive and cannot be summed. Both figures are accurate. Nothing in the record marks which convention was applied. We offer the following case definition for the symptom-presence element, and we would be glad to see a better one adopted instead:

A persisting adverse effect is a new or worsened symptom present at or beyond 30 days after the administration session that was not present during the 30 days preceding it. Expected acute effects occurring within the pharmacological duration of the session are recorded separately and are not counted as persisting effects.

On cost. We recognize that extending the window implies contact the rules do not require today. It is, however, contact that has already been demonstrated in this exact population. In the cohort described above, retention was 93.1% at one week, 92.8% at one month, and 90.2% at three months among 346 clients across 24 of the 26 licensed service centers (Korthuis et al., 2026). We draw one narrow inference from this and no other: post-session follow-up at three months is operationally achievable in Oregon's regulated setting. Whether a mandatory obligation would retain participants at similar rates is a different question, and one the Authority is better placed to judge than we are. A voluntary research cohort recruits clients who agree to be followed, which is not the same population as every client of every centre.

The point is narrower than a projection: the cost of a follow-up window can now be estimated against an Oregon-specific figure rather than assumed. We therefore suggest the Authority consider the sequence rather than the whole: fix the definitions and all four windows in rule now, and phase the reporting obligation, beginning with the 30-day window. If the Authority prefers, the additional windows could initially be reported on a voluntary basis by service centers able to support them, provided the definitions are fixed in rule from the outset. A common definition applied by some is worth more than an uncommon definition applied by all.

5. The denominator the post-session figure does not have

This is the recommendation we would ask the Authority to take first, because it is the only one that becomes impossible rather than merely expensive if it is not adopted now.

OAR 333-333-4910(6) requires the service center to submit "the aggregated number of post-session reactions that pertain to the previous quarter." OAR 333-333-5250(8) requires the facilitator to "*attempt* to contact every client within 72 hours" (emphasis added). The rules do not require anyone to record or report how many clients were the subject of such an attempt, or how many were actually reached.

The consequence is arithmetic rather than arguable. The quarterly figure is a numerator with no denominator. It cannot be expressed as a rate by the Authority, by a service centre, by a researcher, or by a federal repository, not because the information is withheld, but because it was never created. And unlike almost every other data quality problem, this one cannot be repaired later: the number of clients reached in the third quarter of 2026 does not exist anywhere once the quarter has closed.

The Authority has already shown, at OAR 333-333-4910(3)(e), that it understands the value of reporting the size of the gap in its own data. We recommend applying the same discipline here, by adding to OAR 333-333-4910 a requirement to report, for each quarter:

- the number of clients for whom a contact under OAR 333-333-5250(8) was required,
- the number of clients with whom contact was made, and
- the number of clients who declined to answer the inquiry under OAR 333-333-5250(9).

These are three integers already known to the service centre at the moment it files. They add no information about any client, require no new contact with anyone, and turn a number that currently cannot be interpreted into one that can. More generally, we recommend that any rate the program publishes or transmits state its denominator explicitly.

Attrition determines a reported rate more strongly than the underlying event count does. In the study cited above, the cohort passed through six sequential surveys: 8,006 at consent, 2,833 at the two-weeks-before assessment, 1,802 the day before, 1,551 at 1–3 days after, 1,182 at 2–4 weeks, and 657 at 2–3 months. The 127 participants reporting at least one persisting negative effect at 2–4 weeks are 10.7% of the 1,182 who completed that window, 4.5% of the 2,833-person pre-exposure baseline, or 1.6% of the 8,006 who consented. All three denominators are present in that single study. No convention governs the choice. The count is a fact. The rate is a choice.

6. Why a provenance block

Three fields on every record: whether capture was prospective or retrospective, whether the reporter was the client, the facilitator, or another observer, and the retention denominator for the window in question.

The need is visible on the face of these rules. The four within-session counts at OAR 333-333-4910(5) originate in a facilitator's contemporaneous observation of an event that occurred in front of them. The post-session count at OAR 333-333-4910(6) originates in a client's answer to a question asked on a telephone call up to 72 hours later. These are not the same kind of evidence, and the difference bears directly on how each should be weighted. They arrive in the same quarterly return with nothing to mark the distinction. A data system that does not record the difference destroys information it already had, at no saving.

7. A reason code on every change of status, including training-program approval

This recommendation concerns the program's own administrative records, and it is the cheapest of the six.

Under OAR 333-333-3010(5) as proposed, the Authority must deny or revoke curriculum approval on six distinct grounds:

- the program does not meet the requirements of OAR 333-333-3010 to 3090
- false or misleading statements to the Authority, students, or the public
- failure to comply with the documentation requirement in section (4)
- failure to produce evidence or otherwise cooperate with an investigation
- denial by the Higher Education Coordinating Commission of the program's application for licensure under ORS chapter 345 or 348
- and failure to maintain approval status with that Commission

The fifth of these is added by this proposal.

Those six facts produce one recorded outcome. Two of them say something about the education a facilitator received. Four do not. Recorded under a single status value they cannot be told apart by any later reader, and the distinction cannot be reconstructed afterwards, because the reason exists only at the moment the Authority acts. The consequence is carried forward: under OAR 333-333-3010(8) a program whose approval was denied or revoked may not reapply for one year, on any of the six grounds alike.

This bears directly on the value of the program's own data, and increasingly so. Independent evaluation of the program has begun appearing in the peer-reviewed literature, and the proposed rules implementing Oregon Laws 2026, chapter 109 open Oregon licensure to facilitators who completed training programs approved by other states. Any analysis relating facilitator preparation to service delivery or to client outcomes needs to know whether a program's approval lapsed on educational grounds or administrative ones. Absent that field, training provenance is not a weak variable. It is an uninterpretable one.

We recommend that every recorded change in licence, permit, or curriculum-approval status carry a coded reason drawn from a short closed list, separating at a minimum: substantive standards not satisfied, documentation or filing requirement not satisfied, status under another statutory chapter, failure to cooperate with an investigation, false or misleading statement, voluntary cessation or surrender, and non-renewal. This adds no information about any client,

imposes no new obligation on any licensee or program beyond recording in a structured field a fact the Authority necessarily already holds, and can be specified in this same amendment.

We take no position on what any such requirement should be, on whether any particular interagency condition ought to exist, or on any pending petition, appeal, or proceeding concerning these rules. Our recommendation is only that whatever grounds the Authority adopts be recorded distinguishably.

8. The unit of the reported dose

The proposed rules introduce a new unit. OAR 333-333-1010(96) as proposed defines "total psilocybin equivalent" as "the sum of psilocybin analyte concentration and 1.4 times the psilocin analyte concentration," described as the maximum theoretical concentration of psilocybin in the sample. OAR 333-333-5250(1)(a) as proposed uses that unit, 3.40 mg of total psilocybin equivalent, to set the lowest minimum-duration tier, while tiers (b) through (g) remain expressed in milligrams of psilocybin analyte.

The reporting rule was not moved with it. OAR 333-333-4910(4)(c) and (d) as proposed continue to require the average dose "measured in milligrams of psilocybin analyte," stratified above and below 5.0 mg of that analyte.

Two consequences follow, neither of which requires the Authority to change its dosing policy:

- The reported figures cannot be mapped to the tier structure. Total psilocybin equivalent is not derivable from psilocybin analyte alone. It requires the psilocin analyte concentration, which is not among the reported elements. A later reader cannot determine from the reported data which sessions fell within the lowest tier.
- The stratification boundary in the reporting rule and the tier boundary in the duration rule are now expressed in different units, and a reader who assumes they correspond will be wrong by an amount that varies with the psilocin content of each product.

We recommend that the reported dose fields name their unit explicitly, and that either the reporting rule adopt total psilocybin equivalent alongside psilocybin analyte, or the duration rule's lowest tier be expressed in both. We note separately that the change from a single average dose to two stratified averages creates a break in the reported series. Recording the reporting period in which the change took effect, on the face of the published form, preserves comparability across it at no cost.

9. What Metanoia offers

Metanoia is a California 501(c)(3) public charity conducting research and public education on natural psychedelics in healthy adults. We are preparing (a) a draft minimum common data element set for non-clinical exposure records and (b) a longitudinal outcome instrument referenced to a prospectively recorded purpose of use. Metanoia intends to publish both under the Creative Commons Attribution 4.0 International license, without fee or additional licensing restriction, and to make them available to Oregon Psilocybin Services, to other State programs, to Federal agencies, and to any registry operator wishing to use or adapt them. Neither will incorporate items drawn from any proprietary instrument. If it would be useful, we would provide a draft vocabulary for the "reasons for which clients requested psilocybin services" element at no cost and with no conditions attached.

Substantially the same recommendations have been prepared for submission to the United States Food and Drug Administration, Docket No. FDA-2026-N-7542, in response to that Agency's request for comment on best practices for data collection and standardization (91 FR 43095, July 14, 2026). That notice states that FDA seeks input on coordination across data sources including State programs, and expressly welcomes input on data collection from such programs. Our purpose in mentioning it is only to confirm that we have said the same thing in both places.

Disclosure. Metanoia has no financial relationship with, and holds no financial interest in, any entity developing, manufacturing, or expecting to provide products or services related to psychedelic substances. Metanoia is a single entity with no parent, subsidiary, or affiliate. It does not provide, sell, or source any controlled substance, and does not provide therapy or medical services. Metanoia's published long-term organizational plan contemplates the future formation of a separate for-profit research affiliate. No such entity has been formed, no jurisdiction has been selected, and no agreement with any such entity exists.

Respectfully submitted,

Shraga Israel
Founder and Chief Executive Officer
Metanoia
main@metanoia-ca.org

Sources

1. Nayak SM, Jackson H, Sepeda ND, et al. Front Psychiatry. 2023;14:1199642. PMID 37795509. PMCID PMC10545967. doi:10.3389/fpsyt.2023.1199642
2. Korthuis PT, Cook RR, Gregoire D, Stauffer CS, Luoma JB, Pertl K, Des Jarlais D, McCarty D, Levander XA, Hoffman KA, Wilson-Poe AR. Safety and Mental Health Outcomes of Oregon State-Regulated Psilocybin Services. JAMA Netw Open. 2026;9(8):e2630608. PMID 42616497. PMCID PMC13491119. doi:10.1001/jamanetworkopen.2026.30608
3. Hovmand OR, Poulsen ED, Arnfred S. J Psychopharmacol. 2024;38(1):19–32. PMID 37969069. doi:10.1177/02698811231200019
4. Oregon Health Authority, Public Health Division. Notice of Proposed Rulemaking Including Statement of Need & Fiscal Impact, OAR chapter 333, division 333, Oregon Psilocybin Services, filed with the Secretary of State Archives Division on August 28, 2026.
5. Oregon Administrative Rules, OAR 333-333-1010 (Definitions), OAR 333-333-3010 (Psilocybin Training Program Curriculum Approval Process), OAR 333-333-4900 (Collection and Maintenance of 303 Client Data), OAR 333-333-4910 (Required Reporting of Data), OAR 333-333-5250 (Duration of Administration Session). OAR 333-333-1010 and 333-333-4910 last amended by PH 21-2025, effective January 1, 2026. OAR 333-333-5250 last amended by PH 82-2024, effective January 1, 2025.
6. Food and Drug Administration, Considerations for Potential Future Therapeutic Use of Psychedelic Drugs; Public Hearing; Request for Comments, 91 FR 43095 (July 14, 2026), Docket No. FDA-2026-N-7542.

The proposed rules cited above were read in full in the Authority's Notice of Proposed Rulemaking on 12 September 2026, and the quoted text of OAR 333-333-4910(2)(b) was re-verified character-for-character against page 49 of that Notice on 15 September 2026. The rule

text currently in effect was read on the Oregon Secretary of State's Administrative Rules database on 12 September 2026. Figures attributed to source 2 were verified against the article record in PubMed on 30 August 2026. Figures attributed to source 1 were verified against the full text of the article in PubMed Central on 16 August 2026. Percentages not appearing in a cited article are arithmetic on counts reported in it. The underlying counts are given alongside.

From: Michael Higginbotham
To: Public Health Rules
Subject: Public comment on proposed OAR 333-333 psilocybin fee increases
Date: Thursday, September 17, 2026 7:46:51 AM

You don't often get email from michael@helpinghandtherapy.net. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Psilocybin Services rules team,

My name is Michael Higginbotham. I am a Licensed Professional Counselor and co-owner of Helping Hand Therapy, a small group mental health practice with offices in Central Point and Ashland. I am writing to ask you not to adopt the proposed fee increases in OAR 333-333, and to keep the reduced fees for nonprofits, veterans, and lower-income applicants.

I want to start with what I have seen in my own work. I have worked with clients using ketamine as part of their therapy, and it has been a tremendous support. I have watched it reach people that years of talk therapy and medication had not reached, and I believe it has saved lives. Altered states of consciousness therapy is a vital part of how our practice helps people heal, and psilocybin belongs in that set of tools.

The biggest wall between our practice and offering psilocybin support is cost. Today a facilitator license is $2,000 a year and a service center license is $10,000 a year, before training, rent, insurance, or product. The proposed rules double those to $4,000 and $20,000, double the application fee, and raise the worker permit from $25 to $200. A practice our size cannot absorb that, and most of the small providers who serve Southern Oregon can't either. The only way to cover fees like these is to pass them on to clients who already cannot afford the service.

The access problem is already well documented. OHA's own client data has shown that most clients who report their income earn more than $95,000 a year. Yu and colleagues, writing in Frontiers in Psychiatry about the program's first years, found that about a third of clients came from outside Oregon and that the large majority were white, and they named cost as the likely reason local and lower-income Oregonians are missing. Sessions commonly run from about $850 to $3,000, and insurance does not cover them. Public reporting this summer found that roughly half of the service center licenses issued since 2023 have already expired or been surrendered. In the Rogue Valley, a person looking for this care has few places to go and fewer they can afford. OHA's own rulemaking notice says these changes will likely reduce access, especially for underserved communities, and may close businesses. I agree with that assessment, and I think it is reason enough to stop.

What is being priced out of reach is care that works for the people who have run out of other options. The STAR*D trial found that roughly a third of people with major depression did not reach remission even after four successive treatments. Goodwin and colleagues, in the New England Journal of Medicine, found that a single 25 mg dose of psilocybin with psychological support significantly reduced symptoms in people with treatment-resistant depression. Davis

and colleagues at Johns Hopkins found that 71 percent of participants with major depression responded to psilocybin-assisted therapy at four weeks and more than half were in remission, and Gukasyan and colleagues found those gains holding at twelve months. Wilkinson and colleagues found that a single dose of ketamine reduced suicidal thoughts within a day, which matches what I have seen with my own clients.

The evidence from Oregon's own program points the same way. Korthuis and colleagues at OHSU followed 346 people served at licensed Oregon service centers. They found decreases in moderate to severe depression, anxiety, and PTSD symptoms three months later, and more than 90 percent of participants reported benefit at one month. For trauma more broadly, Mitchell and colleagues found that two thirds of participants receiving MDMA-assisted therapy no longer met criteria for PTSD, about double the rate in the placebo group. These are the clients small community practices like ours see every day.

I understand the program is meant to pay for itself. Doubling fees on a shrinking number of licensees will not get it there. It will shrink the program further and leave rural regions like ours with nothing. I am asking you to withdraw the fee increases, keep the reduced fees, and work with the Legislature on a funding approach that does not fall on the smallest providers and the clients with the least.

Thank you for your time and for the work you do.

Michael Higginbotham, MS, LPC, NCC
Operations Director and Co-Owner, Helping Hand Therapy
Central Point and Ashland, Oregon

From: Rahul Bilakanti
To: Public Health Rules
Subject: Psilocybin Therapy Fee Increases
Date: Thursday, September 17, 2026 11:49:51 AM

You don't often get email from r.bilakanti@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I do not have personal experience with Oregon's psilocybin therapy programs, however, as an Oregon resident who grew up here and as someone familiar with the research around psilocybin's medical potential, I encourage you to consider how these fee increases will affect access to this promising therapy.

Given our current national political climate, it's increasingly important that Oregon (and states in general) are doing the most they can to combat our federal government's attack on science and credible institutions.

Oregon's leadership in psilocybin therapy deserves protection against fee increases until the industry is more mature. Having the most people access this therapy will advance the science quicker and allow people who need help to access it.

Thank you,
Rahul Bilakanti

From: Ryan Rege
To: Public Health Rules
Subject: 2026 Annual Public Comment Period for proposed fee increases
Date: Thursday, September 17, 2026 10:13:46 AM

You don't often get email from ryan@rosewaterssanctuary.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

We at Rose Waters Sanctuary are deeply concerned about the proposed increases in licensing fees. Although we are concerned about the increase to service center fees, we are even more concerned about the impact on facilitators, cultivators, and Oregon's only licensed testing laboratory. Each of these licensees is essential to the survival of the regulated psilocybin system.

In just six weeks of operation, Rose Waters Sanctuary has served 60 clients with legal psilocybin services, directly supporting their health and well-being. Our offerings include low-dose ceremonies for as little as $100, making legal psilocybin services accessible to people who might otherwise be unable to afford them. We have seen that even at lower doses, participants can have meaningful experiences that contribute significantly to their well-being.

We have also built a network of approximately 50 facilitators who bring clients into our service center. That network—and the volume it creates—is a large part of what allows us to offer some services at such an accessible price. If licensing fees increase as proposed, we are certain that many facilitators will be unable or unwilling to maintain their licenses. Cultivators and the state's sole laboratory will face similar pressures. The loss of even a portion of these licensees will affect the entire system, reducing access, limiting client choice, and increasing the cost of services across the board.

These increases will not affect licensees alone. They will ultimately be passed on to clients and will have the greatest impact on people with lower incomes—the very people who already face the greatest barriers to accessing legal psilocybin services.

We respectfully ask OHA to consider how many people will be affected by these increases and whether placing additional financial pressure on an already fragile and developing system is truly necessary. Oregon's regulated psilocybin program needs time and support to become sustainable. Dramatic fee increases at this stage risk shrinking the program, reducing accessibility, and undermining the public-health benefits it was created to provide.

Thank you for taking the time to read this.

Respectfully,

Ryan Rege and the Rose Waters Team

Personal Public Comment on the 2026 Oregon Psilocybin Services Proposed Rules

Fee Increases Agency Decision Record Direct Operational Harm Licensee Speech Restrictions

Submitted by Andreas Met

Oregon licensed psilocybin facilitator

Co founder of Satya Therapeutics service center and manufacturing operations

September 18 2026

Via email to publichealth.rules@odhsoha.oregon.gov

Oregon Health Authority Public Health Division Oregon Psilocybin Services

Attn Jesse Sweet Rulemaking Contact

Re 2026 Oregon Psilocybin Services Proposed Rules

2026-0981 274 10/02/2026

Contents

Executive Summary and Requested Action	3
My Direct Interest and the Scope of This Comment	4
One What OHA Knew on February 22	5
Two The Data Needed to Test the No Crisis Narrative	7
Three The Missing Decision Trail	8
Four Direct Economic and Operational Harm	10
Five The Proposed Restrictions on Licensee Speech	12
Conclusion and Specific Requests	14
Source Notes	16
Exhibit and Appendix Index	17

Purpose and relationship to the Psilocybin Alliance submission

This is my personal submission. It does not repeat the Psilocybin Alliance submission on small business fiscal impact. I incorporate that submission by reference where it supplies the underlying fee model, RAC history, survey evidence, and late produced financial analysis. This comment adds a different record: what OHA told the public in February, what data I sought to test that account, what OHA produced and when, the direct effect on my operations and the service centers they supply, and the proposed restrictions on what I may say and publish as a licensee.

The central problem is not simply that I disagree with OHA. It is that OHA has not shown its work. The agency publicly rejected the description of a program in crisis, acknowledged closures and nonrenewals, later modeled fee driven attrition, proposed dramatic fee increases, and released the key analysis only four days before comments closed. It now asks licensees to accept both the result and the missing analytical trail.

2026-0981 275 10/02/2026

Executive Summary and Requested Action

I ask OHA not to adopt the proposed rules on the present record. The record is materially incomplete on the two subjects that most directly affect me: the financial logic behind the fee increases and the legal and factual basis for restrictions that reach licensee speech outside regulated transactions.

The chronology is stark. On February 22, 2026, Lucid News reported that OPS Section Manager Angela Allbee disputed that the program was in crisis. Yet the same interview identified the problems already in front of OHA: service center closures; facilitators declining to renew; high license fees; a shrinking revenue base; rising program costs; a self-funded structure dependent on the very licenses disappearing from the system; changing business relationships; and the resulting need for further problem solving. When asked whether fees would increase, she described that as the next step. Those statements were not casual background. They framed the public understanding of the program before OHA developed and proposed the largest fee increases in its short history.[1]

By July 23, OHA's own later produced summary stated that more than one third of service centers had surrendered or failed to renew. It listed 39 service centers approved over time but only 20 as of that date, and 19 manufacturers approved over time but only seven as of that date. OHA then created an August 14 financial model assuming fee driven licensee attrition and a worst case 60 percent reduction, filed the proposed rules on August 28, and did not produce that model to me until September 17, four days before public comment closed.[2]

An agency may change its assessment as new information arrives. What it may not do credibly is leave the change unexplained. OHA has not identified the analysis supporting the February position, the evidence that changed that position, or the reasoning that converted the acknowledged problem into these specific fee amounts. The public has been shown the beginning and the end of the story while the decision itself remains off the page.

The consequences are immediate. The proposed fees add $22,000 each year to my family's facilitator, service center, and manufacturing licensing costs. Our manufacturing operation supplies seven service centers that benefit from our lower prices. If the manufacturer license becomes uneconomic, those businesses lose an affordable supplier and their clients may bear the cost. Satya also depends on a pool of independent licensed facilitators. Doubling the standard facilitator fee and quadrupling the reduced fee can drive out the low-volume, part-time, lower-income, veteran, and community-based facilitators who cannot spread $4,000 across a large caseload. That does not merely increase Satya's costs. It can hollow out the labor pool on which Satya and other service centers depend, reduce client choice and cultural fit, and push trained practitioners outside Oregon's regulated system or out of the work entirely. OHA gave the laboratory a delayed effective date until 2029. It has not explained why manufacturers, service centers, facilitators, and workers receive no comparable transition protection.[3]

2026-0981 276 10/02/2026

The speech provisions present a separate defect. Proposed OAR 333-333-2010, 333-333-4480, 333-333-5120, and 333-333-6030 use broad terms such as promoting, encouraging, providing information, and instruction. The text is not confined to licensed premises, regulated transactions, or direct assistance with a specific unlawful act. A license is permission to participate in a regulated market. It is not a deed to the licensee's mind, books, websites, classes, research, policy advocacy, or lawful business outside that market.[4]

OHA should take the following actions before final adoption:

- Disclose the complete pre February 22 analysis and the records showing what changed between that date and the proposed fee schedule.
- Disclose the complete financial models, assumptions, alternatives, and decision memoranda used to select each proposed fee.
- Explain the scope and limits of the TLC and Product Tracking System data and produce the transaction level information necessary to evaluate market activity.
- Provide equivalent transition protection to manufacturers, service centers, facilitators, and workers, or explain with evidence why the laboratory alone received delayed treatment.
- Remove the challenged speech provisions or narrow them to intentional and direct assistance with a specific act the licensee knows is unlawful.
- Respond to the timely requests already submitted, supplement the rulemaking record, and reopen comment for at least 21 days after the missing material is disclosed.

My Direct Interest and the Scope of This Comment

I am an Oregon licensed psilocybin facilitator and a co founder of Satya Therapeutics. Our operations include a licensed service center and a licensed manufacturer. I therefore experience this rulemaking from three positions at once: as an individual practitioner, as an operator of a service center, and as an operator of a manufacturer that supplies other regulated businesses.

I have not waited until the end of the process to object. I requested financial and budget records in July. On September 1, I submitted a detailed request for clarification and correction and a statutory request to postpone final action. I followed up on September 10 after receiving neither confirmation nor a substantive response. I submitted comments addressing facilitator, service center, manufacturer, worker permit, and program sustainability alternatives. I requested the records supporting the proposed restrictions on licensee speech. I testified at both public hearings on September 15 and September 16. This comment consolidates the parts of that record that are personal to me and asks OHA to answer the questions that remain unanswered.[5][21][22][23]

My purpose is not to relitigate the Alliance's institutional submission. That filing addresses the fiscal impact statement, RAC treatment, the Alliance survey, and the internal model in detail. I rely on those materials only where necessary. My question is narrower and more

2026-0981 277 10/02/2026

direct: what did OHA know, when did it know it, what did it do with that information, and why should I and the businesses that depend on my operations bear the consequences of a decision OHA has not fully explained?

One What OHA Knew on February 22

The public statement contained an unresolved contradiction

The February 22 article reported that Angela Allbee disputed that the program was in crisis and pointed to the number of facilitators, the number of people served, and the program's safety record. In the same passage, however, she acknowledged the very facts that would ordinarily trigger a serious financial assessment. The problems identified in the article were not vague:

- service centers were closing;
- facilitators were declining to renew their licenses;
- OHA was concerned about high license fees;
- the license-funded revenue base was shrinking as licensees left;
- program costs were rising while revenue sources contracted;
- business relationships within the regulated ecosystem were changing; and
- the fee-dependent structure therefore required further problem solving.

The question whether fees would increase was answered not with a completed analysis, but with an indication that it was the next step. In other words, OHA rejected the crisis label while publicly reciting the mechanism of a fiscal crisis: fewer fee payers, higher costs, and no independent source of support.[1]

There are only two plausible explanations. Either OHA had already analyzed the program's financial condition and concluded that it was not in crisis, in which case that analysis should exist and should have been produced. Or OHA had not performed the analysis, in which case a public assurance about the program's condition was premature. OHA should identify which explanation is correct.

This matters because the February statement was not merely optimistic language. It separated what OHA considered normal market evolution from what it considered a crisis. That distinction necessarily rests on criteria. What closure rate was acceptable? What renewal rate was expected? What minimum number of service centers and manufacturers was needed to sustain the regulated system? What revenue trend would trigger intervention? What staffing and cost assumptions were used? None of those criteria appears in the material produced to date.

OHA's later records describe a deteriorating license base

The August OPS summary produced under request 2026-0889 states that more than 33 percent of service centers had surrendered or not renewed by July 23. It reports 39 service centers approved over time and 20 as of July 23, as well as 19 manufacturers approved over

2026-0981 278 10/02/2026

time and seven as of that date. Those figures are not a complete economic diagnosis, but they are not trivial. A regulated market cannot be assessed by counting facilitators and clients while treating the contraction of the premises and suppliers on which the model depends as a side issue.[6]

The question is not whether the word crisis was rhetorically perfect. The question is what evidence supported OHA's public characterization and whether the agency's own subsequent records were consistent with it. If the facts changed, OHA should say when. If the interpretation changed, OHA should explain why. If nothing changed except the proposed fees, then OHA should explain how the same market was healthy enough to reject the crisis label in February but fragile enough to require immediate doubling of core license fees in August.

My September 1 submissions asked the questions before the hearings

On September 1, the first day of the public comment period, I submitted two documents to OHA. The first was a detailed Request for Clarification and Correction. It identified twelve areas requiring answers: program sustainability; the basis for the specific fee amounts; the claim that fiscal impact could not be quantified; OHA's treatment of quantitative RAC evidence; the principal financial documents prepared or relied upon; small-business findings and RAC recommendations; less burdensome alternatives; elimination of reduced fees; the worker-permit increase; the scope and authority for the cultivation-information restrictions; the economic impact of restrictions on education and other speech; and the missing July 9 RAC record. It expressly requested written answers, supplementation of the notice where appropriate, identification of the financial studies, production of the July 9 record, an explanation of compliance with the small-business process, and placement of the submission and OHA's response in the rulemaking record.[21]

The second September 1 document invoked ORS 183.335(4) and requested that OHA postpone the date of final action by 30 days so that I could receive the missing answers and records and then submit informed data, views, and arguments. It did not ask OHA to cancel or postpone the September 15 and 16 hearings. It asked OHA not to take final action before the record could be tested. That distinction matters: I continued participating, and I testified at both hearings, but participation without answers is not a substitute for answers.[21][23]

September 10 followed up on September 1 and sought the missing record

September 10 was not the beginning of my request for answers. On September 1, I had already submitted twelve categories of questions and separately asked OHA to postpone final action for 30 days. On September 10, after OHA had neither confirmed receipt nor provided a substantive response, I followed up and asked OHA to confirm that both September 1 documents were in the rulemaking record and to answer them while the comment period and hearings were still pending.[22]

2026-0981 279 10/02/2026

In a separate September 10 public records request, I sought the contemporaneous material needed to answer the still-unanswered September 1 questions. The request covered the pre February 22 factual and financial basis; the analysis and decision making from February 22 through August 31; attrition and revenue modeling; alternatives considered; the basis for the specific fee amounts; and relevant communications with state officials. I copied Angela Allbee, Jesse Sweet, and the rulemaking address so responsive records could be associated with this proceeding.[7]

That request did not ask OHA to create a new explanation. It asked for the contemporaneous record of an explanation that should already exist if the agency's public statements and later fee proposal were evidence based. As of this submission, the materials available to me do not supply that record. The absence is consequential: without it, neither I nor OHA can distinguish a policy choice supported by analysis from a number selected first and rationalized afterward.

Two The Data Needed to Test the No Crisis Narrative

OHA controls the data and the public is asked to accept the conclusion

OHA operates the Training, Licensing, and Compliance system and the Product Tracking System. These systems hold data concerning licensing and regulated product transactions. When an agency publicly characterizes the condition of a market and then proposes fees justified by that market's ability to fund the agency, the underlying data are not peripheral. They are the means by which the public can test the agency's premise.

My July request sought transaction level sales information, including a sale identifier, product identifier, product type, quantity, price, refund status, date, and milligrams sold. OHA produced a file containing product ID, product type, number of products sold, sale price, refund status, and sale date. It stated that other requested information was not available in that format at that time and treated the request as complete.[8]

I then asked a simple clarifying question: does OHA possess data in TLC or PTS from which milligrams sold can be associated with an individual sale or date, or does it possess the data but decline or lack the ability to provide it in the produced report? The records show that the question was forwarded to the program on July 23. I followed up on July 30, August 12, August 20, and September 8 because the answer mattered to the fee rulemaking.[9]

This is not a technical quibble. Product counts, dose quantities, prices, transaction frequency, and refunds describe different aspects of market activity. A system that reports only a subset can create a misleading picture if the missing fields are necessary to distinguish more transactions from larger doses, more revenue from higher prices, or market growth from concentration among a smaller number of operators.

2026-0981 280 10/02/2026

A dashboard is not a substitute for reproducible analysis

OHA has referred the public to dashboards and summarized counts. Dashboards are useful for communication. They are not a substitute for a reproducible data extract with field definitions, source dates, status rules, and transaction logic. The Alliance submission documents a related problem in the fee model: the counts in the August 14 spreadsheet cannot be reconciled cleanly with public license listings, and the model does not define whether the figures are active licenses, expected renewals, revenue producing transactions, or something else.[10]

OHA cannot fairly use data opacity in both directions. It cannot rely on its access to internal data to assure the public that the system is healthy, then rely on missing definitions and unavailable formats to prevent the public from checking that assurance. If the data exist, OHA should produce them with the necessary documentation. If they do not exist, OHA should say so plainly and acknowledge the limits that absence places on its conclusions.

The relevant question is market capacity, not cumulative activity

Cumulative totals can demonstrate that clients have been served and that products have been sold. They do not establish current capacity or future sustainability. A program may serve thousands of people over several years while simultaneously losing service centers, concentrating demand among a few operators, and imposing fees that accelerate nonrenewal. The appropriate analysis therefore requires current active license counts, renewal cohorts, transaction trends by time period, revenue concentration, operating volume, and the relationship between fee levels and exit decisions.

The February narrative emphasized historical accomplishments. The August proposal depends on future licensee behavior. Those are different questions. OHA should not answer a forward looking solvency problem with cumulative success metrics.

Three The Missing Decision Trail

The record shows events but not the agency's reasoning

The available chronology is now clear:

Date	Documented event
February 22	OHA publicly disputes that the program is in crisis while acknowledging closures, nonrenewals, high fees, rising costs, and the need for problem solving.
July 6 to 9	Rules Advisory Committees meet. OHA's own later summary says feedback was unanimously opposed to fee increases and warned of attrition, access harm, and a larger shortfall.
July 18	I submit a public records request for OPS financial and budget records related to the proposed fee structure.

2026-0981 281 10/02/2026

Date	Documented event
August 14	OHA revises an internal revenue model containing a worst case assumption of fee driven attrition and a 60 percent reduction.
August 28	OHA files the proposed rules and states that the overall fiscal and economic impact cannot be quantified, while acknowledging that fee increases may reduce licensees and deepen the budget shortfall.
September 1	I submit a Request for Clarification and Correction identifying twelve categories of unanswered questions. In a separate filing, I invoke ORS 183.335(4) and request a 30 day postponement of final action so the missing answers and records can be reviewed before OHA acts.
September 6	I submit facilitator fee comments identifying seven unanswered renewal and attrition questions and eight less burdensome alternatives.
September 10	After no confirmation or substantive response, I follow up on both September 1 submissions. In a separate records request, I seek the pre February 22 analysis and the later decision record needed to answer the still-unanswered questions.
September 15 and 16	I testify at both public hearings: first in my personal capacities regarding fees and licensee speech, then regarding OHA's treatment of RAC input, missing analysis, and unequal transition protection.
September 17	OHA produces the August 14 model to me, four days before the September 21 close of comment.

The chronology exposes the defect. OHA had the RAC warnings and the August 14 model before it filed the rules. Yet the notice did not disclose the model, explain whether it influenced the fee amounts, or show why the RAC alternatives were rejected. The public therefore had to comment on a decision whose decisive analytical record was still inside the agency.[11][21][22][23][24]

The late production deprived the public of usable time

The August 14 spreadsheet was produced on September 17. Public comment closed on September 21. Four calendar days is not meaningful review time for a model that raises new questions about assumptions, baselines, missing scenarios, license counts, and the very premise that increased fees would improve program finances. I immediately requested the underlying models, Scenario 3, other scenarios, and allocation methodology.[12]

The problem is not cured because a spreadsheet eventually appeared. Disclosure after the public has already testified and near the end of comment is not the same as disclosure in time to analyze, consult, compare alternatives, and respond. A rulemaking record is not transparent merely because the agency releases a fragment before the door closes.

2026-0981 282 10/02/2026

The model points against the proposed remedy

OHA's worst case model projects less fee revenue with the increases than without them. For AY 2027 to 2029, it projects $1,960,085 in license, application, and permit revenue at current rates and $898,500 with the increases, a reduction of $1,061,585. It also projects a remaining shortfall that is $1,633,511 worse by the end of that biennium and $2,912,304 worse by the end of AY 2029 to 2031 under the increased fees.[13]

A worst case model is not a prediction. But it is a warning produced by OHA itself. If the proposed remedy can reduce the payer base so severely that revenue falls and the deficit deepens, then the agency must identify the decision rule it used. What attrition rate did OHA consider tolerable? At what fee did expected revenue peak? What lower fee scenarios were modeled? What contingency applies if renewals collapse? The spreadsheet answers none of these questions.

Calling the program fee funded does not answer them either. A fee funded program still requires a viable number of fee payers. Doubling the charge to a shrinking payer base is not a sustainability plan unless OHA can demonstrate that expected retention and revenue support it. On the present record, OHA has demonstrated the opposite risk more clearly than it has demonstrated the proposed cure.

Four Direct Economic and Operational Harm

The proposal adds twenty two thousand dollars a year to my operations

The arithmetic is direct. The facilitator fee rises from $2,000 to $4,000, adding $2,000. The service center fee rises from $10,000 to $20,000, adding $10,000. The manufacturer fee rises from $10,000 to $20,000, adding another $10,000. For my family and businesses, the recurring increase is $22,000 each year before worker permits, change fees, or other compliance costs.[14]

That amount is not absorbed by an abstract license category. It comes from operating funds that otherwise pay employees and contractors, maintain the premises, support reduced pricing, purchase supplies, and keep a low volume manufacturer available to the market. OHA's notice acknowledges that increased costs may be passed to clients and may reduce access, especially for lower income and underserved communities. The agency has therefore identified the harm but has not explained why it chose a structure that intensifies it.[15]

Closing one manufacturer affects seven service centers

Our manufacturing operation currently sells to seven service centers. Those customers benefit from our lower prices. If the $20,000 manufacturer fee makes continued licensure uneconomic, OHA does not merely lose one manufacturer. Seven service centers lose a

2026-0981 283 10/02/2026

supplier, purchasing options narrow, and the remaining costs travel downstream to businesses and clients.[3]

This is why counting licenses one category at a time is inadequate. Manufacturers, laboratories, service centers, facilitators, and workers form a dependent system. Attrition in one category can strand or raise costs for the others. OHA's analysis should therefore evaluate network effects: supplier concentration, product availability, testing capacity, service center viability, facilitator access to locations, and the client price consequences of each exit.

The proposal threatens Satya's facilitators and the regulated labor pool

Satya does not operate with an interchangeable labor input called facilitators. Clients choose among individual facilitators based on experience, approach, identity, price, availability, and personal fit. Many facilitators work part time or serve a limited number of clients. For them, a $4,000 annual license is not a modest overhead adjustment. It may exceed the income they earn from regulated facilitation in a year. Eliminating the $1,000 reduced fee makes the largest percentage increase fall on people whom OHA's current rules recognize as needing relief, including lower-income applicants and veterans.[24]

If those facilitators do not renew, Satya loses more than names on a roster. We lose client capacity, scheduling flexibility, specialized experience, veteran facilitators, and the range of people with whom clients may feel safe. The effect compounds across service centers. A depleted facilitator pool means fewer lawful places to work, fewer client-facilitator matches, greater concentration among those able to absorb the fee, and stronger incentives for trained practitioners to leave Oregon's regulated system. OHA is proposing to fund the program by destroying part of the workforce the program exists to regulate.[23]

I testified on September 15 about the direct $22,000 annual increase, the risk that our manufacturer would close, and the seven service centers it supplies. I testified again on September 16 about OHA's failure to account for RAC warnings, attrition, the missing financial analysis, and the unexplained decision to protect the laboratory while imposing immediate increases on everyone else. Satya facilitator Dr. Bonny Kober also testified on September 16 that her own reduced facilitator fee would rise from $1,000 to $4,000 and that higher facilitator, manufacturer, and service-center fees would make Satya's reduced pricing harder to sustain.[3][17][23]

OHA gave the laboratory transition time and denied it to everyone else

The proposed laboratory fee increase is delayed until January 1, 2029. The increases for manufacturers, service centers, facilitators, and workers take effect January 1, 2027. The available analysis does not state why the laboratory received two additional years while the rest of the market is expected to absorb increases of twofold to eightfold immediately.[16]

The laboratory is essential, and protecting testing capacity may be rational. But the same logic applies to the small number of manufacturers and service centers on which the

2026-0981 284 10/02/2026

system also depends. OHA cannot invoke systemic necessity for one license category and ignore systemic dependency for the others. At minimum, the agency should disclose the criteria used and apply them consistently.

Satya's operating experience contradicts the assumption that costs can simply be passed through

At the September 16 hearing, Dr. Bonny Kober testified that she had worked at Satya since September 2023 and had seen more than 300 clients. She described Satya's $900 all inclusive veterans program and testified that many of her clients are veterans. Her testimony also described reduced pricing for financially disadvantaged people, retired individuals, and first responders. The automated transcript should be checked against the recording before any quotation is treated as certified, but the substance corroborates the operational point: affordability is part of what we do, not an accounting abstraction.[17]

OHA cannot assume every fee increase becomes a harmless line item added to the client price. Some clients cannot pay more. Some facilitators cannot work enough volume to recover the fee. Some service centers compete on affordability. Some manufacturers exist precisely because lower prices help the rest of the network operate. In those circumstances the fee does not merely transfer to the consumer. It eliminates the service, the license, or the business relationship.

Five The Proposed Restrictions on Licensee Speech

The rules regulate words as well as conduct

The challenged provisions are not limited to the manufacture, sale, possession, or administration of regulated psilocybin products. They prohibit or condition speech through terms such as promoting, encouraging, providing information, and instruction. Specifically:

- Proposed OAR 333-333-2010(1)(e) prohibits a manufacturer from promoting unregulated cultivation or processing by providing home cultivation information or instruction or offering spores, mycelium, or cultivation materials for sale.
- Proposed OAR 333-333-4480(11) imposes a similar prohibition on service centers, without limiting the prohibition to licensed premises or client transactions.
- Proposed OAR 333-333-5120(16) prohibits a facilitator from encouraging illegal activity and includes providing home cultivation information or instruction.
- Proposed OAR 333-333-6030(1)(e) applies similar language to laboratories.
- Proposed OAR 333-333-6100 prohibits advertising that encourages activity illegal under state law and attributes certain communications by others to a licensee when directed or authorized by the licensee.[4]

OHA unquestionably may regulate licensed conduct and prohibit direct participation in unlawful acts. The objection is to the rule's reach and uncertainty. The text does not clearly distinguish a specific instruction given to facilitate a known unlawful act from general

2026-0981 285 10/02/2026

education, an independently published book, scientific discussion, policy advocacy, journalism, a website article, harm reduction information, or a lawful business involving non psilocybin mushrooms and growing equipment.

The uncertainty is itself the injury

A licensee need not wait for a suspension or revocation to be chilled. When the penalty can include loss of a livelihood and the rule does not mark the boundary between education and prohibited promotion, the rational response is silence. That harms not only the licensee but the public, which loses access to the people with the most direct knowledge of the regulated program.

The proposed language also lacks a limiting principle. Does a facilitator violate the rule by explaining the history of mushroom cultivation in a class? Does a manufacturer violate it by publishing a general mycology book? Does a service center violate it by linking to an academic paper? Does advocacy for decriminalization count as promoting unregulated use? Does a lawful culinary mushroom business become suspect because its owner also holds an OPS license? The text does not answer these questions, and a licensing rule should not make people guess where constitutionally protected expression ends.

The issue is particularly serious under Article I, section 8 of the Oregon Constitution and the First Amendment. OHA need not concede that every application would be unconstitutional to recognize that a rule aimed at unlawful conduct should be written in conduct terms. The safer and more precise course is to regulate intentional assistance with a specific unlawful act, not broad categories of information and encouragement.[18]

OHA had advance notice of the problem

Before OHA filed the proposed rules, I asked the Psilocybin Compliance Team whether facilitator authored ebooks and lawful non psilocybin products sold through a website could create compliance concerns. OHA's follow up questions asked whether the ebooks would contain information or instruction concerning cultivation, production, processing, or use of psilocybin. That exchange showed before publication that a facilitator's independent content could be viewed through the licensing rules.[19]

On September 14, I requested OHA's existing legal and constitutional analysis, evidence of need, fiscal analysis, interpretive records, and enforcement criteria for the challenged provisions. OHA responded that most requests are completed within 30 business days and estimated completion on or before October 26, more than a month after public comment closes. Thus the agency may adopt restrictions on licensee speech before the affected licensees receive the records explaining why the restrictions are necessary, how they will be interpreted, or whether OHA analyzed their constitutional limits.[20]

That sequence is backwards. The analysis should precede the restriction, and the public should see the nonexempt basis before being asked to comment. If the analysis exists,

2026-0981 286 10/02/2026

produce it now. If it does not exist, OHA should not adopt the provisions until it does the work.

A narrow rule can address conduct without claiming the rest of a licensee's life

I ask OHA to delete the challenged language. If OHA concludes that a rule is necessary, it should include an express limitation substantially as follows:

> *Nothing in these rules prohibits general education, independent publishing, scientific research, journalism, public policy advocacy, harm reduction information, or lawful commerce outside licensed psilocybin operations. This provision does not authorize a licensee to intentionally and directly assist a specific person in conduct the licensee knows is unlawful under Oregon law.*

This language does not create a right to violate Oregon law. It does what OHA's proposal does not: it separates protected general expression and lawful outside activity from knowing, direct participation in a specific unlawful act.

Conclusion and Specific Requests

The proposed rules ask the regulated community to finance OHA through sharply higher fees while OHA's own worst case model shows that the increases could reduce revenue and deepen the deficit. They ask the public to accept an unexplained shift from February assurances to August emergency pricing. They impose direct costs on my family and businesses, threaten an affordable supplier used by seven service centers, and give one critical license category transition protection while withholding it from the others. They also reach beyond regulated conduct into broadly described speech without disclosing the legal analysis, evidence of need, or enforcement standards before comments close.

This is not a record ready for final action. It is a record full of conclusions waiting for their supporting analysis.

I request that OHA:

1. Postpone final adoption and reopen comment for at least 21 days after the material records and explanations are disclosed.
2. Identify and produce the records supporting the February 22 public characterization of the program and explain what changed afterward.
3. Produce the complete financial models, assumptions, formulas, source data, alternative fee scenarios, decision memoranda, and cost allocation methodology used to select the proposed fees.
4. Explain the TLC and Product Tracking System fields, produce usable transaction data, and state clearly whether requested dose and sale linkage data are not collected, not retained, not retrievable, or simply not included in the produced format.

2026-0981 287 10/02/2026

5. Explain the different effective date for the laboratory and provide comparable transition relief, phased implementation, or evidence based reasons for denying it to other license categories.
6. Preserve a meaningful reduced fee structure for low income applicants, veterans, and qualifying nonprofit entities.
7. Evaluate the proposed fees as an interconnected market, including supplier concentration and downstream effects on service centers, facilitators, and clients.
8. Delete or substantially narrow the speech provisions and expressly protect independent publishing, general education, research, journalism, policy advocacy, harm reduction information, and lawful outside commerce.
9. Respond on the record to my September 1 clarification and postponement requests and confirm that my prior submissions are included in the official rulemaking record.

OHA is entitled to regulate. It is not entitled to skip the explanation. Before it doubles fees, accelerates attrition, or disciplines licensees for broadly defined speech, it should show the public the evidence, the alternatives, and the legal boundaries of what it proposes to do.

Respectfully submitted,

Andreas Met

Oregon licensed psilocybin facilitator

Co founder of Satya Therapeutics service center and manufacturing operations

andreas@satyatherapeutics.com

2026-0981 288 10/02/2026

Source Notes

1. Lucid News, Oregon's Psilocybin Program Industry Insiders Weigh In On Closures and the Future, Feb. 22, 2026, especially the section titled The State's View Natural Evolution. The article reports that Angela Allbee disputed that the program was in crisis, while acknowledging closures, nonrenewals, high fees, a shrinking revenue base, rising costs, and further problem solving. https://www.lucid.news/oregons-psilocybin-program-industry-insiders-weigh-in-on-closures-and-the-future/.
2. OHA, Oregon Psilocybin Services Summary, Aug. 2026, pp. 2 to 6, produced in OHA Request 2026-0889 on Sept. 14, 2026; OHA, Record Revenue Analysis OPS AY27 AY29 AY31, revised Aug. 14, 2026, produced Sept. 17, 2026. See also Psilocybin Alliance Public Comment on Small Business Fiscal Impact, Sept. 18, 2026, pp. 2 to 6 and packet pp. 95 to 97.
3. OHA public rulemaking hearing, Sept. 15, 2026, Andreas Met testimony, automated transcript at packet pp. 105 to 106. The transcript records the $22,000 annual increase, possible manufacturer closure, and seven service center customers. The packet cautions that automated transcript wording should be checked against the recording before treated as certified.
4. OHA Notice of Proposed Rulemaking, filed Aug. 28, 2026, proposed OAR 333-333-2010 at notice p. 12, 333-333-4480 at notice p. 42, 333-333-5120 at notice pp. 60 to 61, 333-333-6030 at notice p. 69, and 333-333-6100 at notice p. 70. The notice is reproduced in the Psilocybin Alliance packet at packet pp. 14 to 94.
5. Andreas Met submissions and correspondence listed in Consolidated Status of Rulemaking Submissions Public Records Matters and Request to Postpone Final Action, including Sept. 1 clarification and postponement requests, Sept. 6 fee comments, Sept. 14 speech comment and records request, and related follow ups.
6. OHA, Oregon Psilocybin Services Summary, Aug. 2026, pp. 4 to 5, produced under OHA Request 2026-0889. It states that more than 33 percent of service centers had surrendered or not renewed and lists licensing statistics as of July 23, 2026.
7. Exhibit 1, Supplemental Public Records Request OPS Fee Analysis Before and After February 22, Sept. 10, 2026, pp. 1 to 2.
8. Exhibit 2, correspondence concerning OHA Request 2026-0696, especially OHA email dated July 22, 2026, reproduced at Exhibit 2 pp. 4 to 5.
9. Exhibit 2, follow up correspondence dated July 23, July 30, Aug. 12, Aug. 20, and Sept. 8, 2026, Exhibit 2 pp. 1 to 7.
10. Psilocybin Alliance Public Comment, Sept. 18, 2026, pp. 4 to 5, discussing baseline discrepancies between OHA's internal spreadsheet, dashboard, and public license listings.
11. OHA Notice of Proposed Rulemaking, filed Aug. 28, 2026, notice pp. 2 to 5; OHA Record Revenue Analysis, revised Aug. 14, 2026, packet pp. 95 to 97; Psilocybin Alliance Public Comment, Sept. 18, 2026, pp. 2 to 11.
12. Psilocybin Alliance Public Comment, Sept. 18, 2026, pp. 3 to 4 and Source 7 at packet pp. 138 to 143, documenting Sept. 17 production and immediate follow up for omitted models, Scenario 3, other scenarios, and allocation methodology.
13. OHA Record Revenue Analysis, revised Aug. 14, 2026, packet pp. 96 to 97; Psilocybin Alliance Public Comment, Sept. 18, 2026, pp. 2 and 6.
14. OHA Notice of Proposed Rulemaking, filed Aug. 28, 2026, notice pp. 3 to 5; Andreas Met testimony, Sept. 15, 2026, packet pp. 105 to 106.
15. OHA Notice of Proposed Rulemaking, filed Aug. 28, 2026, notice pp. 3 to 5. The notice acknowledges negative effects on access, equity, and small businesses and the possibility that higher costs will be passed to clients.
16. OHA Notice of Proposed Rulemaking, filed Aug. 28, 2026, notice p. 4, stating all fee increases effective Jan. 1, 2027, except the laboratory fee effective Jan. 1, 2029; OHA Record Revenue Analysis, packet p. 96, laboratory effective date note.

2026-0981 289 10/02/2026

17. OHA public rulemaking hearing, Sept. 16, 2026, testimony of Dr. Bonny Kober, automated transcript at packet pp. 121 to 122. The automated transcript renders Satya incorrectly in places and should be checked against the recording before certified quotation.
18. Oregon Constitution, Article I, section 8; United States Constitution, Amendment I. This submission raises the constitutional concern and requests OHA's analysis; it does not ask OHA to adjudicate the validity of the provisions in this comment process.
19. Andreas Met, Public Comment on OHA's Proposed Licensee Speech Ban, submitted Sept. 15, 2026, and referenced Aug. 19 to 20 correspondence with the Psilocybin Compliance Team; reproduced in Appendix B with OHA's receipt.
20. Exhibit 3, OHA email dated Sept. 15, 2026, estimating completion of the speech restriction records request on or before Oct. 26, 2026, after the Sept. 21 comment deadline; underlying request reproduced at Exhibit 3 pp. 3 to 5.
21. Exhibit 4, Andreas Met, Request for Clarification and Correction and Request for Postponement Under ORS 183.335(4), both dated Sept. 1, 2026. The clarification request identifies twelve substantive areas requiring answers and six requested actions. The postponement request seeks a 30-day delay in final action, not cancellation or postponement of the Sept. 15 and 16 hearings.
22. Exhibit 4, Andreas Met email to OHA dated Sept. 10, 2026, following up on the Sept. 1 clarification and postponement submissions and stating that no confirmation or substantive response had been received.
23. OHA public rulemaking hearings, Sept. 15 and 16, 2026, testimony of Andreas Met. The Sept. 15 automated transcript is reproduced in the Psilocybin Alliance packet at pp. 105 to 108; the Sept. 16 testimony is reproduced at packet pp. 122 to 123. Speaker identification and wording should be checked against OHA's recordings before quotation is treated as certified.
24. Andreas Met, Facilitator Fee Increase Elimination of Reduced Fee and Alternatives, Sept. 6, 2026, identifying seven questions concerning renewal, attrition and revenue and eight alternatives, including preservation of reduced fees, phasing, low-volume and graduated tiers, transition protection, installments, and optimization of total revenue after attrition.

Exhibit and Appendix Index

Exhibit	Document	Length
Exhibit 1	Supplemental Public Records Request OPS Fee Analysis Before and After February 22, Sept. 10, 2026	3 pages
Exhibit 2	Correspondence concerning OHA Request 2026-0696 and requested transaction level sales data	7 pages
Exhibit 3	Speech restriction public records request and OHA estimated completion after close of comment	5 pages
Exhibit 4	September 1 clarification and postponement requests with September 10 follow up	14 pages
Appendix A	Earlier individual fee and sustainability comments: five Sept. 6 transmission records and complete written comments	22 pages
Appendix B	Sept. 15 licensee speech comment and OHA receipt, with Aug. 19 and 20 Compliance Team correspondence identified in that comment	6 pages

2026-0981 290 10/02/2026

Exhibit	Document	Length
Appendix C	Written statements delivered at the Sept. 15 and 16 public hearings	5 pages

Materials incorporated by reference and not duplicated

The 143-page Psilocybin Alliance Public Comment on Small Business Fiscal Impact was submitted on Sept. 18, 2026 with its source documentation and is incorporated here by reference. This personal packet therefore does not duplicate the Alliance packet's complete fee model, rulemaking notice, dashboard material, hearing transcripts, Alliance survey, or Sept. 17 production correspondence. Appendices A through C below do attach my separate individual comments, their transmission or receipt records, the Compliance Team exchange expressly identified in my speech comment, and my Sept. 15 and 16 written hearing statements.

2026-0981 291 10/02/2026

Exhibit 1

Supplemental Public Records Request

OPS Fee Analysis Before and After February 22

September 10 2026

2026-0981 292 10/02/2026

Outlook

Supplemental Public Records Request — OPS Fee Analysis Before and After February 22, 2026

From Andreas Met <andreas@satyatherapeutics.com>
Date Thu 9/10/2026 11:06 AM
To JEANNE.WINDHAM@oha.oregon.gov <JEANNE.WINDHAM@oha.oregon.gov>
Cc Public Health Rules <publichealth.rules@odhsoha.oregon.gov>; Sweet Jesse I <Jesse.I.Sweet@oha.oregon.gov>; Allbee Angela E <angela.e.allbee@oha.oregon.gov>

Dear Ms. Windham:

I am submitting this supplemental public records request concerning the factual basis for Oregon Psilocybin Services' public statements reported in the February 22, 2026 Lucid News article and the analysis and decision-making that occurred afterward before publication of the proposed 2026 fee increases.

This request supplements, and does not narrow, replace, or withdraw, my previously submitted public records requests, including Record ID 56353. To avoid unnecessary duplication, if records responsive to this request have already been identified or produced under an earlier request, please identify or cross-reference those records rather than conducting duplicative work.

In the February 22 article, Angela Allbee publicly discussed concerns regarding high license fees, rising program costs, the program's fee-based structure, and the need for further "problem-solving." When asked whether license fees would increase, she indicated that this was the next step.

I am copying Ms. Allbee because this request concerns OPS program management and the development of the proposed fee structure. I am also copying Jesse Sweet and the rulemaking address so that this request and any responsive records relevant to the proposed 2026 rules can be appropriately associated with the rulemaking record.

Please provide the following records:

1. Records created, received, reviewed, discussed, or relied upon **before February 22, 2026** that informed or formed the factual or financial basis for Angela Allbee's public statements concerning high license fees, rising OPS

2026-0981 293 10/02/2026

program costs, the fee-based funding structure, an existing or anticipated budget shortfall, or the need for further “problem-solving.”

2. For the period **February 22 through August 31, 2026**, records showing what analysis, modeling, evaluation, discussion, or decision-making occurred regarding the financial problem identified in those public statements.
3. For that same period, records concerning anticipated licensee attrition, nonrenewal, surrender, or reduced participation resulting from possible fee increases, including any analysis of resulting program revenue after accounting for such attrition.
4. Records concerning alternatives considered to address the program’s financial condition, including phased increases, tiered or graduated fees, revenue- or volume-based structures, installment payments, preservation or modification of reduced fees, expenditure reductions or deferrals, staffing or administrative changes, alternative allocation of costs among license categories, or requests for additional state or legislative funding.
5. Records showing which alternatives were considered, rejected, deferred, or selected, and any explanation for those decisions.
6. Records identifying the factual or analytical basis for selecting the specific fee amounts ultimately included in the proposed 2026 rules.
7. Communications during this period with OHA leadership, the Governor’s Office, the Department of Administrative Services, the Legislative Fiscal Office, legislators, or other state officials concerning OPS funding, projected shortfalls, fee increases, or alternatives to fee increases.

Please provide the records electronically.

If responsive records are withheld in whole or in part, please identify the applicable statutory exemption and describe the records being withheld sufficiently to permit evaluation of the claimed exemption.

If responsive records are maintained by another OHA office or custodian, please forward this request to the appropriate custodian or advise me where it should be directed.

Please confirm receipt and provide a reasonable estimated completion date.

Thank you,

Andreas.

2026-0981 294 10/02/2026

ANDREAS MET

Founder

Satya Therapeutics

c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA
e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com

Calendly - Andreas Met

2026-0981 295 10/02/2026

Exhibit 2

OHA Request 2026 0696 Correspondence

Transaction Level Sales and Product Tracking Data

July 22 through September 8 2026

2026-0981 296 10/02/2026

Subject: Follow-Up — July 18, 2026 Public Records Request — OPS Sales and Transaction Data

From	**amet1984** <amet1984@hushmail.com>
To	**Windham Jeanne** <jeanne.windham@oha.oregon.gov>, **oha.publicrecords** <oha.publicrecords@odhsoha.oregon.gov>, **publichealth.rules** <publichealth.rules@odhsoha.oregon.gov>
Sent	Tuesday, September 8, 2026 at 9:47 AM
Encrypted	No
Signed	No

Jeanne,
I am following up on my July 18, 2026 public records request concerning detailed Oregon Psilocybin Services sales and transaction data.

This request remains directly relevant to the current OPS rulemaking because OHA is proposing substantial licensing and permit fee increases while the regulated market is changing. The requested data is important to evaluating market activity, product and dose patterns, and the financial assumptions underlying the proposed fee structure.

Please provide:

the current status of the request;
whether responsive records have been located;
whether any portion of the request is being withheld or delayed; and
OHA's reasonable estimated completion date.

The OPS public comment period closes September 21, 2026. I am requesting production as soon as practicable so the information can be reviewed while the rulemaking is still open.

This follow-up does not narrow, replace, or withdraw any portion of the original request.

Thank you,

Andreas Met

Sent using Hushmail

On 8/20/2026 at 1:44 PM, amet1984@hushmail.com wrote:
>
>Jeanne,
>
>I am following up again regarding OHA Request No. 2026-0696 and
>the clarification question that you forwarded to the program on
>July 23.
>
>I followed up on August 11 but have not yet received a response
>from the program.

>
>As noted previously, I am trying to determine whether the
>underlying TLC/PTS data used by Oregon Psilocybin Services
>includes transaction-level information that associates the amount
>of psilocybin product sold with an individual sale or transaction
>date.
>
>This information is now time-sensitive because I am reviewing OPS
>data in preparation for the upcoming public comment period and
>public hearings concerning the proposed rules and licensing fees.
>
>Could you please let me know whether the program has responded to
>the question, or when I can expect a response?
>
>Thank you,
>
>Andreas Met
>
>
>
>
>Sent using Hushmail
>
>
>On 8/12/2026 at 12:38 PM, amet1984@hushmail.com wrote:
>>
>>Jeanne,
>>
>>I'm following up again regarding OHA Request No. 2026-0696 and
>the
>>question you forwarded to the program on July 23.
>>
>>I am simply trying to clarify OHA's statement that the additional
>>requested information is "not available in this format at this
>>time."
>>
>>Specifically, does OHA have data within TLC/PTS from which the
>>amount of psilocybin sold, in milligrams, can be associated with
>>an individual sale or sales identifier and sale date?
>>
>>In other words, is this information:
>>
>>1. Not collected or retained by OHA/TLC-PTS; or
>>2. Collected or retained, but not available in the particular
>>report/file provided in response to my request?
>>
>>I am not requesting a new record through this email. I am asking
>>for clarification regarding OHA's response to Request No. 2026-
>>0696.
>>
>>Thank you,
>>
>>Andreas
>>

>>Sent using Hushmail
>>
>>
>>On 7/30/2026 at 12:08 PM, amet1984@hushmail.com wrote:
>>>
>>>Jeanne,
>>>I'm following-up on this request?
>>>
>>>Please let me know.
>>>
>>>Thank You.
>>>
>>>Andreas.
>>>
>>>
>>>
>>>Sent using Hushmail
>>>
>>>
>>>On 7/23/2026 at 10:45 AM, "Windham Jeanne"
>>><JEANNE.WINDHAM@oha.oregon.gov> wrote:
>>>>
>>>>Unfortunately, I cannot. However, I have forwarded your
>question
>>>>to the program for response.
>>>>
>>>>Jeanne Windham
>>>>Public Records and Internal Litigation Process Coordinator
>>>>OREGON HEALTH AUTHORITY
>>>>Central Operations
>>>>(971) 345-1688
>>>>jeanne.windham@oha.oregon.gov
>>>>OHA Customer Service Survey
>>>>
>>>>-----Original Message-----
>>>>From: amet1984@hushmail.com <amet1984@hushmail.com>
>>>>Sent: Thursday, July 23, 2026 10:41 AM
>>>>To: Windham Jeanne <JEANNE.WINDHAM@oha.oregon.gov>
>>>>Subject: Re: Public Records Request - OPS Data Related to
>>>>Psilocybin Sales (OHA Request No. 2026-0696)
>>>>
>>>>Think twice before clicking on links or opening attachments.
>>This
>>>>email came from outside our organization and might not be safe.
>>>If
>>>>you are not expecting an attachment, contact the sender before
>>>>opening it.
>>>>
>>>>
>>>>
>>>>Thank you for providing this to me.
>>>>
>>>>Could you please confirm the following:
>>>>

>>>> Mg sold by uid by day is unavailable, or
>>>>
>>>> Mg sold by uid by day is not being made available
>>>>
>>>>Thank you.
>>>>
>>>>Andreas.
>>>>
>>>>Sent using Hushmail
>>>>
>>>>
>>>>On 7/22/2026 at 6:13 PM, "Windham Jeanne"
>>>><JEANNE.WINDHAM@oha.oregon.gov> wrote:
>>>>>
>>>>>Good Afternoon Andreas,
>>>>>
>>>>>Further to my earlier email (below), attached is the
>responsive
>>>>record
>>>>>to your request with available data from the start of the
>>>program
>>>>to
>>>>>July 21, 2026, including: product ID, product type, number of
>>>>products
>>>>>sold, sale price, refund status, and sale date.
>>>>>Other information requested is not available in this format at
>>>>this
>>>>>time. For more information and materials about the Product
>>>>Tracking
>>>>>System (PTS), where psilocybin product sales data are recorded
>>by
>>>>>licensees and licensee representatives, please visit the
>Product
>>>>>Tracking System (TLC-PTS)
>>>>>Information<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pa
>g
>>e
>>>s
>>>>/
>>>>>Psilocybin-TLC-System-
>>>>>Tips.aspx#:~:text=Product%C2%A0Tracking%C2%A0System%20(TLC-
>>>>>PTS)%20Information> section of the TLC System
>>>>>Support<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/
>P
>>s
>>>i
>>>>l
>>>>>ocybin-TLC-System-Tips.aspx> page of the Oregon Psilocybin
>>>Service
>>>>>website.
>>>>>
>>>>>There is no charge for this record. This will complete your
>>>>request.
>>>>>

>>>>>
>>>>>Jeanne Windham
>>>>>Public Records and Internal Litigation Process Coordinator
>>OREGON
>>>>>HEALTH AUTHORITY Central Operations
>>>>>(971) 345-1688
>>>>>jeanne.windham@oha.oregon.gov<mailto:jeanne.windham@oha.oregon.
>g
>>o
>>>v
>>>>>
>>>>>OHA Customer Service
>>>>>Survey<https://gcc02.safelinks.protection.outlook.com/?url=http
>s
>>%
>>>3
>>>>A%2F%25
>>>>>2Fforms.office.com%2Fg%2Fgighwnfv KK&data=05%7C02%7Cjeanne.windh
>a
>>m
>>>%
>>>>40oha
>>>>>.oregon.gov%7Cf86db5f795364876a00b08dee8e19934%7C658e63e88d3949
>9
>>c
>>>8
>>>>f4813
>>>>>adc9452f4c%7C0%7C0%7C639204253086757727%7CUnknown%7CTWFpbGZsb3d
>8
>>e
>>>y
>>>>JFbXB
>>>>>0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTW
>F
>>p
>>>b
>>>>CIsIl
>>>>>dUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=G7Rgtw%2Fc7BlySM%2FS3FB6qaDB%
>2
>>B
>>>e
>>>>0pHVU
>>>>>QARAZUQbVXrg%3D&reserved=0>
>>>>>
>>>>>From: Windham Jeanne
>>>>>Sent: Tuesday, July 21, 2026 2:01 PM
>>>>>To: amet1984@hushmail.com
>>>>>Subject: Public Records Request - OPS Data Related to
>>Psilocybin
>>>>Sales
>>>>>(OHA Request No. 2026-0696)
>>>>>
>>>>>VIA EMAIL ONLY -
>>>>>amet1984@hushmail.com<mailto:amet1984@hushmail.com>

>>>>>
>>>>>July 21, 2026
>>>>>
>>>>>Andreas Met
>>>>>638 N. Main Street
>>>>>Ashland, OR 97520
>>>>>
>>>>>Re: Public Records Request - OPS Data Related to Psilocybin
>>>Sales
>>>>(OHA
>>>>>Request No. 2026-0696)
>>>>>
>>>>>Good Afternoon Andreas,
>>>>>
>>>>>This will confirm Oregon Health Authority received your
>request
>>>>for
>>>>>data related to OPS products sold, specifically, "I am
>>>requesting
>>>>a
>>>>>flat file in csv format of the following data. These data are
>>>>mostly
>>>>>available through the Data Dashboard, but this is an
>additional
>>>>request
>>>>>of information: Each row would contain: Date (available by day
>>>in
>>>>Data
>>>>>Dashboard) Last 4 Digits of Sales Number from TLC (not in Data
>>>>>Dashboard but Available in TLC) PKPR # (unique Product ID)
>(not
>>>>in Data
>>>>>Dashboard but Available in TLC) Product Type (available by day
>>>in
>>>>Data
>>>>>Dashboard) Product Dose (available by day in Data Dashboard) #
>>>>Sold
>>>>>(available by day in Data Dashboard) "
>>>>>
>>>>>With the large amount of requests received, we are running
>>>behind
>>>>in
>>>>>fulfilling requests. I'll check with the program to see if
>>>>responsive
>>>>>records are available, and when we can provide that to you.
>>>>>
>>>>>Jeanne Windham
>>>>>Public Records and Internal Litigation Process Coordinator
>>OREGON
>>>>>HEALTH AUTHORITY Central Operations
>>>>>(971) 345-1688
>>>>>jeanne.windham@oha.oregon.gov<mailto:jeanne.windham@oha.oregon.
>g
>>o

>>>v
>>>>>
>>>>>OHA Customer Service
>>>>>Survey<https://forms.office.com/g/gighwnfvKK>

Exhibit 3

Speech Restriction Records Request

OHA Completion Estimate After Public Comment

September 14 and 15 2026

2026-0981 304 10/02/2026

RE: Request for Records: supporting proposed restrictions on licensee speech and outside activities

From	**Windham Jeanne** <JEANNE.WINDHAM@oha.oregon.gov>
To	**amet1984** <amet1984@hushmail.com>
Cc	**Sweet Jesse I** <Jesse.I.Sweet@oha.oregon.gov>
Sent	Tuesday, September 15, 2026 at 9:52 AM
Encrypted	No
Signed	No

Please be aware that due to the size of the agency and the volume of records requests received, the agency completes most requests within thirty (30) business days. The date of completion should be on or before October 26, 2026. Requests that are expected to go beyond thirty (30) business days will receive an estimated timeline and periodic updates on the status of the request. We will, however, keep you apprised of the status. Thank you for your patience in this regard.

Jeanne Windham
Public Records and Internal Litigation Process Coordinator
OREGON HEALTH AUTHORITY
Central Operations
(971) 345-1688
jeanne.windham@oha.oregon.gov
OHA Customer Service Survey

-----Original Message-----
From: amet1984@hushmail.com <amet1984@hushmail.com>
Sent: Tuesday, September 15, 2026 9:48 AM
To: Windham Jeanne <JEANNE.WINDHAM@oha.oregon.gov>
Cc: Sweet Jesse I <Jesse.I.Sweet@oha.oregon.gov>
Subject: RE: Request for Records: supporting proposed restrictions on licensee speech and outside activities

Goos morning,
Thank you for confirming receipt. Because all five categories concern the same identified provisions in the pending 2026 psilocybin rulemaking, please treat them as one coordinated request for processing purposes if doing so will facilitate a faster and less costly response.

Please also confirm whether OHA will provide expedited review or rolling production of readily available records before the September 21 comment deadline, and whether this correspondence has been associated with the rulemaking record. If production cannot occur before the deadline, please provide OHA’s estimated completion date.

Thank you,
Andreas Met

Sent using Hushmail

On 9/15/2026 at 8:40 AM, "Windham Jeanne" <JEANNE.WINDHAM@oha.oregon.gov> wrote:
>

>Good Morning Andreas,
>
>
>These are five (5) public records requests, which I will log in.
>Please be aware that due to the size of the agency and the volume of
>records requests received, the agency completes most requests within
>thirty (30) business days. Requests that are expected to go beyond
>thirty (30) business days will receive an estimated timeline and
>periodic updates on the status of the request. We will, however, keep
>you apprised of the status. Thank you for your patience in this regard.
>
>
>
>Jeanne Windham
>
>Public Records and Internal Litigation Process Coordinator
>
>OREGON HEALTH AUTHORITY
>
>Central Operations
>
>(971) 345-1688
>
>jeanne.windham@oha.oregon.gov
>
>OHA Customer Service Survey
>
>
>
>-----Original Message-----
>From: amet1984@hushmail.com <amet1984@hushmail.com>
>Sent: Monday, September 14, 2026 10:04 PM
>To: Windham Jeanne <JEANNE.WINDHAM@oha.oregon.gov>
>Subject: Fwd: Request for Records: supporting proposed
>restrictions on licensee speech and outside activities
>
>
>
>Think twice before clicking on links or opening attachments. This
>email came from outside our organization and might not be safe. If
>you are not expecting an attachment, contact the sender before
>opening it.
>
>
>
>
>
>
>
>
>Jeanne,
>
>I forgot to copy you on the original email.
>
>

>
>Please let me know if you have any questions.
>
>
>
>Thank you.
>
>
>
>Andreas.
>
>
>
>
>
>
>
>Sent using Hushmail
>
>
>
>
>
>----- Forwarded message from
>amet1984@hushmail.com<mailto:amet1984@hushmail.com> -----
>
>Date: 9/14/2026 at 10:01 PM
>
>Subject: Request for Records: supporting proposed restrictions on
>licensee speech and outside activities
>
>To:
>publichealth.rules@odhsoha.oregon.gov<mailto:publichealth.rules@odh
>soha.oregon.gov>, "OHA Psilocybin"
><oha.psilocybin@odhsoha.oregon.gov<mailto:oha.psilocybin@odhsoha.or
>egon.gov>>
>
>
>
>To: Jesse Sweet,
>
>I submitted the attached request through OHA’s public-records
>system today. I am copying the rulemaking and Oregon Psilocybin
>Services contacts because the requested records concern the
>pending 2026 psilocybin rules and the public-comment period closes
>September 21, 2026. Please associate this correspondence with the
>rulemaking record where appropriate.
>
>Please let me know if you have any questions.
>
>Thank You.
>
>Andreas.
>

>
>
>
>
>To the Oregon Health Authority Public Records Unit:
>
>
>
>Under Oregon's Public Records Law, I request electronic copies of
>the following records created or received between June 1 and
>September 15, 2026, concerning proposed OAR 333-333-
>2010(1)(e)–(f), 333-333-4480(11)–(12), 333-333-5120(16), 333-333-
>6030(1)(e), and 333-333-6100:
>
>
>
>Any existing legal or constitutional analysis of OHA's authority
>to restrict licensees' speech, publishing, educational activities,
>advertising, or activities outside licensed operations.
>
>Any evidence, studies, complaints, incident reports, or other
>documents OHA relied upon to determine that these proposed
>restrictions are necessary.
>
>Any existing fiscal or economic analysis addressing how these
>provisions may affect licensees' publishing, educational
>activities, advertising, or lawful outside businesses.
>
>Any record specifically discussing whether the proposed provisions
>apply to books, ebooks, websites, classes, research, public
>presentations, social media, harm-reduction information, mushroom-
>growing materials, or non-psilocybin mushroom products.
>
>Any existing guidance or enforcement criteria defining the terms
>"promoting," "encouraging," "providing information,"
>"instruction," "unregulated cultivation," or "unregulated
>consumption" as used in these proposed provisions.
>
>
>
>This request does not seek general rulemaking correspondence,
>scheduling communications, duplicate records, or documents
>unrelated to the provisions identified above.
>
>
>
>Please provide records electronically in their existing format or
>as searchable PDFs. Because the public-comment period closes on
>September 21, 2026, I request expedited review and rolling
>production of readily available records.
>
>
>
>If a record is withheld or redacted, please identify the

>applicable statutory exemption and provide all reasonably
>segregable nonexempt portions.
>
>
>
>I request a waiver or reduction of fees because disclosure
>concerns statewide rulemaking, regulatory transparency,
>constitutional rights, and the effects of the proposed rules on
>Oregon’s licensed psilocybin industry. If OHA anticipates any
>charge, please provide a written estimate before incurring costs.
>
>
>
>Please confirm receipt.
>
>
>
>Thank you.
>
>
>
>
>
>
>
>Sent using Hushmail

Exhibit 4

September 1 Questions and Postponement

With September 10 Follow Up After No Substantive Response

September 1 and 10 2026

2026-0981 310 10/02/2026

Outlook

Fw: 2026 OPS Proposed Rules — Clarification Request and ORS 183.335(4) Postponement Request

From Andreas Met <andreas@satyatherapeutics.com>
Date Thu 9/10/2026 9:57 AM
To Public Health Rules <publichealth.rules@odhsoha.oregon.gov>

2 attachments (83 KB)
Request_for_Postponement_Under_ORS_183_335_4_Sept_1_2026.docx;
Request_for_Clarification_and_Correction_Sept_1_2026.docx;

Dear Mr. Sweet:

I am following up on my September 1, 2026 email submitting:

1. Request for Clarification and Correction of September 1, 2026 Notice of Proposed Rulemaking; and
2. Request for Postponement Under ORS 183.335(4).

I have not yet received confirmation or a substantive response.

Please confirm that both submissions have been received and included in the rulemaking record. I would also appreciate a response to the postponement request and clarification request as soon as practicable, particularly given the pending public comment period and upcoming public hearings.

Thank you,

Andreas Met

ANDREAS MET
Founder

2026-0981 311 10/02/2026

Satya Therapeutics

c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA
e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com

Calendly - Andreas Met

From: Andreas Met <andreas@satyatherapeutics.com>
Sent: Tuesday, September 1, 2026 10:04 AM
To: publichealth.rules@odhsoha.oregon.gov <publichealth.rules@odhsoha.oregon.gov>
Cc: Jesse.I.Sweet@oha.oregon.gov <Jesse.I.Sweet@oha.oregon.gov>; Allbee Angela E <angela.e.allbee@oha.oregon.gov>
Subject: 2026 OPS Proposed Rules — Clarification Request and ORS 183.335(4) Postponement Request

Dear Mr. Sweet:

Attached are two submissions concerning OHA's September 1, 2026 proposed amendments to OAR chapter 333, division 333:

1. **Request for Clarification and Correction of September 1, 2026 Notice of Proposed Rulemaking**
2. **Request for Postponement Under ORS 183.335(4)**

Please treat the Request for Clarification and Correction as written comment in the pending rulemaking and include both submissions in the rulemaking record.

Pursuant to ORS 183.335(4), I am requesting that OHA postpone the date of its intended action on the proposed rules by 30 days from the date on which OHA otherwise intends to take that action, so that I have an opportunity to submit additional data, views, and arguments concerning the proposed action.

I would appreciate written confirmation that both submissions have been received and confirmation of how OHA will implement the requested postponement.

I have copied Oregon Psilocybin Services Section Manager Angie Allbee for her information.

Thank you,

2026-0981 312 10/02/2026

ANDREAS MET

Founder

Satya Therapeutics

c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA
e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com

Calendly - Andreas Met

2026-0981 313 10/02/2026

REQUEST FOR CLARIFICATION AND CORRECTION OF SEPTEMBER 1, 2026 NOTICE OF PROPOSED RULEMAKING

Oregon Psilocybin Services — OAR Chapter 333, Division 333

Date: September 1, 2026

To: Oregon Health Authority

Public Health Division

Oregon Psilocybin Services

publichealth.rules@odhsoha.oregon.gov

Attn: Jesse Sweet, Rulemaking Contact

Re: September 1, 2026 Notice of Proposed Rulemaking — OAR Chapter 333, Division 333

To Oregon Health Authority:

I am submitting this request for clarification and, where appropriate, correction or supplementation of the September 1, 2026 Notice of Proposed Rulemaking concerning Oregon Psilocybin Services.

This request is intended to identify specific questions arising from the Notice, the proposed rules, and the 2026 Rules Advisory Committee process so that interested persons can meaningfully evaluate the proposal and provide informed public comment.

Please also treat this submission as written comment in the pending rulemaking and include it in the rulemaking record.

This submission does not presume that OHA has violated the Oregon Administrative Procedures Act. Where the presently available record does not establish an answer, I am requesting that OHA provide the information or clarify its position.

1. Relationship between the proposed fee increases and program sustainability

OHA states in its September 1 Notice that the proposed rules are needed in part because the authorizing ballot measure anticipated that the Oregon Psilocybin Services program would be self-sustaining and the program currently is not. OHA therefore proposes significant increases in licensing fees.

The Notice also states:

> *"OPS expects that an increase in licensing fees may reduce the overall number of licensees and create a more significant program budget shortfall."*

These statements raise an important question concerning how the proposed fee increases are intended to meet the stated need for program sustainability.

Requested clarification:

Please explain how OHA expects the proposed fee schedule to advance program sustainability despite its stated expectation that increased fees may reduce the number of licensees and create a more significant program budget shortfall.

2026-0981 314 10/02/2026

To the extent such information exists, please identify:

- the number of license renewals assumed under the proposed fee structure;
- the attrition or nonrenewal rate assumed for each license category;
- projected licensing revenue under the proposed fee structure;
- the number of licenses required for the proposed fee structure to meet projected OPS expenditures; and
- the analysis supporting the conclusion that the proposed fee amounts are appropriate to address the identified program shortfall.

If OHA has not performed these calculations, please clarify that fact.

2. Basis for the specific proposed fee amounts

The September Notice proposes, among other changes, increasing the facilitator annual license fee from $2,000 to $4,000 and increasing service center and manufacturer annual license fees from $10,000 to $20,000. It also substantially increases other fees, including the worker permit fee.

In the RAC record presently available to me, members asked how the proposed fee amounts were derived and raised the possibility that reduced renewal rates could offset or exceed the additional revenue produced by higher fees. In that same available RAC record, OHA staff stated during the discussion that they were unable to provide additional budget information.

Requested clarification:

Please identify the methodology used to determine each proposed fee amount.

In particular, please identify whether the proposed fees were calculated from:

- projected OPS expenditures;
- projected numbers of licensees;
- projected renewal rates;
- historical licensing revenue;
- projected licensing revenue;
- anticipated license attrition;
- general-fund or other funding assumptions; or
- another methodology.

If no quantitative methodology was used to establish the particular fee amounts, please explain how those amounts were selected.

3. Statement that the overall fiscal and economic impact cannot be quantified

The September Notice states that:

> *"the overall fiscal and economic impact of the rules cannot be quantified at this time"*

while also concluding that the impact on the regulated community is likely to be significant.

ORS 183.335(2)(b)(E) requires a statement of fiscal impact identifying economically affected state agencies, units of local government and members of the public, and an estimate of that impact. It further provides that, in considering the economic effect of the proposed rule on businesses, the

2026-0981 315 10/02/2026

agency shall utilize available information to project any significant economic effect of the rule on businesses, including a cost-of-compliance effect on small businesses.

In the RAC record presently available to me, a RAC member specifically challenged the conclusion that the economic impact could not be quantified and offered quantitative information and assistance with such analysis.

Requested clarification:

Please identify:

1. which components of the fiscal and economic impact OHA determined cannot be quantified;
2. why those components cannot presently be quantified;
3. what available information OHA used in reaching that determination;
4. which portions of the economic impact OHA determined *can* be quantified; and
5. whether OHA attempted separate quantitative estimates for individual effects even if OHA concluded that the aggregate effect of the entire rules package could not be quantified.

4. Treatment of quantitative information presented during the RAC process

In the July RAC record presently available to me, a member reported conducting a survey concerning anticipated license renewal if licensing fees were doubled.

The member reported sending 331 emails and receiving 146 responses. Among 131 responding facilitators, the member reported that 10 indicated they would renew if fees doubled, 11 indicated "maybe," and 110 indicated they would not renew.

The RAC evidence available to me also records a resulting projection that increased attrition could substantially reduce licensing revenue.

The September Notice does not identify this information.

The absence of this information from the Notice does not establish that OHA failed to consider it.

Requested clarification:

Please state:

- whether OHA considered the survey information presented during the RAC;
- whether OHA obtained or reviewed the underlying survey data;
- whether OHA evaluated the survey's methodology;
- whether OHA accepted or rejected any portion of the information;
- whether OHA conducted its own attrition analysis; and
- how anticipated license attrition was incorporated into the fiscal-impact analysis.

If OHA determined that the survey information was unreliable or inappropriate for use in the fiscal analysis, please explain that determination.

5. Principal documents, reports and studies prepared by or relied upon

ORS 183.335(2)(b)(D) requires the Notice to include:

> *"A list of the principal documents, reports or studies, if any, prepared by or relied upon by the agency in considering the need for and in preparing the rule."*

2026-0981 316 10/02/2026

The September Notice identifies the documents relied upon as Oregon Laws 2026, Chapter 109 (HB 4040), and ORS 475A.

In the RAC record presently available to me, OHA personnel discussed the OPS budget shortfall and referred to budget information concerning the program's financial condition.

In the RAC record presently available to me, during discussion of the draft impact statement, OHA staff stated that the documents relied upon were the statutes.

I presently do not have sufficient information to determine whether any OPS budget documents, revenue projections, fee calculations, license-count projections or other financial analyses were "prepared by or relied upon" by OHA within the meaning of ORS 183.335(2)(b)(D).

Requested clarification:

Please state whether OHA prepared or relied upon any of the following in considering the need for or preparing the proposed fee amendments:

- OPS budget projections;
- revenue projections;
- expenditure projections;
- license-renewal projections;
- license attrition projections;
- calculations used to establish the proposed fee amounts;
- analyses of the effect of eliminating reduced fees;
- analyses concerning the sustainability of the proposed fee structure; or
- other financial reports or studies.

If any such document qualifies as a principal document, report or study under ORS 183.335(2)(b)(D), please identify it and clarify whether the Notice should be supplemented or corrected accordingly.

If OHA's position is that no such document was prepared by or relied upon in considering the need for or preparing these rules, please state that position expressly.

6. RAC recommendations concerning significant adverse impacts on small businesses

ORS 183.333(3) provides that when an agency appoints an advisory committee for a rule, the agency shall seek the committee's recommendations regarding whether the rule will have a fiscal impact, the extent of that impact, and whether the rule will have a significant adverse impact on small businesses.

If the committee indicates that the rule will have a significant adverse impact on small businesses, the agency must seek the committee's recommendations regarding compliance with ORS 183.540. OHA must consider recommendations provided under subsection (3) in preparing the fiscal-impact statement.

The September Notice states that OHA estimates many licensed psilocybin businesses meet the definition of small business and describes substantial potential economic effects associated with the proposed rules.

The RAC record available to me contains repeated concerns regarding the economic effect of the proposed fee increases on licensees and includes suggested alternatives to uniform fee increases.

I do not presently have the complete July 9, 2026 Products and Premises RAC record. Accordingly, I cannot determine from the record presently available to me precisely how the ORS 183.333(3) process was completed.

Requested clarification:

Please identify:

1. whether either 2026 RAC indicated that the proposed rules would have a "significant adverse impact on small businesses" for purposes of ORS 183.333(3);
2. if so, when OHA sought the committee's recommendations regarding compliance with ORS 183.540;
3. what recommendations were provided; and
4. how OHA considered those recommendations when preparing the September fiscal-impact statement.

7. Consideration of less burdensome alternatives

In the RAC record presently available to me, members discussed alternatives to uniform increases in annual licensing fees, including approaches based upon revenue, entity size or client volume, installment or periodic payment structures, and transaction- or journey-based approaches.

ORS 183.540 establishes mechanisms for reducing significant adverse economic impacts on small businesses where the statutory conditions apply. ORS 183.335 also requires agencies to request public comment on options for achieving the rule's substantive goals while reducing negative economic effects on businesses.

The September Notice requests comment concerning such alternatives but does not explain OHA's disposition of the alternatives raised during the RAC.

I do not have information establishing that OHA failed to consider those alternatives.

Requested clarification:

Please identify which alternative fee structures presented during the RAC process OHA evaluated and, for each material alternative:

- whether OHA determined the alternative was legally available;
- whether OHA evaluated its expected revenue;
- whether OHA evaluated its effect on small businesses;
- whether OHA determined that it would adequately fund OPS; and
- the reason OHA accepted or rejected the alternative.

2026-0981 318 10/02/2026

8. Elimination of reduced license fees

The September Notice proposes eliminating reduced fees for qualifying applicants and states that approximately **32 percent of license transactions during the current biennium have been for a reduced fee**.

The Notice also recognizes potential adverse effects on culturally responsive facilitators and clients and acknowledges the possibility that reduced access to licensed services could cause some individuals to seek services outside the regulated system.

The additional information in the September Notice provides materially more detail concerning these impacts than was available during portions of the RAC discussion.

Requested clarification:

Please identify:

- the projected additional annual revenue resulting from elimination of reduced fees;
- the number of license applications or renewals OHA projects may be lost because of their elimination;
- whether OHA modeled the net revenue effect after anticipated attrition; and
- what alternatives to complete elimination of reduced fees OHA evaluated.

9. Worker permit fee increase

The September proposal increases the worker permit fee from $25 to $200.

In the RAC record presently available to me, members specifically raised concerns that the increase could make it more difficult for service centers to maintain flexible or part-time staffing.

Requested clarification:

Please identify:

- the cost or other basis supporting the increase from $25 to $200;
- the number of worker permits OHA projects will be issued or renewed at the proposed fee;
- the projected additional revenue;
- whether OHA anticipates a reduction in worker permit applications or renewals; and
- whether the staffing effects raised by RAC members were incorporated into OHA's fiscal analysis.

10. Restrictions concerning home-cultivation information and instruction

The September proposed rules retain provisions restricting certain licensees from promoting unregulated cultivation, including by providing information or instruction related to home cultivation. These provisions appear in OAR 333-333-2010(1)(e), 333-333-4480(11), 333-333-5120(16), and 333-333-6030(1)(e).

OHA made other changes between the RAC draft and September proposal that narrowed some provisions concerning recommendations about consumption outside licensed service centers. The home-cultivation information/instruction provisions nevertheless remain in the September proposal.

This raises questions concerning the scope of the restriction, including whether and to what extent OHA intends it to regulate information or instruction provided outside the provision of regulated psilocybin services.

At this stage, I am requesting OHA's legal basis rather than asserting that OHA lacks authority.

Requested clarification:

For each license category subject to a restriction concerning providing information or instruction related to home cultivation, please identify the specific provision or provisions of ORS chapter 475A that OHA believes authorize it to condition licensure upon compliance with that restriction.

Please also clarify:

- whether the restriction applies to information provided outside a licensed premises;
- whether it applies to independently operated educational businesses;
- whether it applies to books, electronic publications, websites, classes or other educational materials;
- whether it applies when the information concerns conduct lawful under Oregon law;
- whether it applies only when the activity is undertaken using the licensee's licensed business identity; and
- how OHA distinguishes regulated promotion from protected educational, scientific, journalistic or harm-reduction information.

I do not find answers to these questions in the four September 1 documents.

11. Potential fiscal impact of restrictions on information, education, and related economic activity

The September fiscal-impact statement discusses numerous costs and economic consequences of the proposed rules.

I have not identified a separate analysis of potential economic effects resulting from restrictions on licensees' ability to provide information, education or other services outside the regulated psilocybin-services framework.

I do not have information establishing whether OHA conducted such an analysis internally.

Requested clarification:

Please state whether OHA evaluated potential lost revenue, foregone business opportunities or other economic effects associated with these restrictions.

If OHA performed such an analysis, please explain how it was incorporated into the fiscal-impact statement.

If OHA concluded that these provisions do not create an economic effect on affected businesses, please explain the basis for that conclusion.

12. July 9, 2026 Products and Premises RAC record

OHA's 2026 rulemaking materials identify RAC meetings occurring July 6 through July 9.

The RAC record available to me establishes that the Products and Premises RAC was scheduled to reconvene on July 9 to address remaining proposed rules and the draft impact statement.

2026-0981 320 10/02/2026

I presently do not have the recording or transcript of that meeting.

Because that discussion may bear directly upon the fiscal-impact and small-business questions addressed above, the absence of the record limits my ability to determine precisely what recommendations were made and how OHA responded.

A separate public-records request has been submitted seeking the July 9 recording, transcript or caption file and associated meeting materials.

Requested action:

Please make the complete July 9, 2026 Products and Premises RAC recording, transcript or caption file, and associated meeting materials publicly available as promptly as possible during the current public-comment period.

13. Requested response and supplementation

The purpose of this request is to permit meaningful evaluation and comment on OHA's September 1 proposal while the rulemaking remains pending.

Accordingly, I respectfully request that OHA:

1. provide written responses to the questions identified above;
2. correct or supplement the September 1 Notice where OHA determines correction or supplementation is appropriate;
3. identify and make available any additional principal documents, reports or studies required to be identified under ORS 183.335(2)(b)(D);
4. make the July 9 RAC record available;
5. explain how the requirements of ORS 183.333 concerning fiscal impact, small-business impact and RAC recommendations were satisfied; and
6. place this submission, and any written response provided by OHA, in the rulemaking record.

Nothing in this request should be understood as limiting the submitter's ability to provide additional data, views, arguments or objections during this rulemaking after receiving OHA's response or additional records.

Respectfully submitted,

Andreas Met

2026-0981 321 10/02/2026

REQUEST FOR POSTPONEMENT UNDER ORS 183.335(4)

Oregon Psilocybin Services - OAR Chapter 333, Division 333

Date: September 1, 2026

To: Oregon Health Authority, Public Health Division

Email: publichealth.rules@odhsoha.oregon.gov

Attn: Jesse Sweet, Rulemaking Contact

Re: September 1, 2026 Notice of Proposed Rulemaking - Request for Postponement Under ORS 183.335(4)

To Oregon Health Authority:

Pursuant to ORS 183.335(4), I am an interested person requesting that the Oregon Health Authority postpone the date of its intended action on the proposed amendments to OAR chapter 333, division 333 by **30 days from the date on which OHA otherwise intends to take that action**, in order to allow me an opportunity to submit additional data, views, and arguments concerning the proposed action.

ORS 183.335(4) provides:

> *"Upon request of an interested person received before the earliest date that the rule could become effective after the giving of notice pursuant to subsection (1) of this section, the agency shall postpone the date of its intended action no less than 21 nor more than 90 days in order to allow the requesting person an opportunity to submit data, views or arguments concerning the proposed action. Nothing in this subsection shall preclude an agency from adopting a temporary rule pursuant to subsection (5) of this section."*

Authority: ORS 183.335(4), Oregon Revised Statutes, Chapter 183.

This request is timely. OHA filed the Notice of Proposed Rulemaking with the Secretary of State on August 28, 2026. The Notice states that the public comment period concludes September 21, 2026 at 5:00 p.m.; identifies Jesse Sweet as the contact; and identifies publichealth.rules@odhsoha.oregon.gov as the contact email. The Notice also schedules public hearings for September 15 and September 16, 2026. (Notice of Proposed Rulemaking, pp. 1-2.)

Basis for the Request

I am also submitting a separate Request for Clarification and Correction concerning the September 1, 2026 Notice of Proposed Rulemaking. That submission identifies unresolved factual, fiscal, procedural, and statutory questions that bear directly on my ability to evaluate the proposed rules and submit complete data, views, and arguments. The principal grounds for requesting additional time are summarized below.

1. **The basis for the proposed fee amounts and program sustainability.** OHA states that the proposed rules increase license fees significantly because the authorizing ballot measure anticipated that the program would be self-sustaining and the program currently is not. The same Notice states that OPS expects increased licensing fees may reduce the overall number of licensees and create a more significant program budget shortfall. Additional information concerning the assumptions, calculations, projected revenue, renewal rates, and anticipated

2026-0981 322 10/02/2026

attrition underlying the proposed fee structure is necessary to evaluate those statements. (Notice, pp. 2, 4.)

2. **The fiscal and economic impact analysis.** The Notice states that the overall fiscal and economic impact of the rules cannot be quantified at this time while also stating that the impact on the regulated community is likely to be significant due to increased fees. Additional clarification is requested concerning which impacts OHA determined cannot be quantified, what available information was considered, and whether individual economic effects were separately evaluated. (Notice, p. 4.)

3. **Information and alternatives presented during the Rules Advisory Committee process.** During the July 2026 RAC process, members raised potential license attrition, questioned whether increased fees could reduce total revenue, and proposed alternatives to uniform fee increases, including fee structures tied to revenue or client volume and installment or periodic payment approaches. Clarification is requested concerning how OHA evaluated that information and those alternatives and how they affected the fiscal-impact analysis. (July 7, 2026 Products + Premises RAC #2 meeting record, fee discussion; see also accompanying Request for Clarification and Correction.)

4. **Small-business impact and the ORS 183.333 process.** The Notice states that OHA estimates many licensed psilocybin businesses meet the statutory definition of small business and reports 422 psilocybin businesses in Oregon as of August 25, 2026. Because I do not presently have the complete July 9, 2026 Products + Premises RAC record, I cannot determine precisely whether either RAC indicated that the proposed rules would have a significant adverse impact on small businesses for purposes of ORS 183.333(3), what recommendations were sought or provided regarding ORS 183.540, or how any such recommendations were considered. (Notice, p. 5; ORS 183.333(3)-(4); ORS 183.540.)

5. **Principal documents, reports, or studies prepared by or relied upon.** Under 'Documents Relied Upon,' the September Notice identifies Oregon Laws 2026, Chapter 109 (HB 4040), and ORS 475A. Clarification is requested concerning whether budget projections, revenue projections, fee calculations, license projections, attrition analyses, or other financial materials were prepared by or relied upon in considering the need for or preparing the proposed rules. (Notice, p. 3; ORS 183.335(2)(b)(D).)

6. **The scope and statutory basis of proposed restrictions concerning home-cultivation information and instruction.** The September proposed rules retain restrictions concerning the provision of information or instruction related to home cultivation for multiple license categories, including manufacturers, service centers, facilitators, and laboratories. Clarification is requested concerning the intended scope of those provisions and the specific statutory authority OHA relies upon for them. (Proposed Rules with Tracked Changes, OAR 333-333-2010(1)(e), 333-333-4480(11), 333-333-5120(16), and 333-333-6030(1)(e).)

7. **The July 9, 2026 Products + Premises RAC record.** OHA's materials state that RACs were held between July 6 and July 9, 2026. At the close of the July 7 Products + Premises RAC meeting, OHA stated that the table would reconvene Thursday, July 9 at 9:00 a.m. to address remaining rules and the draft impact statement. I presently do not have the recording or transcript of that July 9 meeting. A separate public-records request has been submitted

2026-0981 323 10/02/2026

seeking the recording, transcript or caption file, and associated meeting materials. (Notice, p. 3; July 7, 2026 Products + Premises RAC #2 meeting record, closing segment.)

Purpose and Scope of the Requested Postponement

The requested postponement is intended to provide a reasonable opportunity to receive and evaluate OHA's responses to the accompanying clarification request, obtain and review relevant outstanding records, and submit additional data, views, and arguments before OHA takes final action on the proposed rules.

I am not requesting cancellation or postponement of the September 15 or September 16 public hearings. This request invokes the postponement of the date of OHA's intended action described in ORS 183.335(4). I intend to continue participating in the existing public comment process and hearings and to submit additional material during the postponement period.

The requested 30-day postponement falls within the 21-to-90-day period specified by ORS 183.335(4). For clarity, I request that the 30 days be measured from the date on which OHA otherwise intends to take final action on the proposed rules.

Requested Action

Accordingly, I respectfully request that OHA:

1. Postpone the date of its intended action on the proposed amendments to OAR chapter 333, division 333 by 30 days from the date on which OHA otherwise intends to take that action, pursuant to ORS 183.335(4);
2. Identify in writing, if one has been set, the date on which OHA otherwise intends to take action and the resulting postponed date;
3. Treat this submission as part of the pending rulemaking record;
4. Allow me the opportunity contemplated by ORS 183.335(4) to submit additional data, views, and arguments during the postponement period; and
5. Provide written confirmation that this request has been received and state the postponed date or otherwise explain how OHA will implement this request.

This request is made without waiving any right to submit additional comments, data, views, arguments, requests, or objections concerning the proposed rules, and without taking a position in this request on whether the proposed rules ultimately comply with all applicable statutory or constitutional requirements.

Respectfully submitted,

Andreas Met

2026-0981 324 10/02/2026

Appendix A

Earlier Individual Fee and Sustainability Comments

September 6 2026 transmission records and complete written comments

2026-0981 325 10/02/2026

Outlook

Public Comment — Facilitator License Fees, Reduced Fees, and Alternatives Under ORS 183.335(2)

From Andreas Met <andreas@satyatherapeutics.com>
Date Sun 9/6/2026 3:28 PM
To Sweet Jesse I <jesse.i.sweet@oha.oregon.gov>

1 attachment (30 KB)
Public_Comment_Facilitator_License_Fees_Alternatives_FINAL.docx;

Dear Mr. Sweet,

Please accept the attached written public comment regarding the proposed 2026 Oregon Psilocybin Services rules.

This comment addresses the proposed increase in the annual facilitator license fee from $2,000 to $4,000, elimination of the existing reduced facilitator fee, OHA's renewal and attrition assumptions, and eight specific alternatives submitted under ORS 183.335(2)(b)(H).

Please include the attached comment in the official rulemaking record.

Thank you,

Andreas Met
Licensed Oregon Psilocybin Facilitator

ANDREAS MET
Founder
Satya Therapeutics

c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA
e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com

Calendly - Andreas Met

2026-0981 326 10/02/2026

Public Comment — Facilitator License Fees, Reduced Fees, and Alternatives Under ORS 183.335(2)(b)(H)

September 6, 2026

Oregon Health Authority
Oregon Psilocybin Services
Attn: Jesse Sweet, Rulemaking Contact

Dear Mr. Sweet:
My name is Andreas Met. I am a licensed Oregon psilocybin facilitator and co-founder of Satya Therapeutics a licensed service center and manufacturer.

I submit this comment specifically regarding OHA's proposal to increase the annual facilitator license fee from $2,000 to $4,000 while eliminating the existing $1,000 reduced facilitator fee.

I have separately raised broader concerns regarding the financial basis for OHA's proposed fee increases, requested OPS financial records, and requested postponement of OHA's intended action under ORS 183.335(4). I am also separately addressing procedural issues associated with the rulemaking process.

This comment has two purposes: first, to request OHA's assumptions concerning facilitator renewal, attrition and revenue; and second, to respond expressly to the request for alternatives under ORS 183.335(2)(b)(H).

A. OHA's Renewal and Attrition Assumptions

The proposed increase affects two very different facilitator populations. A facilitator currently paying $2,000 would experience a 100 percent increase. A facilitator currently qualifying for the $1,000 reduced fee would pay $4,000—four times the current fee, or a 300 percent increase.

The existing reduced-fee categories include individuals who have received Supplemental Security Income benefits within the prior 12 months, individuals enrolled in or who qualified for the Oregon Health Plan within the prior 12 months, individuals who received SNAP benefits within the prior 12 months, and individuals who have served in the Armed Forces of the United States. See OAR 333-333-4060.

The largest percentage increase therefore falls on facilitators for whom OHA's existing rules specifically created reduced licensing costs.

2026-0981 327 10/02/2026

Moving a reduced-fee facilitator from $1,000 to $4,000 produces an additional $3,000 for OPS if that facilitator renews. If that facilitator does not renew, OPS receives zero from that license.

OHA should therefore identify:

1. How many facilitators currently pay the $1,000 reduced fee?
2. How many currently pay $2,000?
3. What percentage of each group does OHA assume will renew at $4,000?
4. What additional attrition does OHA attribute to the $4,000 fee?
5. Does OHA assume greater attrition among current reduced-fee facilitators?
6. What total facilitator-license revenue does OHA project after accounting for attrition?
7. What renewal and attrition assumptions did OHA use when selecting $4,000 as the proposed fee?

A $4,000 fee could increase revenue per remaining facilitator while producing less total revenue if the resulting attrition is sufficiently large. That possibility should be quantified.

B. Alternatives Submitted Under ORS 183.335(2)(b)(H)

The following alternatives are submitted specifically in response to the notice's request for public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business, as provided in ORS 183.335(2)(b)(H). ORS 183.335(3)(e)(C) requires the rulemaking record to contain public comments received in response to that request and the agency's response to those comments.

Alternative F-1 — Preserve the Reduced Fee

Retain a reduced facilitator fee for individuals presently qualifying under OAR 333-333-4060 while increasing the standard facilitator fee. Please address whether preserving the reduced-fee structure would maintain participation among facilitators who presently qualify for reduced licensing costs while still increasing OPS revenue.

Alternative F-2 — Intermediate Reduced Fee

If OHA determines that $1,000 is insufficient, increase the reduced fee to an intermediate amount rather than immediately increasing it to $4,000. Please compare projected revenue and attrition at reasonable intermediate fee levels.

Alternative F-3 — Phase In the Standard Increase

Increase the standard facilitator fee from $2,000 to $3,000 initially and consider a subsequent increase only if program finances demonstrate that it remains necessary. Please compare projected cumulative revenue and attrition under a phased increase with immediate implementation of $4,000.

Alternative F-4 — Low-Volume Facilitator Tier

Create a lower fee for facilitators serving relatively few clients annually. Please evaluate whether a low-volume tier would retain facilitators who otherwise would not renew and whether the resulting aggregate licensing revenue would exceed the revenue produced by applying the uniform $4,000 fee to a smaller licensee base.

Alternative F-5 — Graduated Fee Based on Revenue or Volume

Establish facilitator fee tiers based on facilitation revenue or client volume. Please compare projected revenue and attrition under such a structure with the proposed uniform $4,000 fee.

Alternative F-6 — Transition Protection

Allow currently licensed reduced-fee facilitators a defined transition period before imposing the full standard fee. Please evaluate whether a transition period would reduce immediate nonrenewal.

Alternative F-7 — Installment Payments

Allow quarterly or semiannual payment of facilitator licensing fees. This alternative could preserve the total annual fee while reducing the immediate cash-flow burden. Please address whether OHA can implement such a payment structure.

Alternative F-8 — Optimize Revenue After Attrition

Rather than selecting the fee that produces the highest revenue per facilitator, select the fee expected to produce the greatest sustainable total revenue after accounting for attrition. Please identify the fee levels OHA analyzed and the projected renewal and revenue at each.

Conclusion

The central question is not simply whether $4,000 produces more revenue from each facilitator who remains. It is whether $4,000 produces more total revenue after attrition. That question is especially important for facilitators moving from $1,000 to $4,000, including individuals qualifying through SSI, OHP, SNAP, or service in the Armed Forces.

I ask OHA to identify the renewal, attrition, and revenue assumptions used to select the proposed $4,000 facilitator fee; identify the number of facilitators presently paying the standard and reduced fees; provide the projected facilitator-license revenue after accounting for nonrenewal and attrition; and respond in the rulemaking record to each of the alternatives above.

Respectfully,

Andreas Met

Outlook

Public Comment — Service Center Fees and Alternatives Under ORS 183.335(2)(b)(H)

From Andreas Met <andreas@satyatherapeutics.com>
Date Sun 9/6/2026 3:35 PM
To Sweet Jesse I <jesse.i.sweet@oha.oregon.gov>

1 attachment (38 KB)
Public_Comment_Service_Center_Fees_Alternatives_FINAL.docx;

Dear Mr. Sweet,

Please accept the attached written public comment regarding the proposed 2026 Oregon Psilocybin Services rules.

This comment addresses the proposed increase in the annual service center license fee from $10,000 to $20,000, OHA's service-center renewal and attrition assumptions, and seven specific alternatives submitted under ORS 183.335(2)(b)(H).

Please include the attached comment in the official rulemaking record.

Thank you,

Andreas Met
Co-founder, Satya Therapeutics
Licensed Oregon Psilocybin Facilitator

ANDREAS MET
Founder
Satya Therapeutics

c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA
e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com

Calendly - Andreas Met

2026-0981 330 10/02/2026

Public Comment — Service Center Fees and Alternatives Under ORS 183.335(2)(b)(H)

September 6, 2026

Oregon Health Authority

Oregon Psilocybin Services

Attn: Jesse Sweet, Rulemaking Contact

Dear Mr. Sweet:

I submit this comment regarding OHA's proposal to increase the annual service center license fee from $10,000 to $20,000.

I am a co-founder of Satya Therapeutics, an Oregon-licensed psilocybin service center and licensed psilocybin manufacturer, and I am also a licensed Oregon psilocybin facilitator.

This comment requests OHA's underlying service-center attrition assumptions and separately submits specific alternatives under ORS 183.335(2)(b)(H).

A. OHA's Service-Center Assumptions

A service center that renews at $20,000 generates an additional $10,000. A service center that does not renew generates zero future service-center licensing revenue.

OHA should therefore identify:

1. How many service centers does OHA expect to renew at $20,000?
2. How many does OHA expect not to renew?
3. What percentage attrition did OHA assume in establishing the $20,000 fee?
4. What total service-center licensing revenue does OHA project after attrition?
5. What alternative fee levels did OHA model?
6. At each alternative fee level, what renewal rate and total revenue did OHA project?
7. What renewal and attrition assumptions did OHA use when selecting $20,000 as the proposed fee?

The financially relevant number is not the current number of service centers multiplied by $20,000. It is the expected number remaining after the increase multiplied by $20,000.

B. Alternatives Under ORS 183.335(2)(b)(H)

The following alternatives are submitted specifically in response to the notice's request for public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business, as provided in ORS 183.335(2)(b)(H). ORS 183.335(3)(e)(C) requires the rulemaking record to contain public comments received in response to that request and the agency's response to those comments.

Alternative SC-1 — $15,000 Intermediate Fee

Consider $15,000 rather than $20,000. Compare expected renewals, attrition and total licensing revenue at both levels.

Alternative SC-2 — Phased Increase

Increase the fee over two renewal cycles rather than immediately doubling it. Compare cumulative revenue and attrition under both approaches.

Alternative SC-3 — Client-Volume Tiers

Establish fees based on annual client volume. Please evaluate whether lower fees for low-volume centers would retain service centers that otherwise would not renew and whether the resulting aggregate licensing revenue would exceed the revenue produced by applying a uniform $20,000 fee to a smaller licensee base.

Alternative SC-4 — Revenue-Based Tiers

Establish graduated fees based on service-center gross revenue. Compare projected total OPS revenue under a graduated system with the proposed uniform $20,000 fee.

Alternative SC-5 — Reduced Fee for Low-Volume Centers

Create a defined low-volume service-center category with a lower annual fee. Please quantify the licensing revenue OHA would retain from centers that otherwise would not renew and compare that amount with projected revenue under the uniform $20,000 fee.

Alternative SC-6 — Installment Payments

Permit quarterly or semiannual payments while preserving the annual fee. Evaluate whether this could reduce closures attributable principally to cash-flow constraints.

Alternative SC-7 — Revenue-Maximizing Fee

Model multiple fee levels—for example $12,500, $15,000, $17,500 and $20,000—and determine which produces the greatest total licensing revenue after expected attrition. Please disclose the results.

Conclusion

OHA should select a fee based on projected post-attrition revenue, not simply revenue per surviving service center. I ask OHA to identify the renewal, attrition, and revenue assumptions used to select the proposed $20,000 service-center fee; provide the projected service-center licensing revenue after accounting for nonrenewal and attrition; identify the alternative fee levels OHA modeled; and respond in the rulemaking record to each of the alternatives above.

Respectfully,

Andreas Met

Outlook

Subject: Public Comment — Manufacturer Fees and Alternatives Under ORS 183.335(2)(b)(H)

From Andreas Met <andreas@satyatherapeutics.com>
Date Sun 9/6/2026 3:57 PM
To Sweet Jesse I <jesse.i.sweet@oha.oregon.gov>

1 attachment (38 KB)
Public_Comment_Manufacturer_Fees_Alternatives_FINAL.docx;

Dear Mr. Sweet,

Please accept the attached written public comment regarding the proposed 2026 Oregon Psilocybin Services rules.

This comment addresses the proposed increase in the annual manufacturer license fee from $10,000 to $20,000, OHA's manufacturer renewal and attrition assumptions, and seven specific alternatives submitted under ORS 183.335(2)(b)(H).

Please include the attached comment in the official rulemaking record.

Thank you,

Andreas Met
Co-founder, Satya Therapeutics
Licensed Oregon Psilocybin Facilitator

ANDREAS MET
Founder

Satya Therapeutics

c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA

2026-0981 334 10/02/2026

e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com

Calendly - Andreas Met

2026-0981 335 10/02/2026

Public Comment — Manufacturer Fees and Alternatives Under ORS 183.335(2)(b)(H)

September 6, 2026

Oregon Health Authority

Oregon Psilocybin Services

Attn: Jesse Sweet, Rulemaking Contact

Dear Mr. Sweet:

I submit this comment regarding OHA's proposal to increase the annual manufacturer license fee from $10,000 to $20,000.

I am a co-founder of Satya Therapeutics, an Oregon-licensed psilocybin service center and licensed psilocybin manufacturer, and I am also a licensed Oregon psilocybin facilitator.

Satya Therapeutics is both a licensed manufacturer and service center. For our business, the proposed $20,000 manufacturing fee may make continued manufacturer licensure economically impractical.

A. OHA's Manufacturer Assumptions

For each manufacturer that renews, OHA receives an additional $10,000. For each manufacturer that does not renew, OHA receives zero future manufacturer licensing revenue.

OHA should identify:

1. How many manufacturers currently hold licenses?
2. How many does OHA assume will renew at $20,000?
3. What manufacturer attrition rate did OHA assume?
4. What total manufacturer licensing revenue does OHA project after attrition?
5. Did OHA model whether a lower fee could generate greater total revenue by retaining more manufacturers?
6. What effect did OHA assume manufacturer attrition would have on the remaining regulated market?
7. What renewal and attrition assumptions did OHA use when selecting $20,000 as the proposed manufacturer fee?

B. Alternatives Under ORS 183.335(2)(b)(H)

The following alternatives are submitted specifically in response to the notice's request for public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business, as provided in ORS 183.335(2)(b)(H). ORS 183.335(3)(e)(C) requires the rulemaking record to contain public comments received in response to that request and the agency's response to those comments.

Alternative M-1 — $15,000 Manufacturer Fee

Model a $15,000 annual fee and compare projected manufacturer retention and total revenue with $20,000.

Alternative M-2 — Phased Increase

Move first to $15,000 and evaluate the program's financial position before any subsequent increase. Compare cumulative revenue with immediate implementation of $20,000.

Alternative M-3 — Production-Volume Tiers

Establish lower fees for low-volume manufacturers and higher fees for larger-volume manufacturers. Please evaluate whether a volume-tiered structure would retain manufacturers that otherwise would not renew and compare aggregate licensing revenue under that structure with the proposed uniform $20,000 fee.

Alternative M-4 — Revenue-Based Manufacturer Fees

Base fee tiers on manufacturer gross revenue rather than imposing the same $20,000 fee on every manufacturer. Please compare projected manufacturer retention and total licensing revenue under a graduated structure with the proposed uniform $20,000 fee.

Alternative M-5 — Vertically Integrated Business Structure

Evaluate a modified fee where a manufacturer and service center under common ownership pay a combined or adjusted fee rather than two separate $20,000 licenses. Please evaluate whether a combined or adjusted fee for vertically integrated businesses could preserve those businesses while producing greater sustainable total OPS revenue than imposing both full fees and causing one license to be surrendered.

Alternative M-6 — Installment Payments

Allow quarterly or semiannual payments. Evaluate whether this reduces manufacturer nonrenewal without reducing annual revenue.

Alternative M-7 — Optimize Post-Attrition Revenue

Model multiple manufacturer fees and identify which level generates the greatest total manufacturer licensing revenue after expected attrition. Please disclose the modeled fee levels, renewal assumptions and resulting revenues.

Conclusion

A $20,000 manufacturer fee is financially superior to a lower fee only if the additional amount collected from manufacturers that renew exceeds the licensing revenue lost through additional attrition. I ask OHA to identify the renewal, attrition, and revenue assumptions used to select the proposed $20,000 manufacturer fee; provide projected manufacturer-license revenue after accounting for nonrenewal and attrition; identify the alternative fee levels OHA modeled; and respond in the rulemaking record to each of the alternatives above.

Respectfully,

Andreas Met

Outlook

Subject: Public Comment — Worker Permit Fee and Alternatives Under ORS 183.335(2)(b)(H)

From Andreas Met <andreas@satyatherapeutics.com>
Date Sun 9/6/2026 4:07 PM
To Sweet Jesse I <jesse.i.sweet@oha.oregon.gov>

1 attachment (38 KB)
Public_Comment_Worker_Permit_Fee_Alternatives_FINAL.docx;

Dear Mr. Sweet,

Please accept the attached written public comment regarding the proposed 2026 Oregon Psilocybin Services rules.

This comment addresses the proposed increase in the psilocybin worker permit fee from $25 to $200, OHA's methodology and assumptions supporting that amount, and six specific alternatives submitted under ORS 183.335(2)(b)(H).

Please include the attached comment in the official rulemaking record.

Thank you,

Andreas Met
Co-founder, Satya Therapeutics
Licensed Oregon Psilocybin Facilitator

ANDREAS MET
Founder
Satya Therapeutics

c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA
e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com

Calendly - Andreas Met

2026-0981 339 10/02/2026

Public Comment — Worker Permit Fee and Alternatives Under ORS 183.335(2)(b)(H)

September 6, 2026

Oregon Health Authority

Oregon Psilocybin Services

Attn: Jesse Sweet, Rulemaking Contact

Dear Mr. Sweet:

I am a cod ounf er o' Satya $herapeutics, an Oregond icensef psilocybin service center anf licensef psilocybin manu'acturer, anf I am also a licensef Oregon psilocybin 'acilitator.

I submit this comment regarf ing OHA1s proposal to increase the psilocybin worker permit 'ee 'rom - 2T to - 200.

$his is an eight'olf 'eeq 800 percent above the current amount. 3ecause this is a 'unf amentally f i''erent population 'rom service centers, manu'acturers anf 'acilitators, the increase f eserves inf epenf ent analysis.

A. Why $200?

OHA shoulf if enti'y:

5. How many active worker permits currently e(ist)
2. z hat annual revenue f oes the - 2T 'ee generate)
x. z hat f oes OPS actually spenf af ministering the workerd permit program)
?. z hat annual revenue f oes OHA prov\Vct at - 200)
T. z hat ref uction in worker permits or applications f oes OHA assume at - 200)
6. z hat methof ology prof ucef the - 200 amount)
8. z hy was - 200 selectef rather than - T0, - 8T, - 500, - 52T or - 5T0)
4. z hat permitd holf er retention or application assumptions f if OHA use when selecting - 200 as the proposef 'ee)

B. Alternatives Under ORS 183.335(2)(b)(H)

$he 'ollowing alternatives are submittef speci'ically in response to the notice1s rej uest 'or public comment on whether other options shoulf be consif eref 'or achieving the rule1s substantive goals while ref ucing the negative economic impact o' the rule on business, as provif ef in ORS

54x.xxT72E7bE7HE ORS 54x.xxT7xE7eE7CErej uires the rulemaking recorf to contain public comments receivef in response to that rej uest anf the agency1s response to those comments.

Alternative WP-1 — $50 Permit

Mof el a - T0 permit anf f isclose prowWctef revenue anf permitcholf er retention.

Alternative WP-2 — $100 Permit

Mof el a - 500 permit anf compare prowWctef revenue with the proposef - 200 'ee.

Alternative WP-3 — $150 Permit

Mof el a - 5T0 permit anf compare revenue anf attrition with - 200.

Alternative WP-4 — Phased Increase

Increase the permit 'ee incrementally rather than 'rom - 2T f irectly to - 200. Please compare prowWctef permitcholf er retention, applications, anf total revenue unf er a phasef approach with immef iate implementation o' the - 200 'ee.

Alternative WP-5 — Longer Permit Term

I' legally anf af ministratively permissible, evaluate whether a longer permit term pairef with the higher 'ee woulf ref uce the annuali–ef burf en.

Alternative WP-6 — Cost-Based Permit Fee

Set the worker permit 'ee basef on OHA1s actual reasonable af ministrative cost o' processing, issuing, renewing, anf maintaining worker permits. Please if enti'y that cost anf e(plain how it compares with the proposef - 200 'ee.

Conclusion

An eight'olf increase rej uires more than the general observation that OPS neef s af f itional revenue. I ask OHA to if enti'y the methof ology, af ministratived cost assumptions, permitcholf er retention assumptions, anf revenue prowWctions usef to select the proposef - 200 'ee; e(plain why - 200 was selectef rather than lower alternatives; anf responf in the rulemaking recorf to each o' the alternatives above.

Respect'ully,

Andreas Met

Outlook

Subject: Public Comment — OPS Budget Sustainability and Alternatives Under ORS 183.335(2)(b)(H)

From Andreas Met <andreas@satyatherapeutics.com>
Date Sun 9/6/2026 5:36 PM
To Sweet Jesse I <jesse.i.sweet@oha.oregon.gov>

1 attachment (39 KB)
Public_Comment_OPS_Budget_Sustainability_Alternatives_FINAL (1).docx;

Dear Mr. Sweet,

Please accept the attached written public comment regarding the proposed 2026 Oregon Psilocybin Services rules.

This comment addresses the overall financial sustainability of the OPS program, the assumptions underlying the proposed licensing and permit fee increases, and ten specific alternatives submitted under ORS 183.335(2)(b)(H).

Please include the attached comment in the official rulemaking record.

Thank you,

Andreas Met
Co-founder, Satya Therapeutics
Licensed Oregon Psilocybin Facilitator

ANDREAS MET
Founder
Satya Therapeutics

c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA
e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com

Calendly - Andreas Met

2026-0981 342 10/02/2026

Public Comment — OPS Budget Sustainability and Alternatives Under ORS 183.335(2)(b)(H)

September 6, 2026

Oregon Health Authority

Oregon Psilocybin Services

Attn: Jesse Sweet, Rulemaking Contact

Dear Mr. Sweet:

I am a co-founder of Satya Therapeutics, an Oregon-licensed psilocybin service center and licensed psilocybin manufacturer, and I am also a licensed Oregon psilocybin facilitator.

I submit this comment regarding the financial premise underlying OHA's proposed licensing and permit fee increases: the need to make Oregon Psilocybin Services financially sustainable.

I do not dispute that OPS requires sufficient revenue to operate. I do question whether substantially increasing fees across multiple categories produces the most sustainable financial result after accounting for resulting licensee attrition.

A. Define the Financial Problem

Before selecting the solution, OHA should identify the problem numerically. Please disclose:

1. projected annual OPS expenditures;
2. projected annual revenue under existing fees;
3. the resulting projected annual budget shortfall;
4. projected gross revenue under the proposed fees;
5. assumed attrition for each license and permit category;
6. projected revenue after applying that attrition;
7. the resulting projected surplus or remaining shortfall; and
8. the time horizon used for these projections.
9. What renewal, nonrenewal, and attrition assumptions did OHA use in determining the proposed fee structure across all license and permit categories?

This analysis is particularly important because increasing fees can create a feedback effect:

Budget shortfall → higher fees → greater attrition → smaller licensing base → lower revenue → larger shortfall → pressure for still higher fees.

OHA should disclose whether it modeled this possibility.

B. Alternatives Under ORS 183.335(2)(b)(H)

The following alternatives are submitted specifically in response to the notice's request for public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business, as provided in ORS 183.335(2)(b)(H). ORS 183.335(3)(e)(C) requires the rulemaking record to contain public comments received in response to that request and the agency's response to those comments.

Alternative B-1 — Optimize Fees for Total Revenue Rather Than Fee Amount

Model multiple fee levels for each licensing category and select the combination expected to maximize sustainable total revenue after attrition, rather than maximizing the amount charged per license. Please provide the modeled fee levels, renewal assumptions and resulting revenues.

Alternative B-2 — Phased Program-Wide Increases

Implement smaller increases initially and reassess revenue and licensee retention after one renewal cycle before imposing additional increases. Please compare projected multi-year revenue with immediate doubling.

Alternative B-3 — Graduated Fees

Use revenue-, volume-, or activity-based tiers so that lower-volume businesses pay less and higher-volume businesses contribute more. Please model the revenue and attrition effects of such a structure.

Alternative B-4 — Preserve Targeted Reduced Fees

Maintain reduced fees for qualifying populations while increasing fees elsewhere. Please calculate the actual revenue foregone by retaining reduced fees and compare it with the potential revenue lost if reduced-fee licensees leave the program.

Alternative B-5 — Reduce or Defer Expenditures

Identify OPS expenditures that could legally and operationally be reduced, deferred, consolidated, or eliminated. Please identify the annual savings associated with each material option and quantify how each option would reduce the amount of licensing revenue required.

Alternative B-6 — Administrative Efficiency

Identify administrative functions, staffing arrangements, contracts, technology expenses, or other operating costs where efficiencies could reduce the budget gap. Please identify the potential

annual savings and explain whether those savings were considered before selecting the proposed fee increases.

Alternative B-7 — Reallocate Required Revenue Among License Categories

Model alternative distributions of OPS's required licensing revenue among facilitators, manufacturers, service centers, laboratories, training programs, worker permits, and other fee-generating activities. Please explain the assumptions used to allocate the proposed increases among categories and compare the resulting revenue and attrition effects with alternative allocations.

Alternative B-8 — Installment Payment Structure

Permit appropriate annual licensing fees to be paid periodically rather than entirely at renewal. Evaluate whether this could reduce attrition without reducing total annual OPS revenue.

Alternative B-9 — Multi-Year Licenses Where Legally Permissible

Evaluate whether longer licensing periods or multi-year structures could reduce administrative costs or improve revenue predictability where authorized by law. Identify any statutory barriers if OHA concludes this alternative is unavailable.

Alternative B-10 — Hybrid Sustainability Model

Evaluate a combination of moderate fee increases, preservation of targeted reduced fees, graduated fees, expenditure reductions and administrative efficiencies rather than relying predominantly on large across-the-board fee increases. Compare the projected multi-year financial result with OHA's proposed structure.

C. What the Public Needs to Evaluate These Alternatives

For each material alternative, the useful comparison is:

Fee/revenue structure → expected retention → post-attrition revenue → program expenditures → resulting surplus or shortfall.

Without that comparison, neither OHA nor the regulated community can determine whether doubling fees actually produces a more financially sustainable program.

Conclusion

OHA's objective should not be to collect the greatest possible amount from each remaining licensee. It should be to create the most sustainable regulated program.

The question is therefore not: **How high can OHA set the fees?**

It is: **What combination of fees, licensee retention, expenditures and other available measures produces sufficient OPS revenue while causing the least unnecessary damage to the regulated businesses that provide that revenue?**

I submit Alternatives B-1 through B-10 expressly in response to OHA's request for alternatives under ORS 183.335(2)(b)(H). I ask OHA to identify the expenditure, renewal, attrition, and revenue assumptions underlying the proposed fee structure; provide projected program revenue after accounting for nonrenewal and attrition; identify the resulting projected surplus or shortfall; and respond in the rulemaking record to each of Alternatives B-1 through B-10 pursuant to ORS 183.335(3)(e)(C).

Respectfully,

Andreas Met

Co-Founder, Satya Therapeutics

Licensed Oregon Psilocybin Facilitator

Appendix B

Licensee Speech Comment and Prior Compliance Correspondence

September 15 written comment and receipt with August 19 and 20 2026 Compliance Team exchange

2026-0981 347 10/02/2026

RE: Public Comment — OHA's Proposed Licensee Speech Ban

From **Public Health Rules** <PublicHealth.Rules@odhsoha.oregon.gov>
To **amet1984** <amet1984@hushmail.com>
Sent Tuesday, September 15, 2026 at 5:28 PM
Encrypted No
Signed No

Good evening,

Thank you for your comments and for your participation in the rulemaking process. I will enter your comments into the record and provide them to the staff managing this rulemaking for consideration.

Thank you,
Brittany

Brittany Hall (She/Her/Hers)
OHA-Public Health Division
Administrative Rules and Legislative Coordinator
www.oregon.gov/phrules
OHA-PHD Customer Feedback Survey

-----Original Message-----
From: amet1984@hushmail.com <amet1984@hushmail.com>
Sent: Tuesday, September 15, 2026 9:58 AM
To: Public Health Rules <PublicHealth.Rules@odhsoha.oregon.gov>; Sweet Jesse I <Jesse.I.Sweet@oha.oregon.gov>
Subject: Public Comment — OHA's Proposed Licensee Speech Ban

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority:

Attached or included below is my written public comment concerning the speech and outside-activity restrictions contained in proposed OAR 333-333-2010(1)(e)–(f), 333-333-4480(11)–(12), 333-333-5120(16), 333-333-6030(1)(e), and 333-333-6100.

Please include this statement in its entirety in the official 2026 Oregon Psilocybin Services rulemaking record. I also intend to present a shortened version during the public hearing.

This comment should be considered together with my September 14 public-records request for OHA's legal, constitutional, factual, economic, and interpretive records supporting these provisions. OHA acknowledged that request on September 15 but has not committed to producing responsive records before public comments close on September 21.

Please confirm receipt and inclusion in the rulemaking record.

Thank you,

OHA'S PROPOSED LICENSEE SPEECH BAN

Public Comment of Andreas Met
2026 Oregon Psilocybin Services Rulemaking

My name is Andreas Met. I am a licensed psilocybin facilitator and co-founder of Satya Therapeutics, an Oregon-licensed psilocybin service center.

I am submitting this comment on behalf of myself and in defense of the broader licensed industry. My concern is not limited to whether these rules might affect a book that I personally write. These provisions could affect facilitators, service centers, manufacturers, laboratories, educators, researchers, authors, website operators, and other licensees throughout Oregon.

Proposed OAR 333-333-2010(1)(e)–(f), 333-333-4480(11)–(12), 333-333-5120(16), 333-333-6030(1)(e), and 333-333-6100 would restrict licensees from "promoting" or "encouraging" activity that is unlawful or unregulated under Oregon law. The proposed language expressly reaches providing information or instruction concerning home cultivation. It also addresses recommendations concerning consumption outside the licensed system and makes licensees responsible for speech by employees, advertisers, influencers, and others acting on their behalf.

These are not merely rules governing what occurs inside a licensed psilocybin facility. They potentially regulate what licensees may write, publish, teach, discuss, advertise, or communicate outside their licensed operations.

Under this language, a facilitator could reasonably fear disciplinary action for writing a book about mushroom cultivation. A manufacturer could fear discussing general mycology. A laboratory licensee could fear publishing scientific or educational information. A service-center owner could question whether a website, class, social-media post, public presentation, or harm-reduction discussion might be interpreted as "promoting" or "encouraging" prohibited activity.

The rules do not clearly explain where education ends and promotion begins. They do not explain whether intent is required. They do not explain whether the restrictions apply only to commercial advertising or also to books, research, journalism, classes, public testimony, private conversations, and noncommercial educational speech. They do not clearly separate psilocybin-producing mushrooms from lawful non-psilocybin mushroom cultivation and businesses.

That uncertainty itself produces a chilling effect. A licensee does not have to be prosecuted before speech is suppressed. When the consequence of guessing incorrectly may be an investigation, disciplinary action, or loss of a license, reasonable people will remain silent rather than risk becoming OHA's test case.

This concern is not hypothetical. Before these rules were proposed, I asked OHA about selling facilitator-authored ebooks and lawful non-psilocybin mushroom products. OHA responded with additional questions about the contemplated content and activities but did not provide a clear rule-based answer establishing what would and would not be permitted. The proposed language makes that uncertainty substantially more serious.

OHA regulates licensed psilocybin operations. That does not mean a person surrendering a professional license also surrenders the right to participate in education, publishing, scientific discussion, lawful business, or public debate. Conditioning a license on broad restrictions affecting speech outside licensed operations raises serious questions under the First Amendment and Article I, section 8, of the Oregon Constitution.

If OHA believes these restrictions are necessary, the rulemaking record should identify the actual problem being addressed. It should contain evidence of incidents or harms demonstrating the need for each restriction. It should explain OHA's statutory authority to regulate speech and lawful outside activities. It should include the agency's constitutional analysis, economic-impact analysis, definitions, enforcement standards, and consideration of

narrower alternatives.

On September 14, I requested OHA's existing records addressing those subjects. OHA confirmed on September 15 that it would log the five categories of requested records and advised that most requests are completed within 30 business days. Public comments close September 21.

The public therefore may not receive the agency's supporting record until weeks after its opportunity to comment has ended. Licensees cannot meaningfully evaluate the justification, scope, constitutionality, or economic consequences of these restrictions without access to the analysis upon which OHA relied.

OHA should not ask the public to comment first and disclose the basis for its decision later.

In any responsible organization, leadership would not approve sweeping operational and speech restrictions while acknowledging that it cannot reliably estimate their consequences. Government should not be held to a lower standard—particularly when the people bearing the risk are also required to fund the agency imposing it.

I ask OHA to withdraw these provisions from the present rulemaking.

Alternatively, OHA should postpone final action until it has:

Disclosed the legal, constitutional, factual, and economic basis for the restrictions; Provided sufficient additional time for affected licensees and the public to evaluate and respond to those records; Defined "promoting," "encouraging," "providing information," "instruction," "unregulated cultivation," and "unregulated consumption" with objective enforcement standards; Clearly limited the rules to conduct within OHA's statutory authority and distinguished conduct from protected speech; Addressed books, ebooks, websites, research, classes, public presentations, social media, harm-reduction information, lawful mushroom businesses, and non-psilocybin mushroom cultivation expressly; and Considered narrower alternatives directed at demonstrable harm rather than broad categories of speech.

Oregon licensees should not have to obtain OHA's informal permission before writing a book, teaching a class, publishing research, participating in public debate, or operating an otherwise lawful business.

OHA should regulate licensed conduct with clear rules. It should not use the possession of a license as a basis for controlling a licensee's speech throughout the rest of that person's life.

Please include this statement, OHA's response, and the requested supporting records in the official rulemaking record.

Andreas Met

Sent using Hushmail

August 19 and 20 2026 Compliance Team Correspondence

Source: Oregon Psilocybin Services TLC message export supplied in the uploaded rulemaking archive, file “Speech Ban/Oregon Psilocybin Services.htm.” The spelling and wording below preserve the exported messages.

From Andreas Met August 19 2026 at 10:29 AM

Subject Listing and Selling Digital Products and Physical Products on satyatherapeutics.com

I am considering selling ebooks online and lions maine (non psilocybin) supplements on the satyatherapeutics.com web site.

Are there compliance concerns today? Are there compliance concerns with upcoming proposed regulations?

Thank you.
Andreas.

From Psilocybin Compliance Team August 20 2026 at 3:53 PM

Hi Andreas,

Thank you for your question. To help us determine potential compliance concerns under OPS rules, please send a response to the following questions:

1. Do the ebooks contain information or instructions related to cultivating, producing, processing, or using psilocybin? Or what kind of information will the ebooks feature?

2. Will the Lion’s Mane supplements be stored, sold, or distributed from the licensed service center premises?

3. Will the ebooks or supplements be marketed together with licensed psilocybin products or services on the website?

4. Will the website make any health, therapeutic, or other claims related to the Lion’s Mane mushrooms, or psilocybin services?

5. Where will the Lion’s Mane mushrooms be grown?

Sincerely,
The Psilocybin Compliance Team

From Andreas Met August 20 2026 at 4:51 PM

Subject RE Listing and Selling Digital Products and Physical Products on satyatherapeutics.com

Thank you for the replay, below please find the response. The ebooks in question have not been published yet.

1. Ebook contents
I will have to ask the publisher. For the sake of this response let us assume these are books written by a facilitator and discusses all things journey-wise.

2. Storage, sale, or distribution from licensed premises
NO. But could they?

3. Marketing with licensed products or services
The idea is there would be a tab on the web site called “Store.”

4. Health, therapeutic, or other claims
NO.

5. Where Lion’s Mane would be grown
In a facility not part of the licensed premisis.

I think based on the questions you are posing in this email, the new rules you are proposing will have an impact on what can and cannot be done by licensees.

Thank you for taking the time to consider these questions.

Thank You.
Andreas.

Appendix C

September 15 and 16 Public Hearing Statements

Andreas Met fee and licensee speech testimony

2026-0981 353 10/02/2026

My name is Andreas Met--Oregon-licensed facilitator and co-founder of a licensed service center and manufacturing facility.

I oppose OHA's proposed fee increases.

OHA proposes doubling facilitator fees to $4,000, doubling service-center and manufacturer fees to $20,000, and increasing worker-permit fees from $25 to $200.

OHA would also eliminate the $1,000 reduced facilitator fee for qualifying lower-income applicants and veterans, imposing a 300-percent increase.

OHA requires licensees to create social-equity plans and report on their implementation. Yet OHA is removing equity from its own fee structure. OHA cannot credibly demand equity from the industry while pricing lower-income facilitators out of the profession. Under this proposal, social equity is something licensees must write about—if they can still afford to be licensed. It is wrong as policy, wrong as economics, and wrong as a matter of equity.

For my family, the proposal means an additional $22,000 every year. We may have to close our manufacturing facility. Seven service centers currently purchase from that facility and benefit from our low prices. If we close, they will lose an affordable supplier and may face higher costs that ultimately burden their clients.

OHA has protected laboratories by delaying their increase until 2029. Why is equivalent transition protection being denied to manufacturers, service centers, and facilitators?

OHA claims to have enough analysis to justify these increases while saying it cannot reliably estimate their economic effects. That is like trying to stop a boat from sinking by charging the remaining passengers more for staying aboard.

Doubling prices without determining whether customers will leave is not financial planning—it is gambling with the survival of the system. Government should not be permitted to gamble with businesses it requires to fund it.

I have requested the supporting financial records, submitted multiple alternatives, and formally requested postponement of final action. I renew that request tonight.

OHA should disclose its analysis, preserve an equitable reduced-fee option, and provide the rest of the industry with the same transition protection provided to laboratories.

OHA cannot create a sustainable program by making participation financially unsustainable.

Thank you.

My name is Andreas Met. I am an Oregon-licensed psilocybin facilitator and co-founder of a licensed service center and manufacturer.

I oppose provisions in proposed OAR 333-333-2010, 333-333-4480, 333-333-5120, 333-333-6030, and 333-333-6100. I refer to them collectively as “OHA’s Proposed Licensee Speech Ban.”

It is extraordinary that, in the United States in 2026, Oregon licensees must defend their freedom to write, teach, publish, and discuss lawful subjects without risking their livelihoods.

These provisions are not clearly confined to licensed premises or regulated transactions. They prohibit providing information or instruction about home cultivation and processing, promoting unregulated consumption, and encouraging activities that are illegal under state law. They may also make licensees responsible for communications by employees, advertisers, influencers, and others acting on their behalf.

I agree that OHA may regulate licensed operations and prohibit direct participation in unlawful conduct. My objection is that terms such as “promoting,” “encouraging,” “information,” and “instruction” are not adequately defined.

Although the rules do not mention books, their language could make an independently published book grounds for licensing discipline. The same uncertainty could affect websites, classes, research, journalism, policy advocacy, social media, harm-reduction information, ordinary conversations, and lawful non-psilocybin businesses.

This concern is concrete. Before OHA published these rules, I asked its Compliance Team about facilitator-authored ebooks and non-psilocybin products. OHA responded by asking whether the books would discuss cultivation, production, processing, or use. That exchange demonstrates the uncertainty facing licensees engaged in lawful speech and commerce.

I requested OHA’s statutory, constitutional, factual, and economic basis for these provisions, together with its definitions and enforcement criteria. OHA estimates

that those records will be produced by October 26. Public comments close September 21.

The public is therefore being asked to evaluate sweeping restrictions without access to OHA's supporting record.

I ask OHA to remove or substantially narrow these provisions. Alternatively, postpone final action, disclose the supporting record, clearly distinguish unlawful conduct from protected speech, and provide a meaningful opportunity for public response.

OHA can regulate Oregon's licensed psilocybin system without controlling the independent speech and lawful outside activities of an entire industry.

Thank you.

From: Andrew Conley
To: Public Health Rules
Subject: Public Comment: Proposed Fee Increases for Oregon Psilocybin Services
Date: Friday, September 18, 2026 11:56:29 AM

You don't often get email from andrew@withalthea.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority,

I'm writing to comment on the proposed rules that would raise facilitator license fees from $2,000 to $4,000, service center and manufacturer fees from $10,000 to $20,000, and worker permits from $25 to $200, while eliminating reduced-fee options.

I'm the Co-Founder and COO of Althea, which built the practice management platform used across Oregon's psilocybin services program. From that vantage point, I work daily with the facilitators and service centers this rule would affect, and I've watched firsthand how thin the margins already are for most of them. Oregon's program is still young, and the businesses operating in it are not yet at a scale, though they're growing.

Doubling fixed licensing costs isn't absorbable without real consequences: higher session prices, fewer facilitators willing to renew, and consolidation toward only the best-capitalized operators. That runs counter to the program's own goal of broad, equitable access.

This summer's licensee survey found that 117 of 146 respondents said they would not renew at the proposed rates. If that holds across the program, OHA will collect less total revenue from a shrinking pool of licensees than it would by leaving fees where they are; the opposite of what this rulemaking is meant to achieve. Right now, the licensees and businesses being asked to absorb this increase have no way to evaluate whether it will actually close the program's budget gap. There may be room to reduce the administrative burden and cost of that oversight rather than passing a doubled cost onto the providers who deliver the service and onto the clients healing from it.

I'd also encourage OHA to consider how impactful this program has been. The program's safety record: an adverse event rate below 1% across more than 24,000 client sessions, suggests the program is safe. And beyond safety, it's effective. We are seeing amazing results with a 70% decrease in depression/anxiety/PTSD symptoms and a 25% improvement in overall mental well-being.

Oregon built something genuinely first-of-its-kind here, and it's working! I'd urge OHA to pursue fee changes that keep the program financially sustainable for the state without pricing out the facilitators and service centers who make it possible.

Thank you for considering this comment.

Happy Trails,

Andrew Conley
COO/Cofounder @ althea

2026-0981 359 10/02/2026

On May 29th, 2026, I ingested 25 mg of dried homogenized psilocybin mushrooms during a level one facilitator training practicum at InnerTrek's Portland, Oregon facility. The mushrooms were Psilocybin cubensis, "Daybreak" strain, provided by Satori Farms.

Within the first two or three hours after ingestion, I experienced intense global muscle weakness. Although my psychedelic experience was limited to brief visual light effects, I struggled to maintain consciousness. When I drifted off, I would come to gasping for air, like my reflex to breathe spontaneously wasn't working. After many cycles of this, I was eventually able to communicate to my facilitators that something was wrong. To make sure it wasn't just a low blood sugar crash, I asked for food and they hand fed me, but it didn't help.

It was hard to stay awake and focus. Speech was difficult. My hands and feet didn't work right and buzzed with the pins and needles sensation. I was unable to sit up or stand. Crawling to the bathroom with a team of supportive facilitators took everything I had until the weakness overtook me again and I faded out.

Eventually, the cycle became clear: after resting a while, some strength would return. I would find myself able to move or speak a little more. But when I did so, my muscles would soon stop working, causing me to collapse mid-effort. Only after another significant period of rest would some ability return again and the brain fog fade.

Seven hours later, with extreme effort I was able to hurriedly shuffle short stretches before my legs gave out. My tingling hands were still too weak to hold a pen, and I needed both of them to sign my discharge. I had no idea what had happened to me. My facilitators seemed sympathetic but confused, hoping I'd feel better soon.

Days later, I was both horrified and grateful to finally understand what had happened to me when I discovered the Beck paper on wood-lover paralysis, a toxidrome caused by psilocybin mushrooms (see attached). I was horrified to learn that I had actually been lucky. Multiple injuries and hospitalizations have resulted from the sudden loss of muscle strength and depression of spontaneous breathing caused by this poisoning. I read the coroner's report linking wood-lover paralysis to the death of Racheal Lee Dixon, in Victoria, Australia, in 2024. Ms. Dixon was someone much like me, a mother seeking psilocybin's well-documented benefits in a supportive setting with experienced facilitators in which no one understood the risk.

Although a paper by K. Yokoyama first documented this toxidrome in 1973, and pockets of the psilocybin community have shared information about their experiences with WLP for decades, it received almost no further scientific attention until a few years ago. The name,

2026-0981 360 10/02/2026

“wood-lover paralysis,” was coined because the underground community believed only the mushrooms that grew on wood could cause it. Recognizing this risk, the state of Oregon took the step of excluding wood-grown mushrooms from its legal psilocybin program and only permits the use of a dung-grown cultivated psilocybin mushroom, from only one licensed grower.

The bad news is, I did not eat a wood-grown mushroom. My WLP symptoms arose after ingesting dung-grown P. cubensis provided by the licensed grower, as documented by InnerTrek, who confirmed that no wood-grown mushrooms had been inadvertently mixed in to my dose. Unfortunately, this is not the first time WLP symptoms have been reported from dung-grown mushrooms, as another case of WLP from cultivated P. cubensis is documented in the Beck paper. I spent the week following ingestion trying to find appropriate medical support, eventually landing in the emergency room where I was diagnosed with poisoning by psilocybin, and was later seen by toxicologist, Dr. Matthew Correria of the Vancouver Clinic.

It is clear that the initial steps taken by the Oregon Health Authority to protect clients from WLP need to go further. Avoiding wood-loving strains is not enough to protect us from WLP. We need research that can identify the causative agent that can occur in both wood- and dung-cultivated psilocybin mushrooms – it is not believed to be psilocybin itself, but another compound rarely produced by some batches.

We do not yet know the scope of WLP. Although certainly a rare side effect of psilocybin mushroom ingestion, there are still significant barriers to accurate data collection, including criminalization. The very limited information that exists on WLP cases shows that in communities where psilocybin use is criminalized, extremely few people who experience WLP symptoms seek medical help or report psilocybin use. They either recover safely alone, or have falls, head injuries, exposure injuries, car accidents, or other injuries that are not attributed to recent psilocybin use. They may even die without WLP ever being considered. In her 2025 report, the coroner investigating Racheal Dixon’s death found that previous coroners and forensic pathologists, apparently without any knowledge of wood-lover paralysis, had attributed previous deaths in Victoria to “magic mushrooms,” she and found 13 deaths since 2020 in Victoria in which psilocybin was found on toxicology.

Thus it seems clear that the second barrier to client safety and to accurate collection of WLP data, adverse medical events, and even death, is ignorance. Even in legal communities like Oregon where steps were taken to protect clients from WLP, even in the organization that spearheaded the legal Oregon framework, even with five trained and experienced facilitators including a medical doctor in attendance, my symptoms of WLP were not recognized.

Though presenting the symptoms of a psilocybin mushroom toxidrome linked with cardiac damage and respiratory arrest, I was not transported to a hospital. Without a healthcare background that enabled my own research, it's likely that no one involved would ever have connected my symptoms to WLP, let alone filed an adverse medical event report with OHA. It's very likely such cases have been missed just like this before.

But even when facilitators are educated to recognize the presentation of WLP, there are challenges to identifying it, for both facilitators and clients. Because the symptoms are intermittent and largely subjective, they can be easy to miss. A client experiencing an altered sense of reality is not always a reliable reporter on their physical state, and a facilitator might be quick to dismiss client reports of weakness or signs of dyscoordination as psychogenic and not unusual to the psilocybin experience. Decreased levels of consciousness and cessation of spontaneous breathing may be missed as is it common for clients to spend extended periods in bed quietly resting or sleeping. The client themselves might discount their symptoms of WLP as simply part of the psilocybin experience to "lean into," as I initially did, failing to signal for help. It was only when I slowly recognized that my body was no longer breathing on its own that I finally got my facilitators' attention.

I consider myself very lucky that I did not also have a psychedelic experience, as it may have made it even harder for me to recognize that something was very wrong. Worse, a client experiencing a sense of disembodiment or "ego death" could feel that laboring to breathe or take other steps of physical self-preservation were unnecessary. Clients under the effects of psilocybin are very vulnerable. We are counting on our facilitators to protect us from the risks of WLP.

Ignorance of the symptoms and dangers of WLP poisoning have caused real harm, but we can change that. Simply adding mandatory education for all facilitators and clients has the potential to eliminate much of the danger of the worst cases of WLP, even while we do not yet know how to prevent it. Quick hospital transportation with respiratory and cardiac monitoring and life support have saved the lives of WLP patients in Australia. If symptoms of WLP are actively watched for and recognized, we may be able to prevent future WLP deaths like Rachael Dixon's from happening in the United States.

It is no coincidence that WLP has been ignored by the scientific community for decades. Only where psilocybin is safely regulated under a legal framework will we make the progress we need. There is much work to be done, and this work will best be done in the light of day. As a survivor of WLP in a legally supervised setting, I call on the FDA, the OHA, and all communities developing legal psilocybin programs to increase client safety by:

- mandating education and informed consent on WLP
- developing protocols that monitor for and respond to signs of WLP
- updating safety data collection to specifically document symptoms of WLP
- preserving psilocybin mushroom samples from suspected cases of WLP to aid the search for the poisonous agent, enabling screening protocols to be developed that can eventually eliminate WLP when cultivated psilocybin mushrooms are used

We need the American medical community, toxicologists and emergency department practitioners to contribute to the work begun in Australia to investigate WLP and develop diagnostic criteria and medical protocols. Here in the U.S., we may soon have both the privilege and the responsibilities that the legal psilocybin framework affords us. The potential benefits of psilocybin mushrooms are significant and well documented, with very little documented risk. Trusted pharmaceuticals, whether plant-based or not, frequently pose risks and side effects, some life-threatening. We recognize that this is rarely a reason to avoid a medicine with real potential to support health and increase quality of life, once educational and medical protocols are in place to mitigate the risks. Once we begin this work, we can start to protect Americans from the dangers of WLP, and in doing so be a model for safe psilocybin use everywhere.

I was poisoned by psilocybin mushrooms in a legal and medically facilitated setting. I didn't get the support and care I needed. No one even recognized it. We can prevent that from ever happening in a clinical setting again. I'm sharing this today because I want to be the last.

FACILITATION PROTOCOL UPDATES:

"People who use magic mushrooms and/or … facilitate others' use of magic mushrooms should be aware that, even if rare, harms including deaths have been associated with magic mushroom consumption, and if possible, they should put measures in place to recognize and respond to these harms if they occur."

Audrey Jamieson, Coroner,
Melbourne, Victoria

2026-0981 363 10/02/2026

To protect clients from the rare but real risks of wood-lover paralysis (WLP), additions are needed in facilitator education, client education, informed consent documentation, and medical protocols. This field has many experts qualified to craft these updates, and I offer some suggestions to address the unmet needs I see.

1. To protect client safety in facilitated psilocybin mushroom sessions, facilitators must be educated in the most up-to-date information on WLP, trained to both recognize signs of it in client communication and to screen for it during the journey.

Emergency medical transport is warranted if symptoms of WLP are seen, especially if there is any impact on level of consciousness or respiration, and client-support protocols should be updated to reflect this.

2. Facilitators need to be educated to understand the cycles of decompensation seen in WLP: complete rest is restorative and can give the false impression that symptoms have abated, but subsequent exertion can cause quick decompensation with exacerbation of weakness, decreased level of consciousness and, in the worst cases, respiratory collapse. Facilitators need to be trained in CPR.

3. Because of the almost fully subjective experience of WLP, clients need to be educated of the rare but potentially fatal risk and the symptoms of wood-lover paralysis so they can make an informed choice to take psilocybin, to recognize any symptoms early and to inform their facilitators.

4. Because WLP often occurs in the presence of a psychedelic reality-altering experience, there is a real danger of the client being unable to communicate- or even recognize- their symptoms or need for help. For example, in the experience of leaving one's body or experiencing an "ego death," it may seem unimportant to a journeying client that they continue to choose to keep breathing, which can be fatal when WLP suppresses spontaneous respiration.

A client's ability recognize or communicate their need for help must be assumed to be impaired. As such, it is the facilitator's responsibility to protect them in this vulnerable state by not only responding appropriately to client communication about possible WLP symptoms, but also by taking the initiative to screen for signs of WLP. Because WLP symptoms can arise at any time during the journey, from soon after ingestion to once the psilocybin has begun to wear off, as was the case in Racheal Dixon's death, screening is necessary at regular intervals throughout the journey. Screening protocols that prioritize client safety without undue compromise of the client's spiritual or therapeutic experience should be developed.

IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

COR 2024 002097

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)

*Section 67 of the **Coroners Act 2008***

*Amended pursuant to section 76 of the **Coroners Act 2008***[1]

Findings of:	AUDREY JAMIESON, Coroner
Deceased:	Rachael Lee Dixon
Date of birth:	30 July 1970
Date of death:	14 April 2024
Cause of death:	1a: Unascertained
Place of death:	69 Fraser Street Clunes Victoria 3370
Keywords:	Magic mushrooms, psilocybin, psilocin, toxicity, psychedelic drugs, woodlovers syndrome

[1] Amended on 13 August 2025 to correct a minor typographical error.

2026-0981 365 10/02/2026

INTRODUCTION

1. On 14 April 2024, Rachael Lee Dixon was 53 years old when she died at a health retreat in Clunes. At the time of her death, Rachael lived in Ringwood North, Victoria.

2. Rachael was raised on the South Island of New Zealand and during her adolescence completed an electrical apprenticeship. In 1994, Rachael commenced working as an Electrical Engineer for the New Zealand Army before she was medically discharged the following year.

3. In her twenties, Rachael moved to Australia and lived in various states before settling in Victoria. In 1997, she met Richard Mountain (**Richard**). In 2002, the pair married and in 2003, welcomed their son.

4. In 2004, Rachael and Richard separated however maintained a close relationship and at the time of Rachael's death, were spending more time together and *'reconnecting'*.

5. Rachael had a passion for fitness and healthy living. Throughout her life she held various jobs including as a myo-therapist and personal trainer. She is fondly remembered as someone who was *'always happy, laughing and positive'*.

Medical History

6. According to Richard, Rachael *'always struggled with mental health problems'*. Rachael attributed her mental ill health to unresolved childhood trauma. There is no evidence that Rachael attended a medical practitioner, had received a diagnosis or was prescribed medication to manage the same. Indeed, Richard recalled that Rachael was averse to pharmaceutical and recreational drugs.

7. As early as 13 years of age, Rachael experienced an eating disorder, specifically bulimia. Bulimic behaviours continued well into adulthood. On 28 January 2024, Rachael wrote to a friend, *'I'm punishing myself with bulimic behaviour'*. Rachael also struggled with excess alcohol consumption. According to Richard, her *'drinking of alcohol increased over the years'*. Rachael's son similarly recalled that she drank alcohol when she felt *'a bit sorry for herself'* and wanted *'to mask the pain'*.

2026-0981 366 10/02/2026

Rachael's use of psilocybin

8. Even though Rachael was against drugs, Richard believes that she saw 'magic mushrooms' as *'a natural thing'*. In the years leading up to her death, Rachael experimented increasingly with magic mushrooms.

9. Psilocybin is the active compound in magic mushrooms. The body converts psilocybin to psilocin, which possesses psychoactive characteristics. According to The Deep Self 28 Day Microdosing Experience, microdosing is *'the practice of consuming very low, sub-perceptual (sub-hallucinogenic) doses of a psychedelic substance. When integrated into an intentional weekly routine, it has tremendous potential to help you heal and improve your quality of life'*.

10. Rachael met Deanne Matthews to *'learn Reiki and to heal'* approximately eight years before her death.[2] On 10 November 2022, Deanne sent Rachael a copy of *'The Deep Self 28 Day Microdosing Experience'* – a booklet containing journaling prompts and information on microdosing using psilocybin at home which Deanne had advertised as a $500 *'investment'*. Rachael made annotations in the booklet as early as 20 November 2022.

11. In the booklet, Rachael wrote that her primary goal was *'no binge drinking alcohol and food'*. She perceived psilocybin as a means to address and resolve her childhood trauma. Evidence indicates that Deanne coached and guided Rachael through microdosing, including on one occasion, instructing her to consume more psilocybin during a microdosing session.

12. Deanne rented a property in Clunes named *'Soulbarn'* where she held *'healing sessions'* – which she described as *'an intimate group of people together [who] consume magic mushrooms for the purpose of dealing'*. Participants pay to attend these *'retreats'* and have either known Deanne for a long time or have been referred to her.

13. During a healing session, Deanne sources the magic mushrooms for the group and grinds them into a powder – to total an *'approximate weight of 48 grams'*. Participants begin the ritual by ingesting blue lotus, to help *'relax the body in preparation for the journey'*. They consume rice with a *'small sprinkle'* of mushroom and perform a round of breath work.

14. Participants consume the mushroom power, brewed into a tea, in two servings. According to Deanne, the first dose contains between 1 and 3 grams of mushroom powder, *'depending on how much they want'*. Deanne, and her assistant who is also present, also consume a *'micro*

[2] I note that Deanne Matthews also uses the name Diane Matthews/Mathews.

2026-0981 367 10/02/2026

amount'. Approximately 90 minutes later, participants are invited to consume a second serving of tea. According to Deanne, during the intervening 90 minutes, she monitors the participants to *'make sure they are safe, ok and [have] no adverse reaction to the mushroom use'*. The second offering is of up to 3 grams – for a total amount of up to 6 grams of mushroom powder.

15. In the eighteen months prior to her death, Rachael attended all sessions Deanne held at Soulbarn – approximately every three months. According to Deanne, Rachael consumed the mushrooms on each occasion *'without any problem'*. However, Richard recalled differently. According to him, Rachael told him about her most recent experience at Soulbarn: *'she said that she had had a bad experience. She said that she went to a dark place and didn't feel great after that consumption of psilocybin'*. Rachael believed this was because *'they had upped her dose of the psilocybin'*.

16. Rachael reported positive effects of her psilocybin use. Her son stated: *'I think they were definitely helping her, she seemed to be getting better. I knew she was getting better because she would stop drinking as much, she would always tell me how relaxed and how much better she felt within herself and about life'*.

THE CORONIAL INVESTIGATION

17. Rachael's death was reported to the coroner as it fell within the definition of a reportable death in the *Coroners Act 2008* (**the Act**). Reportable deaths include deaths that are unexpected, unnatural or violent or result from accident or injury.

18. The role of a coroner is to independently investigate reportable deaths to establish, if possible, identity, medical cause of death, and surrounding circumstances. Surrounding circumstances are limited to events which are sufficiently proximate and causally related to the death. The purpose of a coronial investigation is to establish the facts, not to cast blame or determine criminal or civil liability.

19. Under the Act, coroners also have the important functions of helping to prevent deaths and promoting public health and safety and the administration of justice through the making of comments or recommendations in appropriate cases about any matter connected to the death under investigation.

20. Victoria Police assigned an officer to be the Coronial Investigator for the investigation of Rachael's death. The Coronial Investigator conducted inquiries on my behalf, including taking

2026-0981 368 10/02/2026

statements from witnesses – such as family, the forensic pathologist, treating clinicians and investigating officers – and submitted a coronial brief of evidence.

21. This finding draws on the totality of the coronial investigation into the death of Rachael Lee Dixon including evidence contained in the coronial brief. Whilst I have reviewed all the material, I will only refer to that which is directly relevant to my findings or necessary for narrative clarity. In the coronial jurisdiction, facts must be established on the balance of probabilities.[3]

MATTERS IN RELATION TO WHICH A FINDING MUST, IF POSSIBLE, BE MADE

Circumstances in which the death occurred

22. On 13 April 2024, around midday, Rachael left home for a retreat at Soulbarn. According to her son, she was *'very excited to go to the retreat'*. Richard similarly recalled that the week prior, she excitedly told him *'she thought this was going to be her big breakthrough moment'*.

23. At the healing session that evening, in attendance were nine participants (including Rachael), Deanne and her assistant. At the commencement of the session, a fellow participant noticed that *'Rachael was on a high, she was welcoming others and giving them hugs'*. She repeated her intention of: *'I'm meeting myself, I'm going home'*. At approximately 6:15pm, Rachael consumed her first serve of mushroom tea, and at 7:45pm, consumed the second. Rachael drank the tea from a small bowl with a spoon.

24. At approximately 11:30pm, the mushroom's psychedelic effects were wearing off some of the participants. Deanne's recollection is as follows: Rachael called out to her and *'was crying'*. Deanne comforted her and noticed she remained *'under the effect of the mushroom'*.

25. Deanne attempted to lift Rachael to her feet however, she could not walk. Another participant tried to assist Deanne, however, Rachael fell – *'it was a decent fall'* from approximately 50 centimetres height.

[3] Subject to the principles enunciated in *Briginshaw v Briginshaw* (1938) 60 CLR 336. The effect of this and similar authorities is that coroners should not make adverse findings against, or comments about, individuals unless the evidence provides a comfortable level of satisfaction as to those matters taking into account the consequences of such findings or comments.

2026-0981 369 10/02/2026

26. Deanne took Rachael to a separate area and lay her on a pillow. She instructed her assistant to contact Soulbarn's landlord. Deanne formed the belief that Rachael *'needed some fresh air'* and so moved her to the kitchen, opened the back door to let in *'fresh cold air'*.

27. There is little evidence from other participants regarding the events of the evening – noting that they were under the influence of psychedelics at the time. One participant recalls that at approximately 11:20pm, she heard Rachael say *'help'*. This participant consumed a similar amount of mushroom tea as Rachael and stated that she *'didn't feel neither good nor bad'*.

28. Records indicate that at 11:53pm, Deanne contacted emergency services. According to a transcript of the telephone call, Deanne said: *'I was holding a ceremony and I don't think someone, she's not responding'*. When asked *'do you know what happened to her?'*, Deanne replied *'I don't know, she was just saying she couldn't breathe'*. Deanne was *'not too sure'* if Rachael was breathing and was instructed to commence cardiopulmonary resuscitation (**CPR**).

29. At 12:02am, a nearby Good Sam responder attended the scene, equipped with a defibrillator. Upon their arrival, they observed CPR was underway. Deanne remained on the telephone with emergency services when the Good Sam responder attached the defibrillator. On the telephone recording, the defibrillator is heard stating, *'shock not advised'* on six occasions. Several community members had arrived, including the landlord, who were taking turns performing CPR.

30. At 12:09am, paramedics arrived at Soulbarn and found Rachael in asystole.[4] They continued resuscitation efforts for approximately 30 minutes. At approximately 12:45am, paramedics declared Rachael deceased.

31. Victoria Police members attended the scene. They seized the bowl Deanne used to weigh the mushroom power, and the bowl and spoon Rachael used to drink the tea.

32. On 16 April 2024, members attended Rachael's house and seized her journal, bedding and clothing. In Rachael's bedroom, members located a small container with vegetal substance – believed to be mushrooms. Next to the container was The Deep Self 28 Day Microdosing Experience booklet.

[4] A form of cardiac arrest in which the heart stops beating entirely.

2026-0981 370 10/02/2026

33. Members accessed Rachael's text messages and email account and located correspondence between herself and Deanne, dated as early as 10 November 2022.

Identity of the deceased

34. On 14 April 2024, Rachael Lee Dixon, born 30 July 1970, was visually identified by her friend, Deanne Mathews, who completed a formal Statement of Identification.

35. Identity is not in dispute and requires no further investigation.

Medical cause of death

36. Forensic Pathologist Dr Joanne Ho (**Dr Ho**) of the Victorian Institute of Forensic Medicine (**VIFM**) conducted an autopsy on the body of Rachael Dixon. Dr Ho considered materials including the Victorian Police Report of Death for the Coroner (**Form 83**) and post-mortem computed tomography (**CT**) scan and provided a written report of her findings dated 21 August 2024.

37. The post-mortem examination revealed mild fatty liver disease (*'hepatic steatosis'*), uterine fibroids and contraction bands within the heart. Contraction bands signify new and irreversible myocyte injury. It is a non-specific finding and can occur in CPR, where there is trauma to the chest and in recent heart attacks (*'myocardial infarction'*).

38. There was subgaleal bruising the left parietal and left temporal regions – bruising under the scalp on the left side of the head. Dr Ho attributed the bruising to a terminal collapse. There were anterior right 4th and 5th buckle fractures and anterior left 2nd to 6th buckle rib fractures.

39. There was no post mortem evidence of any injuries which may have caused or contributed to the death.

40. Toxicological analysis of post-mortem samples identified the presence of psilocin at a concentration of ~ 6 ng/mL.

41. Dr Ho stated that whilst there is a temporal relationship between Rachael's consumption of the magic mushroom infused tea and her death, deaths purely attributed to psilocin are rare as psilocybin mushrooms have low toxicity – approximately 45 times less potent than lysergic acid diethylamide (LSD). She continued that deaths associated with psilocybin and psilocin were not directly linked to the intrinsic toxicity of the hallucinogen but rather circumstances

2026-0981 371 10/02/2026

of misadventure or suicide while under its effects. Dr Ho concluded that the contribution of psilocin to Rachael's death *'cannot be made with any certainty'*.

42. Dr Ho stated that there are some causes of sudden and unexpected death whereby no anatomical findings are revealed at post mortem examination – such as cardiac arrhythmias, seizure disorders and metabolic and biochemical derangements. Examination of the brain did not reveal any obvious causes for seizures. Examination of the heart did not show valvular or significant coronary artery disease.

43. C-reactive protein (CRP) and procalcitonin – markers of inflammation and/or infection – were not elevated. Microbiology comprising a blood culture showed *Staphylococcus epidermis*, likely a post mortem bacterial contaminant. Bilateral lung tissue and swabs showed no bacterial growth and no viruses.

44. Dr Ho provided an opinion that the medical cause of death was 1(a) UNASCERTAINED.

CRIMINAL INVESTIGATION

45. On 18 November 2024, Victoria Police arrested Deanne Matthews in relation to Trafficking in a Drug of Dependence. She was formally interviewed and released pending summons to appear at court.

46. On 13 March 2025, Deanne appeared before the Bacchus Marsh Magistrate's Court. She was found guilty, received a fine of $3,000 and did not receive a conviction.

47. No other charges have been laid against Deanne.

COMMENTS

Pursuant to section 67(3) of the Act, I make the following comments connected with the death.

1. As noted above, Dr Ho of the VIFM concluded that Rachael's medical cause of death was unascertained. Dr Ho noted that circumstantially there was a *'temporal relationship between her death and the consumption of the magic mushroom infused tea'*, but that psilocybin has very low intrinsic toxicity and deaths implicating psilocybin toxicity (as distinct from the

2026-0981 372 10/02/2026

drug's behavioural effects) are very rare, so "the contribution of psilocybin to her death cannot be made with any certainty".

2. Uncertainty regarding the link between magic mushroom consumption and death is not unique to Rachael's case. At my direction, the Coroners Prevention Unit (CPU) searched coronial databases and identified 20 deaths in Victoria between 2014 and the time of writing where psilocin was detected in forensic toxicology. In seven of these cases, forensic pathologists and/or coroners explicitly considered the potential link between magic mushroom consumption and death but were unable to determine whether it played a causal or contributory role. In a further five cases, the forensic pathologist and/or coroner implicated behavioural effects of magic mushrooms in the death; in three cases they implicated its toxic effects; and in the remaining five cases, the potential role of mushrooms was not explicitly considered or was considered and excluded.

3. During my investigation, I received correspondence from Dr Simon Beck of the Australian Psychedelic Society, which further highlighted what is still unknown about how magic mushroom use may be linked to death. Dr Beck drew my attention to a toxidrome called 'wood-lover paralysis', which is associated with the consumption of certain lignicolous mushrooms containing psilocybin and is characterised by experience of transient weakness. Dr Beck, together with Caine Barlow, Liam Engel and Monica Barratt, recently published the results of a study reviewing online survey respondents' reported subjective experiences of weakness following magic mushroom consumption.[5] These results serve as a comprehensive and very useful introduction to the toxidrome.

4. The study involved 392 survey respondents (drawn from North America, Europe, Australia and New Zealand), 165 of whom reported experiencing muscle weakness at least once after ingesting psilocybin-containing mushrooms. The onset of weakness was reported to occur anywhere between 10 minutes to 18 hours after mushroom consumption. The weakness usually affected the limbs, and manifested at times, in an inability to stand or walk, difficulty swallowing, or subjective breathing difficulties. In some cases, the weakness came in 'waves'.

[5] Beck SA et al, "'Wood-lover paralysis': Describing a toxidrome with symptoms of weakness caused by some lignicolous 'wood-loving' Psilocybe mushrooms", Toxicon, vol 264, Sep 2025, 108450.

2026-0981 373 10/02/2026

The duration of the weakness varied, in some cases extending to days after mushroom ingestion. In some cases, falls or other accidents were reported as a result of the weakness.

5. Dr Beck and his co-authors proposed a number of theories as to why wood-lover paralysis may occur, but could not confirm a mechanism for it, noting that there are still many gaps to be filled in our understanding of psilocybin-containing mushrooms and their effects.

6. In Dr Beck's letter, he shared details of two cases of apparent wood-lover paralysis that he thought may be relevant to understanding the circumstances in which Rachael died. The first case was of a person in New Zealand who experienced weakness and breathing difficulties after consuming magic mushrooms and was subsequently found unresponsive by a friend and could not be resuscitated. The second case was of a person in Australia who developed symptoms consistent with wood-lover paralysis after consuming foraged magic mushrooms, and who required CPR and intubation in an intensive care unit when they lost the ability to breathe spontaneously; they reportedly recovered the next day with no cause identified for their symptoms.

7. Dr Beck commented on these cases:

'Given the nature of the weakness described, seemingly having the ability to affect skeletal muscle broadly and at times quite severely, as well as the reports of subjective breathing difficulties, it seems reasonable to infer that respiratory depression and potentially respiratory arrest due to muscle weakness may be rare but possible consequences of wood-lover paralysis.'

8. I was grateful to Dr Beck and his colleagues for sharing information regarding wood-lover paralysis with me. Having considered the information carefully in the context of Rachael's death, I agree that the evidence regarding Rachael's symptoms (particularly her being unable to walk and her loss of spontaneous breathing) appears to be consistent with symptoms linked to the wood-lover paralysis toxidrome. I also noted from witness statements that several other participants in the Clunes mushroom ceremony reported symptoms apparently consistent with wood-lover paralysis, including leg weakness and difficulty swallowing. However, as wood-lover paralysis is a toxidrome without a confirmed mechanism and cannot be ascertained forensically, I ultimately determined on the balance of probabilities that I am unable to find

2026-0981 374 10/02/2026

wood-lover paralysis caused or contributed to Rachael's death. Accordingly, I must accept Dr Ho's position that a medical cause of death cannot be ascertained.

9. However, I emphasise I have not concluded the mushroom consumption was unrelated to Rachael's death. Rather, as already discussed, Rachael's case reflects that we do not know enough at present about the chemistry and pharmacology of magic mushrooms to confirm or exclude that mushroom consumption caused or contributed to her death (whether via wood-lover paralysis or another mechanism).

10. Adopting a prevention lens, the possibility that the magic mushroom consumption may have been implicated in Rachael's death provides a rationale to consider how the risk of future similar deaths occurring might be reduced if the link turns out to be proven. This rationale is bolstered by the fact that forensic pathologists and coroners have on previous occasions, attributed Victorian deaths to the toxic effects of psilocybin and psilocin in magic mushrooms. I further note Dr Beck and his colleagues' observation that interest in and the use of magic mushrooms is on the rise in Australia and internationally, driven in part by developments such as Australia legalising the prescription of psilocybin to treat certain conditions on 1 July 2023. This raises a concerning possibility that Victorian coroners will encounter more deaths in a setting of magic mushroom use in future. Indeed, this may already be occurring: among the 20 Victorian deaths the CPU identified where psilocin was detected in toxicology, only four occurred before 2020; there were two deaths in 2020, then four in 2021, one in 2022, three in 2023, and five in 2024.

11. In examining this prevention question, I considered first the nature of the mushroom consumption in Rachael's death and the other Victorian deaths identified by the CPU. I noted that in each case the mushroom consumption occurred outside clinical supervision, usually alone or in the company of friends; Rachael was the only individual whose death occurred at a retreat or similar communal setting. I also noted that in all cases where the source of consumed magic mushrooms could be established, the deceased had foraged them or obtained them from an acquaintance.

12. I also considered the use of magic mushrooms from a harm reduction perspective. This perspective proceeds from an understanding that some people will use drugs regardless of any barriers, and therefore interventions need to focus first on preventing or reducing negative impacts of drug use (be they individual, social, legal or other). People have used magic mushrooms for a broad range of reasons for (at least) decades in Australia, despite any laws

2026-0981 375 10/02/2026

prohibiting this, and I am not so naïve as to believe I could propose any interventions that would change this reality.

13. Finally, I considered Dr Ho's advice that psilocybin-containing mushrooms have low toxicity and in particular that psilocybin itself has very low intrinsic toxicity. This was an important reminder for me to consider proportionality in prevention: that interventions should not cause undue alarm or panic by misrepresenting the risks they are intended to address.

14. I have concluded that at present the most appropriate intervention to consider is user education. People who use magic mushrooms and/or (as in the retreat Rachael attended) facilitate others' use of magic mushrooms should be aware that, even if rare, harms including deaths have been associated with magic mushroom consumption, and if possible, they should put measures in place to recognise and respond to these harms if they occur. In this respect, my thinking is aligned with Dr Beck and his colleagues, who concluded in their research paper that:

'Information about WLP [wood-lover paralysis] should be included in education about psilocybin mushrooms, both for consumers and service providers. Growing awareness of WLP effects, which mushrooms are most likely to produce WLP and syndrome management strategies for consumers and carers (e.g. avoid physical tasks, ensure temperature control, etc.) can help control this growing risk and should inform how markets are regulated.'

15. I do not make any formal recommendation in support of my prevention conclusions, because so far as I am aware, no organisation or body could reasonably be said to have the ability to reach and provide education to the diverse people in the Victorian community who might use magic mushrooms. However, I direct that this finding be published on the Coroners Court of Victoria website so that my insights are available to any organisations or individuals who are in a position to consider and disseminate them to those who might be at risk.

FINDINGS AND CONCLUSION

1. Pursuant to section 67(1) of the *Coroners Act 2008* I make the following findings:

   a) the identity of the deceased was Rachael Lee Dixon, born 30 July 1970;

   b) the death occurred on 14 April 2024 at 69 Fraser Street Clunes Victoria 3370;

2026-0981 376 10/02/2026

c) I accept and adopt the medical cause of death ascribed by Dr Joanne Ho and I find that Rachael Lee Dixon died from unascertained causes;

2. AND, although I am unable to find to the requisite standard that the consumption of psylocibin caused or contributed to Rachael Lee Dixon's death, I find that her death occurred in the context of her recent use of illicit drugs.

I convey my sincere condolences to Rachael's family for their loss.

Pursuant to section 73(1) of the Act, I order that this finding be published on the Coroners Court of Victoria website in accordance with the rules.

I direct that a copy of this finding be provided to the following:

Matthew Mountain, Senior Next of Kin

Dr Simon Beck

Detective Senior Constable Clive Martella, Coronial Investigator

Signature:





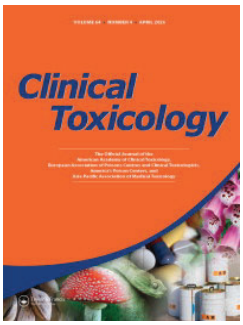
AUDREY JAMIESON

CORONER

Date: 23 July 2025

NOTE: Under section 83 of the ***Coroners Act 2008*** ('the Act'), a person with sufficient interest in an investigation may appeal to the Trial Division of the Supreme Court against the findings of a coroner in respect of a death after an investigation. An appeal must be made within 6 months after the day on which the determination is made, unless the Supreme Court grants leave to appeal out of time under section 86 of the Act.

2026-0981 377 10/02/2026



Clinical Toxicology

ISSN: 1556-3650 (Print) 1556-9519 (Online) Journal homepage: www.tandfonline.com/journals/ictx20

Three cases of wood-lover paralysis: clinical insights from Victoria, Australia

Annie Silvester, Sarah Hampton, Tom W. May, Gareth D. Holmes & Yit Hung Leang

To cite this article: Annie Silvester, Sarah Hampton, Tom W. May, Gareth D. Holmes & Yit Hung Leang (30 Mar 2026): Three cases of wood-lover paralysis: clinical insights from Victoria, Australia, Clinical Toxicology, DOI: 10.1080/15563650.2026.2640196

To link to this article: https://doi.org/10.1080/15563650.2026.2640196

Published online: 30 Mar 2026.

Submit your article to this journal

Article views: 46

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=ictx20

2026-0981 378 10/02/2026

CLINICAL TOXICOLOGY
https://doi.org/10.1080/15563650.2026.2640196

Taylor & Francis
Taylor & Francis Group

RAPID COMMUNICATION

Check for updates

Three cases of wood-lover paralysis: clinical insights from Victoria, Australia

Annie Silvester[a,b], Sarah Hampton[a,b], Tom W. May[c], Gareth D. Holmes[c] and Yit Hung Leang[a,b]

[a]Victorian Poisons Centre, Victoria, Australia; [b]Austin Hospital emergency department, Victoria, Australia; [c]Royal Botanic Gardens Victoria, Victoria, Australia

ABSTRACT

Introduction: Wood-lover paralysis is a rare complication of *Psilocybe* mushroom ingestion. The clinical spectrum is poorly characterized and published cases remain limited.

Case Presentations: We describe three patients who developed acute muscle weakness following ingestion of *Psilocybe* mushrooms in Victoria, Australia. Written informed consent was obtained from these patients for publication of this case series.

- **Case 1:** Mild generalized weakness affecting gait, without other end-organ involvement.
- **Case 2:** Severe generalized weakness involving upper and lower limbs, associated with takotsubo cardiomyopathy.
- **Case 3:** Severe generalized weakness with respiratory failure, requiring intubation.

All patients had a clear temporal relationship between mushroom ingestion and symptom onset. Mushroom samples from Cases 2 and Case 3 were identified as *Psilocybe subaeruginosa* based on DNA sequence data. Serum toxicology detected psilocin in Case 1 and Case 3.

Discussion: Our findings support a causal role for *Psilocybe subaeruginosa*; however, no specific alkaloid has yet been proven to cause wood-lover paralysis.

Conclusion: These cases highlight the variable severity of wood-lover paralysis, ranging from mild weakness to life-threatening respiratory compromise, and add significantly to the current body of literature on this topic.

ARTICLE HISTORY
Received 19 October 2025
Revised 22 February 2026
Accepted 26 February 2026

KEYWORDS
Psilocybe subaeruginosa; respiratory failure; takostubo; weakness; wood-lover paralysis

Introduction

Psilocybe ("magic") mushrooms are best known for their psychoactive properties secondary to the tropane alkaloid psilocybin, a prodrug of the active compound psilocin [1]. Wood-lover paralysis is an uncommon syndrome of transient muscle weakness following ingestion of lignicolous *Psilocybe* species, presumed section *Subaeruginosae* [2]. Published data on wood-lover paralysis remains limited despite being widely discussed in the psychedelic community [2].

Case 1

A 24-year-old woman with no medical comorbidities ingested 30g of dried *Psilocybe* mushrooms sourced from East Gippsland, Victoria. Her male partner ingested 20g. Within hours, both developed blurred vision, generalized weakness, and mild dyspnoea, with more severe symptoms in the woman. Her legs fatigued rapidly and she was unable to stand for 15 more than seconds. Later that night she called an ambulance after falling and experiencing subjective dyspnoea. On presentation to a rural Emergency Department (ED) she had 4/5 power in her lower limbs and no respiratory compromise. The weakness resolved completely within a day of observation. Investigations were normal, including computed tomography (CT) of the brain and routine blood tests. Serum toxicology detected psilocin only. No mushrooms were available for analysis.

Case 2

A 65-year-old woman with type two diabetes and depression ingested *Psilocybe* mushrooms sourced by a friend from the Kinglake region of Victoria. She boiled 20 mushrooms in ¾ cup of water and drank the liquid, repeating the process one hour later with additional crushing of the mushrooms when the desired psychedelic effect did not eventuate. Two and a half hours after her second exposure, she experienced vivid hallucinations followed by profound generalized weakness and dyspnoea. She was unable to lift her head

CONTACT Annie Silvester annie.silvester@austin.org.au Department of Toxicology, Austin Hospital, 5555, Heidelberg, Victoria 3084, Australia.
© 2026 Informa UK Limited, trading as Taylor & Francis Group

and marked weakness of her lower limbs precluded ambulation. On arrival to ED, she was lucid with ptosis, dysarthria, and generalized limb weakness (power 2-4/5). The stroke CT protocol (CT brain and CT angiogram) was unremarkable. Her weakness resolved the following day. During the episode, she experienced chest pain with electrocardiogram changes (inferolateral ST depression and inferior T-wave inversion) and an elevated troponin I of 0.45 ng/mL (normal range <0.01). Echocardiogram demonstrated left ventricular mild segmental systolic dysfunction (ejection fraction 61%, distal septal and apical akinesis, and a basal septal bulge), which was resolved five months later. Coronary angiography found diagonal branch coronary vessel disease without an interventional target. Cardiac MRI was normal at two months, consistent with takotsubo cardiomyopathy. Mushroom remnants were provided by the patient and lodged in the National Herbarium of Victoria (MEL 2567889 A). DNA sequence data of the internal transcribed spacer (ITS) region from the sample (GenBank PX663152) matched sequences from *Psilocybe subaeruginosa*. Serum toxicology analysis was not performed.

Case 3

A 47-year-old man with hypertension and bipolar disorder ingested eight dried *Psilocybe* mushrooms for the first time. The mushrooms were sourced through a friend who had picked them from a wetland area in Melbourne's western suburbs. Following the desired hallucinogenic effect, he developed progressive weakness, which led to respiratory failure and collapse at two and a half hours post exposure. The weakness started in his lower limbs before progressing to his back, upper limbs, neck, and chest. He called an ambulance, which arrived to find him unconscious, cyanotic and bradypneic (respiratory rate four breaths per minute), requiring intubation at the scene. The ambulance electrocardiogram showed bradycardia with a ventricular escape rhythm and widespread ST depression, resolving by ED arrival. ED investigations, including CT brain and CT pulmonary angiogram, were unremarkable. He was extubated that evening with full neurological recovery and discharged the next day. Serum toxicology detected psilocin. DNA sequencing of mushrooms provided by the patient (MEL 2567893 A; ITS PX663156) matched *Psilocybe subaeruginosa*.

Discussion

The earliest report of weakness after *Psilocybe* ingestion was a 1973 Japanese case series describing four adults who ate wild *Psilocybe subcaerulipes* [3]. Three developed weakness in addition to psychedelic symptoms, resolving the following day. The most severely affected could not move his legs after a fall. More recently, a 2025 coroner's case [4] found wood-lover paralysis to be a possible cause of death for a 53-year-old woman who developed leg weakness, dyspnoea, and cardiac arrest after consuming 6 g of powdered "magic mushrooms" (species not identified) at a wellness retreat in Victoria. Psilocin was detected postmortem.

A 2020 online survey [2] of 392 individuals who consumed magic mushrooms recreationally included 165 who reported experiencing wood-lover paralysis. Features included limb weakness (80%, with half unable to walk), dysphagia (27%), dyspnoea (17%), and accidents or falls (21%). No severe medical complications were reported. Weakness typically began within 2–4 h of ingestion and resolved with the psychedelic effects; however, 48% reported weakness persisting to the next day and 11% for longer. Our latter two cases demonstrate comparatively greater severity, including cardiac complications and respiratory failure.

The chemical mechanism of wood-lover paralysis remains unclear. Availability of DNA voucher specimens of the mushrooms allowed confident identification to species level. The detection of psilocin is consistent with exposure to psilocybin-containing mushrooms, there are other alkaloids present in *Psilocybe* mushrooms (including baeocystin, norbaeocystin, and aeruginascin [5]), which were not tested for in our serum toxicology. Psilocin is unlikely to be the causal agent, with wood-lover paralysis never reported in psilocybin clinical trials [6]. A dose-dependent psilocin effect could explain the occurrence of wood-lover paralysis in recreational but not therapeutic contexts; however, the frequent persistence of weakness beyond the psychotropic window negates this [2]. Our psilocin levels were not quantified, limiting comparison with established pharmacokinetic data [7]. Aeruginascin and its metabolite 4-hydroxy-N,N,N-trimethyltryptammonium (4-HO-TMT) are speculative but untested causal agents [5,8] based on their structural similarity to bufotenidine, a compound capable of inducing flaccid paralysis via non-depolarising neuromuscular blockade in animal models [9,10].

Conclusion

This case series illustrates the variable severity of wood-lover paralysis, from mild self-limiting weakness to life-threatening respiratory failure. Emergency physicians should be aware of this syndrome, monitor

patients closely for evolving cardiorespiratory compromise, and provide supportive care.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

The authors reported there is no funding associated with the work featured in this article.

References

[1] Meshkat S, Al-Shamali H, Perivolaris A, et al. Pharmacokinetics of psilocybin: a systematic review. Pharmaceutics. 2025;17(4):411–432. doi: 10.3390/pharmaceutics17040411

[2] Beck SA, Barlow C, Engel L, et al. "Wood-lover paralysis": describing a toxidrome with symptoms of weakness caused by some lignicolous "wood-loving" Psilocybe mushrooms. Toxicon. 2025;264:108450. doi: 10.1016/j.toxicon.2025.108450.

[3] Yokoyama K. Poisoning by a hallucinogenic mushroom, *Psilocybe subcaerulipes* Hongo. Trans Mycol Soc Japan. 1973;14(3):317–320.

[4] Jamieson A. Rachel Lee Dixon: finding into death without inquest. [Internet]. Coroner's Court of Victoria. 2025 [cited 2025 Dec 14]. Case ID: COR 2024 002097. Available from: https://www.coronerscourt.vic.gov.au/sites/default/files/2025-08/COR%202024%20002097%20Form%2038%20-%20Finding%20into%20Death%20without%20Inquest_Amended.pdf.

[5] Gotvaldová K, Borovička J, Hájková K, et al. Extensive collection of psychotropic mushrooms with determination of their tryptamine alkaloids. Int J Mol Sci. 2022;23(22):14068–14083. doi: 10.3390/ijms232214068.

[6] Hinkle JT, Graziosi M, Nayak SM, et al. Adverse events in studies of classic psychedelics: a systematic review and meta-analysis. JAMA Psychiatry. 2024;81(12):1225–1235. doi: 10.1001/jamapsychiatry.2024.2546.

[7] Otto ME, van der Heijden KV, Schoones JW, et al. Clinical pharmacokinetics of psilocin after psilocybin administration: a systematic review and post-hoc analysis. Clin Pharmacokinet. 2025;64(1):53–66. doi: 10.1007/s40262-024-01454-4.

[8] Sherwood AM, Halberstadt AL, Klein AK, et al. Synthesis and biological evaluation of tryptamines found in hallucinogenic mushrooms: norbaeocystin, baeocystin, norpsilocin, and aeruginascin. J Nat Prod. 2020;83(2):461–467. doi: 10.1021/acs.jnatprod.9b01061.

[9] Bhattacharya SK, Sanyal AK. Neuromuscular blocking activity of bufotenidine isolated from Arundo donax L. Naturwissenschaften. 1972;59(12):650–651. doi: 10.1007/BF00609561.

[10] Kryukova EV, Lebedev DS, Ivanov IA, et al. N-methyl serotonin analogues from the *Bufo bufo* toad venom interact efficiently with the α7 nicotinic acetylcholine receptors. Dokl Biochem Biophys. 2017;472(1):52–55. doi: 10.1134/S1607672917010136.

2026-0981 381 10/02/2026

Toxicon 264 (2025) 108450

Contents lists available at ScienceDirect

Toxicon

journal homepage: www.elsevier.com/locate/toxicon

"Wood-lover paralysis": Describing a toxidrome with symptoms of weakness caused by some lignicolous "wood-loving" *Psilocybe* mushrooms

Simon A. Beck [a,b], Caine Barlow [c,d], Liam Engel [e,f,c], Monica J. Barratt [g,h,*]

[a] School of Clinical Medicine, Faculty of Medicine & Health, UNSW Sydney, Australia
[b] Australian Psychedelic Society, Australia
[c] Entheogenesis Australis, Australia
[d] Entheome Foundation, Oakland, CA, USA
[e] The Mescaline Garden, Australia
[f] NICM Health Research Institute, Western Sydney University, NSW, Australia
[g] Criminology and Justice Studies, Social Equity Research Centre and Digital Ethnography Research Centre, RMIT University, Melbourne, Victoria, Australia
[h] National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia

ARTICLE INFO

Handling Editor: Dr. Ray Norton

Keywords:
Psilocybin
Psilocybe
Magic mushroom
Paralysis
Wood lover
Harm reduction

ABSTRACT

Psilocybin-containing mushrooms have long been used for their psychoactive effects, but emerging evidence suggests that certain lignicolous ("wood-loving") species may also induce a distinct toxidrome known as "wood-lover paralysis" (WLP). WLP is characterised by transient weakness following mushroom ingestion, but its aetiology and prevalence remain poorly understood. In this paper, we present an investigation of WLP, based on a retrospective online survey conducted in 2020 (N 392: 71.8 % male; 34.1 % aged 26–35 years; mainly from Australia and New Zealand). We found that 42.1 % of respondents reported experiencing WLP, with onset typically occurring within 4 h of ingestion. Weakness primarily impaired mobility (80.4 %), with some reporting difficulties swallowing (26.7 %) and breathing (16.6 %). Symptoms persisted into the following day for nearly half of those affected (48.1 %), and 21.5 % experienced a fall or accident. WLP was reported across different methods of mushroom preparation and environmental growth conditions, with no significant associations observed between WLP occurrence and age, gender, health status, or allergies. While the true prevalence of WLP remains unclear, our results suggest it is an under-recognised potential adverse outcome that can occur with ingestion of certain lignicolous *Psilocybe* species. Given the increasing medical and recreational use of psilocybin-containing mushrooms following policy shifts toward decriminalisation and legalisation, further research is needed to elucidate the currently unknown mechanism of WLP and inform harm reduction strategies and healthcare responses. Awareness among consumers, service providers and regulators will be crucial in improving recognition, reporting, and appropriate responses to this toxidrome.

1. Introduction

There have been online reports in the psychoactive mushroom community of a toxidrome, a group of symptoms consistently associated with the ingestion of a toxin, featuring varying degrees of weakness resulting from the consumption of certain lignicolous ("wood-loving") species of mushrooms from the genus *Psilocybe* (Fr.) P. Kumm., known colloquially as wood-lover paralysis (WLP). These mushrooms are consumed for their psychedelic effects owing to the presence of psilocybin and psilocin (Heim and Hofmann, 1958).

Psilocybe sensu stricto (s. str.) is a genus of mushroom-forming fungi noteworthy for its ethnomycological and ecological significance, mainly due to the production of psilocybin by the majority of its species (Guzmán, 1983). Psilocybin is a prodrug to psilocin, a psychedelic tryptamine with promising clinical significance due to its therapeutic potential (Van Court et al., 2022). The genus, comprising ~150 species, occurs on all continents except Antarctica, in a variety of habitats including woodland, grassland and woodchips in urban environments. They are all saprobic, relying on decaying organic matter for nutrients, and most are wood-decomposing (lignicolous, e.g. *Psilocybe*

* Corresponding author. Social Equity Research Centre, RMIT University, 124 La Trobe Street, Melbourne, 3000, Victoria, Australia.
E-mail addresses: simon.beck@unsw.edu.au (S.A. Beck), caine@entheogenesis.org (C. Barlow), liam@themescalinegarden.com (L. Engel), monica.barratt@rmit.edu.au (M.J. Barratt).

https://doi.org/10.1016/j.toxicon.2025.108450
Received 1 December 2024; Received in revised form 19 May 2025; Accepted 6 June 2025
Available online 7 June 2025
0041-0101/© 2025 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC license (http://creativecommons.org/licenses/by-nc/4.0/).

2026-0981 382 10/02/2026

subaeruginosa), although some species have adapted to decomposing grass (e.g. *Psilocybe semilanceata*) and dung (coprophilic e.g. *Psilocybe cubensis*) (Bradshaw et al., 2024b).

The biosynthesis of psilocybin is the result of a highly conserved gene region, referred to as the Psilocybin Biosynthetic Gene Cluster (BGC), occurring primarily within species of *Psilocybe s. str.* but also known to occur within other genera from the same ecological niche (Fricke et al., 2017; Reynolds et al., 2018). Fricke et al. (2017) describe how the biosynthetic pathway (Fig. 1) synthesizes psilocybin using enzymes produced by the core genes of the Psilocybin BGC (PsiD, PsiK, PsiM, PsiH). The biosynthesis begins with tryptophan, which PsiD decarboxylates to transform it into tryptamine. The cytochrome P-450 monooxygenase PsiH hydroxylates tryptamine at the 4-position of the indole backbone, resulting in the formation of 4-hydroxytryptamine. PsiK phosphorylates 4-hydroxytryptamine to yield norbaeocystin. PsiM methylates the amine to produce baeocystin, which is then converted to psilocybin through additional methylation of the amine. Psilocybin is dephosphorylated to psilocin, which can revert to psilocybin through the action of PsiK.

WLP has been discussed among people who take psilocybin mushrooms since at least 2001 on The Shroomery, a large, international psilocybin mushroom interest forum (budshroomey, 2001). The Shroomery hosts discussion among mushroom foragers, cultivators and enthusiasts, with many sharing anecdotal reports pertaining to psilocybin mushrooms in their local area. *P. cyanescens* was the culprit species in that early report. This early discussion received engagement throughout 2001, two years after the establishment of The Shroomery, and it is clear there was already robust community discussion around the issue, with some posts referencing discussions on older forums that are no longer accessible.

While a recurring relationship between lignicolous *Psilocybe* species ingestion and weakness has not yet been discussed or defined within the scientific literature, there have been case reports documenting psilocybin mushroom-related weakness. Yokoyama (1973) reported four people consuming *Psilocybe subcaerulipes* (note: synonymous with *Psilocybe argentipes* (Guzmán et al., 2013)) in Japan.[1] Three of these people experienced weakness in the limbs, with one collapsing and one experiencing residual weakness the following morning. Similarly, Allen et al. (1991) reported multiple instances of weakness following psilocybin mushroom consumption in New Zealand. Jansen reports that this "shifting semi-paralysis" was quite common following the consumption of what was referred to as *Psilocybe novae-zealandiae*, now *Psilocybe weraroa*, and *P. subaeruginosa* (Jansen, 2021).

While it is apparent that knowledge of WLP has been held by the psilocybin mushroom community for some time, it is only recently that it has received attention amidst discussions around drug policy reforms (Oregon State Treasury: Private Activity Board, 2021). In Oregon, a US state that now permits psilocybin manufacture and administration in therapeutic settings (Sudakin, 2023), Stamets, who has published multiple works on the topic of psilocybin mushrooms (Stamets, 1978, 1996), has described *Psilocybe azurescens*, *Psilocybe allenii*, *Psilocybe stuntzii* and *Psilocybe ovoideocystidiata* as being associated with WLP (Oregon State Treasury: Private Activity Board, 2021). Allowing access to lignicolous species and the use of woody substrate was subsequently recommended against under the Oregon Psilocybin Services Act due to associated "toxicity concerns" (Abbas et al., 2021, p. 13 & 17). Additionally, the importance of better understanding WLP for the purpose of reducing the associated risks has been highlighted in some recent publications (Dörner et al., 2022; Van Court et al., 2022).

As some jurisdictions reduce restrictions or penalties for using psilocybin mushrooms (Bhave, 2024), and evidence shows use is increasing globally (Walsh et al., 2022; Winstock et al., 2021), it is important to understand related risks to inform health and regulatory responses. Via a self-report survey, this study aimed to provide a systematic description of WLP, including identifying potential individual and environmental factors contributing to its occurrence.

1.1. Aims

(1) Describe the subjective experience of the toxidrome referred to as WLP.
(2) Identify potential individual factors contributing to the occurrence of WLP, including allergies, medical conditions, use of other substances, and method of ingestion.
(3) Identify potential environmental factors contributing to the occurrence of WLP, including substrate and habitat the fungi were growing in.

2. Method

Community reports prompted the authors, in partnership with the Australian Psychedelic Society, to survey the psychedelic and ethnobotanical community about their experience of WLP. This paper presents an analysis of a dataset collected via this online survey. A secondary analysis of this dataset was approved by RMIT University's College Human Ethics Advisory Network (#24579).

2.1. Survey design

An online, retrospective survey was developed to measure individual factors that may contribute to experiencing WLP, environmental factors (habitat, substrate), experience of the toxidrome, and consequences. The survey was advertised through psilocybin and psychedelic focused social media groups and forums. Many, but not all, of these groups had an Australian and New Zealand focus. Data were collected between June and November 2020. The survey included respondents who had never experienced WLP to allow comparative analysis of individual and environmental factors with those who had experienced WLP. Sixty-one questions were asked; 37 questions were single choice including "Yes/No" questions, six were multiple choice including "Select all that apply", and three used scales of zero to ten. The remaining questions were text responses. Basic information was collected including: age, gender, country, medical conditions and allergies. The remaining questions asked for descriptions of their experience, to further illustrate the nature of WLP. From question seventeen onwards, questions were specifically for respondents who had answered "yes" to the binary question asking whether they had ever experienced weakness after consuming psilocybin consuming fungi. See Supplemental File 1 for questionnaire.

2.2. Analysis

The responses to single choice questions were tabulated, including missing responses, and percentages calculated. The first fourteen questions were tabulated to compare the responses of individuals who had experienced WLP with those who had not. For multiple choice questions, frequencies were calculated for each choice. There were no specific exclusion criteria. Where statistical analysis was undertaken, Chi-squared tests were performed using R version 4.3.1 (R Core Team, 2021). Test responses where possible were categorised. In the case of responses where a range was given, for example the number of times a certain event had occurred, the lower value of the range was selected. Responses to individual questions that could not be categorised were excluded from the analysis. Number of responses differ across questions because participants were able to skip questions. Valid percentages are reported, and *n* is given for each question to indicate the number of included responses for that question. Twelve of the questions asked

[1] Imai (1932) and Musha et al. (1986) mention paralysis following ingestion of *Stropharia caerulescens* (synonymous with *P. cubensis*) and *P. argentipes* in Japan, but were not included after review as the symptoms were not described clearly enough to differentiate true weakness from intoxication.

2026-0981 383 10/02/2026

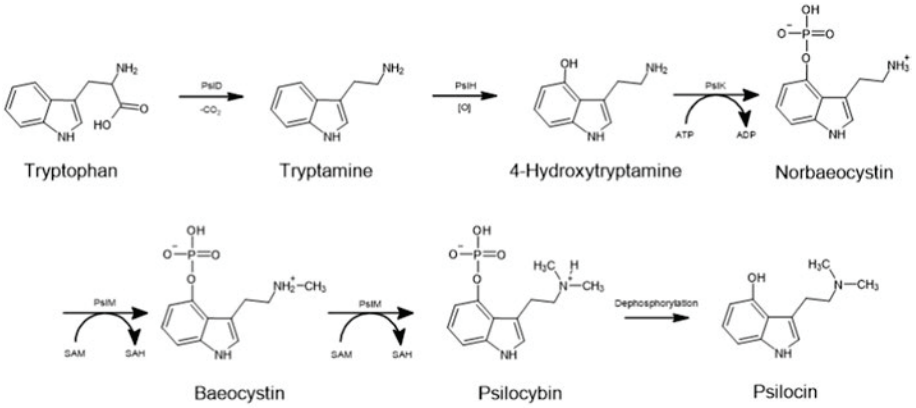


Fig. 1. Psilocin biosynthesis.

respondents to further describe aspects of their experience of weakness after ingestion of psilocybin containing fungi; given this is a descriptive survey of a toxidrome that has not been well defined in literature, examples of these responses are included to further illustrate the nature of the experience.

3. Results

Results of the survey are described below but can also be viewed in tabular form in Supplemental File 2.

3.1. Description of sample

Eleven respondents who did not answer whether they had ever experienced weakness after consuming psilocybin fungi were excluded. One respondent who answered that they had experienced weakness from a lignicolous *Psilocybe* species was excluded as theyfurther described symptoms as restlessness rather than weakness. One respondent who answered that they had experienced weakness from sclerotia of a psilocybin producing species was excluded as they provided minimal detail about the symptoms and further reported they thought this was normal "body load" (physical sensations experienced alongside psychological effects of psilocybin) rather than clear weakness. One respondent was excluded as they reported weakness after ingesting the non-psilocybin containing species, *Amanita muscaria* (a mushroom producing very different effects due to ibotenic and muscimol content with no psilocybin content).

Of the included respondents (n = 392), all of whom reported ingestion of what they believed to be psilocybin-containing mushrooms, 165 (42.1 %) reported having experienced muscle weakness following their ingestion at least once.

3.1.1. Demographics and psilocybin experiences

The most common age bracket among respondents was 26–35 (34.1 %, n = 390). Most respondents were male (71.8 %, n = 390). There were no significant differences in the age ($\chi^2 = 1.013$, df = 3, p = 0.798) or gender identity between those who reported WLP (78.3 % men, 21.7 % women, n = 157) and those who did not (70.4 % men; 29.6 % women; $\chi^2 = 2.600$, df = 1, p = 0.107, n = 223, other genders excluded due to low numbers). Ethnicity was not recorded.

Cases of WLP were reported from Australia, New Zealand, North America, and Europe. A history of consuming lignicolous species was reported by 340 (87.0 %, n = 391) respondents, and 29 (7.4 %) were "Uncertain" whether they had consumed lignicolous species before. The median number of times respondents had consumed lignicolous psilocybin-containing mushrooms was 14 (Range 1–600). This indicates the cohort consisted mostly of people who had experienced psilocybin's effects on numerous occasions.

3.1.2. Prevalence of WLP

Among the 165 respondents who reported experiencing weakness after ingesting psilocybin mushrooms, 158 (96.3 %, n = 164) reported the weakness only ever occurred after ingesting a lignicolous species, 4 (2.4 %) were uncertain about whether the consumed species was lignicolous, one reported the causative species were "not always" lignicolous and one reported experiencing weakness from cultivated specimens of the coprophilic species *P. cubensis*.

In the group that had experienced WLP, the median number of times that lignicolous mushrooms were consumed was 15 (Range 1–600). The median number of times respondents had experienced WLP was two (Range 1–140). For those who had not experienced WLP the median number of times that lignicolous mushrooms were consumed was 11 (Range 1–500).

3.2. Aim 1: describing the toxidrome

Results in this section are based on the responses relating to the most recent experience of WLP. Time to onset of weakness was variable, ranging from 10 min to 18 h after ingestion with four reports of weakness first starting towards the end of or after the psychedelic experience and six reports of weakness first being noticed the following day. Weakness was first noted by the majority of the sample within 2 h of ingestion (54.2 %) and 76.8 % reported onset within 4 h of ingestion (Fig. 2). Weakness was first noticed in different body parts. Legs (41.5 %, n = 159) and hands (36.5 %) were most commonly first affected by weakness. Arms and face were next most common, both reported by 10.7 %. 38 respondents (23.9 %) reported more than one body part first affected.

Weakness reportedly affected the ability to walk in 131 respondents (80.4 %, n = 163). Among those who described this effect (n = 129), 49.6 % (n = 64) were completely unable to walk at times during the experience. Some respondents reported being unable to get up for some time after falling or sitting down. For example:

> "My muscles acted like old rechargeable batteries that work OK at first but lose charge super quick, so (in cycles) I could walk, then my legs started getting rubbery, then if I didn't make it to a chair etc. in time I would just drop with no control whatever."

> "It started in my calves, going for a swim. As I started to activate the muscles I'm stumbling up the beach still just able to walk but falling over. A few mins later after trying to use my legs more they stopped working and I couldn't get up."

2026-0981 384 10/02/2026

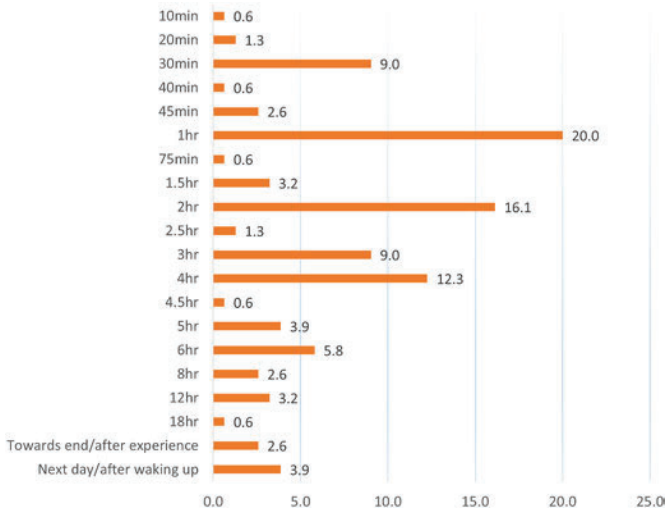


Fig. 2. Self-reported time to onset of weakness after ingestion (% of n 155; n 10 missing).

Weakness reportedly affected swallowing in 43 respondents (26.7 %, n = 161). This category included difficulties swallowing liquids which at times included saliva, chewing food and sealing the lips well enough to keep liquids in.

Subjective difficulty breathing was reported by 27 respondents (16.6 %, n = 163), most commonly described as shallow breathing, breathing requiring concentration and laboured breathing.

Weakness was reported to vary by 93 respondents (57.4 %, n = 162). Among these the weakness was described as coming on in 'waves' typically lasting minutes to an hour, and mostly under 30 min. The weakness was also described as shifting to different parts of the body and was described by some as affecting the muscles that were being used most often. For example:

> "It goes in waves, sometimes it is horribly difficult to do anything, others normality ensues, and things go back to normal, but it also depends on how much you use the limbs, more use means more paralysis, and it takes longer and longer to sort itself out."

Weakness lasted until at least the end of the psychedelic experience in 84 respondents (51.9 %, n = 162) (Fig. 3). Symptoms persisted into the following day for nearly half of those affected (48.1 %); however, for some, weakness persisted two days (6.8 %), three days (2.5 %) or longer than three days after ingestion (1.9 %) (Fig. 3). This latter category included one report each of weakness lasting one week, two weeks and recurring occasionally over one month. Some described weakness recurring during the following day after seeming to have resolved. Among those experiencing weakness the following day (n = 77), 19 (24.7 %) agreed that it significantly impaired their ability to function independently.

A change in sensation or touch sensitivity was reported by 81 respondents (50.0 %, n = 162), most commonly described as numbness, a loss of fine touch or tingling/like pins and needles.

Something that seemed to make the weakness better was reported by 69 respondents (42.6 %, n = 162). Among these, resting, sitting or lying down were the most commonly described alleviating factors, reported by 21 (30.4 %, n = 69) of respondents.

Something that seemed to make the weakness worse was reported by 55 respondents (34.0 %, n = 162). Among these, moving was the most commonly described exacerbating factor being reported by 27 (47.3 %, n = 55) respondents.

3.2.1. *Functional impacts of WLP*

Respondents rated the impact of the weakness on their ability to care for themself. The scale ranged from 0 (Not at all) to 10 (Completely unable to care for themself). The mean was 5.09 (Range = 0–10, SD = 3.43, n = 165), also see Fig. 4. A fall or accident because of the weakness was reported by 35 respondents (21.5 %, n = 163). Reports included instances of falling and being unable to subsequently move for some time, including on footpaths or roads. Two falls were reported while riding a pushbike. One minor car accident and one near miss in a vehicle were reported. Another near miss resulting from onset of weakness while swimming was reported. Calling an ambulance for someone else who was experiencing WLP was reported by 5 respondents (1.3 %, n = 392). Calling an ambulance for themself, or having an ambulance called for them while experiencing WLP was reported by 3 respondents (1.9 %, n = 162). No lasting physical consequences were reported.

3.3. *Aim 2: Individual factors*

3.3.1. *Medical conditions and allergies*

Around one third (30.6 %) of respondents (n = 389) reported that they had existing medical conditions (physical or mental). There were no statistically significant differences between reported medical conditions among those who reported WLP and those who did not (35.3 % v 29.8 %; $\chi^2 = 0.999$, df = 1, p = 0.317, n = 371). One fifth (19.6 %) reported allergies, mainly hay fever or to antibiotics. There were no statistically significant differences between reported allergies among those who reported WLP and those who did not (18.9 % v 20.3 %; $\chi^2 = 0.055$, df = 1, p = 0.815, n = 392).

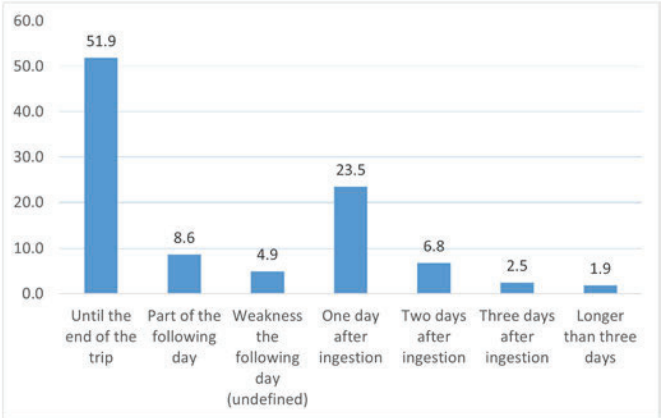


Fig. 3. How long did the weakness last? (% of n 162; n 3 missing).

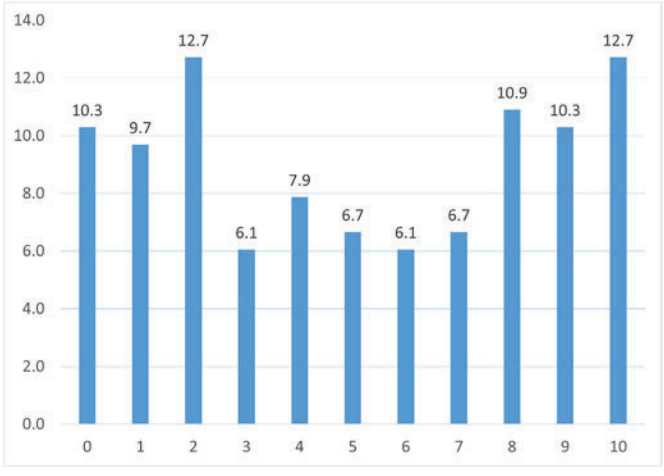


Fig. 4. Rating (0–10) of the extent to which the weakness interfered with ability to care for self (% of n 165; n 0 missing).

2026-0981 385 10/02/2026

3.3.2. Method of ingestion

Respondents who reported WLP reported a range of methods of ingestion related to their most recent episode of WLP (n = 164), including consuming dried forms (51.2 %), aqueous extracts (27.4 %) or fresh (14.0 %). The remaining 7.9 % reported "Other" methods of consumption. The variety of forms and ingestion methods reported suggests that the compound responsible for WLP is present in fresh mushrooms, persists after drying, and is soluble in aqueous solutions.

3.3.3. Concomitant use of other substances

One third (30.7 %; n = 163) reported having taken another substance or medication at the time of their WLP experience. The most common of these were cannabis, alcohol and antidepressants. Given that most reports of WLP occurred without concomitant substance use, this evidence suggests that the toxidrome does not solely result from interactions with other substances.

3.4. Aim 3: environmental factors

The substrate of the mushrooms involved in the most recent episode of WLP was reported by 161 respondents: eucalyptus (31.7 %), pine/conifer (24.8 %) or other substrates (15.5 %), with 28.0 % of respondents uncertain. The habitat of the mushrooms involved in the most recent episode of WLP was reported by 164 respondents: woodchip beds (33.5 %), native old growth forest (17.7 %), unmanaged regrowth forest (15.9 %), managed pine plantation (12.2 %), other (4.3 %) and managed eucalypt plantation (3.1 %), with 13.4 % of respondents uncertain. These findings suggest that the production of the substance responsible for the toxidrome is not solely dependent on the substrate or habitat of the mushrooms.

Among those who reported having experienced WLP more than once (n = 88), slightly over a third (39.8 %) reported these episodes were from the same patch, referring to the same local population, and just over a quarter (28.4 %) reported that some of these multiple episodes were from the same patch. Respondents were not specifically asked whether they had consumed mushrooms from the same patch more than once.

Among those who had experienced WLP multiple times from the same patch (n = 59), just over a quarter (28.8 %) reported having experienced WLP from the same patch in more than one season. Respondents were not specifically asked if they had consumed mushrooms from the same patch in multiple seasons.

When asked specifically about their most recent experience of WLP, a third (32.3 %, n = 158) reported that someone else had been affected by WLP from the same batch of mushrooms. Respondents were not specifically asked if others had consumed mushrooms from the same batch.

4. Discussion

This survey provides a systematic exploration of the toxidrome referred to as wood-lover paralysis. Based on the results, WLP is a toxidrome that presents with varying intensity of weakness emerging within a day of ingestion of some lignicolous *Psilocybe* species and most commonly within 4 h of ingestion. It can affect different body parts. The weakness can change in intensity throughout the duration of symptoms and may be exacerbated by muscle use. The weakness can be significant enough to impair ability to move and care for oneself, posing a risk of accidents. It can interfere with chewing and swallowing, potentially posing a risk of choking. Subjective difficulties with breathing have also been reported, raising concerns about the possibility of respiratory depression. Weakness commonly persists for at least one day after ingestion and in most cases resolves within three days. It can occur after ingestion of mushrooms growing in a variety of habitats and on a variety of substrates. The causative compound or compounds can survive drying of the fungi and appear water soluble. It can occur from the same patch in multiple seasons. In this survey, WLP was reported from Australia, New Zealand, North America and Europe. Those who experienced WLP did not seem to share common medical conditions or allergies, nor similar co-ingestion of other substances.

The results indicate that WLP can persist far beyond the elimination half-life and duration of subjective effects of psilocin, which is the active metabolite produced by dephosphorylation of psilocybin. Psilocin has a time to maximal concentration after oral administration of ~2 h, an elimination half-life ~1.4–1.8 h, and a duration of subjective effects of ~5.5–6.4 h (Holz et al., 2022). In some cases, WLP symptoms first arise after the psychedelic effects of psilocin would typically have abated. That WLP has not been reported from the commonly consumed psilocybin containing species *P. cubensis*, *P. semilanceata* and *Panaeolus cyanescens*, or from purified psilocybin used in clinical trials, furthers the suggestion that WLP is not directly caused by psilocybin or psilocin, or the psychoactive effects thereof. Most respondents who reported having experienced WLP had also had multiple experiences with psilocybin mushrooms that did not cause WLP.

There was a range of time from mushroom ingestion to WLP onset (10 min–18 h) and duration (<1–3 days) of WLP symptoms, which is interesting in terms of the pharmacological properties of the agent responsible. There was one reported instance of weakness from a non-lignicolous species, arising from cultivated *P. cubensis*. The respondent reported having consumed dried, powdered mushrooms from the same batch on multiple prior occasions without subsequent weakness. The description of this experience seems consistent with the other reports. Wild harvested and cultivated *P. cubensis* are commonly consumed globally (McTaggart et al., 2023; Bradshaw et al., 2024a), yet there were no further reports of weakness from this species. It is difficult to interpret this single instance and whether this confirms it is possible to experience WLP from non-lignicolous species of *Psilocybe*. There are many compounds that have been identified in *P. cubensis* but have not yet been well characterised (Blei et al., 2020; Schäfer et al., 2023), so such a possibility cannot be ruled out.

Breathing difficulties have been reported herein and in the cases reported by Allen et al. (1991). While no cases of respiratory arrest or hospital care for respiratory difficulties were reported in the survey, respiratory depression remains a potential concern, particularly while pathophysiology is unknown.

The reports indicating antihistamines improved the symptoms should be interpreted with the possibility of placebo effect and expectation bias in mind. Antihistamines were suggested as a possible treatment on The Shroomery forum (djbabyjesus, 2014), based on a hypothesis proposed by a community member that the toxidrome was related to excess histamine release. This seems an unlikely explanation for the phenomenon but the suggestion that antihistamines will treat WLP has been widely shared within the psilocybin community.

4.1. Hypothetical taxonomic and genetic considerations

Recent genetic analysis of species within the Genus *Psilocybe* s. str. has revealed differences between the Psilocybin BGC within *Psilocybe,* particularly those species that may begin to explain the different chemical composition between and within species (Bradshaw et al., 2024a; McTaggart et al., 2024). It is worth noting that several of the species suggested to have caused WLP including *P. subaeruginosa* in Australia and New Zealand, *P. weraroa* in New Zealand, *P. azurescens* and *P. allenii* in North America, and *Psilocybe cyanescens* from both Europe and North America seem to be very closely related (Borovička et al., 2012). Recent genetic studies refer to this species group as *Psilocybe* section *Subaeruginosae* (McTaggart et al., 2024; Bollinger et al., 2024) and suggests these species may even be variants of *P. subaeruginosa* (McTaggart et al., 2024). This may suggest high homogeneity of their Psilocybin BGC and common potential variants of the Psilocybin BGC. It is interesting to note that *P. subcaerulipes* is not included in sect. *Subaeruginosae*, but has been reported to cause a toxidrome resembling WLP in one paper (Yokoyama, 1973).

2026-0981 386 10/02/2026

Foragers will regularly revisit patches over multiple seasons and given the perennial nature of fungi from sect. *Subaeruginosae*, genotypes likely persist over multiple years (McTaggart et al., 2024). It is interesting that two thirds of those who had experienced multiple episodes of WLP reported that at least some of these episodes resulted from mushrooms from the same patch (locality). It is also interesting that in around a quarter of these individuals, mushrooms from the same patch caused WLP in more than one season. It should be noted that respondents were not specifically asked whether they had consumed mushrooms from the same patch more than once, or mushrooms from the same patch in multiple seasons, limiting analysis of how common these repeat experiences were. Interestingly, with regard to their most recent experience of WLP around one third reported someone else having experienced WLP from the same batch of mushrooms. Respondents were not asked whether someone else consumed mushrooms from the same batch, limiting analysis of how commonly others were affected.

Within the limitations of the surveyed factors, no clear individual or environmental factors were identified in the occurrence of WLP. Individuals reported experiencing multiple episodes from the same patch including over multiple seasons. Multiple individuals were affected by the same batches. These findings may suggest that genetic factors common to the local population of fungi largely determine whether a mushroom is capable of causing WLP. Further exploration of genomes from sect. *Subaeruginosae*, and subsequent tryptamines generated either by, or in conjunction with, the Psilocybin BGC should continue to be a focus of future research into the mechanisms of WLP. A recent genetic survey of *Psilocybe* natural products highlighted the extent of the as-yet-unexplored metabolomic diversity in this genus and emphasised the need for further genetic and chemical analysis to better understand the potentially biologically active compounds that may be present in the genus and may be of relevance to understanding the mechanism of WLP (Dörner et al., 2022). Others have also highlighted the gaps in knowledge about the chemistry of psilocybin producing fungi around genomics, metabolomics, pharmacology and taxonomy. These gaps require investigation to advance understandings of the chemistry and effects of psilocybin-containing mushrooms (Strauss et al., 2022). Furthermore, Blei et al. (2020) identified the presence of beta-carboline compounds that are known to act as inhibitors of monoamine oxidase A in five species of *Psilocybe* and Schäfer et al. (2023) recently identified a sesquiterpene synthase enzyme and terpenoid products in *P. cubensis* and highlighted the presence of genes encoding for similar enzymes in other *Psilocybe* species demonstrating the emerging nature of knowledge of psilocybin mushroom chemistry which has largely focused on tryptamine chemistry until recently. As such, considering potential genetic factors outside the Psilocybin BGC in exploring the mechanisms of WLP is also important. However, further exploration of risk factors specific to the individual and contributory environmental factors should also be a focus of future research. Such exploration may be guided by a better understanding of the pharmacological aspects of the toxidrome.

4.2. Pharmacological hypothesis

One pharmacological hypothesis regarding why WLP might occur involves the compound aeruginascin (4-phosphoryloxy-N,N,N-trimethyltryptamine) (Sherwood et al., 2020). This trimethylammonium compound is produced by the enzymatic N-methylation of psilocybin by the psilocybin methyltransferase enzyme, PsiM (Milne et al., 2020; Lenz et al., 2021b). Most species of *Psilocybe* have not been tested for the quantity of aeruginascin, but it has been detected in several species to date including some of the lignicolous species implicated in cases of WLP, and also *P. cubensis* which is not reported to cause WLP (Gotvaldová et al., 2022; Dörner et al., 2022). Aeruginascin's dephosphorylated form, 4-hydroxy-N,N,N-trimethyltryptamine (4-HO-TMT), is postulated to be the likely human metabolite of aeruginascin (Chadeayne et al., 2020). 4-HO-TMT is a substrate for 4-hydroxytryptamine kinase which phosphorylates it to aeruginascin which may limit its concentration in the fungal mass (Dörner et al., 2022). However, it has been found in a yeast model of the biosynthesis of psilocybin, where the insertion of multiple copies of the gene responsible for production of PsiM resulted in a 21-fold increase in the amount of 4-HO-TMT produced (Milne et al., 2020). This suggests genetic differences within the same species of *Psilocybe* may result in significant differences in 4-HO-TMT content. No chemical testing of specimens known to have caused WLP has been undertaken to our knowledge. 4-HO-TMT is structurally very similar to bufotenidine (5-hydroxy-N,N,N-trimethyltryptammonium), the N-trimethyl serotonin analogue found in some toad and reed species (Ghosal et al., 1969; Qi et al., 2018) (Fig. 5). It differs only by the position of the hydroxyl group.

Pharmacological studies have demonstrated that 4-HO-TMT and bufotenidine differ in their affinity for 5HT2a and 5HT3 receptors. Bufotenidine is a selective 5HT3 agonist, where 4-HO-TMT lacks this activity while displaying weak agonist activity at the 5HT2a receptor (Chadeayne et al., 2020; Glatfelter et al., 2022). Potentially of more relevance to WLP and yet to be determined is whether 4-HO-TMT or possibly an oxidation product thereof displays the same anti-nicotinic effects at the neuromuscular junction as bufotenidine. Bufotenidine has been found to produce significant neuromuscular junction block and flaccid paralysis owing to an anticholinergic effect at muscle type nicotinic receptors in rectus abdominus muscle of frog as well as chicks, mice, rats and rabbits, similarly to d-tubocurarine (Bhattacharya and Sanyal, 1972; Ghosal et al., 1969). However, aeruginascn and 4-HO-TMT at doses of 30 mg/kg did not alter locomotion in mice. It would be of interest to determine if 4-HO-TMT forms oligomeric oxidation products akin to psilocin (Lenz et al., 2020, 2021a) and what, if any, pharmacological activity these possess, particularly in relation to neuromuscular functioning.

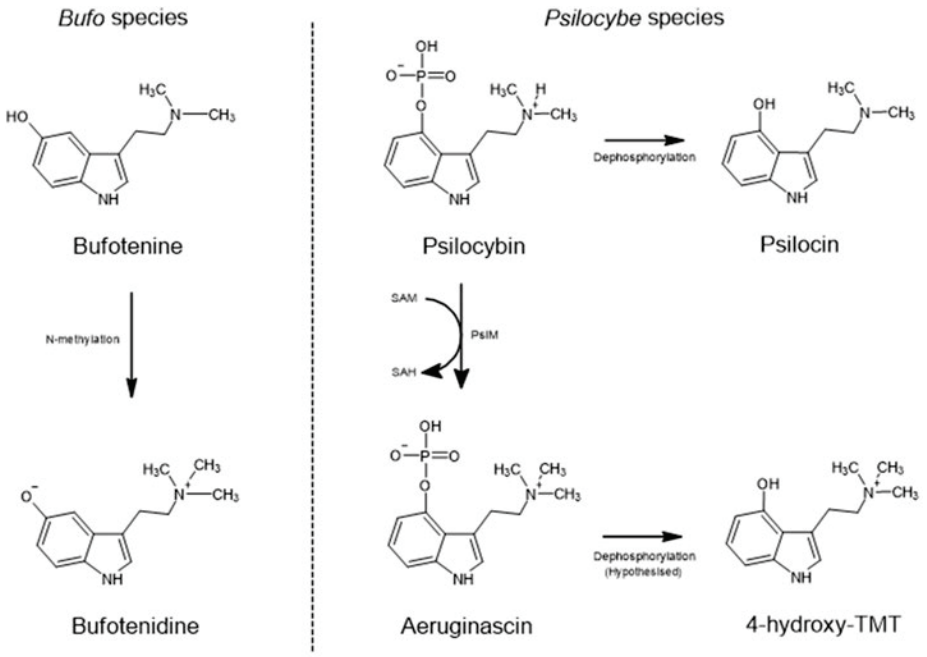
Determining the mechanisms of WLP is important to identify potential treatments beyond supportive measures, such as antidotes, to limit the risk of injury and the possibility of respiratory depression. Furthermore, pharmaceutical development of what could be a novel muscle relaxing agent may lead to the discovery of compounds that have applications in medicine.

4.3. Limitations

This survey is a self-selecting online convenience sample, with geographic leanings towards Australia and New Zealand that may not necessarily be representative of the wider population of people who consume psilocybin mushrooms. As this population remains largely hidden, we are unable to directly ascertain the representativeness of our sample. Drug research often involves convenience samples as the best way to reach small hidden stigmatised populations that do not respond well to traditional survey techniques: it is neither feasible nor practical to collect this kind of information using probability sampling methods (Barratt et al., 2017). So, as the survey was advertised as a survey about WLP, recruitment bias is likely to over represent the prevalence of WLP. Second, data were collected by self-report with all the attendant biases related to recollection and social desirability. However, anonymous web surveys conducted by community leaders with no payment incentives are more likely to elicit information on sensitive topics (Kays et al., 2013). People who consume illicit drugs, including psilocybin-containing mushrooms typically prefer to remain anonymous to protect themselves from law enforcement. Self-report was found to reliably predict drug use when compared with biological markers in a recent systematic review (Bharat et al., 2023).

Preclinical and clinical work is required to better understand the mechanism of action underlying WLP and to further describe its presentation. Preclinical work may include detailed chemical analysis of mushrooms that have caused WLP to identify differences in chemical composition when compared to mushrooms of the same species that have not caused WLP. Substances found in mushrooms that cause WLP that are not found in mushrooms of the same species that do not, or that

2026-0981 387 10/02/2026



Adapted from Chadeayne *et al.* (2020). Active Metabolite of Aeruginascin (4-Hydroxy- N, N, N-trimethyltryptamine): Synthesis, Structure, and Serotonergic Binding Affinity. *ACS Omega*, 5(27), 16940 - 16943.

Fig. 5. Chemical structure of 4-HO-TMT compared to bufotenidine.

are found in significantly higher quantities, should be further explored in terms of the pharmacological effects particularly with regards to effects on neuromuscular functioning.

Relying on respondent's self-identification of the mushrooms consumed is a limitation. Misidentification cannot be excluded using this methodology. However, to the authors' knowledge, a similar toxidrome to WLP is not known from other fungi. The sample size and level of experience with psilocybin mushrooms reported in the sample may also suggest that the ingestion of misidentified mushrooms is less likely to explain WLP. The survey did not ask about dosage consumed or pattern of use with regards to single or cumulative doses. This should be explored in further work. Establishing a dose-response relationship will likely require standardised material known to cause WLP. Self-report of taxonomy, substrate and habitat is of limited validity. To further explore the possible contribution from environmental factors, genetically identical clones of mushrooms that have caused WLP could be cultivated using different substrates and tested for chemical composition and effects on muscle functioning. Chemical analysis of the substrate of wild populations that cause WLP would also be of interest.

In terms of individual risk factors, self-report of medical conditions and allergies is of limited scope. Individual differences in pharmacokinetics and pharmacodynamics may yet prove to be relevant. Particularly where the presentation of the toxidrome is described as quite variable in terms of time to onset, severity and body parts affected. Potential differences across ethnicities, not recorded in this survey, should be explored in future work. It would be of great interest to have objective neurological examination findings from individuals experiencing WLP, due to the limitations of using subjective reports to describe the nature of the symptoms. Objective neuromuscular monitoring using techniques such as electromyography may also provide useful information to further understand the mechanism underlying WLP. Case reports of those who present for emergency medical treatment with symptoms of WLP would further the clinical knowledge of these presentations and their management.

4.4. Conclusion

Instances of the toxidrome of WLP have appeared sporadically over several decades, with little attention in medical literature and limited exploration of the cause. It is pertinent that people on the front line of psilocybin mushroom use, including consumers, harm reduction practitioners, emergency personnel, therapists and other clinicians become more aware of these symptoms, particularly as interest in psychedelic mushrooms is broadly increasing, both in their use as registered medicines (Ritchie et al., 2023; Carhart-Harris et al., 2018; Siegel et al., 2021) and non-clinically (Monte et al., 2024; Kopra et al., 2023) and where there are increasing moves to decriminalise or legalise psilocybin in many jurisdictions (Ritchie et al., 2023; Siegel et al., 2023). The reports about breathing difficulties raise concerns about the possibility for significant respiratory depression requiring supportive measures until the weakness abates. The potential for onset or re-emergence of symptoms after the end of the psychedelic experience and into the following day, and persistence in some cases for up to three days, is important to consider given the risk of accidental injury. Information about WLP should be included in education about psilocybin mushrooms, both for consumers and service providers. Growing awareness of WLP effects, which mushrooms are most likely to produce WLP and syndrome management strategies for consumers and carers (e.g. avoid physical tasks, ensure temperature control, etc.) can help control this growing risk and should inform how markets are regulated. In settings where psilocybin containing products are legal, lignicolous *Psilocybe* products may benefit from more stringent quality controls.

CRediT authorship contribution statement

Simon A. Beck: Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Data curation, Conceptualization. **Caine Barlow:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Liam Engel:** Writing – review & editing, Writing – original draft, Project administration. **Monica J. Barratt:**

2026-0981 388 10/02/2026

Writing – review & editing, Writing – original draft, Supervision, Resources, Project administration, Methodology.

Data availability statement

The dataset was collected and is owned by the Australian Psychedelic Society and was made available to the authors upon request. Further requests for access to this dataset may be directed to the Australian Psychedelic Society at info@psychedelicsociety.org.au.

Research ethics statement

This dataset was collected by the Australian Psychedelic Society, a registered charity. A secondary analysis of this dataset was approved by RMIT University's College Human Ethics Advisory Network (#24579).

Funding information

This study received no external funding.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

We thank all participants who shared their experiences with us and spent their valuable time completing our questionnaire. We thank the Australian Psychedelic Society for hosting the survey, as well as the other community groups that allowed us to share it with their networks. We extend thanks to CaaMTech, LLC. (Issaquah, WA), and others who provided valued discussion about WLP. We also acknowledge the First Nations peoples of the land on which this research was conducted.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.toxicon.2025.108450.

Data availability

Data will be made available on request.

References

Abbas, A.I., Carter, A., Jeanne, T., et al., 2021. Oregon psilocybin advisory board rapid evidence review and recommendations. https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Psilocybin%20evidence%20report%20to%20OHA%206-30-21_Submitted.pdf.

Allen, J.W., Merlin, M.D., Jansen, K.L.R., 1991. An ethnomycological review of psychoactive agarics in Australia and New Zealand. J. Psychoact. Drugs 23 (1), 39–69.

Barratt, M.J., Ferris, J.A., Zahnow, R., et al., 2017. Moving on from representativeness: testing the utility of the global drug survey. Subst. Abuse Res. Treat. 11. https://doi.org/10.1177/1178221817716391.

Bharat, C., Webb, P., Wilkinson, Z., et al., 2023. Agreement between self-reported illicit drug use and biological samples: a systematic review and meta-analysis. Addiction 118, 1624–1648.

Bhattacharya, S.K., Sanyal, A.K., 1972. Neuromuscular blocking activity of bufotenidine isolated from Arundo donax L. Naturwissenschaften 59 (12), 650–651.

Bhave, A., 2024. Magic of the mushrooms: effects of psilocybin decriminalization. J. Psychoact. Drugs. https://doi.org/10.1080/02791072.2024.2376755. Online ahead of print.

Blei, F., Dörner, S., Fricke, J., et al., 2020. Simultaneous production of psilocybin and a cocktail of β-carboline monoamine oxidase inhibitors in "magic" mushrooms. Chem. Eur J. 26 (3), 729–734.

Bollinger, I.M., Singer, H., Jacobs, J., et al., 2024. High-quality draft genomes of ecologically and geographically diverse Psilocybe species. Microbiology Resource Announcements 14 (2), e00250, 00224.

Borovička, J., Rockefeller, A., Werner, P.G., 2012. Psilocybe allenii - a new bluing species from the Pacific Coast, USA. Czech Mycol. 54 (2), 181–195.

Bradshaw, A.J., Ramírez-Cruz, V., Awan, A.R., et al., 2024a. Phylogenomics of the psychoactive mushroom genus Psilocybe and evolution of the psilocybin biosynthetic gene cluster. Proc. Natl. Acad. Sci. 121 (3), e2311245121.

Bradshaw, A.J., Sharp, C., Van der Merwe, B., et al., 2024b. Discovery of the closest free-living relative of the domesticated "magic mushroom" Psilocybe cubensis in Africa. bioRxiv. https://doi.org/10.1101/2024.12.03.626483.

budshroomey, 2001. I Cannot Fucking Walk. Shroomery - Magic Mushrooms (Shrooms) Demystified. Mind Media. Available from. https://www.shroomery.org/forums/showflat.php/Number/487246.

Carhart-Harris, R.L., Bolstridge, M., Day, C.M.J., et al., 2018. Psilocybin with psychological support for treatment-resistant depression: six-month follow-up. Psychopharmacology 235 (2), 399–408.

Chadeayne, A.R., Pham, D.N.K., Reid, B.G., et al., 2020. Active metabolite of Aeruginascin (4-Hydroxy-N,N,N-trimethyltryptamine): synthesis, structure, and serotonergic binding affinity. ACS Omega 5 (27), 16940–16943.

djbabyjesus, 2014. Re: the Cure for Azurescens Paralysis. Shroomery - Magic Mushrooms (Shrooms) Demystified. Mind Media. Available from. https://www.shroomery.org/forums/showflat.php/Number/20850161#20850161.

Dörner, S., Rogge, K., Fricke, J., et al., 2022. Genetic survey of psilocybe natural products. Chembiochem 23 (14), e202200249.

Fricke, J., Blei, F., Hoffmeister, D., 2017. Enzymatic synthesis of psilocybin. Angew. Chem. Int. Ed. 56 (40), 12352–12355.

Ghosal, S., Dutta, S.K., Sanyal, A.K., et al., 1969. Arundo donax. Phytochemical and pharmacological evaluation. J. Med. Chem. 12 (3), 480–483.

Glatfelter, G.C., Pottie, E., Partilla, J.S., et al., 2022. Structure–activity relationships for psilocybin, baeocystin, aeruginascin, and related analogues to produce pharmacological effects in mice. ACS Pharmacol. Transl. Sci. 5 (11), 1181–1196.

Gotvaldová, K., Borovička, J., Hájková, K., et al., 2022. Extensive collection of psychotropic mushrooms with determination of their tryptamine alkaloids. Int. J. Mol. Sci. 23 (22), 14068.

Guzmán, G., 1983. The Genus Psilocybe: A Systematic Revision of the Known Species Including the History, Distribution, and Chemistry of the Hallucinogenic Species, 74. of Nova Hedwigia: Beiheft.

Guzmán, G., Cortes-Perez, A., Ramirez-Guillén, F., 2013. The Japanese hallucinogenic mushrooms Psilocybe and a new synonym of P. subcaerulipes with three Asiatic species belong to section Zapotecorum (higher basidiomycetes). Int. J. Med. Mushrooms 15 (6), 607–615.

Heim, R., Hofmann, A., 1958. Isolement de la psilocybine a partir du "stropharia cubensis" earle et d'autes especes de champignons hallucinogenes mexicains appartenant au genre "psilocybe". C. R. Acad. Sci. 247, 557–561.

Holze, F., Becker, A., Kolakzynska, K., Duthaler, U., Liechti, M., 2022. Pharmacokinetics and pharmacodynamics of oral psilocybin administration in healthy participants. Clin. Pharmacol. Ther. 113 (4), 822–831.

Imai, S., 1932. On Stropharia caerulescens, a new species of poisonous toadstool. Trans Sapporo Nat Hist Soc 12, 148–151.

Jansen, K., 2021. Personal Communication.

Kays, K.M., Keith, T.L., Broughal, M.T., 2013. Best practice in online survey research with sensitive topics. In: Sappleton, N. (Ed.), Advancing Research Methods with New Technologies. Information Science Reference, Hershey, PA, pp. 157–168.

Kopra, E.I., Ferris, J.A., Winstock, A.R., et al., 2023. Investigation of self-treatment with lysergic acid diethylamide and psilocybin mushrooms: findings from the Global Drug Survey 2020. J. Psychopharmacol. 37 (7), 733–748.

Lenz, C., Dörner, S., Sherwood, A., et al., 2021a. Structure elucidation and spectroscopic analysis of chromophores produced by oxidative psilocin dimerization. Chem. Eur J. 27 (47), 12166–12171.

Lenz, C., Sherwood, A., Kargbo, R., et al., 2021b. Taking different roads: l-tryptophan as the origin of Psilocybe natural products. ChemPlusChem 86 (1), 28–35.

Lenz, C., Wick, J., Braga, D., et al., 2020. Injury-triggered blueing reactions of psilocybe "magic" mushrooms. Angew. Chem. Int. Ed. 59 (4), 1450–1454.

McTaggart, A.R., McLaughlin, S., Slot, J.C., et al., 2023. Domestication through clandestine cultivation constrained genetic diversity in magic mushrooms relative to naturalized populations. Curr. Biol. 33 (23), 5147–5159.e7.

McTaggart, A.R., Scarlett, K., Slot, J.C., et al., 2024. Wood-loving magic mushrooms from Australia are saprotrophic invaders in the Northern Hemisphere. Fungal Systematics and Evolution 14, 209–217.

Milne, N., Thomsen, P., Knudsen, N., et al., 2020. Metabolic engineering of Saccharomyces cerevisiae for the de novo production of psilocybin and related tryptamine derivatives. Metab. Eng. 60, 25–36.

Monte, A.A., Schow, N.S., Black, J.C., et al., 2024. The rise of psychedelic drug use associated with legalization/decriminalization: an assessment with the nonmedical use of prescription drugs survey. Ann. Emerg. Med. 83 (3), 283–285.

Musha, M., Ishii, A., Tanaka, F., Kusano, G., 1986. Poisoning by hallucinogenic mushroom hikageshibiretake (Psilocybe argentipes K. Yokoyama) indigenous to Japan. Tohoku J. Exp. Med. 148 (1), 73–78.

Oregon State Treasury: Private Activity Board, 2021. Products sub-committee meeting. https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Documents/Minutes%20Products%2010%20June%2021.pdf.

Qi, J., Zulfiker, A.H., Li, C., et al., 2018. The development of toad toxins as potential therapeutic agents. Toxins (Basel) 10 (8). https://doi.org/10.3390/toxins10080336.

R Core Team, 2021. R: A Language and Environment for Statistical Computing. R Foundation for Statistical Computing, Vienna, Austria. URL. https://www.R-project.org/.

2026-0981 389 10/02/2026

Reynolds, H.T., Vijayakumar, V., Gluck-Thaler, E., et al., 2018. Horizontal gene cluster transfer increased hallucinogenic mushroom diversity. Evolution Letters 2 (2), 88–101.

Ritchie, O.D., Donley, C.N., Ritchie, G.D., 2023. From prohibited to prescribed: the rescheduling of MDMA and psilocybin in Australia. Drug Science, Policy and Law 9. https://doi.org/10.1177/20503245231198472.

Schäfer, E., Seibold, P.S., Bartram, S., et al., 2023. A "magic mushroom" multi-product sesquiterpene synthase. Chembiochem 24 (21), e202300511.

Sherwood, A.M., Halberstadt, A.L., Klein, A.K., et al., 2020. Synthesis and biological evaluation of tryptamines found in hallucinogenic mushrooms: norbaeocystin, Baeocystin, Norpsilocin, and Aeruginascin. J. Nat. Prod. 83 (2), 461–467.

Siegel, J.S., Daily, J.E., Perry, D.A., et al., 2023. Psychedelic drug legislative reform and legalization in the US. JAMA Psychiatry 80 (1), 77–83.

Siegel, A.N., Meshkat, S., Benitah, K., et al., 2021. Registered clinical studies investigating psychedelic drugs for psychiatric disorders. J. Psychiatr. Res. 139, 71–81.

Stamets, P., 1978. Psilocybe Mushrooms and Their Allies. Homestead Book Company.

Stamets, P., 1996. Psilocybin Mushrooms of the World. Ten Speed Press.

Strauss, D., Ghosh, S., Murray, Z., et al., 2022. Psilocybin containing mushrooms: a rapidly developing biotechnology industry in the psychiatry, biomedical and nutraceutical fields. 3 Biotech 12 (12), 339.

Sudakin, D.L., 2023. Psilocybine services in Oregon: a call for awareness among clinical toxicologists. Clin. Toxicol. 61 (3), 143–145.

Van Court, R.C., Wiseman, M.S., Meyer, K.W., et al., 2022. Diversity, biology, and history of psilocybin-containing fungi: Suggestions for research and technological development. Fungal Biol. 126 (4), 308–319.

Walsh, C.A., Livne, O., Shmulewitz, D., et al., 2022. Use of plant-based hallucinogens and dissociative agents: U.S. Time Trends, 2002–2019. Addictive Behaviors Reports 16, 100454.

Winstock, A.R., Timmerman, C., Davies, E., et al., 2021. Global drug survey (GDS) 2020 psychedelics Key findings report. https://www.globaldrugsurvey.com/wp-content/uploads/2021/03/GDS2020-Psychedelics-report.pdf.

Yokoyama, K., 1973. Poisoning by a hallucinogenic mushroom, Psilocybe subcaerulipes Hongo. Trans. Mycol. Soc. Jpn. 14 (3), 317–320.

2026-0981 390 10/02/2026

For informational purposes. Shared with OPAB Products and Research SC Members on 4.11.24 to support discussion that occurred during the 4.10.24 subcommittee meeting.

Wood Lover's Paralysis (WLP) review
Sarah Present, MD, MPH
3/3/24

I. OVERVIEW:

From:

Revell, Jack. What We Know (and Don't) About Magic Mushroom Paralysis. Vice (June 2020). https://www.vice.com/en/article/y3zp35/magic-mushroom-paralysis-heres-what-we-know

> "Anecdotally, the issue seems most widespread in Australia"
>
> "Wood-lovers paralysis (WLP) is so-called because it appears to be caused exclusively by mushrooms that grow on wood. The effect has been most commonly linked with three species of the fungus: *Psilocybe azurescens*, *Psilocybe cyanescens*, and *Psilocybe subaeruginosa*."
>
> "Researchers have come up with a number of elaborate hypotheses over the years, based on anecdotal evidence and scientific extrapolations, in an attempt to explain this strange and little-understood phenomenon. None of them have gotten very far."
>
> "all of this is highly speculative as there are no studies that show the total chemical composition of psilocybe species. (Dr Andrew Chadeayne—CEO of American company CaaMTech)"

From my review of literature and internet sources, I agree, there is very little scientific literature on WLP. The vast majority of what is known about it is anecdotal, experiential and informally reported.

I found a survey of people who had experienced WLP was done by the Australian Psychedelic Society (APS) and reached out to them for more information. I heard back from Symon Beck, the secretary of the APS and also a medical doctor who helped run the survey with his colleague Caine Barlow. They are working on finalizing a write up of the result for publishing, but also have a video presenting their results (2021), which can be found here:

https://m.youtube.com/watch?v=JQNzJvDEKIs

He gave me permission to share, and offered to discuss further if desired. I have cut and paste some slides for others' convenience. They found, as I did, that there is really nothing in medical literature on WLP. They note this is "despite some people showing up to hospital with it, and [there are] no case reports or direct investigation of theories to date."

2026-0981 391 10/02/2026

For informational purposes. Shared with OPAB Products and Research SC Members on 4.11.24 to support discussion that occurred during the 4.10.24 subcommittee meeting.

II. THE EXPERIENCE OF WLP:

a. I have summarized (and in much of this, directly transcribed) what I learned from this survey results presentation video:

WLP has been describe as far back as at least 2010. It is likely not a new phenomenon, but new interest in psilocybin including within legalized structures like ours, and increased discussion about it in the social media world, etc. has made it better known among mycologists and users of psychedelic mushrooms. Likely, WLP has previously been often dismissed as a psychosomatic phenomenon or being "too intoxicated."

The Survey goals included helping to better define WLP, it's consequences, potential contributing factors, and help define further research questions.

Several limitations to a survey study like this: sampling bias, limited statistical power (not designed for true statistical analysis)

Here is an overview of some results presented:

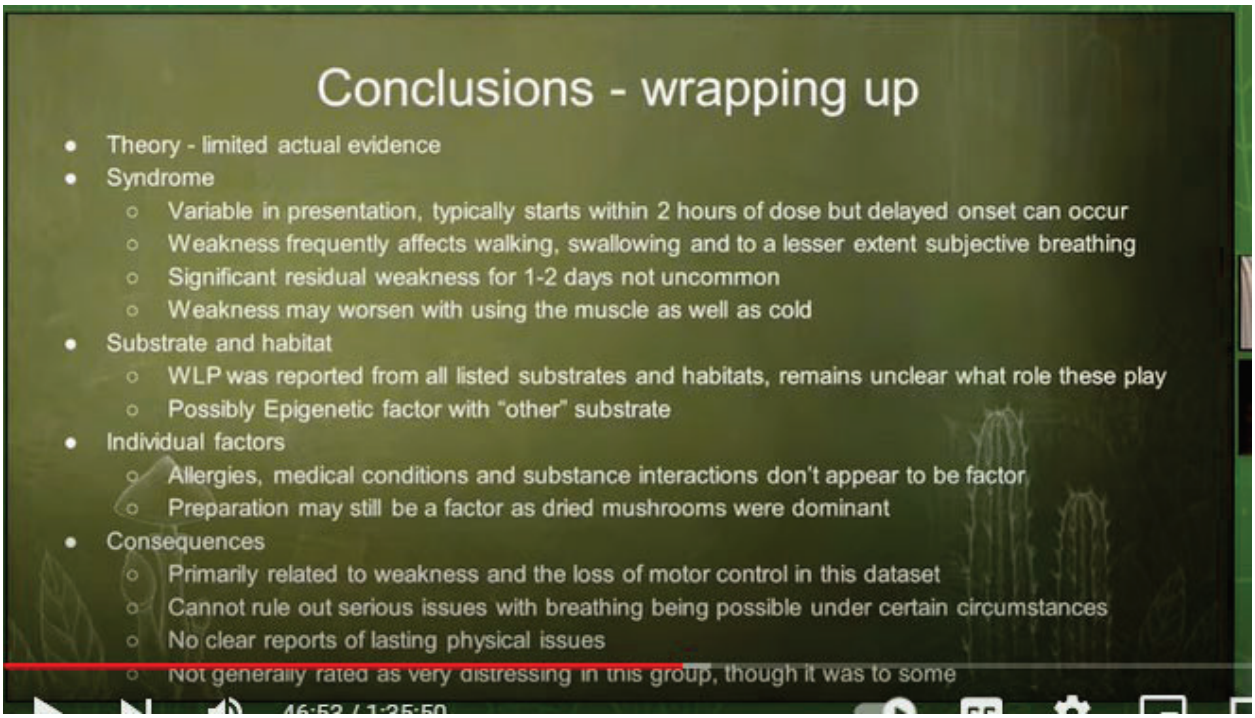
- Time to onset: w/in 1st 2 hours after ingestion, some noticed it the next day.
- Body part: legs and hands primarily.
- Most often affected functions: Walking (80%, about 53% completely unable to walk at some point), swallowing (26%) and breathing (17%) not infrequently. Muscle groups effected migrate during the experience, as well as come in waves. 50% with sensory loss symptoms.
- What made it better: rest, ?antihistamines, staying warm
- Geography – Australia only—put out a global call for experiences on social media, but primarily respondents were from Australia, so they focused here, found location of people experiencing WLP correlated with population centers and area wood-loving mushrooms grow.
- Substrate on which mushrooms eaten during WLP episode grew: Eucalyptus, pine/conifer, other, uncertain—no one substrate seems obviously over-represented among those who had WLP vs not. Most when harvested from woodchip beds, but this was also the most common habitat reported.
- Multiple episodes:
    - 61% had multiple episodes of WLP,
    - 68% of those had multiple episodes from the same patch,
    - 62% from different patches.
- Wood loving species of mushroom ingested?
    - Vast majority "yes," of n=166,
    - 1 was cultivated P. cubensis—they looked at this more closely, seemed a plausible case of WLP that could spur further research in the future.
- Individual factors:
    - No association: Allergies, any specific medical conditions, for those who reported medical conditions, psychiatric conditions were common.
    - Preparation: most consume dry mushrooms, but no one prep (dry, tea, fresh, lemon tek, others)seems overrepresented among prep in most recent episode of WLP

2026-0981 392 10/02/2026

For informational purposes. Shared with OPAB Products and Research SC Members on 4.11.24 to support discussion that occurred during the 4.10.24 subcommittee meeting.

    - 31% report other substances during most recent experience of WLP: cannabis, antidepressants, alcohol most common.
- Response:
    - Did you have a dedicated trip sitter (23% said yes)
    - Did you seek help: 19% said yes, 3 people (out of n=165) had ambulance called for them
    - Why didn't you seek help? Multiple reasons: Most felt prepared, knew it would go away, felt safe. Didn't think it was necessary. Only 4 reported being physically unable to seek help.
    - Impact on ability to self care: variable
    - Falls and accidents as a consequence of WLP: 22% reported yes, primarily fall with inability to get back up.
    - One reported hospitalization in which SSRI, plus St john's wort and other unknowns were also being used—diagnosed ultimately as serotonin syndrome by medical providers.
- Lasting effects: vast majority had none. N=164, 10 said yes.
    - Fatigue, painful legs lasting weeks.
- Level of distress: variable
- Traumatic memories during the event? 6% said yes
- Anxiety about future episodes: 27% worried about taking psilocybin mushrooms again, 5% wouldn't take same species again, 7% unsure.
- More people had anxiety about it who hadn't experienced WLP before than those who had. Most of those who had experienced it before felt equipped to deal with it (77%).

This is a screenshot of their conclusion slide:



2026-0981 393 10/02/2026

For informational purposes. Shared with OPAB Products and Research SC Members on 4.11.24 to support discussion that occurred during the 4.10.24 subcommittee meeting.

b. There is another author who has written about both the experience and theories as to etiology of WLP, Barbara E. Bauer, MS, who has published a couple articles on WLP in the Psychedelic Science Review.

This list of symptoms are copied and pasted from her article:

Psychedelic review – Bauer, B.M. (2018). Wood lover paralysis: an unsolved mystery. https://psychedelicreview.com/wood-lover-paralysis-unsolved-mystery/

Symptoms of Wood Lover Paralysis

Below are some first-hand reports that are taken from popular magic mushroom discussion forums like those on Shroomery, Erowid, and Bluelight. Bold text shows the symptoms that appear to be consistent across all accounts. In summary, they are:

1. Loss of motor control, ranging from incoordination to complete paralysis
2. Loss of motor function in face/eyes
3. Delayed onset of about 4-6 hours
4. Resolution of symptoms within 24 hours

- "the 'paralysis' manifested as waves of **losing most of the motor control of my limbs**. If I was standing one minute, I was crumpled on the floor flailing about the next."
- About 4 hours into a trip, "I got half way to the kitchen and suddenly my legs felt like they were going to collapse. I sat down for 5 minutes, got up again, walked for a bit- and then my legs DID **collapse**. It was a little scary because I felt clear headed, there was no pain or numbness… just **non-functional legs**."
- "I **collapsed** in the middle of a field. **I couldn't walk** 5 blocks. My co-tripper **couldn't smile** the next day. I have experienced many muscular problems on these two species [psilocybe cyanescens and psilocybe azurescens]. They effect these muscle parts/groups: eye, facial, esophageal, hand and leg…. I have never had similar effects on [cubensis]."
- "First noticeable symptoms are blurred vision, hand cramping/numbness, then **loss of facial/mouth movement** followed by having a **hard time walking** then **full loss of the ability to walk properly or even stand period**." Link.
- "during the comedown, well passed the peak, I experienced first a **weird "jumping effect" in my vision** where the center of focus in my vision would seem to spontaneously jump away from where I was commanding it to be, disorienting and blurring my vision. Then I experienced "clipping" of the energy in my legs – it was like the signal to walk or stand would flicker out, causing **a lot of difficulty with walking** (this effect went away when I would just sit down). And finally, there were weird twitchy contractions around the muscles that controlled the mouth that made **regular speech difficult**."
- "My friend … would try to stand up and **his legs would collapse** like jelly….he was also getting **weird facial contractions where his mouth would distort similar to a mentally disabled person**."
- Onset of "about **6 hours or so after eating them**"
- "One time **walking to the bathroom was a massive struggle**, I probably **looked like I had cerebral palsy**… and once I did make it to the bathroom, I **couldn't even raise my arms** more than a few inches, and my **legs were trembling, barely holding my weight**. My **vision was blurred**, and when I looked in the mirror, I was literally **slightly cross-eyed with one pupil still heavily dilated and the other in a normal state** (lol)."

2026-0981 394 10/02/2026

For informational purposes. Shared with OPAB Products and Research SC Members on 4.11.24 to support discussion that occurred during the 4.10.24 subcommittee meeting.

- "The next day after a high dose trip I **couldn't hold a spoon properly, brush my teeth etc.**"
- "I was fine that night. The next morning I woke up and was having a **hard time focusing my eyes** and felt very uncoordinated….All of a sudden **I completely lost control of both legs**, and my **hands got seized up** weird and stuff. I was in the middle of the road in the campground **paralyzed**. My mind was clear but **I couldn't get up** no matter how many times I tried….My **hands were seized up** and my **face was numb** and the **muscles unresponsive** for up to a couple of hours and it went away."
- "…my **knees almost buckled** under me. **Major muscle weakness**, I wouldn't necessarily call it paralysis though."
- "Not full on paralysis, but I did realize how **wobbly and weak** my muscles were feeling under me."
- "I've experienced the [paralysis] situation after [consuming] fresh, dried and boiled (steeped) [mushrooms]. "
- "I have had **severe paralysis** on ps cyanescens to the point I had to hit the floor because **my muscles just gave out**."

III. BIOCHEMICAL THEORIES

a. Histamine Reaction:

Source: same article by Barbara Bauer:

Psychedelic review – Bauer, B.M. (2018). Wood lover paralysis: an unsolved mystery. https://psychedelicreview.com/wood-lover-paralys-unsolved-mystery/

Discussed early theories focused on WLP being a histamine reaction of some sort, given that anti-histamines seem to help symptoms for some. The theories including correlations to movement disorders such as Parkinson's disease and the extrapyramidal symptoms caused by antipsychotics being relieved by the acetylcholine antagonism at muscarinic receptors by diphenhydramine (Benadryl)

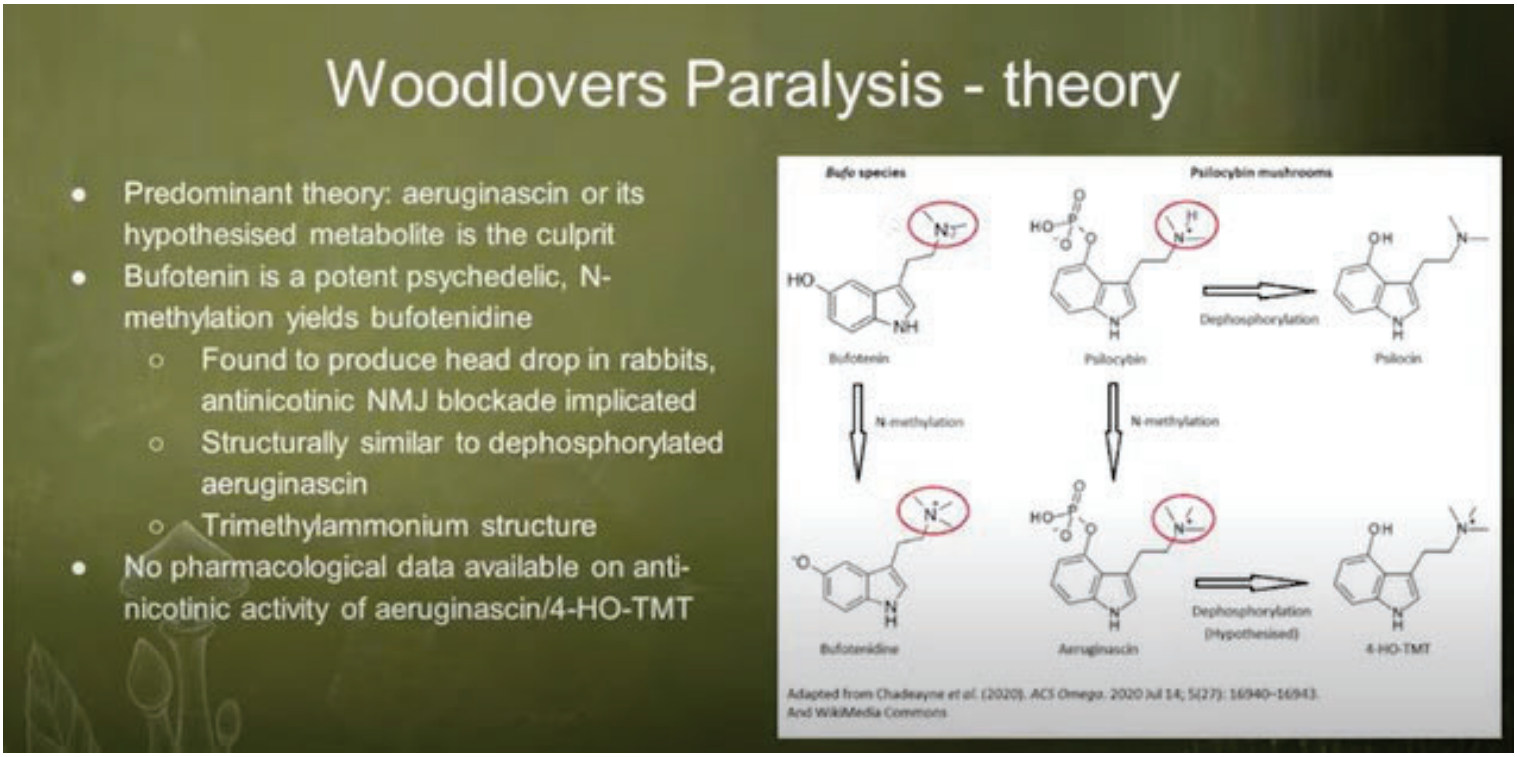
Sarah's Takeaway: There is no biochemical research or hypothesis to support a histamine reaction theory.

b. Aeruginascin or it's hypothesized metabolite:

For informational purposes. Shared with OPAB Products and Research SC Members on 4.11.24 to support discussion that occurred during the 4.10.24 subcommittee meeting.

Psilocybin gets dephosphorylated to psilocin in the body. If it were to undergo n-methylation it turns into aeruginascin, which, if dephosphorylated turn into (4-Hydroxy-*N*,*N*,*N*-trimethyltryptamine, which is very much like a chemical called **bufotenidine** (only difference is location of hydroxygroup-one carbon away- Bufotenin and bufotenidine have a hydroxyl group on the 5th carbon while aeruginascin and psilocybin have a phosphate group on the 4th carbon)

The biochemical theory slide from Symon Beck's video is helpful here:



Source:

Vigerelli et al. Biological Effects and Biodistribution of Bufotenine on Mice
Biomed Res Int. 2018; Published online 2018 May 31.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6000854/#:~:text=Bufotenine%2C%20a%20tryptamine%20alkaloid%20resulting,family%20%5B2%2C%203%5D.

For informational purposes. Shared with OPAB Products and Research SC Members on 4.11.24 to support discussion that occurred during the 4.10.24 subcommittee meeting.

"Bufotenine, a tryptamine alkaloid resulting from the methylation of serotonin, is a common metabolite spread throughout different living organisms, that can be found, for instance, in the skin secretion of many Brazilian toads of Rhinella genus [1] as well as in plants of Leguminosae family [2, 3]."

(it was also evaluated in this article as a rabies treatment)

1. **Pharmacologic theory- Seretonergic receptors**

Source: Psychedelic review – Bauer, B.M. (2019). Wood lover paralysis from magic mushrooms: The aeruginascin hypothesis. https://psychedelicreview.com/wood-lover-paralysis-from-magic-mushrooms-the-aeruginascin-hypothesis/

- Psychedelic effects of compounds like psilocin and LSD are mediated by the serotonin receptor subtype 5-HT_{2A}.[4] The 5-HT_{2A} receptor is concentrated in regions of the forebrain, primarily the cortical areas, caudate nucleus, nucleus accumbens, olfactory tubercle, and the hippocampus.[5] A different serotonin receptor subtype is the 5-HT_3 receptor. It is located throughout the body including the brain but also widely distributed throughout the PNS.
- Due to its large trimethylammonium group, it is unlikely that aeruginascin can penetrate the blood-brain barrier.[3] Because of this segregation, the effects of aeruginascin are confined to the peripheral nervous system (PNS) outside of the brain and spinal cord, making it a candidate for the cause of Wood Lover Paralysis
- Studies have found that the frog venom bufotenidine (the one that causes paralysis) binds to the 5-HT_3 receptor with ten times the affinity of serotonin.

Source: Chadeayne et al. Active Metabolite of Aeruginascin (4-Hydroxy-*N*,*N*,*N*-trimethyltryptamine): Synthesis, Structure, and Serotonergic Binding Affinity. ACS Omega. 2020 Jul 14; 5(27): 16940–16943. 10.1021/acsomega.0c02208

- Aeruginascin's binding affinity at serotonergic receptors was been assayed, demonstrating that it is not active at the 5-HT_3 receptor, as previously predicted, but shows strong binding at the 5-HT_2 receptors which was unexpected

Sarah's Takeaway: the serotonergic theory is less likely.

2. **Pharmacologic theory- Antinicontinic blockade at the neuromuscular junction**

For informational purposes. Shared with OPAB Products and Research SC Members on 4.11.24 to support discussion that occurred during the 4.10.24 subcommittee meeting.

This is the theory laid out by Symon Beck in the referenced video. I have summarized (and transcribed) some of what he explained. This seems to be the most recent plausible pharmacologic theory for the etiology of WLP. Future research could focus on this.

Methylation of bufotenine can yield bufotenidine, which has evidence of antinicotinic neuromuscular junction (NMJ) blockade in rabbits (head drop). This theory makes WLP similar in etiology to myasthenia gravis (MG). WLP also has symptoms similar to those of MG, supporting this theory.

Myasthenia gravis is an autoimmune neuromuscular disorder characterized by fluctuating motor weakness due to an antibody-mediated, immunologic attack directed at proteins in the postsynaptic membrane of the neuromuscular junction (acetylcholine receptors or receptor-associated proteins).

Weakness worsened with using muscles—this is similar to myasthenia gravis, a disease c/w nicotinic receptor blocker theory.

Tubocurarine which comes from a vine used on poison arrows, and was used as a muscle relaxant/anesthetic used in 50s has similar chemical structure.

Cold impairs cholinergic transmission at NMJ also. Subjective results suggest cold makes WLP symptoms more likely to come on or to worsen. Warming up and not using the muscles seems to improve symptoms. These supports this theory as well.

Concerns: If aeruginascin or it's metabolite is actually a nicotinic NMJ blocker, it should under some circumstance or level impair breathing substantially.

Also increases concern with other substance interactions, such as other drugs that repress respiratory drive-opioids, benzos, high doses GHB or etoh. This was not experienced in any of these 165 reports.

References:

Beck, Symon and Barlow, Caine. Woodlover Paralysis: 2020 APS/PMANZ Survey results. EGA Microdose Webcast 6: Woodlover Paralysis with Symon Beck and Caine Barlow
https://m.youtube.com/watch?v=JQNzJvDEKIs

For informational purposes. Shared with OPAB Products and Research SC Members on 4.11.24 to support discussion that occurred during the 4.10.24 subcommittee meeting.

Bauer, B.M. (2018). Wood lover paralysis: an unsolved mystery. Psychedelic review https://psychedelicreview.com/wood-lover-paralysis-unsolved-mystery/

Bauer, B.M. (2019). Wood lover paralysis from magic mushrooms: The aeruginascin hypothesis. Psychedelic review. https://psychedelicreview.com/wood-lover-paralysis-from-magic-mushrooms-the-aeruginascin-hypothesis/

Chadeayne et al. Active Metabolite of Aeruginascin (4-Hydroxy-*N*,*N*,*N*-trimethyltryptamine): Synthesis, Structure, and Serotonergic Binding Affinity. ACS Omega. 2020 Jul 14; 5(27): 16940–16943. 10.1021/acsomega.0c02208

Revell, Jack. What We Know (and Don't) About Magic Mushroom Paralysis. Vice (June 2020). https://www.vice.com/en/article/y3zp35/magic-mushroom-paralysis-heres-what-we-know

Vigerelli et al. Biological Effects and Biodistribution of Bufotenine on Mice Biomed Res Int. 2018; Published online 2018 May 31. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6000854/#:~:text=Bufotenine%2C%20a%20tryptamine%20alkaloid%20resulting,family%20%5B2%2C%203%5D.

From: Johnny Dwork
To: Public Health Rules
Subject: My public comment on OPS 2026 rulemaking
Date: Friday, September 18, 2026 9:04:51 AM

You don't often get email from info@mushroomilluminations.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

My name is Johnny Dwork, and I am one of the first five Americans licensed to facilitate psilocybin services under a state-regulated program.

My relationship with this program began long before I held an OPS license. After personally experiencing profound, life-changing benefits from psilocybin, I became one of the early supporters of the movement that ultimately brought Measure 109 before Oregon voters.

Since then, I have had the extraordinary privilege of sitting in support of OPS clients during some of the most important experiences of their lives. I have worked with people who later reported profound positive shifts after years of struggling with PTSD and debilitating trauma, and people with alcohol use disorder who found a degree of sobriety and transformation they had been unable to achieve through conventional approaches.

Most of what I have witnessed in the practice has been truly remarkable.

And now we have something beyond personal testimony: we have evidence. More than 24,000 people have participated in Oregon's program, with an adverse-event rate reported at less than one percent. We have demonstrated that this model can work—and that it can work safely.

I understand the original intention that Oregon Psilocybin Services be financially self-sustaining. It was a reasonable goal. But we now have several years of real-world experience, and the financial assumptions underlying that goal clearly need to be reconsidered.

And there is another structural problem that I believe we should be willing to acknowledge. We may simply have licensed too many facilitators for the number of service centers and clients this young program can currently support. Today, there are roughly eighteen licensed facilitators listed for every licensed service center listed in Oregon. If we are going to revisit the structure of this program, then I believe we should consider managing the number of new facilitator licenses in relation to the actual capacity of the system.

But doubling license fees is a terribly blunt instrument for accomplishing that. We should not solve an oversupply problem by financially eliminating experienced facilitators who have already invested years in building this program.

Doubling the facilitator license fee from $2,000 to $4,000 is not the solution.

Facilitators already devote countless uncompensated hours to administration, peer support, continuing education, scientific conferences, self-care in an extraordinarily demanding profession, and the other work required to practice responsibly. Service centers are struggling. Facilitators are struggling. And every additional cost imposed on providers ultimately threatens to increase the cost of services for the people who need them.

At some point, raising fees does not raise revenue. It drives people out of the program.

OHA itself acknowledges that these increases may reduce the number of licensees and could actually create a larger program budget shortfall. That should give us serious pause.

Please do not let perfect become the enemy of good.

Oregon created something historic here. We pioneered a carefully regulated model that is changing lives at a time when our state desperately needs effective approaches to mental health, trauma, addiction, and human suffering.

We have come too far—and accomplished too much—to price this extraordinary resource out of existence.

Please reject the proposed doubling of license fees. Please preserve affordability, and work with licensees and State Legislators to find sustainable funding and a regulatory structure that allows Oregon Psilocybin Services not merely to survive, but to fulfill the profound life-changing promise Oregon voters saw in it.

Thank You,

Johnny Dwork

Portland OR, 97215

From: Melanie Velez
To: Public Health Rules
Subject: Public comment from a facilitator
Date: Friday, September 18, 2026 10:48:25 AM

You don't often get email from dr.veleznp@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Rulemakers,

While personally it will be tight for me to afford to renew my license at $4,000 per year and that is my entire average profit margin after expenses, I would not have a local service center to partner with. I have financial privilege and have been able to start saving an extra $100/month should we get slammed with doubled fees. If fees increase, you'll have fewer renewing facilitators and need less staff, but we will likely lose diversity of. It's facilitators and service centers. Could there be a different licensing fee based on volume for service centers? Ripple is a very different model from FernLove. One is actually booked all the time and making a profit, while the other is mostly sitting unbooked but serving lower income and individuals needing deep discounts. Ethical cost sharing IS possible. FernLove comes from privilege and has deep pockets and is already booked at full cost for almost all of the first half of 2027 whereas Ripple is not (though it is a critical access center for the non-wealthy and a wide area from Ashland to Eugene). Just a concrete example to help get your creative gears turning before you close the only high quality and ethical group journeying space within a 90 minute radius of where I live and serve on sliding scale to all need levels. Could service centers (not facilitators there are probably just too many) request a sliding scale reduction based on bookings, how many veteran or special population or discounted journeys they offer? Just another idea in the struggle to keep my beloved community service center open here in Eugene.

Please consider as many other creative alternatives as possible- eg. creating a ramping scheduled fee increase rather than just doubling our fees overnight (Colorado is doing this). My client load has dropped dramatically since Colorado became a legal psilocybin option. The training programs made most of the money and should carry more of the fee increases. (I know this because I worked for more than one training program training students- my Colorado trainees are seeing 4 or 5 times the number of clients I see now and many are new trainees there).

Thank you for hearing my plea to not do a straight inflexible doubling of fees and crush my local service center, which would effectively cripple dramatically my ability to work even though I can pay the increased fees.

One last thing- please, please stop targeting Asian instruments in the knee jerk music guidance that was put out. My clients want the musicians to come in, to play the sacred songs, and they trust that I am there to hold them and advocate for them with the musicians. My Asian-identified clients send their deep requests to allow our sacred chants, heart sutras, songs, and instruments of our ancestors to return. My clients humbly request clear language that they are

allowed to sing and play, their support people are allowed to sing and play and the facilitators are allowed to sing and play. The loss of this aspect of experience is far greater than the inconvenience of raising their hand when they would like the music to change or stop. This is their voice. They will not return to circle in Oregon without this permission. This request is also supported by the tribal elders I have asked for wisdom, including from the Klamath and Paiute Tribes, and from the many Buddhist teachers and even a Christian pastor.

Thank you for hearing my comments and thank you for your continued listening and working creatively to co-create solutions in these ever-changing times.

Warmly,

Melanie K Velez DNP, PMHNP, RN, BA Music
Licensed Oregon Psilocybin Facilitator ID #FL-bc91423f
Text/Call 541-954-9782

2026-0981 403 10/02/2026

From: Nicole Garcia
To: Public Health Rules
Subject: Comment on fee prices
Date: Friday, September 18, 2026 3:15:16 PM

You don't often get email from nicolegarciapnw@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom It May Concern,

The current licensing fees are already prohibitive for many facilitators, facilities, and growers, driving up costs for consumers.

Doubling the facilitator fee to $4,000 and eliminating available discounts will jeopardize the future of this program—the first of its kind in the country. Unfortunately, due to these increased costs, I will be unable to afford my license renewal this year. I have heard from many other facilitators they could not afford $4,000 a year.

Please consider alternative solutions to keep this program accessible and operational. Increasing these fees will significantly harm the program's viability.

Sincerely,

Nicole Garcia

From: Phyllis Nasta
To: Public Health Rules
Subject: comments on fee increases
Date: Friday, September 18, 2026 11:23:01 AM

You don't often get email from phyllisnasta@yahoo.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Greetings,

Most of us who work in social services do not make much money. Period. The cost of licenses and continuing ed just adds to the stress of trying to provide services to people reasonably. That's just the reality. I'm not including Psychiatrists and PhD Psychologists in this, because they have the capacity to work for big systems and make a lot of money.

In the early stages of passing 109 I was excited that the writers of the law specifically kept it simple. Oregon would provide services to the populace. Big Pharma and Psychiatry would not control it.

But the fees that Oregon imposes are huge now, and the proposal to double them will put most service centers out of business. OHSU just got a huge two million plus grant to study psilocybin and I suspect that they used the data they got from the state, in their grant writing. Control of this medicine by big corporations and Big Pharma is coming, and making the fees outrageous for independent service owners and facilitators will only seal that deal.

I don't work in this field and I'm not taking the time to read everything. But I was on the Health Care Committee promoting 109 and I follow the progress through the emails I get with updates.

You are going to price out the businesses and the consumers in this. Is that what you're going for?

Sincerely,

Phyllis Nasta LPC LMT
520 203-4968
phyllisnasta.abmp.com

PSILOCYBIN ALLIANCE

PUBLIC COMMENT ON SMALL-BUSINESS FISCAL IMPACT

September 18, 2026

Via email to: publichealth.rules@odhsoha.oregon.gov

Oregon Health Authority
Public Health Division
Oregon Psilocybin Services
Attn: Jesse Sweet, Rulemaking Contact

Re: 2026 Oregon Psilocybin Services Proposed Rules — Fee Increases, Small-Business Impact, RAC Recommendations, and Request to Delay Final Action

Dear Mr. Sweet:

Psilocybin Alliance submits this public comment concerning the small-business and fiscal effects of the proposed Oregon Psilocybin Services fee rules. This submission supplements—and does not withdraw, narrow, or supersede—the Alliance's September 8, 2026 Protective and Conditional Objection under ORS 183.333 and its September 10 supplement concerning the July 9 Rules Advisory Committee record.

The Alliance represents 70 facilitator licensees, 10 service-center licensees, 3 manufacturer licensees, and 1 testing laboratory licensee. The proposed rules directly affect small businesses and individual practitioners that collectively finance Oregon's regulated psilocybin program.

SUMMARY

OHA proposes substantial fee increases in the name of program sustainability. Publicly, OHA says the overall fiscal and economic impact cannot be quantified and acknowledges that the increases may reduce the number of licensees and create a more significant program budget shortfall. OHA's later-produced internal analysis separately models a scenario in which fee-driven attrition reduces

2026-0981 406 10/02/2026

projected fee revenue and deepens the shortfall. [1, pp. 2–5, ‘Fiscal and Economic Impact’; 2, pp. 1–2]

However, OHA has only recently released an internal analysis that quantifies a worst-case scenario involving fee-driven licensee attrition. The July RAC process concluded before the August 14 analysis was created. After completing that materially adverse analysis, OHA did not reconvene the RAC, supplement the RAC record, disclose the analysis when it filed the proposed rules, or explain whether the analysis affected its decision.

The existence of a modeled worst-case scenario does not mean OHA could predict the rules’ precise overall impact. It does establish that OHA had quantified a materially adverse scenario before proposing the fees. OHA must explain how it evaluated that scenario, what role it played in the agency’s decision, and why it was not disclosed while the public still had a meaningful opportunity to comment.

The result is not abstract. Under OHA’s modeled worst-case scenario, the proposed increases reduce projected license, application, and permit revenue by $1,061,585 in AY 2027–29, make the ending shortfall $1,633,511 worse by the end of that biennium, and make the accumulated shortfall $2,912,304 worse by the end of AY 2029–31 than OHA projects under the current fee rates. [2, p. 1, “Without Fee Increase” and “With Fee Increase” summary tables]

The discrepancy between OHA’s public statements and internal analysis requires explanation to the public.

Fee Increases and Unequal Transition Treatment

These are not modest or routine fee adjustments. Standard facilitator fees double, while reduced facilitator fees quadruple. Standard service-center and manufacturer fees double, while their reduced fees also quadruple. Worker-permit fees increase eightfold. OHA is imposing the largest percentage increases on low-income applicants, veterans, nonprofits, and workers least able to absorb them—without showing that these increases will produce more revenue or make the program financially sustainable. [1, pp. 4–5, proposed fee schedule]

OHA's own notice states that approximately 32% of license transactions in the current biennium used reduced fees. OHA also acknowledges that those reduced fees were adopted to encourage lower-income applicants, veterans, nonprofits, and facilitators whose diverse lived and professional experience supports culturally responsive services. Eliminating reduced fees therefore removes an affordability protection used in nearly one-third of recent license transactions, despite OHA's recognition of the access and equity interests that protection was designed to serve. [1, pp. 2–3, "Racial Equity Impact" and reduced-fee discussion]

OHA delayed the fee increase for Oregon's only testing laboratory until 2029, but the available analysis does not explain the basis for that decision. What analysis justified giving the laboratory additional transition time while denying comparable relief to facilitators, service centers, manufacturers, and workers facing increases of up to eightfold? OHA should disclose the rationale for treating the laboratory differently and explain why every other small business was left to absorb the full increase immediately. [1, pp. 4–5, proposed fee schedule; 2, p. 1, laboratory fee effective-date note]

Late Disclosure of OHA's Financial Analysis

On September 17, OHA produced an internal analysis dated August 14 in response to a public-records request Andreas Met submitted on July 18. OHA filed the proposed rules on August 28. OHA did not produce the analysis until September 17—only four days before the close of public comment. The production email confirms that the August 14 revenue analysis was among the records OHA transmitted, and the Alliance immediately advised OHA that the production appeared incomplete and requested the underlying models, Scenario 3, and other scenarios. The chronology is unavoidable: OHA possessed this analysis before it formally proposed the fee increases, but neither disclosed nor explained it when the public still had a meaningful opportunity to evaluate the proposal. Because the analysis postdated the July RAC process, OHA also should explain why it did not reconvene the RAC or supplement the RAC record before advancing the fees. OHA should not adopt the rules until it discloses whether and how this analysis informed the proposed fees and gives the public a meaningful opportunity to evaluate and comment on that information. [2, pp. 1–2; 7, OHA production email dated Sept. 17, 2026]

OHA's modeled worst-case scenario expressly assumes an "expected loss of revenue/licensee attrition due to fee increases." That assumption strikes at the heart of OHA's justification for the proposed rules. OHA claims higher fees are necessary to make the program financially sustainable, while its own worst-case model shows that the fees could drive away licensees, reduce revenue, and deepen the budget shortfall. OHA nevertheless advanced the proposed fee structure without publicly explaining why it accepted that risk or what measures it considered to prevent that outcome. [2, p. 2, "Assumption(s)"]

Moreover, the August 14 document raises more questions than it answers. It is a spreadsheet without any explanation of what it represents, which assumptions it accepted, whether it was used to select the proposed fees, or whether an earlier analysis was a precursor.

Modeled Attrition and Baseline Discrepancies

> OHA's public materials do not disclose a reliable count of licenses currently active, so the exact attrition implied by the model cannot be calculated from the available record. Using only the minimum numbers presently identifiable from OHA's public licensee information—at least 304 facilitators, 20 service centers, and four manufacturers—and comparing them with the model's apparent endpoints of 50, eight, and two, respectively, the model would contemplate the loss of at least 254 facilitators, 12 service centers, and two manufacturers. Those illustrative minimums equal reductions of at least 83.6%, 60%, and 50%. They are not presented as exact current counts or as a prediction that this outcome will occur. They demonstrate the possible scale of the harm OHA modeled while highlighting why the missing definitions and baseline data matter. [2, pp. 1–2; 3, Licensing Page and Licensee Listings, data through Sept. 17–18, 2026]
>
> The available public figures cannot be compared reliably because OHA has not disclosed what each figure measures. The spreadsheet uses 288 facilitators, 18 service centers, and six manufacturers in its AY 2025–27 calculations, while OHA's public licensee information permits identification of at least 304 facilitator licenses, 20 service-center licenses, and four manufacturer licenses. Neither source establishes the exact number of

licenses currently active. The spreadsheet does not explain whether its figures represent active licenses, anticipated renewals, revenue-producing transactions, or some other measure, and the dashboard expressly warns that licenses may appear in multiple statuses. [2, pp. 1–2; 3, Licensing Page and Licensee Listings, data through Sept. 17–18, 2026]

OHA's August 28 notice separately states that, as of August 25, 2026, there were 422 psilocybin businesses in Oregon, including facilitators. OHA does not reconcile that figure with the substantially smaller license-category figures used in the August 14 spreadsheet. OHA should explain what the 422-business count includes, what each spreadsheet category measures, which licenses it expects to generate revenue, and why the figures differ. [1, p. 2, business-count statement; 2, pp. 1–2]

OHA has not disclosed the source date, licensing status, definitions, or calculations underlying the model's figures. Because the public cannot determine the exact active-license count or what the spreadsheet categories measure, it cannot reproduce the model or reliably calculate the projected attrition, anticipated revenue, or risk to the regulated market. OHA should disclose the exact license counts and statuses used in the model, fee categories, source dates, transaction assumptions, and calculations. [2, pp. 1–2; 3, Licensing Page and Licensee Listings, data through Sept. 17–18, 2026]

Revenue Projections and Program Sustainability

Under its modeled worst-case scenario, OHA projects $302,000 in license, application, and permit revenue for January 1 through June 30, 2027—the first six months after the proposed increases take effect. OHA provides no separate projection for July through December 2027. Instead, it combines that period with the following 18 months and reports only a two-year total for AY 2027–29. The public therefore cannot determine how much revenue OHA expects during the first full year of the increased fees, when that revenue would be collected, or whether it would address the program's immediate financial needs. [2, p. 1, fee-revenue detail and totals]

OHA's side-by-side figures show that, under its modeled worst-case scenario, the proposed increases would reduce—not increase—license, application, and permit revenue. For AY 2027–29, OHA projects $1,960,085 at the current fee rates but only $898,500 with the increases—a reduction of $1,061,585. Separately, the spreadsheet reports negative "Remaining Balance" figures of $10,764,971 without the increases and $12,398,482 with them. Because those balances are negative, this submission describes them as shortfalls. The fee increases therefore make the projected shortfall $1,633,511 worse by the end of AY 2027–29. By the end of AY 2029–31, OHA projects that the accumulated shortfall would be $2,912,304 worse with the fee increases than without them. [2, p. 1, "Without Fee Increase" and "With Fee Increase" summary tables]

OHA's modeled worst-case scenario raises an even more fundamental question about sustainability. For AY 2027–29, the spreadsheet shows only $898,500 in license, application, and permit revenue against more than $9 million in total projected program expenses. Under that scenario, the increased fees would produce revenue equal to less than 10% of projected expenses while eliminating much of the regulated licensee base. [2, p. 1, AY 2027–29 revenue and expenditure figures]

Even after adding OHA's projected $10,000 in tax and interest revenue, the spreadsheet identifies only $908,500 in projected current-period revenue for AY 2027–29 against $9,060,821 in projected expenses. The disparity therefore cannot be explained by omitted non-fee revenue within OHA's own model. [2, p. 1, AY 2027–29 tax, interest, fee-revenue, and expenditure figures]

A worst-case scenario is not a prediction that this outcome will certainly occur. But when an agency's own analysis shows that its proposed remedy could substantially dismantle the regulated market, reduce fee revenue, and deepen the accumulated deficit, the agency must explain why it nevertheless chose that remedy and what safeguards it considered. OHA's spreadsheet provides no such explanation.

Small-Business Advisory Process and RAC Recommendations

Without those explanations, the public cannot meaningfully assess the effect on small businesses. OHA must address the proposed rules' fiscal and economic effects, including likely costs to businesses and small businesses.

OHA's notice states that small businesses participated in "the rule advisory committee" and answers "yes" to whether an administrative rule advisory committee was consulted. OHA has not identified which July RAC it relied upon for the small-business requirements of ORS 183.333 or explained how that committee's recommendations were considered. [1, p. 4, small-business participation and advisory-committee responses; 4, ORS 183.333(3)–(4)]

Because OHA invokes the RAC process as satisfying its small-business consultation, the rulemaking record should identify the committee, the fiscal-impact and small-business recommendations OHA sought under ORS 183.333(3), the recommendations it received, and how it considered them under ORS 183.333(4). The available record does not provide that account or show where the required consideration appears in the fiscal impact statement or rulemaking record. OHA cannot rely on the RAC process to satisfy its statutory obligations while leaving no visible record that the RAC's unanimous opposition, small-business warnings, and proposed alternatives affected the agency's decision at all. [4, ORS 183.333(3)–(4)]

The defect is therefore not merely that OHA declined to adopt the RAC's recommendations. It is that the available record does not allow the public to determine how OHA evaluated those recommendations, why it rejected the proposed alternatives, or whether the RAC's small-business analysis affected the final fee proposal at all.

OHA's own summary says RAC feedback was "unanimously opposed to fee increases." RAC members warned of attrition, lost revenue, disproportionate effects on low-income and veteran applicants, harm to small businesses, reduced access, and damage to program sustainability. They proposed less damaging alternatives. OHA nevertheless advanced the same proposal without explaining why those warnings and alternatives were rejected. [5, OHA July 6–9, 2026 RAC feedback summary, including "unanimously opposed to fee increases"]

The September 15 and 16 hearing transcripts provide direct corroboration of the concerns raised during the RAC process. At the September 15 hearing, Sam Gross identified himself as a July RAC member and said he was shocked that his licensee-survey results did not change the proposal. Amy Charlesworth identified herself as a 2026 RAC member and stated that substantial feedback was not taken into consideration. Courtney Campbell described extensive July RAC work and said that, when the proposed rules were released, the committee's work appeared to have fallen on deaf ears. These independently stated accounts reinforce the need for OHA to identify the recommendations it received and explain how they affected—or failed to affect—the proposed rules. [5, Sept. 15 hearing transcript, testimony of Sam Gross, Amy Charlesworth, and Courtney Campbell]

The September 15 testimony also included results from a separate licensee survey conducted by RAC member Sam Gross. Gross stated that he contacted 331 licensees and received 146 responses, of whom 117—more than 80%—said they would not renew at the proposed rates. He estimated that renewal revenue would fall by approximately 56%. That voluntary survey is not presented as a statistical projection for the entire market, but it independently corroborates the substantial attrition risk identified in the Alliance's facilitator survey. [5, Sept. 15 hearing transcript, testimony of Sam Gross]

Hearing participants proposed concrete alternatives, including a pause or one-year moratorium, a licensee-retention survey, revenue projections accounting for attrition, preservation or phased modification of reduced fees, graduated fees based on operational scale, transition protections, and disclosure of an itemized OPS budget. OHA should identify which alternatives it evaluated and explain why it rejected them. [5, Sept. 15–16 hearing transcripts, testimony of Sam Gross, Jim Yu, Paul Volk, and Shelah Wind-Smith]

The hearings also supplied concrete examples of interconnected small-business harm. Andreas Met testified that the proposed fees would add approximately $22,000 annually to his family's licensing costs and could force closure of a manufacturing facility supplying seven service centers with lower-priced products. Shelah Wind-Smith testified that eliminating reduced fees would increase her combined facilitator and service-center licensing costs from $6,000 to $24,000, although disability limits the number of clients she can serve; she also

stated that 35% of her service center's clients had needed scholarships or reduced pricing. These examples show how the loss or increased costs of one licensee can affect other regulated businesses and clients. [5, Sept. 15 hearing transcript, testimony of Andreas Met; Sept. 16 hearing transcript, testimony of Shelah Wind-Smith (name rendered as 'Sheila Wynn-Smith' in the automated transcript)]

Facilitator Survey Results

Psilocybin Alliance conducted a survey of licensed facilitators from September 8 through September 18, 2026. The survey received 100 responses. The analysis is attached to this public comment and includes comments from respondents concerning the damage the proposed fee structure will cause to small businesses. [6, Survey Report, p. 1; Anonymous Open-Ended Responses, pp. 4–11]

> The survey link was emailed only to facilitators appearing on OHA's public licensee list. One hundred licensed facilitators responded to the renewal-intention question. [3, OPS Licensee Listings, accessed Sept. 18, 2026; 6, Survey Report, p. 1]
>
> Of the 100 respondents, 69—69%—said they definitely or probably would not renew at the proposed $4,000 fee. Only 13% said they definitely or probably would renew. [6, Survey Report, p. 1, "Topline Results"]
>
> All 17 respondents who reported serving only 1–5 clients during the preceding 12 months said they definitely or probably would not renew. Among survey respondents, the highest reported nonrenewal risk therefore occurred among the lowest-volume facilitators. [6, Crosstab Analysis, p. 3, "Client volume × renewal intention"]
>
> Among survey respondents, probable or definite nonrenewal was reported by 72.4% of those paying the standard fee and 58.3% of those paying the reduced fee. Even among respondents already receiving reduced-fee relief, a majority indicated that they would probably or definitely leave. [6, Crosstab Analysis, p. 3, "Current fee level × renewal intention"]
>
> Respondent comments are attached, with identifying information removed or redacted where necessary. The comments reflect respondents' individual experiences and views; Psilocybin Alliance has not

2026-0981 414 10/02/2026

independently verified or adopted every factual assertion contained in them. [6, Anonymous Open-Ended Responses, pp. 4–11]

The survey was voluntary and was not a random census. It measures respondents' stated renewal intentions, not completed renewal decisions. The results describe the respondents and are not presented as a statistical projection of the decisions of every Oregon facilitator. [6, Survey Report, pp. 1–2, "Interpretation and Limitations"]

The final survey dataset for this submission includes qualifying responses received through September 18, 2026. The result—69% indicating they definitely or probably will not renew—exceeds the 60% attrition assumption OHA identifies in its modeled worst-case methodology. OHA's own license-count projections, however, appear to reflect even greater facilitator attrition, underscoring the need for OHA to explain how the 60% assumption produced its final license estimates. [2, p. 2, "Assumption(s)"; 6, Survey Report, p. 1, "Topline Results"]

There are too many missing pieces, too little time to evaluate the late-produced material, and no transparent explanation connecting the evidence OHA received, the analysis it possessed, and the decision it made.

Timeline Summary

OHA received unanimous RAC opposition and specific alternatives.

OHA internally modeled a worst-case scenario involving fee-driven attrition and a potentially larger deficit.

The analysis existed before the proposed rules were filed.

OHA moved forward with the same fee structure.

OHA did not disclose the analysis until four days before public comment closed.

OHA still has not explained how the RAC recommendations, internal analysis, or small-business impacts affected its decision.

OHA should not adopt the fee rules until it:

discloses the complete financial analyses, assumptions, calculations, and alternatives used to select or evaluate the fees;

identifies the advisory committee on which it relies and the recommendations it sought and received;

shows how it considered those recommendations and why it rejected the proposed alternatives;

reconvenes the appropriate RAC, or supplements the RAC record, so the committee can evaluate the August 14 analysis;

explains the laboratory's different transition treatment and compares less damaging alternatives; and

reopens public comment for at least 21 days after completing those disclosures and supplementing the rulemaking record.

Respectfully submitted,

PSILOCYBIN ALLIANCE

Andreas Met

On behalf of Psilocybin Alliance

andreas@satyatherapeutics.com

Source Documentation

[1] Oregon Health Authority, Notice of Proposed Rulemaking, OAR Chapter 333, Division 333, filed Aug. 28, 2026, pp. 2–5: Racial Equity Impact; Fiscal and Economic Impact; Cost of Compliance; small-business participation and advisory-committee responses; and proposed fee schedule.

[2] Oregon Health Authority, 2026-0889 Record Revenue Analysis – OPS AY27 AY29 AY31, revised Aug. 14, 2026, produced Sept. 17, 2026. Page 1 contains the "Without Fee Increase" and "With Fee Increase" summary tables, fee-revenue detail, and laboratory effective-date note. Page 2 contains current-period revenue detail and "Assumption(s)."

[3] Oregon Health Authority, Oregon Psilocybin Services Data Dashboard, Licensing Page, Version 2.9, data through Sept. 17, 2026, captured Sept. 18, 2026 (attached); OPS Licensee Listings accessed Sept. 18, 2026. The dashboard reports cumulative licensing-status counts and cautions that a license may appear in multiple statuses; it does not identify the exact number of currently active licenses.

2026-0981 416 10/02/2026

[4] ORS 183.333(3)–(4), addressing small-business advisory-committee recommendations and agency consideration of those recommendations.

[5] Oregon Health Authority, summary of feedback from the July 6–9, 2026 Oregon Psilocybin Services Rules Advisory Committees, including the statement that RAC feedback was 'unanimously opposed to fee increases'; automated WhisperAI transcripts of OHA's public rulemaking hearings held Sept. 15–16, 2026, generated Sept. 18, 2026 (attached). Speaker identities and quotations are reported as transcribed and have not been independently authenticated against the recordings.

[6] Psilocybin Alliance, Survey of Licensed Facilitators, conducted Sept. 8–18, 2026, 100 respondents. Survey Report, p. 1; Crosstab Analysis, p. 3; Anonymous Open-Ended Responses, pp. 4–11. The survey link was distributed only to facilitators appearing on OHA's public licensee list. Identifying information was removed or redacted from public comments.

[7] Oregon Health Authority, email from Jeanne Windham to Andreas Met, Sept. 17, 2026, 11:31 a.m., producing the Aug. 14 revenue analysis and other OPS financial records; Andreas Met follow-up requesting omitted underlying models, Scenario 3, other scenarios, and allocation methodology (attached).

ATTACHED SOURCE [1]

OHA Notice of Proposed Rulemaking

OAR Chapter 333, Division 333
Filed August 28, 2026
Complete notice attached

OFFICE OF THE SECRETARY OF STATE
TOBIAS READ
SECRETARY OF STATE

MICHAEL KAPLAN
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED: 08/28/2026 4:11 PM
ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Oregon Psilocybin Services

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 09/21/2026 5:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT:
Jesse Sweet
503-679-9588
publichealth.rules@odhsoha.oregon.gov
800 NE Oregon St.
Portland, OR 97232

Filed By:
Public Health Division
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/15/2026
TIME: 6:00 PM - 7:30 PM
OFFICER: Staff

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 1-669-254-5252
CONFERENCE ID: 1614161945
SPECIAL INSTRUCTIONS:
This hearing is being held remotely via Zoom.
Join ZoomGov Meeting
https://www.zoomgov.com/j/1614161945?pwd=W3IaY7iAcu968MxOeN8blGE8wy6o0T.1

Call in: 1-669-254-5252 (US)
Meeting ID: 161 416 1945

2026-0981 419 10/02/2026

Passcode: 372792

To sign up to provide oral comments at the hearing, please visit https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/Psilocybin-Administrative-Rules.aspx or send an email to publichealth.rules@odhsoha.oregon.gov.
OHA welcomes all participants. If you have any questions about accommodations or need any assistance to participate, please contact the Oregon Psilocybin Services team at 971-673-0322, 711 TTY, or OHA.Psilocybin@odhsoha.oregon.gov, at least 48 hours before the meeting. Every effort will be made to provide services to requests received at least 48 hours in advance, however submitting your request as early as possible is greatly appreciated.

DATE: 09/16/2026
TIME: 12:00 PM - 1:30 PM
OFFICER: Staff

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 1-669-254-5252
CONFERENCE ID: 1602796776
SPECIAL INSTRUCTIONS:
This hearing is being held remotely via Zoom
Join ZoomGov Meeting
https://www.zoomgov.com/j/1602796776?pwd=AQncb2Baa7I6aJ0MUYdN1nYpRqINgX.1

Call in: 1-669-254-5252(US)
Meeting ID: 160 279 6776
Passcode: 767758

To sign up to provide oral comments at the hearing, please visit https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/Psilocybin-Administrative-Rules.aspx or send an email to publichealth.rules@odhsoha.oregon.gov.
OHA welcomes all participants. If you have any questions about accommodations or need any assistance to participate, please contact the Oregon Psilocybin Services team at 971-673-0322, 711 TTY, or OHA.Psilocybin@odhsoha.oregon.gov, at least 48 hours before the meeting. Every effort will be made to provide services to requests received at least 48 hours in advance, however submitting your request as early as possible is greatly appreciated.

NEED FOR THE RULE(S):

The rules are needed to implement ORS 475A, the Oregon Psilocybin Services Act (“the Act”) and to implement Oregon Laws 2026, Chapter 109 (HB 4040). ORS 475A created a first of its kind regulatory framework for licensed production of psilocybin products and sale of psilocybin products and services to clients. The Oregon Health Authority (OHA) adopted rules in 2022, 2023, 2024 and 2025 that address a variety of subject matter including requirements for licensure, storage and security, standards for psilocybin products, packaging and labeling requirements, safety standards and guidelines for provision of psilocybin services, client rights and informed consent processes, facilitator duties, compliance, product tracking and transportation. These proposed 2026 rules supplement prior rules and make further refinements. The proposed rules address all aspects of implementation. The proposed rules increase license fees significantly as the authorizing ballot measure anticipated the program would be self-sustaining and currently is not. The

proposed rules are necessary to effectively implement the Act because they make important changes to the previously adopted rules that will provide greater clarity and efficiency of operations for both licensees and the Oregon Psilocybin Services Section (OPS) of the Oregon Health Authority. Some of the proposed changes increase flexibility for licensees while continuing to center client safety. The rules also implement Oregon Laws 2026, Chapter 109 (House Bill 4040). The proposed rules implement this legislation by making changes to align with revised statutory language for facilitators who hold other license types, changes to reporting average doses, and describing requirements for individuals who want to apply for facilitator licenses in Oregon, including completion of facilitator training programs that have been approved by other states and meet or exceed Oregon requirements.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Oregon Laws 2026, Chapter 109 (House Bill 4040):
https://olis.oregonlegislature.gov/liz/2026R1/Downloads/MeasureDocument/HB4040
ORS 475A: https://www.oregonlegislature.gov/bills_laws/ors/ors475a.html

---

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

The proposed rules will impact all psilocybin manufacturers, psilocybin service centers, psilocybin facilitators, psilocybin testing laboratories, permitted workers, psilocybin training programs and clients receiving psilocybin services in Oregon. OPS supports the Oregon Psilocybin Advisory Board, a governor appointed advisory board that serves four-year terms and makes recommendations to OHA pursuant to ORS 475A. OPS considers recommendations made by the board as rules are drafted. OPS also has engaged with impacted communities throughout the rulemaking process and prior to beginning official rulemaking, including public listening sessions, partner meetings, and presentations to community organizations who are likely to be impacted by proposed changes to implementation of ORS 475A. OPS engaged communities through Rule Advisory Committees held between July 6 and July 9, 2026. OPS will continue to engage communities via the public comment period which begins on September 1, 2026, and concludes on September 21, 2026. Public hearings will take place during this time and offer Spanish interpretation, American Sign Language interpretation, and Communication Access Realtime Translation (CART captioning), as well as any other request language or accessibility requests.

The proposed rules will have many impacts on racial equity. Throughout the rulemaking process, OPS has attempted to craft rules that support equity and promote public safety without creating unnecessary costs that lead to reduced access for clients. While intended and needed to help move the program further toward self-sustainability, the increased fees in the proposed rules will likely have a negative impact on licensees and clients. Some rule amendments that are intended to provide flexibility or address concerns of licensees are likely to have a positive impact.

The proposed rules double license fees as well as increase fees for changes. The proposed rules also eliminate reduced fee provisions which are available under current rules for nonprofits, veterans, applicants receiving Supplemental Security Income, and applicants receiving Supplemental Nutritional Assistance Program. In the current biennium approximately thirty-two percent of the license transactions have been for a reduced fee. These 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 as clients from certain communities may have more difficulty locating a psilocybin facilitator who provides culturally and linguistically responsive services or shares racial, ethnic, language, disability, sexual orientation, gender identity, or other identities and experiences that may support trauma-informed and person-centered services. The fee increases affect the cost of doing business for all licensees, including those who were not eligible for reduced fees. To the extent that this increased cost is passed onto

clients, the increased cost is likely to have a greater impact on underserved individuals, lower income individuals and communities who have experienced historic and contemporary inequities and marginalization. If access to regulated psilocybin services decreases, clients may be more likely to seek out unregulated psilocybin services which leads to increased risk to client and public safety.

Some rule changes offer more flexibility to licensed businesses. These changes could expand the options for psilocybin services to make services more accessible to a broad range of clients. For example, rules have been relaxed around incorporating music into psilocybin services to allow for experiences that may be more inclusive of different cultures and historical practices. Rules have also been streamlined for group administration sessions. The changes implementing legislation for dual licensed facilitators will have a positive impact on health equity by removing barriers to becoming a psilocybin facilitator for individuals who hold credentials issued by clinical licensing boards and allowing those facilitators to provide expanded services during preparation and integration sessions. Likewise, the proposed rules addressing out-of-state training programs will expand opportunities for facilitators that have completed training by other state approved psilocybin facilitator training programs to be licensed in Oregon, which may increase the number of facilitators licensed by OPS. However, the positive impact of increasing opportunities for dual licensed facilitators and expanding options for training should be considered in the context of increased licensed fees which are likely to reduce the overall number of licensed facilitators.

Many of the proposed rule changes are technical in nature. While some of the changes may ease licensees' administrative burden in complying with regulations, other changes create new requirements that may increase administrative burden. In addition to raising fees, some of the proposed rules may create an increased cost to comply with regulation. To the extent that cost of regulation is passed onto clients, the rules may have a negative impact on underserved individuals, lower income individuals and communities who have experienced marginalization.

FISCAL AND ECONOMIC IMPACT:

Licensed businesses and state agencies will incur costs to comply with the rules. While the overall fiscal and economic impact of the rules cannot be quantified at this time, the impact on the regulated community is likely to be significant due to increased fees. The rules are necessary to implement ORS 475A and 2026 legislation. Less restrictive operational rules could carry a lower cost of compliance. However, less restrictive operational rules could also create higher risks of negative impacts to public health and safety for clients and communities.

OPS initially established fees for training program curriculum approval, annual license fees, change fees and worker permits in 2022. Under the current rules, the fee for training program approval is $500. The proposed rules would change the existing fee to $1,000. The proposed rules would create a new fee of $500 for changes to training program curriculum. Under the current rules the non-refundable application fee for all license types is $500. The proposed rules would change the existing fee to $1,000. Under the current rules, the fee for a facilitator license is $2,000. The proposed rules would change the existing fee to $4,000. Under the current rules, the fee for service center, manufacturer and laboratory licenses is $10,000. The proposed rules would change the existing fee to $20,000 for service centers and manufacturers, and $20,000 for laboratories. Under the current rules, the applicant change fee for licenses is $250. The proposed rules would change this fee to $500. Under the current rules, the change of location fee is $500. The proposed rules would change the existing fee to $1000. Under the current rules, the site inspection fee for changes to licensed premises is $500. The proposed rules would change the existing fee to $1,0000. Under the current rules the fee for worker permits is $25. The proposed rules would change this fee to $200. All fee increases will be effective on January 1, 2027, except for the laboratory license fee which is effective January 1, 2029.

The proposed rules also eliminate reduced fees for eligible licenses, which include veteran, low-income, and non-profit

organization applicants. All applicants will now pay the amounts listed above.

OPS expects that an increase in licensing fees may reduce the overall number of licensees and create a more significant program budget shortfall. This may have a detrimental impact on licensees and clients that want to access psilocybin services. This impact is likely to be more acute for communities already experiencing access challenges. Students that have completed psilocybin facilitator training programs in Oregon to become licensed facilitators who cannot afford the increased licensing fees would lose value of their educational completion, which is estimated at $10,000-$15,000 per student. As of August 4, 2026, OPS has licensed 649 facilitators since January 1, 2023. Licensed service centers have made significant investments in their premises and will be unable to recoup those investments if they are forced to close. Related sectors, including real estate and tourism, would also experience negative impacts.

Public agencies that may be affected due to loss of revenue include the Higher Education Coordinating Commission (HECC), Oregon Department of Agriculture (ODA), and Oregon Department of Revenue (DOR). The number of licensed facilitators has grown since the Oregon Legislature passed House Bill 2387 in 2025. House Bill 4040, passed in 2026, could further expand client access to health and behavioral health services provided by dual licensed facilitators. However, individuals holding dual licenses may experience a reduction in the services they are able to provide due to increased license fees, including those licensed under the Oregon Medical Board; Oregon Board of Licensed Professional Counselors and Therapists; Oregon Board of Naturopathic Medicine; Oregon Board of Psychology; Oregon State Board of Nursing; State Board of Licensed Social Workers; State Board of Pharmacy; Occupational Therapy Licensing Board; and Oregon Board of Physical Therapy.

The regulated market for psilocybin products and services is still relatively new and fluctuating. OPS continues licensing new manufacturers, service centers, and facilitators and renewing licenses for all license types. However, some businesses, specifically service centers, have closed. Like all new businesses, psilocybin businesses, including facilitators, incur significant start-up and ongoing business costs. It is difficult to determine how much these costs will be influenced by rule requirements and how much costs will be affected by other factors, such as psilocybin's status under the Federal Controlled Substances Act and the subsequent challenges of banking, liability insurance, high rent costs, and tax filing issues. Existing businesses that become licensed psilocybin businesses will also incur costs for additional equipment and modifications to their facilities.

Because ORS 475A creates a fee-based structure, licensing fees must cover the costs of the administration of the Oregon Psilocybin Services section's work. Affordability is a concern for licensed businesses and small businesses that plan to apply for licensure; however, no other funding exists to subsidize these costs.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) OPS will incur costs to implement these rules. This activity is required by statute. The extent to which these rules create costs that are beyond the statutory requirements is unknown. OPS will devote resources to revise its internal licensing database to track new requirements, licensing and inspecting premises, monitoring compliance, developing forms and other resources, and providing technical support to licensees. The costs to local governments are unknown, but likely very small, if any. The general public will incur costs to the extent that increased fees and costs of compliance with the proposed rules are passed on to members of the public who intend to participate in psilocybin services.

(2)(a) OPS estimates that many licensed psilocybin businesses meet the definition of small businesses. As of August 25, 2026, there are 422 psilocybin businesses in Oregon, including psilocybin facilitators. The number of licensees has fluctuated, and at this time OPS cannot accurately predict how many licensed psilocybin businesses will operate in Oregon going forward.

(b) The rules contain some additional reporting and documentation requirements to support client and public safety, while other requirements have been streamlined. The new requirements create costs of compliance; however, these costs are offset to some degree by improved efficiency due to rule revisions. OPS cannot accurately predict the net cost of compliance.

(c) Some of the proposed rules could lead to increased costs for equipment, supplies, labor, and administration. For example, the rules require additional information to be printed on product labels. However, OPS cannot predict what portion of a business' overall costs will be impacted.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses participated in the rule advisory committee.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
333-333-1010, 333-333-2010, 333-333-2400, 333-333-2410, 333-333-3010, 333-333-3020, 333-333-3030, 333-333-3035, 333-333-3040, 333-333-3050, 333-333-3070, 333-333-3300, 333-333-4000, 333-333-4010, 333-333-4060, 333-333-4070, 333-333-4100, 333-333-4110, 333-333-4120, 333-333-4200, 333-333-4250, 333-333-4280, 333-333-4300, 333-333-4310, 333-333-4400, 333-333-4480, 333-333-4520, 333-333-4650, 333-333-4660, 333-333-4810, 333-333-4900, 333-333-4910, 333-333-4930, 333-333-5000, 333-333-5040, 333-333-5050, 333-333-5070, 333-333-5120, 333-333-5130, 333-333-5200, 333-333-5230, 333-333-5240, 333-333-5250, 333-333-6030, 333-333-6100, 333-333-6150, 333-333-6160, 333-333-7020, 333-333-7050, 333-333-7090, 333-333-7120, 333-333-8100, 333-333-8200, 333-333-8210

AMEND: 333-333-1010

RULE SUMMARY: Amend OAR 333-333-1010: Amend definitions for "advertising", "curriculum", "financial interest", and "operational name". Create definitions for "individual applicant," "legal entity applicant", "primary point of contact", "psilocin analyte", and "total psilocybin equivalent".

CHANGES TO RULE:

333-333-1010
Definitions
For purposes of chapter 333, division 333, in addition to the definitions in ORS 475A.220, the following definitions apply:¶
(1)(a) "Adulterant" means:¶
(A) Chemicals, drugs, plants or substances that alter the potency, intoxicating effect, duration of effect, toxicity or potential for excessive use when added to psilocybin products.¶
(B) Any additives that are intended to manipulate the ratio of any analyte or to manipulate the ratio of compound relative to another analyte or compound present in the fungi used in extraction or processing.¶
(b) Adulterant does not mean naturally occurring substances contained in food items such as, but not limited to chocolate.¶
(2) "Adverse reaction" means an adverse behavioral or medical reaction that occurred during an administration session and does not require transport to a hospital.¶
(3) "Adverse behavioral reaction" means a client's behavioral reaction that required contacting emergency services

or receiving care from a medical care provider that occurred during an administration session.¶
(4) "Adverse medical reaction" means a client's medical reaction that required contacting emergency services or receiving care from a medical care provider that occurred during an administration session.¶
(5) "Advertising" means publicizing ~~the trade~~a facilitator name or the operational name of a ~~licensee~~service center, manufacturer, or laboratory together with words or symbols referring to psilocybin or publicizing the brand name of a psilocybin product.¶
(6) "Aggregate," for the purpose of reporting 303 service center data and 303 client data, means to combine and categorize quantitative data in a manner that prevents a client or an individual from whom the data was collected, from being identified, taking into consideration how the data could be used in combination with other data sources.¶
(7) "Applicant" means an individual who applies for a facilitator license and an individual or legal entity who:¶
(a) Holds or controls an interest of more than 20 percent in the entity proposed to be licensed;¶
(b) Is entitled to receive 20 percent or more of revenue, profits or proceeds from the entity proposed to be licensed; or¶
(c) Is entitled to exercise control over the entity proposed to be licensed.¶
(8) "Attractive to minors" means:¶
(a) Cartoons;¶
(b) A design, brand or name that resembles a non-psilocybin consumer product of the type that is typically marketed to minors;¶
(c) Symbols or celebrities that are commonly used to market products to minors;¶
(d) Images of minors; or¶
(e) Words that refer to products that are commonly associated with minors or marketed by minors.¶
(9) "Authority" means the Oregon Health Authority.¶
(10) "Authorized Authority representative" means an employee of the Authority who is authorized to conduct inspections or investigations and otherwise enforce ORS chapter 475A and any rules adopted thereunder.¶
(11) "Batch" means a quantity of whole fungi from a harvest lot, or a quantity of psilocybin product from a process lot.¶
(12) "Billboard" means a large outdoor advertising structure.¶
(13) "Capsule" means a small soluble pill, tablet or container that contains psilocybin extract or homogenized fungi and is intended for human consumption.¶
(14) "Cartoon" means any drawing or other depiction of an object, person, animal, creature or any similar caricature which may exhibit any of the following:¶
(a) The use of comically exaggerated features;¶
(b) The attribution of human characteristics to animals, plants or other objects, or the similar use of anthropomorphic technique; or¶
(c) The attribution of unnatural or extra-human abilities, such as imperviousness to pain or injury, X-ray vision, tunneling at very high speeds or transformation.¶
(15) "Chemical synthesis" means a method of producing psilocybin products using precursor ingredients rather than cultivation of fruiting bodies and mycelium, or a method of producing psilocybin products that results in psilocybin products that contain analytes or compounds that were not present in the source fruiting bodies, mycelium and other ingredients.¶
(16) "Client administration area" means any area within the licensed premises of a service center where:¶
(a) Psilocybin products may be transferred to a client.¶
(b) Psilocybin products may be consumed by a client.¶
(c) Administration sessions may take place.¶
(17) "Client" means an individual that is provided psilocybin services in this state.-¶
(18) "Client information form" means the form required by ORS 475A.350.¶
(19) "Client packaging" means packaging containing psilocybin products intended to be sold to clients.¶
(20) "Client records" means information held or known by a service center or facilitator, including 303 client data, that may be used to identify a client or prospective client, including any communication made by a client or prospective client and any information related to providing psilocybin services or selling psilocybin products to a client.-¶
(21) "Client support person" means a person who will be present during a client's administration session for any purposes described in OAR 333-333-5070.¶
(22) "Consultation" means feedback and discussion provided by an instructor, practicum site supervisor or lead educator to students regarding students' observation of clients receiving psilocybin services.¶
(23) "Control over the entity" includes but is not limited to the authority to bind the entity to contracts, obligations or debt and does not include a licensee representative acting under the direction of a licensee.¶
(24) "Cultivation batch" means a quantity of unharvested fruiting body or mycelium that is grown together under

the same conditions, that may contain fungi that originates from diverse spores or mycelial tissue of Psilocybe cubensis.¶
(25) "Cultural equity" means values, policies, and practices that ensure all people, especially those who have been historically marginalized based on race, ethnicity, religion, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances are considered in the development of social pathways to health equity.¶
(26) "Culturally and linguistically responsive services" for the purpose of ORS 475A.210 to 475A.722 and these rules means psilocybin services offered by service centers and facilitators that are responsive to diverse cultural beliefs and practices, preferred languages, literacy, and other communication needs of clients.¶
(27) "Curriculum" means the topics, subjects, and activities that make up courses taught by a training program and includes practicum observation and consultation.¶
(28) "De-identified data" means data that cannot be reasonably used to infer information about, or otherwise be linked to, an identified or identifiable client, or to a device that identifies, is linked to or is reasonably linkable to a client.¶
(29) "Direct owner" means an individual, legal entity or partnership that holds an ownership interest in a business proposed to be licensed directly rather than holding that interest through ownership of or affiliation with another legal entity or partnership.¶
(30) "Disciplinary actions," for the purpose of ORS 475A.374, means any final order issued under ORS chapter 183 finding a licensee violated ORS chapter 475A or these rules.¶
(31) "Discount" for the purposes of ORS 475A.662(6) and OAR 333-333-4480 means offering for sale or selling a psilocybin product to a client at a price that is less than the price the service center paid for the product, inclusive of any rebates.¶
(32) "Edible psilocybin product" means psilocybin extract or homogenized fungi that has been incorporated into a food product or potable beverage.¶
(33) "Elementary school":¶
(a) Means a learning institution containing any combination of grades kindergarten through 8.¶
(b) Does not mean a learning institution that includes only pre-kindergarten, only kindergarten, or only a combination of pre-kindergarten and kindergarten.¶
(34) "Extraction" means:¶
(a) The process of separating psilocybin from fungi by using a solvent; and¶
(b) Manufacturing psilocybin extracts.¶
(35) "Facilitator" means an individual that facilitates the provision of psilocybin services in this state.¶
(36) "Facilitation" means the provision of services to a client by a licensed facilitator before, during, and after the client's consumption of a psilocybin product during a preparation, administration, or integration session.¶
(37) "Financial interest":¶
(a) Means entitlement to receive a portion of revenue, proceeds or profits from a licensed entity or an entity proposed to be licensed; or¶
(b) A membership interest, partnership interest or other ownership interest in a licensed entity or an entity proposed to be licensed.¶
(c) Includes any individual ~~person~~ or legal entity that qualifies as an applicant under OAR 333-333-1010 or 333-333-4030.¶
(d) Does not include an investment interest that the investor does not control in nature, amount or timing.¶
(38) "Fruiting bodies" means the spore producing organs of the fungi Psilocybe cubensis.¶
(39) "Fungi" means the fruiting bodies or mycelium of the fungi Psilocybe cubensis.¶
(40) "Harvest" means the act of removing mycelium or fruiting bodies from a production environment for drying or processing.¶
(41) "Harvest lot" means a specifically identified quantity of fungi that is cultivated and dried under the same conditions and harvested within a seven calendar-day period at the same location within the licensed premises, that may be partially harvested~~,~~ and may use the substrate material for multiple harvests.¶
(42) "Health equity" means the opportunity for all people to reach their full health potential and well-being without being disadvantaged by their race, ethnicity, religion, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.¶
(43) "Homogenized fungi" means dried fruiting bodies or mycelium that have been mixed by powdering or other techniques which uniformly distribute psilocybin throughout the product. Homogenized fungi may be packaged in capsules and may contain inactive ingredients such as binders, dilutants and carrying agents.¶
(44) "Individual applicant" means an individual who is identified on a license application submitted to the Authority and meets the definition of applicant, either in their individual capacity or due to their role in a legal entity applicant. ¶

2026-0981 426 10/02/2026

(45) "Instructor" means an individual identified by a training program in a form and manner prescribed by the Authority who provides instruction to students.¶
(456) "Intervention" means taking proactive steps to respond to the client's behavior, experience, or condition during an administration session.¶
(467) "Intoxicant" means any substance that has intoxicating effects, and includes alcohol, prescription drugs, non-prescription drugs and any other controlled substances. Intoxicant does not include caffeine or nicotine.¶
(478) "Laboratory" means a laboratory licensed under ORS 475A.594.¶
(489) "Lead educator" means a person affiliated with a training program who is responsible for tracking the progress of students throughout the program.¶
(4950) "Legal entity applicant" means a legal entity, such as a corporation or partnership, that is identified as an applicant on a license application submitted to the Authority and meets the definition of applicant.¶
(51) "Licensee representative":¶
(a) Means an owner, director, officer, manager, employee, agent or other representative of a manufacturer, service center, or laboratory licensee.¶
(b) Does not mean a facilitator who provides services at a service center unless that facilitator is also an owner, director, officer, manager, employee, agent or other representative of the service center.¶
(c) Includes an independent contractor of a manufacturer, service center, or laboratory licensee who acts in a representative capacity.¶
(502) "Licensed premises":¶
(a) Means the area of a location that is licensed under ORS chapter 475A, including:¶
(A) All public and private enclosed areas at the location that are used in the licensee's operations at the location;¶
(B) All areas outside a building that are used in the licensee's operations at a location for which the Authority has issued a license for a manufacturer or service center; and¶
(C) For a location that the Authority has specifically issued a license for the operation of a psilocybin service center, any outdoor area of the location used to operate the psilocybin service center and provide psilocybin services to clients.¶
(b) Cannot include a residence.¶
(c) Cannot contain unlicensed areas within the boundaries of the licensed premises.¶
(513) "Licensee" means any person who holds a license issued under ORS chapter 475A and includes each individual and legal entity identified as an applicant on an application that the Authority has approved and each individual or legal entity who is added to the license as described in OAR 333-333-4200.¶
(524) "Limited access area" means any area of a licensed premises where psilocybin products or psilocybin waste are stored or produced.¶
(535) "Manufacturer" means a manufacturer licensed under ORS 475A.290.¶
(546) "Manure" means animal excreta, alone or in combinations with litter, such as straw and feathers used for animal bedding, for use as a soil amendment or substrate. Manure does not include stabilized compost produced through a controlled composting process.¶
(557) "Marijuana" has the meaning given that term in ORS 475C.009.¶
(568) "Mycelium" means the fungal threads or hyphae of Psilocybe cubensis.¶
(579) "Nondirective facilitation" means a client-centered approach to facilitation in which the client makes decisions related to their participation in psilocybin services and the facilitator maintains a consistent disposition with a client, while avoiding giving the client direct advice or offering an interpretation of a client's statements, behaviors or needs unless appropriate for health and safety reasons. Nondirective facilitation does not prohibit a facilitator from offering options, resources, referrals or providing health and safety support to clients within their scope of practice.¶
(5860) "Non-profit entity" means a nonprofit corporation organized under ORS chapter 65, registered with the Secretary of State as a nonprofit organization, and registered with the Oregon Department of Justice as a charitable organization, if applicable.¶
(5961) "Post-session reaction" means a medical or behavioral reaction occurring within 72 hours of the client's release from an administration session that was likely related to psilocybin consumption and resulted in contacting emergency services or the client receiving care from a medical care provider.¶
(602) "Prospective client" means an individual who has not participated in a preparation session with a particular facilitator or service center and who contacts that facilitator or service center for the purpose of receiving psilocybin services.¶
(613) "Operational name" means an individual, legal entity or business name listed on an application and license certificate of a service center, manufacturer or, laboratory license that the licensee(s) will use for purposes of advertising and doing business with the publicor curriculum approval of a training program that the licensee(s) or training program will use for purposes of advertising and doing business with the public and, if applicable, includes a registered Assumed Business Name (ABN) that is used as an operational name.¶

(624) "Oregon Psilocybin Services Act" means ORS 475A.210 to ORS 475A.722.¶
(635) "Pesticide" means any substance or mixture of substances included in ORS 634.006(8).¶
(646) "Permittee" means a person who holds a permit issued under ORS 475A.480.¶
(657) "Practicum site" means a licensed service center that provides practicum training.¶
(668) "Practicum site supervisor" means an onsite practicum supervisor of assigned trainees, who is affiliated with a training program or who is affiliated with a service center acting as a practicum site and who does not act as a facilitator while supervising students.¶
(679) "Preproduction process" means cultivation environments that are used to facilitate growth of mycelial tissue prior to that tissue being transferred to production growth medium. Examples include but are not limited to agar dishes and grain spawn.¶
(6870) "Primary point of contact" means a person designated by an applicant or licensee pursuant to OAR 333-333-4010 who is responsible for ensuring all persons identified as licensees or applicants are aware of relevant communications from the Authority, during the license application process and after the license is issued, including but not limited to notices issued under ORS chapter 183.¶
(71) "Process lot" means homogenized fungi, psylocibin extract or edible psilocybin product of the same type that was processed at the same time using the same processing method, ingredients, and standard operating procedures.¶
(6972) "Production process" means cultivation environments from which fruiting bodies or usable mycelium are harvested, including but not limited to substrates used in the production of fruiting bodies.¶
(703) "Psilocin analyte" has the meaning described in OAR 333-064-0025. As used in these rules, psilocin analyte refers to content of psilocin analyte as measured by potency tests required by OAR 333-333-7040.¶
(74) "Psilocybin" has the meaning described in ORS 475A.220.¶
(715) "Psilocybin analyte" has the meaning described in OAR 333-064-0025. As used in these rules, psilocybin analyte refers to content of psilocybin analyte as measured by potency tests required by OAR 333-333-7040.¶
(726) "Psilocybin extract" means:¶
(a) A substance consisting entirely of solid or liquid psilocybin and may include other compounds which were simultaneously extracted from fruiting bodies or mycelium of Psilocybe cubensis; and¶
(b) A substance consisting of solid or liquid psilocybin and may include other compounds which were simultaneously extracted from fruiting bodies or mycelium of Psilocybe cubensis and inactive ingredients that are used to form capsules, tinctures and other oral preparations.¶
(737) "Psilocybin services" means services provided to a client before, during, and after the client's consumption of a psilocybin product, including:¶
(a) A preparation session;¶
(b) An administration session; and¶
(c) An integration session.¶
(748) "Product tracking system" or "PTS" means the system for tracking psilocybin products required by ORS 475A.400.¶
(759) "Psilocybin product" means psilocybin-producing fungi, mycelium and mixtures or substances intended for human consumption that contain a detectable amount of greater than 1 part per million (ppm) of psilocybin analyte, including whole fungi, homogenized fungi, psilocybin extract and edible psilocybin products.¶
(7680) "Psilocybin waste" means:¶
(a) Waste material that is a byproduct of manufacturing psilocybin products that contains a detectable amount of psilocybin.¶
(b) Partially consumed psilocybin products, excluding client packaging.¶
(c) Psilocybin products that a manufacturer, service center or laboratory disposes.¶
(d) Any psilocybin product that is required to be designated as waste by these rules.¶
(7781) "Radio" means a system for transmitting sound without visual images, and includes broadcast, cable, on-demand, satellite, or internet programming. Radio includes any audio programming downloaded or streamed via the internet.¶
(782) "Registered agent" means an individual or business entity that is listed in a business registration with the Oregon Secretary of State to accept delivery of legal documents on behalf of the business.¶
(7983) "Residence" means real property inhabited by an owner, renter or tenant, including but not limited to manufactured homes and vehicles used as domiciles, and attached garages or other structures that may be directly accessed from any ingress or egress of a residence.¶
(804) "Responsible referral and support" means supporting the personal needs, growth, and wellbeing of others, particularly those going through temporal crises such as houselessness, illness or marginalization.¶
(815) "Safe" means a fireproof metal cabinet with a mechanical or electronic combination lock that is capable of storing psilocybin products and weighs at least 200 pounds.¶
(826) "Scope of practice" means practice boundaries related to psilocybin facilitation and avoiding the unlicensed

practice of other disciplines including but not limited to medicine or psychotherapy. This definition is not intended to prohibit facilitators from holding other license types.¶
(8~~3~~7) "Secondary school" means a learning institution containing any combination of grades 9 through 12 and includes junior high schools that have 9th grade.¶
(8~~4~~8) "Service center" means a premises licensed under ORS 475A.305.¶
(8~~5~~9) "Severe adverse reaction" means an adverse behavioral or medical reaction that requires a client to be transported to a hospital.¶
(~~86~~90) "Stabilized compost" means any organic material that has undergone the process to further reduce pathogens and has reached a stage of reduced biological activity as indicated by a lower temperature and a rate of respiration below that of active compost.¶
(~~87~~91) "Sublet" means to sublease or otherwise allow a person who is not a licensee representative to exercise privileges that require a manufacturer, service center, facilitator or laboratory license on the licensed premises. Sublet does not include a facilitator providing psilocybin services at a service center.¶
(~~88~~92) "Synchronous learning" means that students learn from their instructor at the same time as their fellow students.¶
(~~8~~93) "Television" means a system for transmitting visual images and sound that are reproduced on screens, and includes broadcast, cable, on-demand, satellite, or internet programming. Television includes any video programming downloaded or streamed via the internet.¶
(9~~0~~4) "These rules" means OAR 333-333-1010 through 333-333-8250.¶
(9~~1~~5) "Tincture" means a liquid containing psilocybin that consists of either:¶
(a) A non-potable solution of at least 25 percent non-denatured alcohol, that is exempt from the Liquor Control Act under ORS 471.035; or¶
(b) A non-potable solution comprised of glycerin, plant-based oil, syrup and other ingredients.¶
(9~~2~~6) "Total psilocybin equivalent" means the sum of psilocybin analyte concentration and 1.4 times the psilocin analyte concentration. This number is the maximum theoretical concentration of psilocybin in the sample.¶
(97) "Training, Licensing and Compliance System" means the online training, license and compliance portal maintained by the Authority to receive applications, communicate with applicants, licensees, permittees and training programs, and track compliance actions.¶
(9~~3~~8) "Training program" means a program with an approved curriculum that offers training to psilocybin facilitators as described in ORS 475A.380.¶
(9~~4~~9) "Training program applicant" means a program that has applied to offer training to psilocybin facilitators as described in ORS 475A.380.¶
(~~95~~100) "Training program director" means an individual affiliated with a training program who is responsible for student enrollment, tracking student progress and determining whether a student has successfully completed the training program.¶
(~~96~~101) "Training program responsible party" means an individual affiliated with a training program who is authorized to make decisions and responsible for the training program and serves as the primary point of contact during the training program application process and after the program is approved. This individual may hold other roles in the training program such as registered agent or training program director.¶
(~~97~~102) "Unique identification number" or "UIN" means the most recent unique number generated and assigned by the product tracking system for a psilocybin product and may include cultivation batches, harvest lots, harvest batches, process lots and products in client packaging.¶
(~~98~~103) "Whole fungi" means dried fruiting bodies of Psilocybe cubensis, or portions thereof, that have not been homogenized.¶
(~~99~~104) "Wood chips" mean substrates consisting primarily of wood products that have not been composted.¶
(10~~0~~5) "Worker permit" means a permit required by ORS 475A.480.¶
(10~~1~~6) "303 client data" means information that OAR 333-333-4900 requires service centers to collect from clients, store and maintain.¶
(10~~2~~7) "303 service center data" means information that OAR 333-333-4910(3) and (4) require service centers to compile, aggregate, compute and report to the Authority.
Statutory/Other Authority: ORS 475A.235, ORS 475A.372, ORS 475A.374
Statutes/Other Implemented: ORS 475A.235, ORS 475A.372, ORS 475A.374

AMEND: 333-333-2010

RULE SUMMARY: Amend OAR 333-333-2010: Amend to clarify prohibition of promoting unregulated cultivation and consumption of psilocybin.

CHANGES TO RULE:

333-333-2010
Psilocybin Production
(1) A manufacturer is prohibited from:¶
(a) Using manure in cultivation or production of psilocybin products.¶
(b) Using wood chips as a growing medium in cultivation or production of psilocybin products.¶
(c) Producing psilocybin by using genetically modified organisms such as bacteria.¶
(d) Producing psilocybin by chemical synthesis.¶
(e) Promoting unregulated cultivation and processing of psilocybin products by providing information or instruction related to home cultivation, or offering for sale spores, mycelium or materials used to cultivate and process psilocybin products, except for sales to other licensed parties as allowed by ORS chapter 475A and these rules.¶
(f) Promoting unregulated consumption of psilocybin products, including recommending consumption of psilocybin products at any location within Oregon where it is unlawful to do so. ¶
(2) Manufacturers who produce their own compost in cultivation must comply with the following requirements:¶
(a) Compost shall not exceed the maximum acceptable pathogen concentrations described in subsection (2)(b) of this rule. Compost that contains any pathogens in amounts that exceed these pathogen reduction requirements shall be designated for additional processing, disposal, or other use as approved by local or state agencies having appropriate jurisdiction.¶
(b) Manufacturers that produce their own compost shall ensure that:¶
(A) The density of fecal coliform in compost, that is or has at one time been active compost, shall be less than 1,000 Most Probable Number per gram of total solids (dry weight basis), and the density of Salmonella sp. bacteria in compost shall be less than three Most Probable Number per four grams of total solids (dry weight basis).¶
(B) If using a vessel composting process, active compost is maintained at a temperature of 55 degrees Celsius or higher for a pathogen reduction period of three days.¶
(C) If using a windrow composting process, active compost is maintained under aerobic conditions at a temperature of 55 degrees Celsius higher for a pathogen reduction period of 15 days or longer. During the period when the compost is maintained at 55 degrees Celsius or higher, there shall be a minimum of five turnings of the windrow.¶
(D) If using an aerated static pile composting process, all active compost is covered with 6 to 12 inches thickness of insulating material, and the active compost shall be maintained at a temperature of 55 degrees Celsius or higher for a pathogen reduction period of three days.¶
(c) Manufacturers that utilize a windrow composting process or an aerated static pile composting process shall monitor as follows to ensure that the standards in subsection (2)(b) of this rule are met:¶
(A) Each day during the pathogen reduction period, at least one temperature reading shall be taken per every 150 feet of windrow, or fraction thereof, or for every 200 cubic yards of active compost, or fraction thereof.¶
(B) Temperature measurements for pathogen reduction are measured as follows:¶
(i) Windrow composting processes and agitated bays shall be monitored 12 to 24 inches below the pile surface.¶
(ii) Aerated static pile composting processes shall be monitored 12 to 18 inches from the point where the insulation cover meets the active compost.¶
(d) Alternative methods of compliance to meet the pathogen reduction requirements of this section may be approved by the Oregon Health Authority (Authority) if the Authority determines that the alternative method will provide equivalent pathogen reduction.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.290

AMEND: 333-333-2400

RULE SUMMARY: Amend OAR 333-333-2400: Amend label to include new value for total potential psilocybin that will be used to determine lowest dosing tier. Deletes unnecessary information regarding other potency formulas.

CHANGES TO RULE:

333-333-2400
Labeling for Sale to Client
(1) A label required by these rules must:¶
(a) Be printed or attached to client packaging containing psilocybin products.¶
(b) Contain all required information in a legible font at least eight points large.¶
(c) Be in English, though it may also be in other languages.¶
(d) Be unobstructed and clearly visible.¶
(2) A label may not:¶
(a) Display any untruthful or misleading statements including, but not limited to, a health claim that is not supported by the totality of publicly available scientific evidence (including evidence from well-designed studies conducted in a manner that is consistent with generally recognized scientific procedures and principles), and for which there is significant scientific agreement, among experts qualified by scientific training and experience to evaluate such claims; or¶
(b) Be attractive to minors, as that is defined in OAR 333-333-1010.¶
(3) Required Information. All client packaging must display:¶
(a) The manufacturer's ~~business or trade~~operational name and license number.¶
(b) One of the following product type names: whole fungi, homogenized fungi, psilocybin extract, or edible psilocybin product.¶
(c) The net quantity of contents using the metric system of measurement and expressed in terms of fluid measure if the item is liquid, or in terms of weight if the item is solid, semi-solid, or viscous.¶
(d) The quantity of psilocybin analyte contained in the product, expressed in milligrams, and calculated using laboratory test results required by OAR 333-333-7040.¶
(e) The psilocin content measured by quantity of psilocin analyte contained in the product, expressed in milligrams, and calculated using laboratory test results required by OAR 333-333-7040.¶
(f) The total psilocybin equivalent measured by the quantity of analyte contained in the product, expressed in milligrams per package, and calculated using laboratory test results required by OAR 333-333-7040.¶
(g) A unique identification number as defined in OAR 333-333-1010.¶
(~~g~~h) The "best by" date indicating the time that the manufacturer has determined that their product will retain its original quality.¶
(~~h~~i) A statement that "Activation times for psilocybin products are variable and cannot be accurately predicted."¶
(~~i~~j) A statement that "The risks, benefits, and drug interactions of psilocybin are not fully understood, and individual results may vary."¶
(4) Client packaging for edible psilocybin products must be consistent with applicable state food labeling requirements for the same type of food product or potable liquid when the food product or potable liquid does not contain psilocybin.~~¶~~
~~(5) In addition to the information required by section (3) of this rule, a manufacturer must include on a label any other values regarding available, potential or equivalent psilocin or psilocybin that are identified by the laboratory performing tests required by OAR 333-333-7040, including total potential psilocin as defined in OAR 333-064-0025. If the label includes other values related to psilocin or psilocybin, the product information document required by OAR 333-333-2410 must include an explanation of how those values were calculated, including any formulas and assumptions that were used to calculate the listed values.~~
Statutory/Other Authority: ORS 475A.235, ORS 475A.626~~, Oregon Laws 2025, chapter 147~~
Statutes/Other Implemented: ORS 475A.626~~, Oregon Laws 2025, chapter 147~~

AMEND: 333-333-2410

RULE SUMMARY: Amend OAR 333-333-2410: Amend the product information document requirements to align with label requirements. Amend for term consistency to align with definitions.

CHANGES TO RULE:

333-333-2410
Product Information Document
(1) Manufacturers must provide a product information document with all products transferred to a service center that lists the following information in English on a printed or electronic document in 12-point font or larger.¶
(a) The manufacturer's ~~business or trade~~operational name and license number.¶
(b) The ~~business or trade~~operational name of the manufacturer that packaged the product, if different from the original manufacturer.¶
(c) One of the following product type names: whole fungi, homogenized fungi, psilocybin extract, or edible psilocybin product.¶
(d) Net quantity of contents using the metric system of measurement and expressed in terms of fluid measure if the item is liquid, or in terms of weight if the item is solid, semi-solid, or viscous.¶
(e) Results of all laboratory tests required by OAR 333-333-7040~~, including information required by OAR 333-333-2400(5)~~.¶
(f) Species of fungi.¶
(g) Harvest date for whole fungi.¶
(h) Date of manufacture for all products other than whole fungi.¶
(i) Unique identification number as defined in OAR 333-333-1010.¶
(j) List of all active and inactive ingredients in descending order of predominance by weight or volume.¶
(k) List of potential major food allergens by:¶
(A) Listing the name of the food source of any major food allergen at the end of or immediately adjacent to the ingredient list; or¶
(B) Placing the term for the appropriate major food allergen in parenthesis within the ingredient list after the common or usual name of the ingredient derived from that major food allergen.¶
(l) "Best by" date indicating the time that the manufacturer has determined that their product will retain its original quality.¶
(m) If the psilocybin product is perishable, a statement that the product must be refrigerated or kept frozen.¶
(2) Any information contained in a product information document must be compliant with these rules, including but not limited to OAR 333-333-6040(2).¶
(3) A facilitator must make reasonable efforts to provide a product information document for psilocybin products that may be consumed during an administration session during a client's preparation session and provide the client an opportunity to discuss the document. If a client does not receive a product information document during their preparation session, a facilitator must provide the client a product information document for psilocybin products that may be consumed during an administration session and provide the client an opportunity to discuss the document at another time prior to beginning their administration session.¶
(4) A service center must make reasonable efforts to translate the product information document to languages other than English and otherwise provide the product information document in an accessible format upon the client's request.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235

AMEND: 333-333-3010

RULE SUMMARY: Amend OAR 333-333-3010: Increase fee for training program curriculum approval. Clarify requirement to cooperate with investigation.

CHANGES TO RULE:

333-333-3010
Psilocybin Training Program Curriculum Approval Process
(1) A training program applicant must submit the following to the Oregon Health Authority (Authority) to be considered for curriculum approval to train psilocybin facilitators:¶
(a) A completed application package, including a description of the proposed curriculum that shows the applicant meets the requirements of OAR 333-333-3050, OAR 333-333-3060, OAR 333-333-3070 and OAR 333-333-3090; and¶
(b) A US$~~5~~1,000 non-refundable application evaluation fee paid in ~~the~~a form and manner specified by the Authority.¶
(2) Following receipt of the items described in section (1) of this rule, the Authority will notify a training program applicant whether its application is complete or incomplete.¶
(a) If an application is incomplete, the training program applicant will have 30 days from the date the notice is issued to submit a complete application. If the training program applicant does not complete their application within 30 days, the Authority will refuse to process the application. If the Authority refuses to process an application, the applicant may submit a new application, including a non-refundable application evaluation fee, for the program to be considered for approval.¶
(b) If an application is complete, the Authority will evaluate the training program application to determine if the curriculum meets the standards in OAR 333-333-3010 to OAR 333-333-3090.¶
(3) The Authority will notify a training program applicant in writing if its complete application for curriculum approval is approved or denied. If the application is approved, the approval is effective on the date of notice. The Authority may not retroactively approve or pre-approve training program applications.¶
(4) A training program must, within 180 calendar days of receiving curriculum approval, provide documentation to the Authority~~, in the form and manner prescrib~~ of one of the following by using the form published ~~by~~on the Authority~~, one of the following~~'s website:¶
(a) Documentation demonstrating the program has applied for a license from the Higher Education Coordinating Commission in accordance with applicable laws in ORS chapter 345 or ORS chapter 348 and any applicable Higher Education Coordinating Commission rules adopted under those chapters and paid any required Higher Education Coordinating Commission application fees and the program's application is pending, and the Higher Education Coordinating Commission has not yet issued a final order of denial.¶
(b) Proof of current licensure from the Higher Education Coordinating Commission as a career school.¶
(c) Documentation from the Higher Education Coordinating Commission that the applicant is not required to be licensed as a career school.¶
(5) The Authority shall deny a training program application for curriculum approval and shall revoke approval of a previously approved training program curriculum if:¶
(a) The training program or training program application does not meet the requirements of OAR 333-333-3010 to OAR 333-333-3090~~;~~.¶
(b) The program instructors, staff or representatives have made false or misleading statements to the Authority, students or the public.¶
(c) A training program fails to comply with requirements of section (4) this rule.¶
(d) A training program fails to produce evidence within 10 business days of the Authority's request unless the Authority grants an extension or otherwise fails to cooperate with an investigation of violations of ORS 475A.210 to 475A.722 and these rules.¶
(e) The Higher Education Coordinating Commission denies a training program's application for licensure under applicable laws in ORS chapter 345 or ORS chapter 348, or any applicable Higher Education Coordinating Commission rules adopted under those chapters. ~~:~~¶
(~~e~~f) A training program fails to maintain its approval status with Higher Education Coordinating Commission in accordance with applicable law governing the type of school or institution.¶
(6) If the Authority denies an application or suspends or revokes a curriculum approval, the Authority will provide notice of the denial, suspension or revocation and the training program has a right to a hearing under ORS chapter 183.¶
(7) For applications approved prior to January 1, 2025, training program curriculum approval has a term of five years from the date of initial approval.¶

(8) Programs whose curricula approval has been denied or revoked by the Authority may not reapply for a period of one year from the date of the final order denying the application for curriculum approval or the date of the final order revoking the application for curriculum approval.¶
(9) For new or renewal applications approved on or after January 1, 2025, training program approval has a term of one year from the date of initial approval.¶
(10) If the requirements of OAR 333-333-3010 to OAR 333-333-3090 change substantively during the term, the Authority may require training programs to resubmit an application for approval.¶
(11) Training programs that cease enrolling students or cease offering instruction to enrolled students must provide written notice to the Authority in ~~the form and manner prescrib~~by using the form publish~~ed by~~on the Authority's website. Training programs may request to surrender their training program approval pursuant to the requirements of OAR 333-333-4280.
Statutory/Other Authority: ORS 475A.235, ORS 475A.380
Statutes/Other Implemented: ORS 475A.235, ORS 475A.380

AMEND: 333-333-3020

RULE SUMMARY: Amend OAR 333-333-3020: Clarify training program requirements for describing practicum and cooperating during application process; failure to submit documents may result in application being closed.

CHANGES TO RULE:

333-333-3020
Psilocybin Training Program Application Requirements
(1) For curriculum to be approved, training program applicants must:¶
(~~1~~a) Demonstrate that its proposed course modules contain the content required by OAR 333-333-3060;¶
(~~2~~b) Demonstrate that its proposed hours of instruction meet the requirements of OAR 333-333-3050;¶
(~~3~~c) Demonstrate that its proposed practicum meets the requirements of OAR 333-333-3070 by identifying service centers acting as practicum sites and practicum site supervisors, and describing practicum observation and consultation;¶
(~~4~~d) Identify a training program director as defined in OAR 333-333-1010;~~-~~¶
(~~5~~e) Identify at least two lead educators, as defined in OAR 333-333-1010, and list lead educator qualifications to meet the lead educator requirements;¶
(~~6~~f) Identify all instructors as defined in OAR 333-333-1010 and list the instructors' qualifications to teach curriculum modules identified in these rules; and¶
(~~7~~g) Provide an address to receive mail from the Oregon Health Authority (Authority) at an established physical location within the United States of America or U.S Territories or the freely associated states Republic of Marshall Islands, Palau, and the Federated States of Micronesia.¶
(2) A training program must provide any additional information that the Authority requests to determine the merits of an application. ¶
(3) Failure to submit forms, documents or information requested by the Authority under this rule within 30 calendar days may result in the application being closed as incomplete.
Statutory/Other Authority: ORS 475A.235, ORS 475A.380
Statutes/Other Implemented: ORS 475A.235, ORS 475A.380

AMEND: 333-333-3030

RULE SUMMARY: Amend OAR 333-333-3030: Establish new fee for material changes to training program curriculum. Define material change. Clarify timeframe for notice of other types of changes.

CHANGES TO RULE:

333-333-3030
Psilocybin Training Instructor Qualifications and Program Performance
(1) In order for curriculum to be approved or reapproved, a training program must demonstrate that each lead educator, instructor and person who trains instructors at a training program has sufficient experience, knowledge, skills and ability to competently train students in their assigned subject matter.¶
(2) Sufficient experience, knowledge, skills and ability can be demonstrated via education, certifications, professional experience, personal narratives and references.¶
(3) Training programs shall treat personal narratives and references as confidential unless an instructor has consented to their publication.¶
(4) Each lead educator and instructor at a training program must:¶
(a) Understand the objectives of the training program and be able to communicate effectively with students; and¶
(b) Demonstrate skill in instruction and student supervision.¶
(5) ~~Beginning September 1, 2025, a~~At least one instructor at a training program must hold a valid facilitator license in order for the training program to be approved or reapproved.~~-~~¶
(6) ~~Beginning January 1, 2026, t~~Training programs must register with the Oregon Secretary of State and maintain registration, including registration of an Assumed Business Name (ABN) if applicable that is used as an operational name, in order for the training program to be approved or reapproved.¶
(7) Training programs m~~ust notify the Oregon Health Authority (Authority) of any~~ay not make material changes to the curriculum listed in their application that affect the requirements of OAR 333-333-3010 to OAR 333-333-3090 ~~and any changes to the address required by OAR 333-333-3020(7), instructors, lead educators, training program director, registered agent or training program responsible party identified in the application in a form and manner prescribed by the Authority. A training program must use its previously approved curriculum and associated information until its request has been accepted~~without the Oregon Health Authority's (Authority's) prior written approval. A material change is a change that affects the minimum requirements for core training and practicum described in OAR 333-333-3050 and OAR 333-333-3070. Changes to practicum sites are not material changes. ¶
(a) Training programs must notify the Authority using the form published on the Authority's website to request material changes to their curriculum. ¶
(b) A non-refundable change fee of US$500 must be paid and cleared to modify previously approved curriculum. This change fee applies regardless of whether a training program requests the change at renewal or during the term of their approval.¶
(c) A training program must use its previously approved curriculum until the Authority provides written approval to make material changes to curriculum.¶
(8) Training programs must notify the Authority within 10 business days of any changes to the address required by OAR 333-333-3020, practicum sites, instructors, lead educators, training program director, registered agent or training program responsible party identified in the application using the form published on the Authority's website. The changes described in this section are not material changes to the curriculum.
Statutory/Other Authority: ORS 475A.235, ORS 475A.380
Statutes/Other Implemented: ORS 475A.235, ORS 475A.380

AMEND: 333-333-3035

RULE SUMMARY: Amend OAR 333-333-3035: Increase fee for renewal of training program approval. Clarify requirements for providing information for training program renewal applications.

CHANGES TO RULE:

333-333-3035
Psilocybin Training Program Curriculum Approval Renewal
(1) A training program that applies for renewal of curriculum approval must submit a complete renewal application, including proof that the program has received and continues to hold any approvals required from the Higher Education Coordinating Commission in accordance with applicable law governing the type of school or institution and a non-refundable US$~~5~~1,000 application fee. The renewal application is not complete until payment of the application fee has cleared. ¶
(2) A ~~renewal application will be considered timely if a~~ training program must provide any additional information that the Oregon Health Authority (Authority) requests to determine the merits of a renewal application. ¶
(3) Failure to submit forms, documents or information requested by the Authority under this rule within 30 calendar days may result in the application being closed as incomplete.¶
(4) A renewal application ~~is received by th~~will be considered timely if a complete ~~Oregon Health Authority (~~newal application is received by the Authority~~)~~ at least 60 calendar days before the date the curriculum approval expires. Applications received less than 60 days before the date the curriculum approval expires will be considered untimely.¶
(~~3~~5) A training program that submits a complete timely renewal application may continue to offer training using the previously approved curriculum after the stated curriculum approval expiration date, pending a decision by the Authority on the renewal application.¶
(~~4~~6) A training program who submits an untimely or incomplete renewal application or who does not submit a renewal application shall not continue to offer training using the previously approved curriculum when the curriculum approval expires.¶
(~~5~~7) If the Authority approves a renewal application for curriculum approval, the curriculum approval is valid for one year ~~from the date of approval~~.¶
(~~6~~8) The Authority may deny an application for renewal if:¶
(a) The training program has not complied with these rules; or¶
(b) The training program instructors, staff or representatives have made false or misleading statements to the Authority, students or the public.¶
(~~7~~9) If the Authority denies a renewal application, the Authority will provide notice of the denial and the program has a right to a hearing under ORS chapter 183.
Statutory/Other Authority: ORS 475A.235, ORS 475A.380
Statutes/Other Implemented: ORS 475A.235, ORS 475A.380

AMEND: 333-333-3040

RULE SUMMARY: Amend OAR 333-333-3040: Clarify training program record keeping requirements.

CHANGES TO RULE:

333-333-3040
Psilocybin Training Program Record Keeping
(1) Training programs ~~shall~~must maintain records for each class, including course syllabi, location, date, whether the class was online or in-person, and student attendance for every online and in-person class. These records must be maintained for five years. Training programs shall provide these records to current and former students upon request. Training programs shall provide these records to the Authority upon request.¶
(2) Training programs shall maintain enrollment records, including the name of each student enrolled, their date of completion and examination results. These records must be maintained for five years.¶
(3) Training programs shall provide records required to be maintained under this rule to the Authority upon request, and in the manner requested.¶
(4) Training programs ~~sha~~will make a summary of their approved curriculum, including practicum sites, available to prospective students prior to enrollment.¶
(5) Except as required by sections (1) and (3) of this rule, student records shall not be released without the student's written consent.
Statutory/Other Authority: ORS 475A.235, ORS 475A.380
Statutes/Other Implemented: ORS 475A.235, ORS 475A.380

AMEND: 333-333-3050

RULE SUMMARY: Amend OAR 333-333-3050: Remove obsolete date reference.

CHANGES TO RULE:

333-333-3050
Psilocybin Training Program Core Requirements
(1) ~~For new applications and renewals received on or after January 1, 2025, t~~Training programs ~~shall~~must provide core training that consists of at least 128 hours of instruction.¶
(2) For training that is not conducted in person, at least 50 percent of the training shall be conveyed through online synchronous learning.¶
(3) ~~For new applications and renewals received on or after January 1, 2025, a~~Applicants for training program~~s~~ curriculum approval must demonstrate that their curriculum consists of the following minimum hours of instruction, in the following areas consistent with the requirements of OAR 333-333-3060:¶
(a) Historical, Traditional, and Contemporary Practices and Applications: 12 hours.¶
(b) Cultural Equity in relation to Psilocybin Services: 12 hours.¶
(c) Safety, Ethics and Responsibilities: 12 hours.¶
(d) Psilocybin Pharmacology, Neuroscience, and Clinical Research: 12 hours.¶
(e) Core Facilitation Skills: 16 hours.¶
(f) Preparation and Orientation: 16 hours.¶
(g) Administration: 20 hours.¶
(h) Integration; 12 hours.¶
(i) Group Facilitation: 16 hours.¶
(4) Training programs must comply with the requirements specified in these rules to maintain approved status.¶
(5) The requirements listed in these rules are minimum requirements. Nothing in these rules prevents a training program from offering additional modules or hours of instruction.
Statutory/Other Authority: ORS 475A.235, ORS 475A.380
Statutes/Other Implemented: ORS 475A.235, ORS 475A.380

AMEND: 333-333-3070

RULE SUMMARY: Amend OAR 333-333-3070: Remove obsolete date reference; clarify process for changing practicum sites, clarify requirements for students observing psilocybin services for practicum.

CHANGES TO RULE:

333-333-3070
Psilocybin Facilitator Practicum Requirements
(1) Training programs must have curriculum that requires students to complete practicum training that provides an opportunity to observe the facilitation of non-ordinary states of consciousness.¶
(2) A~~fter January 1, 2026, a~~ll practicum must take place at a practicum site. Practicum training shall include placement at a practicum site where students can observe psilocybin services under the supervision of a practicum site supervisor.¶
(3) Any licensed service center can function as practicum site for training programs with curriculum approved by the Oregon Health Authority (Authority) subject to the requirements of OAR 333-333-4470. A training program with curriculum approved by the Authority ~~sha~~will notify the Authority in a form and manner prescribed by the Authority ~~when it is using a~~of practicum sites used to satisfy the requirements of this rule. The fee described in OAR 333-333-3030(7) does not apply to reporting changes to licensed service centers acting as practicum sites.¶
(4) Any licensed service center can function as a practicum site for training programs authorized to provide psilocybin training by another state within the United States of America or U.S. Territories or the freely associated states of the Republic of Marshall Islands, Palau, and the Federated States of Micronesia where provision of psilocybin services is allowed under state or territory law. If an out-of-state or outside the U.S. training program uses a practicum site in Oregon, the practicum site shall notify the Authority in a form and manner prescribed by the Authority.¶
(5) A practicum site must obtain written client consent prior to allowing a client to be observed by practicum students and prior to sharing any client information with practicum students or a training program.¶
(6) The practicum site supervisor is responsible for developing students' practicum skills and evaluating students' practicum performance, related to psilocybin services.¶
(7) ~~Until January 1, 2026, if a practicum site is not reasonably available or accessible to students, a training program may identify alternative practicum in its application for approval that reasonably approximates training at a practicum site. For alternative practicum, the lead educator or training program director is responsible for developing students' alternative practicum skills and evaluating students' alternative practicum performance, focusing on services with clients. Alternative practicum may not be used to satisfy the requirem~~Programs must provide students with a minimum of 40 hours of practicum training, including at least 30 hours of observation in which students directly observe clients receiving psilocybin services, and at least 10 hours of consultation relating to the student's o~~f this rule after January 1, 2026. ¶~~
~~(8) Alternative practicum may include but is not limited to observation of taped facilitation sessions that were recorded with participants' consent, participating in psychedelic peer support organization, role playing, and experience with altered states of consciousness that are not drug-induced, for example breath work, meditation or spiritual journeys.¶~~
~~(9) P~~bservation. A training program may provide students up to four hours of credit towards the observation requirement for participating in an administration session at a practicum site as a client.¶
(8) A training program~~s~~ must ~~provide students with a minimum of 40 hours of practicum training, including at least 30 hours of direct practice in which students directly observe clients receiving psilocybin services or directly participate in alternative~~conduct all practicum training, including observation and consultation in person or by observing preparation and integration sessions conducted via video while supervised by a practicum ~~activity as described in section (8), and at least 10 hours of consultation relating to the student's direct practice. A training program may provide students up to four hours of credit towards the direct practice requirement for participating in an administration session at a practicum site as a~~site supervisor.¶
(9) Observation is limited to observation of licensed facilitators who provide psilocybin services to clients. Practicum students may not provide psilocybin services to clients. ¶
(10) ~~A training program must conduct all practicum training, including direct practice, consultation and alternative practicum in person~~Practicum students and practicum site supervisors may not act as client support persons while participating in practicum.
Statutory/Other Authority: ORS 475A.235, ORS 475A.380
Statutes/Other Implemented: ORS 475A.235, ORS 475A.380, ORS 475A.325

AMEND: 333-333-3300

RULE SUMMARY: Amend OAR 333-333-3300: Clarify language related to facilitator continuing education.

CHANGES TO RULE:

333-333-3300
Continuing Facilitator Education
(1) For renewal applications ~~received on or after January 1, 2026~~, facilitator licensees must have completed four hours of continuing facilitator education during their annual license period in order to be eligible for license renewal.¶
(2) Continuing facilitator education must consist of skills and knowledge that are relevant to the core curriculum described in OAR 333-333-3050 and OAR 333-333-3060.¶
(3) The Oregon Health Authority (Authority) will consider continuing education hours to be valid if they meet the requirement in section (2) of this rule, and the education was offered by:¶
(a) Training programs with curricula approved by the Authority~~.~~; or¶
(b) Organizations or conferences that have been approved by a professional licensing body to offer continuing education for other types of professional licenses or certifications.¶
(4) Facilitator licensees must record and report continuing facilitator education hours ~~in a form and manner prescrib~~by using the form publish~~ed by~~on the Authority's website.¶
(5) For continuing facilitator education hours received from training programs with curricula approved by the Authority, documentation ~~in the form and manner prescribed by the Authority~~ must include:¶
(a) Date of continuing facilitator education.¶
(b) Name of training program that offered the continuing facilitator education.¶
(c) A description of how the continuing facilitator education is relevant to the provision of psilocybin services under ORS chapter 475A.¶
(6) For continuing facilitator education hours received from an organization or conference, documentation ~~in the form and manner prescribed by the Authority~~ must include:¶
(a) Date of continuing facilitator education.¶
(b) Name and contact information for the program, organization or conference offering the continuing facilitator education.¶
(c) Name of the organization that approved the continuing education for other types of professional licenses or certifications.¶
(d) A description of how the continuing facilitator education is relevant to the core curriculum described in OAR 333-333-3050 and OAR 333-333-3060.¶
(7) Training programs that offer continuing facilitator education must notify the Authority using the form ~~and manner prescrib~~published ~~by~~on the Authority~~.~~'s website. ¶
(8) Facilitators who provide valid training under this rule may record and report those training hours to satisfy section (1) of this rule.
Statutory/Other Authority: ORS 475A.235, ORS 475A.380
Statutes/Other Implemented: ORS 475A.235, ORS 475A.380

AMEND: 333-333-4000

RULE SUMMARY: Amend OAR 333-333-4000: Implement Oregon Laws 2026, Chapter 109 (HB 4040) by describing documentation that facilitator applicant has completed a training program in another state that meets or exceeds Oregon requirements.

CHANGES TO RULE:

333-333-4000
Application Process
(1) Applications must be submitted to the Oregon Health Authority (Authority) in ~~the~~a form and manner prescribed by the Authority.¶
(2) The application fee specified in OAR 333-333-4060(1) must be submitted at the time of application in ~~the~~a form and manner prescribed by the Authority.¶
(3) An application must include the following:¶
(a) The names and required information for all individuals and legal entities who are applicants as required by OAR 333-333-4030.¶
(b) An address to receive mail from the Authority at an established physical location within the United States of America or U.S Territories or the freely associated states Republic of Marshall Islands, Palau, and the Federated States of Micronesia.¶
(c) Any forms and information required by the Authority to evaluate the license application.¶
(d) A social equity plan as required by OAR 333-333-4020.¶
(e) Information regarding race, ethnicity, preferred spoken and written language, sexual orientation and gender identity of each individual applicant recorded in a form and manner prescribed by the Authority.¶
(f) For manufacturer, service center and laboratory license applicants, a map and diagram of the proposed license premises, including the boundaries of the licensed premises relative to its location, identification of any unlicensed areas within the building where the licensed premises is located including suite numbers if applicable, identification of any residence or other unlicensed structures located on the same tax lot as the premises proposed to be licensed, a scaled floor plan identifying all points of ingress and egress, camera locations, limited access areas, client administration areas and areas where psilocybin products will be stored within the licensed premises as required by OAR 333-333-4510. The Authority may request additional documents or information related to the proposed licensed premises, including but not limited to photographs of the premises.¶
(g) If the applicant for an initial or renewal manufacturer license is not the owner of the real property proposed to be licensed, a written statement ~~in the form and manner prescribed by the Authority~~ signed by the property owner witnessed by a notary public that confirms ownership of the real property and shows that the owner consents to manufacturing of psilocybin products on the property for at least one annual license term. The written statement must be submitted using the form published on the Authority's website. ¶
(h) For service center applicants, a service center emergency plan as described in OAR 333-333-4460.¶
(i) For service center applicants whose proposed licensed premises includes outdoor administration areas, a detailed description of the outdoor administration areas including their location and verification that the area is free from hazards as required by OAR 333-333-5210.¶
(j) For service center and manufacturer applicants, a statement that every individual ~~person~~ and legal entity who holds a financial interest in the entity proposed to be licensed complies with the requirements of ORS 475A.280.¶
(k) For facilitator applicants, documentation that the applicant has completed training at a training program with curriculum that had been approved by the Authority at the time the applicant received and completed the training and that met the requirements of OAR 333-333-3010 to OAR 333-333-3090 at the time of approval, or documentation that the applicant has completed psilocybin facilitator training with a training program approved by Colorado's Department of Regulatory Affairs at the time the applicant received and completed the training.¶
(l) For facilitator applicants, documentation that the applicant has passed the exam required by ORS 475A.325.¶
(m) For laboratory applicants, documentation that the applicant has received accreditation as described in ORS 475A.606.¶
(4) In addition to submitting an application form and the items described in section (3) of this rule, the Authority may require:¶
(a) Information or fingerprints required to perform a criminal records check in accordance with OAR 333-333-4100.¶
(b) Any additional information that is reasonably required to determine the merits of the license application.¶
(5) The Authority must review an application to determine if it is complete. An application may be considered incomplete if the form is not complete, the application or license fee has not been paid or payment has not cleared, or additional information or documentation required under this rule has not been submitted, included but not

limited to:¶
(a) Documentation that an applicant for a facilitator license has completed the training required by ORS 475A.325.¶
(b) Documentation that an applicant for a facilitator license has passed the exam required by ORS 475A.325.¶
(c) Results of required criminal records checks completed pursuant to OAR 333-333-4100.¶
(d) A land use compatibility statement from the city or county that identifies an applicant name listed on the license application and authorizes land use in the city or county where the premises of a manufacturer or service center proposed to be licensed is located.¶
(e) Other required forms and documents identified in the training, licensing and compliance system.¶
(f) A complete owner consent form as required by subsection (3)(g) of this rule.¶
(6) The Authority will notify an applicant in writing if their application is determined to be incomplete. The applicant will have 30 days from the date the notice is issued to submit a complete application. If the applicant does not complete their application within 30 days, the Authority will close the application. If the Authority closes an application, the applicant may submit a new application, including a non-refundable application fee, at any time.¶
(7) An applicant may submit a written request for reconsideration of an application that is closed as incomplete. Such a request must be received by the Authority within 10 calendar days of the date the closure notice was mailed to the applicant. The Authority will notify the applicant of the results of their request following receipt of the request for reconsideration.
Statutory/Other Authority: ORS 475A.235, ORS 475A.245, ORS 475A.255, ORS 475A.374, ORS 413.161, Oregon Laws 202~~5~~6, chapter ~~236~~109
Statutes/Other Implemented: ORS 475A.235, ORS 475A.245, ORS 475A.255, ORS 475A.594, ORS 475A.374, O~~regon Laws 2025, chapter 236~~RS 475A.290, ORS 475A.302

AMEND: 333-333-4010

RULE SUMMARY: Amend OAR 333-333-4010: Describes location of required forms.

CHANGES TO RULE:

333-333-4010
Communication with the Oregon Health Authority
(1) If an applicant or licensee is required to or elects to submit anything in writing to the Oregon Health Authority (Authority), unless otherwise prescribed by the Authority, the applicant or licensee may submit the writing to the Authority via:¶
(a) Mail; or¶
(b) Electronic mail.¶
(2) If a written notification must be submitted by a particular deadline it must be received, regardless of the method used to submit the writing, by 5:00 p.m. Pacific Time on the date specified in the notification.¶
(3) Applicants must designate an individual applicant in their license application who will serve as the primary point of contact for communication with the Authority. If a license is issued, the designated primary point of contact listed in the application continues to serve as primary point of contact unless the licensee provides written notice in the form and manner prescribed by the Authority.¶
(4) The primary point of contact identified in section (3) of this rule is responsible for ensuring all persons identified as licensees or applicants are aware of relevant communications from the Authority, during the license application process and after the license is issued, including but not limited to notices issued under ORS chapter 183.¶
(5) All forms published on the Authority's website described in these rules are published to [insert url].
Statutory/Other Authority: ORS 475A.235, ORS 475A.245
Statutes/Other Implemented: ORS 475A.235, ORS 475A.245

AMEND: 333-333-4060

RULE SUMMARY: Amend OAR 333-333-4060: Increase application fee, annual license fees, and applicable change fees for all license types. Eliminate reduced license fees.

CHANGES TO RULE:

333-333-4060
License Fees
(1) At the time of initial license application:¶
(a) An applicant for a service center, manufacturer or laboratory license must pay a US$~~5~~1,000 non-refundable application fee.¶
(b) An applicant for a facilitator license must pay a US$~~15~~200 non-refundable application fee.¶
(2) If the Oregon Health Authority (Authority) approves an initial license application or renewal and grants an annual license, the following non-refundable fees must be paid, except as provided in sections (3) and (4) of this rule:¶
(a) Manufacturer US$~~1~~20,000.¶
(b) Service Center US$~~1~~20,000.¶
(c) Facilitator US$~~2~~4,000.¶
(d) ~~Laboratory US$10,000.¶~~
~~(3) Notwithstanding section (2) of this rule, if the Authority approves an initial license application or renewal and grants an annual license to a non-profit entity the following non-refundable fees must be paid:¶~~
~~(a) Manufacturer US$5,000.¶~~
~~(b) Service Center US$5,000.¶~~
~~(4) Notwithstanding section (2) of this rule, if the Authority approves an initial license application or renewal and grants an annual license the following non-refundable fees must be paid, if every individual applicant identified in the application satisfies one or more of the requirements of section (5) of this rule:¶~~
~~(a) Manufacturer US$5,000.¶~~
~~(b) Service Center US$5,000.¶~~
~~(c) Facilitator~~For initial and renewal laboratory license applications received prior to January 1, 2029, US$10,000.¶
(~~5) In order to qualify for the reduced fees identified in section (4) of this rule, an individual applicant must qualify under one of the following circumstances:¶~~
~~(a) Have received Supplemental Security Income benefits within the 12 months prior to the application date. To qualify for the reduced fee, the applicant must submit at the time of application a copy of a current monthly Supplemental Security Income benefit statement showing dates of coverage. The Authority may require additional information to verify eligibility upon request.¶~~
~~(b) Be enrolled in or have qualified for the Oregon Health Plan within the 12 months prior to the application date. To qualify for the reduced fee the applicant must submit a copy of the applicant's recent eligibility statement or card including a date that shows they were eligible for or received benefits within the 12 months prior to the application date. The Authority may require additional information to verify eligibility upon request. ¶~~
~~(c) Have received food benefits through the Oregon Supplemental Nutrition Assistance Program within the 12 months prior to the application date. To qualify for the reduced fee the applicant must submit proof of receiving food benefits within the 12 months prior to the application date. The Authority may require additional information to verify eligibility upon request.¶~~
~~(d) Has served in the Armed Forces of the United States. To qualify for the reduced fee, the applicant must provide proof of having served in the Armed Forces, such as but not limited to, submitting a Veteran's Administration form DD-214~~e) For initial and renewal laboratory license applications received on or after January 1, 2029, US$20,000.¶
(~~6~~3) The Authority will charge a nonrefundable change fee of US$~~25~~00 per applicant for any change to a previously approved license that proposes the addition of an applicant. This change fee applies regardless of whether the licensee requests the change at renewal or during the term of their license.¶
(~~7~~4) The Authority will charge a nonrefundable change fee of US$~~25~~1,000 per inspection for any change to a previously approved license that requires an inspection of the licensed premises~~, or~~ including any inspection of a premises proposed to be licensed that takes place pursuant to OAR 333-333-4210(2) and any inspection for a change of location pursuant to OAR 333-333-4200. This change fee applies regardless of whether the licensee requests the change at renewal or during the term of their license.
Statutory/Other Authority: ORS 475A.235, ORS 475A.290, ORS 475A.305, ORS 475A.325, ORS 475A.594
Statutes/Other Implemented: ORS 475A.235, ORS 475A.290, ORS 475A.305, ORS 475A.325, ORS 475A.594

2026-0981 445 10/02/2026

AMEND: 333-333-4070

RULE SUMMARY: Amend OAR 333-333-4070: Increase annual fee for worker permit. Clarify requirements for holding worker permit. Require notice of felony conviction.

CHANGES TO RULE:

333-333-4070
Worker Permit Term and Fees
(1) An individual who is a licensee representative must have a valid worker permit if the individual participates in:¶
(a) The provision of psilocybin services at a licensed premises.¶
(b) The possession, manufacturing, securing or selling of psilocybin products at a licensed premises.¶
(c) The recording of the possession, manufacturing, securing or selling of psilocybin products at a licensed premises.¶
(d) The verification of any document described in ORS 475A.445.¶
(2) Initial and renewal applications for a worker permit must include documents and information required by the Oregon Health Authority (Authority) to be complete.¶
(3) An applicant or permittee must notify the Authority in writing using the form published on the Authority's website within 10 business days of any conviction for any felony or any offense under ORS 475A.210 to 475A.722 committed by the applicant or permittee.¶
(4) The Authority shall deny an initial or renewal application for a worker permit if:¶
(a) The applicant does not have an approved criminal records check under ORS 181A.195.¶
(b) The applicant has not paid a civil penalty imposed under a final order issued by the Authority under ORS chapter 183 or payment has not cleared within the time frame specified in the order.¶
(~~4~~5) The Authority may deny an initial or renewal application for a worker permit if:¶
(a) The applicant has violated any provision of ORS 475A.210 to 475A.722 or these rules.¶
(b) The applicant has made a false statement to the Authority.¶
(~~5~~6) An individual ~~person~~ who holds a manufacturer, service center or laboratory license due to their ownership or control of a licensed legal entity, must have a valid worker permit if they perform any of the activities listed in subsections (1)(a) through (d) of this rule.¶
(~~6~~7) An individual designated as a practicum site supervisor must hold a worker permit. ¶
(8) If the Authority approves an initial or renewal application and grants a worker permit the permit shall have a term of one year.¶
(~~7~~9) Once the Authority has made a determination to issue a permit the individual must pay a US$2~~5~~00 fee to receive the permit.¶
(~~8~~10) If an applicant for an initial worker permit fails to pay the fee or payment fails to clear within ~~18~~90 calendar days of receiving notice of the Authority's determination to grant an application, the application will be c~~onsidered~~losed as incomplete.¶
(~~9~~11) If an applicant for a renewal worker permit fails to pay the fee or payment fails to clear within 30 calendar days of receiving notice of the Authority's determination to grant an application, the application will be c~~onsidered~~losed as incomplete.¶
(1~~0~~2) A renewal worker permit application will be considered timely if a complete renewal application is received by the Authority at least 60 calendar days before the date the permit expires. Applications received less than 60 days before the date the permit expires will be considered untimely.¶
(1~~1~~3) A permittee who submits a complete timely renewal application may continue to exercise the privileges of the permit after the stated permit expiration date, pending a decision by the Authority on the renewal application.¶
(1~~2~~4) A permittee who submits an untimely or incomplete renewal application or who does not submit a renewal application must cease engaging in activity that requires a worker permit when the permit expires.
Statutory/Other Authority: ORS 475A.235, ORS 475A.483, ORS 475A.480, ORS 475A.250, O~~regon Laws 2025, chapter 14~~RS 475A.377
Statutes/Other Implemented: ORS 475A.235, ORS 475A.483, ORS 475A.480, ORS 475A.250, O~~regon Laws 2025, chapter 14~~RS 475A.377

AMEND: 333-333-4100

RULE SUMMARY: Amend OAR 333-333-4100: Clarifies ambiguous language.

CHANGES TO RULE:

333-333-4100
Criminal Records Checks
(1) The Oregon Health Authority (Authority) may require any individual ~~person~~ identified as a licensee, a worker permit holder or applicant on a worker permit or license application to undergo a criminal records check and fitness determination.¶
(2) Any person identified as an applicant on an initial worker permit or license application is required to undergo a criminal records check and fitness determination.¶
(3) Any person identified as an applicant on a renewal license application may be required to undergo a criminal records check and fitness determination at regular intervals determined by the Authority.¶
(4) Any person identified as an applicant on a renewal worker permit application is required to undergo a criminal records check and fitness determination.¶
(5) An applicant for a worker permit is not required to undergo a criminal records check and fitness determination if that person has completed a criminal records check and fitness determination in connection with a license application within 12 months of their worker permit application.¶
(6) An individual ~~person~~ identified as a license applicant is not required to undergo a criminal records check and fitness determination if that person has completed a criminal records check and fitness determination in connection with another license application within 30 days of their current license application.¶
(7) The Authority will require a licensee or worker permit holder to undergo a criminal records check if the Authority learns that the individual has been convicted of a crime after their license or permit has been issued.¶
(8) When the Authority requires an individual to undergo a criminal records check, criminal records checks must be submitted to the Authority for a fitness determination in accordance with OAR 407-007-0200 to 407-007-0250, 407-007-0281, 407-007-0300 and 943-007-0001 to 943-007-0501. Individuals are not subject to a check for potentially disqualifying abuse, as described by OAR 407-007-0250(5).¶
(9) When the Authority requires an individual to undergo a criminal records check, the individual must provide:¶
(a) A criminal records check request form, prescribed by the Authority that includes but is not limited to:¶
(A) First, middle and last name;¶
(B) Any aliases;¶
(C) Date of birth; and¶
(D) Address and recent residency information.¶
(b) Fingerprints in ~~accordance with the instructions on~~ form and manner prescribed by the Authority~~'s webpage~~.¶
(10) The Authority may request an applicant to disclose their Social Security Number if notice is provided that:¶
(a) Indicates the disclosure of the Social Security Number is voluntary.¶
(b) The Authority requests the Social Security Number for the purpose of positively identifying the applicant during the criminal records check process.¶
(11) Pursuant to ORS 475A.250, the Authority may not consider the prior conviction of a subject individual for:¶
(a) The manufacture of psilocybin or the manufacture of a marijuana item, as defined in ORS 475C.009, if:¶
(A) The date of the conviction is two or more years before the date of the application; and¶
(B) The person has not been convicted more than once for the manufacture of psilocybin or a marijuana item; or¶
(b) The possession of a controlled substance, as defined in ORS 475.005, or a marijuana item, as defined in ORS 475C.009, if:¶
(A) The date of the conviction is two or more years before the date of the application; or¶
(B) The person has not been convicted more than once for the possession of a controlled substance or a marijuana item.¶
(12) The fitness determination described in section (8) of this rule will determine whether the applicant is ineligible to be licensed.¶
(13) For licensees and permittees refusal to participate in a criminal records check required by this rule is a violation.¶
(14) The Authority shall deny an application for a license or worker permit if the applicant does not have an approved criminal records check under ORS 181A.195¶
(15) If an applicant is denied due to the fitness determination, the applicant has hearings rights to challenge the fitness determination under OAR 943-007-0501.
Statutory/Other Authority: ORS 475A.235, ORS 475A.255, ORS 475A.486, ORS 475A.598, ORS 475A.250, O~~regon Laws 2025, chapter 14~~RS 475A.377

2026-0981 447 10/02/2026

Statutes/Other Implemented: ORS 475A.235, ORS 475A.255, ORS 475A.486, ORS 475A.598, ORS 475A.250, O~~regon Laws 2025, chapter 14~~RS 475A.377

AMEND: 333-333-4110

RULE SUMMARY: Amend OAR 333-333-4110: Requires an applicant to be present during inspections.

CHANGES TO RULE:

333-333-4110
Application Review
(1) Once the ~~Authority~~Oregon Health Authority (Authority) has determined that an application is complete, it must review the application to determine compliance with ORS chapter 475A and these rules.¶
(2) The Authority must receive a land use compatibility statement from the city or county that authorizes land use in the city or county where the premises proposed to be licensed is located prior to acting on an application for a new manufacturer or service center license.¶
(3) The Authority may verify any information submitted by the applicant, including but not limited to contacting any individual or legal entity identified in the application to request additional documents or information.¶
(4) The Authority may require an inspection of the premises proposed to be licensed prior to issuing a license. An individual named as an applicant on the license application must be present at the time of the inspection. There is no fee for inspections performed under this section.¶
(5) If the Authority determines that the applicant is not in compliance with these rules following an inspection described in section (4) of this rule, the Authority will provide a notice of the failed inspection identifying the requirements that have not been met.¶
(6) An applicant that fails an inspection described in section (4) of this rule will have 90 calendar days from the date the notice was sent to submit a written response that demonstrates the noted deficiencies have been corrected.¶
(7) If the applicant's response under section (6) of this rule appears to correct the noted deficiencies, the Authority may schedule another inspection.¶
(8) If the applicant fails a second inspection, the Authority will deny the application unless the applicant shows good cause for the Authority to perform additional inspections.
Statutory/Other Authority: ORS 475A.235, ORS 475A.250, ORS 475A.290
Statutes/Other Implemented: ORS 475A.235, ORS 475A.250, ORS 475A.290

AMEND: 333-333-4120

RULE SUMMARY: Amend OAR 333-333-4120: Reduces payment window for licenses from 180 to 90 days.

CHANGES TO RULE:

333-333-4120
Approval and Issuance
(1) If upon review of an application the Oregon Health Authority (Authority) determines the application meets all licensing requirements, the Authority will notify the applicant in writing that the application is pending approval and will request license fee payment. An applicant may not exercise any license privileges until they receive proof of licensure issued under section (4) of this rule.¶
(2) If an applicant for a manufacturer, service center or laboratory license fails to pay the license fee or payment fails to clear within 60 calendar days of the notice described in section (1) of this rule, the Authority may require re-inspection of the premises proposed to be licensed. Any re-inspections that take place pursuant to this rule will be subject to the change fee described in OAR 333-333-4060(~~7~~4).¶
(3) If an applicant for any license type fails to pay the license fee or payment fails to clear within ~~18~~90 calendar days of the notice described in section (1) of this rule, the application will be c~~onsidered~~losed as incomplete.¶
(4) The Authority will not approve the license until it has confirmed that payment of the license fee has cleared and processing the application is complete. When the license is approved, the Authority will notify the applicant in writing and will provide the applicant proof of licensure, that includes a unique license number, the licensee name(s), the operational name, the effective date of the license, and address of the licensed premises. Licenses issued under ORS chapter 475A may be held by multiple licensees.¶
(5) A licensee may not exercise license privileges until the effective date of licensure identified on the proof of licensure issued under section (4) of this rule.¶
(6) Manufacturer, service center and laboratory licensees must display a proof of licensure in a prominent place on the licensed premises.¶
(7) Facilitator licensees must be able to provide proof of licensure when performing preparation, administration or integration sessions.¶
(8) Manufacturer, service center and laboratory licenses are only valid for the licensed premises and are only issued to the individuals or entities listed on the application or subsequently approved by the Authority.¶
(9) Facilitator licenses are only issued to the individual listed on the application.¶
(10) A license may not be transferred except as provided in OAR 333-333-4270.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235

AMEND: 333-333-4200

RULE SUMMARY: Amend OAR 333-333-4200: Clarifies required use of published forms, refines ambiguous language.

CHANGES TO RULE:

333-333-4200
Notification of Changes
(1) An applicant or licensee must notify the Oregon Health Authority (Authority) in writing ~~in a form and manner prescrib~~using forms published ~~by~~on the Authority's website and receive written approval from the Authority prior to the following:¶
(a) Adding or removing an individual or legal entity who qualifies as an applicant under OAR 333-333-1010 or OAR 333-333-4030. Individuals who qualify as applicants must submit information regarding race, ethnicity, preferred spoken and written language, sexual orientation and gender identity of each individual applicant recorded in a form and manner prescribed by the Authority as required by OAR 333-333-4930.¶
(b) A change in licensee's operational name.¶
(2) An applicant or licensee must notify the Authority in writing ~~in a form and manner prescrib~~using the form published ~~by~~on the Authority's website within 10 business days of any of the following:¶
(a) A change in contact information for any person listed as an applicant or licensee.¶
(b) Any closure of ~~the~~a licensed premises lasting more than 30 days.¶
(c) Any conviction for any misdemeanor or felony committed by an individual listed as an applicant or licensee.¶
(d) Any arrest for conduct that occurred on ~~the~~a licensed premises.¶
(e) Any theft of psilocybin products or cash from ~~the~~a licensed premises.¶
(3) If after receipt of information required under subsection (1)(a) of this rule the Authority determines that the addition of an individual or legal entity applicant could result in an initial or renewal application denial under OAR 333-333-4130 or serve as the basis of a license suspension or revocation, the Authority:¶
(a) Will notify the licensee of its determination.¶
(b) Will give the licensee 30 calendar days to take action~~s~~ to ensure the individual or entity does not qualify as an applicant and provide documentation to the Authority that demonstrates such actions have been taken.¶
(c) May propose license suspension or revocation under OAR 333-333-4130 if the licensee does not comply with subsection (b) of this section.¶
(4) If applicable, the licensee must pay the change fee specified in OAR 333-333-4060 and payment must clear prior to making changes to their licensed premises or approved licensees that require inspections or additional applicants.¶
(5) A licensee who wishes to change the location of ~~the~~a licensed premises must submit a change of location request including required forms and documents and the ~~license applica~~site inspection fee specified in OAR 333-333-4060(~~1~~4).¶
(a) A licensee that submits a change of location request is not required to pay an additional annual license fee.¶
(b) A change of location request submitted under this rule must be submitted ~~in a form and manner prescrib~~using the form published ~~by~~on the Authority's website and must include:¶
(A) For changes to manufacturer or service center license location, a land use compatibility statement from the city or county that authorizes land use in the city or county where the new licensed premises will be located.¶
(B) For manufacturer, service center and laboratory license applicants, a map or diagram of the new location's licensed premises including the boundaries of the licensed premises relative to its location, identification of any residence or other structures located on the same tax lot as the premises proposed to be licensed that will not be included in the licensed premises, and a scaled floor plan identifying all limited access areas and client administration areas. The Authority may request additional documents or information related to the new locations, including but not limited to photographs of the premises to be licensed.¶
(C) For a manufacturer license, if the licensee is not the owner of the real property where the new location will be located, a written statement ~~in the form and manner prescribed by the Authority~~ signed by the property owner and witnessed by a notary public that confirms ownership of the real property and shows that the owner consents to manufacturing of psilocybin products on the property for at least one annual license term. The written statement must be submitted using the form published on the Authority's website. ¶
(6) The Authority may require a licensee to submit a new application including all required forms and documents and the fee specified in OAR 333-333-4060 for a change in ownership structure that is 51 percent or greater. For the purposes of this rule, a change is considered to be 51 percent or greater if natural persons who did not hold a direct or indirect interest in the entity at the start of the license year will collectively hold a direct or indirect interest of 51 percent or greater. The Authority may require licensees to submit additional information to determine whether a new application must be submitted.¶

(7) The Authority may require a licensee to submit a new application including all required forms and documents and the fee specified in OAR 333-333-4060 for a change in ownership structure if the change in ownership structure results in changing the licensee's status from a non-profit entity to another type of entity.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235

AMEND: 333-333-4250

RULE SUMMARY: Amend OAR 333-333-4250: Clarifies process for license renewal applications, allows Oregon Psilocybin Services (OPS) to close applications when applicants fail to provide documents or cure defects. Allows OPS to deny renewal application for unpaid civil penalties.

CHANGES TO RULE:

333-333-4250
License Renewal
(1) Renewal Applications:¶
(a) A renewal application must be submitted in a form and manner prescribed by the Oregon Health Authority (Authority) and must include documents, and information required by the Authority ~~to be complete.~~, including but not limited to completing forms required by OAR 333-333-4930. ¶
(b) For facilitator applicants, a renewal application ~~received on or after January 1, 2026~~ must include documentation that the applicant has completed the continuing education requirements described in OAR 333-333-3300.¶
(c) ~~A renewal application will be considered timely if a complete renewal application is received by the Authority~~For service center, manufacturer and laboratory applicants, a renewal application must include an attestation that every product tracking system user for the licensed premises has completed training required by the Authority for the product tracking system. ¶
(d) Upon receipt of a renewal application, the Authority will perform an initial review to determine if the applicant has submitted a complete application including all required documents. A renewal application will be considered timely if an applicant has submitted all required documents at least 60 calendar days before the date the license expires. Applications received less than 60 days before the date the license expires will be considered untimely. An application's submission date is the date the Authority receives a completed application, including all required documents.¶
(~~d~~e) A licensee who submits a ~~complete~~ timely renewal application may continue to operate after the stated license expiration date, pending a decision by the Authority on the renewal application.¶
(~~e~~f) A licensee who submits an untimely ~~or incomplete~~ renewal application or who does not submit a renewal application must cease engaging in the licensed activity when the license expires.¶
(~~f~~g) A person who, while not actively licensed, engages in any activity that would require a license may be subject to administrative and criminal sanctions regardless of their prior licensure status.¶
(2) ~~T~~After performing an initial review, the Authority may require a licensee with a pending renewal application to submit additional forms, documents and information described in OAR 333-333-4000~~, including but not limited to information regarding race, ethnicity, preferred spoken and written language, sexual orientation and gender identity of each individual applicant, in order to complete an evaluation of a renewal application. Failure to submit forms, documents or information requested by the Authority under this section within a time period prescribed by the Authority may result in the renewal application being considered incomplete~~. ¶
(3) The Authority may require an inspection of the premises proposed to be licensed prior to renewing a license after providing reasonable notice as described in OAR 333-333-6150(~~3~~2). An individual named as an applicant on the renewal application must be present at the time of the inspection. There is no fee for inspections performed under this section.¶
(4) If the Authority determines that the licensee is not in compliance with these rules following an inspection described in section (3) of this rule, the Authority may issue a notice of violation~~.~~ or provide applicants an opportunity to modify their licensed premises to achieve compliance. The Authority will identify required modifications in writing and applicants must address modifications within 30 calendar days. The Authority may deny a renewal application if the applicant does not address modifications within 30 calendar days¶
(5) If upon review of an application the Authority determines the renewal application meets all licensing requirements, the Authority will notify the applicant in writing that the renewal application is pending approval and will request license fee payment.¶
(6) If an applicant for any license type fails to pay the license renewal fee or payment fails to clear within 30 calendar days of the notice described in section (5) of this rule, the renewal application will be c~~onsidered~~losed as incomplete.¶
(7) The Authority will not renew the license until it has confirmed that payment of the license renewal fee has cleared and processing of the renewal application is complete. When the license is renewed, the Authority will notify the applicant and provide the applicant with updated proof of licensure that includes a unique license number, the licensee name(s), the operational name, the effective date of the license, and address of the licensed premises.¶

(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 as incomplete.¶
(9) The Authority shall deny a renewal application if the application identifies an applicant who has not paid a civil penalty imposed under a final order issued by the Authority under ORS chapter 183, or payment has not cleared within the time frame specified in the order.
Statutory/Other Authority: ORS 475A.235, ORS 475A.483
Statutes/Other Implemented: ORS 475A.235, ORS 475A.483, ORS 475A.374

AMEND: 333-333-4280

RULE SUMMARY: Amend OAR 333-333-4280: Clarifies form requirements; allows worker permits to request surrender of their permit.

CHANGES TO RULE:

333-333-4280
Surrender
(1) A licensee may request to surrender a license ~~in a form and manner prescrib~~by submitting the form publish~~ed~~ ~~by~~on the Oregon Health Authority's (Authority~~}~~'s) website. Each individual ~~person~~ identified as a licensee must submit a separate request, including a product plan and client record plan if applicable. The license remains in effect until the Authority accepts the surrender. The Authority may request additional information and require additional site inspections prior to accepting the surrender.~~-~~¶
(2) A service center, manufacturer or laboratory license that requests to surrender its license must submit a products plan, ~~in a form and manner prescrib~~using the form publish~~ed~~ ~~by~~on the Authority's website, in order to complete its surrender request. An identical products plan must be signed by every individual ~~person~~ identified as a licensee and must describe the licensees' plan to dispose of psilocybin products in inventory by destroying the products or transferring psilocybin products to another license in compliance with these rules. All psilocybin products designated as waste or transferred to another license must be recorded in the product tracking system.~~-~~¶
(3) A service center that requests to surrender its license must submit a client records plan, ~~in a form and manner prescrib~~using the form publish~~ed~~ ~~by~~on the Authority's website, for approval in order to complete its surrender request. An identical client records plan must be signed by every individual licensee affiliated with the licensed premises and must describe the service center's plan to:¶
(a) Destroy client records; or¶
(b) Obtain client's written consent as described in OAR 333-333-4810 and transfer client records to another service center.¶
(4) The Authority will review product plans and client record plans and may require revisions to plans prior to accepting a surrender request. If the Authority accepts a surrender request, the Authority will notify the licensee in writing of the date of acceptance. The licensee must cease all license privileges on this date through the remainder of the licensing period. The licensee must receive a new license before engaging in any licensed activities.¶
(5) A training program may request to surrender approval of its curriculum ~~in a form and manner prescrib~~using the form publish~~ed~~ ~~by~~on the Authority's website. The training program's curriculum approval remains in effect until the Authority accepts the surrender. If the Authority accepts the surrender, the Authority will notify the training programs in writing of the date of acceptance. On or before the date of their surrender, the training program must notify any enrolled students that their curriculum is no longer approved by the Authority.¶
(6) A permittee may request to surrender their worker permit using the form published on the Authority's website. A worker permit remains in effect until the Authority accepts the surrender. If the Authority accepts the surrender, the Authority will notify the permittee in writing of the date of acceptance.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235

AMEND: 333-333-4300

RULE SUMMARY: Amend OAR 333-333-4300: Removes provisions that are now contained in OAR 333-333-4310 pertaining to requirements for authorized temporary uses.

CHANGES TO RULE:

333-333-4300
Licensed Premises Location Requirements
(1) A licensed premises may not be located on state or federally owned land.¶
(2) The interior and exterior areas of a licensed premises may not overlap with:¶
(a) An area that is licensed or certified or otherwise approved by the Oregon Liquor and Cannabis Commission, under ORS 475C.065, ORS 475C.085, ORS 475C.093 or ORS 475C.097, a licensed premises under ORS chapter 471 or a retail liquor store appointed as an agent.¶
(b) A medical marijuana grow site registered under ORS 475C.792.¶
(c) A medical marijuana processing site registered under ORS 475C.815.¶
(d) A medical marijuana dispensary registered under ORS 475C.833.¶
(e) An area used as an industrial hemp operation by an industrial hemp grower or handler licensed by the Oregon Department of Agriculture under ORS 571.281.¶
(f) A health care facility licensed under ORS chapter 441.¶
(g) An area that is operating as a restaurant, seasonal temporary restaurant, intermittent temporary restaurant, limited-service restaurant, single event temporary restaurant, commissary, mobile unit, bed and breakfast, or warehouse licensed under ORS chapter 624.¶
(h) A residence.¶
(i) An area that has been issued another license under ORS chapter 475A.¶
(3) The licensed premises of a service center may not be located:¶
(a) Except as provided in ORS 475A.310 and OAR 333-333-4130(4), within 1,000 feet of:¶
(A) A public elementary or secondary school for which attendance is compulsory under ORS 339.020; or¶
(B) A private or parochial elementary or secondary school, teaching children as described in ORS 339.030.¶
(b) In an area that is zoned exclusively for residential use within city limits.¶
(4) A manufacturer with an edible psilocybin production endorsement may not:¶
(a) Engage in processing in an area that is operating as a restaurant, seasonal temporary restaurant, intermittent temporary restaurant, limited-service restaurant, single event temporary restaurant, commissary, mobile unit, bed and breakfast, or warehouse licensed under ORS chapter 624;¶
(b) Share a food establishment where psilocybin will be produced, with another person or entity; or¶
(c) Process food intended for commercial sale that does not contain psilocybin.¶
(5) A manufacturer, service center or laboratory license is prohibited from subletting any portion of the licensed premises.¶
~~(6) A service center may authorize the temporary use of the licensed premises for activities that are unrelated to the exercise of license privileges. Activities related to the regular operation of the licensed business, such as staff meetings, are not temporary uses.¶~~
~~(a) The requirements of these rules and ORS 475A.210 to 475A.722 remain in effect during authorized temporary uses and licensees are responsible for any violation of these rules and ORS 475A.210 to 475.722 that occurs on the licensed premises during an authorized temporary use. Requirements include but are not limited to prohibiting any person under 21 years of age from being present on the licensed premises, preventing access to limited access areas, ensuring that no alcoholic beverages or other intoxicants are consumed during the temporary use, complying with local time, place and manner regulations and following applicable rules on food service.¶~~
~~(b) A service center must provide advance written notice in the form and manner prescribed by the Oregon Health Authority (Authority) of temporary uses of the licensed premises for activities unrelated to the exercise of licensed privileges at least five business days prior to the authorized temporary uses in the form and manner prescribed by the Authority. Service centers may use a single written notice to provide advance notice of multiple and reoccurring events occurring within 180 days following the date of the notice.¶~~
~~(c) Psilocybin products may not be sold or transferred, and no psilocybin services may be provided, during an authorized temporary use.¶~~
~~(d) A licensee representative must be present at the licensed premises for the duration of the authorized temporary use.¶~~
~~(e) An authorized temporary use may only occur between the hours of 6:00 AM and 11:59 PM local time.~~
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235, ORS 475A.305, ORS 475A.310

2026-0981 456 10/02/2026

ADOPT: 333-333-4310

RULE SUMMARY: Adopt OAR 333-333-4310: Existing requirements for authorized temporary uses were moved into this new rule from OAR 333-333-4300 and description of complete and adequate notice was added.

CHANGES TO RULE:

333-333-4310
Service Center Temporary Events
(1) A service center may conduct temporary uses of the licensed premises for activities that are unrelated to the exercise of license privileges subject to the requirements of these rules. Activities related to the regular operation of the licensed business, such as staff meetings, are not temporary uses.¶
(2) The requirements of these rules and ORS 475A.210 to 475A.722 remain in effect during temporary uses and licensees are responsible for any violation of these rules and ORS 475A.210 to 475.722 that occurs on the licensed premises during a temporary use. Requirements include but are not limited to prohibiting any person under 21 years of age from being present on the licensed premises, preventing access to limited access areas, required video recording, use of visitor logs and ensuring that no alcoholic beverages or other intoxicants are consumed during the temporary use, complying with local time, place and manner regulations and following applicable rules on food service.¶
(3) Psilocybin products may not be sold or transferred, and no psilocybin services may be provided, during a temporary use.¶
(4) A licensee representative must be present at the licensed premises for the duration of a temporary use.¶
(5) A temporary use may only occur between the hours of 6:00 AM and 11:59 PM local time. ¶
(6) A temporary use may not occur while a service center's license is suspended. ¶
(7) A service center must provide complete and adequate advance written notice using the form published on the Oregon Health Authority's (Authority's) website of temporary uses of the licensed premises for activities unrelated to the exercise of licensed privileges at least five business days prior to the proposed temporary use. Service centers may use a single written notice to provide advance notice of multiple and reoccurring events occurring prior to the expiration, revocation or surrender of the current active license.¶
(8) Adequate and complete advanced written notice must describe the event in detail and must demonstrate that the event meets the requirements of these rules and ORS 475A.210 to 475.722. ¶
(9) The Authority will provide written confirmation to service centers of whether their advanced notice of temporary use is adequate and complete. ¶
(10) Service centers may not conduct temporary uses of their licensed premises unless the Authority has provided written confirmation that the notice of temporary use is adequate and complete. ¶
(11) A service center must provide complete and adequate advance written notice using the form published on the Authority's website of any proposed changes to recurring authorized temporary uses at least five business days prior to the change.
Statutory/Other Authority: ORS 475A.235, ORS 475A.305
Statutes/Other Implemented: ORS 475A.235, ORS 475A.305

AMEND: 333-333-4400

RULE SUMMARY: Amend OAR 333-333-4400: Adjusts cross reference.

CHANGES TO RULE:

333-333-4400
Licensed Premises Operating Requirements
(1) A licensee or permittee may not permit:¶
(a) A person under 21 years of age to work or be present on a licensed premises except for persons temporarily at the premises to make a service, maintenance, or repair call or for other purposes independent of the premises operations.¶
(b) On-site sale or transfer of a psilocybin product except for sales and transfers to other licensed premises and retail sales by a service center in connection with an administration session.¶
(c) On-site consumption of a psilocybin product except for clients consuming psilocybin products at a service center in connection with an administration session.¶
(d) On-site consumption of any intoxicants by any individual, except for clients consuming psilocybin products during an administration session.¶
(2) A licensee must clearly identify all limited access areas in accordance with OAR 333-333-4000(3)(f) and OAR 333-333-4550(5).¶
(3) Log. A licensee must keep a daily log of all licensees, licensee representatives, employees, client support persons, students participating in practicum and permitted visitors who perform work on the licensed premises, except for Oregon Health Authority (Authority) employees and other state or local government officials acting in an official capacity who have jurisdiction over some aspect of the licensed premises or operation. The daily log must contain the license number and worker permit number, if applicable, for all individuals listed in the log.¶
(a) A licensee must record and retain the following information for each current employee and licensee representative and make the information available to the Authority upon request:¶
(A) For a licensee, employee or licensee representative required to have a worker permit, the permit number and name of the individual as they appear on the worker permit.¶
(B) For a licensee, employee or licensee representative not required to have a worker permit, the legal name and date of birth of the individual.¶
(b) All permitted visitors present on the licensed premises must wear or display an item issued by the licensee that visually identifies the individual as a permitted visitor.¶
(c) Upon client request, facilitators, permitted workers and licensee representatives present at a service center must make reasonable efforts to wear, display or carry an item provided by the licensee that identifies their role at the licensed premises.¶
(d) All permitted visitors must be supervised by a licensee representative when they are present in limited access areas or any areas where clients may be present.¶
(e) On the daily log, a licensee must record the name and date of birth as this information is displayed on valid government-issued ID for every contractor who performs work on the licensed premises.¶
(f) A licensee must maintain a copy of the daily log required by subsection (3)(e) of this rule for a period of at least two years.¶
(4) Permitted Visitors. The general public is not permitted in limited access areas on a licensed premises. In addition to licensee representatives, the following visitors are permitted to be present in limited access areas on a licensed premises, subject to the requirements of these rules:¶
(a) Laboratory personnel if the laboratory is licensed by the Authority.¶
(b) A contractor, vendor or individual or entity providing professional services to a licensee, including media authorized by a licensee representative to be on the licensed premises.¶
(c) Another licensee or that licensee's representative.¶
(5) Nothing in this rule is intended to prevent or prohibit Authority employees or contractors, or other state or local government officials that have jurisdiction over some aspect of the licensed premises or licensee from being on the licensed premises.¶
(6) In addition to the daily log required by section (3) of this rule, service centers must keep a log of all guests who visit the licensed premises, excluding clients, and including but not limited to media and friends and family. All guests who visit the licensed premises must be 21 years of age or older.¶
(7) A licensee may not sublet any portion of a licensed premises. A service center may authorize the temporary use of a licensed premises subject to OAR 333-333-4310~~0(6)~~, excluding limited access areas, for activities that are unrelated to the exercise of license privileges. The requirements of these rules and ORS 475A.210 to 475A.722 remain in effect when such activities take place.¶

(8) A licensed premises may receive psilocybin products only from other licensed premises as allowed by these rules.¶
(9) A licensee may not allow animals to be present on the licensed premises, except for assistance animals as allowed under ORS 659A.143.¶
(10) If the licensed premises contains outdoor areas, the boundaries of the licensed outdoor areas must be clearly marked with visible signage or barriers.¶
(11) Licensees that are required to be registered with the Oregon Secretary of State must register prior to receiving a license and maintain registration, including registration of an Assumed Business Name (ABN) if applicable that is used as an operational name.¶
(12) Licensee representatives who are not licensees under ORS 475A are prohibited from exercising control over the license.¶
(13) Manufacturer, service center and laboratory licensees must ensure that conditions at their licensed premises are appropriate to provide safe environments for licensee representatives, clients and other individuals. This includes but is not limited regularly cleaning the premises, properly addressing safety issues and constructing and maintaining floors, walls, ceilings counters and surface areas within a licensed premises in a manner that reduces the potential development of microbials, molds and unintended fungi.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.460

AMEND: 333-333-4480

RULE SUMMARY: Amend OAR 333-333-4480: Clarifies that service centers may not remove psilocybin products from packaging. Clarifies prohibition on promoting consumption at unlicensed locations.

CHANGES TO RULE:

333-333-4480
Service Center Privileges and Prohibitions
(1) A service center may:¶
(a) Between the hours of 6:00 AM and 11:59 PM local time, sell psilocybin products and provide psilocybin services to clients 21 years of age or older.¶
(b) Purchase, possess or receive psilocybin products from a manufacturer or service center.¶
(c) Transfer psilocybin products to a manufacturer or service center, subject to product quantity limits in OAR 333-333-2200.¶
(2) A service center must begin every administration session at a time that allows the minimum duration of that session described in OAR 333-333-5250 to elapse prior to 11:59 PM local time.¶
(3) A service center must collect tax on all psilocybin products sold to clients and document the sale of all products and services in the manner required by OAR 333-333-5180.¶
(4) A service center must create and maintain policies and procedures for possession and storage of firearms and other weapons on the licensed premises.¶
(5) A service center may not:¶
(a) Discount a psilocybin product or offer a psilocybin product for free.¶
(b) Permit a client to bring psilocybin products onto the licensed premises or take any psilocybin product from the licensed premises.¶
(c) Sell or offer for sale any psilocybin product that does not comply with the requirements of ORS chapter 475A or these rules.¶
(6) A licensee representative of a service center may not assist a client with any of the activities required to be performed by a client support person pursuant to OAR 333-333-5070(5)(d), (f), (g) or (m).¶
(7) Service centers may permit clients to bring any food item and non-alcoholic beverage onto the licensed premises for consumption subject to the requirements of OAR 333-333-5170 and 333-333-4400. Service centers must store food items that require refrigeration at a temperature of 41 degrees Fahrenheit or less.¶
(8) Service centers may provide packaged food and beverages to clients and food that was prepared offsite at a restaurant or other facility licensed under ORS chapter 624. If food will be provided during an administration session, service centers must discuss client~~'~~s' dietary needs, restrictions and preferences prior to beginning the administration session.¶
(9) Service centers may not provide food items or beverages to clients that were prepared on the licensed premises. This rule does not prevent a service center from providing heated or unheated water to clients.¶
(10) Service centers may not remove psilocybin products from client packaging for repackaging or any other purpose, except for psilocybin products that will be destroyed and designated as waste in the product tracking system.¶
(11) Licensed service centers may not promote unregulated cultivation and processing of psilocybin products by providing information or instruction related to home cultivation, offering for sale spores, mycelium or materials used to cultivate and process psilocybin products.¶
(1~~1~~2) Service centers may not promote unregulated consumption of psilocybin products, including scheduling clients to consume psilocybin at an unlicensed location or recommending that clients consume psilocybin products at any location within Oregon where it is unlawful to do so.¶
(13) In addition to the logs required by OAR 333-333-4400(3), service centers must:¶
(a) Create and maintain a list of all facilitators who have provided psilocybin services at the licensed premises in a form and manner prescribed by the Oregon Health Authority (Authority).¶
(b) Provide the information described in subsection (a) of this section to the Authority upon request in a form and manner prescribed by the Authority.¶
(14) Service centers must take reasonable steps to ensure that areas the licensee controls that are adjacent to or outside the licensed premises do not present a safety risk for clients entering and exiting the licensed premises.¶
(15) A service center may refuse to provide psilocybin products to a client or potential client for any reason. These rules do not excuse a service center from complying with applicable federal, state and local non-discrimination laws.
Statutory/Other Authority: ORS 475A.235, ORS 475A.305, ORS 475A.370
Statutes/Other Implemented: ORS 475A.235, ORS 475A.305, ORS 475A.370

AMEND: 333-333-4520

RULE SUMMARY: Amend OAR 333-333-4520: Describes expectations for client conduct and renames “Client Bill of Rights” as “Client Rights and Responsibilities.”

CHANGES TO RULE:

333-333-4520
Client ~~Bill of Right~~Rights and Responsibilities
(1) A service center must post the ~~following "Client Bill of Right~~attached "Client Rights and Responsibilities" in a prominent location within the licensed premises and must provide every client with a copy during their preparation session:¶
~~"Clients receiving psilocybin services in Oregon have the following rights:¶~~
~~To be treated with dignity and respect while receiving psilocybin services.¶~~
~~To receive competent and equitable care consistent with values, policies, and practices that ensure all people, especially those who have been historically marginalized based on race, ethnicity, religion, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances are considered in the development of social pathways to health equity.¶~~
~~To be free from physical, sexual, psychological, and financial abuse before, during, and after receiving psilocybin services.¶~~
~~To make decisions without coercion or undue influence. To be informed of the known benefits and risks associated with psilocybin services.¶~~
~~To refuse psilocybin services prior to beginning an administration session.¶~~
~~To privacy and confidentiality regarding participation in psilocybin services.¶~~
~~To refuse to release any information to third parties, except as required by law. Information may be required to be released by law when a client initiates a complaint, when communications reveal an intent to cause harm to others or disclose that a minor may have been a victim of abuse, or when responding to an investigation by the Oregon Health Authority.¶~~
~~To full disclosure of any facilitator conflicts of interest.¶~~
~~To a full and accurate explanation of the costs associated with receiving psilocybin services before receiving those services.¶~~
~~To store personal belongings securely while receiving psilocybin services.¶~~
~~To access their client records after providing reasonable notice to a facilitator or service center and to correct information that is inaccurate.¶~~
~~To request a private space in which to receive psilocybin services.¶~~
~~To be monitored and supported by a licensed~~(2) The text of the Client Rights and Responsibilities may not be altered and must be printed in an easily legible font.¶
(3) A facilitator ~~for the duration of psilocybin services until it is safe for the client to leave the service center.¶~~
~~To receive psilocybin services from a licensed facilitator for the duration of those services, except in cases of emergency.¶~~
~~To access service centers and psilocybin services that are welcoming and accessible to people with disabilities.¶~~
~~To have access to a clean, single occupancy restroom for the duration of psilocybin services.¶~~
~~To discuss this Bill of Rights with licensed facilitators and service center operators without facing discrimination or retaliation.¶~~
~~To report violations of this Bill of Rights to the Oregon Health Authority, or other appropriate governing body, without facing discrimination or reta~~service center must provide the Client Rights and Responsibili~~ation.~~¶
~~To withdraw or alter my consent to receive psilocybin services at any time prior to beginning an administration session.¶~~
~~To withdraw or alter my consent to release information. ¶~~
~~To receive information regarding culturally and linguistically responsive services offered to support client safety. ¶~~
~~To receive services in a manner that considers my individual conditions, sensitivities and health concerns.¶~~
~~To be fully informed of a service center's policies on possession of firearms and other weapons on the licensed premises.¶~~
~~To make complaints to the Oregon Health Authority regarding psilocybin products and services.¶~~
~~To choose their facilitator and request an opportunity to receive psilocybin services from an alternate facilitator. Facilitators and service centers may decline services to a client for any reason."¶~~
~~(2) The text of the Client Bill of Rights may not be altered and must be printed in an easily legible fon~~es in other languages or accessible formats upon a client's request.¶
(~~3~~4) A facilitator or service center must provide the Client ~~Bill of Rights in other languages or accessible formats~~

2026-0981 461 10/02/2026

~~upon a client's request.¶~~
~~(4) A facilitator or service center must provide the Client Bill of Right~~Rights and Responsibilities to a client prior to a preparation session upon the client's request.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235, ORS 475A.370

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

NOTE: Attachments referenced are attached to this document. You may view the attachment 333-333-4520.pdf from the Attachments panel. Alternately, you may view the attachments at the following link:
https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=339170

2026-0981 462 10/02/2026

AMEND: 333-333-4650

RULE SUMMARY: Amend OAR 333-333-4650: Clarifies required form for providing notice of video stoppage.

CHANGES TO RULE:

333-333-4650
Security Video Recording Requirements for Licensed Facilities
(1) To ensure security of the licensed premises, a service center, manufacturer or laboratory licensee is required to have cameras that continuously record, 24 hours a day:¶
(a) In all areas where psilocybin products are produced or stored on the licensed premises.¶
(b) In all areas where psilocybin waste may be present on the licensed premises.¶
(c) All points of ingress and egress to and from:¶
(A) Indoor areas of the licensed premises.¶
(B) Areas where psilocybin products are produced or stored.¶
(C) Areas where psilocybin waste may be present.¶
(2) A service center, manufacturer or laboratory licensee must:¶
(a) In all areas where camera coverage is required, use cameras that record at a minimum resolution of 1280 x 720 px and record at 10 fps (frames per second).¶
(b) Use cameras that are capable of recording in all lighting conditions.¶
(c) Retain video recordings for a minimum of 30 calendar days.¶
(d) Maintain video recordings in a format approved by the Oregon Health Authority (Authority) that can be easily accessed for viewing and easily reproduced.¶
(e) Upon request of the Authority, keep video recordings for periods exceeding the retention period specified in subsection (2)(c) of this rule.¶
(f) Have the date and time embedded on all video recordings without significantly obscuring the picture.¶
(g) Archive video recordings in a format that ensures authentication of the recording and guarantees that no alteration of the recorded image has taken place.¶
(h) Make video recordings available immediately upon request to the Authority in a format specified by the Authority for the purpose of ensuring compliance with ORS chapter 475A and these rules regardless of whether the recordings are stored on the licensed premises or on a cloud-based platform.¶
(i) Ensure that only authorized licensee representatives, Authority employees and contractors, and other state or local government officials that have jurisdiction over some aspect of the licensed premises or licensee have access to video recordings.¶
(3) Notwithstanding the requirements in section (1) of this rule a service center, manufacturer or laboratory licensee may stop recording in areas where psilocybin products are not present due to seasonal closures or periods of inactivity.¶
(a) At least 24 hours before stopping recording, a licensee must submit written notice to the Authority ~~by electronic mail using a designated~~using the form as published by the Authority on its website and the notice must include:¶
(A) A description of the total number and location of cameras that will be deactivated.¶
(B) The date and time recording will stop.¶
(C) An explanation for why recording will be stopped.¶
(D) The date and time recording will resume.¶
(b) A licensee must resume all required recording no later than the date and time specified in the notice submitted under subsection (a) of this section.¶
(c) A licensee may not engage in any licensed privileges in any areas where recording was stopped under this section.¶
(4) Recordings made under this rule are not subject to OAR 333-333-4640.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235

AMEND: 333-333-4660

RULE SUMMARY: Amend OAR 333-333-4660: Adjusts cross reference.

CHANGES TO RULE:

333-333-4660
Location and Maintenance of Required Security Video Equipment
(1) Except as provided in OAR 333-333-4620(3), a service center, manufacturer or laboratory licensee must house the required recording equipment in a designated, locked, and secured room or other enclosure within the licensed premises with access limited to:¶
(a) The licensee, licensee representatives, and authorized personnel.¶
(b) Employees of the Oregon Health Authority (Authority).¶
(c) Service personnel or contractors.¶
(2) A service center, manufacturer or laboratory licensee must keep a current list of all authorized employees and service personnel who have access to the required video recording system and room on the licensed premises.¶
(3) Service center, manufacturer or laboratory licensees must keep a video recording equipment maintenance activity log on the licensed premises to record all service activity for the required video equipment including the identity of any individual performing the service, the service date and time and the reason for service to the video recording system.¶
(4) Service center, manufacturer or laboratory licensees must keep a video recording equipment outage log on the licensed premises to record all camera outages lasting more than 30 minutes for the required video equipment. The log must identify the cameras affected and record time and duration of the outage.¶
(5) Off-site monitoring of the licensed premises by a licensee or an independent third-party is authorized if standards exercised at the remote location meet or exceed all standards for on-site monitoring. Off-site monitoring may not be used to satisfy the requirements of OAR 333-333-5200(43).
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235

AMEND: 333-333-4810

RULE SUMMARY: Amend OAR 333-333-4810: Clarifies forms required for client consent to release information.

CHANGES TO RULE:

333-333-4810
Client Confidentiality
(1) A service center or facilitator may not disclose any information that may be used to identify a client, or disclose any communication made by a client related to psilocybin services or selling psilocybin products to a client to any person including other clients, except with a client's consent or otherwise as allowed by ORS 475A.450. Service centers may allow facilitators to access records related to services a facilitator provided to clients at the service center without the client's consent. A licensed facilitator may only access client records for clients to whom they have provided preparation, administration, or integration sessions. A licensed facilitator may not access the client records of any other client unless the client has provided prior written consent and the facilitator accesses the records for the purpose of providing services to the client.¶
(2) A service center must have a completed client consent form to disclose identifiable client information that contains the following:¶
(a) A specific description of the client's identifiable information to be used or disclosed.¶
(b) The name or specific identification of the person(s) or class of person(s) the client's information will be disclosed to.¶
(c) The specific purpose for which the information will be used or disclosed.¶
(d) The date and signature of the client.¶
(e) An expiration date when the consent to use or disclose is withdrawn.¶
(3) A service center or facilitator must use the client written consent form provided by the Oregon Health Authority (Authority) to meet the requirements of section (2) of this rule. The consent form is available on the Authority's website.¶
(4) If a client consents to disclose their identifiable client information the client consent form described in section (2) of this rule must be completed at least 24 hours prior to the client's administration session or at least 72 hours after the conclusion of the client's administration session. If a client chooses to withdraw their consent form described in section (2), they may do so by providing written notice to the service center or facilitator ~~in a form and manner prescrib~~using the form published ~~by~~on the Authority.'s website. ¶
(5) A service center or facilitator must provide a client with a disclosure form during or prior to a preparation session if the facilitator or service center intends to share de-identified data related to the client's receipt of psilocybin product or services.¶
(a) The disclosure form must contain:¶
(A) The name of the person or organization that will receive de-identified data.¶
(B) The specific purpose for which the de-identified data will be used or disclosed.¶
(C) The date the form was provided to the client and client signature acknowledging receipt.¶
(D) An option that allows the client to opt out of having their de-identified data disclosed to third parties.¶
(b) The disclosure form is not required when reporting required data to the Authority pursuant to OAR 333-333-4910 and may not be used for clients to request that their data be withheld from the Authority as described in OAR 333-333-4900(4).¶
(6) A service center or facilitator must use the disclosure form provided by the Authority to meet the requirements of section (5) of this rule. The disclosure form is available on the Authority's website.¶
(7) If a client chooses to withdraw their disclosure form described in section (5), they may do so by providing written notice to the service center or facilitator ~~in a form and manner prescrib~~. Service centers and facilitators must document clients' written notice using the form published ~~by~~on the Authority's website.¶
(8) Service centers are not required to complete consent forms for disclosure required by section (2) of this rule when releasing a client's own records to a client who received services. These records may not contain information that could identify other clients.¶
(9) Service centers and facilitators are not required to complete disclosure forms required by section (5) of this rule when sharing de-identified data describing the total number of clients to whom the licensee has provided preparation, administration, and integration sessions.¶
(10) Service centers and facilitators may not alter client records after the completion of preparation, administration or integration sessions. Service centers and facilitators may create an addendum to existing records.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235, ORS 475A.450, ORS 475A.372

2026-0981 465 10/02/2026

AMEND: 333-333-4900

RULE SUMMARY: Amend OAR 333-333-4900: Clarifies forms required for opt-out of client data reporting.

CHANGES TO RULE:

333-333-4900
Collection and Maintenance of 303 Client Data
(1) ~~On and after January 1, 2025, s~~Service centers must collect 303 client data in a manner prescribed by the Oregon Health Authority (Authority), consistent with OAR chapter 950, division 30, by using the form published by the Authority for the current reporting period, on its website prior to beginning an administration session for every client who will participate in an administration session at the licensed premises.¶
(2) Service centers, including licensee representatives described in section (3) of this rule, must store, maintain and destroy 303 client data, including 303 client data that is not reported to the Authority pursuant to OAR 333-333-4910, in a manner that prevents unauthorized access and protects client confidentiality.¶
(3) 303 client data may only be accessed by licensees and licensee representatives of a service center. Service centers may enter into agreements with individuals and organizations to act as licensee representatives for the purpose of collecting, reporting, storing, maintaining and destroying 303 client data.¶
(4) If a service center enters an agreement described in section (3) of this rule, the service center must provide notice to clients, and 303 client data must be stored at the service center or on cloud-based platforms as described OAR 333-333-4820.¶
(5) Prior to beginning an administration session, every client must provide written confirmation, ~~in a form and manner prescrib~~using the form published ~~by~~on the Authority's website, that the client has had an opportunity to request that 303 client data related to their receipt of psilocybin services be withheld from data submitted to the Authority.¶
(6) A service center must collect 303 client data by using the form described in section (1) from every client, even if a client requests their information be withheld from data submitted to the Authority.¶
(7) Licensee representatives and facilitators are prohibited from encouraging clients to request that their data be withheld from data submitted to the Authority or otherwise influencing a client's responses to the form described in section (1) of this rule.¶
(8) Failure to comply with this rule is a violation.
Statutory/Other Authority: ORS 475A.372, ORS 413.161
Statutes/Other Implemented: ORS 475A.372, ORS 413.161

AMEND: 333-333-4910

RULE SUMMARY: Amend OAR 333-333-4910: Adjusts average dose reporting requirements to align with Oregon Laws 2026, Chapter 109 (HB 4040).

CHANGES TO RULE:

333-333-4910
Required Reporting of Data
(1) All data required to be submitted under this rule must be submitted in a form and manner prescribed by the Oregon Health Authority (Authority) on a quarterly basis no later than the 25th calendar day following the last day of the quarter. The last days of each quarter are March 31, June 30, September 30 and December 31 of every calendar year. Reporting for these periods must be made no later than April 25, July 25, October 25 and January 25 of every calendar year. Data required to be submitted under this rule must be reported by service center licensees and licensee representatives who have been designated in a form and manner prescribed by the Authority.¶
(a) The reporting obligation by service centers applies to each quarter of reporting that the service center was licensed. If a service center's license expires, the center is responsible for reporting data in accordance with this rule for each quarter in which the license was valid.¶
(b) For a service center that has not submitted a renewal application and whose license will expire, the Authority will provide an opportunity for the service center to access the reporting system for purposes of reporting data required by this rule before the license expires.¶
(2) A service center must aggregate and submit the following aggregated 303 client data that pertains to the previous quarter for clients who participated in an administration session at the licensed premises, except for clients who have requested that their data be withheld from being submitted to the Authority:¶
(a) The race, ethnicity, preferred spoken and written languages, disability status, sexual orientation, gender identity, income, age, veteran status and if applicable the county of residence.¶
(b) The reasons, or reasons, for which clients requested psilocybin services.¶
(3) A service center must aggregate and submit the following aggregated 303 service center data that pertains to the previous quarter for psilocybin services provided at the licensed premises.¶
(a) The number of clients served by participating in an administration session.¶
(b) The number of individual administration sessions provided.¶
(c) The number of group administration sessions provided.¶
(d) The number of individuals to whom the psilocybin service center or a facilitator denied psilocybin services by declining to allow the individual to participate in an administration session following completion of a preparation session and the reasons for which psilocybin services were denied.¶
(e) The number of clients who requested that their 303 client data be withheld from data submitted to the Authority.¶
(4) A service center must compute and submit the following averaged 303 service center data that pertains to the previous quarter for psilocybin services provided at the licensed premises.¶
(a) The average number of times per client that a client participated in an administration session.¶
(b) The average number of clients participating in each group administration session.¶
(c) ~~T~~For doses higher than five milligrams of psilocybin analyte, the average dose of psilocybin per client per administration session measured in milligrams of psilocybin analyte.¶
(d) For doses of five milligrams or less of psilocybin analyte, the average dose of psilocybin per client per administration session measured in milligrams of psilocybin analyte.¶
(5) A service center must compile records of adverse reactions required by OAR 333-333-5100(1)(g) and aggregate and submit the following aggregated data that pertains to the previous quarter:¶
(a) The number of severe adverse behavioral reactions experienced by clients who participated in an administration session at the licensed premises.¶
(b) The number of adverse behavioral reactions experienced by clients who participated in an administration session at the licensed premises.¶
(c) The number of severe adverse medical reactions experienced by clients who participated in an administration session at the licensed premises.¶
(d) The number of adverse medical reactions experienced by clients who participated in an administration session at the licensed premises.¶
(6) A service center must compile records of post-session reactions, aggregate the information, and submit the aggregated number of post-session reactions that pertain to the previous quarter.¶
(7) Service centers must report data in a manner that prevents unauthorized access and protects client confidentiality. Data may only be reported to the Authority and may not be shared except for licensee

representatives of the service center that collect and maintain the data.¶
(8) Failure to comply with this rule is a category V violation as described in OAR 333-333-6200.
Statutory/Other Authority: ORS 475A.372, Oregon Laws 202~~5~~6, chapter 1~~47~~09
Statutes/Other Implemented: ORS 475A.372~~, Oregon Laws 2025, chapter 147~~

AMEND: 333-333-4930

RULE SUMMARY: Amend OAR 333-333-4930: Removes obsolete date reference, clarifies language regarding incomplete applications.

CHANGES TO RULE:

333-333-4930
Reporting of Licensee and Applicant Data
(1) Every individual licensee and applicant associated with a psilocybin license or new license or renewal application must provide information regarding their race, ethnicity, preferred spoken and written languages, sexual orientation and gender identity of each applicant and licensee in a form and manner prescribed by the Oregon Health Authority. ¶
(2) ~~Licensees and applicants who submitted a complete application for a psilocybin license prior to January 1, 2025, must provide the information described in section (1) of this rule on or before March 1, 2025. Failure to do so is a violation.¶~~
~~(3) Applicants who submit an application for a psilocybin license on or after January 1, 2025, must provide the information described in section (1) of this r~~Applicants must provide the information described in section (1) of this rule. Failure to submit the information may resulet in ~~order for~~ the application ~~to be considered~~ being closed as incomplete.
Statutory/Other Authority: ORS 475A.235, ORS 475A.374
Statutes/Other Implemented: ORS 475A.235, ORS 475A.374

AMEND: 333-333-5000

RULE SUMMARY: Amend OAR 333-333-5000: Removes requirements that clients have a preparation session at least 24 hours before administration session. Adjusted for clarifying edits and cross references.

CHANGES TO RULE:

333-333-5000
Preparation Session Requirements
(1) A facilitator must complete a preparation session with every client who will participate in an administration session ~~at least 24 hours but~~ no more than 90 days prior to the commencement of the client's first administration session with the facilitator. All required forms and prior written consent described in this rule must be signed and completed prior to a client participating in an administration session. If different facilitators will conduct a client's preparation session, administration session or integration session, the client must provide written consent as described in subsection (9)(g) of this rule. A client must have an opportunity to approve and meet any facilitator who will provide psilocybin services prior to receiving services from that facilitator. Any facilitator who was not present for a client's preparation session must review the forms and documents required by this rule before providing psilocybin services to a client.¶
(2) Preparation sessions required under this rule must be conducted privately with each individual client to allow clients to share personal information.¶
(3) For every client who will participate in an administration session, a facilitator must receive a completed client information form as described in OAR 333-333-5050.¶
(4) ~~On or after January 1, 2025, f~~For every client who will participate in an administration session, a service center must receive written confirmation, ~~in a form and manner prescrib~~using the form published ~~by~~on the Oregon Health Authority's (Authority~~)~~'s) website, that the client has had an opportunity to request that 303 data related to their receipt of psilocybin services be withheld from data submitted to the Authority.¶
(5) For every client who will participate in an administration session, a facilitator must complete a transportation plan as described in OAR 333-333-5150 in coordination with the client. The transportation plan may not approve a client to operate a motor vehicle, bicycle, or other form of self-operated transportation following the administration session.¶
(6) For every client who will participate in an administration session, a facilitator must coordinate with the client to complete a safety and support plan as described in OAR 333-333-5080.¶
(7) For every client who will participate in an administration session, a facilitator must inquire whether the client requests any culturally and linguistically responsive services. Upon a client's request a facilitator must provide a description of culturally and linguistically responsive services offered by the facilitator and the service center where the client intends to participate in an administration session. If culturally and linguistically responsive services are requested, the facilitator must include a description of culturally and linguistically responsive services that will be provided in the client's safety and support plan described OAR 333-333-5080.¶
(8) A facilitator must review each of the following documents with a client during a preparation session:¶
(a) Informed consent document as described in OAR 333-333-5040.¶
(b) Client ~~Bill of Right~~Rights and Responsibilities as described in OAR 333-333-4520.¶
(c) Product information document as described in OAR 333-333-2410 for any products that may be consumed during an administration session, except as provided in OAR 333-333-2410(2).¶
(d) Documentation of the fees charged for provision of psilocybin services prepared in coordination with the service center. This documentation must indicate whether fees for services will be paid to the service center or directly to the facilitator. This documentation must describe applicable refund policies for psilocybin services and any additional fees, including but not limited to cancellation fees, that could be charged to the client. Documentation required by this subsection must be provided to a client prior to collecting any money from the client for psilocybin services.¶
(e) Documentation of the price charged for sale of psilocybin products prepared in coordination with the service center. This documentation must list product prices separately from taxes as required by OAR 333-333-5180. Documentation required by this subsection must be provided to a client prior to collecting any money from a client for psilocybin products.¶
(f) Applicable sections of the service center emergency plan required by OAR 333-333-4460.¶
(g) The service center's policy on possession of firearms and weapons required by OAR 333-333-4480(4).¶
(h) The Psilocybin Product Potency Information Document p~~ost~~ublished on the Authority's website.¶
(9) In addition to the documents required by sections (3), (4), (5), (6) and (8) of this rule, a facilitator must obtain prior written consent from a client for the following activities and circumstances:¶
(a) Participation in a group administration session, including the opportunity to meet facilitators participating in the

group session as described in OAR 333-333-5020.¶
(b) Use of supportive touch during an administration session, if any, as described in OAR 333-333-5120(~~8~~9).¶
(c) Participation in a training practicum, including information regarding training program students and instructors who will be present during the client's administration session. The client must have an opportunity to meet any students or instructors who will be present during their administration session prior to the commencement of an administration session.¶
(d) Video or audio recording of an administration session pursuant to requirements of OAR 333-333-4640.¶
(e) Presence of an interpreter or client support person allowed by OAR 333-333-5070, in the administration area during an administration session.¶
(f) Sharing of identifiable client data as described in OAR 333-333-4810(2).¶
(g) The use of different facilitators to conduct a client's preparation, administration sessions or integration session.¶
(h) Consuming secondary doses of psilocybin products after the administration session has begun, including the maximum amount of psilocybin analyte that a client has agreed to consume, not to exceed 50.0 mg of psilocybin analyte.¶
(i) Disclosure form for de-identified client data required by OAR 333-333-4810(5).¶
(10) If a facilitator or service center intends to share de-identified data related to the client's receipt of psilocybin product or services, a facilitator or service center must provide a disclosure form required by OAR 333-333-4810(5) during the client's preparation session.¶
(11) During a preparation session, facilitators must provide clients an opportunity to discuss internal and external factors that could impact a psilocybin experience including but not limited to the client's intention and expectations. If the client will participate in an outdoor administration session, the facilitator must provide an opportunity to discuss the client's specific concerns that may be relevant to participating in an outdoor administration session, including but not limited to allergies and sensitivity to sun exposure.¶
(12) Preparation sessions may be completed in person or virtually using video conferencing technology.¶
(13) The requirements of this rule may be satisfied by conducting multiple preparation sessions.¶
(14) A facilitator must complete an initial preparation session with every client before conducting an administration session with that client for the first time. After a client completes an initial preparation session at a service center, the client is not required to complete additional preparation sessions prior to participating in an administration session at the same service center for a period of 12 months.¶
(15) If a facilitator does not complete additional preparation sessions as allowed by section (14) of this rule, the facilitator must confirm that the information contained in the client's previously completed client information form remains accurate prior to conducting an administration session. If the previously completed client information form is no longer accurate on the date of the client's proposed administration session, a facilitator must conduct an additional preparation session to complete an updated client information prior to conducting administration sessions.¶
(16) A facilitator must discuss the process for verification of license status and process for making complaints to the Authority during a preparation session.¶
(17) The documents described in sections (8), (9) and (10) of this rule must be provided to a client prior to a preparation session upon the client's request.¶
(18) All client records, including any copies of client records, described by this rule must be stored at the service center where the client participates or intends to participate in an administration session as required by OAR 333-333-4820.¶
(19) If different facilitators will conduct preparation and administration sessions, the facilitator conducting the administration session must receive and review all forms and documents required to be completed during a preparation session prior to beginning the administration session.¶
(20) Except for practicum site supervisors, lead educators and students participating in a practicum with the client's prior written consent, only the client, and any facilitators and client support persons who will be present during the client's administration session may be present during a preparation session.
Statutory/Other Authority: ORS 475A.235, ORS 475A.340
Statutes/Other Implemented: ORS 475A.340, ORS 475A.372

AMEND: 333-333-5040

RULE SUMMARY: Amend OAR 333-333-5040: Conforming edit for renamed Client Rights and Responsibilities.

CHANGES TO RULE:

333-333-5040
Informed Consent
(1) A facilitator or service center must provide every client a copy of the ~~following informed consent document during the client's preparation session or prior to the preparation session upon a client's request:¶~~
~~Introduction:¶~~
~~In the State of Oregon, psilocybin services include a preparation session, administration session, and integration session. You should receive this informed consent form prior to or during your preparation session. During the preparation session, your facilitator will review and discuss this form with you. Please make sure you read and understand every section because you must sign the form before the administration session begins. If you do not understand any part of this document, please ask your facilitator for clarification before signing.¶~~
~~I have been informed of and understand the following:¶~~
~~(Please initial each item below)¶~~
~~1. ___ I have reviewed the Psilocybin Services Client Bill of Rights, my facilitator has explained it to me, and I understand my rights as a client.¶~~
~~2. ___ I understand that psilocybin services do not require medical diagnosis or referral and that psilocybin services are not a medical or clinical treatment.¶~~
~~3. ___ I understand that psilocybin has not been approved by the Food and Drug Administration and the federal government currently classifies psilocybin as a Schedule I controlled substance under the Controlled Substances Act.¶~~
~~a. Federal law prohibits the manufacture, distribution, and possession of psilocybin even in cities and states that have adopted laws to allow its possession or use.¶~~
~~b. Despite its federal Schedule I status, research suggests that psilocybin is very unlikely to be addictive. Additionally, research and other information suggests that psilocybin may improve symptoms of depression, anxiety, end of life distress, various forms of trauma, and problematic substance use.¶~~
~~4. ___ I understand that the risks, benefits, and drug interactions of psilocybin are not fully understood, and individual results may vary.¶~~
~~5. ___ I understand that some people have found psilocybin administration sessions to be challenging or uncomfortable. Common potential side effects include nausea, mild headache, fatigue, anxiety, confusion, increased blood pressure, elevated heart rate, paranoia, perceptual changes, altered thought patterns, reduced inhibitions, recovery of repressed memories and past traumas, and altered perception of time and one's surroundings. If they occur, these side effects are usually mild and temporary but could include long-term distress, worsening psychiatric symptoms and cardiovascular effects. Because the potential risks and benefits of psilocybin administration are not fully understood, there may be unanticipated side effects.¶~~
~~6. ___ I understand that if I am taking prescription medications or have a medical condition or mental health condition, I should consider consulting with a medical or clinical provider before participating in an administration session.¶~~
~~7. ___ I understand that psilocybin is derived from fungi. If I have a known mushroom allergy, I should consult with a medical or clinical provider before participating in an administration session.¶~~
~~8. ___ I understand that the risks of consuming psilocybin while pregnant or feeding with breast milk are unknown.¶~~
~~9. ___ I understand that facilitators may not use touch while providing psilocybin services without my prior written consent. My facilitator and I have discussed acceptable types of supportive touch and the requirement to provide prior written consent prior to the start of my administration session.¶~~
~~10. ___ I understand that facilitators may be mandatory reporters of abuse. If my facilitator is a mandatory reporter, they have shared this information with me and explained their legal obligations to report abuse.¶~~
~~11. __ I understand that licensees have a duty to report misconduct that harms or endangers a client to the Oregon Health Authority. If the misconduct presents an immediate risk to health and safety, service centers have a duty to contact emergency services.¶~~
~~12. ___ I agree to follow my agreed upon transportation plan. I understand that a facilitator may contact emergency services if failure to follow my transportation plan presents a risk to my safety or the safety of others.¶~~
~~13. ___ I understand that consuming psilocybin is completely voluntary, and I may decide not to consume psilocybin at any time.¶~~
~~14. __ I understand that I have the right to update my client information form prior to beginning an administration~~

2026-0981 472 10/02/2026

~~session and I have the right to receive a copy of my client information form upon request.¶~~
~~15. ___I understand that if de-identified data collected by facilitators and service centers is shared with people and institutions outside of the facilitator or psilocybin service center, I must be provided with a disclosure form that describes who will receive the data and how it will be used, and that I have the opportunity to opt-out of having my de-identified data provided to third parties.¶~~
~~16. ___I understand data that may be used to identify me as a client will only be shared to the extent permitted or required by law. Specifically, ORS 475A.450 allows disclosure in the following circumstances:¶~~
~~(1) When the client or a person authorized to act on behalf of the client gives consent to the disclosure;¶~~
~~(2) When the client initiates legal action or makes a complaint against the psilocybin service center operator, the psilocybin service facilitator, or the employee;¶~~
~~(3) When the communication reveals the intent to commit a crime harmful to the client or others;¶~~
~~(4) When the communication reveals that a minor may have been a victim of a crime or physical, sexual or emotional abuse or neglect; or¶~~
~~(5) When responding to an inquiry by the Oregon Health Authority made during the course of an investigation into the conduct of the psilocybin service center operator, the psilocybin service facilitator, or the employee under ORS 475A.210 to 475A.722.¶~~
~~17. ___I understand that my facilitator may take short restroom breaks during my administration session.¶~~
~~18. ___I understand that for my own safety, leaving a psilocybin service center during an administration session once it has begun is strongly discouraged. Doing so could lead to safety and legal risks.¶~~
~~19. ___I understand and have been informed of the potential benefits, risks, and complications of psilocybin services with my facilitator to the extent that they are known.¶~~
~~20. ___My facilitator has shared information regarding verification of license status and process for making complaints to the Oregon Health Authority.¶~~
~~21. ___I have had the opportunity to ask questions regarding anything I may not understand or that I believe should be made clear.¶~~
~~22. ___If participating in a group administration session, I understand that I will be experiencing the effects of psilocybin in the presence of other clients who are also experiencing the effects of psilocybin and may be reacting to the experience in a different manner.¶~~
~~23. ___I understand that activation times for psilocybin products are variable and cannot be accurately predicted.¶~~
~~24. ___I acknowledge that the risks and benefits of consuming doses greater than 35 mg of psilocybin analyte are unknown.¶~~
~~25. ___If consuming whole fungi during an administration session, I understand that psilocybin content can vary between individual fruiting bodies.¶~~
~~26. ___I understand that the risks and benefits of repeated psilocybin use are unknown.¶~~
~~27. ___I understand that a facilitator has a duty to call emergency services if required and a client assumes responsibility for costs of emergency services.¶~~
~~28. ___I understand that I will be required to identify an emergency contact and a facilitator or service center may contact this person in the event of a medical or other emergency.¶~~
~~29. ___I understand that I may be charged a cancellation fee if I cancel a scheduled preparation, administration or integration session.¶~~
~~30. ___I understand that I have the right to choose my facilitator and if a facilitator has supervisory, evaluative, or other authority over me, I will be provided an opportunity to receive psilocybin services from another facilitator.¶~~
~~31. ___I understand that service center licensee representatives may be present during my administration session to assist licensed facilitators with operations.¶~~
~~32. ___I understand that if a service center license is surrendered or revoked that service center may transfer my records to another service center license with my prior written consent or destroy the record.¶~~
~~33. ___I understand that service centers and facilitators are required to provide information regarding culturally and linguistically responsive services upon request. ¶~~
~~_____¶~~
~~Name (Print)¶~~
~~_____ _____¶~~
~~Signature Date~~attached informed consent document during the client's preparation session or prior to the preparation session upon a client's request:¶
(2) A facilitator must review the contents of the informed consent form with each client and receive a signed copy of each client's informed consent document prior to beginning an administration session.¶
(3) A facilitator or service center must provide the informed consent document in other languages or accessible formats upon a client's request. If a facilitator or service center is unable to provide a translated or accessible document upon a client's request, they may not conduct an administration session with the client.¶
(4) Informed consent documents may be delivered electronically as long as the facilitator receives a signed

informed consent document, in either paper or electronic format, prior to beginning an administration session.¶
(5) All client records, including any copies of client records, described by this rule must be stored at the service center where the client participates or intends to participate in an administration session as required by OAR 333-333-4820.
Statutory/Other Authority: ORS 475A.235, ORS 475A.340
Statutes/Other Implemented: ORS 475A.340

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

NOTE: Attachments referenced are attached to this document. You may view the attachment 333-333-5040.pdf from the Attachments panel. Alternately, you may view the attachments at the following link:
https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=339190

2026-0981 474 10/02/2026

AMEND: 333-333-5050

RULE SUMMARY: Amend OAR 333-333-5050: Clarifies that required form is posted on program website.

CHANGES TO RULE:

333-333-5050
Client Information Form
(1) A client must review and complete a client information form in coordination with a facilitator prior to participating in an administration session. This requirement must be satisfied by using the designated form published by the Oregon Health Authority (Authority) on its website.¶
(2) A facilitator must provide a client information form in other languages or accessible formats upon a client's request. If a facilitator is unable to provide a translated or accessible client information form upon a client's request, they may not conduct an administration session with the client.¶
(3) The client information form must include the following questions, and a client must answer each question by indicating "yes" or "no":¶
(a) Have you taken the prescription drug Lithium in the last 30 days?¶
(b) Are you currently being treated by a medical, clinical or other healthcare provider for a medical, mental health, or behavioral health condition?¶
(c) Have you ever had an allergic reaction to consuming mushrooms or other fungi?¶
(d) Are you currently taking any prescription medications, non-prescription medication or nutritional supplements that might need to be consumed during an administration session?¶
(e) Will you require assistance from an interpreter during an administration session?¶
(f) Will you require assistance from a client support person for catheter, ostomy, or toileting assistance, ambulation or transfer mobility support, or medical device assistance during the administration session?¶
(g) Will you require assistance from a client support person for augmentative and alternative communication (AAC) device support or assistive listening device support during the administration session?¶
(h) Are you having thoughts of causing harm, or wanting to cause harm, to self or others?¶
(i) Do you have a history of causing harm, or wanting to cause harm, to self or others?¶
(j) Have you ever been diagnosed with active psychosis or treated for active psychosis?¶
(k) Are you pregnant or feeding with breast milk?¶
(l) Do you require any assistive mobility devices?¶
(m) Will you require assistance to consume psilocybin products?¶
(n) Would you like to share any other conditions, sensitivities or health concerns with your facilitator?¶
(4) The client information form must include the following questions, and a client may provide a narrative answer to these questions.¶
(a) Would you like to share anything about your medical history, including current prescription medications, non-prescription medication or nutritional supplements, that you feel would be helpful for an administration session?¶
(b) Would you like to share anything about your mental health history, including traumatic experiences that you feel would be helpful for an administration session?¶
(c) Would you like to share anything about specific behaviors, internal or external stimuli ("triggers") that could cause you to be uncomfortable during an administration session?¶
(d) Would you like to share anything about your history of substance use, including current substance use, that you feel would be helpful for an administration session?¶
(e) Would you like to share any past experiences with psychedelics or altered states of consciousness?¶
(f) Would you like to share any information about your relationships, your living situation, or your educational or work environment that may be affected by your administration session or may require additional safety or support planning?¶
(5) A facilitator must evaluate the answers to questions listed in section (3) of this rule to determine whether the client should participate in an administration session.¶
(a) If a client answers yes to question (3)(a), the client may not participate in an administration session.¶
(b) If a client answers yes to question (3)(b), a facilitator shall encourage the client to consult a medical, clinical or other healthcare provider regarding the risk of consuming psilocybin.¶
(c) If a client answers yes to question (3)(c), the client should be encouraged to consume an alternative psilocybin product rather than whole fungi or homogenized fungi during the administration session.¶
(d) If a client answers yes to question (3)(d), a facilitator should encourage the client to schedule their administration session at a time that allows them to participate without taking prescription medications, non-prescription medication or nutritional supplements. A facilitator should also encourage the client to consult with a pharmacist or medical, clinical or other healthcare provider regarding contraindications. If the client will take

prescription medications, non-prescription medication or nutritional supplements during an administration session, the client and facilitator must work together to identify whether the client will be able to administer the prescription medications, non-prescription medication or nutritional supplements themselves. If the client is unable to administer the prescription medications, non-prescription medication or nutritional supplements themselves, the client must identify a client support person who will be available to administer the prescription medications, non-prescription medication or nutritional supplements when required and complete a written medication plan ~~in a form and manner prescrib~~using the form published ~~by~~on the Authority~~.~~'s website. ¶
(e) If a client answers yes to question (3)(e), the client and facilitator must work together to identify an appropriate interpreter who will be present in person or virtually during the client's administration session.¶
(f) If a client answers yes to question (3)(f), the client and facilitator must work together to create a written assistance and medical device plan ~~in a form and manner prescrib~~using the form published ~~by~~on the Authority~~.~~'s website. ¶
(A) If the client requires a medical device, the plan must describe the required medical device and indicate whether the client will be able to use the medical device without assistance. If the client is unable to use the medical device without assistance, the plan must identify a client support person who will be available to assist the client with their medical device when required.¶
(B) If the client requires assistance with catheter, ostomy, or toileting assistance, ambulation or transfer mobility support, the plan must identify the type of assistance required and a client support person who will be available to assist the client.¶
(g) If a client answers yes to question (3)(g), the client and facilitator must work together to identify an appropriate client support person who will be present during the client's administration session to assist with the client's alternative communication device support or assistive listening device support during the administration session.¶
(h) If a client answers yes to question (3)(h), the client may not participate in an administration session.¶
(i) If a client answers yes to question (3)(i), a facilitator shall encourage the client to consult with a medical or clinical provider regarding the risk of consuming psilocybin.¶
(j) If a client answers yes to question (3)(j), the client may not participate in an administration session.¶
(k) If a client answers yes to question (3)(k), the facilitator must inform the client that the risks of consuming psilocybin while pregnant or feeding with breast milk are unknown.¶
(l) If a client answers yes to question (3)(l), the client and facilitator must work together to create a written plan that describes how the client will safely exit the service center in the event that an emergency occurs during their administration session.¶
(m) If a client answers yes to question (3)(m), the client and facilitator must work together to identify an appropriate client support person who will be present to assist the client with consuming psilocybin products during their administration session.¶
(n) If a client answers yes to question (3)(n), the client and facilitator must work with the client to create a written plan that describes how the facilitator will take reasonable steps to accommodate the conditions, sensitivities or health concerns identified by the client. For example, if a client has a compromised immune system, the written plan will describe efforts to prevent the transmission of viruses and bacteria.¶
(6) All client records, including any copies of client records, described by this rule must be stored at the service center where the client participates or intends to participate in an administration session as required by OAR 333-333-4820.
Statutory/Other Authority: ORS 475A.235, ORS 475A.340
Statutes/Other Implemented: ORS 475A.340

AMEND: 333-333-5070

RULE SUMMARY: Amend OAR 333-333-5070: Adjusts language for reference to Client Rights and Responsibilities, clarifies that students may not perform other duties while participating in practicum.

CHANGES TO RULE:

333-333-5070
Interpreters and Client Support Persons
(1) If an interpreter or client support person will be present during receipt of psilocybin services, a client and facilitator must meet with the interpreter or client support person prior to beginning the administration session.¶
(2) In addition to the client support persons identified in OAR 333-333-5050(5)(d), (f), (g) or (m), a client may choose to invite one client support person over 21 years of age to attend their administration session as an observer. Service centers and facilitators must ensure that client support persons who attend administration sessions as observers comply with all of the requirements for client support persons described in these rules. Service centers and facilitators may decline a client's request to invite a client support person to attend their administration session as an observer.¶
(3) During the meeting required by section (1) of this rule a client and facilitator must work together with the interpreter or client support person to complete a written support person plan using the form published by the Oregon Health Authority (Authority) that contains the following information:¶
(a) The name of the interpreter or client support person who will attend the session.¶
(b) The specific purpose for which the interpreter or client support person will be present, including but not limited to identifying any prescription medications, non-prescription medication, nutritional supplements or medical devices that the client will utilize during administration session.¶
(c) Whether the interpreter or client support person will be present for the duration of an administration session or whether they will be available as needed.¶
(d) A signed statement that the interpreter or client support person agrees to the following conditions:¶
(A) Interpreters and client support persons will be present for the specific purposes described in their support person plan and shall not provide psilocybin services nor interfere or otherwise participate in the administration session.¶
(B) Interpreters and client support persons must comply with the facilitator's reasonable directions during an administration session. Facilitators may request that client support persons acting as observers leave the administration session at any time.¶
(C) Interpreters and client support persons, facilitators and service centers shall not share or disclose any information regarding clients' participation in psilocybin services.¶
(4) Client support persons shall perform only those activities identified in the written support person plan described in section (3) of this rule.¶
(5) Client support persons are prohibited from touching clients except as required to perform activities identified in the written support person plan described in section (3) of this rule. Facilitators must ensure that client support persons who are acting as observers are limited to giving hugs or placing hands on a client's hands, feet or shoulders with the client's prior written consent.¶
(6) During the meeting required by section (1) of this rule a facilitator must instruct the client support person not to disclose any information that may be used to identify a client, nor disclose any communication made by a client related to psilocybin services.¶
(7) During the meeting required by section (1) of this rule a facilitator must provide a copy of the Client ~~Bill of Right~~Rights and Responsibilities, discuss the process for making complaints to the Authority and allow the interpreter or client support person an opportunity to ask questions.¶
(8) All client records, including any copies of client records, described by this rule must be stored at the service center where the client participates or intends to participate in an administration session as required by OAR 333-333-4820.¶
(9) Facilitators and licensee representatives of a service center are prohibited from acting as client support person during an administration session for which they are acting as a facilitator or licensee representative.¶
(10) Service centers and facilitators ~~may~~shall not:¶
(a) Provide nor compensate client support persons who attend client administration sessions.¶
(b) Require a client to ~~a~~use a specific client support person.¶
(c) Allow practicum students to act as client support persons.
Statutory/Other Authority: ORS 475A.235, ORS 475A.340
Statutes/Other Implemented: ORS 475A.340

AMEND: 333-333-5120

RULE SUMMARY: Amend OAR 333-333-5120: Clarifies statutory provision regarding refusal of service to clients; clarifies prohibition on encouraging illegal activity.

CHANGES TO RULE:

333-333-5120
Facilitator Conduct
(1) Facilitators have a duty to put clients' interest above their own and to use a standard of care that other reasonable facilitators would use under similar circumstances.¶
(2) A facilitator shall not make any misrepresentations to clients regarding psilocybin products or services, the requirements of ORS 475A.210 to 475A.722 and these rules, or the facilitator's qualifications and experience.¶
(3) A facilitator must use a nondirective facilitation approach to providing psilocybin services to clients during preparation, administration and integration sessions, except for a facilitator who has notified the Oregon Health Authority (Authority) of their license status as required by OAR 333-333-5130 and provides health care or behavioral health care services during preparation and integration sessions.¶
(4) A facilitator who has notified the Authority of their license status as required by OAR 333-333-5130 must provide prior notice of this license status to clients and inform clients whether they will be providing health care or behavioral health care services during preparation and integration sessions.¶
(5) A facilitator shall utilize their training to distinguish between typical side effects of consuming psilocybin and medical emergencies. In the event of a medical emergency, a facilitator must contact emergency responders or other appropriate medical professionals immediately.¶
(6) A facilitator shall determine whether they are able to provide psilocybin services to a client. If a facilitator determines that they are unable to provide services to a client for any reason, the facilitator may refer the client to another facilitator. ¶
(7) A facilitator may refuse to provide psilocybin services to a client or potential client for any reason, except that a facilitator may not cease providing services to a client during an administration session. These rules do not excuse a facilitator from complying with applicable federal, state and local non-discrimination laws. ¶
(8) If a facilitator has supervisory, evaluative, or other authority over a client, the facilitator shall provide the client an opportunity to receive psilocybin services from another facilitator.¶
(~~8~~9) Facilitators may provide supportive touch during administration sessions when requested by the client and with the client's prior written consent ~~in a form and manner prescribed by the Oregon Heal~~using the form published on the Authority~~.¶~~
's website (a) Supportive touch is limited to hugs or placing hands on a client's hands, feet or shoulders. A facilitator shall not use any other forms of touch, nor permit another person to use any other form of touch during an administration session, except for client support persons who perform activities identified in a written support person plan pursuant to OAR 333-333-5070.¶
(b) Clients participating in a group administration session may provide prior written consent to authorize supportive touch from other clients participating in the administration session. Supportive touch is limited to hugs or placing hands on a client's hands, feet or shoulders.¶
(~~9~~10) A facilitator shall not assist a client with any of the activities required to be performed by a client support person pursuant to OAR 333-333-5070(5)(d), (f), (g) or (m).¶
(1~~0~~1) A facilitator shall not engage in any romantic relationship, sexual contact, or sexual intimacy with a client during the provision of psilocybin services including preparatory, administration, and integration sessions.¶
(1~~1~~2) A facilitator shall not engage in any romantic relationships, sexual contact, or sexual intimacy with clients, or clients' partners or immediate family members, for a period of one year following the last date that the facilitator provided psilocybin services to the client.¶
(1~~2~~3) A facilitator may not engage in any financial transactions with clients or the client's partners or immediate family members that violate a facilitator's duty to place client's interests above their own as required by section (1) of this rule.¶
(1~~3~~4) If a facilitator is a mandatory reporter of abuse under Oregon law, the facilitator must disclose their status and obligations to a client at the beginning of the client's first preparation session.¶
(1~~4~~5) A facilitator may not transfer psilocybin products to another person and may not supervise individuals experiencing the effect of consuming psilocybin products at any location other than a service center except as allowed by section (1~~5) of this rule.~~7) of this rule.¶
(16) A facilitator may not encourage activity that is illegal under state law, including promoting unregulated cultivation and processing of psilocybin products by providing information or instruction related to home cultivation, scheduling clients to consume psilocybin at an unlicensed location or recommending that clients

2026-0981 478 10/02/2026

consume psilocybin products at any location within Oregon where it is unlawful to do so. ¶
(15~~5~~7) These rules do not prevent a facilitator from:¶
(a) Participating in harm reduction activities at festivals and events, via telephone hotlines and mobile applications, or in other situations when unforeseen circumstances arise that require harm reduction support.¶
(b) Supervising individuals experiencing the effect of consuming psilocybin products during federally approved research and clinical trials.¶
(c) Supervising individuals experiencing the effect of consuming psilocybin products at locations outside of Oregon if they hold the necessary license or authorization or it is otherwise lawful to do so in that location.¶
(~~16~~d) Providing harm reduction information to clients and potential clients. ¶
(18) The requirements of these rules apply to all facilitators, regardless of whether a facilitator is also a licensee representative of a service center.¶
(17~~9~~) The requirements of these rules apply to all facilitators, regardless of whether multiple facilitators provide services to the same client, or whether a lead or primary facilitator has been designated.
Statutory/Other Authority: ORS 475A.235, ORS 475A.340, O~~regon Laws 2025, chapter 147~~RS 475A.370, ORS 475A.338
Statutes/Other Implemented: ORS 475A.340, O~~regon Laws 2025, chapter 147~~RS 475A.370, ORS 475A.338, ORS 475A.375

AMEND: 333-333-5130

RULE SUMMARY: Amend OAR 333-333-5130: Aligns with Oregon Laws 2026, Chapter 109 (HB 4040) provision on dual licensed facilitators by adding additional licensing board, clarifies exception to scope of practice requirement for dual licensed facilitators.

CHANGES TO RULE:

333-333-5130
Facilitator Scope of Practice
(1) ~~A~~With the exception of facilitators who provide health care or behavioral health care services during preparation and integration sessions as described in section (6) of this rule, a facilitator shall not engage in any conduct that requires additional professional licensure while providing psilocybin services to clients, including but not limited to diagnosing and treating physical or mental health conditions.¶
(2) A facilitator is prohibited from transferring, selling or otherwise handling any psilocybin product while they are facilitating a preparation, administration or integration session, regardless of whether the facilitator is also a licensee representative of a service center.¶
(3) ~~I~~With the exception of facilitators who provide health care or behavioral health care services during preparation and integration sessions as described in section (6) of this rule, if a facilitator holds a professional license in another field, the facilitator shall not exercise the privileges of that license while providing psilocybin services to clients during preparation, administration or integration sessions.¶
(4) A facilitator may only conduct administration sessions at a licensed psilocybin service center.¶
(5) A facilitator who holds a license issued by the following boards must notify the Oregon Health Authority (Authority) in a form and manner prescribed by the Authority:¶
(a) The Occupational Therapy Licensing Board.¶
(b) The Oregon Board of Licensed Professional Counselors and Therapists.¶
(~~b~~c) The Oregon Board of Naturopathic Medicine.¶
(~~c~~d) The Oregon Board of Physical Therapy. ¶
(e) The Oregon Board of Psychology.¶
(~~d~~f) The Oregon Medical Board.¶
(~~e~~g) The Oregon State Board of Nursing.¶
(~~f~~h) The State Board of Licensed Social Workers.¶
(~~g~~i) The State Board of Pharmacy.¶
(6) ~~Notwithstanding section (1) and (3) of this rule, a~~A facilitator who has notified the Authority of their license status as required by section (5) may provide health care or behavioral health care services during preparation and integration sessions as long as the facilitator also notifies the client prior to providing health care or behavioral health care services.¶
(7) A facilitator is prohibited from providing psilocybin services in a manner that violates these rules.¶
(8) A facilitator is prohibited from providing psilocybin services in a manner that violates any provision of ORS chapter 475A.
Statutory/Other Authority: ORS 475A.235, ORS 475A.340, ORS 475A.338, Oregon Laws 202~~5~~6, chapter 1~~47~~09
Statutes/Other Implemented: ORS 475A.340, O~~regon Laws 2025, chapter 147~~RS 475A.338

AMEND: 333-333-5200

RULE SUMMARY: Amend OAR 333-333-5200: Removes requirement for low dose administration plan. Allows facilitators and licensee representatives to perform music and support clients with breathwork subject to rule requirements.

CHANGES TO RULE:

333-333-5200
Administration Session Requirements
(1) Administration sessions must be conducted by a facilitator and may only take place within a service center's designated administration area.¶
(2) The requirements of OAR 333-333-5000 and OAR 333-333-5020, if applicable, must be satisfied prior to any client participating in an administration session in an administration area.¶
(3) ~~For clients who intend to consume doses of less than 2.5 mg of psilocybin analyte during administration sessions that occur over the course of multiple days, facilitators shall create a plan with the individual client and coordinate with service centers to ensure the client may access planned administration sessions. This plan must be stored with the client records and made available to the Oregon Health Authority (Authority) upon request.~~ ¶
~~(4)~~ A facilitator must always be present during administration sessions and shall continuously monitor any client participating in the administration session. Continuous monitoring means that a facilitator must maintain visual and audio contact with clients and monitor clients for signs of physical or emotional distress. Video monitoring or other equipment may not be used to satisfy the requirement to continuously monitor clients.¶
(~~5~~4) The requirements of section (~~4~~3) of this rule do not apply to client restroom breaks.¶
(~~6~~5) A facilitator may take restroom breaks of approximately five minutes or less during an administration session if the facilitator remains on the licensed premises and a service center licensee representative is available to monitor clients.¶
(~~7~~6) A facilitator or service center may provide recorded music or other recorded audio or visual materials during an administration session as long as ~~the client consents to the use of these materials prior to beginning an administration session. A~~all clients consent to the use of these materials prior to beginning an administration session. ¶
(7) A facilitator or licensee representative of a service center may perform music by singing or playing an instrument, or support clients by conducting breathwork during an administration session as long as all clients consent prior to beginning an administration session. A licensee representative who performs music or supports clients with breathwork during an administration session may not perform the duties required by section (9) of this rule. A facilitator who performs music or supports clients with breathwork during an administration session must continuously monitor clients as described in section (3) of this rule. A licensee representative who performs or engages in the activities described in this section during an administration session must hold a valid worker permit. ¶
(8) Music and other audio or visual media may not contain images or references to violence or harm to self or others. Facilitators and service centers must exercise reasonable judgement to avoid music and materials that are likely to cause distress for clients. Facilitators and service centers may only ~~provide audio and visual materials that are non-directive~~perform or provide music and other audio and visual materials when requested to do so by clients. A client may decline the use of ~~these~~music and other audio and visual materials at any time, including during the administration session.~~-~~¶
(~~8~~9) In addition to a facilitator conducting the administration session and any licensee representatives who may be present during an administration session to perform music as described in section (7) of this rule, at least one licensee representative of a service center license must be present on the licensed premises at all times when an administration session is taking place at a service center. The licensee representative required by this rule may take restroom breaks of approximately five minutes or less during an administration session as long as they remain on the licensed premises and adequate measures to prevent unauthorized access to the licensed premises are in place as required by OAR 333-333-4550. Licensee representatives may traverse through client administration areas to access restrooms as long as they do not interfere with client administration sessions. If the licensee representative required by this rule holds a facilitator licensee, they are prohibited from transferring, selling or otherwise handling any psilocybin product while they are facilitating a preparation, administration or integration session.¶
(~~9~~10) Except for individuals described in OAR 333-333-5070 and service centers acting as practicum sites, only clients, facilitators and licensee representatives of a service center may be present during an administration session.¶
(1~~0~~1) Licensee representatives of a service center who are present during an administration session:¶

2026-0981 481 10/02/2026

(a) May not provide psilocybin services.¶
(b) May only be present to perform music, conduct breathwork or assist with operations and must leave the administration area after performing, conducting breathwork, or assisting with operations.¶
(c) Shall not interfere with or otherwise participate in the administration session.¶
(d) May not share or disclose any information regarding clients' participation in psilocybin services without the client's prior written consent.¶
(1~~1~~2) A service center may not host administrative sessions for more than 100 clients at any given time regardless of whether the clients are participating in separate individual or group administration sessions.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.340

AMEND: 333-333-5230

RULE SUMMARY: Amend OAR 333-333-5230: Streamlines dosing tiers for facilitator to client ratios for group administration sessions.

CHANGES TO RULE:

333-333-5230
Group Administration Sessions
(1) Group administration sessions may be conducted pursuant to the requirements of OAR 333-333-5020 and this rule.¶
(2) Client to Facilitator Ratio. The minimum facilitator to client ratio depends on the amount of psilocybin product clients participating in the group administration session will individually consume, including any secondary doses. If the clients consume different amounts of psilocybin, the largest amount consumed will dictate the required facilitator to client ratio.¶
(a) For clients consuming equal to or less than 5.0 mg of psilocybin analyte, the minimum facilitator to client ratio is 1 to 25.¶
(b) For clients consuming ~~equal or~~ greater than 5.0 mg and ~~less than 10 mg of psilocybin analyte, the minimum facilitator to client ratio is 1 to 15.¶~~
~~(c) For clients consuming equal or greater than 10 mg and less than 15~~equal to or less than 15.0 mg of psilocybin analyte, the minimum facilitator to client ratio is 1 to ~~8~~15.¶
(~~d~~c) For clients consuming ~~equal or~~ greater than 15.0 mg and ~~less than 25 mg of psilocybin analyte, the minimum facilitator to client ratio is 1 to 6. ¶~~
~~(e) For clients consuming equal or greater than 25 mg and~~equal to or less than 35.0 mg of psilocybin analyte, the minimum facilitator to client ratio is 1 to ~~4~~6.¶
(~~f~~d) For clients consuming ~~equal or~~ greater than 35.0 mg and up to 50.0 mg of psilocybin analyte, the minimum facilitator to client ratio is 1 to 2.¶
(3) Group administration sessions may not exceed a total of 25 clients, or the service center's maximum occupancy for the administration area where the session takes place whichever is smaller, regardless of the number of facilitators present.¶
(4) Client administration areas where group sessions take place~~,~~ must provide an appropriate setting for the group sessions that:¶
(a) Provide sufficient space for clients and facilitators to participate in the session without touching or coming into close physical contact with other clients. Client administration areas where group administration sessions will take place must contain at least twenty-five square feet of area for every person who will be present during the session.¶
(b) Allows a facilitator to monitor clients as required by OAR 333-333-5200(~~4~~3).¶
(5) Clients participating in a group administration session are prohibited from touching one another except for supportive touch as described in OAR 333-333-5120(~~8~~9). If supportive touch will be used during an administrative session, each participating client must provide prior written consent as described in OAR 333-333-5000(~~5~~9)(b).¶
(6) Every client participating in a group session must be provided with an opportunity to request individual support from a facilitator.¶
(7) If a client becomes disruptive during a group administration session, a facilitator must make reasonable efforts to move that client to a separate area within the administration area that mitigates disruption to the other clients in the group.¶
(8) Every client participating in a group administration session must be present at the beginning of the session.¶
(9) Unless explicitly stated in this rule, all requirements of OAR 333-333-5200 apply to group administration sessions.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235, ORS 475A.340

AMEND: 333-333-5240

RULE SUMMARY: Amend OAR 333-333-5240: Clarifies form requirements. Aligns with Oregon Environmental Laboratory Accreditation Program (ORELAP) rules for significant figures and removes duplicative language.

CHANGES TO RULE:

333-333-5240
Consumption Limits
(1) A service center licensee or licensee representative may not allow a client to consume more than a total of 50.0 mg of psilocybin analyte, including initial and secondary doses, during an administration session or during a 24-hour period. Both initial doses and secondary doses described in this rule may be transferred and consumed in multiple packages. For example, a dose consisting of 20.0 mg of psilocybin analyte could be transferred to a client in the form of two packages containing 10.0 mg of psilocybin of analyte.¶
(2) A service center licensee or licensee representative may permit a client to consume secondary doses of psilocybin product during an administration session as long as the secondary dose is total amount of psilocybin analyte contained in the products is 50.0 mg of psilocybin analyte or less.¶
(3) If a client wants the option to consume secondary doses during their administration session, up to a total of 50.0 mg of psilocybin analyte, a service center must:¶
(a) Receive written consent ~~in a form and manner prescrib~~using the form publish~~by~~on the Oregon Health Authority's (Authority's) website from the client prior to the beginning of their administration session.¶
(b) Require the client to purchase and take possession of secondary doses prior to beginning their administration session.¶
(c) Require the client to store secondary doses at a designated secured location outside of a limited access area and within the service center's licensed premises.¶
(d) Require the client, or a client support person subject to the requirements of OAR 333-333-5050(5)(f)(B) or (m) and OAR 333-333-5070, to retrieve secondary doses from the designated location and consume without assistance from a licensee representative or facilitator if the client chooses to consume the secondary dose.¶
(e) Ensure that secondary doses remain in sealed client packaging until consumed.¶
(f) Require the client to return the secondary dose to the service center at the conclusion of their administration if they do not consume it during their administration session.¶
(4) A service center licensee or licensee representative may decline to make secondary doses available for purchase for any reason.¶
(5) During an administration session, a service center licensee representative, in consultation with the client's facilitator, may decline to make a secondary dose available to a client who has purchased the secondary dose pursuant to section (3) of this rule. ~~A service center must provide clients a refund for the purchase price of any secondary dose that is not made available to clients.~~¶
(6) A service center must provide clients a refund for the purchase price of any secondary dose that is not consumed and remains in its original sealed client packaging. After providing a refund, a service center may make the product in its original sealed client packaging available for sale to other clients.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235, ORS 475A.340, ORS 475A.504

AMEND: 333-333-5250

RULE SUMMARY: Amend OAR 333-333-5250: Replaces milligrams of psilocybin analyte with total psilocybin equivalent as the unit of measurement for lowest dosing tier, aligns with Oregon Environmental Laboratory Accreditation Program (ORELAP) rules for significant figures. Adjusts other dosing tiers to allow for whole numbers as the maximum dose.

CHANGES TO RULE:

333-333-5250
Duration of Administration Session
(1) The minimum duration of an administration session shall be dependent on the total amount of psilocybin analyte a client consumes during that session, including any secondary dose consumed. ¶
(a) For clients consuming less than ~~2.5~~3.40 mg of total psilocybin ~~analyte~~equivalent, the minimum duration of the administration session shall be 30 minutes for the client's initial administration session at a service center. Except as described in section (2) of this rule, after completing an initial administration session at the service center, the minimum duration shall be 15 minutes when the client participates in any subsequent administration session at the same service center within a period of 12 months following the initial administration session.¶
(b) ~~F~~Except for clients consuming ~~equal or greater than 2.5 mg and~~psilocybin products that meet the requirements of subsection (1)(a) of this rule, for clients consuming equal to or less than 5.0 mg of psilocybin analyte, the minimum duration of the administration session shall be one hour.¶
(c) For clients consuming ~~equal or~~ greater than 5.0 mg and equal to or less than 10.0 mg of psilocybin analyte, the minimum duration of the administration session shall be two hours.¶
(d) For clients consuming ~~equal or~~ greater than 10.0 mg and equal to or less than 15.0 mg of psilocybin analyte, the minimum duration of the administration session shall be three hours.¶
(e) For clients consuming ~~equal or~~ greater than 15.0 mg and equal to or less than 25.0 mg of psilocybin analyte, the minimum duration of the administration session shall be four hours.~~¶~~
(f) For clients consuming ~~equal or~~ greater than 25.0 mg and equal to or less than 35.0 mg of psilocybin analyte, the minimum duration of the administration session shall be five hours.¶
(g) For clients consuming ~~equal or~~ greater than 35.0 mg and up to 50.0 mg of psilocybin analyte, the minimum duration of the administration session shall be six hours.¶
(2) Notwithstanding subsection (1)(a) of this rule, the minimum duration of an administration session shall be one hour for clients consuming whole fungi that contains less than 2.50 mg of psilocybin analyte.¶
(3) Upon or after the conclusion of the minimum duration period described in sections (1) and (2) of this rule, a facilitator, in consultation with the client, shall determine whether the administration session should be concluded. If the facilitator and client determine that continuing the administration session is not required to ensure the safety of the client and the public, the administration session may be concluded.¶
(4) If following the consultation described in section (3) of this rule, a facilitator determines that it is appropriate to continue the administration session beyond 11:59 PM local time, the service center where the client received services, in consultation with the facilitator, shall notify the Oregon Health Authority (Authority) ~~in a form and manner prescrib~~using the form published ~~by~~on the Authority's website no later than 4:00 PM local time the next calendar day. Notices required by this section must include:¶
(a) Start and end time of the administration session.¶
(b) Amount each client consumed during the administration session, including any secondary doses.¶
(c) Minimum duration of the administration session required by OAR 333-333-5250.¶
(d) Whether the administration session was a group session or an individual session.¶
(e) For group sessions, the number of clients participating in the administration session.¶
(f) The names and worker permit numbers, if applicable, of all facilitators, licensee representatives and other authorized individuals who were present at the licensed service center after 11:59 PM.¶
(5) A facilitator shall record and retain the time and date that each administration session began and concluded ~~in a form and manner prescrib~~using the form published ~~by~~on the Authority's website..~~¶~~
(6) If a client leaves their administration session prior to the minimum duration described in sections (1) and (2) of this rule the facilitator must document the incident ~~in a form and manner prescrib~~using the form published ~~by~~on the Authority's website.~~¶~~
(7) A facilitator shall request that every client sign a release document at the conclusion of the administration session which states that the client agrees to end their administration session and follow the terms of their transportation agreement. If a client refuses to sign a release document the facilitator shall create and maintain records ~~in a form and manner prescribed by the Authority that document the client's refusal.~~ to document the client's refusal using the form published on the Authority's website.¶
(8) A facilitator shall attempt to contact every client within 72 hours of the conclusion of the administration session

to offer the client information on integration sessions and other services, including but not limited to peer support groups and community resources, in support of a client's ongoing integration needs.¶
(9) When a facilitator contacts clients under section (~~8~~7) of this rule, the facilitator must inquire whether the client experienced any post-session reactions and, if applicable, document post session reactions ~~in a form and manner prescrib~~using the form publish~~by~~on the Authority's website and share that documentation with the service center where the client participated in an administration session.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235, ORS 475A.340

AMEND: 333-333-6030

RULE SUMMARY: Amend OAR 333-333-6030: Clarifies that labs may not promote unregulated cultivation and processing.

CHANGES TO RULE:

333-333-6030
Laboratory Licensee Prohibited Conduct
(1) In addition to the prohibitions set forth in OAR 333-333-6000, a laboratory licensee may not:¶
(a) Perform any required psilocybin sampling or testing using any sampling or testing methods or equipment not permitted under the laboratory's accreditation through the Oregon Environmental Laboratory Accreditation Program.¶
(b) Perform any required psilocybin sampling or testing for any licensed psilocybin manufacturer in which the laboratory licensee has a financial interest.¶
(c) Receive, possess or perform sampling and testing of psilocybin products from any source other than a licensed premises as allowed by these rules.¶
(d) Engage in any activity that violates any provision of ORS chapter 475A, OAR chapter 333, division 64 as applicable, or these rules.¶
(e) Promote unregulated cultivation and processing of psilocybin products by providing information or instruction related to home cultivation, or offering for sale spores, mycelium or materials used to cultivate and process psilocybin products. ¶
(2) Samples of psilocybin products received for tests required by OAR 333-333-7030, OAR 333-333-7040, OAR 333-333-7050, OAR 333-333-7060, OAR 333-333-7070, OAR 333-333-7080 may only be used to perform the compliance test that was ordered and for the purpose of establishing instrument calibration or validating laboratory processes necessary for testing required under ORS 475A.590.¶
(3) Notwithstanding section (2) of this rule, any unused portions of samples collected and retained for the purpose of performing compliance tests may be used to perform quality control tests pursuant to OAR 333-333-7150 upon a manufacturer's request.¶
(4) Nothing in these rules prohibits testing laboratory licensees from possessing Psilocybe cubensis for purposes of method validation.¶
(5) The Oregon Health Authority may suspend or revoke a laboratory license for any violation of ORS chapter 475A, OAR chapter 333, division 64, or these rules. The licensee has a right to a hearing under the procedures of ORS chapter 183.
Statutory/Other Authority: ORS 475A.235, ORS 475A.594
Statutes/Other Implemented: ORS 475A.235

AMEND: 333-333-6100

RULE SUMMARY: Amend OAR 333-333-6100: Clarifies that licensees are responsible for advertising conducted on their behalf.

CHANGES TO RULE:

333-333-6100
Advertising Restrictions
(1) Advertising for psilocybin products and services may not:¶
(a) Contain statements that are deceptive, false, or misleading.¶
(b) Contain any content that can reasonably be considered to target individuals under the age of 21, including but not limited to images of minors, cartoons, toys, or similar images and items typically marketed towards minors, or references to products that are commonly associated with minors or marketed by minors.¶
(c) Encourage activity that is illegal under state law.¶
(d) Assert that psilocybin products are safe because they are regulated by the Authority or have been tested by a certified laboratory or otherwise make claims that any government agency endorses or supports psilocybin.¶
(e) Make claims that psilocybin products and services have curative or therapeutic effects or make other health claims that are not supported by the totality of publicly available scientific evidence (including evidence from studies conducted in a manner that is consistent with generally recognized scientific procedures and principles), and for which there is significant scientific agreement, among experts qualified by scientific training and experience to evaluate such claims.¶
(2) A licensee may not make any deceptive, false, or misleading assertions or statements on any informational material, any sign, or any document provided to a consumer.¶
(3) A licensee commits a violation of this rule if the licensee directs or authorizes licensee representatives, employees, advertising companies, social media influencers, or any other individual or entity to engage in conduct on the licensee's behalf that is prohibited by this rule.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235

AMEND: 333-333-6150

RULE SUMMARY: Amend OAR 333-333-6150: Requires a licensee to be present during compliance inspection.

CHANGES TO RULE:

333-333-6150
Inspections
(1) The Oregon Health Authority (Authority) may conduct:¶
(a) An inspection of a licensed premises at any time to ensure that a licensee or permittee is in compliance with ORS 475A.210 to 475A.722. and these rules.¶
(b) Compliance transactions in order to determine whether a licensee or permittee is complying with ORS 475A.210 to 475A.722.and these rules.¶
(2) The Authority will provide reasonable notice when inspecting a licensed premises except when unannounced inspections are necessary to ensure compliance with ORS 475A.210 to 475A.722 or these rules.¶
(3) A ~~licensee or licensee representativ~~n individual named as a licensee shall make their premises available for inspection after receiving notice as described in section (2) of this rule and must be present at the time of the inspection. ¶
(4) A licensee must comply with the requirements of OAR 333-333-6000(5) to provide authorized Authority representatives access to the licensed premises in a timely manner.¶
(~~4~~5) A licensee, licensee representative, or permittee must cooperate with authorized Authority representative's reasonable requests during an inspection.¶
(~~5~~6) Authorized Authority representatives will not inspect client administration areas when administration sessions are taking place unless necessary to prevent a serious danger to public health or safety.¶
(~~6~~7) If a licensee, licensee representative or permittee fails to permit the Authority to conduct an inspection the Authority may issue an investigative subpoena to inspect the licensed premises and gather books, payrolls, accounts, papers, documents or records.
Statutory/Other Authority: ORS 475A.235, ORS 475A.385
Statutes/Other Implemented: ORS 475A.235, ORS 475A.385

AMEND: 333-333-6160

RULE SUMMARY: Amend OAR 333-333-6160: Clarifies that information contained in the product tracking system is treated identically to other evidence.

CHANGES TO RULE:

333-333-6160
Investigations
(1) For purposes of this rule and OAR 333-333-6040, "evidence" includes but is not limited to, physical objects, documents, records, video recordings ~~and,~~ interviews with an Oregon Health Authority (Authority) authorized representative, and information recorded in the product tracking system.¶
(2) An applicant, licensee or permittee must cooperate with the Authority during any investigation of compliance with ORS 475A.210 to 475A.722 and these rules and must promptly provide the Authority with evidence when requested to do so, in a manner specified by the Authority.¶
(3) The requirement to provide evidence promptly means:¶
(a) Producing evidence within 10 business days of the Authority's request unless the Authority grants an extension.¶
(b) Participating in an interview within a reasonable timeframe identified by the Authority.¶
(4) As specified in OAR 333-333-6040(4), an applicant, licensee or permittee may not damage, alter or conceal evidence, including but not limited to redacting client records or other information that was unredacted at the time of the Authority's request.
Statutory/Other Authority: ORS 475A.235
Statutes/Other Implemented: ORS 475A.235

AMEND: 333-333-7020

RULE SUMMARY: Amend OAR 333-333-7020: Requires products to be destroyed when test results expire.

CHANGES TO RULE:

333-333-7020
Ordering Tests
(1) A manufacturer must provide to a laboratory, prior to the laboratory taking samples, the following information:¶
(a) The manufacturer's license number and endorsement type;¶
(b) The manufacturer's name, address and contact information;¶
(c) Type of psilocybin product;¶
(d) Unique identification numbers assigned to products that will be sampled;¶
(e) Total mass or volume of each batch to be sampled; and¶
(f) Identification of tests requested pursuant to OAR 333-333-7030, OAR 333-333-7040, OAR 333-333-7050, OAR 333-333-7060, OAR 333-333-7070, OAR 333-333-7080 and OAR 333-333-7150.¶
(2) If the manufacturer informs a laboratory that a psilocybin product is being re-sampled after a failed test, the manufacturer must provide the laboratory with documentation of the failed test.¶
(3) A manufacturer is responsible for ordering the compliance tests necessary to comply with OAR 333-333-7010 to OAR 333-333-7150.¶
(4) A manufacturer may not order more than one compliance test for the same harvest lot, process lot or psilocybin product except as allowed under OAR 333-333-7120.¶
(5) A manufacturer violates these rules if they:¶
(a) Fail to provide information required in these rules to a laboratory.¶
(b) Submit false or misleading information to a laboratory.¶
(6) Tests ordered under these rules expire after one year. If a test has expired, the psilocybin product must be ~~t~~d~~est~~ed again before it can be sold to a client, transferred to another licensee, or converted to another product ~~typ~~roved and designated as waste.¶
(7) Manufacturers may only order tests for the purposes described in OAR 333-333-7010 to OAR 333-333-7150.
Statutory/Other Authority: ORS 475A.235, ORS 475A.590
Statutes/Other Implemented: ORS 475A.235, ORS 475A.590

AMEND: 333-333-7050

RULE SUMMARY: Amend OAR 333-333-7050: Adds a decimal point to stated values in order to align with Oregon Environmental Laboratory Accreditation Program (ORELAP) rules for significant figures.

CHANGES TO RULE:

333-333-7050
Solvent Testing
(1) If methanol or acetic acid are used to manufacture psilocybin extract, a manufacturer must order tests for methanol or acetic acid for every process lot of psilocybin extract prior to selling or transferring the psilocybin extract or converting to another product type.¶
(2) A batch fails solvent testing if a laboratory detects the presence of methanol above 3000.0 g/g or acetic acid above 5000.0 g/g in any sample.¶
(3) If a sample from a batch fails solvent testing, the batch may be remediated using procedures that would reduce the concentration of solvents to less than the action level.¶
(4) A batch that is remediated in accordance with section (3) of this rule, must be re-sampled and re-tested for solvents in accordance with these rules.¶
(5) In addition to the requirements of section (1) of this rule, a manufacturer must submit one or more batches from a process lot for solvent testing upon written request by the Oregon Health Authority.
Statutory/Other Authority: ORS 475A.235, ORS 475A.590
Statutes/Other Implemented: ORS 475A.235, ORS 475A.590

AMEND: 333-333-7090

RULE SUMMARY: Amend OAR 333-333-7090: Adds a decimal point to stated values in order to align with Oregon Environmental Laboratory Accreditation Program (ORELAP) rules for significant figures.

CHANGES TO RULE:

333-333-7090
Psilocybin Batch Requirements
(1) A manufacturer must separate each harvest lot of dried whole fungi into batches no larger than ~~one~~1.0 kilogram.¶
(2) A process lot for psilocybin extracts, homogenized fungi or edible psilocybin products is considered a batch.¶
(3) A manufacturer must associate each batch with a unique identification number and that unique identification number must be:¶
(a) Provided to the individual responsible for taking samples; and¶
(b) Included in the batch labels required by OAR 333-333-7110.
Statutory/Other Authority: ORS 475A.235, ORS 475A.590
Statutes/Other Implemented: ORS 475A.235, ORS 475A.590

AMEND: 333-333-7120

RULE SUMMARY: Amend OAR 333-333-7120: Amends retesting provision to remove requirement that a second lab test the product because Oregon Psilocybin Services (OPS) currently has only one licensed lab.

CHANGES TO RULE:

333-333-7120
Failed Test Samples
(1) If a sample or a field duplicate sample (collectively referred to as "sample" for purposes of this rule) fails any initial test, the laboratory that did the testing may reanalyze the sample. The laboratory that did the initial test may not subcontract the reanalysis. If a primary sample or a field duplicate sample fails, both must be reanalyzed. If the sample passes, the Oregon Health Authority (Authority) may require another laboratory ~~must~~to resample the batch and confirm that result for the batch to pass testing.¶
(a) If a manufacturer wishes to have a sample reanalyzed, the manufacturer must request a reanalysis within seven calendar days from the date the laboratory sent notice of the failed test to the manufacturer. The reanalysis must be completed by the laboratory within 30 days from the date the reanalysis was requested.¶
(b) ~~If a manufacturer has requested a reanalysis in accordance with subsection (1)(a) of this rule and the sample passes, the manufacturer has seven calendar days from the date the laboratory sent notice of the passed test to request that another laboratory resample the batch and confirm the passed test result. The retesting must be completed by the second laboratory within 30 days from the date the retesting was requested.¶~~
~~(c) A manufacturer must inform the Oregon Health Authority (Authority)~~A manufacturer must inform the Authority immediately, of the following, in a manner prescribed by the Authority:¶
(A) A request for reanalysis of a sample;¶
(B) The testing results of the reanalysis;¶
(C) A request for retesting; and¶
(D) The results of retesting.¶
(2) If a sample fails a test or a reanalysis under section (1) of this rule the batch:¶
(a) May be remediated in accordance with these rules; or¶
(b) If it is not or cannot be remediated under this rule, must be destroyed in a manner specified by the Authority.¶
(3) If a manufacturer is permitted to remediate under this rule, the manufacturer must provide notice to the Authority of the registrant's intent to remediate.¶
(4) A psilocybin extract that is permitted to undergo remediation cannot be further processed into a psilocybin product during the remediation process.¶
(5) Failed microbiological contaminant testing. If a sample from a batch psilocybin product fails microbial contaminant testing the batch may not be remediated and must be destroyed as ordered by the Authority.¶
(6) Failed solvent testing.¶
(a) If a sample from a batch fails solvent testing the batch may be remediated using procedures that would reduce the concentration of solvents to less than the action level.¶
(b) A batch that is remediated in accordance with subsection (a) of this section must be re-sampled and re-tested in accordance with these rules and must be tested if not otherwise required for that product under these rules for solvents.¶
(c) A batch that fails solvent testing that is not remediated or that if remediated fails testing must be destroyed in a manner specified by the Authority.¶
(7) Failed pesticide testing. If a sample from a batch of psilocybin product fails pesticide testing the batch may not be remediated and must be destroyed as ordered by the Authority¶
(8) Failed heavy metal testing. If a sample from a batch of psilocybin product fails heavy metal testing the batch may not be remediated and must be destroyed as ordered by the Authority¶
(9) Failed potency testing. A psilocybin product that fails potency testing under OAR 333-333-7040 may be re-mixed in an effort to meet the standards in OAR 333-333-7040. A psylocibin product that is re-mixed must be re-sampled and re-tested in accordance with these rules.¶
(10) If a sample fails a test after undergoing remediation as permitted under this rule the batch must be destroyed in a manner approved by the Authority.¶
(11) A manufacturer must inform a laboratory prior to samples being taken that the batch has failed a test and is being retested after undergoing remediation.¶
(12) A manufacturer must document all sampling, testing, remediation and destruction that are a result of failing a test under these rules.¶
(13) If a batch fails a test under these rules a manufacturer:¶
(a) Must store and segregate the batch in a secure area and label the batch clearly to indicate it has failed a test and

2026-0981 494 10/02/2026

the label must include a test batch number.¶
(b) May not remove the batch from the registered premises without permission from the Authority.
Statutory/Other Authority: ORS 475A.235, ORS 475A.590
Statutes/Other Implemented: ORS 475A.235, ORS 475A.590

2026-0981 495 10/02/2026

AMEND: 333-333-8100

RULE SUMMARY: Amend OAR 333-333-8100: Clarifies ambiguous language and notice process for product loss in transit.

CHANGES TO RULE:

333-333-8100
Product Transportation
(1) Psilocybin products transferred by licensees.¶
(a) Psilocybin products transferred between licensed premises may only be transported by a licensee or licensee representative of the originating or receiving licensee.¶
(b) Samples of psilocybin products obtained by a laboratory licensee pursuant to OAR 333-333-7100 may only be transported by the laboratory licensee or a laboratory licensee representative of the receiving laboratory.¶
(c) Every manufacturer, service center and laboratory licensee must maintain a list of licensee representatives authorized to transport product or travel in vehicles transporting product.¶
(d) Psilocybin products transferred between licensed premises must not exceed possession quantities described in OAR 333-333-2200.¶
(2) Physical transport requirements for licensees.¶
(a) A licensee representative of a manufacturer, service center or laboratory license who transports psilocybin products on behalf of a licensee must have a valid driver license.¶
(b) A manufacturer, service center or laboratory licensee must:¶
(A) Store psilocybin products in the delivery vehicle within a locked, secured area, shielded from view from the exterior of the vehicle.¶
(B) When transporting perishable psilocybin products, provide appropriate temperature control within the delivery vehicle.¶
(C) Use a delivery vehicle that is equipped with an alarm system and is insured at or above the legal requirements in Oregon.¶
(D) Deliver psilocybin products to all destinations and return any remaining psilocybin products to the licensed premises of origin within 60 hours of initial departure and notify the Oregon Health Authority (Authority) immediately in the manner prescribed by the Authority if they are unable to satisfy this requirement due to inclement weather, mechanical failure, or other unforeseen circumstances.¶
(E) Document all overnight stops in the planned route of the manifest and include the address, estimated arrival time at, and estimated departure time from the location of each overnight stop.¶
(F) Package all psilocybin products for transport in shipping receptacles and assign and affix a unique identification number to all shipping receptacles containing psilocybin products ~~as required by these rules~~.¶
(G) Provide a copy of the manifest to each location receiving the inventory described on the manifest but may prepare a separate product tracking system manifest for each receiving location in order to maintain transaction confidentiality.¶
(H) Contact the Authority as soon as possible under the circumstances ~~and in th~~via phone ~~form and manner prescribed by the Authority~~ electronic mail, if a vehicle transporting psilocybin products is involved in any accident or other situation involving product loss.¶
(I) Travel directly from the originating location to the destination location described in the manifest route.¶
(J) Notify the Authority as soon as it is safe to do so of every stop at an unlicensed location that exceeds two hours in duration and is not already listed in the manifest route.¶
(K) Upon the Authority's request, make the vehicle and its contents available for inspection if the delivery vehicle is stopped at an unlicensed location.¶
(c) A licensee may not:¶
(A) Make any unnecessary stops in between the originating and destination locations except to other licensed premises receiving inventory as described on the manifest;¶
(B) Remove psilocybin products from the vehicle until they arrive at the destination recorded in the manifest. Licensees or laboratory licensees may not transfer psilocybin products to, nor store psilocybin products in or at any unlicensed premises;¶
(C) Void or change a manifest after departing the originating licensed premises; or¶
(D) Travel with any persons not listed on the manifest.¶
(d) Any vehicle that meets the requirements of this rule may be used as a delivery vehicle.¶
(3) Product tracking system manifest requirements.¶
(a) Prior to removing a psilocybin product from the originating licensed premises for the purposes of transport or delivery, the originating licensee must use the product tracking system to generate a printed transport manifest

containing the following information:¶
(A) The originating location's license number and address as it appears in the product tracking system.¶
(B) The destination location's license number and address as it appears in the product tracking system.¶
(C) The unique identification number, product type, and quantity of each psilocybin product.¶
(D) The actual date and estimated time of departure.¶
(E) Location, purpose, and duration of time for any overnight stop.¶
(F) The arrival date and estimated time of arrival or completion of delivery.¶
(G) The delivery vehicle make, model, and license plate number.¶
(H) The name, contact information, worker permit number and signature of any licensee representatives accompanying the transport.¶
(b) A physical, printed copy of the generated manifest must accompany every transport of psilocybin products.¶
(4) Product tracking system requirements when receiving psilocybin products. Upon receipt of a delivery of psylocibin products, the receiving licensee must:¶
(a) Record each applicable unique identification number as accepted and received or rejected in the product tracking system as applicable.¶
(b) Verify the psilocybin products received are as described on the manifest and record receipt of the psilocybin products in the product tracking system if accepted.¶
(c) Separately and for each unique identification number document any differences between the quantities specified on the manifest and the quantities received in the product tracking system.
Statutory/Other Authority: ORS 475A.235, ORS 475A.400
Statutes/Other Implemented: ORS 475A.235

2026-0981 497 10/02/2026

AMEND: 333-333-8200

RULE SUMMARY: Amend OAR 333-333-8200: Clarifies requirements for training product tracking system users.

CHANGES TO RULE:

333-333-8200
Product Tracking - General Requirements
(1) A service center, manufacturer or laboratory licensee must use the product tracking system as an inventory and recordkeeping system to record and maintain an accurate inventory of psilocybin products as specified in OAR 333-333-8210(1)(b).¶
(2) Each individual service center, manufacturer and laboratory licensee will have access to the product tracking system. A licensee may authorize additional licensee representatives to use the product tracking system for their licensed premises in a form and manner prescribed by the Oregon Health Authority (Authority).¶
(3) Each service center, manufacturer and laboratory licensee must:¶
(a) Maintain an accurate and complete list of all product tracking system users for each licensed premises and must update the list in a form and manner prescribed by the Authority when a new product tracking system user is added or removed.¶
(b) ~~Train and a~~Authorize any new product tracking system users before those users are permitted to access the product tracking system or input, modify, or delete any information in the product tracking system.¶
(c) Ensure that all product tracking system users complete product tracking system training and document completion in a form and manner prescribed by the Authority. ¶
(d) Remove access for any product tracking system user from an associated product tracking system account if that individual is no longer a licensee representative.¶
(~~d~~e) Correct any data that is entered into the product tracking system in error.¶
(4) Each service center, manufacturer and laboratory licensee is responsible for all actions licensee representatives take while logged into the product tracking system or while otherwise conducting inventory tracking activities.¶
(5) Nothing in this rule prohibits a service center, manufacturer or laboratory licensee from using secondary separate software applications to collect information to be used in its operation including secondary inventory tracking or point of sale systems.¶
(6) If at any point a service center, manufacturer or laboratory licensee loses access to the product tracking system for any reason, the licensee must keep and maintain comprehensive records detailing all tracking inventory activities that were conducted during the loss of access.¶
(a) Once access is restored, all inventory tracking activities that occurred during the loss of access must be entered into the product tracking system.¶
(b) A licensee must document when access to the system was lost and when it was restored.¶
(c) A licensee may not transport any psilocybin product to another licensed premises until such time as access is restored and all information is recorded into the product tracking system unless the Authority has provided written authorization to do so.¶
(7) The Authority may issue a temporary waiver of any requirements of these rules if the product tracking system is unable to perform required functions. Any temporary waiver issued under this section will be published on the Authority's website and will identify the specific rule sections affected and the duration of the waiver.
Statutory/Other Authority: ORS 475A.235, ORS 475A.400
Statutes/Other Implemented: ORS 475A.235, ORS 475A.400

AMEND: 333-333-8210

RULE SUMMARY: Amend OAR 333-333-8210: Clarifies requirement to reconcile inventory before license expires.

CHANGES TO RULE:

333-333-8210
Product Tracking - Reconciliation of Inventory
(1) Each service center, manufacturer and laboratory licensee must:¶
(a) Use the product tracking system for all inventory tracking activities, as required by these rules.¶
(b) By 11:59 AM local time of the next calendar day, reconcile all psilocybin product inventory in the product tracking system to reflect the prior day's activity.¶
(c) For psilocybin products that have completed potency testing, use the product tracking system to record the total amount of psilocybin analyte contained in psilocybin products by weight, measured in grams or milligrams.¶
(2) The requirements of subsection (1)(b) of this rule do not apply:¶
(a) To psilocybin spores or mycelium that are in a preproduction process at a manufacturer's licensed premises.¶
(b) During the first 15 days following the harvest of fruiting bodies or mycelium, daily reconciliation by a manufacturer of the weight of moisture lost to evaporation is not required. The weight of moisture loss must be reconciled by a manufacturer prior to transferring, processing, selling, or packaging the fungi and no later than 15 days after the harvest, whichever comes first.¶
(c) To psilocybin products held by a laboratory licensee that are undergoing analytical testing required by these rules so long as the psilocybin products do not leave the laboratory's licensed premises and are reconciled on the same day that the analytical testing concludes.¶
(3) Notwithstanding subsection (1)(b) of this rule, a service center, manufacturer or laboratory must reconcile all psilocybin product inventory in the product tracking system prior to license expiration. ¶
(4) In addition to the requirements in section (1) of this rule, service centers must record each individual sale or transfer of a psilocybin product to a client as a sales transaction and record the price before tax and amount of each individual item sold and the date of each transaction in the product tracking system for each individual transaction.
Statutory/Other Authority: ORS 475A.235, ORS 475A.400
Statutes/Other Implemented: ORS 475A.235, ORS 475A.400

ATTACHED SOURCE [2]

OHA Record Revenue Analysis

Oregon Psilocybin Services
Revised August 14, 2026
Produced September 17, 2026

Oregon Psilocybin Services

Without Fee Increase

	AY 25-27	AY 27-29	AY 29-31
Projected Fee Revenue at Current Fee Rate	$ 1,998,650	$ 1,960,085	$ 1,965,085
Projected Tax and Interest Revenue	$ 325,072	$ 222,208	$ 222,208
Balance from Prior Biennium	$ 2,315,485	$ (3,886,443)	$ (10,764,971)
Revenue Total	**$ 4,639,207**	**$ (1,704,150)**	**$ (8,577,678)**
Projected Expenses	$ 8,525,650	$ 9,060,821	$ 9,513,862
Remaining Balance w/out Fee Increase	**$ (3,886,443)**	**$ (10,764,971)**	**$ (18,091,540)**

Expenditures Buc	AY 25-27	AY 27-29	AY 29-31
Personnel	$ 5,606,910	$ 5,999,394	$ 6,299,364
Servies & Supplie	$ 568,740	$ 593,927	$ 623,623
Allocated Direct	$ 600,000	$ 630,000	$ 661,500
Indirect Cost Allo	$ 1,750,000	$ 1,837,500	$ 1,929,375
TOTAL	**$ 8,525,650**	**$ 9,060,821**	**$ 9,513,862**

With Fee Increase

Effective Jan. 1, 2027	AY 25-27	AY 27-29	AY 29-31
Projected Fee Revenue	$ 1,717,700	$ 898,500	$ 898,500
Projected Tax and Interest Revenue	$ 246,304	$ 10,000	$ 10,000
Balance from Prior Biennium	$ 2,315,485	$ (4,246,161)	$ (12,398,482)
Revenue Total	**$ 4,279,489**	**$ (3,337,661)**	**$ (11,489,982)**
Projected Expenses	$ 8,525,650	$ 9,060,821	$ 9,513,862
Remaining Balance with Fee Increase	**$ (4,246,161)**	**$ (12,398,482)**	**$ (21,003,844)**

Revenue with Fee Increase effective Jan. 1, 2027

Fee Name for Oregon Psilocybin Services	Current Fee Amount	New Fee Amount	Collection Period	CHANGE	AY27 Est # of Lic/App	AY27 Est # of Transactions	AY27 Revenue	AY29 Est # of Lic/App	AY29 Est # of Transaction	AY29 Revenue	AY31 Est # of Lic/App	AY31 Est # of Transaction	AY31 Revenue
OPS Fee for training program curriculum approval	$ 500	$ 1,000	Annual	Increase	1	1	$ 1,000	2	2	$ 2,000	2	2	$ 2,000
OPS Fee for training program curriculum changes	$ -	$ 500	Annual	Establish	1	1	$ 500	1	1	$ 500	1	1	$ 500
OPS Training Program Curriculum Renewal Fee	$ 500	$ 1,000	Annual	Increase	0	0	$ -	5	10	$ 10,000	5	10	$ 10,000
OPS License application fee: service center, manufacturer and laboratory	$ 500	$ 1,000	As Needed	Increase	0	0	$ -	0	0	$ -	0	0	$ -
OPS License application fee for facilitator	$ 150	$ 200	As Needed	Increase	0	0	$ -	0	0	$ -	0	0	$ -
OPS Manufacturer license fee	$ 10,000	$ 20,000	Annual	Increase	0	0	$ -	0	0	$ -	0	0	$ -
OPS Manufacturer license renewal fee	$ -	$ 20,000	Annual	Establish	1	1	$ 20,000	2	4	$ 80,000	2	4	$ 80,000
OPS Service center license fee	$ 10,000	$ 20,000	Annual	Increase	0	0	$ -	0	0	$ -	0	0	$ -
OPS Service center license renewal fee	$ -	$ 20,000	Annual	Establish	4	4	$ 80,000	8	16	$ 320,000	8	16	$ 320,000
OPS Facilitator license fee	$ 2,000	$ 4,000	Annual	Increase	0	0	$ -	0	0	$ -	0	0	$ -
OPS Facilitator license renewal fee	$ -	$ 4,000	Annual	Establish	45	45	$ 180,000	50	100	$ 400,000	50	100	$ 400,000
OPS Laboratory license fee*	$ 10,000	$ 20,000	Annual	Increase	1	1	$ 10,000	0	0	$ -	0	0	$ -
OPS Laboratory license renewal fee	$ -	$ 20,000	Annual	Establish	0	0	$ -	1	2	$ 40,000	1	2	$ 40,000
OPS Reduced manufacturer license fee, non-profit	$ 5,000	$ -	Annual	Eliminate	0	0	$ -	0	0	$ -	0	0	$ -
OPS Reduced service center license fee, non profit	$ 5,000	$ -	Annual	Eliminate	0	0	$ -	0	0	$ -	0	0	$ -
OPS Reduced manufacturer license fee, other	$ 5,000	$ -	Annual	Eliminate	0	0	$ -	0	0	$ -	0	0	$ -
OPS Reduced service center license fee, other	$ 5,000	$ -	Annual	Eliminate	0	0	$ -	0	0	$ -	0	0	$ -
OPS Reduced facilitator license fee, other	$ 5,000	$ -	Annual	Eliminate	0	0	$ -	0	0	$ -	0	0	$ -
OPS Applicant change fee	$ 250	$ 500	As Needed	Increase	3	3	$ 1,500	10	10	$ 5,000	10	10	$ 5,000
OPS Change of location fee	$ 250	$ 1,000	As Needed	Increase	0	0	$ -	1	1	$ 1,000	1	1	$ 1,000
OPS Worker permit fee	$ 25	$ 200	Annual	Increase	0	0	$ -	0	0	$ -	0	0	$ -
OPS Work permit renewal fee	$ -	$ 200	Annual	Establish	45	45	$ 9,000	100	200	$ 40,000	100	200	$ 40,000
License/App/Permit Revenue TOTALS							**$ 302,000**		**Total AY29**	**$ 898,500**		**Total AY31**	**$ 898,500**
**This fee will become effective 1/1/29*													

Interest and Investments	n/a	$ -	Monthly	n/a	0	6	$ -	24	24	$ -	24	24	$ -
Psilocybin Tax Revenue	n/a	$ 1,250	Quarterly	n/a	0	2	$ 2,500	8	8	$ 10,000	8	8	$ 10,000
Other Revenue							**$ 2,500**		**Other Revenue A**	**$ 10,000**		**Other Revenu**	**$ 10,000**

2026-0981 501 10/02/2026

2026-0889 001 09/17/2026

Revenue between Jul. 1, 2025 to Dec. 31, 2026 before fee increase

Fee Name for Oregon Psilocybin Services	Fee Amount	Collection Period	AY27 Est # of Lic/App	AY27 Est # of Transactions	AY27 Revenue
OPS Fee for training program curriculum approval	$ 500	Annual	3	3	$ 1,500
OPS Training Program Curriculum Renewal Fee	$ 500	Annual	0	0	$ -
OPS License application fee: service center, manufacturer and laboratory	$ 500	As Needed	8	8	$ 4,000
OPS License application fee for facilitator	$ 150	As Needed	181	181	$ 27,150
OPS Manufacturer license fee	$ 10,000	Annual	4	8	$ 80,000
OPS Service center license fee	$ 10,000	Annual	13	26	$ 260,000
OPS Facilitator license fee	$ 2,000	Annual	188	376	$ 752,000
OPS Laboratory license fee	$ 10,000	Annual	1	1	$ 10,000
OPS Reduced manufacturer license fee, non-profit	$ 5,000	Annual	0	0	$ -
OPS Reduced service center license fee, non profit	$ 5,000	Annual	3	4	$ 20,000
OPS Reduced manufacturer license fee, other	$ 5,000	Annual	2	4	$ 20,000
OPS Reduced service center license fee, other	$ 5,000	Annual	2	3	$ 15,000
OPS Reduced facilitator license fee, other	$ 1,000	Annual	100	200	$ 200,000
OPS Applicant change fee	$ 250	As Needed	9	9	$ 2,250
OPS Change of location fee	$ 250	As Needed	1	1	$ 250
OPS Worker permit fee	$ 25	Annual	186	372	$ 9,300
OPS Civil Penalty	0	As Needed	0	17	$ 14,250
License Revenue TOTALS		**Total AY27**			**$ 1,415,700**

Interest and Investments	$ 4,701	Monthly	0	18	$ 84,618
Psilocybin Tax Revenue	$ 26,531	Quarterly	0	6	$ 159,186
Other Revenue AY27					**$ 243,804**

Assumption(s):

The Revenue Totals for "without fee increases" for AY27, AY29, and AY31 are based on maintaining current trends of fee revenue/current level of licensees.

Fee increases effective 1/1/27 with expected loss of revenue/licensee attrition due to fee increases. Expected loss was calculated with an assumed worst-case scenario 60% reduction with additional consideration for those currently eligible for reduced fees, other changes in process and historical attrition trends.

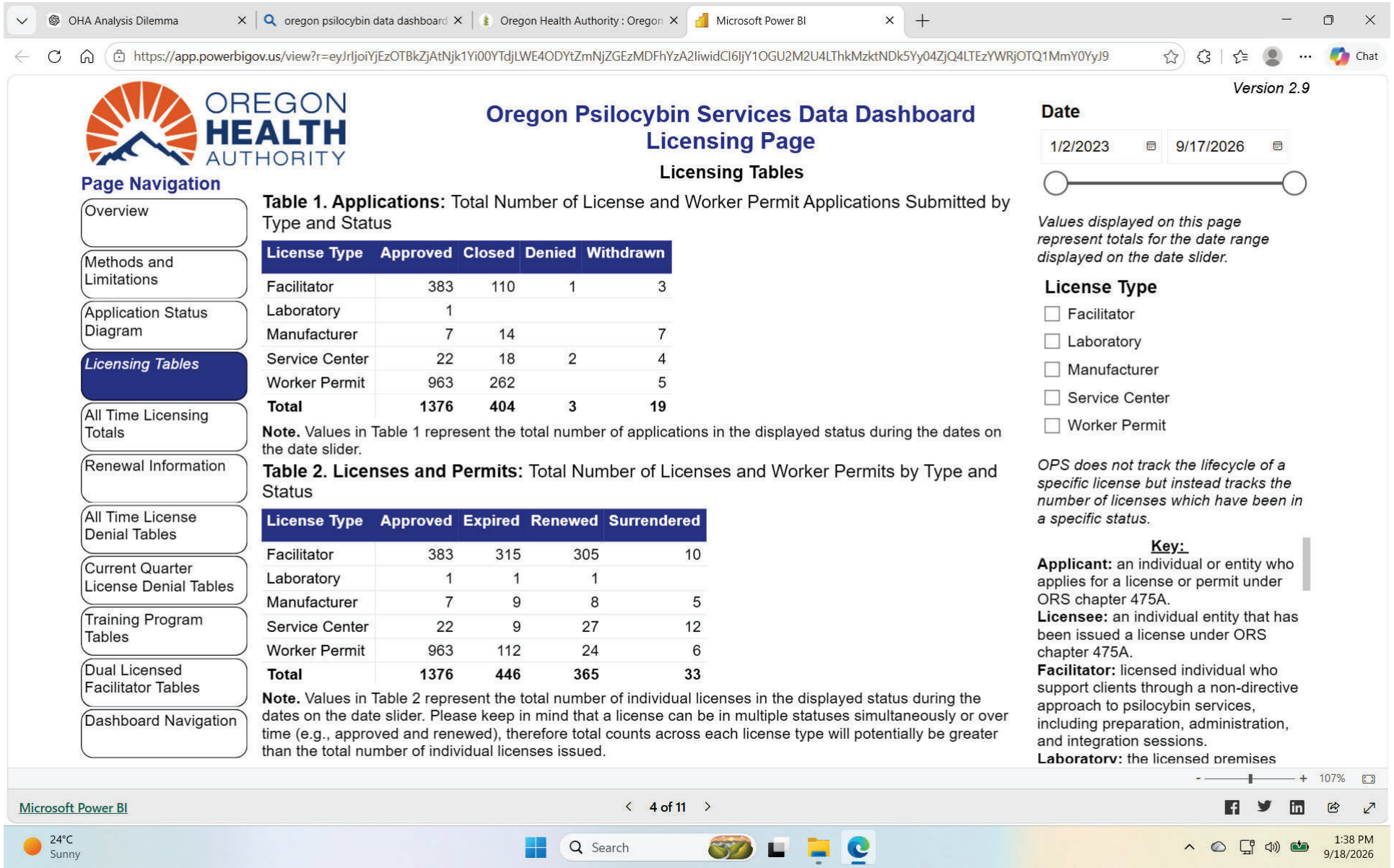
2026-0981 502 10/02/2026

2026-0889 002 09/17/2026

ATTACHED SOURCE [3]

OHA Oregon Psilocybin Services Data Dashboard - Licensing Page

Version 2.9; data displayed through September 17, 2026; captured September 18, 2026.
The dashboard reports cumulative status counts and warns that licenses may appear in multiple statuses.
It therefore does not establish an exact count of licenses currently active on the capture date.



2026-0981 503 10/02/2026

ATTACHED SOURCE [5]

OHA Public Rulemaking Hearing Transcripts

Automated WhisperAI transcripts generated September 18, 2026. Speaker identities and wording should be checked against OHA's recordings before any quotation is treated as a certified verbatim transcript.

Public hearing — September 15, 2026

1: WhisperAI Transcription Report

3: Title: OPS-Public-Hearing-English-Audio-Recording-9-15-26

4: Date: 9/18/2026

5: Duration: 5473 seconds

6: Language: auto

7: Speaker Detection: Enabled

8: Number of Speakers: 16

10: ---

12: TRANSCRIPTION:

14: Speaker 1: Good evening, everyone. We will get started in just a few moments. Buenas noches a todos.

16: Speaker 2: Estaremos iniciando en unos momentos.

18: Speaker 1: All right, we can go ahead and get started.

20: Speaker 2: Perfecto, podemos dar proceder a dar inicio.

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

24: Speaker 2: Buenas noches, mi nombre es Brittany Hall.

26: Yo he sido designada como oficial de audiencia. Por la junta.

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

30: Speaker 2: Queremos darle la bienvenida a todos y queremos asegurarnos de que todos puedan participar en la audiencia pública.

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

34: Speaker 2: Hoy tenemos interpretación simultánea en español, la cual pueden accesar haciendo clic al botón de interpretación en la parte.

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

38: Speaker 2: Una vez se active la interpretación, le vamos a pedir a todos los participantes que hagan clic en interpretación y seleccionen su canal, sea inglés o español, para asegurarnos de que todos puedan escuchar todos los comentarios, sean estos en inglés o en español.

40: Speaker 1: This hearing is now being recorded. American Sign Language interpretation is also provided. Real-time captioning is available by clicking on the closed caption live transcript CC button.

42: And/or selecting Show Subtitle. And again, Spanish interpretation is provided and accessed by clicking on the Interpretation button and selecting Spanish. This hearing is being recorded and transcribed. A recording of audio and video will be made available online after the hearing.

44: Please remain muted until your name is called and it's your turn to speak.

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

48: I would now like to call this hearing to order. Let the record show that the time is approximately 6:05 PM and the date is September 15th, 2026. The purpose of this hearing is to receive testimony regarding the Oregon Health Authority

Public Health Division's proposed adoption of Oregon administrative rules in Chapter 333, Division 333, related to Oregon psilocybin services. The Oregon Health Authority Oregon Psilocybin Services Section is proposing to permanently amend administrative rules In Chapter 333, Division 333.

50: The proposed 2026 rules supplement prior rules and make further refinements. The proposed rules address all aspects of implementation. The proposed rules increase license fees significantly, as the authorizing ballot measure anticipated the program would be self-sustaining and currently is not. The proposed rules are necessary to effectively implement the act because they make important changes to the previously adopted rules that will provide greater clarity and efficiency of operations for both licensees and the Oregon Psilocybin Services Section of the Oregon Health Authority.

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

54: The division will not cross-examine or debate the material at hand. All discussion shall be directed at the hearing officer. Testimony is limited to the matter at hand. The hearing officer may exclude or limit cumulative, repetitious, or immaterial testimony.

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

58: When we call your name, please unmute yourself by clicking the microphone button, or if you are on the phone, you will need to press star 6 to unmute yourself. Before providing your comments, please state your name and that of any organization you represent, if applicable. We request that everyone keep their comments to 3 minutes.

60: So that we can hear from everyone.

62: Speaker 3: You will—

64: Speaker 1: when you have 30 seconds left to speak, you will hear a beeping sound. At the end of your time, you will hear the sound again. When providing comment, please speak clearly and at a regular speaking cadence so that the interpreters can simultaneously interpret your comments. Tonight's hearing will close at 7:30 PM.

66: If we are unable to hear from everyone who wishes to provide oral comments today, there will be another hearing tomorrow, September 16th, at noon. Written comments are also being accepted until 5:00 PM on Monday, September 21st. Finally, OHA will not tolerate any comments that involve the use of profanity or any threatening remarks. and may mute any individual who uses profanity or threatening language. We ask that you are respectful of everyone who is on this call.

68: I'm now going to open up the floor for testimony. The first person I have signed up is Amy Charlesworth, and then on deck will be Melinda Halpern, Sam Gross and Gina Grazza. And I apologize in advance if I mispronounce any names this evening.

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

72: Okay, next we have Melinda Halpern, and then after that is Sam Gross, Gina Grazza, and Max Kellerman. Melinda, if you are on the line and would like to provide comments, please unmute yourself.

74: Speaker 4: I'm going to choose to wait until later and circle back around if that— if I have that opportunity.

76: Speaker 1: Yes, I can do that.

78: Thank you. Sam Gross.

80: Speaker 2: Good evening. My name is Sam Gross.

82: I'm a licensed psilocybin facilitator in Bend at Drop Thesis.

84: I'm also a therapist and a veteran. Today I spent 7 hours helping a combat vet process trauma. As a fellow veteran, it meant a lot to be able to sit with her.

86: These are the kinds of real people that we are able to help with the program that we have. There are also real people behind these licenses. OPS reports that there's 422 psilocybin businesses in Oregon, including facilitators. That represents hundreds of families plus employees who depend on this industry for their livelihood.

88: As a veteran, I currently pay $1,000 a year for my facilitator license. My therapist license cost me $143 a year. Most facilitators are paying $2,000 a year, and we're proposing raising that to $4,000. Service centers and manufacturers would go from $10,000 to $20,000 a year, while reduced fees for veterans and others would disappear.

90: I served on the Rules Advisory Committee in July. I was concerned enough about these increases that I conducted my own survey. I contacted 331 licensees and received 146 responses. 17 said that they would renew, 12 said maybe, and 117,

which is more than 80%, said that they would not renew. Based on those responses, I projected license— licensing renewal falling from just over $1 million to about $463,000, which is a 56% decrease.

92: I was shocked that this information did not change the proposal. I was even more surprised to see no indication that in the notice that OPS conducted its own licensee retention survey. It took me about an hour to gather that information from the people who actually have to decide whether or not to renew. And OPS itself acknowledges the risk.

94: Your own impact, fiscal impact statement says increased fees may reduce the number of licensees and create a more significant program budget shortfall. But there is an even bigger problem. My calculation, even if everybody renewed and paid double, that still doesn't eliminate the budget shortfall.

96: So what do we do with that?

98: If OPS is still underfunded after doubling fees, you would still have to find another way to source Or to fund the, the program, and the underlying problem is still there. If those decisions will have to be made anyway, I question the wisdom of first imposing fees that will drive facilitators and businesses out of the regulated market, reduce access for clients, and potentially reduce the revenue of OPS that it's trying to increase. The fact that other approaches have not solved the problem is not evidence that doubling the fees will solve it.

100: So I'm requesting that we pause the increase, uh, conduct a survey, run the revenue projections, and see what we can really do to fix this problem.

102: Speaker 1: All right, thank you.

104: Next on the list is Gina Grazza, and then up on deck will be Max Kellerman, Renee Mirno, and Matt Curran. And again, I apologize if I'm messing up names.

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

108: Speaker 5: My name is Gina Grazza. I'm a licensed therapist. a licensed psilocybin facilitator, psychedelic researcher with the Social Neuroscience and Psychotherapy Lab, and former lead educator at InnerTrek. I've spent the last 14 years of my career specializing in the treatment of complex trauma and severe mental health conditions. And for the past several years, I've trained and supervised the next generation of psilocybin facilitators.

110: I'm speaking today from that vantage point as a clinician who has watched this work change lives, and as a trainer whose students' futures are directly on the line in this rule. This program is working. Oregon's model is the first of its kind in the country, and it has already served more than 24,000 people— veterans, cancer survivors, people living with depression and addiction. I've sat with clients through this work myself, and I've trained facilitators who've watched people find relief.

112: That's not unique to one or two people.

114: It's now backed by research showing meaningful and measurable improvements in mental health outcomes. Doubling facilitator fees, doubling service center fees and manufacturing fees, and raising worker permits while eliminating reduced fee options will restrict access for the Oregonians who need it most. Providers don't absorb these costs.

116: They pass them to the clients, pricing out exactly the low-income and rural Oregonians this program was meant to reach. And OHA A hasn't shown its math. This summer, 117 of 146 licensees surveyed said they would not renew at these proposed rates. And I personally do not know if I will be able to afford this increase of $4,000, as this is not my full-time work, nor should it be, as this type of service was never meant to be intended to be a revolving door.

118: What will happen is that people who can afford these increases most likely those connected to big money, will overshadow and leave out small businesses and individual facilitators, thereby erasing a large majority of facilitators who just spent thousands of dollars to be trained and show up to support the people seeking services. If that holds across the program, these fee increases will generate less revenue than doing nothing at all while shrinking the workforce I helped train and supervise. Before raising fees this dramatically, OHA owes licensees, trainers, and the public its actual financial assumptions, projected expenses, expected attrition, and projected revenue after that attrition. Oregon built this program from nothing and it is working.

120: As a clinician and a trainer, I'm asking you not to price out the people delivering the care Oregon so clearly needs. Help keep the people providing these services able to contribute with lower fees, because if you— if not, you will see big businesses take over our state and leave behind valuable people unaffiliated to larger corporations and businesses. And I really don't think that's the Oregon way. Thank you.

122: Speaker 1: Thank you.

124: Uh, next up I have Max Kellerman, and then on deck will be Renee Mirno, Mirno, Matt Curran, and Louis Birdseye.

126: So Max Kellerman, if you are on the line, please feel free to unmute yourself and provide your name for the record.

128: Speaker 3: All right, thank you.

130: My name is Max Kellerman. I serve as the executive director of the Portland Psychedelic Society and its Action Fund, a nonprofit that provides education, community, and advocacy around psychedelics. And I have been deeply involved in Oregon's psychedelic community since 2018.

132: So I'll echo many of the sentiments here.

134: I have sat in rooms with veterans, people in recovery, members of BIPOC and LGBTQ+ communities, and many others who found hope through psychedelics after other approaches have failed them. And before Measure 109, many risked breaking the law to pursue that healing. Then they came to communities like ours seeking a safe place to speak honestly about experiences they often felt they had to hide. Regulated access opens entirely new channel for people who want to seek healing without entering the underground or fearing legal consequences.

136: It allows people to make that choice within a system designed to support their safety. That distinction matters, especially for people who would never otherwise consider breaking the law. Oregon did more than create a new state program. We became the first state in the country and in the world really to test what safe legal supported psilocybin access can look like in the real world.

138: More than 24,000 people have now participated, and emerging research on this program from the OHSU Open Lab is showing tremendous promise. Because I'm connected to this movement locally, nationally, and beyond, I can tell you that many eyes are on Oregon right now. What happens here will help shape what other states and communities believe is possible. Oregon's mental and behavioral health systems are already deeply under-resourced.

140: We do not have time to take a promising option off the table just as evidence is value— of its value is emerging. If these services help people recover, return to work, reduce their reliance on crisis care, or reconnect with their families and communities, the potential cost savings to the state could be substantial. We should be studying and strengthening that opportunity, not putting it at risk. This program is also supporting an emerging economic ecosystem of facilitators, service centers, educators, researchers, integration providers, and community organizations.

142: Many have invested substantial time and money while operating on razor-thin margins because they truly believe in this work, and they witness the impact firsthand. Rising fees force them out. Oregon will lose jobs, expertise, investment, and its position as a leader in a rapidly developing field. This is not the moment to retreat from a groundbreaking program just as we are beginning to understand its impact.

144: Restricting access will harm Oregonians, push people back underground, and surrender an opportunity Oregon worked hard to create. Please protect this program and help Oregon continue leading the way.

146: Speaker 6: Thank you.

148: Speaker 1: Thank you.

150: Next on the list is Renee Mirno, Matt Curran, Louis Birdseye, and Robert Combs. Renee, if you're on the line and would like to provide comments, please unmute yourself and provide your name for the record. All right, next will be Matt Curran, and then on deck Louis Birdseye, Robert Combs, and Andrew Pegram. Matt Curran, if you're on the line and would like to provide comments, please unmute yourself.

152: Speaker 2: Brittany, I'm having a technical issue, and I'm gonna have to respectfully wait until later until I can rectify it.

154: Speaker 1: Okay, thank you. I will, I will circle back around.

156: Speaker 5: Thank you.

158: Speaker 7: Thank you.

160: Speaker 1: Next is Louis Birdseye, and then we have Robert Combs, Andrew Pegram. and Sonia Towner. Louis, if you are on the line and would like to provide comments, please unmute yourself and provide your name for the record.

162: Speaker 6: Yeah, can you hear me?

164: Speaker 1: Yes, I can.

166: Speaker 2: Great.

168: Speaker 8: My name is Louis Birdseye. I'm a licensed psilocybin facilitator and QMHA 1 in Oregon.

170: I know there's a lot of people here with a lot to say, so I'm going to try and keep this as brief as I possibly can. I entered this profession believing I could spend decades helping build what Oregon courageously started, and today I'm seriously considering not renewing my license. Not because I've lost faith in this work, but because the cost of remaining licensed is becoming increasingly difficult to justify. The Oregon Health Authority is proposing substantial increases to licensing fees while eliminating reduced fees for qualifying applicants.

172: For facilitators who currently qualify for reduced fees, the financial impact would be especially severe. These changes risk pricing people out of the profession and discourage others from ever even entering it. That's particularly troubling because Oregon's psilocybin program has explicitly recognized the importance of increasing access for communities that have historically faced barriers to healthcare and other services. Yet eliminating reduced licensing fees and dramatically increasing the cost of participation risks making it exponentially harder for people from those very communities to become facilitators and participate in building this new profession.

174: Speaker 9: Yeah.

176: Speaker 8: We can't meaningfully increase access to psilocybin services without also considering who can afford to provide those services. Becoming a facilitator already requires a substantial investment in training, education, licensing, continuing education, and time. If maintaining a license becomes financially viable primarily for people with significant disposable income or established financial resources, Oregon risks creating a profession that becomes less

and not more representative of the communities it hopes to serve.

178: My background is in crisis intervention, where I learned the importance of remaining present with people during some of the most vulnerable moments of their lives. Those values brought me to psychedelic facilitation. This is my first year doing this work. I haven't worked with as many clients as I expected, but I've sat beside many people confronting fear, grief, mortality, their identity, relationships, and questions about their lives that can't easily be reduced to diagnoses or outcomes on a spreadsheet.

180: I really want to continue doing this work. I'm a younger facilitator, and I speak English, Spanish, and French fluently. I want to serve people across cultural, linguistic, and socioeconomic backgrounds and spend decades becoming better at this profession. But increasing licensing costs and eliminating reduced fees for those who qualify for them may make that impossible for me and many others.

182: And this issue is bigger than any individual facilitator. If financial barriers continue to rise, Oregon risks determining who can participate in psychedelic facilitation, not according to competence, compassion, training, or commitment, but simply according to those who can afford to remain licensed. That would undermine one of the most important promises of Oregon's experiment. Diversity, equity, and accessibility can't exist only on the journeyer side of the equation.

184: They've got to exist among the people providing these services as well. A system seeking to expand access for historically underserved communities should not simultaneously erect financial barriers that make it harder for people with fewer economic resources to become the practitioners serving these communities. I understand that Oregon psilocybin services must be financially sustainable. A pioneering regulatory system costs money.

186: It must also be economically possible for facilitators, service centers, manufacturers, and journeyers to participate in it. These are human beings behind these numbers. I'm one of them. I don't want to surrender my license.

188: I want to continue doing this work. Please consider eliminating reduced licensing fees and dramatically increasing the cost of licensure. I'm not asking Oregon to subsidize my career. I'm asking Oregon not to build financial barriers that contradict the accessibility and equity this program was created to advance.

190: Speaker 6: Thank you.

192: Speaker 1: Thank you.

194: Next on the list is Robert Combs, and then on deck will be Andrew Pegram.

196: Sonia Towner and Josh Goldstein.

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

200: Okay, next will be Andrew Pegram, and then Sonya Towner, Josh Goldstein, and Michael Rhodes.

202: So Andrew, please feel free to unmute yourself and provide your name for the record. And as a reminder, if you're on the phone, you can press star 6 to unmute yourself.

204: Okay, next on the list is Sonia Towner, and then we'll have Josh Goldstein, Michael Rhodes, and Paul Volk.

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

208: Next is Josh Goldstein, and then Michael Rhoads, Paul Volk, and Lisa Ginsburg.

210: So, Josh, if you are on the line, please unmute yourself and provide your name for the record.

212: Next, we have Michael Rhodes. And then Paul Volk, Lisa Ginsburg, and Jim Yu.

214: So, Michael, if you would like to provide comments, please unmute yourself and provide your name for the record. Yes, thank you.

216: All right, next up is Paul Volk, and then on deck will be Lisa Ginsburg, Jim Yu, and Andrea Smet. Paul, if you are on the line and would like to provide comments, Please unmute yourself and provide your name for the record.

218: Speaker 10: Yeah, thank you for the opportunity to comment today. My name is Paul Volk.

220: I'm a Portland, Oregon resident currently in training to become a licensed Oregon psilocybin facilitator, and I'm also developing a wellness business that I'd hope someday might include a licensed psilocybin offering as a service center, but that's a plan I'm now reconsidering because of this rule. My concern is pretty simple. Using OHA's published data, this proposed license fee increase doesn't appear to close the budget gap it's meant to solve, and it puts access at risk for the people this program is designed to serve.

222: Now, the budget itself is the main crux of this comment.

224: It's commonly cited as this $3.5 to $3.7 million annual budget. or budget shortfall. It's honestly hard to verify which and how much because there's no clear cost or budget record published specifically for OPS operations.

226: But let's just have that number in the back of our head for now. Because of course, fee increases mean license attrition.

228: And even in the best possible case where every licensee renews, the proposed fees only cover about 34% of that $3.5 to $3.7 million figure. And in a plausible license attrition scenario, that drops to roughly 21% of budget coverage. But in either case, license cost increases barely close the gap. And OHA's own impact filing for this rulemaking say that the overall fiscal and economic impact of the rules cannot be quantified.

230: But I'd like to push back on that because from the perspective of someone on the outside looking to enter this marketplace, these fee increases are deterring new entrants like me. Under the current reduced fee tier, a facilitator and a service center license cost about $6,600. But under this proposal, with that tier eliminated, those same 2 licenses cost $25,000, nearly 4 times as much overhead applied before we've served a single client. And Oregon's client demand is already down over 30% year over year for the last 2 consecutive quarters, and it's served by just 22 service centers nationwide or statewide.

232: And fewer providers means higher pass-through costs, deepening an already shrinking client base, hitting our low-income and veteran clients the hardest, who make up roughly 16 to 21% of clients served.

234: So my ask is for OHA to publish an itemized breakdown of the actual OPS budget and the budget gap that this rule is designed to close, as well as model realistic outcomes rather than admitting it can't be done. And to adopt a phased transition of reduced fee tiers instead of eliminating them overnight. But more than anything, I'm asking for transparency.

236: People like me want to be a part of this industry, and we want to help solve this budget shortfall, but we can't be a part of the solution without the data and transparency to understand the problem. Thank you so much for the opportunity to comment today, and I'll be submitting written feedback as well explaining this analysis that I've done, and I welcome any further feedback and collaboration.

238: Speaker 1: Thanks. Thank you.

240: Gary, I see that you have your hand up. Did you have a question, or were you raising your hand to sign up to testify?

242: Speaker 11: Yeah, actually, I thought I'd already signed up to testify. Maybe I didn't go through, or maybe I accidentally signed up for tomorrow.

244: So, yeah, I just wanted to double-check that.

246: Speaker 1: Okay, great. I'll add you to the list for this evening. I do have a few more people on the list to get through.

248: And but yeah, I'll add you to the list. Thank you.

250: Next up will be Lisa Ginsburg, and then on deck is Jim Yu, Andreas Metz, and Gary Braceland.

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

254: Speaker 12: Thank you. My name is Lisa Ginsburg. I'm affiliated with Changa Institute. I would like to testify that proposed license fees increase will harm the current model and make CL-7 service unacceptable for majority of population, given the recent open published data showing that current population consumers that access the services are predominantly white people who make over $200,000 a year, which signals that at the moment only upper middle class is able to access service as is.

256: And increasing these fees will be— the cost will be definitely passed down to consumers, and it will squeeze out the practitioners out of the market, as most people already expressed that they're planning to surrender the license. And of course, the service centers as a brick-and-mortar business will be forced to increase the fees to stay afloat, facilitators as well.

258: So we're looking from $2,500 at minimum cost for the psilocybin session go up to $5,000 plus, uh, which will be considering that now these services in more and more states are legalizing psilocybin. New Mexico just joined, about to launch the program.

260: New Mexico charges zero, zero license fees for the practitioners.

262: They also have no requirements for licensing of healing centers. Medical staff able to provide this service for free at the medical service, meaning they're not paying any additional license fees for brick-and-mortar businesses. I think the whole fee should go for licensed healing centers, and licensed healing centers unnecessary at all.

264: And I would love to see Oregon thrive as a legacy state, and love to see more facilitators offering this incredible service to people who need it the most. Thank you.

266: Speaker 1: Thank you.

268: Next on the list is Jim Yu, and then it will be on deck Andreas Mett.

270: Gary Bracelin and Amy Charlesworth.

272: Speaker 13: Hello, my name is Jim Yu and I use he/him pronouns. I don't know if everyone can see me because I cannot see myself, but I assume that my camera is on. It's probably better I don't see myself anyway so I don't get too, you know, judgmental.

274: You know, I think what everyone here is talking about is the program solvency. And I have been fortunate enough to be part of the program for going on 3 years now. A little background, I worked for Vital Reset Service Center in Hood River, Oregon for the last 2 and a half years, and myself and my business partner Libby Volges, we purchased the service center from the previous owner. Which was not an easy, easy task to do, as those who have done it can prove to that.

276: And when we ran the numbers and we talked to professionals about financing and is this a good idea to purchase a service center, to even start a service center, everyone, everyone told us no, that it was a terrible idea. And that we were pretty stupid to do it. Well, here we are.

278: So we purchased Vital Reset Psilocybin Service Center in Hood River, Oregon, not because we're stupid, but because we feel passionate about this work.

280: Not only have I personally seen over 200 people go through this program and be profoundly changed by it, but it has changed my life and everyone that I've worked with. all the facilitators, my partner, my business partner and myself, we are profoundly changed by this work.

282: So we feel encouraged and passionate about taking up the mantle of owning a service center. But I will be honest that if anyone who reaches out to me through the service center by email or by phone and they are excited about being a psilocybin facilitator licensed here in the state of Oregon, or owning a service center or starting a manufacturing grow operation, and they ask me my thoughts, I tell them that it's probably not a good idea because I want to be honest and transparent with them, and that this is not a business where you can earn a survivable income, which is really sad. I don't know of any facilitator that is able to facilitate at one service center and be able to maintain a comfortable lifestyle for themselves.

284: All the other service center owners and manufacturers that I've talked to are basically just kind of hanging on by their teeth, and something has got to change.

286: Now, my experience in leadership as a manager first and as a service center owner Now, um, I'm not a big fan of people bringing me problems.

288: Okay, I am a fan of people bringing me ideas of how to solve problems. And with our budget shortfall, I understand that that has already happened.

290: It's in the past. We cannot change that. We cannot magically create or, uh, you know, gain more, more income for operating costs. But the OPS combining with cannabis is going to have some cost savings.

292: So I would recommend that we take what Sam Gross offered earlier and take a 1-year moratorium, okay, on the fee hikes. And we put together, um, running some projections and looking at, you know, where can we actually generate some revenue. I have some ideas because again, I don't like to bring problems, I like to bring solutions.

294: Speaker 11: Thank you.

296: Speaker 13: The 1-year moratorium on fee hikes would be the first. Second, I would recommend doing what Colorado has done and expand the number of permits that people can hold, and therefore expanding the amount of licenses that are available. Currently, Oregon has basically 4 or 5 licenses that you can hold. the service center, manufacturer, um, what else? Service center, manufacturer, facilitator, service center representative, and I'm missing one, and then the testing lab.

298: The reason I'm missing it is because there's only one, but I think that there's more opportunity to have more license holders and to kind of grow the grow this body of practitioners that are working in the space. We can have additional permits and licenses for those who already have a clinical licensure that could be separate from a facilitator certification. We can have some levels that are between a service center representative or a license holder and the service center owner. I hold 2 licenses.

300: I own the Service Center license and I earn— and I own licensee rep.

302: Okay. The difference between those 2 licenses is about $9,975, somewhere in that range.

304: Speaker 1: Jim, I'm sorry to interrupt, but we are past the 3-minute mark.

306: So, but I'm going to— I'll circle back around if you want to have another chance. But I'd like to get through the rest of the people that are signed up to speak right now.

308: Speaker 13: No problem.

310: Speaker 1: Thank you.

312: Um, next on the list is Andreas Mett, and then we have Gary Braceland, Amy Charlesworth, and Melinda Halpern.

314: Speaker 6: Hi, Brittany. Can you hear me?

316: Speaker 1: I can, yes.

318: Speaker 12: Okay.

320: Speaker 6: I'm going to, uh, turn my video off because I'm going to be reading from a piece of paper.

322: So thank you for, uh, taking my, my testimony. My name is Andreas Mett.

324: I'm an Oregon-licensed facilitator, and I'm the co-founder of Satya Therapeutics. a licensed service center, and a manufacturing facility. I oppose OHA's proposed fee increases. OHA proposes doubling facilitator fees to $4,000, doubling service center and manufacturing fees to $20,000, and increasing worker permit fees from $25 to $200. OHA would also eliminate the $1,000 reduced facilitator fee for qualifying lower-income applicants and veterans. imposing a 300% increase.

326: OHA requires licensees to create social equity plans and report on their implementation, yet OHA is removing equity from its own fee structure. OHA cannot credibly demand equity from the industry while pricing lower-income facilitators out of the profession. Under this proposal, social equity is something licensees must write about if they can still afford to be licensed. It is wrong policy, wrong as economics, and wrong as a matter of equity.

328: For my family, the proposal means an additional $22,000 every year. We may have to close our manufacturing facility. 7 service centers currently purchase from that facility and benefit from our low prices. If we close, they will lose an affordable supplier and may face higher costs. that ultimately burden themselves and their clients. OHA has protected laboratories by delaying their increase until 2029.

330: Why is equivalent transition protection being denied to manufacturers, service centers, and facilitators? OHA claims to have enough analysis to justify these increases while at the same time saying it cannot reliably estimate their economic effects. That is like trying to stop a boat from sinking by charging the remaining passengers more for staying aboard. Doubling prices without determining whether customers will leave is not financial planning.

332: It is gambling with the survival of the system. Government should not be permitted to gamble with businesses it requires to fund it. I have requested the supporting financial records, submitted multiple alternatives, and formally requested postponement of final action. I renew that request tonight.

334: OHA should disclose its analysis, preserve an equitable reduced fee option, and provide the rest of the industry with the same transition protection provided to laboratories. OHA cannot create a sustainable program by making participation financially unsustainable. Thank you.

336: Speaker 1: Thank you.

338: Next on the list is Gary Braceland, and then I'm circling back around. We have Amy Charlesworth, Melinda Halpern, and Renee Mirno. Gary, if you would like to unmute yourself and provide your name for the record, and please provide your comments.

340: Speaker 11: Yes, my name is Gary Braceland, and I'm speaking on behalf of the Psilocybin Alliance. a trade organization recently formed to represent our industry.

342: We represent 70 licensed facilitators, 10 service centers, and 3 manufacturers, and Oregon's only testing lab. These are the people who make up Oregon's regulated psilocybin community, and our numbers of membership are growing daily. These aren't abstract numbers to us. Every one of our members has built a business, a career, or a lifeline for clients around this regulated system.

344: These fee increases OHA is proposing puts all of that at risk. We oppose the proposed increases. For brevity, I will skip the numbers, but we are doubling the annual facilitator fee. We are doubling the service center and manufacturer fees to $20,000, raising the worker permit fee 8-fold, and eliminating reduced fees altogether.

346: OHA says these increases are necessary for the program's survival, but just yesterday OHA released some projected fiscal analysis and it tells a different story. OHA modeled a scenario around what could happen if these fee increases cause licensees to leave the program. In that scenario, the projected deficit could be potentially about $400,000, or $4,000,000, $4.25 million, which is roughly $360,000 worse than if OHA doesn't raise the fees at all.

348: We know OHA took this risk seriously when considering Oregon's only remaining testing laboratory.

350: OHA recognized that losing that lab could disrupt the entire regulated system and provide special treatment— and provided special treatment intended to preserve that essential function. We agree with that decision. With no lab, there's no program. That tells us OHA understands that fees drive renewal decisions and that losing licensees threatens the whole system.

352: But the same care needs to be applied to facilitators, manufacturers, and service centers. Every one of them is just as essential. No manufacturers, no regulated product. No service centers, nowhere to deliver it.

354: No facilitators, no one to guide a session in the legal market. The Alliance has submitted a formal protective objection to OHA's fiscal impact statement Along with real alternatives, including phased increases, revenue-based fees, installment payments, and keeping reduced fees in place, and administrative savings that could raise revenue without pushing viable businesses out of the program. We're not denying OPS has a budget problem. We're saying doubling fees without accounting for attrition isn't a solution.

356: It's simply a bigger problem. We're asking OHA to delay the final action, release the full analysis and assumptions behind it. Respond seriously to the alternatives we've submitted and build a fee structure based on what revenue will actually look like after the attrition, not on the hope that existing licensees will simply absorb the increase. We have ideas that we think could make a difference.

358: OHA's own numbers say this plan couldn't— could shrink the regulated system and deepen the deficit it's meant to fix. That should be reason enough to stop and get it right. We have ideas that we think could genuinely make a difference. We want to be collaborative and transparent for the betterment of the industry.

360: Speaker 1: Thank you.

362: Speaker 11: I also have a personal statement, but I can wait till the end if you would like.

364: Speaker 1: Yes, thank you. We are over the 3-minute mark, so I'm going to go ahead and call on some other names on the list, but I will circle back around if we have time.

366: Speaker 11: Thank you.

368: Speaker 1: Thank you.

370: Next up is Amy Charlesworth, and then on deck will be Melinda Halpern, Renee Mirnu, and Matt Curran.

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

374: Speaker 14: Hello, my name is Amy Charlesworth. I'm a licensed Oregon psilocybin facilitator and an educator of psychedelic science, in addition to a military veteran. I've served— who served 16 years in the Army and accessed the reduced fee program that Oregon offers for licensing upon my initial license I oppose several parts of the rulemaking, and I just want to note for the record, I served on the Rules and Advisory Committee this year for the State of Oregon Oregon Psilocybin Program, and I was disappointed to see that a lot of that feedback wasn't taken into consideration. First, the fees.

376: Licensees already fund this program. Raising fees pushes costs onto the clients, which is going to make this service already, which is very inaccessible as it is, it's going to double or triple it in some cases, as we know that fees roll downhill and affect the people that need these services the most. Many facilitators offer sliding scale sessions to keep that door open, and higher fees make that harder to sustain. We're already unfairly requested and required to submit equity plans, which is frustrating to see when the state of Oregon is trying to remove low-income and veteran access for reduced fees, not match touching the integrity of having the equity plans in place.

378: We're removing— you're removing that from your own standard. Many facilitate— sorry, as a veteran, this is deeply important to me. This matters a lot because, as has already been mentioned on this call, a lot of military veterans use and rely on these services to get treatment for situations and diagnoses that have been untouched by Western modalities that we've tried for years and years. I urge OHA to protect an avenue for low-income and veteran access, including fee relief for practitioners who serve these communities.

380: So even if the license increases still go through, I am strongly requesting that you put back an avenue for those low-income persons and veterans to still be able to access a reduced fee program.

382: I also oppose the $500 fee for curriculum changes for institutions teaching. As we know, this is an emerging market and a new and rapidly changing field. Training programs would be updating— training programs should be updating their content as research and best practices develop.

384: That's rapidly happening.

386: So costs are already rising across the board, and charging $500 to the schools every time they need to make a change to their curriculum will tell them to stand still and not evolve. We need more evolutions, not fewer. Second, I oppose OAR 333-333-3070, uh, number 10, which would bar practicum students and site supervisors from acting as client support persons.

388: Serving as a client support person is a solid real-world practice. Students already struggle to find practicum experience, and this rule removes one of the few avenues they have. We should be expanding hands-on learning, not closing it off, because there's also other rules being proposed to make it harder for practicum sites to be established in an already reducing field, as we're also on top of that having service centers at risk of closing, going from 22 to probably maybe 10 to 12 will be left standing after this. Third is what I call OHA's proposed licensee speech ban.

390: Proposed rules including OAR 333-333-2010 4480, 5120, 6030, and 6100 would discipline licensees for promoting or encouraging unregulated activity, including sharing information about home cultivation and microdosing, and would hold us responsible for what others say on our behalf. These rules reach beyond licensed facilities into what we write, teach, and publish. They never define promote or encourage. When a wrong guess could cost you your license, you stay silent.

392: That raises serious concerns under First Amendment and Article 1, Section 8 of the Oregon Constitution.

394: They also ignore religious freedoms. For many people, psilocybin is a sacrament. In Gonzalez versus O Centro, the U.S.

396: Supreme Court ruled unanimously under the Federal Religious Freedom Restoration Act for a church that uses sacramental tea. Oregon's Constitution guarantees freedom of worship. Religious speech is protected speech, and OHA should clearly state that these rules do not reach religious practice or teaching. I ask OHA to withdraw these provisions and at least to propose, uh, postpone final action until it discloses analysis, defines its terms, and gives public, uh, time to respond.

398: Um, it is really imperative for also safety and for education that we allow the people who have been trained with psychedelics and for psilocybin to be able to speak openly and publicly and freely. Even if they hold license in Oregon, it does not mean that they're violating the law to talk to their clients and to curious minds about psychedelics and microdosis and cultivation of mushrooms. It's an overreach and an overstep. Thank you so much.

400: Speaker 1: Thank you.

402: Next on the list is Melinda Halpern, and then on deck will be Renee Mirnue, Matt Curran, and Robert Combs. And again, we have about a half hour left for this hearing, so we are trying to limit comments to about 3 minutes. We do have our second hearing tomorrow at noon.

404: We also are accepting written comments until 5 PM on Monday, September 21st.

406: So, Melinda, if you would like to provide your comments now, please feel free to unmute yourself and provide your name for the record.

408: Speaker 4: My name is Melinda Halpern. I'm a facilitator at Drop Thesis in Bend, Oregon.

410: I've also been a licensed professional counselor for 25 years in Oregon. Throughout my career, I've worked with people facing some of the most difficult experiences imaginable, including treatment-resistant depression, PTSD, and the lasting effects of abuse and trauma. When Oregon created a regulated pathway for psilocybin services, It felt like a natural extension of the work I had already devoted my professional life to. I made a very deliberate choice to participate in Oregon's regulated program rather than do this work underground, and that distinction is important to me.

412: We all know psilocybin is readily available outside of the regulated system. It would have been easier, less expensive, and required far less investment for me to simply do this work outside the framework that Oregon created. I chose not to. I believed in what Oregon was trying to build.

414: I believed that people deserved to have access to psilocybin in an environment where safety, preparation, informed consent, support, and accountability were taken seriously. I put my time and my own money behind that belief. I completed a 10-month facilitator training program that cost more than $10,000. That was a significant personal and professional investment.

416: On top of more than 2 decades of education, training, licensure, and expert— and experience as an LPC. I made that investment because I wanted to do this work responsibly and because I wanted to be part of a regulated system that could serve as a model for the rest of the country. Since becoming a facilitator, I've sat with over 35 individual journeyers and 7 group journeys. I have provided 4 partial scholarships and 1 unpaid journey.

418: I have done this because I believe access matters. I don't want this work to be available only to people who have plenty of financial resources or who are desperate for help with no legal option in sight. Sitting with someone during a psilocybin journey is a responsibility I take very seriously. The medicine itself is only one part of the experience.

420: The preparation beforehand, the relationship between facilitator and journeyer, the ability to recognize when someone needs support, and the care provided throughout the experience all matter. My 25 years as a mental health professional inform how I approach this work, but I also recognize that psilocybin facilitation requires its own specialized training and responsibilities. OHA is aware that Oregon facilitators have experienced— have provided a severe adverse experience rate of less than 1%. Behind that number are individual people who trusted us to be there with them during some of the most vulnerable moments of their lives.

422: I've witnessed people experience meaningful insight, moments of connection, increased hope, and a renewed sense of possibility. I have watched people who have struggled for years approach something new with courage. OHA is asking practitioners to reach lower socioeconomic populations and to demonstrate those efforts through a social equity plan. I understand and support the intention behind that.

424: In fact, I'm already doing that through my scholarships. But there is something deeply contradictory about asking small practitioners to make this work more accessible while simultaneously making it financially harder for those practitioners to stay in business. I am willing to serve people who cannot afford the full cost and to continue investing my time and professional experience in this program, but I cannot make an economically unsustainable practice sustainable simply through good intentions. Oregon made a grand gesture by being the first state to allow psilocybin to be used with a structured model.

426: To eliminate a highly successful program within 3 years by adding outrageous facilitator and facility fees not only does a disservice to my profession, but to the residents of Oregon who asked for this opportunity to work with psilocybin for health and healing. Thank you.

428: Speaker 1: Thank you.

430: Um, next on the list is Renee Mirnew, and then on deck will be Matt Kieran, Robert Combs, and Andrew Pegram.

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

434: Okay, next will be Matt Curran, and then Robert Combs, Andrew Pegram, and Sonia Towner. Matt, if you are on the line and would like to provide comments, please unmute yourself and provide your name for the record.

436: Speaker 2: Hi, everyone.

438: Yeah, I'm not in a position to make comments at this point.

440: Speaker 1: Okay, thank you. I think I heard you say you were going to try to join tomorrow. I'm still getting a lot of echoing feedback.

442: That is correct.

444: Okay, thank you. And please also submit written comments if you'd like to.

446: Next up will be Robert Combs, and then we have Andrew Pegram, Sonia Towner, Josh Goldstein, and Michael Rhodes.

448: So next up is Robert Combs. Robert, if you're on the line and would like to provide comments, please unmute yourself and provide your name for the record.

450: Okay, next is Andrew Pegram, and then we have Sonia Towner, Josh Goldstein, and Michael Rhodes.

452: So Andrew, if you'd like to provide comments, please unmute yourself.

454: Speaker 9: Thank you.

456: Speaker 1: Next is Sonia Towner, and then we have Josh Goldstein and Michael Rhodes. All right, Josh Goldstein, if you're on the line and would like to provide comments, Please unmute yourself and provide your name for the record. And as a reminder, from the phone, it is star 6 to unmute yourself.

458: All right. And then next up is Michael Rhodes.

460: Speaker 14: Hi.

462: Speaker 1: All right.

464: At this time, I will open up the sign-up sheet if there are additional people who would like to provide testimony. I would like to provide an opportunity for people who haven't had a chance to speak yet. to go first.

466: So please raise your hand using the raise hand button, or if you're on the phone, you can press star 9. Please remember to remain muted and off video until your name is called and it's your turn to speak.

468: And I will do my best to call on you in the order that hands are raised. But again, I would like to give an opportunity to people who have not had a chance to speak yet.

470: So the first person I see here, it looks like Phyllis, Phyllis Nasta. If you'd like to unmute yourself and provide your name for the record, please.

472: Speaker 9: Hi, yes, my name is Phyllis Nasta. I'm a licensed professional counselor, a licensed massage therapist. I don't have skin in this game. I'm not in the psilocybin business.

474: However, I was on the healthcare committee before it was voted in, and I was very enthusiastic and excited about it. The thing that I would add, I think it's absolutely horrifying, the licensure fees. I mean, my fees in my other 2 state licenses are nothing like this. which allows people like myself to provide low-cost services, do volunteer work, et cetera. But a few years ago, I was sent the questionnaire that the state wanted people who were taking the psilocybin journey to fill out.

476: And I was very shocked at the intrusive nature of it, all the personal questions, but I don't really talk to anybody in the field, so I didn't didn't really know why, but I think with this fee thing, I hate to say this, but there's something very fishy here.

478: Someone sent me a link to a news program a few weeks ago, and I heard that OHSU is getting a $2 million-plus grant from NIH to study the effects of psilocybin. The original intent in the petition and the law was to keep Big Pharma out of it and big corporations, as I understood it, and psychiatry. They didn't want psychiatry controlling the whole thing.

480: And I've been a mental health practitioner for many, many years. I've been a psychiatric social worker. I've worked with psychiatrists. I understand mental health.

482: And that's exactly why I was very glad that they didn't allow psychiatry to take control of this. And they tried to protect it, protect it for the beautiful thing that it was. And this fee thing is completely prohibitive for normal people. I mean, who makes that kind of money that you can shell out all that money for licenses when you have so many other costs, not to mention you have to pay for your life?

484: So I think something is very amiss here. I don't know what it is. But that's— it just doesn't seem right. Thank you.

486: Speaker 1: Thank you. And as a reminder, we are taking additional people to sign up to testify. You can use the raise hand button, or if you're on the phone, you can press star 9.

488: Up next, I have Gary Braceland.

490: Speaker 11: Yes, thank you. My name's still Gary Braceland, and I'm one of the partners of Drop Thesis and Service Center here in Bend, Oregon. I'm one of the co-founders of Psilocybin Alliance. I'm submitting this comment in opposition to the proposed increase in licensing fees for facilitators, service centers, and manufacturers.

492: This proposal was raised and extensively discussed during the RAC process, where licensees and stakeholders voiced substantial concerns about its impact on the program's viability. Based on the fee schedule that has moved forward, it does not appear that this feedback meaningfully shaped the proposal. I would ask OHA to explain how RAC input on this specific issue was incorporated, And why the committee process did not result in any changes. OHA has not released the underlying financial analysis supporting these fee increases, including projected program expenses, expected renewal rates, anticipated license attrition, and projected revenue after that attrition.

494: These matters be— this matters because the data we do have points to the opposite of the intended outcome. In a survey of licensees conducted this summer, 117 of 146 respondents indicated they would not renew their licenses at the proposed rates. In fact, the current attrition rate without raising these fees is over 50% of the licensed manufacturers,

testing labs, and service centers. If that rate of non-renewal holds across the program, these fee increases would generate less total revenue than leaving fees unchanged while shrinking the number of businesses serving Oregonians.

496: Before finalizing this rule, OHA should publish its assumptions and demonstrate that the proposed fees will actually improve rather than worsen the program's financial position. Provider costs are ultimately passed on to clients. Raising license fees on facilitators, service centers, manufacturers will raise the price of psilocybin therapy at exactly the moment the state should be working to make it more accessible, particularly for low-income and rural Oregonians who are already the most price-sensitive population this program serves. To me, this is against the core values of accessibility.

498: Independent research, including analysis from Rose City Labs, Oregon State University, and others on illegal psilocybin products sold outside the licensed system show that the majority share of psilocybin currently consumed in Oregon comes from illegal sources, maybe even as high as 90%. These products are untested and often mislabeled and misleading, and in some documented cases, very dangerous. Raising costs on licensed, tested, safety-regulated providers does not shrink that illegal market. It risks pushing even more Oregonians towards it.

500: If protecting public health and safety is among OHA's core mandates, that goal is better served by supporting the legal, licensed, taxpaying market's growth rather than crippling it. Why is this illegal number so high? It's clear that laws are not being enforced, allowing the illegal market to exist and thrive. With all the costs and constraints we face in the regulated legal market, And with more proposed expenses now, how can we compete, much less survive?

502: We need your support to suppress this legal market. Oregon's program has already served more than 24,000 people with an adverse event rate below 1%. That is an extremely strong safety record, and the state's oversight structure should be right-sized to reflect that. It should be focused on efficient, cost-effective, common-sense regulations.

504: Rather than rising costs on the businesses that are operating legally and safety— safely. Quite frankly, these fee increases could be the difference between staying in business or closing our doors. The doubling of the license fees will not only affect operational costs and overhead, but impact the survival of some of the facilitators we work closely with. We'd like to have to— we will likely have to eliminate some staffing.

506: But still stay within the strict OHA guidelines, and we're already lean. As it is inevitable, inevitable that these costs will have to be passed on to our clients, we project a decrease in actual sessions and a significant drop in inquiries. The economy is hard enough right now, and we are challenged to find ways to serve as many people as we can, yet still survive. This will be a huge blow to our core values.

508: I ask that OHA reject the proposed fee increases that are currently structured and work with licensees to find a sustainable funding approach that does not put access, safety, or the program's future at risk. We have ideas, and we want to be collaborative and transparent so this industry can grow and thrive. Thank you for listening and considering these comments.

510: Speaker 1: Thank you.

512: And I see a hand for Andy Still, who has not had a chance to speak yet.

514: So please go ahead and unmute yourself and provide your name for the record.

516: Speaker 15: Hi, I'm Andy Still. I'm a facilitator from Seaside, Oregon.

518: We've talked a lot about the fees, but income is only one half of a budget concern. And quite frankly, OPS has not shown us what the costs are. what they're covering or what we're trying to make up for.

520: So I agree with all the other prior comments about our fees, and I, and I think that's important. But I also think that the OHA has to become fiscally responsible as an organization, first reducing the spending to what is the existing budgeted income.

522: The other part of this is that there are other issues in this, and I can't remember the lady's name, but she covered them really well. I agree with every point she made. We cannot muzzle people for, uh, who are professionals, um, simply for saying things to a prospective client or even having someone else say it on our behalf, uh, that might not agree with what the, uh, the organization or the government, uh, are, are upholding. I think a lot of times what we're doing is giving a last option to people who are not, you know, going to see us anyway, and they're going to resort to something outside of the system.

524: And we are not able to now speak even to say to, to be careful, to find a sitter, to provide instructions on how to find somebody that could help them in that journey.

526: So I feel like the, the muzzling is an overstep of a government organization that is already not providing the service that we asked them to provide. And then lastly, as part of this, we're looking at the organization providing more regulation, more confinement, more laws, and more rules that we have to abide by. But we haven't seen any benefit from that yet.

528: We're already at such a low incident rate that I think if we can just maintain that and give good service and reduce our ability or increase our ability to provide services at a reduced rate, we'll be able to reach more people who are desperate for these services. That's all I have. Thank you.

530: Speaker 1: Thank you.

532: All right, we have a little less than about 15 minutes left. If you have not provided comments and would like to, please use the raised hand button. Or if you're on the phone, you can press star 9. Andreas Mett, I see you have your hand up again, so please provide your name again for the record and your comments.

534: Speaker 6: Thank you. My name is Andreas Mett. I'm an Oregon-licensed psilocybin facilitator and co-founder of Satya Therapeutics, a licensed service center and manufacturer. And I'm going to turn my video off while I read this statement.

536: I oppose provisions in proposed OAR 333-333 2010, 4480, 5120, 6030, and 6100. I refer to them collectively as OHA's proposed licensee speech ban. It is extraordinary that in the United States in 2026, Oregon licensees must defend their freedom to write, teach, publish, and discuss lawful subjects without risking their livelihoods. These provisions are not clearly confined to licensed premises, premises, or regulated transactions.

538: They prohibit providing information or instruction about home cultivation and processing, promoting unregulated consumption, and encouraging activities that are illegal under state law. They may also make licensees responsible for communications by employees, advertisers, influencers, and others acting on their behalf. I agree that OHA may regulate licensed operations and prohibit direct participation in unlawful conduct. My objection is that terms such as promoting, encouraging, information, and instruction are not adequately defined.

540: Although the rules do not mention books, their language could make an independently published book grounds for licensing discipline. The same uncertainty could affect websites, classes, research, journalism, policy advocacy, social media, harm reduction information, ordinary conversations, and lawful non-psylocybin businesses. This concern is concrete. Before OHA published these rules, I asked its compliance team about facilitator-authored ebooks and non-psylocybin products.

542: OHA responded by asking whether the books would discuss cultivation, production, processing, or use. That exchange demonstrates the uncertainty facing licensees engaged in lawful speech and commerce. I requested OHA statutory— I requested OHA statutory, constitutional, factual, and economic basis for these provisions. together with its definitions and enforcement criteria. OHA estimates that those records will be produced by October 26th.

544: Public comments close September 21st. The public is therefore being asked to evaluate sweeping restrictions without access to OHA's supporting record. I ask OHA to remove or substantially narrow these provisions. Alternatively, postpone final action Disclose the supporting record, clearly distinguish unlawful conduct from protected speech, and provide a meaningful opportunity for public response.

546: OHA can regulate Oregon's licensed psilocybin system without controlling the independent speech and lawful outside activities of an entire industry. Thank you.

548: Speaker 1: Thank you. At this time, uh, okay, I see another hand up.

550: Courtney Campbell, uh, feel free to unmute yourself and provide your name for the record.

552: Speaker 16: Uh, yeah, my name is Courtney Campbell. Um, I'm the owner-operator of Chariot, a licensed service center in Portland. Um, we just renewed our license for the 4th time and have obviously a lot of concerns about these proposed rules.

554: You know, as Gary mentioned, a number of us met in early July on Iraq, and, you know, we discussed all these changes. We, you know, like deep into the, you know, the wording, the sense of like the very small parts deep into it and the implications and consequences of these rules if they were adopted. And it was a group of facilitators, operators, you know, industry folk, people with skin in the game, people who are the boots on the ground doing this work. And the consensus on nearly every rule change was that this is unhelpful unnecessary and will only add additional cost to this program.

556: And then when the rules were released, it seems as if all of our work during those days, which is not surprising based on sort of how these rule change sessions go, was, you know, it fell on deaf ears.

558: You know, most of the changes were adopted. None of what we were we're talking about really mattered. And, you know, that's very frustrating because we just keep adding on more and more to this program despite all the evidence, uh, the recently published, uh, OHSU data that shows just how safe this program is.

560: It feels like there's an opportunity here to get together, be collaborative, and talk about how we can make this program work. be accessible, have reasonable license fees for small business owners to stay in this work, because we love this work. We believe in this work. Many of us, most of us have benefited from this work. We see people's lives changed by it every day.

562: You know, we asked to be collaborative then, and I'm still hopeful that there's a path forward in which we can be collaborative. and make this program work because, as a number of other people have said, it really is changing lives. It's work that is not happening really anywhere else other than Colorado and maybe New Mexico. But yeah, I think we have an opportunity here to shape a program That is the first.

564: So we got some things wrong, and we can look at it now and say, hey, what was necessary?

566: What wasn't?

568: You know, where can we maybe like lower the guardrails a bit? Where do they need to be stronger? But ways in which it makes it all more accessible.

570: So thank you.

572: Speaker 1: Thank you. We have time for just a few more people to provide comments before I do some closing remarks. I'm going to call on Jay Lamp since they have not had a chance to provide any comments yet.

574: If you'd like to provide comments, feel free to unmute yourself and provide your name for the record.

576: Okay, I saw that hand. Go down.

578: So I'm going to call on Amy Charlesworth.

580: Speaker 14: Hi, since there's just an extra minute of time, I just wanted to add one thing that's not necessarily on the docket for attention for most people, but I do want it to be stated at least while we have this moment. I've worked in the service centers for a while now, and I've been serving medicine for a long time, and one of the most frustrating dynamics that I think think needs revision is that the service centers are not allowed to help clients prepare the beverage for consumption or the psilocybin for consumption. When you're actually serving these medicines, most of the people who are having these experiences, the psilocybin experiences at the service center, have never done this before. It's their very, very, very first time.

582: And, they're sitting there emotional, nervous, crying. They don't know what they're doing. And, I'll tell you, it is extremely destabilizing and extremely traumatic for them to have to fumble through packages, figure out how to mix the product, figure out what to do. And it creates a very tense moment.

584: And we do our best to take care of them and to support them and to serve them. But there are service centers in the state of Oregon being disciplined through extremely high, unnecessary, and ridiculous fees because we're trying to support the clients during these really difficult, challenging moments. And it's egregious.

586: And so I just want to propose that we do allow the licensed individuals, such as the facilitators or the service centers, to do what they're licensed to do, and that is to prepare and to serve a product that we have been entrusted with, that we've got the training for, and have paid the money to do so, so we can take care of clients in their most vulnerable moments in an experience that they've never done before.

588: That's what we're here and trained and licensed to do.

590: And so I'm strongly requesting requesting that we change that rule and allow service centers to, to serve the clients in the moments that they need it the most. Thank you.

592: Speaker 1: Thank you.

594: I think we'll have time for one more person to provide comments. I see Jay Lamp, you have your hand raised again. Please unmute yourself and provide your name for the record.

596: Speaker 7: Hi, my name is Jason Lampman.

598: Um, yeah, I wanted to, um, uh, start by saying, um, uh, the— I agree with previous speakers on a lot of things. One of them, first off, was the, um, not being able to speak about, um, cultivation or promoting other things. I think that the new language— I think the old language was fine and, and had a it made sense. But with the new language, I mean, for me especially, we also, we carry a cannabis and hemp license.

600: If it were to, if that were the same rule in that industry, my whole entire— I have a YouTube channel that talks about cultivation and things like that, not specifically for it, but we're farmers. And it would just, I think you're creating criminals out of people who aren't, who are, who are not really trying to break the law. And, and creating income for themselves in a really expensive program. I wanted to say, this part of 333-5200, I think I want to thank OPS for listening about to the public and the professionals about allowing the music.

602: I think that's a positive change, and I really think that you did the right thing there by allowing that. I think that's an important part of this service if it's— if and when it's needed. I wanted to also agree with almost everyone on here that the price hikes are a— it is— it's just not going to work. And I say that with respect to everyone who works for OPS and OHA.

604: I know it's been hard to build something from nothing. But it's been too— the truth is it's been too expensive from the beginning. And doubling the costs and removing the discount for veterans and OHP people is going to ruin the already— everybody and everyone I know in the industry is hurting. I think we need to just recognize that, that the, that what the, what we have here is not working.

606: And maybe, maybe OPS and OHA can't say anything. But if there is a way, I think that the public, the licensees, OHA and OPS need to really come together and say, this is our— because I realize doing nothing is not an option either.

608: So this is your probably what you can only do.

610: Speaker 15: Right.

612: Speaker 7: But I think it's time to agree that it's not working and moving forward, this is going to only hurt businesses and the people who need it most. And if that means we gotta come together and go to the legislature and say we want this to continue, what are other options? Because maybe your hands are tied with the OHA and OPS.

614: So yeah, I don't know.

616: Speaker 2: It's tough.

618: Speaker 7: I respect everyone who's worked on this from the beginning. I've watched the whole thing go through.

620: So, um, thank you for— thank you for letting me speak.

622: Please don't double the prices.

624: Speaker 1: Thank you. All right, we are at 7, almost 7:30.

626: Um, so that concludes our first hearing.

628: Our second hearing will be tomorrow, September 16th, at 12 PM noon until 1:30 PM Pacific time. To sign up on the virtual signup sheet, go to www.oregon.gov/psilocybin. Click on administrative rules and scroll down to 2026 public hearings. We are accepting written comments until Monday, September 21st at 5 PM.

630: And those can be sent to publichealth.rules@odhsoha.oregon.gov. After the public comment period closes on Monday, September 21st, the agency will review and consider all written and oral testimony before finalizing the rules. Responses to comments will be made available in the Hearing Office Officer report, which we expect will be finalized in late October or November. Once finalized, the hearing officer report and final rules will be linked to the Oregon Psilocybin Services Section website at oregon.gov/psilocybin and sent out through the Oregon Psilocybin Services mailing list.

632: You can subscribe to the mailing list by going to oregon.gov/psilocybin and clicking on the blue button that says sign up for distribution list. This hearing is now adjourned. Thank you and have a good evening.

634: ---

636: Generated by WhisperAI

637: https://whisperai.com

Public hearing — September 16, 2026

1: WhisperAI Transcription Report

3: Title: OPS-Public-Hearing-English-Audio-Recording-9-16-26

4: Date: 9/18/2026

5: Duration: 5345 seconds

6: Language: auto

7: Speaker Detection: Enabled

8: Number of Speakers: 20

10: ---

12: TRANSCRIPTION:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

42: Let the record show that the time is approximately 12:05 PM and the date is September 16th, 2026. The purpose of this hearing is to receive testimony regarding the Oregon Health Authority Public Health Division's Proposed adoption of Oregon administrative rules in Chapter 333, Division 333, related to Oregon psilocybin services. The Oregon Health Authority Oregon Psilocybin Services Section is proposing to permanently amend administrative rules in Chapter 333, Division 333. The proposed 2026 rules supplement prior rules and make further refinements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

72: Speaker 1: Thank you.

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

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

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

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

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

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

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

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

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

92: Speaker 5: Okay.

94: Speaker 4: Perfect.

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

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

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

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

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

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

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

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

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

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

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

118: Speaker 1: Thank you.

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

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

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

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

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

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

And what are licensees actually getting for dramatically higher fees?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

170: Speaker 6: Thank you.

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

174: Speaker 1: Thank you.

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

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

180: Speaker 8: Thank you.

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

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

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

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

190: Speaker 10: Thanks.

192: Speaker 1: Okay, thank you.

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

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

198: Speaker 5: My name is Sarah Miller, she/her. I'm a licensed facilitator, and I've been practicing with Oregon's program since nearly its inception. For the sake of brevity and in consideration for clarity amongst others on this call, this will serve as an abbreviated verbal statement. I plan on sending a written statement that will be more comprehensive in scope and breadth with the technical detail necessary to illuminate my full concerns.

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

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

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

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

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

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

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

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

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

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

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

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

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

226: Speaker 5: Cool, thank you.

228: Speaker 1: Sorry about that.

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

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

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

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

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

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

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

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

246: Speaker 1: Thank you.

248: Um, next on the list is Mariah Moncada.

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

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

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

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

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

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

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

264: Speaker 1: Thank you.

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

268: Speaker 13: Hi, I'm Chris Solis.

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

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

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

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

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

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

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

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

286: Speaker 14: Thank you.

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

290: Thank you.

292: Speaker 1: Thank you.

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

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

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

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

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

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

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

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

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

312: We also include people who are financially disadvantaged.

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

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

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

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

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

324: Speaker 1: Thank you.

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

328: Speaker 10: Hi, can you hear me?

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

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

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

336: Oddly, in the past, OHA has listened to outside special interests, which, for example, helped the creation of the vastly unpopular Senate Bill 303 data initiative that caused OHA to have an even greater budget shortfall due to, quote, unexpected costs. It just shows that outsiders of the industry have their own agendas, that unfortunately OHA seems more

interested in listening to than to us, the operators. This is why we created the Suicide in Alliance, to gain transparency and to give industry operators a chance to have a voice against one of the most powerful agencies in the state. That brings me back to the concern Suicide in Alliance has already raised in writing.

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

340: Speaker 11: OHA—

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

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

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

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

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

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

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

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

358: Speaker 1: Thank you.

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

362: Speaker 4: Can you hear me?

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

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

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

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

372: That means we are encountering a real brain as well as heart drain within this field. Businesses and healers have also needed to increase pricing to deal with the loss of profits, which creates an even bigger gap in accessibility. What is left over are those with business acumen who have managed to secure investment to wait out the initial difficulties. This is causing and will cause monopolies on the business level as well as the perspectival.

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

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

378: Speaker 3: Yes.

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

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

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

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

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

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

392: So this is a barrier for entry.

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

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

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

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

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

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

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

408: Speaker 17: Thank you.

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

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

414: Speaker 9: Yes, I'm sorry.

416: Speaker 1: Thank you.

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

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

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

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

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

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

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

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

434: Speaker 1: Okay, thank you.

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

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

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

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

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

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

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

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

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

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

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

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

460: Speaker 1: Thank you.

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

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

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

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

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

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

474: Speaker 18: No.

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

478: Speaker 11: Thank you.

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

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

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

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

488: Speaker 1: Thank you.

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

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

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

496: Speaker 9: I'll keep this relatively short.

498: Speaker 17: I recently received psilocybin therapy.

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

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

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

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

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

510: Speaker 17: Thank you.

512: Speaker 1: Thank you.

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

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

518: Speaker 19: Hi, can you hear me?

520: Speaker 1: Yes, I can.

522: Thank you.

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

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

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

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

532: Thank you.

534: Speaker 1: Thank you.

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

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

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

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

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

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

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

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

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

554: Speaker 1: Thank you.

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

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

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

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

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

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

568: Speaker 20: prepared.

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

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

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

576: So that's— I just wanted to bring that perspective to the table on this.

578: Speaker 1: Okay, thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

608: Okay.

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

612: So no one is doing this for the money.

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

616: Speaker 4: Thank you.

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

620: Speaker 10: Uh, Michael Rhodes.

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

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

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

628: So please drop it.

630: Speaker 1: Thanks. Thank you.

632: Next on the list is Jin Sol.

634: Please unmute yourself and provide your name for the record.

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

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

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

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

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

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

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

650: Speaker 19: Thank you.

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

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

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

658: That's all. Thank you.

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

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

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

666: ---

668: Generated by WhisperAI

669: https://whisperai.com

ATTACHED SOURCE [6]

Psilocybin Alliance Survey of Licensed Facilitators

Survey conducted September 8–18, 2026
100 respondents
Public report, crosstabs, and anonymized comments

Facilitator Fee Poll — Survey Analysis

Standard survey report | Current responses: n=100 | Updated through 2026-09-18

Executive Summary

Respondents	100	Nonrenewal risk	69.0%
Definitely/probably will not renew	69	Renewal support	13.0%
Unsure	18	Would raise facilitation fees	40.0%
Definitely/probably will renew	13	Other state/outside regulated program	49.0%
Would surrender/not renew license	73	Open-ended comments	66

Key Finding

A $4,000 facilitator license fee presents a high retention risk: 69 of 100 respondents (69.0%) said they definitely or probably would not renew.

Only 13 respondents (13.0%) said they definitely or probably would renew; 18 (18.0%) were unsure.

The reported operational effects extend beyond licensing: 40 (40.0%) would raise facilitation fees, 49 (49.0%) selected the combined “other state or outside Oregon’s regulated program” option, and 73 (73.0%) selected surrender/nonrenewal.

Topline Results

Renewal intention at $4,000	Count	Percent	Expected action (multiple response)	Count	Percent
Definitely will not renew	38	38.0%	Surrender/not renew license	73	73.0%
Probably will not renew	31	31.0%	Other state/outside regulated program	49	49.0%
Unsure	18	18.0%	Raise facilitation fees	40	40.0%
Probably will renew	7	7.0%	Work less in Oregon system	28	28.0%
Definitely will renew	6	6.0%	Reduce other expenses	9	9.0%
			Take fewer clients	5	5.0%
			Renew as usual	9	9.0%

Interpretation and Limitations

• The strongest result is the combined 69.0% probable/definite nonrenewal response. This is a stated-intention measure, not an observed renewal rate.

• Risk is concentrated among lower-volume facilitators: all 17 respondents reporting 1–5 clients said they probably or definitely would not renew.

• The sample is a voluntary poll, not a random census. Results describe respondents and should not be generalized to all Oregon facilitators without qualification.

• Small subgroup sizes make percentage differences unstable, especially Oregon Coast (n=1) and other regional groups.

2026-0981 535 10/02/2026

• “Seek work in another state or outside Oregon’s regulated program” is a combined response option. Its percentage cannot be separated into an other-state percentage and an outside-system percentage.

2026-0981 536 10/02/2026

Crosstab Analysis

Row percentages show the share within each subgroup; bases are displayed to prevent over-reading small cells.

Current fee level × renewal intention

Current fee	Base	Will not renew	Unsure	Will renew	Nonrenew %	Renew %
$1,000 reduced fee	24	14	10	0	58.3%	0
$2,000 standard fee	76	55	8	13	72.4%	17.1%

Client volume × renewal intention

Clients in prior 12 months	Base	Will not renew	Unsure	Will renew	Nonrenew %	Renew %
0	12	9	1	2	75.0%	16.7%
1–5	17	17	0	0	1	0
6–10	20	15	4	1	75.0%	5.0%
11–25	20	15	2	3	75.0%	15.0%
26–50	20	10	7	3	50.0%	15.0%
More than 50	11	3	4	4	27.3%	36.4%

Subgroup Reading

The $2,000 standard-fee group reported higher probable/definite nonrenewal (72.4%) than the reduced-fee group (58.3%). This is descriptive, not causal.

The 1–5 client group recorded 100% probable/definite nonrenewal (17 of 17), while the more-than-50 group recorded 27.3% (3 of 11). Small bases require caution.

2026-0981 537 10/02/2026

Anonymous Open-Ended Responses

Only comments authorized for anonymous use are included. Names, license numbers, response IDs, regions, and verification fields are omitted.

The following comments reflect respondents' individual experiences and views. Psilocybin Alliance has not independently verified or adopted every factual assertion contained in them.

Definitely will not renew

It raises costs and there for prices across the board which decreases access to clients and jeopardizes the livelihoods of every licensee.

Definitely will not renew

People can barely afford this service now. This will cripple my business and cripple service centers. Its almost impossible already to find a location to serve lawfully at due to limited number of service centers and an extremely competitive market where even a $100 difference in price can sway a client. This will destroy this emerging market and drive us underground again.

Probably will not renew

The increase in licensing fees will most likely price me out of continuing this work while it is just getting started. This will hamstring the entire industry and ensure that only those financially capable of burdening the economic hardship will be able to continue facilitating for clients. I have worked with clients from around the world and they have benefited from their experience. Please don't shut this door. I have invested over 15k only in education for this career path.

Definitely will not renew

Program already too expensive

Definitely will renew

I think it would prohibit many facilitators from renewing. Most that I've talked to stated that they would not be able to afford to keep practicing if that were the case. I would probably have to raise my rates as well to cover the extra costs.

Definitely will not renew

Psilocybin facilitators currently pay more than any licensed profession to maintain their licenses. Doubling these fees would make an already exorbitant fee absurdly unaffordable.

Probably will not renew

I would likely no longer be able to serve clients and I would likely find similar work outside of the legal framework.

Definitely will not renew

T

Definitely will not renew

I would not be able to remain. It is too expensive. It just makes no sense at all. I was hoping the fees would go down., not up as they are unreasonable fees. There is no other license fees that are even near that expensive including people who make a lot of money like doctors and lawyers.

Probably will not renew

[Location and specialized-population details removed.] The existing $2,000 fee is already a stretch for me to make this work financially. An increase, especially of that amount, would simply make this unreasonable. I will find another way to carry on this special work that doesn't require me raising the costs for my clients.

2026-0981 538 10/02/2026

Probably will not renew

It would push me out of facilitating. [Educational details removed.]

Unsure

I’m on a limited income. [Age removed.] I would seriously consider stopping my psilocybin practice.

Definitely will not renew

The price I have to charge is already above what most people can pay. And business has slowed considerably since year one. So, I would be working for free for at least 1/3 of the year just to pay licensing fees. No thank you.

Definitely will not renew

I am disabled and do not qualify for a reduced fee. [Location and legal-case details removed.] I feel completely unsupported by OHA and the lack of ADA access.

Definitely will not renew

I provide largely subsidized facilitation services to clients with complex challenges and low economic resources and will definitely not be able to renew with the proposed increases. Following the exorbitant cost of the training and yearly renewal fees this is ridiculous.

Probably will not renew

I just recently got my license but I am very interested in working with younger, lower income people and raising the facilitator fee would limit the number of clients I can take on the lower end of my fee scale. It would force me to lean into other work, stretching myself thinner to do this work that requires your full self and soul. If we are truly to make this an equitable system, we must find funds from somewhere other than clients and facilitators.

Definitely will not renew

The costs associated with Psilocybin are already high, making access limited to all. Well, maybe the wealthy have access as is the norm for so much of the wellness world. Increased fees with add more barriers as there will be fewer facilities and facilitators. Increased fees will make it so I am unable to participate in the program going forward. It is nearly impossible to be part of the program now with the current fee structure. In my opinion, increasing the fees will lead to the end of the program as a whole.

Probably will renew

It would increase inaccessibility to those who need it the most--under served populations. It would also decrease the number of minority facilitators due to unaffordability.

Unsure

Considering I have already had difficulty finding service centers to work from and obtaining clients since being licensed, I am having a lot of doubts about this being a viable career option. I am disappointed that more forethought didn’t go into the development of this field to begin with. Way too many facilitators have been licensed within a scarce market. The OHA was giving away educational credentials to schools, making the trainings the biggest money maker in the whole industry. That seems very unethical to trainees that have forked thousands of dollars to get licensed only to get hit with ridiculously high licensing fees compared to other professional licenses, and to only have a limited amount of places to facilitate from due to the strict guidelines. If anything it should be adjusted so people can have a private practice from home, so you are not also having to keep up with the facility costs. Bad planning all around.

Definitely will not renew

Please note the demand for the services is not as much as anticipated cost as a huge barrier and service centers keep closing increasing facilitators fee is just going to speed that up and cause more people to
Go underground

2026-0981 539 10/02/2026

Definitely will not renew

It would make psilocybin therapy even less accessible to the public. Fees are already so high which is partly why so many people cannot afford this effective treatment.

Probably will not renew

This work is currently not sustainable as my sole income, and a $4,000 fee would price me out of Oregon’s regulated psilocybin system. I cannot absorb this overhead, and passing the cost along to clients would make sessions even more unaccessible for everyday people. If this fee is implemented, I will have no choice but to let my license lapse.

Definitely will not renew

The license fees are already (at $2,000/annually) an immensely expensive fee. This standard fee has necessitated that my service fees are high, obviously making my service only available to those with adequate income. Should the fees increase anything above this means I would have to double my service fees, as I know that service centers and growers have ALREADY doubled their fees - in an attempt to remain open. This overall doubling fees puts one psilocybin journey at $6,000-8,000, not including any travel and accommodations fees for clients. There is no sustainable way to make this crucial service accessible to those who need it most if license fees increase any amount.

I understand that the main reason for the proposed increase is the lack of federal funding by the Trump administration and that many OHA agencies face challenges. With OPS being fairly new and now producing the first ever real-world study data on safety and efficacy of psilocybin services, any change that puts this in jeopardy is reckless after everything Oregon has worked so hard to implement. We are the lead in the US, let's keep it this way. Let's find other ways to fund OPS, such that even lowering license fees would happen, which would lower overall fees to clients, ultimately expanding access. People need this service and they need it now.

Please pause an official decision on this, brainstorm other ways forward that reduce license fees while expanding access. Work WITH us, not against us.

Thank you.

Unsure

Overall, the accessibility and social equity plan is a joke. [Client-origin and business-operation details removed.] This fee increase seems remarkably shortsighted and creates a chasm between who can afford to engage in this work, including as a practitioner.

Definitely will not renew

I am already operating on a tight budget. The increased fees would exceed my budget and I would not renew my license.

Definitely will not renew

I am unclear as to why we are asked every year to write up a Social Equity Plan if you are considering raising these rates. How socially equitable is this, really, if only those with the means can afford to take part in this program? I already see people at low rates (sometimes I make less than $500 per client) and I will not be able to continue doing this if the fees double. Raising the rates will most likely result in more facilitators work underground. Is this where you would like for this to head?

Probably will not renew

Doubling annual facilitator fees feels punitive, especially when these fees are already dramatically higher than those charged to many other licensed professionals. It creates an unnecessary barrier to remaining in the profession, particularly for independent facilitators and those serving lower-income clients. Those costs inevitably get passed on to clients, further increasing the already significant cost of accessing psilocybin services and excluding many of the people who could benefit most. At a time when the field is still developing, increasing fees this dramatically risks making both providing and accessing these services less sustainable.

2026-0981 540 10/02/2026

Probably will not renew

Doubling the facilitation fee will make it nearly impossible for me to continue this important work. Even if I were to pay the increased fee, it means I would have to pass on the cost, resulting in higher fees for my clients. It’s already difficult for many clients to pay my fees, which actually fall in the mid to lower end of what’s considered a standard rate for facilitation services. The proposed increase in fees will cripple the system as a whole, and I do believe, unfortunately and heartbreakingly, end the legal program in Oregon.

Unsure

It would make these services even more inaccessible. I would not be able to offer as many reduced rates. I would need to increase my prices, and it would cause me financial hardship. [Family and employment details removed.] I have poured substantial resources into training, continuing education, and preparing to work safely with clients.

Probably will not renew

It is way over what I consider affordable or reasonable. [Research and professional-license details removed.] The fee would be catastrophic to the industry and seems very shortsighted. The OHA fee is not reasonable. It is not equitable either. It would prevent those who are lower on the economic scale from participating.

Definitely will not renew

I wouldn’t renew.

Probably will renew

I will offer fewer discounts and consider completely eliminating pro bono sessions. I am also transitioning more of my work time towards different employment opportunities as offering psilocybin services alone is becoming financially prohibitive.

Definitely will renew

I am not as much concerned about the immediate extra $2K in annual operating expenses as I am the downstream effects. I wonder if OHA can explain or has thought about 'what comes next' in the event they are still short on funding a year from now. It seems like, whether they raise the fees or don't, they will be short either way. So - what happens then? Does the program get shut down due to lack of funding at the state level? Is it legal for them to do so? I'm curious about the longer term viability of this program more so than an extra 2K/yr. I can plan for that by setting aside extra money month to month. But due to mismanagement and grossly inaccurate financial projections at the state level, this program feels unsustainable. Not because it doesn't work but because the state of oregon is not managing it competently.

Probably will not renew

I simply cannot imagine paying $4,000 a year. [Professional-license details removed.] If I were to pay that much, I could only do so by taking on credit-card debt, and my psilocybin facilitation work would serve to pay off that debt and interest.

Probably will not renew

I work very hard to keep costs low for my clients. After taxes, I make only about $280 per client (and that’s clients who don’t receive a discount, which I give for certain clients as a part of my SEP). I would have to see 14+ clients just to make the $4k back, and that’s not including expenses. Some months I only have 2 clients (or fewer), meaning I would need to work at least 7 months just to pay my licensing fee. How are facilitators who are trying so hard to give access to low income clients supposed to work within this new system?? How are we supposed to afford to live?? This fee increase is asinine, especially given the numbers of expected attrition. Does the program not think they should abide by a SEP just like it makes its licensees do?

Probably will not renew

[Comment withheld from the public attachment because its detailed personal and medical history could identify the respondent.]

Probably will renew

I am concerned that Service centers will be forced to close, some are just barely getting by as it is. This will limit access to services throughout the state. I may also need to raise my rates - further limiting access to a sorely needed safe and effective adjunct to mental health treatment in Oregon.

Unsure

A $4000 licensing fee is unprecedented across licensed professions. No medical license costs more than $2,000, regardless of risk or expertise. The current cost of the facilitator license is already extremely high and makes the cost passed onto clients so high that predominantly middle age, white, highly educated people can access services. This will only get worse. OHA seems to be willing to destroy the entire program through the fee hikes. More people will go underground and offer or receive psilocybin mushrooms in unregulated environments, increasing the risk for harm and the burden on law enforcement and emergency medical system.

Definitely will not renew

The proposed fee increase would push facilitators and service centers out of business. It is absolutely unsustainable for the entire industry in terms of the increase in fees to clients needed to offset the proposed increases. We have evidence-based solutions to myriad health and social problems through psilocybin facilitation, and these come at a small fraction of the cost of traditional treatments. This modality is safe and works— don't stop the progress! Oregon can spend far less through psilocybin facilitation treating depression, anxiety, addiction, PTSD, and other traumas that are resistant to traditional modalities. Let us do this work in sacred service to individual and collective healing. May it be so.

Probably will not renew

I am concerned for my colleagues as clients. Raising fees will trickle to clients and will make things less accessible and have significant impact on everyone.

Probably will not renew

I already feel that $2000/year is too steep a price to pay for a license! I would need to raise my fee to cover the extra cost and I wish I could lower my fees! Psilocybin journeys are getting much more known due to rigorous scientific studies, and more & more people are becoming interested. Oregon already has laid the foundation - don't raise the prices to operate in this system!!! This work should be subsidized.

Definitely will renew

[Business and organizational details removed.] I agree that this is a poor idea because it is likely to decrease total revenue and make services less accessible. I would much rather see OHA reduce costs or seek outside funding for the deficit. Oregon remaining solvent and accessible is in the interest of people funding the movement, and outside philanthropic support could help keep the program accessible and alive.

Probably will renew

I provide lower cost services, a generous sliding scale, at least one pro bono session per month, and also raise scholarship funds to help pay for room and medicine. I will have to raise my fees and also stop providing as many low fee spots in my practice to offset costs

Probably will not renew

Many clients are already struggling to pay a rate that allows us to be fairly compensated for our time while still accounting for expenses such as service center fees, education fees and licensure fees, all of which are projected to increase. I do not foresee many clients being able to have the cost passed on to them, so either we will have fewer clients to support the work or we will have to get paid less to do this work. Both options make it increasingly less likely that I would be able to continue working with psilocybin in a legal capacity in Oregon.

Definitely will not renew

2026-0981 542 10/02/2026

I will not continue to facilitate within the regulated Oregon system if the licensure fees double. The current fees are already exorbitant, are completely out of line with fees for other professional licenses, and severely limit affordability and accessibility for clients. The message the proposed fee increase sends is that the state of Oregon wants the program to fail. The level of anger I feel is... high. I am disgusted.

Definitely will renew

I think it is ridiculous that they are raising the fees to $4,000 and yet expect people to support low-income clients. These are competing values and asks. [Training-program and location details removed.] Many people decided after certification not to seek licensure because of the fees even at $2,000 or $1,000, when licensing fees in many professions are below $1,000. People will continue to work underground. If raising income is the goal, OHA could first reduce fees and see how many more people seek licensure. If another state has a lower fee, I will consider shifting to that state. A $4,000 license fee eventually has to be rolled into business expenses and client care. So many people need affordable care, and I am disappointed Oregon chose this path.

Unsure

It’s just so disheartening and frustrating. This is already so difficult for many people to access due to cost and this will only make it harder. Plus, the service centers are already struggling and many have closed already. We need more support for facilitators and service centers to be able to make this accessible and equitable for all, not more expenses and challenges.

Unsure

I would have to raise my fees substantially to accommodate the increase which is the last thing I want to do.

Unsure

Its already nearly impossible to do this job full time as is. This is a very expensive licence and is a very small field

Unsure

[Detailed professional history, rates, and caseload removed.] Many of my clients are low-income. If the fee increases to $4,000, I would have to provide substantial uncompensated work merely to cover my license. My clients cannot afford to pay more. A facilitated psilocybin journey is already beyond many people’s budgets because clients must also pay for the service center and medicine. This medicine should not be limited to the wealthy, and it should not financially break facilitators who offer it. We need a reasonable balance between overhead and income. Please protect this program by keeping it affordable and accessible.

Definitely will not renew

I am a licensed facilitator with limited income. After receiving no clients during my first licensing year, I paid approximately $2,000 to renew because I remain committed to Oregon’s regulated program. [Specific teaching role, institution, and client-population details removed.] Increasing the facilitator fee to $4,000 would likely force me out and undermine my goal of providing affordable services. Excessive fees will reduce the number of facilitators, limit client access, and weaken Oregon’s regulated program.

Definitely will not renew

I will leave the system. The $2,000 fee is already a hardship. [Professional-license cost and experience details removed.] Leaving would be a loss for clients and this program.

Unsure

Facilitator work is inherently uneven. I have had many months with a single client session, and some months with none at all. Doubling my licensing fee would mean the state is effectively claiming 25% or more of my annual revenue before I cover any other cost of doing business. For facilitators with lighter caseloads than mine, that share climbs to 50% or 75%. The current $2,000 fee is already a significant yearly commitment for a part-time, client-dependent practice; doubling it will not simply reduce our margins, it will push a meaningful number of us out of the field entirely. Many facilitators are already barely breaking even at today's rate.

2026-0981 543 10/02/2026

I have watched this work create real, lasting change for the clients I serve — improvements in chronic physical conditions, in treatment-resistant depression, in grief and trauma that other interventions had not resolved. Measure 109 was passed on a promise to make this care safe, accessible, and affordable, without placing an ongoing burden on taxpayers. Doubling facilitator fees while removing the reduced-fee pathway for veterans and low-income applicants moves the program away from that promise, not toward it, and shifts the cost of a state funding shortfall onto the smallest, least-capitalized license holders in the system. Fewer facilitators means longer waits and higher session costs for the clients who need this care most.

Probably will renew

Raising the fees doesn't help any one and it's a pointless effort by the state. By not raising the fees they won't make their budget and by raising the fees they will lose their facilitators. The OHA can created their own Kobayashi Maru by not being willing to do an audit and be held accountable. A real shame for all the efforts since measure 109 and find ourselves here.

Unsure

The fees within this system are already so high that I have offered a reduced rate to 80% of my clients to help them access this profound experience. If fees increase further I won't be able to offer discounted rates to as many people. This will end up limiting how many people can access these services even further. The folks who are seeking these experiences are often suffering from "treatment resistant conditions" that have not been adequately served by other interventions. Psilocybin services has provided a lifeline to these folks and I suspect these folks will end up seeking unregulated services as a direct result of these changes.

Definitely will not renew

The proposed $4000 facilitator fee would be too much for me to pay. I wouldn't renew my license.

Definitely will not renew

A facilitator licensing fee of $4,000 per year would make it financially unfeasible for me to remain licensed within Oregon's regulated psilocybin system. [License chronology, caseload, and educational institution removed.] I do not want to leave Oregon's regulated system. I believe in legal, ethical, and accountable psilocybin services and have invested significant time, money, education, and professional energy in this program. If I allow my license to lapse, it will be because the cost has become financially unsustainable for a lower-volume practitioner. I frequently reduce my fees for clients who otherwise could not afford services. A dramatic increase in licensing costs penalizes practitioners who serve fewer clients or offer reduced fees. Facilitators already absorb training, continuing education, insurance, taxes, and other self-employment expenses. The proposed fee would force me either to pass additional cost to clients or personally absorb an unsustainable expense. Oregon risks losing experienced practitioners committed to the integrity and accessibility of the regulated system.

Probably will not renew

I simply would have to increase my fees, which would make it non-accessible for most of the people that I work with. I would also likely make substantially less money to recoup the cost of the license fees, as many clients would be priced out. Increasing costs is not the answer and feels again like a Band-Aid fix that just causes more problems and is a perpetuation of the same ways of thinking that continue to disenfranchise the marginalized communities that need these services the most

Unsure

It will ultimately raise crisis for clients. It will decrease the number of facilitators,service centers, and manufacturers. I think will substantially hurt Oregon's Psilocybin services. I think it will benefit Colorado's Psilocybin services.

Definitely will not renew

I have worked a lot with people with disabilities, veterans, disadvantaged people and it's already a stretch for them to pay for the services. Having to raise my rates to cover these costs would be counterproductive to why I ventured into

2026-0981 544 10/02/2026

this in the first place; to help heal. We have to do better than just prioritizing money over well being. Lets do better as a community!

Probably will not renew

An increase in licensing fees would all but spell disaster and the inevitable ending of a state voter passed initiative. The relicensing fee is just one of many costs incurred by a facilitator as an independent contractor. Website fees, google ads, furthering education etc. Yearly operating costs just to operate in Oregon are already reaching close to $10,000 per year. The proposed fee increase would add more than could possibly be recouped in a single year causing me to operate at a loss. Facilitator fees are close to $500 on average. At the current rate of 2-3 sessions a month, a $4000 licensing fee could take 3-4 months of total revenue. Spending a yearly quarter on licensing fees seems unreasonable and untenable for anyone to operate in the state essentially canceling the program without “officially” canceling the program.

Unsure

Quite simply, it would make this work extremely difficult. [Household licensing details removed.] The proposed fee would consume a substantial portion of my income from this work. That is not sustainable.

Probably will not renew

Looking at the state as a whole, my main concern is that any increase will ultimately result in increased fees for clients. This is already a fairly expensive process and this will make it even harder to serve a range of individuals- especially those who are not well off financially. I would assume that with the fee increase, many facilitators will drop their licenses, there will be less individuals utilizing the system, and service centers likely will be affected as well. I wouldn’t be surprised if this could result in even less revenue for the organ health authority. In the end. OHA may receive less revenue while making this very important care less available and more expensive. I don’t think that would be a great outcome.

Probably will not renew

[Professional and practice-stage details removed.] Looking at the state as a whole, my main concern is that any increase will ultimately result in increased fees for clients. This is already a fairly expensive process, and this will make it even harder to serve individuals who are not well off financially. I assume many facilitators will drop their licenses, fewer people will use the system, and service centers will be affected as well. OHA may receive less revenue while making this important care less available and more expensive. I don’t think that would be a good outcome.

2026-0981 545 10/02/2026

ATTACHED SOURCE [7]

OHA Production Correspondence

OHA Request No. 2026-0889
Production email dated September 17, 2026
Follow-up request for omitted underlying records

RE: Public Records Request - OPS Program Financials (OHA Request No. 2026-0889)

From	**Windham Jeanne** <JEANNE.WINDHAM@oha.oregon.gov>
To	**amet1984** <amet1984@hushmail.com>
Sent	Thursday, September 17, 2026 at 11:31 AM
Encrypted	No
Signed	No
Attachments	2026-0889 Record Revenue Analysis - OPS AY27 AY29 AY31 rev 8.14.26.pdf, 2026-0889 Record Cost Allocation.pdf

Attached.

Jeanne Windham
Public Records and Internal Litigation Process Coordinator
OREGON HEALTH AUTHORITY
Central Operations
(971) 345-1688
jeanne.windham@oha.oregon.gov

-----Original Message-----
From: amet1984@hushmail.com <amet1984@hushmail.com>
Sent: Monday, September 14, 2026 10:32 AM
To: Windham Jeanne <JEANNE.WINDHAM@oha.oregon.gov>
Subject: Re: Public Records Request - OPS Program Financials (OHA Request No. 2026-0889)

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Jeanne,

Thank you for the production. I have reviewed the records and do not believe Request 2026-0889 is complete.

In particular, my July 18 request sought the underlying financial models, spreadsheets, and analyses used to develop the proposed licensing fee schedule, including assumptions regarding projected revenues, expenditures, and license volumes. The production refers to "Scenario 3" and states that the expected loss was calculated using a worst-case assumption of a 60% reduction. Please provide the underlying model or spreadsheet showing Scenario 3 and the other scenarios evaluated, including the license-volume, attrition, revenue, and expenditure assumptions and calculations.

The request also sought records describing the methodology used to allocate OHA administrative, direct, and indirect costs to OPS. I do not see that methodology in the production. Please provide those records or confirm that no responsive records exist.

Please also confirm whether there are responsive native spreadsheet files, budget-to-actual reports, or annual revenue reports that were not included in the PDF production. If so, please provide them in their native electronic format as originally requested.

Thank you,
Andreas Met

Sent using Hushmail

On 9/14/2026 at 10:16 AM, "Windham Jeanne" <JEANNE.WINDHAM@oha.oregon.gov> wrote:
>
>VIA EMAIL ONLY -
>amet1984@hushmail.com<mailto:amet1984@hushmail.com>
>
>September 14, 2026
>
>Andreas Met
>638 N. Main Street
>Ashland, OR 97520
>
>Re: Public Records Request - OPS Program Financials (OHA Request No.
>2026-0889)
>
>Good Morning Andreas,
>
>Attached are the responsive records to your request, which include
>Oregon Psilocybin Services Budget Report, Quarterly Public Health
>Investment, OPS Org Chart, OPS Budget Overview and OPS POP Records.
>There is no charge for these records. This will complete your request.
>
>Jeanne Windham
>Public Records and Internal Litigation Process Coordinator OREGON
>HEALTH AUTHORITY Central Operations
>(971) 345-1688
>jeanne.windham@oha.oregon.gov<mailto:jeanne.windham@oha.oregon.gov>
>OHA Customer Service
>Survey<https://forms.office.com/g/gighwnfvKK>

From: Rose Waters Admin
To: Public Health Rules
Subject: Rose Waters Public Comment Re: Proposed Psilocybin Licensing Fee Increases
Date: Friday, September 18, 2026 6:17:37 PM

You don't often get email from hello@rosewaterssanctuary.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Health Authority,

We are the four owners of Rose Waters Sanctuary, a psilocybin service center in Oregon. Two of our owners currently hold OHA psilocybin facilitator licenses, while a third owner has completed facilitator training and plans to apply for licensure. As business owners who are directly invested in both the operation and future of our service center, we are deeply concerned about the proposed increases to psilocybin licensing fees.

Rose Waters is one of the few dedicated group service centers in Oregon, allowing us to serve a relatively large number of clients while working to keep services accessible. In August alone, we served more than 60 clients, including clients participating in group service models that allowed them to access psilocybin services for as little as $100.

Maintaining lower-cost options is important to us because we believe access to regulated psilocybin services should not be limited to people with significant financial resources. Substantial increases in licensing costs create pressure to raise prices, reduce the number of clients we can serve, or change the way we structure our services. Ultimately, these increased costs are likely to affect not only licensees, but also the clients and communities we serve.

We also believe there is a larger financial consideration for Oregon. Emerging research suggests that psilocybin services may have the potential to help people struggling with depression, addiction, and other health conditions. If these services help some people reduce their need for ongoing or more intensive treatment, there is also the potential for long-term savings in health care and other publicly funded services. Those savings have not yet been fully understood or quantified, but we believe Oregon should be considering the potential long-term value of this program alongside the immediate cost of regulating it. Increasing fees to a level that makes it harder for service centers and facilitators to remain in the program could limit access before we have had the opportunity to understand the program's full impact.

We are also concerned that meaningful public comment is difficult without access to the financial information underlying the proposed fees. Before adopting major fee increases, OHA should provide affected licensees and stakeholders with the information necessary to understand and evaluate the proposal, including the financial assumptions, projections, and calculations used to arrive at the proposed fees.

Specifically, we are asking OHA to disclose:

- projected OPS expenses and the budget gap the increased fees are intended to

address;

- the number of license renewals OHA expects;
- assumptions regarding licensee attrition as a result of the increased fees;
- projected revenue after accounting for expected attrition; and
- the calculations and financial model used to determine the proposed fee amounts.

OHA should demonstrate that the proposed fees are reasonably expected to address the budget gap rather than simply shifting a greater financial burden onto a shrinking number of licensees. Without this information, it is difficult for those of us who are directly affected by these changes to meaningfully evaluate the proposal or provide informed public comment.

For these reasons, we respectfully ask OHA to delay final action on the proposed fee increases until the underlying financial information has been made available and affected licensees have had adequate time to review that information and provide informed public comment.

We hope OHA will carefully consider the impact these proposed increases could have on small businesses, service centers working to maintain affordable access, current and prospective licensees, and ultimately the clients and communities we serve.

Thank you for considering our comments and for your continued work to develop and support Oregon's psilocybin services program.

Sincerely,

The Owners of Rose Waters Sanctuary
Sarah McMinn
Ryan Rege
Caleb Rozina
Rosalie Siler

September 14, 2026

Oregon Health Authority
Oregon Psilocybin Services
Re: Opposition to Proposed Increases in Oregon Psilocybin Services License Fees

Dear Oregon Health Authority (OHA) and Oregon Psilocybin Services (OPS),

My name is Dr. Ximena Levander, MD, MCR and I am an addiction medicine physician researcher and co-investigator with the Open Psychedelic Evaluation Nexus (OPEN). I have also completed Oregon psilocybin facilitator training through the California Institute of Integral Studies (CIIS) with a Certificate in Psychedelic-Assisted Therapies & Research (June 2025). I am writing of my own accord as a concerned Oregonian, physician, and researcher. These views are my own and I do not represent the institutions with which I am affiliated.

I am writing to strongly oppose the proposed increases to license fees for the OPS program.

I recognize that OPS is facing significant budget challenges and needs sufficient resources to administer and regulate this novel public-health framework. However, *substantially increasing license fees is likely to have the opposite of the intended fiscal effect*: driving licensees out of the regulated system, reducing revenue, and potentially worsening the program's budget shortfall. The proposed fee increase is a fiscal risk, not a fiscal solution.

Facilitator license fees are disproportionate compared to other licensed health professions

As a physician, I hold an active license with the Oregon Medical Board (OMB), and I want to offer that as a direct point of comparison. Under OMB's current fee schedule (effective July 2, 2026), a physician's two-year active license renewal totals $756 — an annual cost of roughly $378. The proposed psilocybin facilitator annual license fee would rise to $4,000, more than ten times what a licensed physician pays annually to maintain an active medical license in Oregon, despite the fact that a physician license carries prescribing authority, a substantially broader scope of practice, and medical-legal protections.

This is not a marginal disparity. Facilitators are a comparatively new class of licensed provider, most working part-time or as independent contractors, and many built their practices around the fee structure that existed when they enrolled in and completed state-approved training (which is quite an expensive and time-consuming process separately from OPS fees). A doubling of the annual facilitator license fee combined with the elimination of existing reduced-fee provisions for veterans and low-income applicants creates a barrier to entry and retention that is out of proportion to the fees charged in comparable, far more established licensed health professions.

This creates a potentially feed-forward problem that could undermine the entire program: Higher fees → fewer licensees → less revenue → larger program shortfall → greater fiscal pressure on remaining licensees → higher prices for OPS clients → less demand for OPS services → fewer clients → unsustainable small businesses → even fewer licensees → collapse of the program.

Most concerning, OHA's own rulemaking materials acknowledge that higher fees may reduce the number of licensees and could contribute to a larger program budget shortfall. The agency has therefore identified the central risk: increasing fees may undermine the revenue base the program depends on.

The proposed rule runs counter to Oregon's statutory purpose

ORS 475A.205 declares that one of the core purposes of Oregon's Psilocybin Services Act is *"To develop a long-term strategic plan for ensuring that psilocybin services will become and remain a safe, accessible and affordable therapeutic option for all persons 21 years of age and older in this state for whom psilocybin may be appropriate."* Affordability is not incidental to the statute: it is one of the law's stated purposes, on equal footing with safety and accessibility.

A facilitator license fee ten times what a physician pays the OMB, layered onto doubled service center and manufacturer fees and the elimination of reduced-fee provisions, will necessarily be passed through to clients as higher session prices. That runs directly counter to the legislature's stated goal of an affordable therapeutic option for whom psilocybin may be appropriate. OHA's rulemaking should be measured against this statutory purpose, not solely against the program's short-term budget needs.

Oregon's regulated program is generating invaluable knowledge

Beyond these fiscal and statutory concerns, Oregon's regulated program is also generating real-world evidence that clinical trials alone cannot produce. Our peer-reviewed study in *JAMA Network Open* (Korthuis et al., 2026) followed 346 adults across 24 licensed service centers and 83 licensed facilitators, finding significant reductions in depression, anxiety, and PTSD symptoms, with serious adverse reactions in only 1.2% of participants. We now have 700 clients enrolled, and this evidence is only possible because Oregon has a functioning, real-world regulated system and is one that policymakers and researchers nationally and internationally are watching.

Licensees are therefore not simply sources of program revenue; they are part of the research and public-health infrastructure that makes Oregon's experiment possible. A substantial contraction of the licensed sector would reduce access to regulated services, diminish opportunities for practice-based research, and weaken Oregon's position as a leader in evidence-based psychedelic policy.

Do not inadvertently undermine the program

If the objective is to make OPS financially sustainable, the agency should carefully consider whether doubling fees will actually accomplish that goal, and whether facilitators are being asked to shoulder a disproportionate share of that burden. The OHA openly acknowledges that the proposed changes could result in fewer licensees, less revenue, reduced access to regulated services, and a larger budget deficit. That would be an extremely unfortunate and avoidable outcome, and one at odds with the legislature's own stated purpose for this program.

I strongly urge the OHA to reject the proposed doubling of psilocybin license fees, to bring facilitator fees in line with what comparable licensed health professions pay, and to consider the broader fiscal, statutory, and public-health consequences of shrinking the licensed ecosystem.

The goal should be to sustain the program not to inadvertently undermine the very infrastructure that is generating valuable knowledge for Oregon and the world and supporting the mental health of Oregonians. Thank you for considering this comment.

Sincerely,

Ximena A. Levander, MD, MCR
Co-Investigator, Open Psychedelic Evaluation Nexus (OPEN)
Associate Professor, Oregon Health & Science University (OHSU)

From: Karlinne Michele Brodine
To: Public Health Rules
Subject: Subject: Supplemental Public Comment on Proposed OPS Fee Increases
Date: Saturday, September 19, 2026 9:05:15 AM

You don't often get email from karlinnemichele@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Please add this supplemental statement to my previous public comment concerning the proposed Oregon Psilocybin Services fee increases.

Strong opposition extends beyond the proposed increase in the facilitator licensing fee from $2,000 to $4,000. Doubling the licensing fees for service centers, manufacturers, and laboratories will further reduce access, force small businesses to close, and weaken Oregon's regulated psilocybin program. The increases in application fees and worker permit fees, along with the elimination of reduced fees for veterans, nonprofit organizations, and people with limited incomes, create additional barriers.

OHA's own economic impact statement acknowledges that these increases may reduce the number of licensees, limit access for clients, and create an even greater program budget shortfall.

Please retain the current fee structure while pursuing less damaging alternatives, including a phased approach, continued reduced fees, careful cost controls, and legislative funding support. Oregon's licensed psilocybin community needs a sustainable solution that preserves safety, accessibility, and the professionals and businesses already invested in this program.

Thank you for including these concerns in the official public record.

Karlinne Michele Brodine, BSN, RN
Oregon Licensed Psilocybin Facilitator

From: Liz Arrington
To: Public Health Rules
Subject: Comment on Oregon Psilocybin Services Proposed Fee Changes
Date: Saturday, September 19, 2026 10:41:07 AM

You don't often get email from liz.arrington.f@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear OHA,

I am patient who benefited from psilocybin treatment for PTSD after being a victim of a hit and run car crash on March 25, 2026. The Multnomah County DA has filed criminal charges and an arrest warrant against the person who did this to me.

The proposal to double the licensing fee for psilocybin workers will hurt patients like me. Paying out of pocket for psilocybin therapy is expensive. I have paid $2,000 for PTSD Psilocybin treatment as a crime victim, and my road to healing is a long one. I work full time. My husband was laid off in August. We know health is a priority and we budget accordingly.

Doubling the license fee would increase the costs to patients like me who are trying to get to heal, contribute to society and live full lives. If the fee doubles, my providers will, by business necessity, need to increase their fees to me. I'll be priced out. I won't get psilocybin therapy for PTSD for the hit and run crime committed against me.

Please consider alternative approaches such as a tiered fee system for bigger facilities or ask Governor Kotek to become involved to protect Oregon innovation in health and healing—both ideas were proposed by Sam Chapman, the executive director of the Center for Psychedelic Policy.

You have an enormous job. It is not easy to be stewards of Oregonians' health. I respect your responsibilities and appreciate you reading my comments.

Sincerely,
Liz Arrington

From: Arin Amsler
To: Public Health Rules
Subject: Public Comment on Proposed Amendments to OAR 333-333 (Oregon Psilocybin Services)
Date: Sunday, September 20, 2026 5:27:39 PM

You don't often get email from arindellamsler@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Public Comment on Proposed Amendments to OAR 333-333 (Oregon Psilocybin Services)

To: Oregon Health Authority, Public Health Division

Re: 2026 Annual Rulemaking, Opposition to Proposed Fee Increases (OAR 333-333-4060, 333-333-4070) and to Proposed Speech Restrictions (OAR 333-333-2010(1)(e)–(f) and Related Provisions)

From: Arin Amsler, Licensed Psilocybin Facilitator, License No. FL-a7e4a5e8

Date: September 20, 2026

I. Introduction and Statement of Interest

My name is Arin Amsler. I am a psilocybin facilitator licensed by the Oregon Health Authority under ORS 475A.325. **I respectfully submit this comment in opposition to the proposed fee increases and the proposed restrictions on licensee speech contained in the 2026 Notice of Proposed Rulemaking**, and in support of the continued careful stewardship of a program that is, by every available measure, succeeding.

I wish to state my interest in this rulemaking. At the end of 2025, my husband and I relocated to Oregon from the Netherlands for the express purpose of enabling me to practice as a licensed facilitator within this program. The costs of that international relocation were themselves substantial. To accomplish the move, I also sponsored my husband's application for lawful permanent residence through the United States immigration process. He now holds a green card, and as his sponsor under the Affidavit of Support (Form I-864), I am legally obligated under federal law to provide for his financial maintenance. My income as a licensed facilitator in this program is a portion of the means by which that obligation is met.

I therefore have a direct and real financial stake in the outcome of this rulemaking. The proposed fee increases, which OHA itself anticipates may reduce the number of licensees and

2026-0981 555 10/02/2026

contribute to further contraction of the program, would have a significant adverse effect on my household and on the livelihood that contributes to supporting two individuals, one of whom I brought to this country in reliance on the continued existence of this work.

II. Program Success Without Precedent

Before addressing the specific provisions at issue, I ask that OHA seriously consider what the Oregon Psilocybin Services program represents.

Oregon established the very first regulated psilocybin services program in the world. The Oregon Health Authority, the Oregon Psilocybin Advisory Board, the Rules Advisory Committees, the approved training programs, licensed manufacturers, the licensed laboratory, licensed service centers, and licensed facilitators constructed this program from first principles, under continuing federal prohibition, without access to conventional banking or liability insurance markets, and without precedent to guide them. **The effort required to bring the program into existence over the past six years was extraordinary, and its existence is itself a significant public achievement, and one worth protecting.**

For an inaugural program of its kind, its performance has been notable. According to statewide data published by OPS pursuant to SB 303, 5,935 clients participated in 5,375 administration sessions during 2025. During the first four months of that year, 1,509 clients were served, with two severe adverse behavioral reactions, three adverse medical reactions, and one post-session reaction reported, **an acute safety record that compares favorably to that of any newly established health service**. A study published in JAMA Network Open examining 346 Oregon clients found that a majority reported substantial reductions in symptoms of depression, anxiety, and post-traumatic stress disorder three months following services. Approximately one-third of clients in 2025 traveled from outside Oregon to receive services, reflecting the program's standing beyond the state's borders.

The program has been providing services to clients for approximately three years. **Every comparable regulated health service in Oregon required decades to reach maturity. What the state possesses today is a functioning proof of concept with a strong safety record and documented clinical outcomes.** It is precisely this achievement that warrants protection, and precisely this achievement that an abrupt and severe increase in the cost of participation places at risk.

III. Real Client Outcomes

I include the following accounts to illustrate how effective this program has proven to be, and how significant its services are in the lives of the clients it serves. They are drawn from feedback provided by clients who have received services through the program at the service center where I practice. To protect client privacy, each has been paraphrased rather than quoted, and all identifying details have been removed. They represent only a handful of the dozens of similar reports that clients of this program have made.

One client, in their mid-sixties, had lived with depression since adolescence and had taken selective serotonin reuptake inhibitors daily for more than forty years without meaningful relief. **Following a single administration session, this client discontinued their medication. Five months later they reported that they remained free of depressive symptoms**, that

they found themselves content and smiling in ordinary moments, and that they regarded the experience as the most significant of their life because it had allowed them, for the first time, to live without the condition that had defined it. This person noted in particular that they felt safe and cared for throughout, and that they were repeatedly asked about their specific needs, rather than those needs being assumed.

A second client had participated in a psilocybin retreat abroad several years earlier, after which they had been able to discontinue their depression medication. When this client later felt themselves beginning to regress, following years of grief and loss, they sought out Oregon's regulated program specifically because it offered a legal, structured, and supported setting. They described the preparation and integration support as having substantially reduced their fear compared with the prior experience, and reported afterward a **lasting sense of freedom, self-acceptance, and reduced anxiety,** together with an ongoing connection to the facilitators as a source of support.

A third client, a medical professional, deliberated at length before deciding to pursue this form of experience. Following services, this client reported with confidence that they **felt considerably better than before arriving**. They were careful not to describe themselves as cured, noting that further work remained, but stated that the anger and depression with which they had arrived had dissipated.

A fourth client, married for forty-five years and living with a long-term chronic illness, reported that following services their energy had increased dramatically and their mood had improved significantly. This **client's spouse, who had seen them through the worst of the illness, said afterward that it felt like getting them back, and the client described the marriage as having returned to the quality it had when the two first met.**

A fifth client had been anxious about undertaking psilocybin services at all and had contacted more than ten providers before choosing to proceed. Through the experience this client worked through difficult memories and emotions from childhood, and **reported afterward feeling markedly lighter, calmer, and happier, more secure in their relationships, and better able to hear their own voice rather than the expectations of others.**

A sixth client reported that services had allowed them to set down a great deal that had not been serving them, and that they **returned home feeling permanently changed**. A seventh client, who had lived for years with the after-effects of an acquired brain injury and the grief of lost abilities, reported afterward feeling **more peaceful and more accepting of the changes in their life.** An eighth described the experience simply: **they had not been fully living their life, and now they were.**

Taken together, these accounts describe outcomes that are neither marginal nor transient. Clients report the discontinuation of long-standing psychiatric medication, relief from depression and anxiety that had persisted through decades of conventional treatment, the resolution of grief and of trauma carried since childhood, and the restoration of relationships, energy, and a capacity for ordinary contentment that many had concluded was permanently lost. **A number of these individuals arrived after exhausting other modalities; they describe the program not as one more attempt but as the point at which something finally changed.** These are the results the program was created to produce, and they are being produced now, under the regulatory framework as it currently exists.

These accounts are the substance of what the program was created to deliver. Oregon voters

were told that regulated psilocybin services would benefit the people of this state. The published data and the testimony of clients indicate that this promise is being kept.

IV. Opposition to the Proposed Fee Increases

I oppose the proposed doubling of annual license fees, the doubling of application and change fees, the eightfold increase in the worker permit fee, and the elimination of reduced-fee provisions for veterans, nonprofit entities, and low-income applicants.

A. OHA's own findings weigh against adoption

The Notice of Proposed Rulemaking contains the following findings in its Statement of Fiscal and Economic Impact and Statement of Racial Equity Impact:

- That an increase in licensing fees may reduce the overall number of licensees and create a more significant program budget shortfall;
- That this impact is likely to be more acute for communities already experiencing access challenges;
- That facilitators who cannot afford the increased fees will lose the value of training programs which, in some cases, cost upwards of $10,000 to $15,000 per student;
- That licensed service centers forced to close will be unable to recoup their investments in licensed premises; and
- That if access to regulated psilocybin services decreases, clients may be more likely to seek unregulated services, increasing risk to client and public safety.

OHA has therefore already concluded that the proposed rule is likely to worsen the condition it is intended to remedy. I respectfully ask that the agency follow its own findings and decline to adopt a rule that its own analysis predicts will fail.

B. The fiscal logic of two available paths

The Notice presents the fee increase as necessary because the program is not presently self-sustaining. I ask OHA to consider two available courses of action with reference to its own findings.

If license fees are held at current levels, the budget shortfall may persist. The number of licensees, and the level of client participation, may continue to fluctuate. The program would remain underfunded, but it would remain intact. These conditions may continue to present genuine difficulties for the agency.

If license fees are doubled, the Notice itself predicts that licensees will exit the program. Each facilitator who does not renew removes $2,000 in existing annual revenue rather than contributing $4,000 in projected revenue. Each service center that closes removes $10,000 in existing revenue together with the administration sessions it would have hosted, sessions that constitute the principal reason facilitators maintain their licenses. As the licensee base contracts, the shortfall expands, and the following rulemaking cycle confronts the same decision from a weaker financial position. This is the dynamic OHA describes in its fiscal statement, and it is self-reinforcing.

Holding fees constant may not resolve the budget shortfall. Raising them, according to OHA's

own reasoning, will deepen the shortfall while simultaneously reducing the program's capacity to serve clients. **Of two courses of action that each leave a shortfall, only the one that preserves the licensee base preserves the possibility of a durable solution.** This is the basis for my request that OHA proceed with deliberation rather than with an immediate doubling of costs.

I would add that the agency's time and resources may be better directed toward expanding the licensee base than toward extracting more from those who remain in it. Recruiting additional facilitators and service centers, through outreach to health care professionals, to training programs, and to communities and counties not yet served, would increase fee revenue without imposing a cost on any existing licensee, and would advance the program's purpose of broadening access rather than narrowing it. Doubling the cost of participation for existing licensees does the opposite: it raises the price of entry for prospective applicants at the same time that it pushes current participants out.

C. Licensee survey data confirm OHA's projection of attrition

OHA's prediction that the fee increase will reduce the number of licensees is not speculative. An independent survey conducted by Sam Gross, a veteran, a licensed facilitator, and a member of the most recent Rules Advisory Committee, contacted 331 current licensees regarding their intentions under the proposed fee schedule and received 146 responses. Of those responding, 17 stated that they would renew at the proposed rates, 12 stated that they might renew, and 117 stated that they would not renew. Expressed as proportions, approximately 12 percent of respondents indicated an intention to remain in the program at the proposed rates, approximately 8 percent were undecided, and approximately 80 percent indicated an intention to leave.

Survey respondents are self-selected, and actual renewal behavior may differ from stated intention. Even allowing for a substantial margin, however, these figures indicate that the proposed fees would not merely reduce the licensee base but could reduce it to a fraction of its present size. A fee schedule that four in five responding licensees state they will not pay cannot produce the revenue it is designed to generate. The projected doubling of fee revenue depends on a licensee base that, by the licensees' own account, would not exist at the proposed rates.

D. The elimination of reduced fees is inconsistent with the program's social equity requirements

Under OAR 333-333-4020, every applicant for licensure must submit a social equity plan, and licensees are required to implement and report on that plan as a condition of licensure. OPS has asked the regulated community to make equity a formal, documented, and ongoing obligation of participation in the program.

The proposed rules would, at the same time, eliminate the reduced-fee provisions for veterans, nonprofit entities, recipients of Supplemental Security Income, and recipients of Supplemental Nutrition Assistance Program benefits, provisions that OHA's own Racial Equity Impact statement describes as having been adopted specifically to encourage lower-income applicants and individuals with diverse life experience to become licensed, and to support culturally and linguistically responsive services to underserved communities. Approximately 32 percent of license transactions in the current biennium have been at the reduced rate.

I respectfully submit that these two positions cannot be reconciled. **The agency cannot require licensees to compile, implement, and report on plans to advance social equity while simultaneously removing the single most concrete equity mechanism in its own rules.** If social equity is a condition of participation for licensees, it should also be a condition that the agency observes in setting the terms of participation. I ask that the reduced-fee provisions be retained, and that the social equity plan requirement and the fee structure be brought into alignment.

E. A program without precedent warrants proportionate caution

No regulatory body has previously administered a program of this kind. There is no empirical basis for the expectation that it would achieve self-sufficiency on the timeline anticipated by a ballot measure drafted in 2020, and every reason to anticipate that a program of this novelty would require a period of patient development. A program of this novelty requires time, patience, and a stable base of participants in order to mature. Doubling the cost of participation for every licensee, in a single year, at the program's third anniversary, is inconsistent with each of those requirements.

V. Opposition to the Proposed Restrictions on Speech

The proposed amendments to OAR 333-333-2010(1)(e) and (f) would prohibit a licensee from "providing information or instruction related to home cultivation" of psilocybin, and from "promoting unregulated consumption of psilocybin products, including recommending consumption of psilocybin products at any location within Oregon where it is unlawful to do so." The proposed amendment to OAR 333-333-1010(5) additionally expands the definition of "advertising" to encompass a facilitator's name, thereby subjecting individual facilitators to the advertising restrictions for the first time.

I oppose these provisions, and I submit that they are unconstitutional under both the Oregon Constitution and the United States Constitution.

The provisions at issue do not regulate what licensees do with psilocybin products. They regulate what licensees may say, and, in particular, they prohibit licensees from communicating truthful information about activities that exist in the world regardless of whether the state regulates them. Cultivation of psilocybin-producing fungi occurs in Oregon outside the licensed system. Consumption of psilocybin occurs in Oregon outside licensed service centers. These are established facts, and they are matters about which clients and members of the public regularly and reasonably inquire. A licensed facilitator, trained in harm reduction and bound by a duty of care, is often the most qualified person a client will ever encounter to speak candidly about the risks of unregulated cultivation and consumption, the differences between regulated and unregulated products, drug interactions, dosing, and the circumstances under which a person should seek medical attention. **The proposed rules would prohibit that conversation. Its elimination is both a restriction on free speech and a potential source of harm to the very clients the program is intended to protect**, who would be left to seek that information from less qualified and less careful sources.

Harm reduction as a public health discipline depends on the ability to speak plainly about both lawful and unlawful activities. A licensee who cannot discuss the reality of unregulated use cannot educate a client about its dangers, cannot steer a client toward the regulated system by

comparison, and cannot respond honestly when a client discloses that they intend to use psilocybin elsewhere. The effect of the provisions is not to reduce unregulated activity; it is to ensure that the persons best positioned to reduce the harms of that activity are forbidden to address it. This is directly contrary to the program's stated public health purpose and to OHA's own finding, in this Notice, that reduced access to regulated services leads clients toward unregulated use with increased risk to client and public safety.

Article I, section 8 of the Oregon Constitution provides that no law shall be passed restraining the free expression of opinion or restricting the right to speak, write, or print freely on any subject whatever. The Oregon Supreme Court has construed this provision as affording greater protection than the First Amendment: a law directed at the content of expression is invalid on its face unless the restriction falls within a well-established historical exception to the guarantee. A rule that prohibits a licensed person from providing information about a category of activity, or from recommending or advising against a course of conduct, is a restriction directed at the content of speech. Information concerning the cultivation and consumption of psilocybin is freely available in published literature and public libraries throughout the state. A prohibition on licensees communicating that information, for educational purposes, for harm-reduction purposes, or for any purpose, is not a regulation of products or premises. It is a restriction on the expression of a licensed class of persons, and it is unconstitutional on its face.

The analysis under the First Amendment yields the same conclusion. To the extent the restricted speech is commercial in nature, the state may prohibit only speech that is false or misleading, and any further restriction must directly advance a substantial governmental interest and be no more extensive than necessary to serve that interest. Truthful information about lawful and unlawful activities is neither false nor misleading, and a categorical prohibition is not narrowly tailored. To the extent the provisions reach non-commercial expression, a facilitator responding to a client's question during a preparation or integration session, a manufacturer addressing a professional conference, an educator teaching a training program module on harm reduction, or any licensee expressing a view regarding how psilocybin is or ought to be used, the provisions are not regulations of commercial speech at all, and are subject to the most exacting constitutional scrutiny.

OHA has a legitimate interest in preventing false or unsubstantiated health claims and in preventing marketing directed at minors. The existing rules address those interests. The proposed provisions extend considerably beyond them. **They would render Oregon's licensees the only persons in the state prohibited by law from speaking truthfully about a subject in which they are trained, and they would do so at the expense of the harm-reduction and educational functions that the program exists to serve**. I respectfully request that these provisions be withdrawn.

VI. Concern Regarding the Rulemaking Process

I attended the public hearing held on September 15, 2026. During that hearing, several members of the Rules Advisory Committee stated on the record that their recommendations appear to have been disregarded in the proposed rules. OHA's rulemaking webpage states that OPS considered RAC input and published a revised version of the proposed rules in response. The RAC members who addressed the hearing did not appear to recognize their contributions in the published result.

I raise this concern with care, and without any suggestion of bad faith. OPS followed its published procedure: public listening sessions were held in May, RAC meetings were convened in July, and a public comment period was opened in September. Each required step was completed. There is, however, a distinction between completing a procedure and being informed by it. **When the individuals convened specifically for their expertise in this program state publicly that their advice was not reflected in the outcome, the observation merits consideration.**

This concern bears directly on the question before OHA. ORS 475A established an advisory structure so that the rules governing the program would be informed by those who administer and deliver its services. If that structure is generating recommendations that are not incorporated into the rules, then some portion of the program's present difficulty may reflect a structural condition rather than a deficiency of the licensees, a program operating alongside its own body of expertise rather than in concert with it. I offer this not as an accusation but as an observation from a licensee who wishes the agency to succeed, and who believes that the distance between the regulated community and the rules that govern it may itself be a contributing cause of the program's contraction.

VII. Requested Alternatives

The Notice expressly requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact on business. In response to that request, I respectfully propose the following:

1. **Maintain license fees at current levels** and retain the reduced-fee provisions for veterans, nonprofit entities, and low-income applicants. The licensee base should not be reduced before an alternative funding mechanism is in place.

2. **Evaluate a per-session program fee, waived for Oregon residents.** A modest fee remitted to OHA for each administration session conducted, collected in whatever manner licensees and the market determine, would scale with program activity rather than against it; would utilize the quarterly reporting infrastructure already established under SB 303; and would not require any licensee to leave the program for want of a lump-sum payment at the beginning of the license year. I further propose that the fee be waived entirely for clients who are Oregon residents and apply only to sessions provided to clients residing outside the state. Approximately one-third of clients in 2025 traveled from outside Oregon to receive services; these clients presently contribute nothing to the program's administrative budget, and a fee applied to them alone would fund the program from demand generated beyond the state's borders while preserving affordability for the Oregonians the program was established to serve. Service centers already collect client residency information under SB 303, so the distinction can be administered without new reporting burden. If OPS determines that it lacks authority to adopt such a mechanism by rule, I ask that the agency so state in the record and recommend the mechanism to the Legislative Assembly.

3. **Defer decision to adopt license fee increase for one year** in order to properly scope the alternatives. A one-year deferral would allow OPS to publish the program budget, reconvene the Rules Advisory Committee, model the revenue and attrition effects of each alternative against actual licensee survey data, and, if appropriate, seek legislative authority for a mechanism better suited to the program. If, following that review, OPS

determines that license fees must nonetheless increase, I ask that the increase be phased over a period of four to five license years on a published schedule, so that licensees are able to plan for the change rather than exit the program.

4. **Withdraw the proposed worker permit increase.** An increase from $25 to $200 falls on the lowest-compensated participants in the program and generates negligible revenue.

5. **Withdraw the proposed speech restrictions** in OAR 333-333-2010(1)(e)–(f) and any parallel provisions.

6. **Publish the program budget and the analysis underlying the proposed rule.** Licensees are being asked to remedy a shortfall whose magnitude and composition have not been set forth in the record. This absence of transparency is frustrating to the regulated community, inefficient for the agency, and an obstacle to meaningful public comment: it is not possible to propose a well-founded alternative to a figure that has not been disclosed, nor to evaluate the necessity of a fee increase whose justification rests on costs that have not been itemized. I respectfully request that OPS disclose, at a minimum: (a) the program's current and projected budget; (b) an itemization of the "administrative costs" that the Notice describes as having exceeded expectations, so that licensees may understand what those costs consist of; (c) the alternatives to a fee increase that the agency has already considered, and the reasons each was rejected; and (d) the agency's projection of program revenue and expenditure with and without the proposed increase, including its assumptions regarding licensee attrition. With that information in the record, the regulated community would be in a position to propose targeted and realistic solutions.

7. **Reconvene the Rules Advisory Committee** before final adoption, and place on the record which RAC recommendations were adopted, which were not, and the reasons for each determination.

VIII. Conclusion

Oregon has accomplished something without precedent, and the program is succeeding. Its safety record is strong. Its clinical outcomes are documented. Its clients report meaningful and lasting benefit.

A program that is three years old and the first of its kind in the world should be administered with patience and care, not subjected to a doubling of costs that its own regulator predicts will harm it. I relocated my family across the world to participate in this program. I respectfully ask that OHA protect it, proceed with deliberation, and give weight to the counsel of those who know it best.

Thank you for your service and for your consideration of this comment.

Respectfully submitted,

Arin Amsler

2026-0981 563 10/02/2026

Licensed Psilocybin Facilitator, OPS License No. FL-a7e4a5e8

Ashland, Oregon

2026-0981 564 10/02/2026

From: Charlie Pitkin
To: OHA Psilocybin Licensing; Public Health Rules
Subject: Public comment opposing proposed psilocybin licensing fee increases
Date: Sunday, September 20, 2026 10:37:00 AM

You don't often get email from charles.pitkin@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Psilocybin Services and Oregon Health Authority staff,

I am writing as a member of the public who has received licensed psilocybin services in Oregon, and as someone whose life has been meaningfully changed by this work.

For years I lived with depression and anxiety that conventional treatment did not adequately relieve.

Licensed, facilitated psilocybin therapy gave me something I had not found elsewhere: a supervised, legal setting in which I could face that suffering with skilled support. The work was difficult, but it was also the most hopeful and constructive step I have taken toward recovery. It helped lift me out of a cycle of mental illness that had limited my life. I am writing because I want that same opportunity to remain available to others.

Affordability was a key reason I was able to access this treatment. Even at current prices, the cost is significant. I was able to pursue it because facilitators and service centers have been trying to keep services within reach. That fragile affordability is now at risk.

The proposed licensing fee increases would be a real hardship for facilitators and facilities. Many facilitators work part-time. Service centers already operate on thin margins. Higher licensing costs will be passed on to clients or will force centers and facilitators out of the program. Either outcome reduces availability and makes a life-changing treatment less accessible to the public.

I understand that the program is expected to support itself and that Oregon Psilocybin Services faces budget pressure. I respectfully submit that steep fee increases, and the removal of reduced-fee pathways, are the wrong solution. Pricing people out of the regulated system does not sustain the program; it undermines the public purpose Oregon voters approved.

I urge you to reconsider these licensing fee increases. Please keep fees at levels that allow trained people to stay licensed, keep service centers open, and keep treatment within reach of people who need it. Protect pathways that help veterans, low-income applicants, and nonprofits participate. Look for efficiencies or other approaches that do not shrink access.

Psilocybin services have been life-changing for me. I ask you to choose the path that increases —not restricts—the availability and affordability of this critical treatment for people still living with depression, anxiety, and other forms of mental illness.

Thank you for considering this comment.

Sincerely,
Charlie

Charlie Pitkin
512-484-4518

2026-0981 566 10/02/2026

Public Comment Opposing Proposed Oregon Psilocybin License Fee Increases

Dear Oregon Psilocybin Services and Oregon Health Authority:

My name is Daniel Huson, and I am the founder and CEO of Rose City Laboratories in Portland, Oregon. Rose City Laboratories has participated in Oregon's regulated psilocybin program since its beginning as the first licensed and accredited laboratory testing regulated psilocybin products in the United States.

I strongly oppose the proposed increases that would double many Oregon Psilocybin Services licensing and renewal fees. Although I recognize that OPS must generate sufficient revenue to administer the program, OHA's own financial analysis demonstrates that doubling these fees is likely to weaken the program while generating less revenue—not more.

OHA's document titled "2026-0889 Record Revenue Analysis – OPS AY27 AY29 AY31," revised August 14, 2026, projects the following:

For AY 2025–27, fee revenue decreases from $1,998,650 under the current fee structure to $1,717,700 with the increases—a loss of $280,950.

For AY 2027–29, fee revenue decreases from $1,960,085 to $898,500—a loss of more than $1.06 million.

For AY 2029–31, fee revenue decreases from $1,965,085 to $898,500—again, a loss of more than $1.06 million.

OHA's analysis expressly acknowledges the expected loss of licensees and revenue resulting from the fee increases. It identifies a potential worst-case reduction of 60%, while also accounting for the elimination of reduced-fee categories, process changes, and historical attrition.

The projected financial condition of the program is also worse under the proposed increases. According to OHA's analysis, the projected remaining deficit grows:

From approximately $3.89 million to $4.25 million in AY 2025–27;

From approximately $10.76 million to $12.40 million in AY 2027–29; and

From approximately $18.09 million to $21.00 million in AY 2029–31.

By AY 2029–31, the proposed fee increases are projected to leave the program approximately $2.9 million further behind than it would be if the current fees remained in place.

The industry's own responses confirm that this attrition risk is real.

The Psilocybin Alliance surveyed 79 licensed Oregon facilitators regarding the proposed increase of the annual facilitator fee from $2,000 to $4,000. Fifty-five respondents—69.6%—said they probably or definitely would not renew their licenses.

The survey also found:

73.4% expected to surrender or not renew their licenses;

46.8% expected to seek work elsewhere;

39.2% expected to raise their facilitation fees;

25.3% expected to work less within Oregon's regulated system; and

Only 8.9% expected to renew and continue operating as usual.

The risk was especially high among lower-volume facilitators. Every respondent who had served between one and five clients during the preceding 12 months said they probably or definitely would not renew. These are often the facilitators who serve smaller communities, provide discounted services, or maintain their licenses to serve specialized populations.

I recognize that this was a voluntary survey rather than a random sample and that stated intentions do not always predict actual behavior. Nevertheless, the results provide direct evidence from current licensees and closely align with OHA's own expectation that substantially higher fees will cause serious attrition.

The survey's sensitivity analysis also estimates that if the facilitator nonrenewal rate of 69.6% were applied across recurring program revenue, the AY 2025–27 shortfall could increase to approximately $5.22 million. This is not presented as a definitive forecast, but it illustrates the financial danger of relying on a shrinking number of licensees to support the program.

Doubling fees for service centers, manufacturers, laboratories, facilitators, and other licensees will force existing businesses to leave and discourage new businesses from entering. Fewer licensees will mean less licensing revenue, fewer product sales, lower tax collections, reduced competition, higher prices, and less access for clients.

It may also push activity away from Oregon's regulated system. When licensed participation becomes financially impossible, some practitioners and clients may turn to the unregulated market. That outcome would undermine the safety, testing, oversight, consumer protection, and data collection that the regulated program was created to provide.

The elimination of reduced-fee categories is especially concerning. Small businesses, nonprofit organizations, lower-volume practitioners, and licensees serving underserved populations are among those least able to absorb a sudden 100% increase. Eliminating reduced fees could accelerate industry consolidation and leave the program accessible only to well-capitalized businesses and wealthier clients.

The state should not attempt to correct a structural funding problem by imposing fees that its own analysis predicts will shrink the regulated industry and deepen the program's deficit.

I respectfully ask OHA and OPS to withdraw or substantially revise the proposed increases and consider alternatives, including:

Maintaining current fees while conducting a complete review of OPS staffing, administrative expenses, indirect costs, and program structure.

Phasing in any necessary increases gradually instead of imposing immediate 100% increases.

Establishing tiered fees based on license type, revenue, transaction volume, or number of clients served.

Preserving reduced fees for small businesses, nonprofit organizations, lower-volume licensees, and those serving underserved communities.

Considering a modest transaction-based assessment or adjustment to the existing psilocybin tax structure so that program funding grows with actual market activity.

Seeking legislative, general-fund, grant, or other temporary support while the regulated market continues to develop.

Convening a stakeholder workgroup—including service centers, manufacturers, facilitators, laboratories, training programs, clients, and equity-focused organizations—to create a sustainable funding model.

A proposal that is projected to reduce revenue, eliminate licensees, restrict access, and deepen the program's financial deficit should not move forward in its present form.

Oregon Psilocybin Services cannot solve declining revenue by doubling the fees charged to a declining number of licensees. A sustainable solution must focus on retaining and expanding regulated participation, distributing costs more fairly, and protecting public access.

Thank you for considering my comments. I respectfully request that this comment, OHA's revenue analysis, and the Psilocybin Alliance facilitator attrition survey be included in the official rulemaking record.

Sincerely,

Daniel Huson

Founder and CEO

Rose City Laboratories

Portland, Oregon

Dear Oregon Psilocybin Services and Oregon Health Authority:

My name is Daniel Huson, and I am the founder and CEO of Rose City Laboratories in Portland, Oregon. Rose City Laboratories has participated in Oregon's regulated psilocybin program since its beginning as the first licensed and accredited laboratory testing regulated psilocybin products in the United States.

I am submitting this comment in opposition to the proposed provisions that could restrict what Oregon psilocybin licensees may write, teach, publish, discuss, or communicate outside their licensed operations.

My concerns include proposed OAR 333-333-2010(1)(e)–(f), 333-333-4480(11)–(12), 333-333-5120(16), 333-333-6030(1)(e), and 333-333-6100.

As a laboratory licensee, I am particularly concerned about proposed OAR 333-333-6030(1)(e), which states that a laboratory licensee may not:

"Promote unregulated cultivation and processing of psilocybin products by providing information or instruction related to home cultivation, or offering for sale spores, mycelium or materials used to cultivate and process psilocybin products."

The proposed rules do not adequately define "promote," "providing information," or "instruction." They also do not clearly limit these restrictions to conduct occurring within a licensed laboratory, activities performed under an Oregon license, or commercial advertising directed at Oregon consumers.

That ambiguity creates a serious problem for my laboratory and for me professionally.

Rose City Laboratories does more than perform regulatory compliance testing. As the first licensed laboratory participating in Oregon's regulated psilocybin program, we have accumulated knowledge and practical experience that can help researchers, businesses, public agencies, health authorities, and other jurisdictions understand testing, potency, product safety, data collection, quality control, and responsible regulation.

I intend to continue discussing psilocybin science and regulation across the United States. I want to help other laboratories and companies develop responsible testing and quality-assurance programs. I want to help health authorities and policymakers learn from Oregon's experience and build better regulatory systems. I want to participate in national scientific, regulatory, and public-policy discussions.

2026-0981 571 10/02/2026

These activities benefit Oregon. They establish Oregon licensees as national leaders, create opportunities for Oregon businesses, improve public safety, and allow other jurisdictions to learn from both the successes and shortcomings of Oregon's program.

Under the proposed language, however, I cannot confidently determine whether a presentation, scientific discussion, training class, website article, consultation, public comment, or social-media post could be interpreted by OHA as "providing information" that "promotes" an unregulated activity.

For example, would the proposed rule prohibit a licensed laboratory from:

- Explaining how cultivation methods affect potency, contamination, or product consistency?
- Publishing scientific findings concerning cultivated psilocybin-producing mushrooms?
- Discussing testing and quality-control practices with a company in another state?
- Teaching a class that includes general information about cultivation, sampling, potency, or contamination?
- Helping another state or health authority create testing and manufacturing regulations?
- Discussing the scientific differences between regulated commercial cultivation, personal cultivation, and general mycology?
- Providing harm-reduction information about products originating outside Oregon's regulated system?
- Participating in national discussions about regulatory models that differ from Oregon's model?
- Operating or advising a lawful business involving non-psilocybin mushrooms?

The proposed rules do not clearly answer these questions.

OHA may intend to prohibit licensees from actively facilitating illegal conduct. If that is the intent, the rule should say so clearly and should require a direct connection to specific unlawful conduct. It should not use undefined language that could encompass scientific education, research, publishing, consulting, public testimony, policy advocacy, or lawful business activities.

There is an important difference between committing or intentionally facilitating an illegal act and discussing a scientific, regulatory, or public-policy subject. There is also a difference between advertising an unlawful product and educating people about testing, cultivation science, public health, or alternative regulatory approaches.

The present language does not adequately recognize those distinctions.

This uncertainty will produce a chilling effect. Licensees will avoid legitimate discussions because they cannot afford to become OHA's test case. For a laboratory, the consequences could include an investigation, damage to its reputation, substantial legal expenses, disciplinary action, suspension, or loss of the license.

Proposed OAR 333-333-6100 adds to this concern. It prohibits advertising that "encourage[s] activity that is illegal under state law" and can make a licensee responsible when it directs or authorizes employees, advertising companies, social-media influencers, or other parties to act on its behalf. While licensees should be responsible for advertising they actually direct or authorize, the underlying prohibited speech must be defined with objective standards.

OHA should not be placed in the position of deciding, after a statement has been made, whether scientific education, policy advocacy, harm-reduction information, or ordinary business communication somehow "encouraged" unlawful activity.

The proposed restrictions also threaten the economic growth of Oregon's psilocybin industry. A successful and profitable industry depends on the ability of businesses to communicate, educate, publish research, develop professional expertise, reach appropriate markets, and provide consulting services.

Oregon cannot claim to be a national leader in psilocybin regulation while preventing its licensees from participating fully in national conversations about psilocybin science, testing, public health, and regulatory policy.

I have invested substantial time, money, and professional effort in Oregon's regulated program. Part of the value of that investment is the ability to use the resulting knowledge and experience to help build safer and more effective programs elsewhere.

If holding an Oregon laboratory license means that I can no longer speak openly about psilocybin across the United States or help companies and health authorities develop businesses, testing programs, and regulatory systems, I would have to seriously reconsider whether remaining in Oregon's licensed program is professionally or economically viable.

That would not benefit OHA, Oregon's regulated industry, or the public. Rules that cause experienced licensees to leave will reduce institutional knowledge, discourage investment, weaken the regulated system, and undermine Oregon's national leadership.

These provisions also raise serious questions under the First Amendment and Article I, section 8, of the Oregon Constitution. OHA unquestionably has authority to regulate licensed operations and unlawful conduct. However, possessing an Oregon license should not give the agency undefined authority over a licensee's scientific discussions, publications, educational activities, public-policy advocacy, or otherwise lawful work outside the regulated program.

I respectfully ask OHA to withdraw these provisions from the current rulemaking.

Alternatively, OHA should postpone adoption until it has:

1. Clearly defined "promote," "encourage," "providing information," "instruction," "unregulated cultivation," and "unregulated consumption."
2. Limited the restrictions to conduct within OHA's statutory authority and directly connected to licensed Oregon operations.
3. Required clear intent to facilitate specifically identified unlawful conduct before discipline may be imposed.
4. Expressly protected scientific research, laboratory education, harm-reduction information, journalism, books, websites, classes, public presentations, testimony, policy advocacy, and communications with regulators.
5. Clarified that licensees may discuss and assist lawful activities occurring in other jurisdictions.
6. Distinguished psilocybin-producing mushrooms from lawful non-psilocybin mushroom cultivation, testing, education, and business activities.
7. Clarified that a licensee is responsible only for communications it knowingly and expressly directs or authorizes.
8. Published the legal, constitutional, factual, and economic analysis supporting these restrictions and allowed the public adequate time to respond.
9. Established objective enforcement standards so that compliance does not depend on the subjective interpretation of individual investigators.
10. Considered narrower alternatives directed at demonstrable unlawful conduct rather than broad categories of speech.

Oregon licensees should not need informal permission from OHA before publishing research, teaching a class, speaking at a conference, advising another jurisdiction, participating in public debate, or operating an otherwise lawful business.

OHA should regulate licensed conduct using clear, objective rules. It should not adopt vague restrictions that could control a licensee's speech and professional activities far beyond the licensed premises.

Please include this statement in the official 2026 Oregon Psilocybin Services rulemaking record.

Sincerely,

Daniel Huson

Founder and CEO

Rose City Laboratories

Portland, Oregon

From: Martijn Schirp
To: Public Health Rules
Subject: Public Comment on Proposed Psilocybin Fees — Martijn Schirp
Date: Sunday, September 20, 2026 6:14:50 PM

You don't often get email from martijn.schirp@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Health Authority Rulemaking Team,

I oppose adopting the proposed psilocybin fee increases and elimination of reduced fees in their present form. I support adequately funded oversight. My concern is that this proposal may weaken the conditions on which adequate funding depends.

A program cannot become self-sustaining by undermining the people who sustain it. Regulatory revenue depends on viable licensees; viable licensees depend on accessible services and sufficient participation. Increasing the charge does not establish that the revenue will increase. That depends on how many people remain able and willing to pay.

OHA's own fiscal and equity analysis recognizes this problem: higher fees may reduce participation in the licensed system, worsen access for underserved communities, and encourage people to seek unregulated services. These are consequences identified within the proposal itself. They deserve to shape the financing decision. OHA notice.

The contradiction is therefore practical: if the purpose of regulation is to make services safer, a financing policy that makes regulated services less accessible may frustrate that purpose. If the purpose of higher fees is financial stability, a policy that contracts the fee-paying base may frustrate that purpose as well.

This does not establish that collapse is inevitable. It establishes why the proposal needs a credible analysis of licensee retention, service availability, and actual collections before adoption.

The distribution of the increase also matters. Under the proposed schedule, a facilitator currently paying the standard $2,000 annual fee would pay $4,000. Someone qualifying for the $1,000 reduced fee would also pay $4,000. The latter faces a fourfold charge. Equal fees do not create equal burdens when practitioners have very different caseloads, incomes, and communities to serve. Proposed rules, OAR 333-333-4060.

I recognize the expectation that the program become financially self-supporting, and that OHA cannot appropriate money it has not received. But a funding expectation does not answer the empirical question of which fee structure can actually sustain the program. Where authority or funding is insufficient, that limitation should be presented clearly to the Legislature alongside workable alternatives.

There is precedent for a more gradual approach. Canada's cannabis regulator used

differentiated, revenue-sensitive fees and reported recovering 37.2% of regulatory costs over its first four fiscal years. This does not prove that Oregon should copy Canada's model. It demonstrates that immediate full cost recovery is not the only administratively workable approach to establishing a regulated market. Health Canada review.

I ask OHA to evaluate and publish a concrete alternative incorporating the following:

1. A funded transition. Identify the minimum budget needed for effective oversight, realistic fee collections under several renewal scenarios, and the resulting funding gap. Seek a limited bridge appropriation where necessary, with a defined review date and public reporting.

2. Meaningful reduced fees and graduated contributions. Retain accessible relief and evaluate charges that reflect operating scale, with affordable minimums and simple administration. Show who would pay more, who would pay less, and how the resulting schedule funds necessary work.

3. Demonstrable administrative savings. Identify duplicated reporting, processing, and other overhead that can be reduced while preserving screening, informed consent, supervision, complaint handling, and product safety. Count savings when they are substantiated.

4. Accountability for access and safety together. Report collections, operating costs, active service capacity, participant prices, underserved access, and adverse experiences. A shortfall should trigger examination of the funding model rather than another automatic increase imposed on fewer remaining licensees.

Please distinguish alternatives OHA can implement through rulemaking from those requiring legislative action, and explain the grounds for accepting or rejecting them in the final rulemaking record.

Public support should purchase identifiable public benefits. It need not guarantee the survival of every business. It should preserve the possibility of safe, accountable services, meaningful participant choice, and continued evaluation of a framework Oregon has invested in building.

A balanced budget on paper is insufficient if the assumptions needed to balance it undermine the service in practice. Sustainability must be demonstrated in the relationships between costs, participation, access, and safety.

I urge OHA to revise the fee proposal accordingly.

Sincerely,

Martijn Schirp

From: Monica M
To: Public Health Rules
Subject: Public Comment – Oregon Psilocybin Services Proposed Licensing Fee Increase
Date: Sunday, September 20, 2026 3:32:27 PM

You don't often get email from monimot@comcast.net. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Health Authority rules committee members,

My name is Monica Motsko, and I have been a licensed Oregon psilocybin facilitator since February 2024. I am also a graduate student in Clinical Mental Health Counseling at Adams State University, currently completing a year-long unpaid counseling internship.

I am writing to oppose the proposed increase in the annual facilitator licensing fee from $2,000 to $4,000.

I understand that Oregon Psilocybin Services must be financially sustainable, and I value Oregon's commitment to maintaining a safe and regulated psilocybin program. However, I am concerned that doubling licensing fees places too much of that financial burden on the facilitators and service centers who are already struggling to make this emerging model economically sustainable.

A facilitator license gives me permission to do this work, but it does not guarantee me a single client.

That distinction is important. Paying $4,000 annually would simply allow me to remain licensed and available to provide services; it does not guarantee that I will earn enough income through facilitation to recover the cost of the license. I love this work and want to remain part of Oregon's regulated psilocybin program, but there has not been enough consistent facilitation work for me to easily justify a $4,000 annual licensing fee. As a full-time graduate student completing an unpaid internship, paying that amount would represent a significant personal financial investment simply to maintain the ability to practice.

I am concerned that I am not alone. If facilitators decide they can no longer afford to renew their licenses, Oregon risks losing experienced and dedicated professionals who want to remain in the regulated system.

Choosing not to renew because a license has become financially unsustainable does not mean a facilitator no longer believes in or supports Oregon's regulated framework. Many people in this community worked incredibly hard to support Measure 109 and then invested significant time, training, money, and energy into helping build and implement Oregon's first-of-its-kind regulated program. These are people who believe in this work and want Oregon's model to succeed. It would be deeply unfortunate to lose committed, qualified facilitators simply because the cost of maintaining a license exceeds what their actual facilitation work can support.

Increasing costs for service centers and other licensees may also ultimately increase the cost of services for clients. **When the cost of remaining licensed increases substantially, those**

costs do not exist in isolation—they can ultimately contribute to higher costs for clients in a system that is already financially inaccessible to many Oregonians. Psilocybin services are generally not covered by health insurance, leaving clients to bear these costs themselves.

I encourage OHA to consider alternatives to simply doubling licensing fees, including a more gradual increase or a tiered fee structure based on revenue, practice volume, or license type. A facilitator who works only a handful of days each year should not necessarily carry the same financial burden as someone operating a high-volume practice.

I support strong regulation. I support Oregon Psilocybin Services. And I want this program to succeed.

I am not asking Oregon to abandon regulation. I am asking Oregon to find a way to make it financially possible for qualified professionals to remain within the regulated system.

Thank you for considering my comments and the experiences of the facilitators who are working within this pioneering program.

With Sincere Gratitude,

Monica Motsko

Monica Motsko, M.Ed.
Licensed Oregon Psilocybin Facilitator, FL-71ca18f5
Graduate Student, Clinical Mental Health Counseling
Adams State University, CO

From: Psilocybin Alliance
To: Public Health Rules; Sweet Jesse I
Subject: Psilocybin Alliance Supplemental Record Submission — RAC and Public Hearing Comment Indexes
Date: Sunday, September 20, 2026 1:04:54 PM
Attachments: OPS_Public_Hearing_Suggestions_and_Objections_Index.pdf
OPS_RAC_Suggestions_and_Objections_Public_Record.pdf
Psilocybin_Alliance_OPS_2026_RAC_and_Public_Hearing_Transcript_Source_Files.zip

You don't often get email from admin@psilocybin-alliance.org. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Mr. Sweet:
Psilocybin Alliance submits the following supplemental materials for inclusion in the rulemaking record for the proposed 2026 Oregon Psilocybin Services rules:

1. OPS_RAC_Suggestions_and_Objections_Public_Record.pdf
   A neutral index of 278 suggestions, objections, and concurrences identified in the four July 2026 Rules Advisory Committee transcripts.
2. OPS_Public_Hearing_Suggestions_and_Objections_Index.pdf
   A neutral index of 70 distinct suggestions, objections, and requested actions identified during the September 15 and 16, 2026 public hearings.
3. Psilocybin_Alliance_OPS_2026_RAC_and_Public_Hearing_Transcript_Source_Files.zip
   The six source transcripts cited by the indexes: four RAC meeting transcripts and two public-hearing transcripts.

These materials are supplemental evidentiary compilations. They do not amend, replace, narrow, withdraw, or restate the Psilocybin Alliance's separately filed submissions. Those filings remain the authoritative statements of the Alliance's positions. These materials also do not amend or speak for Andreas Met's separately filed personal submission.

Inclusion of a RAC or hearing comment does not mean the Psilocybin Alliance adopts or independently verifies every recommendation, rationale, factual assertion, legal assertion, or proposed remedy. Conflicting and minority viewpoints are included intentionally so the record reflects the breadth of advice and testimony OHA received.

The transcripts were generated through automated transcription of the meeting and hearing recordings. They are provided to make the line citations in the indexes verifiable. If any wording or attribution is disputed, the corresponding OHA audio or video recording should control.

The indexes request a disposition schedule showing whether each numbered issue—or a

clearly identified group of materially identical issues—was accepted, accepted in part, rejected, deferred, or considered outside the scope of the rulemaking. They also request the principal reason, supporting evidence, alternatives considered, impact-statement treatment, and record location for OHA's decision.

Please:

- Confirm receipt of this email and all three attachments.
- Confirm that this email, both indexes, and the six source transcripts have been entered into the rulemaking record.
- Confirm that the ZIP archive was received intact and can be opened.
- Ensure that the indexed issues are considered in the hearing officer report and final decision materials.
- Preserve the underlying recordings, transcripts, indexes, and cited decisional materials as part of the rulemaking record.

Thank you.

Respectfully submitted,

PSILOCYBIN ALLIANCE

Andreas Met
On behalf of Psilocybin Alliance

Admin@psilocybin-alliance.org
andreas@satyatherapeutics.com

Supplemental Public Hearing Comment Index
Suggestions and Objections Raised During the September 15-16, 2026 Oregon Psilocybin Services Rulemaking Hearings

Neutral evidentiary compilation submitted for inclusion in the Oregon Health Authority rulemaking record

70 indexed suggestions and objections across two public hearings

Purpose and scope. This index identifies substantive suggestions, objections, and requested actions stated during the September 15 and 16, 2026 public rulemaking hearings. It is limited to the two supplied English-language hearing transcripts and does not claim to index every written public comment submitted separately to OHA.

Relationship to prior submissions and the RAC index. This document is a supplemental evidentiary index only. It does not amend, replace, narrow, withdraw, or restate the separately filed submissions of Andreas Met or the Psilocybin Alliance, or the Supplemental RAC Comment Index. Those filings remain the authoritative statements of their respective positions. If an indexed hearing comment differs from either filing, the separately filed submission controls as to that filer's position.

No adoption of attributed views. An entry means only that the identified hearing participant made the summarized suggestion, objection, or request. Inclusion does not mean that Andreas Met or the Psilocybin Alliance adopts, endorses, or verifies every recommendation, rationale, factual assertion, legal assertion, or proposed remedy. Conflicting and minority viewpoints are retained intentionally.

Method. Distinct requested actions or objections within one testimony are listed separately when doing so makes agency treatment easier to identify. Repeated views by different commenters are retained because repetition shows breadth of concern. Purely procedural remarks, praise without a requested action, personal narratives without a related objection or request, and people called on who did not testify are excluded.

Source and speaker caution. The transcripts were generated by automated transcription with speaker detection. Names and obvious transcription errors were corrected where identity was clear from the record and supplied context. The cited transcript line range controls if a summary or attribution is disputed. Statements are summarized as testimony, not independently verified fact.

Requested agency accountability schedule

Please place in the rulemaking record a disposition schedule keyed to the numbered entries in this index. OHA may group materially identical comments, but each group should identify every covered item number. This request seeks a usable decision trail and does not assert that a separate narrative response is legally required for every individual entry.

Requested field	Requested OHA entry
Covered item number(s)	Identify every index item addressed, including all numbers grouped together.
Disposition	State: accepted, accepted in part, rejected, deferred, or outside the scope of this rulemaking.
Principal reason	Give the principal policy, legal, fiscal, operational, safety, or evidentiary reason.
Evidence and analysis	Cite the data, model, study, staff analysis, or other record material relied upon and identify material uncertainty.

2026-0981 582 10/02/2026

Alternatives considered	For rejected or partly accepted proposals, identify materially less burdensome alternatives considered and why they were not selected.
Impact-statement treatment	Identify where the final fiscal, economic, small-business, and racial-equity analyses account for the concern, or explain why no change was made.
Record location	Provide the document title, date, page or section, and public record location supporting the agency's treatment.

Specific record requests. Please (1) confirm receipt and inclusion of this index in the rulemaking record; (2) use the hearing officer report to identify OHA's treatment of the indexed issues, including distinct non-fee issues; (3) cite the decisional evidence and analysis; (4) reconcile final action with public testimony concerning attrition, budget transparency, access, equity, and less burdensome alternatives; and (5) preserve the hearing recordings, transcripts, this index, the disposition schedule, and cited decisional materials as part of the record. If OHA relies on new material information that commenters lacked a meaningful opportunity to address, please supplement the record and reopen comment before final action.

Hearing index

Hearing	Indexed items
OPS Public Hearing - September 15, 2026	36
OPS Public Hearing - September 16, 2026	34

2026-0981 583 10/02/2026

OPS Public Hearing - September 15, 2026

Transcript: OPS-Public-Hearing-English-Audio-Recording-9-15-26(1).txt

#	Rule / topic	Commenter	Type	Suggestion, objection, or request	Stated basis / concern	Transcript lines
1	License fees / program solvency	Sam Gross	Objection / suggestion	Pause the fee increases.	Survey responses predicted severe nonrenewal, reduced revenue, reduced access, and a continuing budget shortfall.	80-100
2	Attrition and revenue analysis	Sam Gross	Suggestion	Conduct a licensee-retention survey and run revenue projections before changing fees.	OPS had not shown that it surveyed licensees or modeled whether higher fees would improve revenue.	90-100
3	License fees / access	Gina Grazza	Objection / suggestion	Do not impose the proposed increases; keep fees low enough for individual facilitators and small businesses to remain.	Higher costs would be passed to clients, exclude low-income and rural Oregonians, and favor well-capitalized businesses.	108-120
4	Financial transparency	Gina Grazza	Suggestion	Disclose the financial assumptions, projected expenses, expected attrition, and projected post-attrition revenue.	The public could not evaluate the proposal without OHA showing its calculations.	114-120
5	Program preservation / access	Max Kellerman	Objection / suggestion	Protect and strengthen the regulated program rather than restrict access through rising costs.	The program provides a legal alternative to underground use, supports an emerging economic ecosystem, and may produce public-health benefits.	130-144
6	License and reduced fees / equity	Louis Birdseye	Objection	Do not increase licensing costs or eliminate reduced fees for qualifying applicants.	The changes would price out younger, lower-income, multilingual, and culturally representative facilitators.	168-188
7	OPS budget disclosure	Paul Volk	Suggestion	Publish an itemized OPS budget and identify the actual budget gap the rule is intended to close.	The cited budget or shortfall was difficult to verify from publicly available records.	218-236
8	Fee modeling and transition	Paul Volk	Suggestion	Model realistic attrition outcomes and phase reduced-fee changes rather than eliminating the tier immediately.	Even full renewal appeared insufficient to close the gap, while attrition would further reduce coverage and deter new entrants.	226-236
9	License fees / client costs	Lisa Ginsburg	Objection	Reject or substantially reduce the proposed fees.	Costs would be passed to clients, force practitioners out, and worsen an already unaffordable service model.	254-264
10	Service-center licensing model	Lisa Ginsburg	Suggestion / objection	Reconsider whether separate healing-center licensing requirements and fees are necessary, using lower-cost state models as comparisons.	She cited other states with substantially lower or no comparable practitioner and facility fees.	258-264
11	Fee moratorium and projections	Jim Yu	Suggestion	Adopt a one-year moratorium on fee increases and use that period to run projections and identify sustainable revenue.	Existing service centers, manufacturers, and facilitators were already struggling to earn sustainable income.	272-296

2026-0981 584 10/02/2026

#	Rule / topic	Commenter	Type	Suggestion, objection, or request	Stated basis / concern	Transcript lines
12	License and permit categories	Jim Yu	Suggestion	Expand available licenses, permits, or intermediate roles, including pathways for already credentialed clinicians.	Additional categories could create more regulated participation and revenue opportunities.	296-302
13	Fees / reduced fees / transition	Andreas Met	Objection / suggestion	Reject the increases, preserve an equitable reduced-fee option, and give facilitators, service centers, manufacturers, and workers transition protection comparable to the laboratory.	The proposal would add $22,000 annually to his family operations, threaten a manufacturer supplying seven centers, and contradict equity objectives.	322-334
14	Disclosure and postponement	Andreas Met	Suggestion	Disclose the supporting financial analysis and postpone final action.	OHA asserted a justification while also saying the economic effects could not reliably be estimated.	328-334
15	License fees / attrition	Gary Braceland for Psilocybin Alliance	Objection	Reject the proposed increases and retain reduced fees.	OHA's own scenario indicated fee-driven attrition could worsen the deficit, and all license categories are essential to the system.	340-358
16	Disclosure / alternatives / delay	Gary Braceland for Psilocybin Alliance	Suggestion	Delay final action, release the full analysis and assumptions, respond to submitted alternatives, and base fees on projected revenue after attrition.	The proposal advanced without a visible response to phased fees, revenue-based fees, installments, reduced fees, or administrative savings.	346-358
17	Fees and reduced-fee access	Amy Charlesworth	Objection / suggestion	Oppose the fee increases and preserve a reduced-fee pathway for lower-income applicants and veterans, including practitioners serving those communities.	Higher fees undermine client affordability and conflict with required social-equity plans.	374-380
18	Curriculum-change fee	Amy Charlesworth	Objection	Remove the $500 curriculum-change fee.	Training programs should update content as research and best practices evolve rather than be discouraged from improving curricula.	382-386
19	Practicum support persons	Amy Charlesworth	Objection / suggestion	Do not bar practicum students and site supervisors from acting as client support persons; expand hands-on learning opportunities.	Students already face scarce practicum opportunities and client-support work provides real-world experience.	386-388
20	Licensee speech restrictions	Amy Charlesworth	Objection / suggestion	Withdraw or narrow the speech provisions, define their terms, protect religious teaching and practice, disclose the supporting analysis, and postpone final action for public response.	Undefined terms could chill lawful education, harm-reduction discussion, publishing, and religious speech.	388-398
21	License fees / program viability	Melinda Halpern	Objection	Do not impose fees that make small-practitioner participation economically unsustainable.	Facilitators already make large training investments, provide scholarships, and support a strong safety record.	408-426

2026-0981 585 10/02/2026

#	Rule / topic	Commenter	Type	Suggestion, objection, or request	Stated basis / concern	Transcript lines
22	License fees	Phyllis Nasta	Objection	Reject the prohibitive license-fee structure.	Comparable professional licenses cost far less, permitting low-cost and volunteer service.	472-484
23	Client questionnaire / privacy	Phyllis Nasta	Objection	Reconsider intrusive personal questions in the client data questionnaire.	She considered the requested personal information excessive and inconsistent with the program's original protections.	474-484
24	RAC consideration	Gary Braceland	Suggestion	Explain how RAC fee feedback was incorporated and why the committee process produced no change.	Stakeholders had raised extensive viability concerns during the RAC process.	490-496
25	Fee assumptions and decision basis	Gary Braceland	Objection / suggestion	Publish projected expenses, renewal rates, attrition, and post-attrition revenue; demonstrate that the fees improve rather than worsen the program's finances.	Available survey and attrition information pointed toward lower total revenue and business closures.	492-508
26	Legal-market preservation / regulatory scope	Gary Braceland	Suggestion	Reject the current fee structure, support the licensed market, enforce against unsafe illegal products, and right-size regulation to the program's safety record.	Higher regulated-market costs could push clients toward untested products and reduce access and employment.	496-508
27	OPS expenditures	Andy Still	Suggestion	Disclose program costs and reduce spending to available income before increasing fees.	A budget analysis must address expenses as well as revenue.	516-522
28	Speech and harm reduction	Andy Still	Objection	Do not prevent professionals from discussing lawful subjects or providing basic harm-reduction information to people who may use outside the system.	The restrictions could prevent safety advice such as finding a sitter.	522-526
29	Regulatory burden	Andy Still	Suggestion	Avoid additional regulation and focus on maintaining safety while expanding lower-cost access.	The program already had a low incident rate and commenters had not seen corresponding benefits from added rules.	526-528
30	Licensee speech restrictions	Andreas Met	Objection / suggestion	Remove or substantially narrow the speech provisions; otherwise postpone action, disclose the supporting record, distinguish unlawful conduct from protected speech, and allow public response.	Undefined terms could reach books, websites, classes, research, journalism, advocacy, social media, harm reduction, and lawful outside businesses.	534-546
31	RAC treatment	Courtney Campbell	Objection	Account for the RAC's detailed recommendations rather than adopting rules as if the committee's work had not occurred.	Participants perceived the proposed changes as unnecessary, costly, and inconsistent with the program's safety evidence.	552-560

2026-0981 586 10/02/2026

#	Rule / topic	Commenter	Type	Suggestion, objection, or request	Stated basis / concern	Transcript lines
32	Collaborative rule review	Courtney Campbell	Suggestion	Work collaboratively with operators to identify which guardrails are necessary, which can be reduced, and how to improve accessibility and reasonable fees.	Frontline operators have direct experience with the rules' costs and consequences.	560-570
33	Product preparation and service	Amy Charlesworth	Suggestion	Allow licensed facilitators or service-center personnel to prepare and serve psilocybin product for clients.	First-time and distressed clients may struggle with packages and preparation during a vulnerable moment.	580-590
34	Licensee speech restrictions	Jason Lampman	Objection	Retain the prior speech language rather than restrictions that could reach lawful cultivation education or other licensed businesses.	The new language could treat ordinary educational and commercial activity as misconduct.	596-602
35	Fees and reduced-fee eligibility	Jason Lampman	Objection	Do not double fees or remove discounts for veterans and low-income/OHP participants.	The program was already too expensive and operators were already struggling.	602-622
36	Collaborative funding solution	Jason Lampman	Suggestion	Bring licensees, the public, OHA/OPS, and if necessary the Legislature together to pursue other funding options.	Doing nothing was not viable, but doubling fees would further harm businesses and clients.	606-622

2026-0981 587 10/02/2026

OPS Public Hearing - September 16, 2026

Transcript: OPS-Public-Hearing-English-Audio-Recording-9-16-26(1).txt

#	Rule / topic	Commenter	Type	Suggestion, objection, or request	Stated basis / concern	Transcript lines
37	License fees / equity	Kim Jensen	Objection	Reevaluate the proposed licensing fees.	The increases conflict with stated equity and access goals and would create a two-tiered system.	62-70
38	License fees / affordability	Sandy Jolly	Objection	Reject the proposed fee increase and protect meaningful affordability.	A client with substantial personal benefit testified that current services already require financial sacrifice and should not become limited to affluent people.	88-116
39	OPS budget and savings	Shelah Wind-Smith	Suggestion	Explain the increase in projected biennial spending, staffing reductions, eliminated expenses, consolidation savings, reduced licensee support, and added SB 303 costs.	Projected spending rose while staffing and direct support reportedly declined.	126-146
40	Reduced, graduated, and transitional fees	Shelah Wind-Smith	Objection / suggestion	Preserve reduced fees, adopt graduated fees based on operational scale, and phase increases or protect existing licensees during transition.	Disability limits client volume, while quadrupled fixed costs would impede scholarships and social-equity commitments.	138-146
41	Alternative funding and revenue	Shelah Wind-Smith	Suggestion	Consider contributions from training programs or other beneficiaries, compatible secondary revenue for service centers, and broader funding for public-purpose mandates and research.	The remaining licensees should not alone finance functions that serve broader purposes.	142-146
42	Core-program cost	Shelah Wind-Smith	Suggestion	Identify the cost of the core Measure 109 licensing, compliance, and public-safety program separately from later additions.	The correct fee cannot be determined without isolating the activity the license finances.	144-146
43	Program expenditures	Shasta Wynn	Suggestion	Provide a detailed accounting of prior expenditures and identify costs associated with administrative expansions beyond Measure 109.	She attributed part of the deficit to additional systems, interagency work, rulemaking, enforcement, and legal defense.	156-172
44	License fees	Shasta Wynn	Objection	Reject the fee increases and do not charge remaining licensees for disputed administrative expansions and litigation costs.	The fiscal statement acknowledged possible attrition, a deeper shortfall, and reduced access.	166-172

2026-0981 588 10/02/2026

#	Rule / topic	Commenter	Type	Suggestion, objection, or request	Stated basis / concern	Transcript lines
45	Fees and budget transparency	Sarah Miller	Objection / suggestion	Address the lack of financial and budget transparency and avoid increases that could make the interconnected program obsolete.	The current fee already produced poor return on investment and restricted client access.	198-208
46	Curriculum approval and change fee	Sarah Miller	Objection	Remove or revise written-approval requirements and the $500 nonrefundable curriculum-change fee.	The requirements impede continuous improvement and create administrative burdens for training programs and OPS.	210-220
47	Out-of-state training standards	Sarah Miller	Suggestion / objection	Apply equivalent standards if Colorado training programs qualify graduates for Oregon licensure, or explain the different treatment.	Oregon programs face increasingly stringent requirements while out-of-state programs may be accepted under different standards.	220-222
48	Frontline operational input	Sarah Miller	Suggestion	Have OPS staff engage directly with frontline operations before adding rules and unnecessary minutiae.	Operational observation would improve understanding of actual rule impacts.	210-218
49	Fees / transparency / right-sized regulation	Heidi Pendergast	Objection / suggestion	Halt the proposed increases until OHA provides budget transparency and right-sizes regulation to the program's safety profile.	Emerging research and program data indicated behavioral-health benefits and a strong safety record.	234-244
50	Fees / regulated-market participation	Mariah Moncada	Objection	Reconsider the fee and budget changes.	Higher costs could move trained people outside the regulated system, reduce safety safeguards and facilitator diversity, and worsen the deficit.	254-262
51	License fees / client access	Chris Solis	Objection / suggestion	Reconsider the increases and adopt a fee structure that keeps service centers viable and services accessible.	Current costs already create barriers that staff and facilitators cannot fully absorb.	268-290
52	License fees / veterans and affordability	Dr. Bonny Kober	Objection	Reject the proposed facilitator, service-center, and manufacturer fee increases.	Her reduced facilitator fee would quadruple, threatening a low-cost program serving veterans and financially disadvantaged clients.	298-322
53	Financial accountability	Dr. Bonny Kober	Suggestion	Provide a mathematical public accounting of how license-fee revenue has been used.	Accountability was necessary before imposing increases that could close centers, manufacturers, and facilitator practices.	314-322
54	RAC consideration and decision record	Andreas Met for Psilocybin Alliance	Objection / suggestion	Do not adopt the rules until OHA explains the treatment of RAC input, discloses the fee analysis, and demonstrates that the advisory process was substantive.	RAC warnings, alternatives, survey results, and an OHA scenario indicating a worse shortfall were not visibly reflected in the proposal.	332-356

2026-0981 589 10/02/2026

#	Rule / topic	Commenter	Type	Suggestion, objection, or request	Stated basis / concern	Transcript lines
55	License fees / market diversity	Eduardo Kaplan	Objection	Do not increase licensing costs.	Thin margins, federal tax treatment, and limited demand already threaten businesses; higher fees would worsen access, consolidation, and loss of practitioner diversity.	368-374
56	License fees / Native equity	Jaron Riddle	Objection	Do not maintain fee barriers that exclude Native and other lower-income practitioners from the regulated system.	The proposed renewal fee would consume a disproportionate share of average Native income and reduce representative participation.	386-408
57	License fees / veteran access	Joseph Churchville	Objection	Reject the fee increases.	A veteran and client testified that higher provider costs would worsen access to services he credited with saving his life.	444-458
58	License fees / agency responsiveness	Sophia Jordan Catalano	Objection / suggestion	Reject the fee increases and listen to and collaborate with frontline licensees and workers.	Operators reported that they could not absorb the increases and that closures would harm low-income clients.	466-486
59	License fees / client access	Mike Fowler	Objection	Do not increase costs and make services more broadly available.	Even a modest additional cost could have caused a client to forgo a treatment he found valuable.	494-510
60	Fees and reduced-fee programs	Kirstie Teasdale	Objection / suggestion	Reconsider fee increases and retain reduced-fee services and licenses.	A client testified that she could not have afforded services at a higher price.	524-532
61	Speech and religious freedom	Kirstie Teasdale	Objection	Reject rules that restrict licensees' speech or religious discussion concerning microdosing and related subjects.	She viewed the restrictions as inconsistent with community support and open discussion.	528-532
62	Statutory model and fee viability	Robert Allen	Suggestion / objection	Explain whether OHA intends to preserve the adult supervised-access model and whether it analyzed if fees make participation economically unviable.	Administrative sustainability without meaningful access could change the program's character without legislative action.	540-552
63	Rulemaking transparency and outreach	Sean Sweetman	Suggestion	Increase transparency and outreach to the general public about the rulemaking and opportunities to comment.	An Oregon voter learned of the hearings only through industry contacts.	562-576
64	Budget transparency	Jim Yu	Suggestion	Show the work behind the budget shortfall, added responsibilities, and expected consolidation effects.	Stakeholders could not evaluate fee increases without a transparent decision trail.	584-600
65	License categories and endorsements	Jim Yu	Suggestion	Expand regulated licenses or add endorsements for activities such as serving product or acting as a support person.	More participation pathways could create opportunity and revenue within the regulated system.	600-608

2026-0981 590 10/02/2026

#	Rule / topic	Commenter	Type	Suggestion, objection, or request	Stated basis / concern	Transcript lines
66	Fee moratorium and research	Jim Yu	Suggestion	Adopt a one-year moratorium on increases, study their effects, and disclose the results.	Immediate increases risk attrition and movement to unregulated markets.	596-614
67	Duration-based assessment	Jim Yu	Suggestion	Base any tax or assessment on minimum administration-session duration rather than milligrams.	Per-milligram structures can be worked around and may not reflect the required service burden.	606-614
68	Licensee speech restrictions	Michael Rhodes	Objection	Drop the proposed speech restrictions before adoption.	He argued that restrictions on truthful commercial, educational, and critical speech were overbroad and would create avoidable legal risk.	620-628
69	License fees / access	Jin Sol Fader	Objection	Reject the fee increase.	A single-parent facilitator and service-center representative testified that higher costs would ripple through already inaccessible services.	636-644
70	Collaborative legislative solution	Jason Lampman	Suggestion	Convene OHA, OPS, licensees, the public, and the Legislature to pursue a sustainable solution, including any available emergency mechanism.	OHA had not shown that the proposed increase would save the program, and the program required help before further attrition.	652-658

2026-0981 591 10/02/2026

Source-file key and verification note

OPS Public Hearing - September 15, 2026: OPS-Public-Hearing-English-Audio-Recording-9-15-26(1).txt

OPS Public Hearing - September 16, 2026: OPS-Public-Hearing-English-Audio-Recording-9-16-26(1).txt

Verification. Every row includes the physical line number or range in the corresponding supplied transcript. Readers should consult the cited passage for the participant's complete language and context. This index is not a certified transcript and does not replace the hearing recording or OHA's official record.

2026-0981 592 10/02/2026

Supplemental RAC Comment Index
Suggestions and Objections Raised During the 2026 Oregon Psilocybin Services Rules Advisory Committee Meetings

Neutral evidentiary compilation submitted for inclusion in the Oregon Health Authority rulemaking record

278 indexed RAC-member comments across four meetings

Purpose. This supplemental index preserves, in a single searchable table, every identified RAC-member comment in the four supplied transcripts that contained a proposed change, an objection, or express concurrence with a proposal or objection. It is submitted so OHA and the public can verify the breadth and specificity of the advice provided during the RAC process and locate the supporting transcript passages.

Relationship to prior submissions. This document is a supplemental evidentiary index only. It does not amend, replace, narrow, withdraw, or restate the separately filed submissions of Andreas Met or the Psilocybin Alliance. Those filings remain the authoritative statements of their respective positions. If any indexed RAC comment differs from a position stated in either filing, the separately filed submission controls as to that filer's position.

No adoption of attributed views. An entry means only that the identified RAC participant made the summarized suggestion, objection, or concurrence. Inclusion does not mean that Andreas Met or the Psilocybin Alliance adopts, endorses, or verifies every recommendation, rationale, factual assertion, or proposed remedy. Conflicting and minority viewpoints are included intentionally so the record reflects the full range of relevant RAC advice rather than a curated advocacy position.

Requested use. Please include this index in the rulemaking record as supplemental documentation of RAC feedback and use it when evaluating whether the final rules and accompanying fiscal, economic, small-business, and racial-equity analyses respond to the advice received. This request does not convert the indexed statements into positions of the submitter or of the Psilocybin Alliance.

Method. Each uninterrupted member comment is one row. Multiple requested edits made in the same uninterrupted comment remain together so context is not fragmented. Repeated objections by different members are retained because repetition is evidence of the breadth of concern. Minority and contrary views are also retained. Purely procedural remarks, neutral questions without a requested change, withdrawn comments, and praise unconnected to a requested action are excluded.

Source and speaker caution. The source transcripts were generated by automated transcription with speaker detection. Names were assigned from roll call, moderator recognition, and contextual self-identification. Obvious transcription errors were silently corrected in summaries. The transcript line locator is controlling if any summary or attribution is disputed.

2026-0981 593 10/02/2026

Requested agency accountability schedule

To make OHA's consideration of RAC advice visible and reviewable, please place in the rulemaking record a disposition schedule keyed to the numbered entries in this index. OHA may group materially identical comments, but each group should identify every covered item number. This is a request for a usable decision trail; it is not an assertion that a separate narrative response is legally required for every individual entry.

Requested field	Requested OHA entry
Covered item number(s)	Identify each index entry addressed, including all item numbers grouped together.
Disposition	State: accepted, accepted in part, rejected, deferred, or outside the scope of this rulemaking.
Material reason	Give the principal policy, legal, fiscal, operational, safety, or evidentiary reason for that disposition.
Evidence and analysis	Cite the data, model, study, staff analysis, or other record material relied upon; identify any material limitation or uncertainty.
Alternatives considered	For a rejected or partly accepted proposal, identify materially less burdensome alternatives evaluated and explain why they were not selected.
Impact-statement treatment	Identify where the final fiscal, economic, small-business, and racial-equity analyses account for the RAC concern, or explain why no change was made.
Record location	Provide the document title, date, page or section, and public record location supporting the agency's treatment.

Specific record requests. Please (1) confirm receipt and inclusion of this index in the rulemaking record; (2) identify the RAC or RACs on which OHA relies for its small-business consultation and show how the recommendations were considered under ORS 183.333(3)–(4); (3) reconcile final action with the August 14, 2026 financial analysis and any later model relied upon; (4) identify and disclose any material analysis relied upon but not available during the comment period; and (5) preserve the meeting audio, transcripts, this index, the requested disposition schedule, and the cited decisional materials as part of the rulemaking record. If OHA relies on new material information that commenters lacked a meaningful opportunity to address, please supplement the record and reopen comment before final action.

Meeting index

Meeting	Indexed comments
RAC-1 Training & Facilitation, Meeting 1 (July 6, 2026)	80
RAC-1 Training & Facilitation, Meeting 2 (July 7, 2026)	78
RAC-2 Products & Premises, Meeting 1 (July 7, 2026)	45
RAC-2 Products & Premises, Meeting 2 (July 9, 2026)	75

2026-0981 594 10/02/2026

RAC-1 Training & Facilitation, Meeting 1 (July 6, 2026)

Transcript: RAC-1-Training-Facilitation-Meeting-1-Audio-Recording-7-6-26.txt

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
1	Definitions - curriculum / practicum	Marcie Addy	Suggestion	Use “observation” alongside “practicum” throughout the rules.	Students are only observing; the terminology would be clearer and more accurate.	360-366
2	OAR 333-333-3010 - training-program application fee	Amy Charlesworth	Objection	Do not increase the fee in this section.	Affordability and access.	432-440
3	OAR 333-333-3010 - training-program application fee	Sam Chapman	Objection / concurrence	Supported Amy's opposition and urged members to place every fee objection on the record.	The public record should reflect the extent of opposition.	442-448
4	OAR 333-333-3010 - training-program application fee	Lisa Snyder	Objection	Opposed raising the fee.	Express objection for the record.	450-454
5	OAR 333-333-3010 - training-program application fee	Christina “Chris” Maxey	Objection / suggestion	Opposed the increase; suggested a fee lower than $500 and technical assistance for small programs.	The cost will be passed to students and reduce accessible training pathways.	456-464
6	OAR 333-333-3010 - training-program application fee	Jade Watkowski	Objection	Opposed doubling the fee.	The increase would constrict access and diversity among future facilitators.	468-472
7	OAR 333-333-3010 - training-program application fee	Jay Cusker	Objection / concurrence	Joined the objections to the fee increase.	Express concurrence.	476-478
8	OAR 333-333-3010 - training-program application fee	Marlon Hofer	Objection	Opposed the fee increase and requested a more explicit explanation of its basis in the impact statement.	Need for a transparent justification.	482-486
9	OAR 333-333-3010(5)(d) - evidence / investigations	Amy Charlesworth	Suggestion	Specify what constitutes appropriate “evidence.”	The proposed denial standard is vague.	488-493
10	OAR 333-333-3010(5)(d) - evidence / investigations	Lisa Snyder	Suggestion	Define “evidence” and give an example of what constitutes failure to produce it.	The standard is vague.	494-497
11	OAR 333-333-3010(5)(d) - evidence / investigations	Marcie Addy	Suggestion	Distinguish refusal to produce evidence from inability or failure to produce it; revise the language.	A program may be unable to produce evidence it does not possess.	498-504
12	OAR 333-333-3010(5)(d) - investigations	Anaka Morris	Suggestion	Clarify the evidence standard and allow discussion of culturally sacred items or sites when planning an investigation of a physical space.	Investigations should respect traditional or sacred practices.	508-513
13	OAR 333-333-3020 - practicum sites and supervisors	Amy Charlesworth	Objection / suggestion	Remove the requirement to specially identify practicum sites and supervisors; allow any licensed service center and licensed facilitator to host or supervise.	Existing licensure already establishes qualifications; extra designation is overregulation.	554-562

2026-0981 595 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
14	OAR 333-333-3020 - practicum sites and supervisors	Christina “Chris” Maxey	Concurrence	Supported Amy’s proposal for less restrictive practicum access.	Express concurrence.	566-568
15	OAR 333-333-3020 - practicum-site identification	Marcie Addy	Suggestion	Do not require a new program to identify a fixed practicum site at initial application; require reporting after arrangements are finalized.	New programs may not yet have long-term relationships with sites.	570-576
16	OAR 333-333-3020 - practicum-site identification	Anne Hamilton	Objection / concurrence	Opposed onerous site restrictions and supported greater flexibility.	Dwindling service centers could create a practicum bottleneck.	580-586
17	OAR 333-333-3020 - practicum-site identification	Lisa Snyder	Objection / concurrence	Supported the preceding objections to added site requirements.	The requirements add logistical complications.	588-590
18	OAR 333-333-3020 - practicum-site identification	Allison Greco	Suggestion	Reconsider the requirements and identify the problem they are intended to solve.	They may worsen an existing site bottleneck and impede access.	594-598
19	Practicum-site access	Amy Charlesworth	Suggestion	Instead of mandatory registration, add an optional service-center checkbox or directory showing willingness to host practicums.	This would help students find sites without creating another mandate.	602-609
20	Practicum-supervisor qualifications	Anaka Morris	Suggestion	Define supervisor qualifications with attention to experience and pathways for traditional practitioners.	Traditional knowledge should be able to qualify a person for supervisory roles.	610-618
21	Practicum location	Anne Hamilton	Suggestion	Allow Oregon-compliant practicums in other states and internationally.	Geographic flexibility could relieve bottlenecks and attract training programs.	620-624
22	Practicum location	Amy Charlesworth	Concurrence / suggestion	Supported out-of-state and international practicums, including in Indigenous settings.	Such experience advances inclusion and traditional knowledge.	626-630
23	Practicum affiliation	Julian Jaramillo Munoz	Suggestion	Do not require a service center to be affiliated with a specific school; permit qualified facilitators at licensed centers to offer opportunities to students.	The earlier, more flexible approach allowed more practicum access.	634-640
24	Practicum administration	Marcie Addy	Mixed objection / suggestion	Keep training programs responsible for practicums, but let students complete practicum through a different approved program than their didactic program.	Service centers lack approved curriculum, but cross-program flexibility would expand access.	642-650
25	Practicum location	Marlon Hofer	Objection	Opposed allowing Oregon practicum requirements to be completed outside Oregon.	Students should learn and demonstrate compliance in the jurisdiction where they will be licensed.	654-658

2026-0981 596 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
26	Practicum location	Jade Watkowski	Suggestion	Permit a capped portion of hours outside Oregon while requiring most direct hours in Oregon.	This balances Oregon-rule competency with broader cultural and professional learning.	660-664
27	Practicum location	Anne Hamilton	Suggestion	Preserve broad geographic flexibility for practicums.	It would keep Oregon attractive to national programs and stakeholders.	668-674
28	Practicum administration and location	Lisa Snyder	Suggestion	Keep training programs in charge but allow practicums in other regulated states such as Colorado.	The program needs immediate flexibility and clearer rules.	676-680
29	Practicum providers	Julian Jaramillo Munoz	Suggestion	Allow suitably experienced facilitators to offer practicums without operating or affiliating with a training center.	Some highly qualified facilitators cannot sustainably operate a school.	682-690
30	OAR 333-333-3030 - curriculum-change fee / practicum sites	Amy Charlesworth	Objection	Opposed the $500 curriculum-change fee and repeated the objection to mandatory practicum-site identification.	Added costs and regulation reduce access.	726-730
31	OAR 333-333-3030 - “material changes”	Jade Watkowski	Suggestion	Define “material changes” narrowly or remove the provision.	Programs should not be penalized for routine updates or improvements.	732-738
32	OAR 333-333-3030 - “material changes”	Marcie Addy	Suggestion	Clarify which curriculum changes trigger notice, approval, and a fee.	The current cross-reference does not tell program directors what must be reported.	740-750
33	OAR 333-333-3030 - curriculum review	Lisa Snyder	Suggestion	Add a guaranteed agency response timeline.	Programs need predictable timing to plan offerings and communicate with students.	754-760
34	OAR 333-333-3030 - curriculum improvements	Jade Watkowski	Objection / suggestion	Do not impose a punitive fee on curriculum improvement; encourage added crisis-response and post-session safety training.	Better training could reduce hospitalization and risk.	764-774
35	OAR 333-333-3030 - curriculum improvements	Christina “Chris” Maxey	Concurrence	Supported Jade's concern and opposed unnecessary restrictions on improved behavioral-health content.	Training should respond to mental-health needs.	776-779
36	OAR 333-333-3030(7) - change fee at renewal	Amy Charlesworth	Suggestion	Delete the rule applying the $500 fee at renewal; at minimum, allow programs to bundle changes into renewal without an extra fee.	The renewal fee should cover review of accumulated changes.	782-790
37	OAR 333-333-3030(7) - change fee at renewal	Allison Greco	Suggestion	Charge only for off-cycle changes, not changes submitted with renewal.	The rule should encourage scheduled continuous improvement.	792-802
38	OAR 333-333-3030 - $500 change fee	Sam Chapman	Objection	Opposed the nonrefundable change fee.	It appears designed primarily to generate revenue.	804-810
39	OAR 333-333-3030(8) - 10-business-day notice	Marcie Addy	Suggestion	Identify the event that starts the 10-business-day clock.	It is unclear whether notice runs from discussion, agreement, confirmation, or the event itself.	834-848

2026-0981 597 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
40	Practicum model	Amy Charlesworth	Suggestion	Allow practicums outside the school-controlled model.	Experienced facilitators may be more qualified than new programs.	850-856
41	OAR 333-333-3035 - renewal fee	Marcie Addy	Objection	Opposed doubling a curriculum renewal fee when no material changes occurred.	An unchanged renewal should require little review.	870-878
42	OAR 333-333-3035 - renewal fee	Amy Charlesworth	Objection / suggestion	Remove the increase, keep the fee affordable, or eliminate it.	Costs flow to clients and undermine access.	882-888
43	OAR 333-333-3035 - renewal fee	Sam Chapman	Objection	Opposed the increase and the annualized fee structure generally.	Unchanged curricula were previously approved for longer periods.	890-896
44	OAR 333-333-3035 - renewal fee	Lisa Snyder	Objection	Opposed the fee increase.	Express objection for the record.	898-900
45	OAR 333-333-3035(2) - “promptly” provide information	Marcie Addy	Suggestion	Define “promptly” and specify what additional information may be required.	The open-ended standard is subjective.	904-908
46	OAR 333-333-3035(2) - “promptly” provide information	Allison Greco	Suggestion	Add a concrete example or deadline.	“Promptly” is vague and could operate as a trap.	912-918
47	OAR 333-333-3035 - 60-day timely-renewal standard	Amy Charlesworth	Objection / suggestion	Remove the 60-day timeliness condition or make it the actual expiration deadline.	An application submitted before expiration should remain timely.	920-923
48	OAR 333-333-3040 - class-delivery recordkeeping	Lisa Snyder	Objection	Questioned the need to record online versus in-person delivery and distinguished that from synchronous versus asynchronous delivery.	The proposed distinction may not match the actual compliance issue.	930-940
49	OAR 333-333-3040 - class-delivery recordkeeping	Amy Charlesworth	Objection	Strike the added online/in-person recordkeeping requirement.	It is unnecessary, intrusive, and could impair accessible online training.	946-956
50	Core curriculum - suicidality and post-session crisis response	Jade Watkowski	Suggestion	Give suicidality and post-session crisis response distinct and adequate curriculum treatment.	The topic is buried among other content and may receive insufficient time.	964-1004
51	OAR 333-333-3070 - remote practicum components	Marcie Addy	Suggestion	Allow synchronous remote preparation and integration observations to count toward practicum.	These are authentic parts of client service, especially for out-of-state clients.	1022-1050
52	OAR 333-333-3070 - direct practice	Allison Greco	Objection / suggestion	Either permit genuine supervised hands-on practice or restore flexible remote/alternative observation methods; correct the term “direct practice.”	In-person observation alone increases burden without improving competency.	1054-1070
53	OAR 333-333-3070 - practicum requirements	Anne Hamilton	Suggestion	Define “direct practice,” state how the 40 hours are allocated, and recognize remote preparation and integration.	The current requirements are unclear and do not mirror real practice.	1072-1080

2026-0981 598 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
54	OAR 333-333-3070 - practicum experience	Amy Charlesworth	Suggestion	Permit supervised hands-on experience and restore alternative/remote practicum credit.	Observation alone does not prepare facilitators; preparation and integration often occur remotely.	1084-1104
55	OAR 333-333-3070 - practicum experience	Lisa Snyder	Objection / suggestion	Reject observation-only practicum and permit supervised practice.	Students otherwise enter the field without practicing core skills.	1106-1114
56	OAR 333-333-3070 - practicum progression	Anaka Morris	Suggestion	Create an observation phase followed by supervised assisting/practice, using a relationship-based readiness model rather than hours alone.	Traditional and other professional training models progress from watching to doing.	1118-1142
57	OAR 333-333-3070 - practicum experience	Christina “Chris” Maxey	Suggestion	Require meaningful hands-on practice.	Graduates report feeling unprepared and fear causing harm.	1144-1152
58	OAR 333-333-3070 - supervised practice	Jade Watkowski	Suggestion	Allow supervised practice with lower-risk clients or lower doses.	Risk stratification could make hands-on learning safer.	1156-1166
59	OAR 333-333-3070 - group practicums	Anne Hamilton	Objection / suggestion	Redesign observation-only group practicums to be more relational and give students an appropriate role.	Passive observers can create problematic power dynamics and client discomfort.	1170-1174
60	Practicum licensing	Marcie Addy	Suggestion	Consider a statutory training-license model like Colorado's.	It would allow supervised practice and competency-based completion.	1176-1192
61	OAR 333-333-3070 - alternative practicum	Amy Charlesworth	Suggestion	Restore the deleted alternative-practicum provision and avoid framing all psilocybin use as mental-health treatment.	Clients seek services for many reasons; alternative pathways remove barriers.	1208-1213
62	Practicum licensing	Lisa Snyder	Suggestion	Create a training or apprenticeship license without adding excessive cost.	A practice-stage credential could align supervised work with statutory limits.	1214-1220
63	OAR 333-333-3070 - alternative practicum	Allison Greco	Suggestion	If hands-on practice requires statutory change, restore remote and other alternative observation options in rule.	The draft increases rigor without increasing educational value.	1224-1230
64	OAR 333-333-3070 - alternative practicum	Christina “Chris” Maxey	Suggestion / objection	Restore alternative practicum options and avoid creating another fee-bearing license unless necessary.	Additional licensing could become another revenue barrier.	1232-1238
65	OAR 333-333-3070 - participant credit	Anaka Morris	Suggestion	Increase or add practicum credit for students participating in administration sessions.	Experiencing the participant role is central to traditional training.	1240-1256
66	Continuing facilitator education	Amy Charlesworth	Objection	Remove the requirement that education be approved by a professional licensing body.	It excludes affordable, traditional, international, and nonclinical learning.	1284-1302

2026-0981 599 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
67	Continuing facilitator education	Anne Hamilton	Suggestion	Insert “or” for clarity and ensure qualifying bodies include non-health professions such as state bars.	The provision should clearly reach all relevant professional credentialing organizations.	1336-1339
68	Continuing facilitator education	Amy Charlesworth	Objection	Maintained her objection after OHA's clarification.	Many facilitators are not dual-licensed and learn through traditional systems.	1348-1352
69	Continuing facilitator education	Lisa Snyder	Suggestion	Create a directory or submission process for known qualifying CE offerings.	Facilitators are confused about where to obtain compliant education.	1354-1366
70	Out-of-state training reciprocity	Marcie Addy	Suggestion	Specify that Colorado applicants must complete both didactic training and practicum.	A didactic certificate alone should not bypass Oregon’s practicum requirement.	1388-1400
71	Out-of-state training reciprocity	Amy Charlesworth	Suggestion	Keep the rule open to future states and fast-track programs already approved in Oregon when they seek approval elsewhere.	Other states are developing programs.	1402-1417
72	Out-of-state training reciprocity	Lisa Snyder	Concurrence / suggestion	Supported reciprocity and urged OHA to preserve a pathway for future states.	The Colorado-specific text should not become a dead end.	1420-1428
73	OAR 333-333-4010 - forms	Marlon Hofer	Suggestion	Create one comprehensive forms webpage.	A one-stop location would reduce confusion.	1442-1445
74	OAR 333-333-4060 - all license fees	Sam Chapman	Objection	Asked the RAC to record collective opposition to all proposed license-fee changes.	To document the breadth of opposition.	1456-1466
75	OAR 333-333-4060 - fees and reduced fees	Amy Charlesworth	Objection / suggestion	Reject doubled fees and restore reduced fees, including for veterans, low-income applicants, and other qualifying groups.	The proposal would close businesses, reduce representation, and conflict with equity goals.	1470-1500
76	OAR 333-333-4060 - license fees	Lisa Snyder	Objection	Strongly opposed the fee increases.	They may push the legal program underground or end it.	1508-1510
77	OAR 333-333-4060 - license fees	Marcie Addy	Objection	Opposed the increases and urged realistic attrition/revenue modeling.	Higher prices may reduce applicants enough to lower total revenue and expand underground activity.	1512-1528
78	OAR 333-333-4060 - license fees	Christina “Chris” Maxey	Objection / suggestion	Opposed the increases; suggested lower fees and volume growth, and requested an economic-impact analysis.	Costs already keep prospective facilitators and clients out.	1530-1548
79	OAR 333-333-4060 - license fees	Jade Watkowski	Objection	Opposed doubling fees.	The proposal would deepen economic gatekeeping and related mental-health harms.	1550-1554
80	Fee justification / impact statement	Marlon Hofer	Suggestion	Disclose a meaningful budget breakdown, including administrative and legal-cost shares.	The RAC needs to understand why doubling is asserted to be necessary.	1578-1590

2026-0981 600 10/02/2026

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

Transcript: RAC-1-Training-Facilitation-Meeting-2-Audio-Recording-7-7-26.txt

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
81	OAR 333-333-4060 - license fees	Anne Hamilton	Objection / suggestion	Opposed the magnitude of the increase and urged Oregon to remain competitive with Colorado.	The increase would end affordable cancer-patient retreats in Oregon.	52-62
82	OAR 333-333-4060 - license fees	Allison Greco	Objection	Opposed the amount of the increase and elimination of lower fees.	It could be the program's "death knell."	104-114
83	OAR 333-333-4060 - license fees	Sam Chapman	Objection	Characterized the increases as egregious, burdensome, and potentially fatal to the program.	The program's safety and efficacy record supports investment rather than contraction.	118-142
84	OAR 333-333-4060 - fees / reduced fees	Amy Charlesworth	Objection / alternative	Opposed doubling and eliminating reduced fees; suggested a conventional incremental increase such as 10% and urged OHA to meet the social-equity standard it imposes on licensees.	The proposal conflicts with required equity plans and would restrict services to wealthy clients.	150-168
85	OAR 333-333-4070 - practicum-supervisor worker permit	Amy Charlesworth	Objection	Strike the worker-permit requirement for practicum supervisors and avoid duplicate permits and background checks.	Supervisors do not necessarily work for or handle product at the service center.	180-184, 204-212
86	OAR 333-333-4070 - practicum-supervisor worker permit	Marcie Addy	Objection	Opposed requiring a service-center worker permit for a school's practicum supervisor.	The supervisor is responsible to the educational program, not employed by the center.	186-198
87	OAR 333-333-4070 - practicum-supervisor worker permit	Lisa Snyder	Concurrence	Supported Marcie's objection.	Express concurrence.	200-202
88	Criminal-record-check instructions	Amy Charlesworth	Suggestion	Retain or add a clear public location for required forms and instructions rather than relying on undefined "form and manner."	Applicants need to know where to find the process.	220-232
89	OAR 333-333-4250 - renewal deficiencies	Amy Charlesworth	Suggestion	Add an explicit extension-request process for construction, permitting, and similar delays.	The discretionary "may" language does not tell applicants how to seek relief.	320-328
90	Client Rights and Responsibilities - conduct	Amy Charlesworth	Objection / partial support	Remove sexual-words/actions and disruption restrictions during administration; retain privacy/confidentiality.	Clients may be unable to control trauma-related expression while under psilocybin.	352-370
91	Client Rights and Responsibilities - conduct	Marcie Addy	Suggestion	Delete, soften, or limit the specific conduct rules; retain privacy/confidentiality.	Rigid expectations may inhibit a client's journey.	372-382

2026-0981 601 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
92	Client Rights and Responsibilities - conduct	Jade Watkowski	Suggestion	Remove or narrowly qualify sexual-expression language; retain dignity, privacy, and confidentiality protections.	Punishing expression during a vulnerable state may be non-trauma-informed.	386-392
93	Client Rights and Responsibilities - conduct	Lisa Snyder	Suggestion	Retain dignity, nonthreatening conduct, privacy, and possibly nondisruption; strike unrealistic behavioral controls.	Clients cannot fully control expression during administration.	394-400
94	Client Rights and Responsibilities - conduct	Sam Chapman	Objection	Do not add the responsibilities section.	It is duplicative and a solution in search of a problem.	406-408
95	Client Rights and Responsibilities - timing	Allison Greco	Suggestion	Distinguish expectations while sober (preparation/integration) from conduct during administration.	Consent and ordinary conduct expectations should not govern involuntary journey expression.	412-428
96	Client Rights and Responsibilities - timing	Marcie Addy	Concurrence / suggestion	Apply the conduct expectations to preparation and integration, not administration.	This preserves the useful concept while recognizing altered-state realities.	430-436
97	Client setting requests / facilitator continuity	Amy Charlesworth	Suggestion	Support client-requested setting changes; add express allowance for reasonable facilitator breaks with coverage.	Long sessions may require restroom, food, medical, or pumping breaks.	450-468
98	Client setting requests in groups	Julian Jaramillo Munoz	Suggestion	Preserve facilitator flexibility in group sessions rather than treating one person's preference as controlling the whole setting.	Individual needs and group needs can conflict.	472-504
99	Client setting requests in groups	Anne Hamilton	Objection	Do not impose individual-session setting rules on groups; rely on facilitator judgment.	The rules could create stress and poor decisions in group settings.	508-514
100	Client right to request setting changes	Marlon Hofer	Suggestion	Clarify that a client has a right to request, not an automatic right to have the request granted.	The response must depend on facilitator and group needs.	516-522
101	Client right to request setting changes	Jade Watkowski	Suggestion	Use “reasonable changes for the individual” and contemplate individualized sensory accommodations.	The whole group should not be forced to change for one person.	524-530
102	Client disruption language	Lisa Snyder	Suggestion	Replace “avoid disrupting” with “avoid directing or attempting to direct another client's participation.”	This targets controlling behavior rather than involuntary expression.	532-534
103	Client Rights and Responsibilities - specificity	Sam Chapman	Objection	Remove unnecessary and unenforceable detail and rely on trained facilitators.	Excessive specificity signals distrust and creates cost.	536-542
104	OAR 333-333-4930 - renewal demographics	Sam Chapman	Suggestion	For renewals, permit a checkbox that no demographic information has changed.	Avoid redundant full-form completion.	562-580

2026-0981 602 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
105	OAR 333-333-4930 - demographic-form deadline	Marcie Addy	Suggestion	If demographic information is submitted separately, specify a deadline.	The consequence of closing an application requires a clear timeframe.	598-603
106	OAR 333-333-5000 - transportation plan	Marlon Hofer	Suggestion	Clarify that the client completes the transportation plan and the facilitator verifies it.	The draft can be read as requiring the facilitator to author the plan.	626-629
107	OAR 333-333-5070 - practicum students as support persons	Marcie Addy	Objection	Although consistent with observation-only rules, opposed the underlying policy that students cannot take a support role.	The practicum model itself is too restrictive.	670-674
108	OAR 333-333-5070 - practicum students as support persons	Julian Jaramillo Munoz	Suggestion	Allow practicum students to act as client support persons.	Students should have a meaningful role.	678-679
109	OAR 333-333-5070 - practicum students as support persons	Amy Charlesworth	Objection / suggestion	Strike the prohibition and let the client choose a practicum student as support person.	The experience should remain client-directed.	680-686
110	OAR 333-333-5070 - practicum students as support persons	Anne Hamilton	Suggestion	Rethink observation-only roles and give students a relational, client-serving function.	Passive observation can feel intrusive to clients.	688-698
111	OAR 333-333-5070 - practicum students as support persons	Lisa Snyder	Suggestion	Allow practicum students to be client support persons.	It creates a legitimate learning avenue.	702-706
112	OAR 333-333-5070 - interpreters	Jade Watkowski	Suggestion	Allow a student who speaks the client's language to serve as interpreter/support person.	Human connection is more trauma-informed than barring the student from helping.	708-714
113	OAR 333-333-5070 - client direction	Amy Charlesworth	Objection	Opposed state micromanagement of who may be in the room and in what role.	The client and facilitator should curate the support team.	716-726
114	OAR 333-333-5120 - location / unregulated activity	Anne Hamilton	Suggestion	Create reasonable accommodations allowing services where a person with disabilities or chemotherapy-related transportation intolerance can safely remain.	Travel immediately after a session can cause serious distress.	736-742
115	OAR 333-333-5120(15)-(16) - prohibited conduct	Amy Charlesworth	Objection	Strike both provisions, especially the ban on recommending non-service-center locations.	It chills lawful out-of-state referrals, harm reduction, and safety guidance.	746-760
116	OAR 333-333-5120(16) - harm reduction	Jade Watkowski	Suggestion	Add an explicit educational and harm-reduction safe harbor.	Clients may otherwise seek less reliable information.	762-768
117	OAR 333-333-5120(16) - prohibited conduct	Marcie Addy	Support / contrary view	Supported an explicit prohibition on encouraging illegal conduct, while noting the existing harm-reduction language.	Complaints show that some facilitators do encourage home cultivation or illegal activity.	772-786

2026-0981 603 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
118	OAR 333-333-5120(16) - client conversations	Marlon Hofer	Suggestion	Clarify that neutral conversations about options, including microdosing in other jurisdictions, are permitted.	The rule may impede ordinary safety conversations.	790-797
119	OAR 333-333-5120(16) - lawful out-of-state referrals	Amy Charlesworth	Suggestion	Revise the service-center-location language to permit referrals to lawful programs in other countries or jurisdictions.	The current text appears to ban legal referrals and chills harm reduction.	800-814
120	OAR 333-333-5120(16) - wording	Marcie Addy	Suggestion	Use clearer wording that limits the prohibition to conduct illegal under Oregon law in Oregon.	The draft can be misread as reaching lawful activity elsewhere.	816-830
121	OAR 333-333-5120(16) - religious exercise	Amy Charlesworth	Suggestion	Add a safe harbor for information and referrals concerning lawful RFRA-protected religious organizations.	Facilitators should be able to discuss sincerely held religious access.	840-852
122	OAR 333-333-5200 - music / breathwork providers	Amy Charlesworth	Objection	Do not require performers or breathwork/yoga providers to hold facilitator licenses or worker permits.	They do not handle product and traditional ceremonies often separate these roles.	886-902
123	OAR 333-333-5200 - music providers	Jade Watkowski	Suggestion	If no worker permit is required, use some proportionate background-screening safeguard.	Clients are vulnerable during administration.	906-912
124	OAR 333-333-5200 - music / breathwork	Sam Chapman	Objection	Strike the section and revert to the original rules.	No documented safety basis supports the restrictions.	914-922
125	OAR 333-333-5200 - worker-permit language	Marcie Addy	Objection	Remove redundant and unnecessarily restrictive performer/worker-permit language.	Service-center representatives already require permits.	926-938
126	OAR 333-333-5200 - cumulative burden	Sam Chapman	Objection	Reject unsupported requirements that add many small costs.	The cumulative burden raises costs for clients, operators, and enforcement.	942-946
127	OAR 333-333-5200 - client consent / performer permits	Amy Charlesworth	Objection	Do not create another consent form; remove prior-consent language if ordinary preparation consent is enough, and do not require performers to obtain permits.	The facilitator can manage informed consent and supervise performers.	952-968
128	OAR 333-333-5200 - scope of regulation	Julian Jaramillo Munoz	Suggestion	Regulate only minimum safety requirements and leave ceremonial roles and styles flexible.	Traditional practices vary substantially.	972-980
129	OAR 333-333-5200(8) - “non-directive” music	Jade Watkowski	Objection	Remove the requirement that music and audiovisual material be “non-directive.”	The state should not prescribe an unclear category of music.	982-992
130	OAR 333-333-5200(8) - “non-directive” music	Marcie Addy	Objection	Opposed the “non-directive” standard.	Music inherently influences or directs energy, so the term is not meaningful.	996-1004

2026-0981 604 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
131	OAR 333-333-5200 - music regulation	Amy Charlesworth	Objection	Remove state regulation of music and leave choices to clients and facilitators.	Music is cultural, religious, traditional, and not itself a safety hazard.	1006-1024
132	OAR 333-333-5200 - guided versus nonguided facilitation	Julian Jaramillo Munoz	Suggestion	Emphasize consent, sensitivity, and continuous verbal/nonverbal feedback rather than trying to define guided versus nonguided facilitation.	All facilitation influences experience, and appropriate approaches vary by person and occasion.	1028-1042
133	OAR 333-333-5200 - “directed” music	Amy Charlesworth	Objection	Strike “directed/non-directed” language and trust facilitator expertise.	First-time clients commonly need advice on music and setting.	1046-1062
134	OAR 333-333-5230 - group ratios / dose brackets	Julian Jaramillo Munoz	Suggestion	Make the middle bracket include 35 mg and start the next bracket above 35 mg.	Available package sizes commonly end in multiples of five.	1080-1094
135	OAR 333-333-5230 - group ratios / dose brackets	Marcie Addy	Suggestion	Use consistent inclusive/exclusive bracket language and whole-number thresholds.	The current pattern is inconsistent and drives 34.9 mg packaging.	1096-1106
136	OAR 333-333-5230 - group ratios / dose brackets	Lisa Snyder	Concurrence	Supported whole-number, inclusive thresholds.	They better match manufacturer package sizes.	1110-1113
137	OAR 333-333-5230 - numeric precision	Marlon Hofer	Suggestion	Match dose thresholds to the decimal precision used in packaging rules.	This avoids artificial 34.9/35.1 workarounds.	1116-1126
138	OAR 333-333-5230 - group ratios / dose brackets	Amy Charlesworth	Concurrence / suggestion	Use whole amounts and align the language across brackets.	This simplifies client use, weighing, reporting, and manufacturing.	1130-1138
139	OAR 333-333-5240 - 50 mg cap	Julian Jaramillo Munoz	Suggestion	Raise or revise the 50 mg cap.	Some medications and individual factors blunt effects even at 50 mg.	1150-1168
140	OAR 333-333-5240 - 50 mg cap	Amy Charlesworth	Suggestion	Permit facilitator judgment up to 100 mg.	Some clients vomit much of an initial dose or experience blunting.	1176-1180
141	OAR 333-333-5240 - 50 mg cap	Sam Chapman	Suggestion	Revisit the cap using newer safety/outcomes evidence for clients taking SSRIs.	The clinical trials used for the original limit excluded such clients.	1182-1186
142	Impact statement - stated flexibility	Jade Watkowski	Suggestion	Replace categorical “increase flexibility” language with “intends to increase.”	The outcome is not guaranteed.	1232-1233
143	Impact statement - risk of program failure	Anne Hamilton	Suggestion	State that the fee increases may shut down the program.	The risk is central to the actual impact.	1228-1230
144	Impact statement - wording and certainty	Christina “Chris” Maxey	Suggestion	Use “intends to provide” flexibility and replace “likely” impact with “will” impact.	The draft overstates benefits and understates predictable harm.	1258-1262
145	Impact statement - reduced fees	Jade Watkowski	Suggestion	State an intention to reinstate reduced fees when funding permits.	This would preserve an equity objective rather than treating elimination as permanent.	1268-1274

2026-0981 605 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
146	Impact statement - state behavioral-health goals	Sam Chapman	Suggestion	Describe how contraction of psilocybin services may impair statewide behavioral-health and equity goals.	The program contributes to outcomes even if not tracked alongside other modalities.	1282-1289
147	Impact statement - trained versus licensed facilitators	Jay Cusker	Suggestion	Include data comparing training-program graduates with those who actually obtain licenses.	Current fees may deter graduates from licensure.	1290-1293
148	Impact statement - service-center investment	Marcie Addy	Suggestion	Include service centers' sunk buildout costs and lease exposure.	Closures can destroy tens or hundreds of thousands of dollars in investment.	1296-1304
149	Impact statement - total investment	Anne Hamilton	Suggestion	Quantify good-faith private investment in the program and the losses if it collapses.	The economic impact extends beyond current annual fees.	1308-1311
150	Impact statement - public-health consequences	Jade Watkowski	Suggestion	Include potential increases in unsupervised use, co-use, psychosis risk, and hospitalization.	Loss of regulated access can create downstream behavioral-health costs.	1314-1320
151	Impact statement - tipping point	Allison Greco	Suggestion	State explicitly that the program is at a sustainability tipping point and may fail.	The current wording does not convey the magnitude of systemic risk.	1324-1332
152	Impact statement - program achievements	Sam Chapman	Suggestion	Add participation, safety, efficacy, and outcome data showing what the program has achieved.	Decision-makers need the value proposition as well as the crisis narrative.	1334-1352
153	Impact statement - Oregon leadership	Anne Hamilton	Concurrence / suggestion	Highlight Oregon's leadership, safety record, and emerging cancer-survivorship evidence.	The program has generated benefits worth preserving.	1360-1365
154	Impact statement - program redesign	Christina "Chris" Maxey	Suggestion	Address how the Measure 109 structure can be improved, not only preserved.	Leadership requires learning from what has not worked.	1368-1374
155	Impact statement - research infrastructure	Amy Charlesworth	Suggestion	Include harm to OHSU and other ongoing research and data-collection investments.	Attrition will reduce enrollment and jeopardize already-funded studies.	1376-1392
156	Impact statement - offsetting-benefits paragraphs	Marlon Hofer	Objection	Remove or revise paragraphs that imply minor flexibility offsets the fee harm.	The fee increase remains overwhelmingly detrimental.	1402-1410
157	Fiscal-impact analysis	Sam Chapman	Suggestion	Conduct a real economic-impact analysis and collaborate with stakeholders who can provide data.	The effects are quantifiable and would inform whether the rules solve or worsen the problem.	1442-1460
158	Fiscal-impact analysis - individual workers	Amy Charlesworth	Suggestion	Add a separate impact category for individual facilitators and workers, not only small businesses.	Service-center closures can end careers and force relocation.	1476-1490

2026-0981 606 10/02/2026

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

Transcript: RAC-2-Products-Premises-Meeting-1-Audio-Recording-7-7-26.txt

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
159	OAR 333-333-2010 - manufacturer prohibited conduct	Sam Gross	Suggestion	Add explicit protection for neutral harm-reduction education.	Licensees should be able to give safety information about disclosed outside use.	298-304
160	OAR 333-333-2010 - “promoting” unregulated activity	Gary Braceland	Suggestion	Define “promoting” and add a harm-reduction safe harbor.	The draft could chill warnings about unsafe internet or black-market products.	334-346
161	OAR 333-333-2010 - harm reduction	Mariah Moncada	Suggestion	Expressly allow harm-reduction conversations and distribution of third-party safety material.	Such communication is necessary and ethical.	348-358
162	OAR 333-333-2320 - “whole fungi”	Larry Lombard	Suggestion	Use a modifier or otherwise make clear which fungi are covered.	Rules should not rely on assumptions.	460-464
163	OAR 333-333-2320 - low-dose standard	Josh Goldstein	Suggestion	Use a 2.5 mg total psilocybin equivalent (TPE) standard.	A single TPE threshold would simplify the rule.	468-506
164	OAR 333-333-2320 - labeling / transition	Courtney Campbell	Suggestion	Clarify whether existing inventory must be relabeled; preferably let the service center/facilitator determine eligibility from existing test values.	Avoid retroactive relabeling and added manufacturer work.	510-516
165	OAR 333-333-2320 - low-dose designation	Gary Braceland	Objection / suggestion	Remove the new low-dose structure or use TPE instead of a 4:1 ratio.	The rule overcomplicates very low doses and may drive clients to untested products.	520-532, 570-592
166	OAR 333-333-2320 - ratio / package cap	Sam Gross	Suggestion	If retained, use a ratio closer to 3:1; preferably use TPE and a per-serving rather than per-package cap.	A 4:1 cutoff may fail many products and small-package requirements inflate cost.	536-548
167	OAR 333-333-2320 - low-dose standard	Mariah Moncada	Suggestion	Use 2.5 mg TPE for low-dose products while continuing OPS reporting in psilocybin analyte.	This better matches the client’s total psychoactive exposure without rebuilding the reporting system.	558-566
168	OAR 333-333-2320 - low-dose standard	Josh Goldstein	Suggestion	Use TPE and allow tested, homogenized fungi products that meet the threshold.	The approach would be simpler and more inclusive of product forms.	596-604
169	OAR 333-333-2320 - low-dose designation	Mariah Moncada	Suggestion	Remove the “may/may not be used” designation and let facilitators read the values on the package.	This reduces unnecessary administrative work.	624-632
170	OAR 333-333-5250 - minimum duration	Sam Gross	Suggestion	Use TPE to avoid two complicated low-dose pathways.	A single metric would simplify the duration rule.	658-660
171	OAR 333-333-5250 - minimum duration	Gary Braceland	Concurrence / suggestion	Use TPE while retaining analyte entry in OPS systems.	This avoids costly system changes and simplifies rules.	662-666

2026-0981 607 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
172	OAR 333-333-5250 - minimum duration	Mariah Moncada	Suggestion	Base the 30-minute/one-hour thresholds on 2.5 mg TPE.	Facilitators can verify the existing label value.	668-676
173	OAR 333-333-7040 - laboratory designation	Josh Goldstein	Objection / suggestion	Use TPE and eliminate the additional low-dose calculation/designation.	The separate calculation would be unnecessary.	688-690
174	OAR 333-333-7040 - label visibility	Mariah Moncada	Suggestion	If using TPE, require manufacturers to highlight the 2.5 mg value rather than create another designation.	Clear presentation is easier than new administrative steps.	692-696
175	OAR 333-333-7040 - laboratory designation	Gary Braceland	Concurrence	Agreed TPE would make the rule unnecessary.	Express concurrence.	700-702
176	OAR 333-333-2400 - label	Gary Braceland	Suggestion	Use TPE consistently in low-dose provisions as well as labels.	Harmonized terminology would simplify compliance.	754-764
177	OAR 333-333-2400 - label	Mariah Moncada	Suggestion	Make the 2.5 mg TPE status visually prominent on the label.	Facilitators need an immediately visible cue.	764-766
178	OAR 333-333-2410 - product information document	Mimi Solem	Objection / concern	Avoid additional manufacturer administrative work for low-dose designations.	Cumulative administrative burden raises costs.	792-795
179	OAR 333-333-2410 - product information document	Gary Braceland	Concurrence / suggestion	Use TPE as described in prior comments.	Consistency and simplicity.	800-803
180	OAR 333-333-4060 - license fees	Sam Gross	Objection	Reject the increases; incorporate licensee attrition and death-spiral effects into revenue projections.	His survey projected severe nonrenewal and lower, not higher, total revenue.	818-852
181	OAR 333-333-4060 - license fees	Josh Goldstein	Objection / alternative	Reject doubling and explore alternatives such as a small per-session fee spread across use.	Higher fixed fees cause attrition and conflict with equity.	856-868
182	OAR 333-333-4060 - fee structure	Kelly Thomas	Suggestion	Use progressive tiers based on revenue, entity size, or client volume; consider installments, quarterly payments, or partnerships.	A flat doubled fee is regressive.	870-890
183	OAR 333-333-4060 - fees / funding	Gary Braceland	Objection / alternatives	Reject doubling; expand lawful access and tax revenue, explore other state funds, and disclose merger savings and program costs.	The proposal reduces access, drives unregulated use, and accelerates a death spiral.	894-932
184	OAR 333-333-4060 - program funding	Dr. Tyler Browning	Suggestion	Work with community expertise to find other funding and reduce rules while preserving safety.	The current burden is unsustainable.	936-943
185	OAR 333-333-4060 - budget / regulatory scope	Courtney Campbell	Suggestion	Provide full budget transparency and conduct a rule-by-rule review to remove unnecessary regulation.	Cumulative additions raise both OPS and operator costs despite a strong safety record.	946-972

2026-0981 608 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
186	OAR 333-333-4060 - alternative funding	Josh Goldstein	Suggestion	Explore cannabis-treatment funds and legislative or rule changes classifying regulated psilocybin services as behavioral-health/addiction support.	The claim that fee increases are the only option is too narrow.	998-1026
187	OAR 333-333-4060 - fees / equity	Mariah Moncada	Objection	Reject the current plan and disclose how the fee numbers and attrition assumptions were developed.	The proposal undermines licensee and client equity and may eliminate the program.	1036-1048
188	OAR 333-333-4060 - process	Mimi Solem	Suggestion	Use open, collaborative problem-solving rather than presenting fee increases as fixed.	The community may identify a viable alternative.	1054-1058
189	OAR 333-333-4060 - license fees	Gary Braceland	Alternative	If an increase is unavoidable, consider 10%-20% rather than doubling and pursue other funds.	Private businesses cannot simply double prices without losing customers.	1060-1084
190	Program funding	Jeanette Romero Christensen	Suggestion	Investigate Oregon Opioid Settlement funds, Veterans Affairs, nonprofits, and related funding sources.	Other programs may support treatment and veteran access.	1086-1096
191	Oregon Psilocybin Advisory Board composition	Sam Gross	Suggestion	Add a small-business representative to the Board.	Business-impact expertise appears to be missing.	1100-1110
192	Program funding / insurance	Gary Braceland	Suggestion	Pursue OHP, Medicaid, Medicare, and commercial insurance coverage.	Third-party reimbursement would increase program revenue and access.	1112-1117
193	OAR 333-333-4070 - worker permit fee	Sam Gross	Objection	Do not increase the worker permit from $25 to $200.	Service centers need a flexible pool of occasional workers.	1138-1146
194	OAR 333-333-4070 - worker permit fee	Gary Braceland	Objection	Opposed the $200 fee while supporting felony-reporting and supervisor-permit concepts.	The increase is disproportionate and burdens part-time staffing.	1148-1164
195	OAR 333-333-4070 - worker permit fee	Courtney Campbell	Objection	Opposed the increase.	It would shrink flexible staffing rosters and burden operations.	1168-1173
196	OAR 333-333-4070 - worker permit fee	Mariah Moncada	Objection	Opposed the escalating annual permit cost.	It illustrates the program's cumulative fee spiral.	1176-1184
197	OAR 333-333-4280 - surrender of worker permits	Josh Goldstein	Objection	Simplify or remove the surrender process for worker permits.	Workers have no practical incentive to surrender rather than allow expiration.	1242-1248
198	OAR 333-333-4310 - temporary uses	Josh Goldstein	Objection	Scrap the rule.	It creates bureaucracy without an identified safety problem.	1274-1324
199	OAR 333-333-4310 - temporary uses	Mimi Solem	Objection / suggestion	Remove or substantially revise the rule; if retained, define “adequate and complete,” provide a checklist, and establish response timing.	Uncertain approval can prevent revenue-producing uses of expensive premises.	1326-1342

2026-0981 609 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
200	OAR 333-333-4310 - temporary uses	Sam Gross	Concurrence	Supported removal/minimization and urged minimal paperwork.	Reviewing routine events wastes both service-center and OPS resources.	1344-1348
201	OAR 333-333-4310 - temporary uses	Courtney Campbell	Objection / suggestion	Scrap the rule; at minimum remove the representative, hours, and alcohol restrictions for out-of-service premises.	Security rules already protect product and the restrictions erase rental revenue.	1350-1372
202	OAR 333-333-4310 - temporary uses / subletting	Gary Braceland	Suggestion	Strike or simplify the rule; define covered uses; allow alcohol at out-of-service events and allow compatible tenants such as counselors or acupuncturists.	The restrictions are unclear and excessive.	1374-1402
203	OAR 333-333-4310 - notice	Mariah Moncada	Suggestion	Remove the event-notice requirement; if retained, provide a checklist.	Most events are compliant and should not trigger needless process.	1406-1418

2026-0981 610 10/02/2026

RAC-2 Products & Premises, Meeting 2 (July 9, 2026)

Transcript: RAC-2-Products-Premises-Meeting-2-Audio-Recording-7-9-26.txt

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
204	OAR 333-333-4310 - temporary uses	Gary Braceland	Suggestion	If retained, define the rule with examples such as open houses and informational meetings.	The boundary between regulated and unregulated events is unclear.	32-42
205	OAR 333-333-4310 - temporary uses	Josh Goldstein	Objection	Remove most of the rule.	It appears to solve a problem that does not exist.	44-48
206	OAR 333-333-4310 - approval criteria	Michael Eng	Suggestion	State objective criteria for allowable temporary uses and approval.	A notice-and-wait process is unpredictable without standards.	50-56
207	OAR 333-333-4310 - administrative burden	Mimi Solem	Objection	Avoid adding administrative work for service centers, OHA, and manufacturers.	Fee increases already make adequate staffing difficult.	60-64
208	OAR 333-333-4310 - alcohol	Gary Braceland	Suggestion	Permit alcohol at informational events when the premises is out of service.	The service-center risk rationale does not apply in the same way.	68-71
209	OAR 333-333-4310 - cumulative cost	Courtney Campbell	Objection	Remove unnecessary event administration.	Many small requirements collectively increase program cost.	74-78
210	OAR 333-333-4310 - examples / completeness	Mimi Solem	Suggestion	Define “adequate and complete” and give more examples of events that do not require notice or response.	Specificity would reduce unnecessary filings and questions.	80-90
211	OAR 333-333-4310 - staff meetings	Gary Braceland	Objection	Do not regulate ordinary staff meetings as temporary uses.	That would be clear overreach.	92-98
212	OAR 333-333-4480(12) - harm reduction	Josh Goldstein	Suggestion	Clarify expressly that harm-reduction advice and education are allowed.	The fact-specific “promotion” test leaves microdosing guidance uncertain.	136-158
213	OAR 333-333-4480(15) - refusal / nondiscrimination	Michael Eng	Suggestion	Clarify the interaction with nondiscrimination law.	The rule may otherwise require legal consultation to understand compliance.	160-166
214	OAR 333-333-4480(10),(12),(14)	Courtney Campbell	Objection / suggestions	Delete subsection 12 across license types; define “any other purpose” in subsection 10; delete or specify subsection 14.	Vagueness chills harm reduction and creates unnecessary liability.	170-194
215	OAR 333-333-4480(10),(12),(14)	Gary Braceland	Suggestion	Define client packaging, “promotion,” and the added exterior-safety duty; preserve harm reduction and avoid duplicating other codes.	The provisions are vague or redundant.	196-214
216	OAR 333-333-4480(12) - harm reduction	Mariah Moncada	Suggestion	Add explicit harm-reduction wording and clearer standards.	Fear of discipline may cause licensees to withhold safety help.	234-246

2026-0981 611 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
217	OAR 333-333-4910 - reporting burden	Courtney Campbell	Suggestion	Future legislative reporting mandates should include funding for service-center staff time.	Collecting and reporting additional data costs operators time and money.	378-384
218	OAR 333-333-4930 - demographic data	Gary Braceland	Suggestion	Preserve opt-outs and be cautious about expanding sensitive-data reporting.	Applicants may reasonably fear disclosure in the current environment.	396-404
219	OAR 333-333-4930 - demographic data	Larry Lombard	Suggestion	State the opt-out expressly in rule; revise “must/shall” if needed.	The current text reads as compulsory disclosure.	406-420, 434-438
220	OAR 333-333-4930 - demographic data	Mariah Moncada	Suggestion	Clarify that submission of the form is mandatory but answering each question is optional.	Clear drafting reduces fear and follow-up questions.	424-426
221	OAR 333-333-4930 - demographic data	Gary Braceland	Concurrence / suggestion	Add rule text explaining that the form remains required even when the applicant opts out of answers.	The current rule contains no opt-out language.	430-432
222	OAR 333-333-4930 - demographic data	Michael Eng	Suggestion	Distinguish the duty to submit the form from any duty to answer each demographic question.	The current wording suggests every answer is mandatory.	446-450
223	OAR 333-333-6030 - laboratory prohibited conduct	Sam Gross	Suggestion	Protect lawful laboratory business lines involving equipment used for legal mushroom cultivation.	A broad rule could remove legitimate revenue from the sole lab.	462-466
224	OAR 333-333-6030 - spores / home cultivation	Gary Braceland	Objection / statutory suggestion	Do not overreach into legal spore commerce; pursue statutory reform allowing regulated home cultivation and low-dose access.	Licensed entities bear high fees while unlicensed commerce continues.	472-502, 524-532
225	OAR 333-333-6030 - laboratory prohibited conduct	Courtney Campbell	Objection	Remove the rule.	It adds burden and uncertain harm-reduction boundaries for the sole laboratory.	506-515
226	OAR 333-333-6030 - speech restriction	Michael Eng	Objection	Reconsider the restriction in light of First Amendment concerns concerning legal spores.	Barring discussion of lawful items may be unconstitutional.	518-522
227	OAR 333-333-6030 - spores	Mariah Moncada	Suggestion	Remove spores from the prohibition or narrow the language.	Spores are lawfully sold for microscopy, and the sole laboratory should not face ambiguous risk.	534-542
228	OAR 333-333-6100 - third-party advertising	Michael Eng	Suggestion	Make clear that liability attaches only to influencers or advertisers actually directed, authorized, paid, or contracted by the licensee.	Independent social-media activity should not create licensee liability.	590-600
229	OAR 333-333-6100 - unlicensed advertising	Gary Braceland	Suggestion	Address people advertising as though licensed when they are not.	Misrepresentation by unlicensed providers is a larger concern than ordinary agency work.	602-605

2026-0981 612 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
230	OAR 333-333-6150 - inspection attendance	Courtney Campbell	Objection	Retain the option for a licensee representative to attend an inspection.	A knowledgeable manager may be better positioned and emergencies can prevent the owner's attendance.	612-624, 646-650
231	OAR 333-333-6150 - inspection attendance	Kelly Thomas	Suggestion	Allow a mutually agreed representative or designee.	Personal attendance by the licensee is unnecessary.	628-630
232	OAR 333-333-6150 - inspection findings	Michael Eng	Suggestion	Allow a representative to attend and communicate findings through formal written inspection documentation.	Written notice provides reliable accountability.	632-636
233	OAR 333-333-6150 - inspection attendance	Mimi Solem	Objection	Do not require the founder/licensee personally when capable staff can conduct the inspection.	The requirement is unnecessary.	640-644
234	OAR 333-333-6150 - inspection attendance	Larry Lombard	Suggestion	Use “licensee or written designee.”	A documented designee is an easy, accountable solution.	652-655
235	OAR 333-333-7020 - products older than one year	Gary Braceland	Objection	Do not require destruction absent evidence of unsafe degradation; account for inventory and waste costs.	No rigorous evidence supports the one-year cutoff.	686-690, 712-718, 768-774
236	OAR 333-333-7020 - expiration tracking	Courtney Campbell	Suggestion	Provide product-tracking notification of approaching mandatory destruction.	Service centers may hold many product lines.	692-700
237	OAR 333-333-7020 - expiration tracking	Mariah Moncada	Suggestion	List the laboratory test date in product tracking.	Operators need a practical way to monitor the one-year date.	702-734
238	OAR 333-333-7020 - retesting / destruction	Kelly Thomas	Suggestion	Allow retesting and destroy only if the product fails.	Automatic destruction appears excessive without evidence of harm.	752-766
239	OAR 333-333-7020 - inventory burden	Courtney Campbell	Objection	Do not impose the one-year destruction/inventory requirement without supporting science.	Reviewing every certificate would materially increase inventory labor.	776-778
240	Product transportation - receptacles	Gary Braceland	Suggestion	Define “receptacle” and clarify whether an outer tote containing labeled inner boxes also needs a UIN.	Operators need an unambiguous labeling rule.	826-844, 866-878
241	Product-tracking-user training	Mariah Moncada	Suggestion	Specify the required training, its location, and the documentation form.	The new attestation lacks implementation detail.	852-864
242	Product-tracking-user training	Gary Braceland	Suggestion	Clarify whether “form” means a document or merely a prescribed process.	No actual form currently exists.	866-878
243	Product-tracking-user training	Courtney Campbell	Objection	Remove the vague new attestation/documentation rule and rely on businesses to train users.	Businesses already bear consequences for tracking errors.	880-894
244	OAR 333-333-8210 - final reconciliation	Steve Jetter	Suggestion	Limit the provision to licenses that are expiring without renewal.	As drafted, it could apply to every license at annual rollover.	904-914

2026-0981 613 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
245	Impact statement - “program sustainability”	Josh Goldstein	Objection	Remove or revise the claim that fee increases maintain sustainability.	The RAC's attrition evidence indicates the opposite.	936-942
246	Impact statement - “program sustainability”	Sam Gross	Objection	Revise the premise that increased fees are a viable sustainability measure.	His survey projected nearly $600,000 in annual revenue loss.	944-950
247	Impact statement - access / equity / sustainability	Mariah Moncada	Objection	Rewrite the opening paragraph to reflect the proposal’s adverse effects.	Claims of access, equity, and sustainability conflict with the fee provisions.	952-957
248	Impact statement - opening paragraph	Gary Braceland	Objection	Remove or revise the current wording.	It assumes fee increases are needed despite conflict with health, safety, and access goals.	958-962
249	Impact statement - legislative remedy	Larry Lombard	Suggestion	Acknowledge the need for stakeholder legislative advocacy if statutory funding limits are the barrier.	The paragraph otherwise implies the program is functioning well.	964-970
250	Impact statement - equity / hardship	Kelly Thomas	Objection	Do not describe the rules as equitable or sustainable after deleting hardship reductions.	The text conflicts with the substance.	976-980
251	Impact statement - accuracy	Courtney Campbell	Objection	Delete claims that this table's rules increase flexibility or client safety.	None of the reviewed changes did so.	982-992
252	Impact statement - short-term fee strategy	Gary Braceland	Objection	Do not present fee increases as the only sustainable option.	They may be reversed legislatively and are inconsistent with program goals.	994-1002
253	Impact statement - opening summary	Mariah Moncada	Suggestion	Make the opening statement continuous with and grounded in the serious impacts discussed later.	The current framing bypasses the actual harm.	1006-1009
254	Impact statement - evidence	Sam Gross	Suggestion	Conduct an official licensee survey and include numerical results.	The equity analysis is generic without data.	1028-1032
255	Impact statement - offsetting benefits	Josh Goldstein	Objection	Remove or substantiate the claimed positive/flexibility impacts.	They were not evident in the Products & Premises rules.	1034-1044
256	Impact statement - offsetting benefits	Gary Braceland	Objection	Do not claim flexibility or positive impact without evidence.	The stated negative equity effect reinforces the access conflict.	1046-1050
257	Impact statement - licensee feedback	Courtney Campbell	Objection	Remove claims that the rules address licensee concerns and acknowledge failures in incorporating repeated industry feedback.	The rulemaking record does not match operators’ recurring concerns.	1052-1056
258	Impact statement - internal contradiction	Michael Eng	Objection	Reconcile the claim that rules implement the Act with the admission that they undermine the Act’s goals.	The juxtaposition is misleading.	1058-1064

2026-0981 614 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
259	Impact statement - placement of harm	Mariah Moncada	Suggestion	Reflect harms in the opening paragraph because first and last statements are most memorable.	The negative impact should not be buried.	1068-1071
260	Facilitator-market conditions	Gary Braceland	Suggestion	Consider a moratorium on new facilitator licenses while service-center capacity is inadequate.	Training continues despite few viable places to practice.	1082-1088
261	Training-program disclosures / system access	Michael Eng	Suggestion	Require candid career-outcome disclosures and give trainees access to the tracking system or training environment.	Students need to understand costs, duties, and likelihood of practice before paying for training.	1090-1094
262	Graduate-to-license tracking	Gary Braceland	Suggestion	Track training completion against actual licensure and require transparency about employment prospects.	Some graduates remain unlicensed and represent themselves misleadingly.	1095-1099
263	Impact statement - underground activity	Mariah Moncada	Suggestion	State explicitly that unaffordable licensure may push trained people into unregulated practice.	This removes testing, premises, and other safety supports.	1102-1108
264	Impact statement - music as offsetting benefit	Courtney Campbell	Objection	Do not portray partial relaxation of a recent overreaching music restriction as a major positive offset.	Removing part of an unnecessary rule does not balance the fee harm.	1122-1134
265	Impact statement - flexibility versus equity	Kelly Thomas	Objection	Do not claim minor flexibility offsets quadrupled costs for hardship populations.	The comparison conflicts with statutory affordability goals.	1140-1148
266	Impact statement - priorities	Gary Braceland	Objection	Do not rely on unseen music changes as an offset; prioritize program viability first.	The program needs a healthy market before marginal refinements.	1150-1156
267	Impact statement - “some degree” offset	Sam Gross	Objection	Remove the claim that benefits offset harms “to some degree.”	If fees trigger a death spiral, the offset is effectively zero.	1160-1163
268	Impact statement - safety/cost claim	Gary Braceland	Objection	Remove the claim that OPS avoided unnecessary cost while promoting safety.	The proposals increase cost and may drive people to less safe unregulated use.	1164-1170
269	Impact statement - “unnecessary” costs	Michael Eng	Suggestion	Delete or revise “unnecessary” in the claim that costs were avoided.	The RAC disputes that the chosen approach is the only or least-burdensome one.	1184-1193
270	Impact statement - attempted balance	Courtney Campbell	Objection	Do not state that OPS successfully avoided unnecessary costs.	The rules create costs likely to be passed to clients.	1194-1202
271	Impact statement - proportionality	Mariah Moncada	Suggestion	State that benefits are minor and harms are large rather than presenting them as balanced.	The current narrative minimizes the proposal’s impact.	1204-1210
272	Impact statement - prior overregulation	Gary Braceland	Objection	Do not count removal of the 24-hour and music restrictions as offsets.	Those restrictions should not have existed.	1216-1222

2026-0981 615 10/02/2026

#	Rule / topic	RAC member	Type	Suggestion or objection	Stated basis / concern	Transcript lines
273	Fiscal-impact statement - less restrictive rules	Courtney Campbell	Objection	State that less restrictive rules can lower cost and improve public health rather than presuming higher safety risk.	The program's safety record supports deregulation.	1240-1247
274	Fiscal-impact statement - fee design	Kelly Thomas	Suggestion	Use a progressive rather than flat fee structure.	The proposal hits small and equity-oriented operators hardest.	1248-1264
275	Fiscal-impact statement - safety framing	Mariah Moncada	Suggestion	Remove or revise language implying less regulation creates significant safety risk, and acknowledge underground-use risk from high costs.	The regulated program has a strong safety record.	1268-1275
276	Fiscal-impact statement - other funding	Gary Braceland	Objection	Remove the claim that no other subsidy or funding avenue exists.	Other state programs may contain sufficient funds.	1278-1281
277	Cost-of-compliance statement - spillovers	Mariah Moncada	Suggestion	Include impacts on nearby small businesses and tourism when fewer clients travel to Oregon.	Service-center visitors support surrounding commercial districts.	1304-1310
278	Cost-of-compliance statement - small business	Gary Braceland	Suggestion	Assess Oregon's broader small-business climate and quantify the substantial costs promptly.	The psilocybin sector amplifies statewide regulatory burdens.	1312-1320

2026-0981 616 10/02/2026

Source-file key and verification note

RAC-1 Training & Facilitation, Meeting 1 (July 6, 2026): RAC-1-Training-Facilitation-Meeting-1-Audio-Recording-7-6-26.txt

RAC-1 Training & Facilitation, Meeting 2 (July 7, 2026): RAC-1-Training-Facilitation-Meeting-2-Audio-Recording-7-7-26.txt

RAC-2 Products & Premises, Meeting 1 (July 7, 2026): RAC-2-Products-Premises-Meeting-1-Audio-Recording-7-7-26.txt

RAC-2 Products & Premises, Meeting 2 (July 9, 2026): RAC-2-Products-Premises-Meeting-2-Audio-Recording-7-9-26.txt

Verification. Every row includes the physical line number or line range in the corresponding supplied transcript. Where one uninterrupted comment addressed two noncontiguous passages after a brief moderator exchange, both ranges are listed. Readers should consult the cited transcript passage for the complete language and context.

2026-0981 617 10/02/2026

From: Shelah
To: Public Health Rules
Subject: Formal comment for proposed rule changes 2026
Date: Sunday, September 20, 2026 12:34:23 PM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Please accept the attached document as my formal written public comment regarding the 2026 Oregon Psilocybin Services proposed rules, including the proposed licensing fee increases and elimination of reduced licensing fees.

I am submitting these comments both individually as an Oregon-licensed psilocybin facilitator and on behalf of Ripple Journeywork LLC, an Oregon-licensed psilocybin service center.

Please include the attached comment in the official rulemaking record. The document also contains a request for postponement pursuant to ORS 183.335(4) and specific requests for the financial, economic, and small-business impact information underlying the proposed fee changes.

Please confirm receipt of this comment.

Thank you,

Shelah

My name is Shelah Wind-Smith. I am an Oregon-licensed psilocybin facilitator and owner of Ripple Journeywork, a licensed service center in Eugene. I've been involved the majority of the time this program has existed.

I care deeply about this work and the future of Oregon's psilocybin program. I want this to survive.

But before we debate whether licensees can afford these proposed fees, OHA needs to answer a more fundamental question:

Why does this program now cost $8.5 million per biennium to operate?

Actual OPS expenditures in 2023–25 were approximately $5.47 million. Projected expenditures for 2025–27 are approximately $8.53 million. That's an increase of roughly 56 percent.

At the same time, OHA says staffing was reduced from 23 FTE to 17 and more than $600,000 in expenses were eliminated. OPS has also now been consolidated with the Medical Marijuana Program.

Where are those savings?

And what are licensees actually getting for dramatically higher fees?

OHA recently notified us that, **"Due to capacity issues, we are no longer able to host lunch forums with licensees."**

So direct access and support are being reduced because of capacity issues while projected spending is increasing by 56 percent.

Meanwhile, service centers have become unpaid data collectors under SB 303, and OHA itself identifies implementation of SB 303 as a program cost driver.

Oregon cannot keep **bolting new responsibilities onto a shrinking program and then conclude that the people who remain simply need to pay more.**

And everyone should be asking another question: **What interests are driving the legislation and rule changes that keep adding those responsibilities?**

Outside organizations have every right to advocate for policy. But when those policies create new mandates and implementation costs, licensees deserve transparency about who proposed them, what they cost, who benefits from them, and who is ultimately expected to pay for them.

Licensees cannot be the default funding source for every new mandate, data requirement, policy initiative or rule change added after we built our businesses around the framework Oregon established.

For me, eliminating reduced fees means my facilitator license goes from $1,000 to $4,000 and my service center from $5,000 to $20,000.

I qualify for reduced fees because I am disabled. My disability limits how many clients I can morally and realistically serve. Lower-volume practitioners cannot simply absorb higher fixed costs by serving more clients.

OHA also requires licensees to maintain Social Equity Plans. At Ripple Journeywork approximately 35 percent of our clients have needed scholarships or reduced pricing.

If OHA quadruples our licensing costs, those dollars have to come from somewhere. If fees increase, the **cost of complying with this program materially interferes with our ability to fulfill the Social Equity Plan the program itself requires us to maintain.**

There is also a basic issue of fairness.

We did not enter this program expecting to get rich. But after committing enormous amounts of money, time and labor to building these businesses, we deserve a reasonable opportunity to recover our startup costs and earn a livable income.

You cannot ask small businesses to make those commitments under one set of expectations and then move the goalposts this dramatically after the businesses have already been built. I am not backed by corporate interests and riskied my lifes savings to participate in something I care deeply about.

I'm not asking OHA to operate without adequate funding. I'm asking OHA to address the underlying cost structure before transferring it to licensees. Please consider a moratorium on fee hikes and working with stakeholders to implement new ballot measures. One idea is we could request Orgonians contribute a few bucks a year at tax time, to keep our program funded for the betterment of public health and safety.

I urge you to maintain your own social equity plan by preserving reduced fees. Consider graduated fees based on operational scale. If there is an increase provide transition protections or phased increases for existing licensees. Evaluate whether approved training programs (who stand to make the highest profit) and other beneficiaries should contribute more. Expand compatible secondary revenue opportunities for service centers. And find broader funding sources for mandates serving broader public purposes.

Most importantly, show us what the **core licensing, compliance and public-safety program actually costs**, separately from everything that has been bolted onto it since.

Because doubling a fee does not double revenue if the people paying it disappear.

I can personally say that if these fee hikes happen, this will be my last year as a service center operator and facilitator. I am a single operator with no investors or backing. I simply cannot afford it. Along with losing my career, I will be financially devastated, as I didn't have anple time to recover my start up investment. If I would have known this was going to happen, I wouldn't have opened a service center in the first place, how is this in any way fair?

Sincerely,

Shelah Wind-Smith

Sent from Proton Mail for Android.

Warmly,
Shelah

Sent from Proton Mail for Android.

From: Andreas Met
To: Public Health Rules
Cc: Sweet Jesse I; Allbee Angela E; OHA Directors Office
Subject: Fw: 2026 OPS Proposed Rules — Clarification Request and ORS 183.335(4) Postponement Request
Date: Monday, September 21, 2026 5:57:30 AM
Attachments: Request_for_Postponement_Under_ORS_183_335_4_Sept_1_2026.docx
Request_for_Clarification_and_Correction_Sept_1_2026.docx

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Mr. Sweet:

I am following up for a second time concerning the two submissions I emailed to OHA on September 1, 2026:

1. Request for Clarification and Correction of the September 1, 2026 Notice of Proposed Rulemaking; and

2. Request for Postponement Under ORS 183.335(4).

I followed up on September 10 because OHA had neither confirmed receipt nor provided a substantive response. I still have not received a response addressing either submission.

Because the public-comment period closes today, September 21, please provide written confirmation that:

1. both September 1 submissions, my September 10 follow-up, and this correspondence have been included in the official rulemaking record;

2. OHA recognizes and will implement my timely request under ORS 183.335(4);

3. OHA has identified the date on which it otherwise intended to take final action and the resulting postponed date; and

4. OHA will provide a substantive response to the Request for Clarification and Correction while I still have an opportunity to submit the additional data, views, and arguments contemplated by ORS 183.335(4).

If OHA contends that the postponement request is deficient, inapplicable, denied, or already satisfied, please state OHA's position and the basis for that position in writing. Silence does not tell me whether OHA received the request, entered it into the record, or intends to comply with it.

Please respond as soon as practicable. I am copying the OHA Director's Office because the request invokes a statutory rulemaking procedure, has now gone unanswered since September 1, and the ordinary public-comment period closes today.

For convenience, I have reattached/forwarded the two September 1 submissions. This follow-up does not withdraw, narrow, replace, or waive any part of those submissions or my right to provide additional materials during the postponement period.

Thank you,

Andreas Met

ANDREAS MET
Founder
Satya Therapeutics
c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA
e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com
Calendly - Andreas Met

From: Andreas Met <andreas@satyatherapeutics.com>
Sent: Thursday, September 10, 2026 9:57 AM
To: Public Health Rules <publichealth.rules@odhsoha.oregon.gov>
Subject: Fw: 2026 OPS Proposed Rules — Clarification Request and ORS 183.335(4) Postponement Request

Dear Mr. Sweet:

I am following up on my September 1, 2026 email submitting:

1. Request for Clarification and Correction of September 1, 2026 Notice of Proposed Rulemaking; and
2. Request for Postponement Under ORS 183.335(4).

I have not yet received confirmation or a substantive response.

Please confirm that both submissions have been received and included in the rulemaking record. I would also appreciate a response to the postponement request and clarification

2026-0981 622 10/02/2026

request as soon as practicable, particularly given the pending public comment period and upcoming public hearings.

Thank you,

Andreas Met

ANDREAS MET
Founder
Satya Therapeutics

c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA
e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com
Calendly - Andreas Met

From: Andreas Met <andreas@satyatherapeutics.com>
Sent: Tuesday, September 1, 2026 10:04 AM
To: publichealth.rules@odhsoha.oregon.gov <publichealth.rules@odhsoha.oregon.gov>
Cc: Jesse.I.Sweet@oha.oregon.gov <Jesse.I.Sweet@oha.oregon.gov>; Allbee Angela E <angela.e.allbee@oha.oregon.gov>
Subject: 2026 OPS Proposed Rules — Clarification Request and ORS 183.335(4) Postponement Request

Dear Mr. Sweet:

Attached are two submissions concerning OHA's September 1, 2026 proposed amendments to OAR chapter 333, division 333:

1. **Request for Clarification and Correction of September 1, 2026 Notice of Proposed Rulemaking**
2. **Request for Postponement Under ORS 183.335(4)**

Please treat the Request for Clarification and Correction as written comment in the pending rulemaking and include both submissions in the rulemaking record.

Pursuant to ORS 183.335(4), I am requesting that OHA postpone the date of its intended action on the proposed rules by 30 days from the date on which OHA otherwise intends to

2026-0981 623 10/02/2026

take that action, so that I have an opportunity to submit additional data, views, and arguments concerning the proposed action.

I would appreciate written confirmation that both submissions have been received and confirmation of how OHA will implement the requested postponement.

I have copied Oregon Psilocybin Services Section Manager Angie Allbee for her information.

Thank you,

Andreas Met

ANDREAS MET
Founder
Satya Therapeutics

c. +1 (541) 930-2478
a. 638 N. Main Street, Ashland Oregon, 97520 USA
e. andreas@satyatherapeutics.com
w. www.satyatherapeutics.com
Calendly - Andreas Met

To: publichealth.rules@odhsoha.oregon.gov

Subject: PUBLIC COMMENT: Formal Opposition to Proposed Psilocybin Licensing Fee Increases (OPS 2026 Annual Rule making)

Attention: Oregon Health Authority (OHA) / Oregon Psilocybin Services

Regarding: Proposed Rule Changes for Psilocybin Licensing Fees

To the Members of the Oregon Health Authority,

I am writing to submit my formal opposition to the proposed rule changes regarding psilocybin licensing fees. These changes seek to double the annual facilitator licensing fees from $2,000 to $4,000, spike worker permit fees by 700%, and eliminate the 50% discount for military veterans and low-income applicants.

When Oregon's legal psilocybin framework was announced, it completely changed my life. I knew instantly that my career would be dedicated to this regulated path to healing. Driven by that conviction, I was one of the very first to complete training and become a licensed facilitator in this state.

As a pioneer on the front lines of this historic framework, I am voicing a dark reality that many of us are forced to conclude: these extortionate fee increases are not a simple budgetary oversight. This is a calculated, bureaucratic move to render dedicated facilitators economically non-viable and quietly dissolve Oregon's psilocybin industry from the inside out.

I know how public comment deadlines operate. I am under no illusion that my words will automatically change your minds. There is a profound, exhausting fear among providers that our written testimonies are treated as a mere administrative formality. But I am submitting this to create a paper trail. The OHA's own August 14 revenue analysis explicitly acknowledges that increasing these fees will reduce the overall number of licensees and precipitate an unsustainable decline in our professional workforce. As stated in the Oregon Health Authority Notice of Proposed Rulemaking for OAR Chapter 333, Division 333, filed August 26, 2026: "OPS expects that an increase in licensing fees may reduce the overall number of licensees and create a more significant program budget shortfall."

When Oregon voters passed Measure 109, they voted for a safe, accessible, and regulated public health framework. They did not vote for a gate kept, hollowed-out, inaccessible system. By enacting policies that drive out the very professionals who keep this program running, you are actively sabotaging the democratic will of the people of Oregon. You are consciously proposing a strategy that your own math proves will destroy this historic framework.

The people reaching out to me carry an overwhelming weight of severe trauma, navigating debilitating anxiety, and profound depression daily. Merely summoning the

strength to step forward, navigate the societal stigma, and seek out this journey is already an immense, exhausting hurdle for them to clear. Yet, when they do, the meaningful outcomes are undeniable. I have seen firsthand how this work changes people's entire lives in a single six-hour session. I have watched individuals arrive broken, only to leave deeply motivated, emotionally recharged, and given a genuine second chance at life. This framework allows clients to reclaim their confidence, rediscover their autonomy, and fundamentally learn to trust themselves again. My firsthand clinical observations are strongly supported by data; an OHSU study published on August 19, 2026, revealed that 91.5% of participants experienced profound benefits, showing sustained decreases in depression, anxiety, and PTSD symptoms.

Right now, the clients who are able to access this care are already predominantly white and middle- to upper-class. If you pass these fee hikes and eliminate the equity discounts, you will permanently choke out accessibility. You will completely price communities of color and marginalized minorities out of a life-changing opportunity that was explicitly promised to everyone.

Look at the structural barriers these numbers exacerbate for those of us trying to keep care accessible. Personally, I invested $10,000 into my facilitator training just to provide safe and ethical care. I face countless hidden overhead expenses just to remain operational, such as essential website infrastructure, marketing, and ongoing professional costs. I consciously structure my business to offer a $450 cost to the facilitator—one of the lowest rates in our state—specifically to fight the current economic reality and protect vulnerable clients.

By doubling my licensing overhead overnight, you force me to choose between absorbing an impossible financial hit, or pricing out the very people who fought through their suffering just to ask for this opportunity. Over a third of Oregon's licensed service centers have already shut down. This reckless framework will forcefully alienate desperate clients and ethical facilitators, unintentionally destabilizing the regulated system and strengthening unregulated alternatives.

If your goal is to quietly kill Measure 109 by making it financially unviable, then proceed with these fee hikes. But if you care even a fraction about public health, equity, or the democratic will of Oregon voters, you must reject this proposal. Maintain the equity discounts, protect your facilitators, and stop the destruction of this industry.

Respectfully,

Aubrey Giordana MSW
Licensed Psilocybin Facilitator

2026-0981 626 10/02/2026

From: Brianna Love Wasson
To: Public Health Rules
Subject: Fwd: Public Comment: Opposing Increased Fees for Oregon Psilocybin Services
Date: Monday, September 21, 2026 3:29:59 PM

You don't often get email from barmstrong4570@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

---------- Forwarded message ---------
From: **Brianna Love** <barmstrong4570@gmail.com>
Date: Mon, Sep 21, 2026 at 2:55 PM
Subject: Public Comment: Opposing Increased Fees for Oregon Psilocybin Services
To: <health.rules@odhsa.oregon.gov>
CC: Brianna Love <wasson.briannalove@gmail.com>

Dear Oregon Health Authority and Oregon Psilocybin Services,

I am writing to respectfully but strongly oppose increasing fees within Oregon's regulated psilocybin services program.

As an Oregon-licensed psilocybin facilitator, registered nurse, health screening consultant, and service center representative, I see firsthand both the extraordinary care being invested in this emerging field and the financial barriers already facing the people seeking these services.

My concern is simple: **when we increase the cost of providing regulated psilocybin services, we ultimately increase the cost of accessing them.**

Clients already carry a substantial financial burden to participate in Oregon's regulated system. Additional fees placed upon facilitators, service centers, manufacturers, and other licensees do not simply disappear into operational budgets. In an ecosystem where many small providers are already operating on narrow margins, those costs must eventually be absorbed somewhere—and too often, they reach the person seeking care.

That has consequences for equity, but it also has consequences for safety.

As a nurse and health screening consultant, my deepest commitment is to harm reduction. I believe people deserve access to thoughtful screening,

informed preparation, skilled facilitation, appropriate collaboration with healthcare providers when necessary, and meaningful support surrounding their psilocybin experience. These safeguards require time, qualified professionals, sustainable service centers, and adequate resources.

If participation in Oregon's regulated system becomes increasingly unaffordable, we risk creating a troubling paradox: **the pathway designed to provide greater structure and safety may become accessible primarily to those with greater financial resources.**

Lower-income Oregonians should not be priced out of regulated services. Small and community-centered service centers should not have to choose between financial survival and maintaining accessible pricing. Facilitators should not have to compromise sustainable practices simply to remain in the profession. Scholarship and reduced-cost programs should be able to expand—not be consumed by increasing overhead.

I recognize that responsible regulation requires resources and that OHA must maintain a financially sustainable program. However, I respectfully urge OHA to exhaust alternatives before increasing the financial burden on an already fragile and developing ecosystem. I encourage meaningful engagement with licensees and clients, careful examination of the cumulative cost of regulation, consideration of tiered or equitable fee structures, and transparent exploration of other mechanisms for supporting program sustainability.

Oregon chose to lead. With that leadership comes an opportunity—and a responsibility—to demonstrate that regulation, public safety, economic sustainability, and human accessibility do not have to exist in opposition to one another.

Please protect the regulated pathway by protecting the people and small organizations working to keep it accessible.

The success of Oregon's psilocybin program should not be measured solely by whether the regulatory system can sustain itself financially. It should also be measured by whether the people it was created to serve can still afford to walk through its doors.

Thank you for considering the voices of those of us doing this work every day and, most importantly, the humans who place their trust in this system.

With gratitude, respect, and a steadfast commitment to safety and harm reduction,

Brianna Love, RN
Oregon Licensed Psilocybin Facilitator
Health Screening Consultant
Service Center Representative

Sent from my iPhone

From: Carrie Atkinson
To: Public Health Rules
Cc: Sweet Jesse I; Sweet Jesse I
Subject: Public comment on proposed OPS fee increases — Fernlove, Service Center License SC-b2a1e9ab
Date: Monday, September 21, 2026 3:19:04 PM
Attachments: image.png
2026-0889 Record Revenue Analysis - OPS AY27 AY29 AY31 rev 8.14.26.pdf

You don't often get email from carrie@fernlove.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority:

My name is Carrie Atkinson. I own Fernlove, a licensed psilocybin service center on 30 acres of forest in Gaston Oregon, and I'm asking you **not** to adopt the proposed fee increases in their current form.

Before Fernlove, I spent 22 years building and running a Portland gift company, so I'm writing as someone who has managed a budget through good years and lean ones. I've personally invested about $2 million into Fernlove and the Oregon psilocybin program: land, permitting, a service center rebuilt to commercial standards, on-site lodging, utilities, licensing and more. We are Oregon's only licensed service center in a forest with lodging on site. We serve about 100 participants a quarter and are booked nearly solid through June 2027.

I'll be direct: I will renew at $20,000. The fee won't close Fernlove. But every retreat we host depends on licensed facilitators, manufacturers, and a licensed lab, and that's where this proposal does its damage.

OHA's own Record Revenue Analysis dated August 14, 2026 (document 2026-0889) assumes the increase drives out 60 percent of licensees — facilitators from 288 to 50, service centers from 18 to 8, manufacturers from 6 to 2. On those assumptions, fee revenue falls from about $2.0 million per biennium to $898,500, and the accumulated shortfall gets ***worse***: roughly $21.0 million by 2031 with the increase versus $18.1 million without it. The agency's own model shows these fees produce less money and a deeper hole. That analysis was not shared during the Rules Advisory Committee process.

The program is also down to a single licensed testing lab. Every product served in Oregon passes through it. If it closes, the program stops for all of us.

Underneath the numbers is a simpler problem. Fees bring in about $1 million a year against roughly $4.3 million in projected expenses, most of it personnel and indirect cost. Even if every licensee stayed and paid double, fees would cover less than half of what the program spends. This is not a pricing problem, and raising prices on a shrinking customer base is the one move any business owner learns not to make. The program's costs need to fit the industry's real revenue, not the reverse; the merger of OPS with the Medical Marijuana Program already points that way.

I'm asking OHA to postpone final action until the financial model has been published and licensees have had a fair chance to respond; to withdraw the increases as proposed and keep the reduced-fee categories that protect nonprofit and small operators; and, if more revenue is truly needed, to work with licensees on a phased, evidence-based alternative. I'd welcome a seat in that conversation and would bring real operating numbers to it.

I believe in this work. Every quarter I watch a hundred people arrive looking for a non-addictive, self-directed way to ease real pain or find some peace, and most leave better than they came. Oregon built something no other state has. Please don't let it collapse over a budget decision the agency's own spreadsheet says won't work.

Thank you for your consideration. Please include this comment in the rulemaking record.

Carrie Atkinson
Owner, Fernlove LLC
Service Center License SC-b2a1e9ab
Gaston, Oregon
carrie@fernlove.com



Carrie Atkinson
Founder
www.fernlove.com

The country's only licensed psilocybin retreat center with on-site accommodations — 30 forested acres, one hour from Portland.

2026-0981 631 10/02/2026

From: Diane Hickey
To: Public Health Rules
Subject: 2027 Fee Increases - Comment
Date: Monday, September 21, 2026 2:24:59 PM

[You don't often get email from sunshinedmh@me.com. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To Whom It May Concern,

I'm am writing in response to the potential fee increase in 2027. I think a foundational piece of this program was around equity, making sure there was diversity amongst the different roles (e.g., faciliators, growers, etc), as well as making it available to a diverse population to seek services. I think offering a reduced fee for certain lived experience is the right thing to do, and supports the spirit of what Oregon is trying to accomplish. Doing away with the lower facilitator fee is going to reduce needed participation from a more diverse group of people, and it certainly doesn't honor any indigenous aspects the work. It's always amazing to me that we push for the inclusion but it is always the first thing that goes when it comes to budge. Sounds like it really isn't a priority. Maybe the priorities of where the money is being spent needs to be reviewed.

As for the fee increase for the rest, I also think that it is an unreasonable increase and unreasonable fee overall when other states are significantly cheaper, including the fee for a medical license. When the worst case scenario happens, are you going to double it again and make it $8000 for a license? This doesn't seem like a sustainable approach.

While I would have loved to be part of a State program that could be used for other States to mirror, at this rate Oregon will be used for what NOT to do. That is a sad commentary for all those that truly believe in this work.

Regards,
Diane

From: Jimmy Conner
To: Public Health Rules
Subject: PUBLIC COMMENT: Formal Opposition to Proposed Psilocybin Licensing Fee Increases (OPS 2026 Annual Rulemaking
Date: Monday, September 21, 2026 4:10:40 PM

You don't often get email from jcjconner87@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Members of the Oregon Health Authority,

I am writing to submit my formal opposition to the proposed psilocybin rule changes. I hold a valid workers permit, and my wife has been a licensed psilocybin facilitator for the past three years. We were some of the first people in the state to hold these licenses. Together, our family is on the front lines of this historic framework, and these proposed fee hikes threaten the livelihood of the program and the people it serves.

Doubling annual facilitator fees to $4,000, spiking worker permit fees by 700%, and eliminating equity discounts is an impossible financial hit for the ethical people trying to sustain this industry. These steep hikes force us into a corner where we must either absorb an unsustainable financial burden or price out the vulnerable clients who desperately look to this program for a help.

When Oregon voters passed Measure 109, they voted for an accessible public health model, not an exclusive system reserved only for the wealthy. By passing these rules, you are actively driving out the ethical, small-scale workers who built this industry from the ground up. I urge you to reject these fee increases, respect the Democratic will of the Oregon voters, and preserve the true intent of Oregon's psilocybin program.

Sincerely,
James Conner
Oregon Psilocybin Worker Permit Holder

From: Justice Leak
To: Public Health Rules
Subject: Public comment on proposed Oregon Psilocybin Services rules (OAR chapter 333, division 333)
Date: Monday, September 21, 2026 2:24:37 PM

You don't often get email from justice@experiencetherapod.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority, Oregon Psilocybin Services,

I am writing to submit a public comment on the proposed amendments to OAR chapter 333, division 333, before the close of the comment period on September 21, 2026.

My name is Justice Leak. I am the founder and CEO of THERAPOD, where we develop responsive therapeutic environments informed by real-time physiological signal in support of psychedelic therapies. I delivered oral remarks at the FDA public hearing on psychedelic drugs at White Oak on September 14, 2026, and those remarks are in the agency's record. I have a commercial interest in how the setting is regulated, and I am stating it plainly at the top so that this comment can be weighed with that in view. Nothing below asks Oregon to require, endorse, or purchase any product.

1. Preserve OAR 333-333-4450, Client Administration Areas.

This rule does not appear on the list of rules proposed for amendment in this rulemaking. So far as we have been able to determine, it is the only rule in United States law that describes the psychedelic session room itself, and it does so in the vocabulary of comfort, temperature control, and adequate lighting rather than the vocabulary of building systems. Every federal instrument we have read regulates who is present and for how long, and says nothing about the room. Oregon's language is the working precedent the rest of the country will reach for. We ask that it remain untouched through final adoption.

2. We support the proposed sensory provisions in OAR 333-333-5200, sections (7) and (8).

These two additions deserve recognition, because they are the first provisions of their kind we have found in any state program.

Proposed section (7) would permit a facilitator or licensee representative to "*perform music by singing or playing an instrument, or support clients by conducting breathwork during an administration session as long as all clients consent prior to beginning an administration session*."

Proposed section (8) would govern that content, and would replace the current standard that materials be "*non-directive*" with the standard that facilitators and service centers "*may only perform or provide music and other audio and visual materials when requested to do so by clients*."

We support both. They are consistent with a right Oregon already grants in the Client Rights and Responsibilities: "T*o request changes to the setting of my administration session including changes to lighting, sound and facilitation style prior to or during my administration session.*" Together these provisions recognize something practitioners have always known and no regulator has previously written down, which is that the sensory content of a session is part of the intervention rather than decoration around it. Oregon already treats the setting as something a client may change while the session is underway.

We raise one observation. Having decided to regulate the sensory environment, the rules still contain no means of knowing what any of it did.

3. The monitoring provision, and one clarification.

We support the provision, currently OAR 333-333-5200(4) and renumbered to (3) under this proposal, stating that video monitoring or other equipment may not be used to satisfy the requirement to continuously monitor clients. A facilitator in the room is the safeguard, and no camera replaces one.

The rules already handle a neighboring case well. OAR 333-333-5000(9)(d) permits video or audio recording of an administration session with the client's prior written consent, while section (3) bars that recording from standing in for the facilitator. We ask that the rules make the same two-part point explicit for a wearable: that physiological measurement from a device worn with the client's informed consent is a supplement to continuous facilitator presence and never a substitute for it. Written that way, the rule keeps its floor and removes any ambiguity about whether a facilitator who uses a wearable has fallen out of compliance.

4. What a consented wearable makes possible.

The same rule asks a facilitator to "monitor clients for signs of physical or emotional distress." That instruction describes the entire safety apparatus of a psilocybin session: one person watching another person. It is a good instruction and we do not propose replacing it. We want to describe what a wearable adds to it, because the Authority should have that picture while it is writing sensory provisions.

Psilocybin produces real and sometimes pronounced physiological change. Oregon's own informed consent names increased blood pressure and elevated heart rate among the expected effects, and OAR 333-333-5250 scales the minimum session by dose, from thirty minutes to six hours. Across those hours, the record of what the body did is whatever a facilitator saw and remembered.

Four things follow, and each is something a consented, non-visual wearable addresses.

First, it does not interrupt. The only way to ask a client how they are doing is to speak to them, and speaking to them changes the session. A wearable reports continuously without anyone breaking the experience to find out.

Second, it is continuous. Observation happens when a facilitator looks. Physiological signal is present between those moments, across the whole arc of a session, including the long stretches when a client is still and inward and nothing visible is happening.

Third, it changes earlier than behavior does. Autonomic responses precede outward signs. A

facilitator who can see a rising heart rate has time that a facilitator waiting for visible distress does not.

Fourth, it distinguishes cases that look identical from the outside. A client working through a difficult passage and a client in genuine trouble can present the same way: quiet, still, eyes closed. Physiological signal is a second and independent channel on the same question, and it is the channel a facilitator does not currently have.

There is a **fifth** benefit that belongs to the state rather than to any single session. Oregon is about to regulate what a client hears during an administration session. Whether those provisions work, whether music helps and for whom, whether breathwork changes anything, is a question this program cannot answer today, because no objective record of a session exists. Self-report gathered afterward, filtered through the experience itself, is the only account available. A consented physiological record would give Oregon a way to evaluate its own rules, and the consent architecture for it already exists: OAR 333-333-4810(5) provides the disclosure form and the client's opt-out for de-identified data. Nothing new would need to be built.

At the FDA's public hearing this month I asked the agency to treat the setting, its light, its sound, its temperature, as a standard data element in supervised care. I make the same request here with more confidence, because Oregon is further along than the federal government. Oregon already describes the room. The natural next step is to say plainly that the body in that room may be measured by a wearable, with consent, alongside the facilitator who is watching over it.

5. The request-based standard in section (8).

Proposed section (8) conditions the provision of music and other materials on a client requesting them. A request-based standard depends on a client's capacity to ask. Section (3) of the same rule, in asking facilitators to watch for signs of distress, acknowledges that a client in an altered state may not always be able to say what they need. We ask the Authority to consider how a facilitator is expected to read a preference the client cannot voice. We do not offer this as a reason to change section (8). We offer it as a reason to name, in this rulemaking or the next, the tools a facilitator may use to answer that question.

If any of the above would be useful in more detail, I am glad to provide it at no cost and with no commercial condition attached.

Your efforts to make these medicines available and safe are paving the way for millions of suffering Americans. Thank you for the opportunity to comment, and for the care this program has taken with its thoughtful oversight.

Respectfully,

Justice Leak
Founder and CEO, THERAPOD
justice@experiencetherapod.com
310-855-2832

2026-0981 636 10/02/2026

From: Leela Foundation
To: Public Health Rules
Cc: Allbee Angela E
Subject: Comment on Administrative Rules
Date: Monday, September 21, 2026 2:24:57 PM

You don't often get email from leigh@leela.org. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Dear Oregon Psilocybin Services Rules Team,

I'm writing on behalf of The Leela School of Awakening in Ashland, Oregon. We previously operated a licensed psilocybin facilitator training program, and we are submitting this comment out of that direct experience.

Our program worked. Students rated it highly. We also built a scholarship program that opened the training to people who could not otherwise have afforded it, and it too was highly rated. We invested a great deal of time, money, and care in a curriculum we are proud of.

What did not work was everything after graduation. Our graduates struggled to afford the $2,000 annual facilitator license fee, and those who could pay it were largely unable to find work. Trained, qualified people could not turn their education into a livelihood. Because of those two barriers, and the cost of running the program, we can no longer offer facilitator training. The curriculum we created is now going to waste.

For this reason, the proposed increase in the facilitator license fee, together with the elimination of reduced-fee options, is deeply concerning to us. Doubling fees for a workforce that already cannot find enough paid work will not make the program sustainable. It will shrink the pool of licensed facilitators, reduce the fee revenue OPS depends on, and deepen the shortfall. OPS's own fiscal analysis acknowledges this risk. It will also make training programs like ours even harder to sustain, which leaves fewer facilitators available to serve clients.

We respectfully ask that OPS:

1. Not finalize the proposed facilitator fee increase in its current form, and consider a smaller or phased approach.
2. Retain reduced-fee options, including for non-profit and low-income licensees.
3. Work with training programs and facilitators on a funding model tied to real demand for facilitator services.

We care deeply about safe, accessible, well-taught psilocybin services in Oregon, and we want the program to succeed. As it is currently structured, though, it is not functional for the people it depends on. Thank you for considering our comments.

Thank you, Leigh Estok

Leigh Estok
Administrative Director
The Leela School

541-201-0900, ext 100

www.leelaschool.org
www.leela.org
www.newmorningbooks.com

2026-0981 638 10/02/2026

From: Lisa Snyder
To: Public Health Rules
Subject: Public Comment on Proposed OAR Chapter 333, Division 333 Rules
Date: Monday, September 21, 2026 4:56:23 PM

You don't often get email from lisa@innertrek.org. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Thank you for the opportunity to provide written comments on the proposed rules. I served on the 2026 Rules Advisory Committee and raised several of these concerns during the public RAC meetings. I want to ensure that some of my comments and concerns are also included in the written public record.

I am an Oregon-licensed facilitator, a training-program representative, and a former service-center operator. I have seen this program from multiple perspectives. Oregon has carefully created a first-of-its-kind regulated system that has now helped more than 22,000 people access psilocybin services. I am deeply concerned that the cumulative financial and operational burden of these proposed rules will crush the very ecosystem Oregon has worked so carefully to establish.

OAR 333-333-3010, 333-333-3030, and 333-333-3035: Training Program Fees

I oppose the following new and increased fees for psilocybin training programs:

- Increasing the initial curriculum-approval application fee from $500 to $1,000.
- Increasing the annual curriculum-approval renewal fee from $500 to $1,000.
- Creating a new $500 fee for approval of a material curriculum change.

Training programs are already required to comply with both OHA and HECC requirements while operating in a small and financially unstable market. Doubling the initial and renewal fees and creating an additional curriculum-change fee will further strain programs that are working to develop a competent facilitator workforce.

These costs will ultimately be passed on to students, increasing the cost of facilitator education and creating another barrier to licensure. The additional fees may also discourage programs from improving their curricula because even a responsible curriculum update could trigger another $500 payment.

I ask OHA to retain the existing $500 application and renewal fees and remove the proposed $500 curriculum-change fee.

OAR 333-333-3010, 333-333-3030, 333-333-3035, 333-333-4060, and 333-333-4070: Proposed Fee Increases

I oppose all of the proposed fee increases.

The proposed changes include:

- Increasing the training-program curriculum application fee from $500 to $1,000.
- Increasing the training-program curriculum renewal fee from $500 to $1,000.
- Creating a new $500 fee for approval of a material curriculum change.
- Increasing the service-center, manufacturer, and laboratory application fee from $500 to $1,000.
- Increasing the facilitator application fee from $150 to $200.
- Increasing the annual manufacturer license fee from $10,000 to $20,000.
- Increasing the annual service-center license fee from $10,000 to $20,000.
- Increasing the annual facilitator license fee from $2,000 to $4,000.
- Increasing the annual laboratory license fee from $10,000 to $20,000 beginning January 1, 2029.
- Increasing the worker-permit fee from $25 to $200.
- Increasing the fee for adding an applicant to an existing license from $250 to $500 per applicant.
- Increasing the fee for a change requiring an inspection from $250 to $1,000 per inspection.
- Eliminating the reduced-fee categories for nonprofit entities, qualifying low-income applicants, and veterans.

These are not modest adjustments. Doubling annual fees for facilitators, service centers, and manufacturers will be devastating to an industry that is already struggling to survive.

A $4,000 annual facilitator license is not sustainable. Facilitators must pay this fee before earning any income and without any assurance that they will have enough clients to recover the cost. Many faciltiators do this work on the side and should not be pressured to take on clients they normally wouldn't because of high fees to cover their costs.

Increasing the service-center fee from $10,000 to $20,000 is equally concerning. Oregon has already experienced service-center closures. Doubling the annual fee will place even more pressure on the businesses that remain. When service centers close, facilitators lose places to work, manufacturers lose customers, and clients lose access to services.

The proposed manufacturer fee increase from $10,000 to $20,000 will further increase the cost of producing regulated psilocybin products in an already limited market.

The laboratory increase is particularly alarming. Oregon currently has only one licensed

psilocybin testing laboratory. Doubling the annual laboratory fee to $20,000 risks driving the state's only laboratory out of the program. Without a licensed laboratory, manufacturers cannot test products, service centers cannot obtain regulated products, and the entire legal system is unable to function.

The increase in the worker-permit fee from $25 to $200 is an eightfold increase imposed on workers who are often among the lowest-paid participants in the system. A worker should not have to pay $200 each year for permission to perform necessary work in an industry where employment and hours are already inconsistent.

Increasing school fees will ultimately increase tuition and make facilitator education less accessible. Increasing facilitator fees will reduce the number of people who can afford to maintain a license. Increasing service-center, manufacturer, laboratory, and worker fees will raise operating costs throughout the entire system. Those costs will eventually be passed on to clients, making psilocybin services even less accessible.

Oregon's psilocybin program is an interconnected ecosystem. Training programs need students. Students need practicums. Facilitators need service centers. Service centers need workers, manufacturers, and laboratories. Manufacturers need laboratories and service-center customers. Every part of the system depends on the others.

This carefully created space has already helped more than 22,000 people. These fee increases threaten to crush it.

I ask OHA to reject all proposed fee increases and retain the existing fees for training programs, facilitators, worker permits, manufacturers, service centers, and laboratories. I also ask OHA to retain all existing nonprofit, veteran, and income-based reduced-fee categories.

Before increasing any fees, OHA should publish a complete analysis of:

1. The financial condition of existing licensees and training programs.
2. The number of licenses surrendered or allowed to expire.
3. The number of service centers, manufacturers, and laboratories that have closed.
4. The effect of the proposed fees on client prices and access.
5. The effect on rural access and underserved communities.
6. Whether Oregon's only licensed testing laboratory can remain financially viable under the proposed fee structure.
7. Whether the proposed fees will generate the expected revenue if they cause additional licensees to leave the system.

The state cannot sustain this program by continually increasing the financial burden on the shrinking number of people and businesses that remain in it. Please do not adopt these fee increases.

OAR 333-333-3070(10): Practicum Students and Client Support Persons

I oppose the proposed language stating:

"Practicum students and practicum site supervisors may not act as client support persons while participating in practicum."

The purpose of practicum is to allow students to develop practical skills under the direct supervision of experienced, licensed facilitators. Observation is valuable, but observation alone is not sufficient preparation for independent facilitation.

If students cannot participate in clearly defined, supervised support roles, they may complete their training and become licensed without ever having practiced fundamental client-support skills in an actual administration-session environment. We should not send newly licensed facilitators into practice without meaningful supervised experience interacting with and supporting clients.

A practicum student should not independently provide psilocybin services. However, with the client's informed written consent and under the direct supervision of the client's licensed facilitator, a student should be permitted to perform limited client-support activities appropriate to the student's level of training.

I ask OHA to remove subsection (10), or revise it to allow practicum students to act in limited client-support roles when:

1. The client gives prior informed written consent.
2. The student is directly supervised by a licensed facilitator.
3. The student's role and permitted activities are clearly defined.
4. The licensed facilitator retains full responsibility for the client and the administration session.

OAR 333-333-5200(8): Music and Audio or Visual Materials

I am concerned about the proposed requirement that facilitators and service centers avoid music or materials "likely to cause distress for clients."

A facilitator cannot reliably predict every piece of music, image, word, or reference that might cause distress for a client under the effects of psilocybin. Responses to music and other materials are highly personal, culturally influenced, and dependent on the client's history and experience during the session. Material that is comforting or meaningful to one client may be uncomfortable for another.

This subjective standard could expose facilitators and service centers to enforcement based on a client reaction that could not reasonably have been predicted. It may also discourage facilitators from using music that clients specifically request or that carries personal, cultural, or spiritual meaning for them.

The more appropriate standard is informed client choice and the client's continuing ability to change that choice. Clients should be able to request particular music or materials, decline

them before the session, and ask that they be stopped or changed at any time during the administration session.

I ask OHA to remove the subjective requirement that facilitators avoid anything "likely to cause distress" and instead require client consent and responsiveness to the client's requests.

Suggested replacement language:

"Music and other audio or visual materials may be performed or provided with the client's consent. A client may decline the use of these materials or request that they be stopped or changed at any time, including during the administration session."

Oregon has built something important, and tens of thousands of people have benefited from it. I urge OHA to protect the long-term viability of this carefully created system. Rules intended to strengthen the program should not make it financially impossible for responsible schools, facilitators, workers, manufacturers, service centers, and laboratories to remain in it.

Lisa Snyder
Director of Operations



lisa@innertrek.org
innertrek.org
linkedin.com/in/lisasnyder

Have questions? Book a call:
https://innertrek.as.me/explore

Upcoming at InnerTrek

Upcoming at InnerTrek

Level 1: Introduction to Psychedelic Facilitation
[Explore Level 1]

Level 2: Psychedelic Facilitator Training
[Explore Level 2]

Level 3 Advanced Training + Continuing Education
[Explore Level 3]

2026-0981 643 10/02/2026

From: Michael Rhoades, MS, CADC III
To: Public Health Rules
Subject: The State of Oregon v. The People of Oregon — Notice of Concern Regarding Administrative Friction, Economic Viability, and Equitable Access in the Legal Psilocybin Framework
Date: Monday, September 21, 2026 2:18:28 PM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

September 21, 2026
To:
Oregon Health Authority (OHA)
Oregon Psilocybin Services (OPS) Division
500 Summer St. NE, E-20
Salem, OR 97301
Date: September 21, 2026
Subject:
To the Leadership of the Oregon Health Authority and Oregon Psilocybin Services,

I write to you today on behalf of Oregon citizens, facilitators, micro-businesses, and patients who supported the passage of Measure 109. When Oregonians voted to create the nation's first state-regulated psilocybin framework, the intent of the voter-mandated directive was unambiguous: to establish a safe, accessible, and functional system for natural psychedelic therapy.

Instead, the current execution of this framework reflects a troubling institutional detachment —if not overt bureaucratic hostility—toward the very community, businesses, and vulnerable individuals this law was enacted to serve.

What should have been a pioneering model for public health access has transformed into an adversarial environment defined by prohibitive regulatory hurdles, mounting fees, and systemic exclusion. I bring to your attention three central areas where state administrative decisions directly undermine the will of Oregon's voters:

1. Cost Barriers and Economic Exclusion

The structural costs imposed by current administrative rules—including heavy licensing, registration, compliance, and training overhead—have driven service costs far beyond the reach of average Oregonians. A framework that charges thousands of dollars per single session operates not as a public health initiative, but as an exclusive luxury for the wealthy. By prioritizing high regulatory overhead without providing accessible pathways for low-income clients or non-profit service models, the Authority effectively excludes the communities that stand to benefit most from therapeutic psilocybin.

2. Over-Regulation and Friction for Small Businesses

Oregon's small service centers, micro-manufacturers, and independent facilitators are

bearing the burden of shifting administrative rules and restrictive operating guidelines. Rather than fostering a viable ecosystem, the agency's regulatory approach has imposed severe operational strains. Fee structures and strict compliance enforcement often treat emerging businesses like bad actors rather than stakeholders pioneering a new field. This economic friction threatens to collapse legitimate businesses, driving both providers and clients back into an unregulated underground market.

3. Neglect of Homebound, Disabled, and Vulnerable Populations

The insistence on strictly limiting psilocybin administration to brick-and-mortar service centers inherently disenfranchises individuals suffering from severe physical disabilities, terminal illnesses, or mobility limitations. Denying reasonable accommodation pathways for homebound individuals flies in the face of compassionate healthcare. The refusal to establish flexible, safe mobile or home-visitation protocols demonstrates an apathy toward patients who are physically unable to travel to a commercial center.

Demands for Action

The mandate given by the voters of Oregon in Measure 109 was to implement a **functional, accessible, and safe system**, not an onerous administrative framework designed to choke out small operators and deny access to everyday citizens. I call upon the Oregon Health Authority and Oregon Psilocybin Services to immediately undertake the following reforms:

1. **Re-evaluate Fee Structures & Equitable Access:** Implement sliding scale licensing fees for micro-businesses and subsidize or establish low-income access programs so cost is not a barrier to care.

2. **Streamline Regulatory Requirements:** Work directly with small service centers and independent facilitators to reduce redundant administrative burdens, easing operational friction rather than increasing penalties.

3. **Establish Accommodations for Homebound Care:** Develop safe, regulated protocols for facilitators to assist individuals with severe physical disabilities or terminal conditions at home.

The measure was titled and passed as an act for the people. We urge the agency to realign its policies with that intent before administrative burdens dismantle the regulated framework entirely.

Respectfully submitted,

The State of Oregon v. The People of Oregon — Notice of Concern Regarding Administrative Friction, Economic Viability, and Equitable Access in the Legal Psilocybin Framework

Michael J. Rhoades, MS, CADC III, LPF

--
Michael J. Rhoades, MS, CADC III, Board Certified Alcohol and Drug Counselor, NCC, National Board Certified Counselor, BHCC, Amen Clinic Certified Brain Health Coach
541-292-0870
For "Dr. Mike" shows go to: archive.org search: Dr Mike, Rhoades. For my classes on archive, search: PASA,Rhoades. I am also on linkedin.com and Facebook

2026-0981 646 10/02/2026

From: Mimi Solum
To: Public Health Rules
Subject: Public Comment: Proposed OAR 333-333 Rule Changes — Fee Increases and Administrative Burden
Date: Monday, September 21, 2026 2:40:41 PM

You don't often get email from mimisolum@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

To the Oregon Health Authority,

I am submitting this comment as a licensed service center representative and Operations Manager of a psilocybin service center in Oregon. I want to address two areas of significant concern in the proposed rule changes: the doubling of licensing fees and the addition of administrative approval requirements for temporary use of licensed premises.

The proposed fee increases — doubling annual license fees for service centers, manufacturers, and facilitators — represent a serious threat to the viability of this industry. These increases were proposed without public discussion, without an exploration of alternative solutions, and without apparent consideration of the financial realities facing small operators who have invested significant time, money, and energy building compliant businesses.

I know facilitators, manufacturers, and service center operators across Oregon who will be unable to renew their licenses under the proposed fee structure. These are not people who cut corners — they are committed practitioners doing meaningful work within the framework Oregon has built. Losing them does not strengthen this industry; it hollows it out.

Forcing licensed operators out of the legal market does not eliminate the demand for psilocybin services. It drives that demand underground, away from the safety, oversight, and client protections that Oregon's regulatory framework was designed to provide. The consequences of that outcome are ones I trust the Authority understands well.

Additionally, this industry has long faced barriers to accessibility and equity. The proposed fee increases will further concentrate access to psilocybin services among those with significant financial resources, contradicting both the spirit of Oregon's program and the cultural equity values embedded in OAR 333-333. The medicine and the framework deserve better alignment than this.

I respectfully urge the Authority to pause the proposed fee increases, engage stakeholders in a transparent discussion, and explore alternative funding solutions before implementing changes of this magnitude.

The proposed requirement for service centers to receive written Authority approval before using their licensed premises for activities unrelated to psilocybin services creates an unnecessary administrative burden for both licensees and Authority staff.

Service centers are already operating under significant compliance requirements. The addition

of an approval-and-wait process for temporary use of our own space — particularly as the proposed fee increases make supplemental use of our facilities more financially necessary, not less — adds friction, delays our ability to serve our communities, and reduces operational autonomy without a clear corresponding safety benefit.

I would ask the Authority to consider whether advance written notice, already required under the current rules, is sufficient to meet the regulatory intent, without requiring formal approval that burdens both parties.

Thank you for the opportunity to provide public comment. I care deeply about this industry, about compliance, and about the people this medicine serves. I offer these comments in that spirit.

Respectfully,
Mimi Solum

September 21, 2026

Oregon Health Authority, Oregon Psilocybin Services
Re: Public Comment on Proposed Increase to Facilitator License Fees

To the Oregon Psilocybin Services team:

I'm a licensed psilocybin facilitator in Oregon and a health professional, and I'm writing to oppose the proposed increase in facilitator license fees from $2,000 to $4,000.

Doubling the fee won't close the program's revenue gap. It will speed up the loss of facilitators. The industry is already struggling: client volume is low, service centers are closing, and many facilitators earn little or nothing from their licenses. I put 14 to 16 hours into each client I serve. At $4,000, I won't be renewing my license, and I know I'm not alone. As reported to stakeholders by the Oregon Psilocybin Alliance, OHA's own internal review suggests this increase would produce a larger deficit, not a smaller one. Fewer licensees paying higher fees is not a sustainable funding model.

I'd also urge OHA to look at the reasons demand has stayed low. I've been shocked by how little public education there has been about psilocybin and the services Oregon voters approved. Most Oregonians don't know the program exists, how it works, or whether it's safe. Investing in clear, accurate public education would grow the client base, and that is the only real path to a self-sustaining program.

The program also has an unmet chance to address Oregon's mental health and addiction crisis. OHA could support pilot studies and set up contracts with drug and alcohol treatment centers so that people who could benefit have a supported way to reach psilocybin services. That would serve public health, build an evidence base, and bring in steady revenue.

I respectfully ask OHA to:
• Withdraw or pause the proposed fee increase;
• Invest in public education about psilocybin services; and
• Pursue pilot studies and partnerships with addiction and mental health treatment providers.

Thank you for considering these comments.

Sincerely,

Rebecca Parker
Licensed Psilocybin Facilitator, License #[number]
Medford Oregon
beccasuzanne2020@gmail.com

2026-0981 649 10/02/2026

To Whom it may concern,

Thank you for the opportunity to comment on what is becoming an ever-increasing worry within our current industry based on the OHA's projected fee increases for 2027

My concern is not simply that licensing fees are increasing. My concern is whether these fees could fundamentally change the character of the program the Oregon Legislature created.

ORS Chapter 475A established a regulated psilocybin services framework, not simply a medical treatment program. ORS 475A.220 defines the administration session around a client consuming psilocybin under the supervision of a licensed facilitator. ORS 475A.340 through 475A.360 establish preparation, administration, and integration as the structure of those services.

And ORS 475A.338 is particularly clear in distinguishing psilocybin services from health care and behavioral health care. It specifically addresses health-care professionals who also hold facilitator licenses and says that while providing psilocybin services, they do not provide health care or behavioral health care services.

So I am asking OHA to clearly state:

Does the OHA intend to preserve the adult, supervised psilocybin services model, passed by Oregon voters, and established by the Legislature, in which participation is not conditioned on being a medical patient?

This matters because OHA says its 2026 rulemaking is intended in part to support "budget and program sustainability," and the proposed rules include significant fee increases and elimination of reduced fees.

But sustainability should mean more than sustaining the agency that administers the program. It should mean sustaining the program itself.

ORS 475A.235 requires fees to be reasonably calculated not to exceed the cost of the activity for which the fee is charged. And Chapter 475A places additional limits on licensing fees based on the cost of administering the program.

So I have three questions for OHA:

First: Does OHA intend to preserve the existing adult-access, supervised psilocybin-services framework established by Chapter 475A?

Second: Has OHA analyzed whether these proposed fees will cause facilitators or service centers to leave the program, and therefore reduce meaningful access to that framework?

Third: Does OHA intend for Oregon Psilocybin Services to remain a distinct adult-access program, or does it envision the program ultimately becoming primarily or exclusively medical in nature?

I am not asking OHA to tell us whether psilocybin can have medical benefits. That is a different question.

I am asking whether OHA intends to preserve the regulatory model passed by voters, and that the Legislature actually created.

Because a program can remain technically legal while becoming economically inaccessible. If the cost of participating becomes prohibitive, the character of the program can change without the Legislature ever changing Chapter 475A. I see this as a violation of the stipulations laid out in measure 109 and would invariably change the nature of a voter-approved program.

OHA has the authority to administer this program. I am asking the agency to state clearly what program it intends to sustain, and who it will be sustained for.

Thank you.

-Robert Allen

From: Rose Sears
To: Public Health Rules
Subject: Public comment on license fee increase
Date: Monday, September 21, 2026 4:35:25 PM

You don't often get email from aoafacilitation@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

I hope you will consider changing the proposed fee increase for licensees. In addition to the OPS's own predictions which show a likely decrease in overall revenue, this will place a grave hardship on many facilitators, manufacturers, workers, and service center owners. I ask that OPS takes the time to provide alternative suggestions for what they plan to do if revenue goes down as a result of this increase, as well as their justifications for doubling a license fee that is already higher than virtually any professional license. Minimal numbers have been made available to the public, no future plans, no justification, no explanation for how this abides by any sort of SEP. These things must be provided before these rules are enacted.

I would ask this to be placed into the written record, along with OPS's response to this comment.

Thank you for your time.

Rose Sears

2026-0981 652 10/02/2026

Oregon Health Authority - Public Health Division
Public Health Division Rules Coordinator
Oregon Psilocybin Division
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

RE: Public Comment on Proposed Rule Changes for Division 333-Psilocybin

To Whom It May Concern,

Thank you for the opportunity to provide input on the proposed rules changes for OAR 333-333. I am writing to express some of my concerns, particularly with the proposed changes affecting:

- **333-333-4060 License Fees (1)(a)-(b), (2), (3), (4)**
- **333-333-3030 Psilocybin Training Instructor Qualifications and Program Performance (7)(b)**
- **333-333-4000 Application Process (3)(k)**
- **333-333-2010 Psilocybin Production (1)(e)–(f)**
- **333-333-4480 Service Center Privileges and Prohibitions (11)–(12)**
- **333-333-5120 Facilitator Conduct (16)**
- **333-333-6030 Laboratory Licensee Prohibited Conduct (1)(e)**
- **333-333-6100 Advertising Restrictions (3)**

- For changes proposed to **333-333-4060 License Fees (1)(a)-(b), (2), (3), (4):**
  I oppose the proposed increases to license fees as well as the removal of reduced fee options. I echo the sentiment that many others have stated, which is the lack of transparency around the financial information and program budget. Especially when considering this drastic cost in fees. As a licensee since nearly the program's inception, I have attempted to justify the high cost of licensure, chalking it up as a necessary evil due to the uniqueness of Oregon's groundbreaking program. Over the last few years, I have seriously considered the cost of maintaining my licensure at its $2000 yearly price and wondering if it was worth it. In terms of ROI? It is not. But that isn't why I do this work, and I suspect many others would say the same. As it is, the program is *extremely* cost prohibitive as it is and out of reach for many to access. In accordance with my OPS required social equity plan, I regularly provide reduced cost or free services to clients in need. Unfortunately, my costs as a facilitator are the only part of services that I have control over and even with those removed, clients have a hard time paying for the services.

2026-0981 653 10/02/2026

With the uniqueness of the interdependencies present in the program as it stands now for regulation, I fear these increases will render Oregon's groundbreaking, first in the nation program virtually obsolete. As has been acknowledged, raising fees this exponentially will affect almost every licensee and their ability to stay in business. It will have a domino effect. Service centers need facilitators, facilitators need approved training programs, labs need manufacturers and everyone needs the medicine.
Oregon's program is being watched by the world. The first large-scale experiment in the impacts of psilocybin. We should be on our way to continue to be a positive model for other states, countries, and expanding access to this plant-based medicine, but these proposed changes will have a devastating impact to the program as a whole.

- A new proposed rule was added to **333-333-3030 Psilocybin Training Instructor Qualifications and Program Performance** which states:
  (7) Training programs may not make material changes to the curriculum listed in their application that affect the requirements of OAR 333-333-3010 to OAR 333-333-3090 without the Oregon Health Authority's (Authority's) prior written approval. A material change is a change that affects the minimum requirements for core training and practicum described in OAR 333-333-3050 and OAR 333-333-3070. Changes to practicum sites are not material changes.
  (b) A non-refundable change fee of US$500 must be paid and cleared to modify previously approved curriculum. This change fee applies regardless of whether a training program requests the change at renewal or during the term of their approval.
  As proposed, training program material changes would require prior OHA written approval and a non-refundable change fee of $500 to be paid for modified curricula. I am not sure what purpose these proposed rules are to serve, but the effect would be detrimental to the program as a whole. In past statements, the OPS division has purported to support and welcome iterations of change and advancement as this program has grown. However, to put arbitrary barriers to the agility in the implementation of changes is a direct anthesis of this goal. This also calls into question the capacity of the division to be able to sufficiently provide oversight and review of submitted changes by training programs and how quickly approval will take. Given the budgetary shortfalls, I imagine the staffing of the department may not be optimal enough to handle the influx of work that these new rules would require. The administrative burden would not only be on training programs, but on the OPS division as well. This was not called out in the notice of rulemaking document, though should be considered.

2026-0981 654 10/02/2026

- For changes proposed to **333-333-4000 Application Process Section 3, sub section (k)**
  For facilitator applicants, documentation that the applicant has completed training at a training program with curriculum that had been approved by the Authority at the time the applicant received and completed the training and that met the requirements of OAR 333 333-3010 to OAR 333-333-3090 at the time of approval, or documentation that the applicant has completed psilocybin facilitator training with a training program approved by Colorado's Department of Regulatory Affairs at the time the applicant received and completed the training.
  Opening up the allowances for facilitator training to count if it was approved by Colorado's program is wonderful, but that program and regulatory guidelines for curricula approval are different from Oregon's. As Oregon is continuing to create more barriers to our existing training programs, it seems unfair not to hold other training programs to the same standards. If Colorado's training programs suffice for facilitator applications, why then do we have the stringent rules and regulatory requirements for Oregon's training programs? What do they exist for?

- For changes proposed to **333-333-2010 Psilocybin Production (1)(e)–(f), 333-333-4480 Service Center Privileges and Prohibitions (11)–(12), 333-333-5120 Facilitator Conduct (16), 333-333-6030 Laboratory Licensee Prohibited Conduct (1)(e), 333-333-6100 Advertising Restrictions (3)**
  It would restrict licensees from "promoting" or "encouraging" activity that is unlawful or unregulated under Oregon law. The proposed language expressly reaches providing information or instruction concerning home cultivation. It also addresses recommendations concerning consumption outside the licensed system and makes licensees responsible for speech by employees, advertisers, influencers, and others acting on their behalf. My concerns echo those of others who see this as an imposition into free speech and an overreach of state sanction.
  These are not merely rules governing what occurs inside a licensed psilocybin facility. They potentially regulate what licensees may write, publish, teach, discuss, advertise, or communicate outside their licensed operations. Under this language, a facilitator could reasonably fear disciplinary action for writing a book about mushroom cultivation. A manufacturer could fear discussing general mycology. A laboratory licensee could fear publishing scientific or educational information. A service-center owner could question whether a website, class, social-media post, public presentation, or harm-reduction discussion might be interpreted as "promoting" or "encouraging" prohibited activity.
  The rules do not clearly explain where education ends and promotion begins. They do not explain whether intent is required. They do not explain whether the restrictions apply only

2026-0981 655 10/02/2026

to commercial advertising or also to books, research, journalism, classes, public testimony, private conversations, and noncommercial educational speech. They do not clearly separate psilocybin-producing mushrooms from lawful non-psilocybin mushroom cultivation and businesses.

That uncertainty itself produces a chilling effect. A licensee does not have to be prosecuted before speech is suppressed. When the consequence of guessing incorrectly may be an investigation, disciplinary action, or loss of a license, reasonable people will remain silent rather than risk becoming OHA's test case.

In conclusion, I urge the Oregon Psilocybin Services Division to reconsider the proposed rule changes and take into account some of the concerns raised and its impact on licensees and the clients we serve.

I appreciate the opportunity to provide input and remain available for further discussion.

Sincerely,

Sera R. Miller
Licensed Psilocybin Facilitator-FL-14cc95c3, WP-e23b1fbe
541-990-0274
Sera_Miller@Outlook.com

2026-0981 656 10/02/2026

From: Steven Merriss
To: Public Health Rules
Subject: Oregon Psiloycbin Services Proposed Rules
Date: Monday, September 21, 2026 4:13:07 PM

You don't often get email from cantdropin@yahoo.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hi,

I'm writing to express opposition to the proposed fee increases. As a consumer in this space, I have travelled to Mexico and Peru for services and have also been a client within Oregon's regulated model four times.

The proposed fee increases will not only have a detrimental effect on those that have invested their time and money to open service centers or obtain facilitator licenses, they will also have a detrimental effect on those desiring these services through potentially less options and higher costs.

The current average costs for services in Oregon is already not competetive with prices abroad. I would hope to see this flourish in Oregon but a key to that is being able to provide services at competetive prices. I would assume the current average cost would already make this inaccessible for some people. Lastly, depending on the impact of fee increases, the collection of overall fees could decline instead of increasing.

Thank you,

Steven Merriss

Sent from Yahoo Mail for iPhone

2026-0981 657 10/02/2026

From: Susannah Graven LMT, LPF
To: Public Health Rules
Subject: Comment on proposed rule making
Date: Monday, September 21, 2026 3:51:33 PM

You don't often get email from info@susannahgraven.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

My name is Susannah Graven and I am a Licensed Psilocybin Facilitator, OR. Lic. # FL-f1718406. I am writing today to voice my opposition to the changes proposed by OHA. We are told by OHA that fees must be increased because the program is financially unsustainable, however, we have not been told how funds already collected have been spent. It appears that OHA did not confine those resources solely to implementing Measure 109's statutory framework. Instead, a significant portion of these funds may have been spent creating, enforcing, and defending additional administrative systems that the statute did not specifically authorize. It also appears that OHA created processes that expedited selected training programs while obstructing others. These choices made by OHA have required staff time, additional rules, procedures, enforcement actions, and legal defense.

We now encounter a situation where OHA is proposing to double nearly every licensing fee connected to Oregon Psilocybin Services while simultaneously eliminating reductions for low-income applicants and veterans. Internal revenue analysis from OHA (Record 2026-0889) recognizes that these proposed fee hikes will likely lead to severe licensee attrition, projecting a 83% drop in facilitators and a 56% drop in service centers. The proposed fee hikes will be self-defeating, driving away licensees and leading to further declines in program revenue, as well as significantly degrading the availability of psilocybin services in Oregon.

Measure 109 was passed by Oregon voters and mandated the creation of a safe, regulated, accessible framework for psilocybin services. These proposed fee changes will lead to over four-fifths of licensed facilitators choosing to walk away rather than continue to hold their license. This is unreasonable and unfair to not only the voters who passed the initiative, but also to the facilitators who invested significant time and money in obtaining the training to get their licenses. Before implementing these fee increases, OHA must provide a detailed accounting of prior expenditures, identify the costs associated with each expansion beyond Measure 109, and explain why remaining licensees need to pay for a burdensome administrative system that was neither requested nor authorized.

From: Vivian K
To: Public Health Rules
Subject: new restrictions affecting licensee speech
Date: Monday, September 21, 2026 2:16:11 PM

You don't often get email from viviankanchian@gmail.com. Learn why this is important

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hi,

I am very concerned to hear of your new proposal to potentially double or triple licensing fees for psilocybin licensees providing therapeutic services to everyday people and veterans who want to improve their mental health and well being in a world that is more in need of this help than ever. Preliminary survey results show that up to 70% of the licensees may leave the industry. Please stop this damaging policy from moving forward.

Regards,

Vivian Kanchian

2026-0981 659 10/02/2026