

Oregon Psilocybin Advisory Board

May 25, 2022

1:00 p.m. to 4:00 p.m.

To Join via Zoom:

<https://www.zoomgov.com/j/16054780370>

Meeting ID: 160 5478 0370

What is the purpose of the meeting?

The purpose of the meeting is to conduct board business. A copy of the agenda is provided with this notice. Go to [Oregon.gov/psilocybin](https://oregon.gov/psilocybin) for current meeting information.

May the public attend board and subcommittee meetings?

Yes, members of the public, interested parties, and the media are invited to attend all board and subcommittee meetings. Public comments will be heard if stated on the agenda. For the courtesy of all participants on the call, keep your device muted during all times of the meeting until you are given an opportunity to speak during a scheduled public comment period.

What if the board enters into executive session?

Prior to entering executive session, the board chairperson will announce the nature of and the authority for holding an executive session in accordance with ORS 192.660. Board member and designated participants shall be allowed to attend the executive session. All other audience members are not allowed to attend the executive session. No final actions or final decisions will be made in executive session. The board will return to open session before taking any final action or making any final decisions.

Representatives of the news media who are interested in attending an executive session are asked to contact the Oregon Psilocybin Services team by emailing OHA.Psilocybin@dhsosha.state.or.us or calling (971)341-1713 by 5:00 p.m. the day before the scheduled meeting to make arrangements to attend an executive session.

Who do I contact if I have questions or need special accommodations?

A request for accommodations for persons with disabilities should be made at least 48 hours in advance of the meeting. For questions or requests, contact the Oregon Psilocybin Services team by emailing OHA.Psilocybin@dhsosha.state.or.us or calling (971)341-1713.

Board Members Present: Ali Hamade, Andre Ourso, Angela Carter, Atheir Abbas, Barb Hansen, David Hart, Jessie Uehling, Kevin Fitts, Kimberly Golletz, Margaret Philhower, Rachel Knox, Sarah Present, Stephanie Barrs, Todd Korthuis, Tom Jeanne

Board Members Absent: Nathan Rix

Agenda Item	Description	Presenter	Time
Meeting Convenes	Welcome and Roll Call, 5 minutes	Dr. Atheir Abbas, <i>OPAB Chair</i>	1:00 p.m.
OHA Updates	<p>Oregon Psilocybin Services Update, 5 minutes</p> <p><i>(3:00 on audio) Angie Allbee announced that the rules related to training programs, products, and testing were finalized on May 20, 2022, and are available on the OPS website. She gave an update on work that the OPS team has been doing, including preparing systems and processes to begin accepting applications from training programs in early June. She also announced that the OPS team recently posted two job announcements for positions with OHA.</i></p>	Angie Allbee, <i>OHA-OPS Section Manager</i>	1:05 p.m.
Approval of Minutes	<p>Approval of April Minutes, 5 minutes</p> <p><i>(5:20 on audio) David Hart motioned and Steph Barrs seconded approval of the draft minutes from April 2022. The minutes were approved.</i></p> <p><i>Voted in favor: Ali Hamade, Angela Carter, Atheir Abbas, Barb Hansen, David Hart, Jessie Uehling, Kevin Fitts, Kimberly Golletz, Rachel Knox, Sarah Present, Stephanie Barrs, Todd Korthuis, Tom Jeanne</i></p> <p><i>Abstained: Margaret Philhower</i></p>	Dr. Atheir Abbas, <i>OPAB Chair</i>	1:10 p.m.

<p>OPAB Executive Session</p>	<p>Executive Session, 60 minutes</p> <p>The Oregon Psilocybin Advisory Board will meet in executive session pursuant to ORS 192.660(2)(f). The public portion of the Oregon Psilocybin Advisory Board meeting will re-open at 2:15 p.m. PDT.</p> <p><i>(7:10 on audio) The Oregon Psilocybin Advisory Board met in executive session pursuant to ORS 192.660(2)(f).</i></p> <p><i>Board Members Present for Executive Session: Ali Hamade, Andre Ourso, Angela Carter, Atheir Abbas, Barb Hansen, David Hart, Jessie Uehling, Kevin Fitts, Kimberly Golletz, Margaret Philhower, Rachel Knox, Sarah Present, Stephanie Barrs, Todd Korthuis, Tom Jeanne</i></p> <p><i>Media Present for Executive Session: Jon Dennis and Sasha Sisko</i></p>	<p>Dr. Atheir Abbas, <i>OPAB Chair</i></p>	<p>1:15 p.m.</p>
<p>Reopening of Public OPAB Meeting</p>	<p>Oregon Psilocybin Advisory Board Meeting Re-opens, 5 minutes</p> <p><i>(1:14:40 on audio) The Oregon Psilocybin Advisory Board exited executive session and returned to open session. Atheir Abbas stated that no final decisions were made and no votes were taken during the executive session.</i></p>	<p>Dr. Atheir Abbas, <i>OPAB Chair</i></p>	<p>2:15 p.m.</p>
<p>Vote on Recommendations</p>	<p>Vote on Recommendations, 70 minutes</p> <p><i>(1:16:00 on audio) OPAB members discussed Recommendation #1: Entheogenic Framework and the document titled "Privileges and Duties of Entheogenic Practitioners" (copied below).</i></p> <p><i>(1:39:00 on audio) Atheir Abbas made a motion to defer voting on Recommendation #1: Entheogenic Framework until a later meeting. Angela Carter seconded. After further discussion Atheir Abbas withdrew the motion to defer the vote.</i></p>	<p>Dr. Atheir Abbas, <i>OPAB Chair</i></p>	<p>2:20 p.m.</p>

<p><i>(1:41:30 on audio) Todd Korthuis made a motion to vote on Recommendation #1: Entheogenic Framework. David Hart seconded. Motion failed.</i></p> <p><i>Voted in favor: Angela Carter, Kevin Fitts, Rachel Knox</i></p> <p><i>Voted against: Ali Hamade, Atheir Abbas, Barb Hansen, David Hart, Jessie Uehling, Kimberly Golletz, Margaret Philhower, Sarah Present, Stephanie Barrs, Todd Korthuis</i></p> <p><u>#1: Entheogenic Framework</u></p> <ul style="list-style-type: none"> • Licensing, 3/3/22: Recommend that OHA create a spiritual manufacturing endorsement for spiritual or religious organizations. This endorsement will make entities exempt from certain manufacturing rules created by the OHA, including, but not limited to, restrictions on the species of fungi that can be present in a licensed manufacturing facility. • Licensing, 3/3/22: Recommend that OHA adopt framework for entheogenic practitioners. (Full text included on the following page) • Equity, 3/18/22: Recommend framework entheogenic privileges and duties and recommend annual evaluation of the program by OHA • Equity, 3/18/22: Recommend that OPAB create an entheogenic practice subcommittee. <p>Framework for Entheogenic Practitioners, adopted by Licensing Subcommittee 3/3/22 and Equity Subcommittee 3/18/22</p> <p>Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 1 of 11</p> <p>Privileges and Duties of Entheogenic Practitioners [Draft v.9] DEFINITIONS (OAR 333-XXX-XXX1) For the purposes of OAR 333-XXX-XXX1 through 333-XXX-XX10:</p>		
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	<p>(1) “Ceremonial space” means a building, room, yurt, or other structure or part of a structure or outdoor location where a ceremony occurs.</p> <p>(2) “Ceremony” means a psilocybin administration session in which entheogenic practitioner privileges are utilized.</p> <p>(3) “Entheogenic facilitator” means a person holding a psilocybin services license who has received entheogenic practitioner privileges.</p> <p>(4) “Entheogenic manufacturer” means a psilocybin manufacturer that has received entheogenic practitioner privileges.</p> <p>(5) “Entheogenic practitioner” means the holder of a facilitator, manufacturer, or service center operator license who is utilizing entheogenic practitioner privileges granted to them by the Oregon Health Authority.</p> <p>(6) “Entheogenic practitioner privileges” means the privileges described in 333-XXX-XXX5.</p> <p>(7) “Entheogenic service center” means a psilocybin service center that has received entheogenic practitioner privileges.</p> <p>(8) “Financial interest” has the same meaning as defined in _____.</p> <p>(9) “Indigenous plant medicine community” means one or more indigenous communities who engage in the religious, ceremonial, or sacramental use of psilocybin mushrooms or other plant medicines.</p> <p>(10) “Non-directive” has the same meaning as defined in OAR _____.</p> <p>(11) “Nonprofit organization” has the same meaning as defined in ORS 65.001(33).</p> <p>(12) “Peer support assistance” means assistance provided by one client to another client during a ceremony, including harm reduction assistance.</p> <p>(13) “Reciprocal exchange program” means a program that partners with an indigenous plant medicine community for the purpose of: (a) Promoting the preservation or dissemination of indigenous knowledge or wisdom; or (b) Minimizing or reversing the impacts of colonialism, extraction, or cultural appropriation on that community.</p> <p>Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) Statutes Implemented: Section 8(2)(c), _____</p>		
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	<p>Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees</p> <p>PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 2 of 11 APPLICATION FOR ENTHEOGENIC PRACTITIONER PRIVILEGES (OAR 333-XXX-XXX2)</p> <p>(1) The Oregon Health Authority shall grant entheogenic practitioner privileges to an individual or legal entity that: (a) Is or is affiliated with a nonprofit organization that was formed primarily for religious or spiritual purposes;</p> <p>(b) Signs an attestation demonstrating that entheogenic practitioner privileges would advance the good faith practice of a sincerely held belief or conviction;¹</p> <p>(c) Agrees to exercise their entheogenic practitioner privileges in accordance with the applicable special duties described in OAR 333-XXX-XXX4; and</p> <p>(d) Agrees to exercise their entheogenic practitioner privileges in a manner that is not dangerous to the health of clients or others who are in the proximity of the clients.²</p> <p>1 An editorial decision has been made to avoid using the word “religion” throughout these proposed regulations. The primary reason was to avoid potential scrutiny under Oregon’s Constitution, which protects “religious believers and nonbelievers alike.” <i>Meltebeke v. Bureau of Lab. & Indus.</i>, 322 Or 147. The term “entheogenic” was preferred because it includes non-religious spiritual communities who may wish to avail themselves of entheogenic practitioner privileges.</p> <p>2 Compare this language to Oregon’s statute that protects religious use of peyote, ORS 475.752:</p> <p>(4) It is an affirmative defense in any prosecution under this section for manufacture, possession or delivery of the plant of the genus <i>Lophophora</i> commonly known as peyote that the peyote is being used or is intended for use:</p> <p>(a) In connection with the good faith practice of a religious belief;</p> <p>(b) As directly associated with a religious practice; and</p> <p>(c) In a manner that is not dangerous to the health of the user or others who are in the proximity of the user.</p>		
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	<p>(2) The requirement of (1)(b) does not apply to facilitator who is applying for entheogenic practitioner privileges.</p> <p>(3) Notwithstanding (1) of this section, the authority shall be entitled to deny an application for entheogenic practitioner privileges if: (a) The applicant has a history of conduct suggesting the applicant may not be willing or able to act in accordance with the duties described in OAR 333-XXX-XXX4; or (b) The authority has previously suspended or revoked the applicant’s entheogenic practitioner privileges.</p> <p>(4) Eligibility for entheogenic practitioner privileges is limited only to: (a) Individuals who hold a psilocybin services facilitator’s license;</p> <p>Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 3 of 11 (b) Nonprofit organizations who hold one or more psilocybin service center operator’s license; and (c) Nonprofit organizations who hold a psilocybin manufacturer’s license.</p> <p>Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) Statutes Implemented: Section 8(2)(c), _____ CLIENTS SEEKING PSILOCYBIN SERVICES OR PRODUCTS INVOLVING ENTHEOGENIC PRACTITIONER PRIVILEGES (OAR 333-XXX-XXX3) In order for a client to receive psilocybin services or products that utilize entheogenic practitioner privileges, the client must: (1) Complete a Confidential Information Form and screening procedures and protocols in accordance with established best practices, provided that such intake and screening does not ask a client to disclose particular details of their trauma history ;</p>		
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	<p>(2) Provide informed consent to accept the particular risks associated with the particular entheogenic practitioner privileges being asserted, including if applicable the utilization of peer support assistance, consuming psilocybin products that were produced by an entheogenic manufacturer, and the supervision by a facilitator who is participating or is stationed outside of the ceremonial space;</p> <p>(3) Either: (a) Be formally affiliated with an entheogenic service center; or (b) Sign an attestation demonstrating a good faith intention to practice or explore their religion or spirituality;³</p> <p>(4) Agree to conduct themselves in a manner that is not dangerous to the health of the client or others who are in the proximity of the client;</p> <p>(5) Receive information about the available procedures for filing a complaint with both the entheogenic service center and the Oregon Health Authority; and</p> <p>(6) Participate in or donate to a reciprocal exchange program.</p> <p>3 Compare with ORS 475.752(4)(a). 4 This language is borrowed from ORS 475.752(4)(c). Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) Statutes Implemented: Section 8(2)(c), _____</p> <p>SPECIAL DUTIES OF ENTHEOGENIC PRACTITIONERS (OAR 333-XXX-XXX4)</p> <p>(1) The duties of an entheogenic practitioner include:</p> <p>Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees</p> <p>PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 4 of 11</p> <p>(a) For an entheogenic facilitator: (A) To remain alert and attentive to client needs when participating in a ceremony; (B) [deleted] (C) To not consume psilocybin products during a ceremony in which the facilitator participates;</p>		
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	<p>(D) To remain alert and attentive to client needs when supervising a ceremony from outside the ceremonial space, and to maintain aural, visual, or other methods of being alerted when assistance is needed;</p> <p>(E) To intervene in a ceremony to the extent necessary to enhance, preserve, or restore client safety;</p> <p>(F) To have candid conversations during a preparation session about the possible risks associated with consuming high doses of psilocybin, if the client intends to consume a high dose;</p> <p>(G) To provide clients with written information on how to submit complaints to both the entheogenic service center and to OHA;</p> <p>(H) To conduct themselves and to supervise entheogenic administration sessions in a manner that is not dangerous to the health of the client or others who are in the proximity of the client;⁵</p> <p>(I) To fulfill all other duties ordinarily required of a psilocybin services facilitator except as provided in OAR 333-XXX-XXX5.</p> <p>5 Again, this is borrowed from ORS 475.752(4)(c).</p> <p>6 This is borrowed from ORS 475.752(4)(c).</p> <p>(b) For an entheogenic manufacturer: (A) To provide safe psilocybin products;</p> <p>(B) To store psilocybin products in a reasonable manner;</p> <p>(C) To prevent the diversion of psilocybin products to anywhere other than entheogenic service centers or accredited testing laboratories;</p> <p>(D) To provide the purchaser of its psilocybin products with a written explanation of the information required on standard product labels in accordance with OAR _____, to the extent such information is known by the entheogenic manufacturer;</p> <p>(E) To keep the premises of the entheogenic manufacturer sanitary and free from nuisances as defined by state and local law;</p> <p>(F) To conduct manufacturing and all other activities in a manner that is not dangerous to the health of clients or people who are on or in the proximity of the entheogenic manufacturer premises;⁶</p>		
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	<p>(G) The duty to preserve records of manufacturing activities and sales, and provide those to OHA in accordance with OAR _____;</p> <p>Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 5 of 11</p> <p>(H)To participate in or donate to a reciprocal exchange program; and (I) To provide to OHA an annual report describing the entheogenic manufacturer’s participation in or donations to a reciprocal exchange program.</p> <p>(c) For an entheogenic service center operator: (A) To take reasonable steps to ensure that the activities occurring at the entheogenic service center, including ceremonies, are conducted in a manner that is not dangerous to the health of clients or people who are on or in the proximity of the entheogenic service center;⁷ (B) To develop and implement policies and procedures for addressing complaints, and to disclose these policies and procedures upon request; (C) To exercise reasonable judgment in the provision of entheogenic facilitation and peer support assistance. (D) To be reasonably involved with the activities of the entheogenic service center; (E) To provide the purchaser of psilocybin products manufactured by an entheogenic manufacturer with a written explanation of the information required on standard product labels in accordance with OAR _____; (F) To provide written notice to all facilitators who provide psilocybin services in affiliation with the entheogenic service center that the service center has been granted entheogenic practitioner privileges; (G) To provide periodic reports, no less than once each year, describing the entheogenic service center’s participation in or donations to a reciprocal exchange program; (H)To collect information and submit periodic reports, no less than once each year, describing clients’ participation in or donations to a reciprocal exchange program, to the extent that the entheogenic service center is involved with such participation or donations;</p>		
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	<p>(I) To complete and submit to OHA an incident report upon the occurrence of any of the criteria described in OAR _____. Such report shall include: a. The date and time and a description of the incident;</p> <p>b. The names of any clients who were leading ceremony;</p> <p>c. The names of any clients who were providing peer support assistance in the ceremony;</p> <p>7 See ORS 475.752(4)(c). Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 6 of 11</p> <p>d. The names of the facilitators who were supervising the ceremony; and</p> <p>(J) To fulfill all other duties ordinarily required of a psilocybin services center except as provided in OAR 333-XXX-XXX5.</p> <p>(2) In addition to the duties described in subsection (1) of this section, entheogenic manufacturers and entheogenic service centers who operate with co-located licensing in a non-segregated manner are subject to the following duties: (a) To keep all public portions of the premises clean, safe, and sanitary;</p> <p>(b) To provide only psilocybin products that are safe and sanitary;</p> <p>(c) To prevent diversion of psilocybin products into the black market;</p> <p>(d) To maintain records of all psilocybin products that are manufactured and sold.</p> <p>(3) The system described in subsections (1)(c)(B) of this section may include restorative justice models of conflict resolution, provided that the entheogenic service center makes clear to any complainant or other participant in that system that their participation is voluntary.</p> <p>(4) The special duties in this section apply:</p> <p>(a) With respect to entheogenic facilitators, any time the facilitator is providing psilocybin services in affiliation with a psilocybin service center that has entheogenic practitioner privileges; and</p>		
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	<p>(b) With respect to an entheogenic service center operator or entheogenic manufacturers, at all times.</p> <p>(5) If a psilocybin service center operator is granted entheogenic practitioner privileges at a particular service center and has a financial interest in or affiliation with a psilocybin service center that does not have entheogenic practitioner privileges: (a) The duties described in this section do not apply to service centers that do not have entheogenic practitioner privileges; and (b) The service center operator must take reasonable steps to ensure clients and potential clients are not confused about whether a service center has entheogenic practitioner privileges.</p> <p>Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) Statutes Implemented: Section 8(2)(c), _____</p> <p>PRIVILEGES OF ENTHEOGENIC PRACTITIONERS (OAR 333-XXX-XXX5) Entheogenic practitioners may enjoy the following privileges: Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees</p> <p>PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 7 of 11</p> <p>(1) For facilitators: (a) To supervise outdoor group ceremonies; (b) To supervise ceremonies in which clients freely engage in spiritual or religious rituals or exercises, provided they are safe; (c) To supervise ceremonies that are led by one or more clients who have consumed psilocybin products; (d) To supervise ceremonies that meet their facilitator requirements through the application of OAR 333-XXX-XXX6; (e) To supervise or assist in the sale and consumption of psilocybin products produced by an entheogenic manufacturer; (f) To supervise or assist in the sale of psilocybin products on a flat-fee basis; (g) To not be restricted to any particular limit in the amount of psilocybin that a client may use in an individual ceremony;</p>		
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	<p>(h) To facilitate any number of administration sessions for a client after completing one preparation session;</p> <p>(i) To facilitate any number of psilocybin administration sessions for a client who has submitted one completed Client Information Form within the last 12 months;</p> <p>(j) To not be limited in the number of preparation or integration sessions to a client who takes psilocybin pursuant to OAR 333-XXX-XXX3(3);</p> <p>(k) To actively participate in ceremonies in which the entheogenic facilitator is providing psilocybin services, provided that the entheogenic facilitator does not consume psilocybin products during the ceremony; and</p> <p>(l) To supervise ceremonies from outside the ceremonial space, except to the extent required by OAR 333-XXX-XXX4(1)(a)(E).</p> <p>(2) For manufacturers: (a) To store, handle, and discard psilocybin products in a manner in accordance with one’s beliefs or convictions, provide that such storage, handling, and discarding are safe;</p> <p>(b) To be located at or near a ceremonial space of a service center;⁸</p> <p>(c) To not be restricted in the species of psilocybin-containing mushrooms that may be cultivated;</p> <p>(d) To not be restricted in the growing techniques or growing substrates that may be used;</p> <p>(e) To offer fresh mushrooms for retail sale;</p> <p>(f) To provide psilocybin products to clients free of charge, provided that such giving does not violate M109 Section 114(6)(a);</p> <p>(g) To sell or give products on a flat-fee basis; and</p> <p>⁸ This means allowing “non-segregated” co-located licensing of manufacturing and service centers.</p> <p>Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees</p> <p>PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 8 of 11</p> <p>(h) To not have its psilocybin products tested except upon written request by the Authority or upon its own initiative.</p>		
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	<p>(3) For service centers: (a) To host outdoor group ceremonies; (b) To host ceremonies in which clients freely engage in spiritual or religious rituals or exercises, provided they are safe; (c) To host ceremonies that are led by one or more clients who have consumed psilocybin products; (d) To host ceremonies in which entheogenic facilitators supervise the ceremony from outside the ceremonial space, except to the extent required by OAR 333-XXX-XXX4(1)(a)(E); (e) To host ceremonies in which entheogenic facilitators participate, provided that the facilitator does not consume psilocybin products during the ceremony; (f) To sell or assist in the sale of any amount of psilocybin to a client for use in a particular psilocybin administration session; (g) To host ceremonies that meet their facilitator requirements through the application of OAR 333-XXX-XXX6; (h) To host any number of psilocybin administration sessions for a client who has completed one preparation session; (i) To host psilocybin administration sessions for clients who have submitted only one completed Client Information Form within the prior 12 months; (j) To sell or assist in the sale of psilocybin products produced by an entheogenic manufacturer; and (k) To sell or assist in the sale of psilocybin products on a flat-fee basis.</p> <p>(6) Facilitators who supervise a ceremony from outside the ceremonial space shall be prohibited from using visual, audio, or similar recording or live-streaming technology in supervising a ceremony.</p> <p>(7) Entheogenic practitioner privileges are conditional upon the entheogenic practitioner's reasonable and diligent performance of the duties described in this section. Failure to exercise entheogenic practitioner privileges reasonably or diligently shall be grounds for discipline as described in OAR 333-XXX-XXX9.</p> <p>Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c)</p>		
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	<p>Statutes Implemented: Section 8(2)(c), _____ PEER SUPPORT ASSISTANCE (OAR 333-XXX-XXX6) (1) Before a client may provide peer support assistance:</p> <p>Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 9 of 11</p> <p>(a) The entheogenic service center must: (A) Provide synchronous instruction to the client on how to provide peer-support assistance in accordance with the Facilitator’s Code of Conduct, the duties described OAR 333-XXX-XXX4, and other generally-accepted best practices; (B) Certify upon knowledge that the client is qualified and capable of providing such assistance; and (C) Submit to OHA a copy of a document certifying that the client has completed the instructional requirements of this section and, in the entheogenic service center’s judgment, is qualified and capable of providing peer-support assistance; and</p> <p>(b) The client must sign a declaration agreeing to abide by the Facilitator’s Code of Conduct, the duties described OAR 333-XXX-XXX4, and the duties described in subsection (3) of this section.</p> <p>(2) Before a client begins receiving the instruction described in subsection (1)(a)(A) of this section, the client must participate in no fewer than [8?] ceremonies at the entheogenic service center from which the client is to receive instruction on peer-support assistance. [Nix this subsection and trust the entheogenic practitioners to self-regulate?]</p> <p>(3) A client who provides peer support assistance during a ceremony is obligated to fulfill the following duties: (a) To provide peer-support assistance in accordance with generally-accepted best practices; (b) In situations when the facilitators’ supervision occurs from outside of the ceremonial space, to alert the facilitators when additional assistance would be helpful in enhancing, preserving, or restoring client safety or wellbeing;</p>		
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	<p>(c) When disagreement arises with a facilitator as to the best manner of promoting client safety or wellbeing, to defer to the facilitator concerning the course of action to be taken; and</p> <p>(d) To remain capable of performing peer-support assistance at all times during the ceremony.</p> <p>(4) A client’s authority to provide peer-support assistance is limited to entheogenic service centers whose operators have certified upon knowledge that the client is qualified and capable of providing that assistance.</p> <p>(5) Entheogenic service centers and entheogenic facilitators that utilize peer-support assistance pursuant to this section shall have discretion to deviate from the generally applicable facilitator-client ratios found at OAR 333-XXX-XXXX. In exercising their discretion pursuant to this subsection, an</p> <p>Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees</p> <p>PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 10 of 11</p> <p>entheogenic service center or entheogenic facilitators shall consider all relevant factors, including:</p> <ul style="list-style-type: none"> (a) The operator’s and facilitator’s familiarity with the clients participating in a ceremony; (b) The types of ceremonial activities the group intends to engage in; (c) The group and its members’ prior experience with psilocybin or other entheogenic plants or psychedelics; (d) The amount of cohesion or discord present in the group, if known to the operator or facilitator; (e) The relevant experience of the clients who are providing peer-support assistance; (f) The relevant experience, skill, and number of entheogenic facilitators who are providing supervision; and (g) Any other risk factors that the operator or facilitator knows or should know about. <p>(6) Entheogenic service centers that utilize peer-support assistance shall ensure that the ratio of clients who provide peer support assistance to clients who do not provide such assistance is</p>		
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	<p>no less than 1:5 in any ceremony. [Probably nix this subsection and trust the entheogenic practitioners to self-regulate.]</p> <p>(7) Clients who provide peer-support assistance may not receive compensation for the services. However, clients who provide peer support assistance may receive gifts of nominal monetary value. [nix?]</p> <p>Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) Statutes Implemented: Section 8(2)(c), _____</p> <p>LIMITATIONS ON ENTHEOGENIC PRACTITIONER PRIVILEGES (OAR 333-XXX-XXX7)</p> <p>(1) Entheogenic practitioner privileges may be used or asserted only:</p> <p>(a) At a psilocybin service center or manufacturing premises that has been granted entheogenic practitioner privileges; and</p> <p>(b) In connection with the activity of a spiritual or religious organization with which the entheogenic practitioner is affiliated.</p> <p>(2) Psilocybin products produced utilizing entheogenic practitioner privileges may not be sold, transferred, or consumed to or at a service center that does not have entheogenic practitioner privileges.</p> <p>Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) Statutes Implemented: Section 8(2)(c), _____</p> <p>Prepared by Jon Dennis for discussion by Oregon Psilocybin Advisory Board and its subcommittees</p> <p>PRIVILEGES AND DUTIES OF ENTHEOGENIC PRACTITIONERS [Draft v.9] Page 11 of 11 RECIPROCAL EXCHANGE PROGRAM DATA (OAR 333-XXX-XXX8)</p> <p>The Oregon Health Authority shall publish and maintain the reports obtained from entheogenic practitioners concerning their participation in or donations to reciprocal exchange programs.</p> <p>Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) Statutes Implemented: Section 8(2)(c), _____</p>		
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	<p>DISCIPLINARY PROCEEDINGS (OAR 333-XXX-XXX9)</p> <p>(1) The Oregon Health Authority may discipline an individual or organization if it finds by a preponderance of the evidence that the entheogenic practitioner failed to exercise entheogenic practitioner privileges in a reasonable manner or failed to fulfill the duties under OAR 333-XXX-XXX4 in a reasonable and diligent manner;</p> <p>(2) The disciplinary authority of the Oregon Health Authority includes the authority to suspend or revoke entheogenic practitioner privileges in part or in full.</p> <p>(3) If the authority revokes or suspends only the entheogenic practitioner privileges of a license holder, but not the whole license, the license holder may continue to work or operate or produce without the use of entheogenic practitioner privileges.</p> <p>(4) Nothing in this section shall limit the authority of OHA to discipline a license holder.</p> <p>(5) The authority may discipline a facilitator, manufacturer, or service center that utilizes entheogenic practitioner privileges without authorization.</p> <p>Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) Statutes Implemented: Section 8(2)(c), _____</p> <p>MISCELLANEOUS (OAR 333-XXX-XXX10)</p> <p>(1) If a city or county adopts local land use or zoning ordinances concerning psilocybin licensees, such city or county must conform with the Religious Land Use and Institutionalized Persons Act (42 U.S.C. 2000cc et seq.) in the terms and application of such ordinances.</p> <p>(2) When assessing the fees required by Ballot Measure 109 (2020), Section 23 (4)(b) and 26(3)(b), the Oregon Health Authority shall enact a progressive fee structure in which nonprofit organizations are assessed a lesser fee amount than other organizations.</p> <p>Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) Statutes Implemented: Section 8(2)(c), _____</p> <p><i>(1:43:30 on audio) OPAB members discussed Recommendation #2: Group Administrative Sessions.</i></p>		
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	<p><i>(2:02:30 on audio) Angela Carter made a motion to vote on Recommendation #2: Group Administrative Sessions, with the client to facilitator ratio as written in 2b (2a was removed). They also amended Recommendation #2 to add a requirement that a back up facilitator is available to be present at the service center within 15 minutes of being called to assist in the session. Rachel Knox seconded. Motion passed.</i></p> <p><i>Voted in favor: Angela Carter, Atheir Abbas, Barb Hansen, Kevin Fitts, Margaret Philhower, Rachel Knox, Sarah Present, Todd Korthuis</i></p> <p><i>Voted against: Ali Hamade, Kimberly Golletz, Stephanie Barrs</i></p> <p><i>Abstained: David Hart, Jessie Uehling</i></p> <p><u>#2: Group Administrative Sessions (carried over from April OPAB Meeting):</u></p> <ol style="list-style-type: none"> 1. Licensing, 8/26/21: Recommend that group administration sessions be permitted subject to rule requirements. 2. Client to Facilitator Ratio: <ol style="list-style-type: none"> a. Licensing, 8/26/21: Recommend a minimum ratio of 3 clients to 1 facilitator for group administration session, <i>or</i> b. Licensing, 1/6/22: Recommend maximum client to facilitator ratio for group sessions of 8:1 for perceptual doses and 10:1 for subperceptual doses. 3. Licensing, 8/26/21: Allow group administration sessions without limiting the total number of clients in a group, provided that the service center is compliant with building occupancy and other applicable state and local requirements. 4. Licensing, 1/6/22: Recommend that to reduce costs and increase the accessibility of psilocybin services in Oregon: <ol style="list-style-type: none"> 1. Group preparation sessions shall be permitted; 2. Facilitators shall be permitted to conduct individual and group preparation sessions remotely, provided that the client agrees and has opportunities for one-on-one interaction with the facilitator; 3. Group integration sessions shall be permitted; and 		
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4. Facilitators shall be permitted to conduct individual and group integration sessions remotely, provided that the client agrees and has opportunities for one-on-one interaction with the facilitator.

(2:06:00 on audio) OPAB members discussed Recommendation #3: Facilitator Duties

(2:07:30 on audio) David Hart motioned to vote on Recommendation #3: Facilitator Duties. Atheir Abbas seconded. Motion passed.

Voted in favor: Ali Hamade, Angela Carter, Atheir Abbas, Barb Hansen, David Hart, Jessie Uehling, Kevin Fitts, Kimberly Golletz, Margaret Philhower, Rachel Knox, Sarah Present, Stephanie Barrs, Todd Korthuis

#3: Facilitator Duties

1. Licensing, 9/9/21: Recommend requiring fiduciary duties of loyalty, care and confidentiality that facilitators owe to clients as described below:

Fiduciary duties are intended to protect the more vulnerable parties in relationships where one party has greater expertise and influence. The relationships between lawyers and their clients, and between doctors and their patients, are of a fiduciary nature, which makes them something greater than mere contractual relationships.

Like a client seeking the expertise of an attorney, or a patient seeking the knowledge and skill of a physician, psilocybin clients seek the services of facilitators because they have undergone the training, and acquired the relevant skill, necessary to become licensed in the State of Oregon. Moreover, while under the influence of psilocybin, clients may be in a vulnerable position relative to facilitators. Due the asymmetries of knowledge and power that characterize the provision of psilocybin services, the relationship between facilitators and clients shall be construed as a fiduciary relationship.

Facilitators licensed by the Oregon Health Authority shall owe clients fiduciary duties of loyalty, care, and confidentiality.

	<p><i>Duty of Loyalty:</i> While acting in the role of fiduciary, facilitators shall have a duty to put their clients' interests above their own. When soliciting a client's consent for psilocybin services, facilitators shall have a duty to disclose all information that is material to the client's decision, including but not limited to, any personal or financial interests unrelated to the client's welfare that may affect the facilitator's judgement. Should such information arise after consent is obtained, the facilitator has an ongoing duty to disclose it to the client.</p> <p><i>Duty of Care:</i> Facilitators shall have a duty to use the degree of skill, knowledge, and care that other reasonably careful licensed facilitators would use in the same or similar circumstances. Facilitators shall understand the laws and regulations governing the provision of psilocybin services, comply with the facilitator's professional code of conduct, and complete the continuing education necessary to maintain the requisite level of skill, knowledge, and care.</p> <p><i>Duty of Confidentiality:</i> Facilitators shall have a duty to maintain the confidentiality of client information. When disclosure of client information may be permitted under Section 56 of the Oregon Psilocybin Services Act, facilitators should attempt to maintain the confidentiality of client information to the greatest extent possible, and if compliance can be achieved without disclosing client information, the facilitator should avoid disclosure.</p> <ol style="list-style-type: none"> 2. Licensing, 12/2/21: Recommend that supportive touch, such as holding a client's hand or placing a hand on a client's shoulder, shall be permitted provided that the informed consent of the client has been appropriately obtained and documented before the administration session begins. Sexual or romantic contact between facilitators and clients or contact that may reasonably be construed as sexual or romantic, shall be prohibited and shall be grounds for an investigation and potential license revocation. <p><u>#4: Facilitator Code of Conduct</u></p> <ol style="list-style-type: none"> 1. Licensing, 1/6/22: Adopt 1/2/22 draft of the ethical principles/code of conduct for psilocybin facilitators for consideration by the full Psilocybin Advisory Board. (Full text follows) 		
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	<p><i>(2:09:00 on audio) OPAB members discussed Recommendation #4 Ethical Principles/Code of Conduct for Psilocybin Facilitators.</i></p> <p><i>(2:14:45 on audio) Kimberly Golletz motioned to vote on Recommendation #4 Ethical Principles/Code of Conduct for Psilocybin Facilitators. Atheir Abbas seconded. Motion passed.</i></p> <p><i>Voted in favor: Ali Hamade, Angela Carter, Atheir Abbas, Barb Hansen, David Hart, Jessie Uehling, Kevin Fitts, Kimberly Golletz, Margaret Philhower, Rachel Knox, Sarah Present, Stephanie Barrs, Todd Korthuis</i></p> <p><u>#4 Ethical Principles/Code of Conduct for Psilocybin Facilitators</u></p> <p>1. General principle.</p> <p>Beneficence and nonmaleficence: All facilitators shall strive to benefit others, to do no harm, and to safeguard the welfare of clients.</p> <p>2. Fiduciary Duties.</p> <p>Fiduciary duties are intended to protect the more vulnerable parties in relationships where one party has greater expertise and influence. Facilitators owe clients fiduciary duties including, but not limited to, the duties of loyalty, care, and confidentiality.</p> <p><i>Duty of Loyalty:</i> While acting in the role of fiduciary, facilitators have a duty to put their clients' interests above their own. When soliciting a client's consent for psilocybin services, facilitators shall have a duty to disclose all information that is material to the client's decision, including but not limited to, any personal or financial interests unrelated to the client's welfare that may affect the facilitator's judgement. Should such information arise after consent is obtained, the facilitator has an ongoing duty to disclose it to the client.</p>		
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	<p><i>Duty of Care:</i> Facilitators have a duty to use the degree of skill, knowledge, and care that other reasonably careful licensed facilitators would use in the same or similar circumstances. Facilitators shall understand the laws and regulations governing the provision of psilocybin services, comply with the facilitator's professional code of conduct, and complete the continuing education necessary to maintain the requisite level of skill, knowledge, and care.</p> <p><i>Duty of Confidentiality:</i> Facilitators have a duty to maintain the confidentiality of client information. When disclosure of client information may be permitted under Section 56 of the Oregon Psilocybin Services Act, facilitators should attempt to maintain the confidentiality of client information to the greatest extent possible, and if compliance can be achieved without disclosing client information, the facilitator should avoid disclosure.</p> <p>3. Misconduct and Responsibility for the Acts of Others</p> <p>It is professional misconduct for a facilitator to:</p> <ul style="list-style-type: none"> a. Violate this code of conduct, knowingly induce another to do so, or to do so through the acts of another; b. Commit a criminal act that reflects adversely on the facilitator's honesty, trustworthiness or fitness to provide psilocybin services; c. Engage in conduct involving dishonesty, fraud, deceit, or misrepresentation; <p>A facilitator shall be responsible for another facilitator's violation of this code of conduct if:</p> <ul style="list-style-type: none"> a. The facilitator orders or, with the knowledge of the specific conduct, observes, condones, or approves the conduct involved; or b. The facilitator has direct supervisory authority over the other facilitator and knows of the conduct at the time when its consequences can be avoided or mitigated but fails to take reasonable remedial action. <p>Facilitators who observe or ratify the misconduct of another facilitator shall report the misconduct to the OHA within 7 calendar days.</p>		
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	<p>4. Privacy and Confidentiality.</p> <p>Facilitators have an obligation to protect confidential client information obtained during their work.</p> <p>Unless required by law, disclosures of client information shall be made only with a client’s written consent. Facilitators shall not disclose confidential client information when consulting with colleagues or with other clients.</p> <p>Limits of confidentiality should be discussed with clients, including under what conditions confidential information is legally required to be released.</p> <p>5. Competence.</p> <p>Facilitators shall demonstrate successful completion of an OHA approved training program that meets training standards set by OHA.</p> <p>Facilitators shall only provide services within the boundaries of their competence (scope of practice), based on education, training, and licensure.</p> <p>Facilitators shall undertake relevant education, training, supervision, and consultation when providing techniques or services that are new to them.</p> <p>Facilitators shall participate in ongoing training or continuing education to maintain competence.</p> <p>6. Contacting Emergency Services.</p> <p>Facilitators shall acknowledge that due to the stigmatization and current legal status of psilocybin, contacting police and other emergency responders can pose unique risks to client safety and privacy. Accordingly, facilitators shall have safety plans in place that reduce the need to contact emergency responders. Nevertheless, facilitators must learn to distinguish benign side effects of psilocybin services from medical emergencies, and when true emergencies arise, they shall contact emergency responders. In those circumstances,</p>		
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	<p>facilitators have ongoing fiduciary duties to clients requiring facilitators to minimize potential harms to clients associated with contacting and involving first responders.</p> <p>7. Dual/Multiple Relationships.</p> <p>When a facilitator sees a client with whom they have an existing relationship, or sees a person closely associated with a client, this creates a dual relationship. The conflation of personal relationships with the provision of psilocybin services can be problematic and may impair the facilitator’s objectivity or effectiveness.</p> <p>Facilitators should not provide services to people over whom they have supervisory, evaluative, or other authority (e.g., students, employees)</p> <p>When a facilitator serves a client with whom they have a previous or existing relationship, great care should be taken to delineate between professional and personal roles and respect and understand the vulnerable position of clients receiving psilocybin services.</p> <p>A facilitator shall not offer or render psilocybin services as a means of establishing a personal relationship with clients.</p> <p>8. Record Keeping.</p> <p>Facilitators shall create and maintain records of services provided to meet service center requirements, to document client response to psilocybin services, for accurate billing, and for the maintenance of licensure.</p> <p>Facilitator records shall include:</p> <ul style="list-style-type: none"> • Completed Client Information Form • Completed Informed Consent Form for each round of psilocybin services • Start and stop time of each preparatory, administration, and integration session • The identity, dose, and batch number of the psilocybin product(s) administered during each administration session • Adverse outcomes <p>9. Maintenance, dissemination, and disposal of confidential records</p>		
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	<p>Facilitators shall store client information in accordance with the following rules:</p> <ul style="list-style-type: none">• Client records must be stored and maintained for a minimum of 5 years.• To prevent unauthorized access and protect client confidentiality, records shall be stored in a manner that meets or exceeds HIPAA standards.• With reasonable notice, facilitators shall allow clients to access, review, and correct their records.• Records should only be destroyed in a manner that maintains client confidentiality, such as a commercial shredding service.• After maintaining a client's records for 5 years, facilitators shall destroy those records upon receiving a written request from clients for their records' destruction. <p>10. Fees and Financial Arrangements.</p> <p>Agreement between client and facilitator regarding fees, and any other financial arrangements, shall be recorded in writing prior to the provision of psilocybin services.</p> <p>11. Advertising and other public statements.</p> <p>Facilitators shall not make false, deceptive, or misleading statements and shall take reasonable efforts to prevent others from making false, deceptive, or misleading statements on their behalf.</p> <p>Facilitators providing public advice (in person, in print, or on the internet, etc.) shall take precautions to ensure statements are based on training and experience and are consistent with this code of ethics.</p> <p>Facilitators shall not solicit testimonials from clients.</p> <p>12. Resolving Ethical Issues.</p>		
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	<p>Facilitators and members of the public shall submit complaints to an ethics/licensing committee that receives complaints from the public, adjudicates/investigates complaints, and has the power to revoke licenses or mandate remedies.</p> <p>13. Special considerations for non-ordinary states of consciousness</p> <p>Clients may be especially open to suggestion, manipulation, or exploitation, and because the effects of psychedelics can persist for months, this state of vulnerability may be prolonged, which requires increased attention to safety and consent.</p> <p>Psilocybin facilitation has the potential for stronger, more subtle, more complicated transference (strong feelings a client projects onto a provider; for example, as a parental figure) and counter transference (strong feelings a provider feels toward a client). This potential dynamic requires facilitators to be self-awareness, to engage in self-reflection and self-examination, and when possible, to participate in supervision/peer support for facilitators.</p> <p>14. Non-Directive Approach to Facilitation of Psilocybin Services</p> <p>Facilitators shall provide psilocybin services, which consist of preparation, administration, and integration sessions, in a non-directive manner. The non-directive approach to facilitation is characterized by maintenance of a consistent, warm, and affirming disposition with clients, while avoiding giving clients direct advice or directly interpreting their statements or behaviors. The goal of nondirective facilitation is for clients to discover things about themselves for themselves with only minimal guidance from a facilitator. The pace and direction of facilitation are controlled by clients, while facilitators serve in a supportive role. An exception would be when safety is at stake, at which point facilitators shall become directive only in the service of safety.</p> <p>15. Use of Touch</p> <p>Clients may want or benefit from a facilitator’s reassuring touch during the administration session. Facilitators shall complete training regarding the appropriate use of touch and</p>		
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	<p>demonstrate an acceptable level of understanding regarding the context and boundaries for appropriate touch. Facilitators shall discuss the use of touch with clients before the start of each administration session, and permission to use touch shall be requested and recorded.</p> <p>16. Romantic and Sexual Relationships</p> <p>No romantic relationships, sexual contact, or sexual intimacy with clients is permitted during any stage of psilocybin services including preparatory, administration, and integration sessions. In addition, sexual contact or romantic relationships with clients, or their partners or immediate family members, is prohibited for one year after the facilitator-client relationship has been formally terminated.</p> <p>17. Storage and Diversion of Psilocybin Products</p> <p>Facilitators shall store psilocybin products in accordance with OHA administrative rules and shall have a duty to prevent their adulteration, contamination, or diversion from psilocybin service centers.</p> <p>18. Acknowledgements</p> <p>This code of conduct was inspired by ethical codes of the American Counseling Association, the American Psychological Association, and the Multidisciplinary Association for Psychedelic Studies (MAPS).</p> <p><i>(2:16:00 on audio) OPAB members discussed Recommendation #5: Client Bill of Rights.</i></p> <p><i>(2:28:00 on audio) Sarah Present motioned to vote on Recommendation #5: Client Bill of Rights, with removal of the words “they believe” in point 12 and removal of point 19 as it is redundant. Barb Hansen seconded. Motion passed</i></p>		
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	<p><i>Voted in favor: Ali Hamade, Angela Carter, Atheir Abbas, Barb Hansen, David Hart, Jessie Uehling, Kevin Fitts, Kimberly Golletz, Margaret Philhower, Rachel Knox, Sarah Present, Stephanie Barrs, Todd Korthuis</i></p> <p><u>#5: Client Bill of Rights</u></p> <p>1. Licensing, 10/21/21: Recommend that the Client Bill of Rights should be posted in a prominent place visible to clients in every service center. (Full text below)</p> <p>Oregon Psilocybin Advisory Board Client Bill of Rights</p> <p>Clients receiving psilocybin services in Oregon have the following rights:</p> <ol style="list-style-type: none"> 1. To be treated with dignity and respect while receiving psilocybin services. 2. To receive culturally competent care. 3. To be free from physical, sexual, psychological, and financial abuse before, during, and after receiving psilocybin services. 4. To be fully informed of, and helped to understand, the risks associated with psilocybin services. 5. To make decisions autonomously, free of coercion and undue influence. 6. To be fully informed of the benefits and risks associated with psilocybin services. [<i>add</i> 7. To refuse psilocybin services once they have begun. 8. To privacy and confidentiality and to control how their information is processed and used. 9. To decline to participate in research or share information with third parties, except as required by law. 10. To a full accounting and explanation of all facilitator conflicts of interest and the costs associated with receiving psilocybin services before receiving those services. 11. To have belongings stored securely while receiving psilocybin services. 		
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12. To access their client records after providing reasonable notice to a facilitator or service center and to correct information that they believe is inaccurate.
13. To request a private room in which to receive psilocybin services.
14. To be monitored and supported by a licensed facilitator for the duration of psilocybin services until it is safe for the client to be transported home or transferred to the care of a responsible friend or family member.
15. To receive psilocybin services from the same licensed facilitator for the duration of those services.
16. To access service centers, therapy rooms, and psilocybin services that are welcoming and accessible to people with disabilities.
17. To have access to a clean, single occupancy restroom for the duration of psilocybin services.
18. To discuss this Bill of Rights with licensed facilitators and service center operators without facing discrimination or retaliation.
19. To report violations of this Bill of Rights to the Oregon Health Authority, or other appropriate governing body, without facing discrimination or retaliation.

To report violations of these rights, please contact the Oregon Health Authority.

(2:30:25 on audio) OPAB members discussed Recommendation #6: Client Transportation.

(2:38:30 on audio) Todd Korthuis motioned to vote on Recommendation #6: Client Transportation. Atheir Abbas seconded. Motion passed.

Voted in favor: Ali Hamade, Angela Carter, Atheir Abbas, Barb Hansen, David Hart, Jessie Uehling, Kimberly Golletz, Margaret Philhower, Rachel Knox, Sarah Present, Stephanie Barrs, Todd Korthuis

Abstained: Kevin Fitts

	<p>#6: Client Transportation</p> <ol style="list-style-type: none"> 1. Licensing, 12/2/21: Recommend that clients may leave an administration session before it has concluded. However, in such cases, the facilitator shall advise the client that they are leaving before the session has concluded (against the advice of the facilitator), record this information in the client record, ask the client to sign a form acknowledging that they are leaving against the facilitator's advice, and take reasonable efforts to ensure that the client has a trusted person transport them home safely. Though clients may leave an administration session before it has concluded, facilitators may not prematurely conclude an administration session. An administration session is concluded prematurely if continuing the session is necessary to ensure the safety of the client and the public. <ul style="list-style-type: none"> ○ Licensing, 12/2/21: Recommend that the client informed consent document shall be updated to inform clients of the requirements of the preceding motion as part of the informed consent process. 2. Training, 2/10/22: Recommend that prior to a psilocybin administration session, a facilitator will work with a client to develop a transportation plan for when the psilocybin administration session ends. A facilitator will not authorize a client to operate a vehicle after completing a psilocybin administration session. If previously arranged transportation is not available after the administration session, the facilitator will help the client make other arrangements, prioritizing the client's safety and well-being. The facilitator will not be held responsible for a violation of this requirement if they take reasonable steps to discourage the client from driving. <p><i>(2:39:00 on audio) Due to the small amount of time left in the meeting, Atheir Abbas made a decision to move discussions and votes on recommendations 7-12 to the June 2022 meeting.</i></p> <p><i>(2:40:00 on audio) Rachel Knox made a motion to have OPAB discuss and vote on a community based practioner framework during the June OPAB meeting. Sarah Present seconded. Motion failed.</i></p>		
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(2:52:00 on audio) Voted in favor: Angela Carter, Kevin Fitts, Margaret Philhower, Rachel Knox, Sarah Present

Voted against: Atheir Abbas, Barb Hansen, David Hart, Kimberly Golletz, Stephanie Barrs, Todd Korthuis

Abstained: Ali Hamade, Jessie Uehling

#7: Client Information Form

1. Licensing, 11/4/21: Approve draft informed consent document presented during meeting and move the document to the full Psilocybin Advisory Board for consideration. **or**
2. Training, 2/10/22: Recommend adoption of content for client information form.

Note: complete text of both forms is included on following pages

Proposed Informed Consent Document, Licensing, 11/4/21

INFORMED CONSENT TO RECEIVE PSILOCYBIN SERVICES

Introduction:

In the State of Oregon, psilocybin services are delivered during three different sessions: preparatory, administration, and integration. You should receive this informed consent form at the start of your preparatory session. During the session, your facilitator will discuss the form with you. Please ensure that you read and understand every section because you must sign the form before the preparatory session concludes. If you do not understand any part of this document, please ask your facilitator for clarification before signing.

Statement on Data Collection:

While receiving psilocybin services, you may be asked to contribute information for research purposes. Efforts will be made to protect the security and confidentiality of your information, such as the deidentification of your data, consistent with standards of medical care and research. However, there is a risk the information could be used to identify you and reveal

	<p>that you have received psilocybin services. If you agree to share your information, then data collected about you by your facilitator may be shared with people and institutions outside the psilocybin service center. If you would prefer that your information not be shared for these purposes, then you should not agree, and your information will only be shared if permitted or required by law. Your decision will not affect your ability to receive psilocybin services.</p> <p>I have been informed of and understand the following: (Please initial each item below)</p> <ol style="list-style-type: none">1. ___ I have been provided with a copy of 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 constitute medical diagnosis or treatment.3. ___ I understand that Psilocybin has not been approved by the FDA for marketing as a drug, and the federal government currently classifies psilocybin as a Schedule I controlled substance. <p><u>Proposed Informed Consent Document, Licensing, 11/4/21</u></p> <ol style="list-style-type: none">a. According to the Drug Enforcement Administration (DEA), Schedule I controlled substances have (1) a high potential for abuse; and (2) no currently accepted medical use.b. Federal law prohibits the manufacture, distribution, and possession of psilocybin even in cities and states that have modified their laws to allow its possession or use.c. Despite its federal Schedule I status, research suggests that psilocybin is very unlikely to be addictive. The Food and Drug Administration (FDA) has designated psilocybin a "breakthrough therapy" for major depressive disorder and treatment resistant depression, which means psilocybin may be a significant improvement over current FDA approved therapy. Additionally, randomized controlled clinical trials and peer reviewed medical literature		
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	<p>suggest that psilocybin may improve symptoms of depression, anxiety, end of life distress, various forms of trauma, and problematic substance use.</p> <p>Participants also report improvements in mental and spiritual wellbeing.</p> <p>4. ____ I understand that while existing research has shown promising results, the risks, benefits, and drug interactions of psilocybin are not fully understood, and individual results may vary. During clinical trials, participants may have received more preparatory, administration, and integration sessions, and clients should use caution when using the results of research to predict the nature of their experience when receiving psilocybin services.</p> <p>5. ____ I understand that some people find psilocybin administration sessions challenging and uncomfortable. Common potential side effects include mild and transient headache, fatigue, anxiety, confusion, increased blood pressure, elevated heart rate, paranoia, perceptual changes, altered thought patterns, reduced inhibitions, unmasking of repressed memories and traumas, and altered perception of time and one's surroundings. If they occur, these side effects are usually mild and temporary. However, because the potential risks and benefits of psilocybin administration are not fully understood, there may be unanticipated side effects.</p> <p>6. ____ I understand that less common, and potentially more serious side effects may include dizziness, fainting, and changes in heart rhythm (arrhythmia) such as QT prolongation.</p> <p>7. ____ I understand that if I am taking prescription medications or have a chronic medical condition including, but not limited to, heart disease, kidney disease, or liver disease, I should check with my doctor before being administered psilocybin.</p> <p><u>Proposed Informed Consent Document, Licensing, 11/4/21</u></p> <p>8. ____ I understand that people diagnosed with certain mental health conditions, such as schizophrenia and bipolar disorder, may be at increased risk for serious side effects during or following the administration of psilocybin.</p>		
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	<p>9. ____ I understand that some people are allergic to mushrooms, and psilocybin is sometimes derived from mushrooms. If I have a known mushroom allergy, I should check with my doctor before being administered psilocybin.</p> <p>10. ____ I understand that the effects of psilocybin during pregnancy and breastfeeding are unknown.</p> <p>11. ____ I understand that facilitators may use different types of touch while providing psilocybin services and that certain types of touch may be unavoidable. My facilitator has had a thorough discussion about which types of touch are acceptable to me prior to the start of my psilocybin administration session.</p> <p>12. ____ I understand that if I disclose instances of child or sexual abuse to my facilitator, or information that may put me or another person at risk of imminent harm, my facilitator may be required by law to report my statements to police and other authorities.</p> <p>13. ____ I agree not to drive, operate heavy machinery, or engage in any activities that require alertness or quick responses for at least 24 hours after psilocybin administration.</p> <p>14. ____ I understand that being administered psilocybin is completely voluntary and I may decide not to receive psilocybin at any time.</p> <p>15. ____ I understand that if I agree to share my information for research purposes, then data collected by my facilitator may be shared with people and institutions outside the psilocybin service center. Efforts will be made to protect the security and confidentiality of my information, such as the deidentification of my data, consistent with standards of medical care and research. However, there is a risk the information could be used to identify me and reveal that I have received psilocybin services. If I do not want my information to be used for research, then I should decline to share my data. I may still receive psilocybin services, and my data will only be shared to the extent permitted or required by law.</p> <p>16. ____ I understand that for my own safety, leaving a psilocybin service center during an administration session once it has begun is not recommended. Doing so could expose me to safety and legal risks.</p>		
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Proposed Informed Consent Document, Licensing, 11/4/21

17. ____ 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.
18. ____ I have had the opportunity to ask questions regarding anything I may not understand or that I believe should be clarified.

Name (Print)

Signature

Date

Proposed Informed Consent Framework, Training Subcommittee 2/13/22

The Client Information Form shall collect information from the client that is necessary to enable a facilitator to determine whether the client should receive psilocybin services, whether additional consultation, referral, resources, or support is needed in order for the client to receive psilocybin services, and to assist the service center and facilitator in meeting public health and safety standards during the administrative session. This information shall include:

- Client medical and mental health history
- History of recent suicidal ideation, intent, or attempts
- Trauma history, including childhood trauma, as well as recent traumatic events
- History of recent psychological destabilization
- Substance use history, including current use and any history of problematic use

	<ul style="list-style-type: none"> • History of experience with psilocybin or other altered states (including client response to those experiences) • Client’s support network and current living situation • Client’s history of treatment for mental health issues (including past and current therapy) • Client’s experience with any kind of self-work, meditation, or other contemplative and/or spiritual practices • Client’s current medication list • Medical devices that client is currently using (Example: catheter) • Medication that must be taken during administrative session • Medication that may need to be taken during administrative session (Example: epi pen) • Whether the client will need assistance from another person, such as a health aide or translator, during the administrative session • Mobility concerns • Languages spoken, including languages that the client grew up speaking <p><u>#8: Risk Assessment and Safety Planning</u></p> <p>1. Training, 3/10/22: Recommend risk assessment framework to assess client suitability for psilocybin services.¹ (Full text below)</p> <p>OPAB Risk assessment document adopted 3/10/22</p> <p>Eligible for services now/Not eligible for services now but may have a reconsideration of eligibility in the future.</p> <p>All clients will receive safety planning for their unique needs</p>		
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¹ See appendix J for full text of risk assessment framework

	<p>Standardized screening tools will be used to create a clear and numerical cut off for safety concerns that does not require extensive training to conduct.</p> <p>Create a package of resources that all people who receive facilitation may have access to.</p> <p>Hard No's: with the possibility of reconsideration at a later date Active psychosis Immediate risk for harm to self or others Pregnancy The current OR RECENT (1-2 months) use of contraindicated meds Current impaired decision making capacity including intoxication (assure there is training to identify) Clearly unsafe living situation (needs definition beyond DV) always provide definitions of DV and give resources as not all people will disclose</p> <p>Requires further screening? : with the possibility of reconsideration at a later date Standardized Screening Battery *The following screening measures are utilized to assist facilitators in providing accurate information to clients regarding risk levels/factors and to guide the safety planning process. Suicidality: Columbia-Suicide Severity Rating Scale (C-SSRS) Mania: Hypomania Symptom Checklist-32 (HCL-32) Alcohol/Substance Use: Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Childhood Trauma: Adverse Childhood Experiences Scale (ACES) Social Support: Multidimensional Scale of Perceived Social Support (MSPSS) Severity of Psychological Distress: Brief Symptom Inventory (BSI) Depression Severity: Patient Health Questionnaire-9: (PHQ-9) Resilience: Satisfaction with Life Scale (SWLS)</p> <p>Hospitalizations for risk of harm to self or others: requires further screening (What are the risks or protective factors?) (3 month timeframe since hospitalization, medications are stable, demonstration of safety net)</p>		
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	<p>Chronic heavy substance use? (amphetamines, cocaine are higher risk) (what is daily use like and what is the impact on metabolism?, and also how is the client presenting the day of the session? What screening tools?)</p> <p>Dementia and end of life care and decision making capacity</p> <p>Significant medical illness Naive to non-ordinary states of consciousness</p> <p>Multiple meds</p> <p>Significant trauma folks with long term and recalcitrant mental health concerns</p> <p>Cannabis? How do we address in screening and informed consent?</p> <p>Crisis Lines/Support Services Fireside Project-Psychedelic Support Hotline: call (623) 473-7433 or text 62 FIRESIDE National Suicide Prevention Lifeline: (800) 273-8255 Substance Abuse and Mental Health Services Association: (800) 662-HELP (4357) National Domestic Violence Hotline: (800) 799- SAFE (7233) National Sexual Assault Telephone Hotline: (800) 656-HOPE (4673) National Alliance on Mental Illness (NAMI) Helpline: (800) 950-NAMI (6264) Veterans Crisis Line: (800) 843-4564 LGBT National Hotline: (888) 843-4564</p> <p>2. Training, 3/10/22: Recommend safety plan framework for clients receiving psilocybin services. (Full text below)</p> <p><u>Safety Planning Framework 3/10</u> Safety planning is the process of identifying potential reactions or responses that may arise following psilocybin administration, as well as what resources or support you can utilize if you notice those reactions occurring. Having a plan laid out in advance can improve safety</p>		
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	<p>outcomes and increase feelings of safety during an administration session. This form should be filled out with your facilitator prior to engaging in a psilocybin administration session.</p>		
	<p>Warning Signs. These are emotions, thoughts, sensations, moods, behaviors, images that may lead to difficulty coping. Identify what happens in your body or mind when you begin to feel distress (e.g., emotional or physical sensations). There might also be situational provocations such as seeing someone/something, witnessing unfair treatment, and/or a distressing memory. What do you experience in response to these cues? Examples might be a racing heart, chest tightness, sweating, narrowing of visual field, inability to concentrate. Please describe in your own words. Warning signs:</p>		
	<p>Coping Strategies. What can you do on your own that promotes safety? What helps you manage stress? Examples might be journaling, drawing, dancing, meditation, exercise, a warm bath, reading, laughing, etc. What might get in the way of engaging in these coping strategies? Coping strategies are personal and meaningful and there isn't one "right way". Coping strategies:</p> <p>Useful Distractions. What options are there to temporarily distract from the stressor? Develop a list of activities that may offer relief. It may involve changing your current "headspace" or environment. If you enjoy being outside, write down "go for a walk". If you have a favorite feel-good movie, write that down. Is there music that brings you joy? Think of simple interventions you can do easily and quickly. Write those things down. Useful distractions:</p>		
	<p>People to Contact. Who is available to support you? List anyone you fully trust or feel safe around. These could be friends, family members, or community/peer support resources who</p>		

	<p>could be available to talk to or spend time with. Write down their phone numbers and/or addresses. Your people:</p>		
	<p>Professional Contacts. Develop multiple layers of support. Identify a medical/psychological care team (e.g., therapist, psychiatrist, primary care provider, other care providers), spiritual supports, recovery groups, psychedelic integration specialists, peer support groups, free or low-cost resources, county crisis lines, local crisis mobile units, walk-in clinics, and hospitals. Write down phone numbers and addresses. Contacts:</p>		
	<p>Remove Means. Address plans for removing means of self-harm: Flush medications, remove firearms or other high-risk items identified as potentially causing harm. Describe:</p> <p>Crisis Lines/Support Services</p> <p>Fireside Project-Psychedelic Support Hotline: call (623) 473-7433 or text 62 FIRESIDE National Suicide Prevention Lifeline: (800) 273-8255 Substance Abuse and Mental Health Services Association: (800) 662-HELP (4357) National Domestic Violence Hotline: (800) 799-SAFE (7233) National Sexual Assault Telephone Hotline: (800) 656-HOPE (4673) National Alliance on Mental Illness (NAMI) Helpline: (800) 950-NAMI (6264) Veterans Crisis Line: (800) 843-4564</p>		

LGBT National Hotline: (888) 843-4564

#9: Dosage, Duration and Frequency

1. Licensing, 12/2/21: Recommend that to reduce the costs associated with psilocybin services, and maximize accessibility of the Oregon model, there shall be no minimum or maximum duration for administration sessions. The length of each administration session may depend on several factors such as the dose and type of psilocybin products administered, the goals of the client, whether the client has trustworthy transportation to take them home, and the degree to which the administered psilocybin products are affecting the client's physical abilities and cognitive function. Considering these factors, the facilitator shall determine when an administration session has concluded, and if, in the facilitator's professional judgement, continuing an administration session is unnecessary to ensure the safety of the client and the public, then the facilitator may conclude the administration session and shall record the time at which the session concluded in the client record. Framing the required duration of administration sessions in this manner leaves room for the administration of subperceptual doses of psilocybin products while allowing administration sessions to be completed in less time (compared to the time required to complete sessions in which higher doses of psilocybin products are administered).
2. Products, 1/6/22: Recommend 10 mg of psilocybin as max quantity per serving for extracts, .5 gram as max quantity per serving for fruiting body and mycelium products.
3. Research, 2/24/22:
 - a. The maximum concentration of psilocybin per serving shall be 25 mg/serving.
 - b. The number of servings permitted in a psilocybin product package shall not exceed 1 serving total, though a product package may be subdivided into amounts that are less than one serving (1 serving = 25 mg).
 - c. Typical administration session doses should be 20-30 mg (approximately 1 serving). Administration doses less than or greater than approximately 1 serving should be specifically discussed.

- d. The unique potential risks associated with substantially greater than >1 serving within a session, or repeated (defined as >5) administrations shall be specifically discussed with the client and that discussion shall be documented.

#10: Product Handling

1. Training, 2/10/22: Recommend that during a psilocybin administration session, a licensed psilocybin service center will deliver a psilocybin product or products to a participant of psilocybin services. The participant's facilitator will be present when the client ingests the product(s), but will not prepare, handle, or administer the product(s), unless the facilitator is also the service center operator
2. Equity, 12/17/21: Recommend that OHA prohibit the mixing of psilocybin products by facilitators and service center staff with:
 - Homemade food products
 - Pre-packaged non-intoxicating products, including but not limited to dietary supplements and nutraceuticals (excluding food products and filtered water)
 - Prescription and over-the-counter drugs
 - Pre-packaged and homemade sub-intoxicating products including but limited to hemp-derived cannabis products and cannabinoids.
3. Pre-packaged and homemade intoxicating products including but not limited to adult-use cannabis products, home grown cannabis, other hallucinogens, or beverage alcohol

#11: Integration Session

1. Training, 3/10/22: Recommend the following integration framework:
Integration, as defined in the measure, will take place as a single session. A facilitator shall not engage in any activities with a client during the integration session that would require credentialing or licensure beyond the provider's Psilocybin Facilitator License. A facilitator may connect a client to further services, outside the regulated psilocybin service framework, in support of a client's ongoing integration needs. A facilitator may also self-refer a client to supportive services outside the regulated psilocybin service framework when the facilitator is

	<p>credentialed or licensed to provide those services. An example would be a facilitator who is also a licensed psychologist and, after the formal integration session, self-refers a client to ongoing “integration therapy.”</p> <p>#12: Products</p> <ol style="list-style-type: none"> 1. Licensing, 3/3/22: Recommend that to promote access to psilocybin products and services for all people in Oregon 21 years of age and over for whom they are appropriate (a stated goal of Measure 109), the OHA shall not limit permissible psilocybin products to those that are orally consumed. Some people with disabilities have difficulty chewing or swallowing, and alternatives to orally consumable products shall be made available to ensure that people with disabilities have equal access to psilocybin services. (Note: This motion is out of order. OPAB considered an identical motion at November 2021 meeting.) 2. Products, 1/6/22: Recommend that OHA adopt rules to standardize psilocybin concentration in milligrams for all product types. 3. Products, 2/3/22: Recommend that manufacturers assign unique identifying numbers for each phase of cultivation (spore, inoculated substrate, and fruiting body or hyphae production) and associate those unique identifying numbers to volumetric units of substrate or liquid media. 4. Equity, 12/17/21: Recommend that OHA stratify allowed psilocybin products into two categories: <ol style="list-style-type: none"> a) Hallucinogenic psilocybin products (hallucinogenic doses) b) Sub-hallucinogenic psilocybin products (micro doses) <p>#13: Facilitator Exam and Training</p> <ul style="list-style-type: none"> • 10/7/21: Recommend that there be no waivers for the licensing exam. • 10/21/21: Require that to receive a psilocybin facilitator license, candidates must pass a multiple-choice exam (the licensing exam) that evaluates knowledge of concepts included in the training curriculum, the text of Measure 109, documents produced by the licensing subcommittee, and rules adopted by OHA. 		
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	<ul style="list-style-type: none"> • 10/21/21: Recommend that the licensing exam should be developed and maintained by OHA and OPAB and its subcommittees. The Licensing Subcommittee may seek the advice of outside experts who may contribute to the process as needed. • 10/21/21: Recommend that the cost of registering for the licensing exam should be no higher than is necessary to maintain the testing program, and fee waivers should be offered to increase accessibility • 10/21/21: Recommend that candidates should be permitted to take the licensing exam at home using remotely proctored administration software that protects candidate privacy and is accessible to people with disabilities. • 10/21/21: Recommend that the licensing exam should be made available in multiple languages and in alternate formats that promote accessibility. • 1/6/22: Recommend that to promote equity and accessibility, while keeping costs down for facilitation students and training programs candidates for facilitator licenses: Shall be permitted to complete all portions of core facilitator training online through either synchronous or asynchronous learning; Shall be permitted to complete up to 50% of practical facilitator training online through synchronous or asynchronous learning; and shall be permitted to complete 100% of practical facilitator training online if at least 50% of the practical training is completed synchronously. (Note: this motion is out of order. OPAB considered an identical motion at the November 2021 meeting) • 3/3/22: Approving only comprehensive training programs that offer both core training and practicum training privileges wealthy established training programs outside of Oregon at the expense of Oregonians who wish to start their own training programs. To further the goals of making psilocybin services safe, accessible, and affordable (a stated goal of Measure 109), the OHA shall approve partial training programs in addition to comprehensive training programs. (Note: this motion is out of order. OPAB considered an identical motion at the November 2021 meeting) • 3/2/22: Administering psilocybin during practicum training requires training programs to either become licensed psilocybin service centers or to have close ties with a licensed service center. Therefore, requiring psilocybin to be administered during practicum training unless special condition apply privileges wealthy established training 		
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	<p>programs who already have those relationships. To further the goals of making psilocybin services safe, accessible, and affordable (a stated goal of Measure 109), the OHA shall not deny approval to training programs that administer substances other than psilocybin during practicum training to simulate or approximate the effects of psilocybin. Alternatively, training programs may administer no substances and use role play to simulate a psilocybin administration session. No special conditions need apply, and training programs need not obtain the permission of OHA, to utilize these alternatives during practicum training. If alternative substances are utilized during practicums, the programs will comply with state laws governing their use.</p>		
Break	Break (if time allows), 5 minutes	All	3:30 p.m.
Subcommittee Reports	<p>Subcommittees Reports to Board (if time allows), 5 minutes</p> <p><i>(2:54:15 on audio) Equity SC: Rachel Knox gave an update about topics that the Equity Subcommittee discussed in their last meeting, including the OPS Community Interest Survey and a Social Equity Plan.</i></p> <p><i>(2:55:40 on audio) Research SC: Atheir Abbas stated that the Research Subcommittee will be meeting in June and that he will have more updates in the future.</i></p>	<p>SC Chairs:</p> <p>Dr. Rachel Knox and Dr. Angie Carter, Equity SC Co-Chairs</p> <p>Dr. Atheir Abbas and Dr. Todd Korthius, Research SC Co-Chairs</p>	3:35 p.m.

Oregon Psilocybin Advisory Board Comment Period	Oregon Psilocybin Advisory Board Member Comment Period (if time allows), 10 minutes	Dr. Atheir Abbas, <i>OPAB Chair</i>	3:40 p.m.
Public Comment Period	Comments from the Members of the Public (if time allows), 10 minutes <i>(2:56:00 on audio) Public comments from: Kyle Meyer, Sasha Sisko, Jim, Jon Dennis</i>	<i>OHA Oregon Psilocybin Services Team</i>	3:50 p.m.
Adjourn	Meeting adjourns	Dr. Atheir Abbas, <i>OPAB Chair</i>	4:00 p.m.