

Oregon Psilocybin Services (OPS)

NOTE: This document was developed in August 2026, prior to the merger of OPS and Oregon Medical Marijuana Program into the Medical Cannabis & Psilocybin (MCAP) Section, and OHA has pulled back on proposed rule changes that would have increased fees.

Total Biennial Amount 2025-27:

Scenario	GF	OF Limitation	OF Revenue Forecast	Estimated Cash Balance	POS	FTE
1. With no fee increase	\$0	\$8,525,650	\$4,639,207	\$(3,886,443)	17	17
2. With fee increase, keep current license trends	\$0	\$8,525,650	\$5,572,857	\$(2,952,793)	17	17
3. With fee increase, loss of revenue due to license attrition	\$0	\$8,525,650	\$4,279,489	\$(4,246,161)	17	17

OF Revenue Forecast for Scenarios 1-3 includes carryover for 2025-27 of \$2,315,485. Estimated cash balance for future biennia (2027-29 going forward) may reflect more significant budget shortfalls due to negative cash balance carryover.

Assumptions for Scenario 1: No fee increases effective 1/1/27 and maintaining current trends of fee revenue/current level of licensees.

Assumptions for Scenario 2: Proposed fee increases effective 1/1/27 and maintain current trends for fee revenue/current level of licensees (not considering expected loss of revenue/licensee attrition due to fee increases).

Assumptions for Scenario 3: 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 of 60% reduction with additional consideration for those currently eligible for reduced fees, other changes in process and historical attrition trends.

OF Limitation (anticipated expenditures) include COLA increases.

Current Biennium Actual and Forecasted Expenditures:

Total 2025-2027 OPS	Expenditures Actual 7/1/25- 6/30/26	Expenditures Forecast 7/1/26-6/30/27	Total 2025-27 Expenditures Forecast
Personnel	\$2,649,498	\$2,957,412	\$5,606,910
Special Payments	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$0
Other Services & Supplies	\$245,554	\$323,186	\$568,740
Allocated Direct	\$261,582	\$338,418	\$600,000
Indirect	\$662,985	\$1,087,015	\$1,750,000
Expenditures Total	\$3,819,619	\$4,706,031	\$8,525,650

Assumptions for anticipated expenses include: COLA and Step increases for personnel; forecasted expenditures based on current expenditure trends; and cost savings strategies implemented in previous biennia (see below).

Cost Drivers for OPS in 2025-27:

- SB 303, passed by the Oregon Legislature in 2023 significantly increased OPS workload and costs, including legal costs, additional staff (Research Analyst 3), and developing a new data system portal to support the required data collection and reporting.
- Increased legal costs due to administrative hearings and other legal challenges.
- Multiple Cost of Living Adjustment (COLA) increases.
- Cost allocation increases, which include direct and indirect costs, comprising 25% of the OPS budget.
- Implementation of HB 2992 (2021), which increased compensation amounts for eligible Oregon Psilocybin Advisory Board members and sub-committee members.

Budget Shortfall and Fee Increases

OPS projected a budget shortfall for the 2025-27 biennium and has subsequently proposed to increase licensing fees and eliminate reduced fees for low-income, veteran, and non-profit applicants as of January 1, 2027. Rules Advisory Committee (RAC) feedback was unanimously opposed to fee increases.

- RAC members cited that increasing licensing fees will disproportionately impact low-income, veteran, and non-profit applicants that qualify for reduced fees. Under proposed rules, facilitators that qualify for reduced fees will experience a 300% increase in fees, from \$1,000 to \$4,000 (in addition to a 700% increase in worker permit fees, from \$25 to \$200), and service centers and manufacturers that qualify for reduced fees will experience a 300% increase in fees, from \$5,000 to \$20,000. The laboratory will not renew its license, leaving no option for product testing under the model.
- RAC members cited that increasing licensing fees will reduce the number of licensees, creating a more significant budget shortfall. Preliminary data collected by a RAC member and shared during the RAC meeting cited facilitators and service centers losing over \$600,000 in revenue due to increased fees.
- RAC members expressed concerns about social equity and affordability for clients who would like to access services. Licensees are required to submit social equity plans with license applications to identify how they will support social equity and affordability, such as reduced rates, sliding scales, and other subsidies. Currently, lower income clients and clients who identify as disabled, veteran, LGBTQIA2S+, and people of color, would be most directly impacted.
- RAC members shared the proposed fee increases will impact overall program sustainability; disregards the significant financial investment by the 379+ currently licensed who paid \$10,000 to \$30,000 to complete a psilocybin facilitator training program to enter the profession; and places a significant burden on the 28+ small businesses that operate under Oregon's model. RAC members also noted that clients traveling into Oregon to access services contribute to state tourism revenue as they stay in hotels, eat at restaurants, and access transportation rentals or services. As of March 31, 2026, OPS data collection shows:
 - 2,114 clients traveled to Oregon from another U.S. state
 - 200 clients traveled to Oregon from another country outside of the U.S.
 - 1,516 clients traveled from a county within the state of Oregon to access services.

- An additional 485 clients chose not to answer the question, and 139 clients opted out of having their information shared with OHA pursuant to SB 303, passed by the Oregon Legislature in 2023.

Positions

- As part of cost-containment, OPS has reduced positions from 23 FTE to 17 FTE, which is the minimal number of positions to implement ORS 475A. See attached organizational chart.

Legislative Changes

- The Oregon Legislature passed laws in 2023, 2025, and 2026 to expand the program.
- In 2023, SB 303 passed, which included data collection, reporting, and sharing requirements without additional resources. OPS implemented the [OPS Data Dashboard](#) in 2025 and now has over one year of data published.
- In 2025, HB 2387 established dual licensure, integrating the regulated model into the healthcare delivery system by allowing licensed facilitators who are licensed under certain licensing boards in Oregon to provide health and behavioral health services during psilocybin services — specifically for preparation and integration sessions. These boards include the Oregon Board of Licensed Professional Counselors and Therapists, Oregon Board of Naturopathic Medicine, Oregon Board of Psychology, Oregon Medical Board, Oregon State Board of Nursing, State Board of Licensed Social Workers, and State Board of Pharmacy.
- In 2026, HB 4040 expanded dual licensure further by adding two additional boards (Occupational Therapy Licensing Board and Oregon Board of Physical Therapy).

Rulemaking

- Since OPS is a first of its kind nascent program, OPS conducts annual rulemaking to refine rules to clarify regulations, provide additional clarity based on implementation experience and lessons learned, and to adjust fees. Below is the 2026 rulemaking timeline.
 - Recommendations from the Oregon Psilocybin Advisory Board were due on May 1, 2026. No recommendations were passed by board due to quorum issues.
 - Public Listening Sessions were convened on May 6 and 8, 2026.
 - Rules Advisory Committees (RACs) were convened on July 6 and 9, 2026.
 - Public Comment Period will be convened from September 1-21, 2026.
 - Public Hearings on Rules will be convened on September 15 and 16, 2026.

- OPS will adopt final rules by October 24, 2026, and rules will be effective January 1, 2027.

Licenses and Worker Permits

OPS began accepting applications for licenses and worker permits on January 2, 2023. Since the first license was issued in March 2023, there has been both growth and contraction in the model. Although over 33% of service centers have either surrendered or not renewed their licenses, there has been a steady increase in facilitator license applications since the passage of HB 2387. Please visit the [OPS Data Dashboard](#) Licensing Data Set for information on the number of licenses, worker permits, and training program curricula approval issued.

Oregon Psilocybin Services Licensing Statistics: January 1, 2023, to July 23, 2026

License/Permit Type	All-Time Totals	Approved as of July 23, 2026
Facilitators	641	379
Service Centers	39	20
Manufacturers	19	7
Laboratories	2	1
Worker Permits	1050	954
Training Programs with Curriculum Approval	32	15

Program Background and Summary

OPS is housed within the Oregon Health Authority Public Health Division's Center for Health Protection. OPS is responsible for administering the Oregon Psilocybin Services Act (Ballot Measure 109), passed by Oregon voters in 2020. The Act directs OHA to license and regulate the manufacture, transportation, delivery, sale, and purchase of psilocybin products and the provision of psilocybin services. During a two-year development period (2021-2022), OPS worked with the Oregon Psilocybin Advisory Board on recommendations to establish rules and regulations for the implementation of the measure. OHA began accepting applications for licenses on January 2, 2023.

- From January 1, 2023, to July 23, 2026, 46,273 psilocybin products were sold by licensed service centers to clients for administration sessions. There have been 0 product safety recalls.
- There were 32 reports of emergency services being contacted during this period.
 - Licensees are required to notify OPS anytime 911 has been called and OPS determines whether violations or safety concerns need to be investigated.

- Although OPS has only collected data since January 1, 2025, more than 22,000 clients are estimated to have been served in Oregon.
 - In 2025, 5,935 clients were served under Oregon’s model.
 - Of those 5,935 clients, licensees reported 6 adverse behavioral reactions not requiring transport to a hospital.
 - 7 severe adverse behavioral reactions were reported requiring client transport to a hospital.
 - 13 adverse medical reactions were reported, not requiring transport to a hospital.
 - 2 severe adverse medical reactions were reported requiring client transport to a hospital.
 - 10 post session reactions were reported.

Funding and Budget Timeline

In the **2021-23 Biennium**, OPS received General Fund (GF) for start-up costs and staff positions for the 2021-23 biennium to begin implementation of ORS 475A. OPS had an excess of unspent GF from 2021-23 of \$3,092,885 that was unable to be carried over to 2023-2025.

Cost containment strategies for the 2021-23 biennium included:

- Moving background checks to Oregon Department of Human Services Background Check Unit (BCU) which reduced workload and overall implementation costs.
- Moving fee payment receipting to Office of Financial Services (OFS) to reduce workload and overall implementation costs.
- Using a single, cloud-based system for training programs, licensing, compliance, and product tracking. This shift reduced costs associated with vendor contracts and created efficiencies in licensing and compliance work, and data reporting.
- Organized section into hybrid model with secure in-office drop-in cubes to reduce overhead and operational costs.

In the **2023-25 Biennium**, OPS received \$3,139,672 General Fund (GF) and \$4,115,500 Other Fund (OF) limitation for a total of \$7,255,172. Despite cost increases, including SB 303 (2023) implementation, Cost of Living Adjustment (COLA) increases, internal cost allocation increases, and increased legal fees, OPS decreased its expenses for 2023-25 by over \$600,000.

Cost containment strategies for the 2023-25 biennium included:

- Reducing FTE and positions from 23 FTE to 17 FTE, the minimal FTE required to administer ORS 475A.

Revenue-generating strategies for the 2023-25 biennium included:

- Increasing training program and worker permit fees as follows, effective January 1, 2025:
 - Changing 5-year worker permits (\$25 for 5-year approval) to annual worker permits (\$25 for annual approval).
 - Changing 5-year training program curriculum approval (\$500 application fee for 5-year approval) to annual curriculum approval (\$500 for annual curriculum approval).

Note: OPS does not expect a budget impact from the 2025 fee increases until the 2027-29 biennium for the following reasons:

- Training programs that received curriculum approval in 2022 will not be ready for re-application until 2027.
- Worker permits issued in 2023 will not be ready for re-application until 2028.

Unanticipated increases in costs during the 2023-25 and 2025-27 biennia included:

- SB 303 significantly increased OPS workload and costs, including legal costs, additional staff (Research Analyst 3), and developing a new portal in the data system to support the required data collection and reporting
- Increased legal costs due to administrative hearings and other legal challenges.
- Multiple Cost of Living Adjustment (COLA) increases.
- Cost allocation increases, which include direct and indirect costs, comprising 25% of the OPS budget.
- Implementation of HB 2992 (2021), which increased compensation amounts for eligible Oregon Psilocybin Advisory Board members and sub-committee members.

In the **2025-27 Biennium**, OHA Current Service Level (CSL) did not include GF support for OPS. OPS has projected a budget shortfall for the 2025-27 biennium and has proposed to significantly increase licensing fees and eliminate reduced fees for low-income, veteran, and non-profit applicants, as noted above. In addition, OPS and the Oregon Medical Marijuana Program will merge effective September 1, 2026, which will result initially in some small cost savings though the overall budget shortfall will not be significantly reduced. After the 2027 legislative session, there may be some additional opportunities for alignment and streamlining of work to increase efficiencies.

OPS operating costs are based upon the program meeting minimum legal requirements of regulating psilocybin according to statute. Absent a significant increase in licenses, the program's ability to continue to meet statutory requirements would be dependent on other revenue streams, such as GF, or additional solutions, such as creation of new revenue streams.

Federal Landscape

Psilocybin is currently a Schedule 1 substance in the Controlled Substances Act.

- The FDA designated psilocybin as a breakthrough therapy for depression twice:
 - October 2018 for treatment-resistant depression (TRD)
 - November 2019 for major depressive disorder (MDD).
- On April 18, 2026, Executive Order 14401 was published, accelerating research and expanding access to innovative psychedelic therapies for serious mental health conditions. The executive order underscores the Administration's commitment to supporting rigorous scientific research into emerging treatments for conditions such as post-traumatic stress disorder, depression, and substance use disorders, while maintaining the FDA's gold standard for safety and effectiveness:
<https://www.whitehouse.gov/presidential-actions/2026/04/accelerating-medical-treatments-for-serious-mental-illness/>
- The FDA now has a psychedelic page on their website:
<https://www.fda.gov/drugs/resources-drugs/psychedelic-drugs>
- The FDA is expected to approve a psilocybin drug in the coming months, which will require a regulatory framework of trained, licensed prescribers. Oregon's model now includes dual licensed facilitators who are already prescribers. Future changes to ORS 475A could create a pathway to support a clinical model as well as the current model, as psilocybin requires lengthy administration sessions and environments conducive to safe, supportive client experiences.
- With approval, Medicaid coverage may follow, requiring states to manage a new care model related to psilocybin.

Future Investments/Opportunities

OPS is at the center of a national discussion on the creation of safe, effective, and equitable access to legal, regulated psilocybin services. Oregon has created intentional, client-centered public policy that has gained attention from national organizations, international governments, and other states working on healthcare policy.

Regulated psilocybin services create a new workforce in Oregon, support the state economy, and may create cost savings in healthcare, criminal justice, and social services systems.

OPS is committed to ensuring safe, effective, and equitable psilocybin services in Oregon, as well as aligning with OHA's strategic plan goal to eliminate health inequities and Oregon's [State Health Improvement Plan](#).

To find out more about the accomplishments of Oregon Psilocybin Services, please visit the OPS website's [Annual Reports page](#), where "Year in Review" summaries are published.

For fact sheets and other information, please visit [What are Psilocybin Services](#) and [Access Psilocybin Services](#) on the [OPS website](#).