

DATE: May 20, 2022

TO: Hearing Attendees and Commenters –
Oregon Administrative Rules chapter 333, division 333
Psilocybin Products, Training Curriculum and Testing Rules

FROM: Brittany Hall, Hearing Officer

SUBJECT: Presiding Hearing Officer's Report on Rulemaking Hearings and Public
Comment Period

Hearing Officer Report

Date of hearings: April 18, 2022, and April 21, 2022, via Zoom

Purpose of hearings and public comment period: To receive testimony and comments regarding the Oregon Health Authority's (OHA) proposed adoption of administrative rules in chapter 333, division 333 pertaining to psilocybin products, training curriculum and testing.

The Oregon Health Authority, Public Health Division, Oregon Psilocybin Services (OPS) section is proposing to adopt administrative rules in chapter 333, division 333. The rules are needed to implement ORS chapter 475A, the Oregon Psilocybin Services Act. The products rules set forth standards for the types of psilocybin products that may be sold and how psilocybin products must be produced. The products rules protect the health and safety of workers who manufacture psilocybin products and clients who consume these products. The act requires OHA to approve training program curriculum for psilocybin facilitators. The training curriculum rules set forth requirements for approval. The act requires OHA to adopt rules establishing standards for testing psilocybin products. The testing rules specify requirements for testing psilocybin products. The rules protect consumer health and safety by ensuring that psilocybin products are properly tested for psilocybin content and do not contain contaminants.

Hearing Officer: Brittany Hall

Comments and testimony received: In OHA's Notice of Proposed Rulemaking, OHA announced that individuals could submit written comments by sending them to OHA's designated email address for receiving such comments, or by fax or mail. In addition, OHA

took public testimony at the public hearings that were held on April 18, 2022, and April 21, 2022. OHA received oral testimony from 57 speakers at the public hearings (some individuals testified at both hearings) and received many written public comments. OHA staff have considered the written comments and public testimony received prior to the deadline on April 22, 2022, at 5:00 p.m. PDT. Copies of written comments received prior to the deadline are attached to this report as Exhibit 1. OHA thanks all Oregonians who provided public comment and appreciates the varied input they have provided to the rulemaking process.

Themes of the testimony and written comments, in no particular order, are summarized below. Copies of audio recordings of the hearings and hearing transcripts are available online at <https://www.oregon.gov/oha/PH/RULESREGULATIONS/Pages/index.aspx>.

- OHA heard from a number of individuals who are in favor of and support the adoption of an entheogenic framework for safety, inclusivity, equity and access. This framework refers to a document that has been presented to Oregon Psilocybin Advisory Board subcommittees and proposes an alternative set of requirements for licensees who qualify as entheogenic practitioners. Other models will price out clients. Community oriented pathways are critical to equitable access. Religious organizations should not be subject to the same regulations as non-religious organizations. OHA needs to hear from traditional and indigenous healers. This is necessary for equity. Religious use is more likely to be cost efficient and more accessible.

Agency response: OPS did not address these comments in the current rule making because the framework proposes exceptions to rules that have not yet been drafted, and because the Oregon Psilocybin Advisory Board has yet to consider the proposal. OPS is committed to understanding the impact of statute and rules on entheogenic practices through collaboration and partnerships with communities.

- OHA heard concerns about the proposed testing rules including, among other issues, the cost of testing is burdensome, the batch size is too small, and the testing rules should not be based on cannabis.

Agency response: Potency and speciation are the only tests required at regular intervals. Unlike cannabis, tests for pesticides, heavy metals and microbial contaminants will be requested as needed. Also, batch size is solely a testing requirement. Manufacturers who wish to harvest more than one kilogram may do so, but they must group product in separate batches for testing if it will be sold as whole fungi.

- OHA heard from individuals who would like to see a waiver for in-home administration, particularly for access for hospice (end-of-life) clients.

Agency response: The Oregon Psilocybin Services Act requires that administration sessions must occur at a licensed service center. OPS is unable to waive statutory requirements in administrative rule.

- OHA heard requests that alternative delivery methods (specifically transdermal and suppository) be allowed. Alternative delivery methods metabolize differently and have different effects. Request for OHA to examine “enteral” definition in rule for consistency.

Agency response: OPS is unable to accommodate this request due to the language used in the Oregon Psilocybin Services Act. The Act consistently uses the terms “consume” and “consumption” when referring to psilocybin products and administration sessions. The common meaning of consume means “to eat, drink or ingest”. After evaluating the issue, OPS determined that the text of the measure limits psilocybin products to those products that can be consumed orally, and the rules reflect this understanding. The final rules correct a typographical error in the application of the term “enteral.”

- OHA heard requests that additional species and substrates be allowed, including synthetic products. Different species have different effects and indigenous people use different strains. *Cubensis* is not native to Oregon. A species limit is discriminatory and classist.

Agency response: The Oregon Psilocybin Advisory Board recommended limiting cultivation to the species *Psilocybe Cubensis* and prohibiting substrates that may pose a risk to health and safety. OPS has upheld this recommendation in final rules to avoid the risk associated with deadly, poisonous look-alikes and the potential for wood lover’s paralysis and animal-borne pathogens.

- OHA heard concerns that the application fee is cost prohibitive and will restrict access. Cost of service is an access issue.

Agency response: OPS is a fee-funded section, meaning our operations must be funded by the fees we charge to licensees and training programs. The \$500 curriculum approval fee described in rule applies to a 5-year approval term, which equates to a cost of less than ten dollars per month. The current fees are necessary to create and maintain a sustainable program.

- OHA heard requests for a multi-tier facilitator license because the facilitator license does not distinguish between clinicians and non-clinicians and creates a range of competencies. Facilitators are not practicing therapy. Facilitation-therapy boundary

should be better defined. Request for a second tier of licensing that serves research and is not subject to product restrictions.

Agency response: OPS is unable to regulate the scope of practice for licensed clinicians and other professionals. Under the Oregon Psilocybin Services Act, facilitation is non-directive, and clients are not required to be diagnosed as a condition of receiving services. OPS has adjusted rule language in several places to ensure scope of practice is specific to psilocybin services based on feedback received. The Oregon Psilocybin Services Act does not contemplate a research license, and OPS has determined that it is not feasible to create a research endorsement in administrative rule.

- Regarding the proposed training rules, OHA heard that the curriculum is good, but practicum is insufficient. The hours required are not sufficient and the practicum should be in-person with 50% direct engagement. The cost of training may limit pool of applicants. Request that education (Bachelor's degree or higher) be substituted for required training. Online training is more affordable and should be available to ensure equal access throughout the state. Request that a statement on reciprocity with other certificate programs delivered in other states be included. Request for training modules on pain management and end-of-life care.

Agency response: The adopted rules make some adjustments to training requirements based on comments received. Required hours for the pharmacology module have been reduced and hours for the group facilitation module have been increased. The in-person training requirement for core training modules has been eliminated, and the rules have been clarified to state that practicum must be conducted in-person. Reciprocity is addressed via rules on "accelerated training hours" and training programs may elect to grant students partial credit for prior training and experience. Lastly, the final rules include requirements for training on end-of-life care, but they do not include pain management. OPS has determined that there is not sufficient research available to include pain management at this this point in time. We will consider requiring training on additional subjects as more research becomes available.

EXHIBIT 1

From: [Paul Indorf](#)
To: [Public Health Rules](#)
Subject: 109 Public comment
Date: Friday, April 22, 2022 4:57:13 PM

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To the OHA:

I support the inclusion of a specific framework for religious and spiritual use of Psilocybin under the Oregon Psilocybin services act. Please carefully consider the framework proposed by Jon Dennis.

In doing so, it may be most helpful to consider the context of religious and spiritual use. It differs greatly from what might otherwise be expected in a medical or research environment; that said, profound new spiritual insights often arise from those more medically administered "altered states of consciousness". Indeed, researchers report that a large majority of study participants undergo a profound experience, often rated among the most significant of their lives. And, the efficacy of the treatment is highly correlated with the level of the profundity of the effect.

This requires subsequent counseling in order for subjects to understand 'what has happened to them', often referred to as "integration". And while many may never choose to have another 'psychedelic' experience, for many others this opens a whole new world to them. Ongoing religious use provides an ongoing, safe, established and experienced environment and community for them to 'make sense of' this totally new, unfamiliar, and often life-changing experience, and offers ongoing support of a character far different and more comprehensive than what can be offered in a therapeutic environment.

Also, it needs to be borne in mind that psilocybin is a vastly different type of "medicine" than modern western medicine is accustomed to. So, while many of the proposed standards for the "manufacture and testing" would be expected and demanded of a modern pharmaceutical product, those same procedures would be (and are) regarded as a desecration of a sacred sacrament. And, from a practical point of view, this medicine is...well, mushrooms! Take a look at the standards applied to mushrooms sold in the grocery store, at farmers markets, by hobbyists, and in forests the world over. From a regulatory point of view, perhaps it would suffice to require that growers disclose methods (organic) and/or that those supervising ceremonies be responsible for ensuring that the sacraments consumed be grown according to acceptable methods...otherwise known as "Kosher" or "Halal".

These types of measures would release the OHA from a morass of oversight that would seem quite difficult and complex, if even possible to administer. And, in all likelihood, avoid a potentially endless string of legal challenges around encumbrance of religious freedoms.

Perhaps, one might think, it would be simpler to simply avoid making any accommodation for

religious use, THAT would be entirely irresponsible, if even allowable under the measure. Throughout the course of the two public comment periods and three subcommittee meetings I have witnessed, a preponderance of comments have raised religious use; clearly, there is widespread, deeply held, sincere and highly motivated support for a relaxed framework for religious use; most commenters reference and support the proposal submitted by Jon Dennis, and the subcommittees that have reviewed it have endorsed it wholeheartedly. To ignore all of that would clearly be an abrogation of responsibility on the part of the committee, and one that would not pass unnoticed or unchallenged.

Safety has been raised as a concern, and is, of course, of paramount importance. I do have concern, however, that "safety" can be used as a 'straw man' in this conversation; both psilocybin mushrooms and the people who have been using them for decades (millenia!) lack any particularly significant risk profile. Indeed a few widely publicised (and since debunked) hyperbolic reports from the sixties have been used to craft a whole cultural and legal backlash against these medicines. I would point out that psilocybin has a far lower risk profile than any currently FDA approved medications. The standard amongst physicians around prescribing those medications is always that "the benefits outweigh the potential risks".

So, what are the risks? In my view, two are obvious. One is practitioner abuse, and in particular, sexual abuse of clients, who are particularly vulnerable to suggestability and inclination toward heightened stimulation and openness while under the influence and shortly after. This must be addressed. The other, perhaps even larger issue, is the number of people who could benefit from these medicines that could be kept from them either by overly restrictive regulations or prohibitively expensive provision of the services that, in so many cases, they so desperately need.

Thank you all for your careful consideration of my comments, as well as those of the many others who have contributed.

in Peace,

Paul Indorf

April 22, 2022

OHA, Public Health Division Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

RE: Notice of proposed permanent rulemaking – OAR chapter 333, division 333, "Psilocybin Products, Training Curriculum and Testing Rules" - Written Comments

Greetings Public Health Division Rules Coordinator,

My name is Leon Janssen, and I have been closely following this process for a long while.

To begin, the public perception of what “psilocybin services” are or are not is an ongoing issue that will require clear communication and effort from OHA. Advertising during the initiative campaign promoted “psilocybin therapy” through 109 as an alternate treatment option for “depression”, “anxiety”, or “addiction”. (This language is still used to this day on the Healing Advocacy Fund’s website). Unfortunately, the current structure of the psilocybin services program (as proposed) does not offer safe or effective services for these indications.

People with depression, anxiety, and addiction will be expecting to receive services that are like those conducted in the scientific research, however, those protocols differ from the program as currently proposed in multiple ways:

- 1) Intake:** The intake/assessment process for inclusion in research is extensive and is conducted by medical and mental health providers. Clients with complex medical or mental health issues are screened out. Currently, the psilocybin services program is proposing that psilocybin facilitators conduct an “intake interview” and have clients fill out a “Client Information Form”. One of the purposes of this form is to “identify clients in need of referral to specialized treatment services” (See section 333-333-3060, subsection 6c of the draft rules). The draft rules also state that facilitators should be trained on their scope of practice and are expected to refer when scope of practice is exceeded (subsections 3b, 6c/d).

Conducting an intake of this nature, determining when scope of practice is exceeded, and making appropriate referrals is IN ITSELF an advanced skill that is beyond the scope of practice of a facilitator with 120 hours of training. Only 16 hours is dedicated to the “Prep and Orientation” module. It is absurd, and disingenuous to propose that this is enough time for facilitators to learn the skills necessary to conduct an intake and determine the needs and referrals for clients, especially clients with potentially complex mental health needs. To move forward as the rules are currently written is the equivalent of gaslighting the public and creating a false confidence in a system that could lead to irreparable harm, and may open the state to legal liability if these concerns are voiced and ignored.

Another issue around this is the need for fully informed consent on the part of clients, and the reality that under the current proposed rules practitioners will by-definition not be equipped to provide all the information necessary for fully informed consent.

- 2) Integration:** The “psilocybin therapy” research protocols that have provided evidence of psilocybin as a treatment for anxiety, depression, or addiction have included several “integration” (or “follow-up” sessions), whereas the psilocybin services program will not necessarily include these sessions. Integration sessions often resemble psychotherapy, more so than administration sessions. The draft rules (333-333-3060, subsection 8) state that “facilitator scope of practice” be discussed in the “Integration” module of training programs, but the limits of “scope of practice” have not been clearly defined anywhere in the draft rules.

The draft rules define “scope of practice” as “practice boundaries related to psilocybin facilitation and avoiding the unlicensed practice of other disciplines including but not limited to medicine or

psychotherapy” (Section 333-333-3005, subsection 16). HOWEVER, many of the skills that are proposed to be included in facilitator training programs are considered to be medical or psychotherapeutic skills, and are also defined as the “practice of medicine or psychotherapy”.

Throughout the last year and a half, I have observed an understandable skepticism around medical and mental health practitioners and the established medical institutions, and an effort to differentiate this work from any tools of that system in the interest of “access”. However, I feel real access can only be achieved through a hybrid approach that utilizes the experts in our midst who have dedicated their lives to healing the broader traumas that many in our culture are experiencing, and I am concerned that the knee-jerk rejection of science out of hand is a philosophy that will have extremely detrimental unintended consequences.

In addition, I have several general concerns that I am hopeful we will be able to overcome.

Timeline: My understanding is that these draft rules for training programs are being released now (in June), to allow for training programs to apply to OHA for approval prior to the January 2023 date, when facilitator license applications can be submitted. However, how can training programs include appropriate content and ethically operate, when many of the concepts laid out in these training program draft rules are yet to be defined. For example, the following issues are not yet defined or are unresolved:

- A) 333-333-3060 Section 3b – “Training on the Oregon Psilocybin Services Act and related laws, regulations, and professional standards for facilitators, including facilitator scope of practice and expectation of referral when scope of practice is exceeded”
- B) Section 3cA – “Oregon’s Facilitator Code of Ethics” (this has not yet been created)
- C) Section 3cD – “appropriate touch and client consent to physical contact”
- D) Section 6b – “Client Information form and intake interview”

Group Facilitation: Regarding group facilitation (Module 9) – appropriately facilitating a group, managing group dynamics and handling the needs of multiple individuals simultaneously is an advanced skill that takes *way* more training than the recommended 12 hours for this module. There is no way that facilitators trained under the existing proposed rules and the hours requirement of Measure 109 can be competent to hold the energies and issues that may come up, and this should be excluded under the current rules.

Solutions:

The simplest, safest, and most efficient option to resolve most of these concerns would be for two licensure “tracks”, as well as clear definitions in the scope of practices and boundaries between these two tracks. The existing proposed rules would cover licensure for non-mental health or medically trained individuals, and an “advanced facilitator license” for facilitators who already do have prior medical and/or mental health training and certification. Simply put, 120 hours of training is simply not enough for facilitators without prior education or experience to safely manage the needs of complex clients, particularly clients who have never taken a psychedelic substance before and/or have significant medical or mental health challenges.

In addition, or as a bare minimum requirement to create a safe process for the most vulnerable, in circumstances where the facilitation is performed by a facilitator without prior mental health training, the intake process must be conducted by someone with this type of advanced training or higher education, who are able to refer clients without complex needs to other facilitators to allow for the greatest and most efficient use of mental health practitioner capacity within the state to those with the most need. In my opinion, this model works best with an interdisciplinary team. Ideally, each service site has someone with prior education and/or experience, who is qualified to conduct an intake, make appropriate referrals, and supervise the facilitators who do not have such prior training/experience.

Thank you for considering my comments,



Leon Janssen
leonmjanssen@gmail.com

From: cherynroses@gmail.com
To: [Public Health Rules](#)
Subject: 475A.325 Psilocybin service facilitator license
Date: Friday, April 1, 2022 9:54:04 AM

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Following is my comment for the
Proposed Rulemaking response 4/1-4/22/22.

Re: **475A.325 Psilocybin service facilitator license; fees; rules.**

(c) Must, until January 1, 2025, provide proof that the applicant has been a resident of this state for two or more years;

A question and a proposal:

1) How will this proof of OR residence x2 years be verified?

2) I propose that any facilitator who has proof of residence in the Portland *metro* area for =>2 years be included to have equal rights to obtaining a facilitator license in Portland, OR. Perhaps Especially in the instance that facilitator has extra qualifying experience, such as having completed a psychedelic integration coach certification, or maintaining licensure as an RN or counselor, etc. in Oregon state for =>2 years.

As an example, please consider a long term resident of Clark county/Vancouver, WA (Portland metro area) who wishes to invest in facilitator training to support psilocybin services in Portland, OR. In this case, the person is a certified psychedelic integration coach and has held an OR RN license for 7 years. In my mind this precludes the person has relevant experience and long term involvement in OR state.

Please consider persons who meet specific qualifications other than being an OR resident for 2+ years to qualify for facilitating psilocybin services in OR.

Thank you sincerely for your time & consideration.

~Cheryn Rose, BSN-RN, Certified Psychedelic Integration Coach

Ps. How will I know if/how my comment receives a response, or will I? Thank you again.

Sent from Cheryn's iPhone

From: [athena short](#)
To: [Public Health Rules](#)
Subject: Athena Short- written statement
Date: Friday, April 22, 2022 10:01:07 AM

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To the Oregon Health Authority:

As a founder of Psanctuary-The sacred Mushroom Church, a 508c(1)a faith based organization, who communes with sacred mushrooms as a part of our spiritual practice connecting us to Divinity and the collective consciousness, we urge you to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. We also urge you to create a special manufacturing endorsement for entheogenic practitioners, as recommended by the OPAB Licensing Subcommittee. The proposed framework and manufacturing endorsement would provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms.

Because Oregon’s program is the first of its kind, the rules we adopt will become the standard for all adult-use psychedelic services programs that follow. Therefore, it is imperative that Oregon develops a program that creates a safe container for psilocybin use by Indigenous and religious communities. By adopting the proposed framework, OHA can invite underground psilocybin practitioners to practice above ground within Measure 109, thereby reducing harm and improving accountability.

Oregon must take care to avoid regulations that create paywalls which prevent marginalized communities from accessing psychedelic and entheogenic experiences. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the 560,000 Oregonians who live in poverty.

Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.

Mush Love
Athena Short

Founder at Psanctuary- The Sacred Mushroom Church
www.psanctuary.org

From: [Steve Martens](#)
To: [Public Health Rules](#)
Subject: classes
Date: Monday, April 4, 2022 4:25:34 PM

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Biggest advancement using Golden Teachers in modern medicine for many issues patients may have. Thanks for the updates.

From: [Will Shortt](#)
To: [Public Health Rules](#)
Cc: [Nick Allen](#); [Tony Scripa](#)
Subject: Comment and question on Oregon Psilocybin Act proposed rules
Date: Friday, April 22, 2022 3:06:22 PM

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To the committee – Thank you for the opportunity to submit questions via email. In reviewing the [proposed rules](#), I notice that there were many on the testing of the compounds themselves and their means of manufacture, as well requirements for training programs and practicums. I did not see any rule on the objective measurement of the impact of the treatment, which would go a long way towards ensuring safety and proving efficacy. It would be a key part of any Risk Evaluation and Mitigation Strategy ([REMS](#)) protocol, as often required by the FDA. It could easily be made a part of the “Safety, Ethics and Responsibility” section in the training curriculum outlined in rule 333-333-3050 . It seems that the testing of the impact of the compounds on humans should be at least on par with the testing of the compounds themselves.

Do you have any plans on creating rules for objective measurement of a participant’s behavioral health, both before and after treatment?

This question is on “objective measurement” – not self-reported surveys which are subjective, ad-hoc when done at all and notoriously unreliable. This is why the FDA has been pushing for Real World Evidence for the last several years for their clinical trials. Continuous, objective and passive Digital Phenotyping off of smartphones has been developed over the last decade at the University of Oregon’s Center for Digital Mental Health (www.c4dmh.net) and is now available for research, clinical trials and healthcare through [Ksana Health](#), based here in Eugene. We would be happy to work with you at no charge as a service to our home state to advise on what is needed, what is possible, and what would most ensure user safety given the tools most of us have in our pocket already.

Thanks for your consideration and we look forward to hearing from you. Best - Will



Will Shortt
COO & Co-Founder

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From: [William Richards](#)
To: [Public Health Rules](#)
Cc: [Keith Lowenstein](#); jon@sagebrush-law.com; [Hunt Priest](#)
Subject: Comment on Oregon's proposed psilocybin rules
Date: Saturday, April 16, 2022 9:36:33 AM

Concisely: (1) Psilocybin in mushrooms or as synthesized substance provides access to many different states of human awareness, some powerfully facilitative of psychological and/or spiritual development; (2) The safety and probability of benefit are best ensured when preparation/education is provided in the context of a supportive relationship or community, either in a framework of mental health or of religious care; (3) When wisely integrated into our culture, psilocybin may well significantly decrease human suffering and promote the fuller realization of values such as peace, respect for diversity and compassion; (4) Access to this molecular tool for those who desire it, whether in medical or religious contexts, may be seen as a fundamental human right to explore our own minds. William A. Richards, M.Div., PhD., psychedelic researcher and author of *Sacred Knowledge: Psychedelics and Religious Experiences*.

From: [The Qi Spot Acupuncture Clinic](#)
To: [Public Health Rules](#)
Subject: Comment on Psyilocybin
Date: Thursday, April 21, 2022 9:26:58 PM

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Hello, thank you for this opportunity. I will keep it short. I have practiced Chinese medicine for 15 years in Portland. My schooling included a 4 year undergraduate degree with a Bachelor of Science, (pre-med). After graduating from college I attended a 4 year program for a masters degree in Chinese medicine/acupuncture. After practicing for 5 years, I went back and earned a doctorate, which took another 3 years, plus 2 years for my thesis. Most classes were taught by strict Chinese professors. We also have extensive Western medicine training.

Simply, I am extremely qualified in herbal supplements, and diagnosing and prescribing herbal formulas. I think it is professions like Chinese medicine doctors that should be included in prescribing psylocybin. I have personal experience with psylocybin.

If you do have criteria for a standard that you would like practitioners to qualify under, please consider Doctors of Chinese medicine as one of them.

Thank you for your time.

Dr. Wade McCulloch DAOM, LAc

From: [Jon Dennis](#)
To: [Public Health Rules](#)
Subject: Comment re: Draft Rules
Date: Friday, April 22, 2022 4:56:03 PM

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There is a growing social movement that believes access to psychedelics is a fundamental civil and human right that should be denied to no person. Psychedelic freedom could be considered the maligned cousin of religious freedom. But for some people they are the same or very closely intertwined.

Pew Research data show that only 49% people report ever having had a mystical experience in their entire lives, which is defined as a “moment of sudden religious insight or awakening.” Also, 49% of respondents to your Community Interest Survey on psilocybin under M109 said they were interested in psilocybin for spiritual reasons.

The fastest category of religious self-identification in the United States is people who identify as “spiritual but not religious.” For a growing number of people in our society, religious institutions have come to be viewed with distrust, often because they have inflicted religious trauma on people who come in search of healing. When I began talking about the proposed religious use framework under M109, I was initially amazed and the amount of criticism I got on account of it protecting “religions.” People liked the community access model, but they thought it wouldn’t benefit from it because they could never be “religious” again.

I believe, as many do, that we are undergoing spiritual crisis on a planetary, international, national, local, and individual levels. Martin Luther King warned that a society that is addicted to war and ignores its problems of racism and poverty “is approaching spiritual death.” There is growing recognition that we have all of the analytical and technical solutions to solve many of the world’s major problems, such as hunger and ecological devastation, but we’re just lacking the social and political will.

I see these problems as fundamentally spiritual in nature and believe they might be solvable only with spiritual solutions.

Oregon is about to begin a great experiment of introducing legal psychedelics into the Western mainstream through its safe and legal container of Measure 109. A lot of people think that the mature use of psilocybin and other psychedelics has the potential to help breathe some desperately-needed spiritual life back into society, and that this might be precisely the social good that is needed at this moment in time . We believe adoption of an affordable community-access model of psilocybin services is a moral imperative.

We need to do everything humanly possible to make these services available and affordable to everyone. An expensive program in Oregon creates a new kind of religious or spiritual inequity that I don't think we can fully comprehend yet, but it clearly exacerbates other types of equity that plague us.

"Affordable access for all people" doesn't mean that everyone should take psychedelics. I view the question of whether to take psychedelics as big decision that should be made after careful consideration of a number of things. One of the best promises of the M109 system, from my perspective, is that people will be required to consider some of these things and make informed decisions through informed consent. The other great M109 promises: Support is available before, during, and after the experience; there will be a lot more accountability; and a lot more access to medical and legal assistance; and people really won't have to fear going to jail. This framework is a light-years leap forward in terms of the safeguards that are in place in the so-called "unregulated market." It really is quite brilliant.

Within the M109 framework, the harms that could be caused by untested, community-grown mushrooms would be practically non-existent in the context of sincere community use, and cannot be used as an honest justification for rules that would effectively require communities who work with psilocybin to procure their community sacrament through commercial channels. When regulations drive up costs without serving important government interests, they raise paywalls, deepen inequities, and further racial, gender, class, and other divides.

Affordable, community-grown mushrooms would decrease paywalls and, contrary to the position announced in your Fiscal and Economic Impact Statement, actually drive more of the unregulated market into the safety of the M109 container. More people will take psilocybin in the safety of the M109 system if its costs are considered by consumers to be justifiable in comparison with unregulated market.

Moreover, many religious and spiritual communities who work with psilocybin report having a relationship with the living psilocybin organism that can only be described as sacred. Under federal jurisprudence, religious freedom laws require a "compelling government interest" in order for the government to have any say how a religious community grows, handles, and stores psychedelic sacraments. Sincere religious communities are publicly saying that they intend to operate under Measure 109, and it is only right that the State consider the rights of these organizations in light of the broad federal protections now exist under the Religious Freedom Restoration Act. Oregon isn't a state that generally tries to short-change people on rights like these.

The ask here is that you permit Oregonians to take use non-Western medicine in ways that reflect non-Western paradigms of health and wellness. The truth is: potency-testing is a part of a Western paradigm, and psilocybin has always been a non-Western medicine. I am thrilled that the power psilocybin is being harnessed by skillful Western medical practitioners. But skillful Western practitioners—and people other who look like them—are relatively new to the psilocybin and psychedelic scene. It is appropriate for us Westerners to defer, finally, to Indigenous voices who have experience that is different than our own.

The entheogenic practitioner framework and manufacturing endorsement work together to do two things:

1. Honor religious liberties of sincere religious practitioners who work with psilocybin; and
2. Create an affordable community-access model for psilocybin services.

A one-size-fits-all system would treat churches and other community-own nonprofit organizations the same way as luxury resorts. This is out of touch with federal religious liberties and raises unnecessary paywalls for 520,000 Oregonians who live in poverty.

I hope you will consider these things when you decide how balance safety and access.

Yours in service,
Jon Dennis

Comments on Proposed Rulemaking—Psilocybin Products, Training Curriculum and Testing Rules (Oregon Psilocybin Services)

Prepared for: Rules Coordinator, Oregon Psilocybin Services, Oregon Health Authority Public Health Division

Prepared by: Leonard Gilroy, Vice President
Geoff Lawrence, Director of Drug Policy

Date: April 22, 2022



Thank you for the opportunity to provide public comment on the proposed rules covering Psilocybin Products, Training Curriculum, and Testing Rules (Chapter 333) pursuant to the implementation of Measure 109 (2020)/ORS Chapter 475A.

Reason Foundation is a national 501(c)(3) public policy think tank that offers pro-bono research and technical assistance to public officials and other stakeholders to help design and implement policy solutions in a variety of areas, including public finance, public pension solvency, infrastructure, and drug policy. The emerging regulatory framework governing certain controlled substances across various states—including medical and adult use recreational cannabis and psychedelics—is an area of particular interest. We have advised officials on emerging drug policy transformations in states like Michigan, New Jersey, and Nevada. We are also a founding member of the Cannabis Freedom Alliance, which seeks to advance federal cannabis legalization in a manner that respects state autonomy to self-design their own policies and ensure low barriers to market entry to maximize opportunity for potential entrepreneurs, especially those communities that have been most severely impacted by the drug war.

Reason commends the diligence with which Oregon Psilocybin Services (OPS) and the Oregon Psilocybin Advisory Board is approaching the groundbreaking work directed by Measure 109/ORS chapter 475A. Public agency rulemaking is always a challenging process, especially so when the underlying subject of regulation is such a new and emergent policy issue. In that light, we believe that overall, you have thus far admirably set out clear goals and objectives while ensuring that the proposed regulatory framework offers licensees significant flexibility in how to achieve them.

At a more detailed level, our review of the proposed rules on psilocybin products, training curriculum, and testing yielded the following observations that we believe warrant additional consideration prior to finalizing the program rules:

Proposed Rule 333-333-1010 (p6): We understand that for the purposes of launching a manageable regulatory framework for psilocybin services that the inclination of the Advisory Board centers on offering a limited scope of products (oral preparations only) derived from one authorized psilocybin species (Psilocybin Cubensis).

We respect that position as sensible and appropriate for the initial stage of launch. However, we hope in the future the Advisory Board will consider authorizing additional strains of psilocybin species beyond Psilocybin Cubensis. We also recommend expanding the range of allowed products to include alternative, non-oral consumption modalities in the interest of encouraging product diversity and a wide range of potential product price points, which could help ensure affordable access to psilocybin services consistent with the intent of ORS chapter 475A.

- **Proposed Rule 333-333-2010:** The proposed rules would ban manufacturer licensees from producing psilocybin “by using genetically modified organisms such as bacteria” or “by chemical synthesis,” potentially forestalling the production of relatively low cost and high-quality psilocybin while placing upward pressure on product pricing. Market innovations have delivered synthetic, yeast-produced, and culture-grown psilocybin compounds demonstrating great promise for safe, efficient production. Accordingly, the current restrictive policy on product sourcing may drive up consumer prices and constrain low-income access to the therapeutic psilocybin services, and it is unclear what purported public benefit is expected to result from such a restrictive ban, nor what societal harms the ban attempts to prevent. As current US Agriculture Secretary Tom Vilsack wrote in a 2017 opinion piece, "While public skepticism around the safety of GMOs is significant, the overwhelming evidence demonstrates that these crops have not been linked to a single health risk in the more than two decades they've been in our marketplace."
- **Proposed Rule 333-333-2020:** This proposed rule requires prior express approval of every psilocybin product by the Oregon Health Authority. Based on the experience of several states in the medical and recreational cannabis markets, requiring agency pre-approval of every single product licensees are allowed to manufacture will be very duplicative, and it is likely to lead to an inevitable bogging down of the review process administratively, potentially creating lengthy delays in getting new and innovative or transformative products to market. While we understand launching the program with a limited scope of product species and types, we would encourage the Advisory Board and OHA to quickly move towards outlining a set of overarching product standards and then allow any product to pass into commerce if it meets the standards without requiring prior restraint.
- **Proposed Rules 333-333-3050 (p24) and 333-333-3060 (p25-27):** The required training curriculum modules cover a comprehensive set of categories and subtopics overall. We are specifically encouraged to see the inclusion of the “*Group Facilitation*” curriculum module. We believe that ensuring regulatory flexibility for service center providers to offer group-based psilocybin services would likely create lower-cost pathways to services and expand access to a wider range of the population, particularly lower-income and historically marginalized populations.

Proposed Rules 333-333-7090 (p39) and 333-333-7100 (p40): While the testing rules overall appear to be generally well designed, we observed that the currently proscribed sample size for testing appears to be large (2% minimum) relative to a fairly low batch maximum size (1 kg). As we have observed from state medical and recreational cannabis markets, beyond a certain point the required sample size relative to volume of product can create a non-negligible cost in terms of manufacturer licensees' inventory, not to mention direct testing costs owed by licensees. Because these factors will ultimately play a major role in the pricing of products delivered, establishing the lowest-needed sample size relative to batch size is an important aspect of meeting the stated purposes of ORS Chapter 475A to advance both the safety and affordability of access to psilocybin services. We suggest that OPS consider the potential merits of adjusting the batch size up or the sample size down.

We hope this information is useful, and we welcome any related questions or dialogue from either the OPS Staff or the members of the Oregon Psilocybin Advisory Board. We look forward to commenting on the next set of draft regulations in the coming months, and in the meantime, please let us know if you have any questions or need additional information.

Contacts

Leonard Gilroy, Vice President, Government Reform (leonard.gilroy@reason.org)
Geoff Lawrence, Director of Drug Policy (geoff.lawrence@reason.org)

Psilocybin Training Program Approval Process (OAR 333-333-3010)

(1) A training program applicant must submit the following to the Authority to be approved to train psilocybin facilitators:

(a) A completed application package, including a description of the proposed curriculum that shows the applicant meets the requirements of OAR 333-333-3050, OAR 333-333-3060, OAR 333-333-3070 and OAR 333-333-3090; and

(b) A \$500 non-refundable application evaluation fee paid in the form and manner specified by the Authority.

(2) The Authority will notify a training program applicant if their application is incomplete. The training program applicant will have 90 days from the date of that notice to submit a complete application. If the training program applicant does not complete their application within 90 days, the Authority will refuse to process the application. If the application is refused the applicant may submit a new application, including a non-refundable application evaluation fee, for the program to be considered for approval.

(3) The Authority will evaluate training program applications to determine if the course meets the standards in OAR 333-333-3060 and OAR 333-333-3070.

(4) The Authority will notify the training program applicants in writing if the application is approved or denied. *within 90 days*

(5) The authority may deny a training program application for approval if:

(a) The training program application does not meet the requirements of OAR 333-333-3050, OAR 333-333-3060 and OAR 333-333-3070; or

(b) The program instructors, staff or representatives have made false or misleading statements to the Authority, students or the public.

(6) If the Authority denies an approval, the Authority will provide notice of the denial and the training program has a right to a hearing under ORS Chapter 183.

(7) Training program approval has a term of 5 years from the date of initial approval. *and then what?*

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Statutes Implemented: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Psilocybin Training Program Application Requirements (OAR 333-333-3020)

(1) To be approved, training program applicants must:

(a) Demonstrate that its proposed course modules contain the content required by OAR 333-333-3060;

(b) Demonstrate that its proposed hours of instruction meet the requirements of OAR 333-333-3050;

(c) Demonstrate that its proposed practicum meets the requirements of OAR 333-333-3070;

(d) Identify all instructors, including at least two lead educators and list the instructors' qualifications; and

(e) Identify a program director who has authority to confer student enrollment and program completion.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Statutes Implemented: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Psilocybin Training Instructor Qualifications and Program Performance (OAR 333-333-3030)

(1) In order to be approved, a training program must demonstrate that each instructor and person who trains instructors at a training program must have sufficient experience, knowledge, skills and ability to competently train students in their assigned subject matter.

(2) Each instructor at a training program must:

(a) Understand the objectives of the training program and be able to communicate effectively with students; and

(b) Demonstrate skill in instruction and student supervision.

(3) Training programs must notify the Authority of any material changes to the curriculum submitted with their application in a form and manner prescribed by the Authority.

} Subjective?
that OK?

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Statutes Implemented: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Psilocybin Training Reapproval (OAR 333-333-3035)

(1) A training program that wishes to be reapproved after the expiration of their initial approval term must submit a completed reapproval application and a non-refundable ~~\$500~~ reapproval fee. ~~\$500~~ \$300

(2) The Authority must receive the reapproval application and fee at least 30 days prior to the date that the training program's approval expires.

(3) If the Authority approves reapproval, the reapproval is valid for five years.

(4) The authority may deny the application for reapproval if:

(a) The training program has not complied with these rules; or

(b) The training program instructors, staff or representatives have made false or misleading statements to the Authority, students or the public. *as judged by...*

(5) If the Authority denies reapproval, the Authority will provide notice of the denial and the program has a right to a hearing under ORS Chapter 183.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Statutes Implemented: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Psilocybin Training Program Record Keeping (OAR 333-333-3040)

(1) Training programs shall maintain records for each class, including course curriculum, location, date and student attendance for every online and in-person class. These records must be maintained for five years. Training programs shall provide these records to the Authority upon request.

(2) Training programs shall maintain enrollment records, including the name of each student enrolled, their date of completion and examination results. These records must be maintained for five years.

(3) Training programs shall provide records required to be maintained under this rule to the Authority upon request, and in the manner requested.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Statutes Implemented: Ballot Measure 109 (2020), Section 8(2)(c), Section 8(2)(d)(F) and Section 41

Core Psilocybin Training Requirements (OAR 333-333-3050)

(1) Programs shall provide Core Training that consists of at least 120 hours of instruction. At least 25% of core training hours shall take place in an in-person teaching format.

(2) For training that is not conducted in person, at least 50% of the training shall be conveyed through online synchronous learning.

(3) The in-person teaching requirements in section (1) of this rule may be waived by the Authority during a Governor declared emergency or Governor declared public health emergency.

(4) Applicants for training programs must demonstrate that their curriculum consists of the following minimum hours of instruction, in the following areas consistent with the requirements of OAR 333-333-3060:

(a) Historical, Traditional, and Contemporary Practices and Applications: 12 hours.

(b) Cultural Equity in relation to Psilocybin Services: ~~6~~ hours.

(c) Safety, Ethics and Responsibilities: 10 hours.

(d) Psilocybin Pharmacology, Neuroscience, and Clinical Research: ~~2~~ hours.

(e) Core Facilitation Skills: 16 hours.

(f) Preparation and Orientation: 16 hours.

(g) Administration: 20 hours.

(h) Integration; ~~8~~ hours.

(i) Group Facilitation: 8 hours.

(5) Training programs must comply with the requirements specified in this rule to maintain approved status.

(6) The requirements listed in these rules are minimum requirements. Nothing in these rules prevents a training program from offering additional modules or hours of instruction.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Statutes Implemented: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Psilocybin Training Curriculum Modules (OAR 333-333-3060)

(1) "Historical, Traditional, and Contemporary Practices and Applications" module shall include:

(a) Current and historical use of plant and fungal medicines in indigenous and western cultures;

(b) The Controlled Substances Act and its effect on psilocybin research and drug policy; and

(c) Overview of historical and recent academic research.

(2) "Cultural Equity in relation to Psilocybin Services" module shall include:

(a) Cultural equity and its relationship to health equity;

(b) Racial justice, including the impact of race and privilege on health outcomes and the impact of systemic racism on individuals and communities;

(c) The impact of drug policy on individuals and communities;

(d) History of systemic inequity and intergenerational trauma; and

(e) Relational Care.

(3) "Safety, Ethics, Law and Responsibilities" module shall include:

(a) Awareness of facilitator's personal bias;

(b) Training on the Oregon Psilocybin Services Act and related laws, regulations, and professional standards for facilitators;

(c) Training in ethical issues related to psilocybin facilitation, including:

course content

this is already built in to most licensing continuing education

16

16 - including 2 hrs. on residential/work/structured environments

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- (A) Oregon's Facilitator Code of Ethics;
- (B) Awareness of ethical considerations relating to equity;
- (C) Appropriate emotional and sexual boundaries between facilitators and clients, potential harm to clients and consequences for facilitators of breaching those boundaries; and
- (D) Financial conflicts of interest and duties to clients.
- (d) Accurate record keeping and client confidentiality.
- (4) "Psilocybin Pharmacology, Neuroscience, and Clinical Research" module shall include:
 - (a) Pharmacodynamics and pharmacokinetics of psilocybin;
 - (b) Drug and supplement interaction;
 - (c) The metabolism of psilocybin and psilocybin products;
 - (d) The primary effects and mechanisms of action of psilocybin on the brain, including connectivity in the brain; and
 - (e) Key areas of psilocybin research.
- (5) "Core Facilitation Skills" module shall include:
 - (a) Client communication and empathy, including a nondirective facilitation approach and a nonjudgmental disposition;
 - (b) Response to psychological distress and creating a safe space for difficult emotional experiences;
 - (c) Physical reactions and side effects of psilocybin;
 - (d) Trauma informed care, including physiology of trauma, vicarious trauma, empathic stress and compassion fatigue;
 - (e) Active monitoring of client-facilitator boundaries;
 - (f) Identification and facilitation of a variety of subjective psilocybin experiences, including experiences relating to physiological sensations, cognitive, emotional and mystical states, and traumatic memories;
 - (g) Appropriate modes of intervention, understanding when intervention is necessary, and when a client may need a higher level of care;
 - (h) Recognizing and addressing adverse behavioral reactions and adverse medical reactions.
- (6) "Preparation and Orientation" module shall include:
 - (a) Informed consent;
 - (b) Client information form and intake interview;
 - (c) Scope of practice, including using the client Information form to identify clients in need of referral to specialized treatment services;
 - (d) Screening for risk factors, including medical history, contra-indicated medication and psychological instability;
 - (e) Appropriate mitigation strategies to address client risk factors, including but limited to assessment of client's support system;
 - (f) Client's suitability for psilocybin services;
 - (g) Safety planning and understanding of the boundaries between the facilitator and the client; and
 - (h) Understanding of how racial and cultural dynamics affect interactions between client and facilitator.
- (7) "Administration" module shall include:
 - (a) Dosing strategies and considerations, including:
 - (A) Experiential differences relating to differing dosages;
 - (B) Physiological considerations in relation to dosage;
 - (C) Delivery mechanisms of psilocybin;
 - (D) Use of secondary doses.
 - (b) Effectively working with challenging behaviors during session;
 - (c) Traumatic stress and how it may manifest during a psilocybin experience, including:

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- (A) Trauma's relationship to the body;
- (B) Repressed trauma emerging during a psilocybin experience;
- (C) Trauma and traumatic stress resulting from ~~systemic oppression~~; *living in a sick civilization.*
- (D) Safety for trauma resolution and risks associated with re-traumatization;
- (d) Environmental considerations for administration session; and
- (e) ~~Completion~~ of administrative session. ? *Transition to Reintegration*
- (8) "Integration" module shall include:
 - (a) Goals of integration session, including:
 - (A) Exploration of negative feelings from psilocybin session;
 - (B) Facilitation of positive internal and external changes;
 - (C) Enhancement of existing supportive relationships.
 - (b) Integration tools and techniques; and
 - (c) Facilitator scope of practice. *constructing structured environments to facilitate*
- (9) "Group Facilitation" module shall include: *maximally effective integration.*
 - (a) Skills required to facilitate a psilocybin group session, including, but not limited to:
 - (A) Screening participants for compatibility with group format;
 - (B) Facilitating group communications;
 - (C) Group agreements, including confidentiality and safety; and
 - (D) Identifying when a client within a group requires individual support, removal from a group, or additional intervention.
 - (b) Group Preparation Sessions;
 - (c) Group Integration Sessions; and *- Follow-ups 1wk, 2wks, 4wks, 8wks*
 - (d) Regulatory requirements for group facilitation.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Statutes Implemented: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Psilocybin Facilitator Practicum Requirements (OAR 333-333-3070)

- (1) Programs shall require students to complete practicum training that provides an opportunity to facilitate and observe the facilitation of non-ordinary states of consciousness.
- (2) If a practicum site is available, practicum training shall include placement at a practicum site where students can observe and facilitate psilocybin services under the supervision of a practicum site supervisor.
- (3) The practicum site supervisor is primarily responsible for developing students' practicum skills and evaluating students' practicum performance, focusing on direct services with clients.
- (4) If a practicum site is not reasonably available or accessible to students, a training program may identify alternative training in their application for approval that reasonably approximates training at a practicum site *like what?*
- (5) Alternative practicum training may include observation of taped facilitation sessions that were recorded with participants' consent, participating in peer support networks, observation of administration sessions conducted at a service center, role playing, and experience with altered states of consciousness that are not drug-induced, for example breath work or meditation.
- (6) Students shall complete a minimum of 40 hours of practicum training, including at least 30 hours of direct practice, and at least 10 hours of consultation relating to the student's direct practice.

observation?

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Supervised

(7) Practicum may ~~include~~ participating in ~~an~~ ^{supervised} regulated administration of psilocybin or other unregulated substances where it is unlawful to do so.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Statutes Implemented: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Accelerated Training Hours (OAR 333-333-3080)

(1) Programs may confer upon qualified students accelerated training hours not to exceed forty percent of the total number of core training hours required by OAR 333-333-3050.

(2) Accelerated training hours may be awarded based on students' professional credentialing, prior training and education, or relevant experiences.

(3) Training programs that offer accelerated training hours must establish and document criteria for conferring accelerated hours to qualifying students.

(4) Training programs may not offer accelerated training for the following modules:

(a) ~~"Cultural Equity in relation to Psilocybin Services,"~~

(b) "Safety, Ethics and Responsibilities;" or

(c) "Preparation and Orientation."

(5) Student transcripts and other records shall document the number and type of accelerated training hours conferred to each student.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Statutes Implemented: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Training Program Completion and Exams (OAR 333-333-3090)

(1) Training programs shall maintain a level of training for students such that students who successfully complete the program's training could reasonably expect to possess the knowledge and skills required to practice as a facilitator.

(2) Training programs must administer a comprehensive skills-based exam and every student must receive a passing score, established by the training program, as a condition of completing the training program.

(3) The exam required by section (2) of this rule is in addition to the exam required Ballot Measure 109 (2020), Section 31.

(4) Training programs shall provide every student written confirmation in a form and manner required by the Authority of program completion upon the student's successful completion of the programs

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

Statutes Implemented: Ballot Measure 109 (2020), Section 8(2)(c) and Section 41

From: [Meredith](#)
To: [Public Health Rules](#)
Subject: comments on Psilocybin Products, Training Curriculum and Testing Rules rulemaking
Date: Friday, April 22, 2022 2:40:14 PM

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Dear OHA,

I am writing to give my comments about the Psilocybin Services proposed rulemaking. I am an attorney and an amateur mycologist. I have several interrelated concerns about the proposed rules.

First, the limitation to the species *Psilocybe cubensis* and the prohibition on using wood chips as a growing medium is unnecessarily restrictive. It has the effect of excluding people from participating. *P. cubensis*, sometimes referred to as a dung-lover because of its preferred growing medium, is well-known to commonly cause nausea and dizziness. *P. cubensis* tastes disgusting and is difficult to digest for many. So difficult that many will be unable to participate in Psilocybin Services. Other species, some of which are grown on wood-chips, do not cause nausea and dizziness as often, they taste better, and they are smaller, so easier to digest. At the same time, so-called "wood-lovers paralysis" is admittedly rare. And I believe that the concern is speculative. Why favor a speculative and rare concern about "wood-lovers" over a well-known and common concern about nausea and dizziness?

On that same point, Kyle Meyer made an excellent point in his oral remarks at th April 21, 2022, hearing that the program should allow "unrestricted research" into several widely consumed *Psilocybe* species. In that way, we can understand how much of a concern temporary "wood-lovers paralysis" is, among other pressing questions.

I furthermore emphasize Kyle Meyer's recommendation that the program require "whole mushroom" dosing and testing rather than the large batch testing that the proposed rules call for. Whole mushrooms are a popular way to consume the product, and the rules should consider that mode of consumption. In addition, the rules favor very large growing operations, which is not necessary for sufficient products to be available, and will have the effect of excluding smaller operators from participating.

The limitation to oral consumption also has the effect of excluding people, again because of the well-known and common side effects of nausea and dizziness, as well as the fact that some are not able to swallow effectively.

I emphasize Sasha Sisko's oral and written comments calling for safety regulations. I believe that it is important to anticipate that some will have an adverse reaction and to be prepared for such an event. Facilitators should have first aid training and adverse events should be reported. Such safety regulations should apply to one-on-one facilitators and to group facilitators, if group use is allowed.

Finally, facilitator training programs should be made equitably available. Could the rules require Oregon community colleges to offer facilitator training programs?

Sincerely,
Meredith Allen
(541)515-5375

From: [Lara Knudsen](#)
To: [OHA Psilocybin](#)
Cc: [Lara Knudsen](#)
Subject: comments on psilocybin rules
Date: Friday, April 22, 2022 2:07:07 PM

Hello,

Please see my comments below. Thank you for your time on this program.

Facilitator Training Program

-I believe requiring the training to be 120 hours in addition to 40 hours of 'practicum' experience is onerous and will contribute to inequities in who is able to complete the training. Humans have been sitting for and supporting one another using psilocybin mushrooms for centuries. It does not take 160 hours to learn how to do this.

-Thank you for including information on indigenous uses of psilocybin as well as the impact of drug policy on different communities.

-Thank you for including alternative options for the practicum portion beyond direct observation of psilocybin sessions, since that experience will likely be difficult to procure for many. I appreciate that alternative non-ordinary states, induced via breathwork or meditation, are included.

-I have caution around how much emphasis is on topics that solidly place psilocybin in a medical context. The intent of the law, as I understand it, is to include facilitators who do not have a medical background, and to acknowledge that use of psilocybin falls into other realms (spiritual, ceremonial, etc) and not only 'health care.' There are areas listed in this training manual that are complicated and poorly understood (drug-supplement interactions, metabolism, mechanisms of action in the brain). Asking lay people to feel comfortable with advanced medical concepts as well as screening for contraindications, taking a medical history, etc, seems outside the scope of what this training is meant to do.

Psilocybin Products

-Why are the rules limited to *P. cubensis*? What about other commonly used psilocybin-containing mushrooms, including the ones that are native to Oregon like *P. azureus* and *P. cyanescens*? I believe this is unnecessarily restrictive, and it does not make sense to me that the only species allowed is one that doesn't even grow outdoors here.

-Why would growing mushrooms on wood chips or dung be prohibited? I am unaware of any health risks associated with this, and many of the psilocybin-containing mushrooms grow most easily on wood chips and dung.

Testing

-See above comment about only allowing *P. cubensis*.

Thank you,

Lara Knudsen, MD MPH
(she/her pronouns)
Happy Doc Family Medicine

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From: [Lucius Wheeler](#)
To: [Public Health Rules](#)
Subject: Comments on Public Rules
Date: Friday, April 22, 2022 2:07:48 PM

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Greetings,

Thank you for the opportunity to share feedback on the proposed OHA rules for training programs. I would like to offer comments on three specific areas: training practicums, group facilitation, and exceptions for religious/spiritual groups.

Training Practicums

Sections 333-333-3070.7 and 333-333-3070.8 outline guidelines for alternative practicum sites. Although I appreciate the rulemaking committee's attempt to make practicums accessible for more trainees, I find these alternative practicum options completely insufficient for training competent practitioners. It is completely unacceptable to imagine that a trainee could simply watch prerecorded videos, or participate in a role play - essentially, have *never ingested psilocybin* and never even sat with someone else who has taken the substance - and then be qualified to administer psilocybin to both individuals and groups.

As a member and regular participant of a legal, entheogenic church in the state of Oregon for over a decade, I can testify from my own direct experience that the experiential training needed to be able to safely and effectively facilitate an entheogenic ceremony requires many hours - often, years - of participation, followed by extensive mentorship and supervision. Anecdotally, I have not spoken with a single other individual who would feel comfortable entrusting themselves to a psilocybin facilitator who has never actually taken the substance multiple times and learned from experienced elders, teachers, and the mushrooms themselves.

Group Facilitation

On a related topic, I would suggest that group facilitation, because of its high degree of complexity and potential for interpersonal impacts and processing, should require much more than 12 hours of instruction. Specifically, I would suggest that a separate certification be established for psilocybin group facilitators, much like psychotherapists and counselors currently receive additional training and certification to become therapy group leaders. If a practitioner intends to lead group psilocybin experiences, I would suggest that a certain number of (additional) practicum hours be dedicated specifically to group facilitation, preparation, and integration. This would demonstrate greater facility and expertise in working with groups, and ensure the delivery of higher quality services to the public. Finally, it is my opinion that practicum hours for group facilitation should be 100% experiential and in-person, and should require sitting in the roles of both participant and co-facilitator with a more experienced leader.

One of the primary tasks of the OPS program, especially in its first years of operation, should

be to establish the highest level of care possible, with practitioners who have been trained at the highest level. There is absolutely *no replacement* for lived experience and direct mentorship when it comes to the use of entheogenic substances. Traditionally, the healing power of these substances depends on the relationship of the administrator or ceremonial leader with the energy and consciousness of the medicine itself. This is impossible to develop without deep immersion in ceremonial spaces, extensive study and mentorship, and numerous occasions of ingesting the medicine. I understand that increasing these requirements for direct experience and group facilitation training will require more time, resources, and trainers to accomplish. In my opinion, even if this results in a lower number of certified facilitators in the first years of operation, it will be worth it because OPS will be establishing a high quality of service, and so reduce the possibility of negligence and irresponsible facilitation.

Exceptions for Religious and Spiritual Groups

I fully support the Oregon Entheogenic Practitioners proposal that the OHA adopt the "Entheogenic Practitioners" framework endorsed by the OPAB Licensing and Equity Subcommittees. I also encourage the OHA to create a special manufacturing endorsement for entheogenic practitioners. It is essential that the OHA respect the rights of religious and spiritual communities, and entrust these groups with the ability to produce and administer psilocybin within their own frameworks of training, facilitation, and manufacturing. There are already many precedents for the ability of spiritual and religious groups to conduct these operations with integrity and safety, including the União do Vegetal, the Santo Daime, and the Native American Church. Please make it possible for similar groups to operate within the OPS program, bringing their expertise to psilocybin work as well.

Thank you for considering my comments, and thank you for your continued efforts to create a professional, equitable, and sustainable psilocybin program in Oregon.

Sincerely,
Lucius Wheeler, MA

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From: [GordoTEK](#)
To: [Public Health Rules](#)
Subject: Comments on: OAR 333-333-7030
Date: Thursday, April 7, 2022 8:52:52 PM

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OAR 333-333-7030 states that only the cubensis species is allowed. I just want to give my feedback that I think this is a big mistake. There is already a large and growing number of people who believe cubensis is an inferior species. I could understand perhaps disallowing wood lover species due to the fact that there have been some reports of adverse reactions (wood lovers paralysis) however I see no reason to exclude other species such as panaeolus cyanescens. Dosing would always be based on proven/tested potency either way, so I'm not sure what difference the species would make from the dosing perspective (and indeed there are some strains of even cubensis which are up to four times more potent than other strains of cubensis). Some anecdotes for example suggest that panaeolus cyanescens may produce a more pleasant experience for many people (less nausea, more visual, less anxiety, gentler on the mind, etc). I think it would be a bad precedent to exclude all species except cubensis.

From: [Esther Goldberg](#)
To: [Public Health Rules](#)
Subject: Comments regarding training of Facilitators for Psilocybin services
Date: Friday, April 1, 2022 11:06:20 AM

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To whom it may concern:

I have reviewed the revised draft rules and do not see any references to **Reciprocity** with other certificate programs delivered in other states.

I was on the Rules Advisory Committee for Training Programs and requested that the hours transferred from other programs or licenses be increased from 40% to 80%. I have been a licensed professional counselor since 2000 and will be beginning training at the California Institute of Integral Studies certificate program in Psychedelic Assisted Psychotherapies and Research this April, 2022. This program has been running for 7 years and the instructors are some of the most educated and informed trainers in the field. This program contains all the modules, except a module that is specifically for Psilocybin psychopharmacology. Psilocybin is strongly included; however it is not the only substance that will be discussed in the psychopharmacology module. I have chosen this program because I wish to be trained in a program that has been in operation for enough years to iron out problem areas, so that I am as well trained as possible to provide these services to others.

Many states accept reciprocity from other states regarding licensure, as long as one can prove that the training is comparable or better.

I am requesting that the OHA include a statement about reciprocity. It would be financially unfeasible to do 2 trainings with the same material, much of which I have already learned as a licensed psychotherapist.

Please consider this as you revise your draft rules.

Thanks for your consideration,
Esther Goldberg, LPC

HALL Brittany A

From: Andy McCormick <andymccormick1988@yahoo.com>
Sent: Friday, April 1, 2022 11:04 AM
To: Public Health Rules
Subject: Comments

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Please create a simple way for someone with PTSD, Anxiety, and Depression, just to list a few, to get into a therapy treatment program.

If there was a way to do in-home therapy that might be helpful.

Please accept IHN, or be it a low cost mental health therapy treatment.

I am so very greatly looking forward to having my severe mental health illnesses being treated. I've taken doctors pills for 10+ years now and am still as bad as when I started the pills. I would like to treat and end my mental health illnesses using this alternative treatment.

Proposals for Common-Sense Regulations for
Oregonian Psilocybin Service Centers:

A Response to “Privileges and Duties of Entheogenic Practitioners”

Written by Sasha Sisko

Dedicated To The Memory Of Brandon Begley

Foreword

Time goes by rather quickly, doesn't it? Less than two years ago, the people of Oregon made their voice heard and voted in favor of Measure 109. Because of the Oregon Psilocybin Advisory Board, the Oregon Health Authority has the recommendations of some of our nation's best experts within the field of psychedelic research. Given that other states will one day look to the Oregon Psilocybin Advisory Board for guidance on matters related to psilocybin, it is essential that the Oregon Psilocybin Advisory Board establishes exemplary precedents. I hope that my efforts to draw awareness to safety concerns around Measure 109 will be received favorably.

Though this document was initially drafted specifically for licensed entheogenic practitioners, I have expanded the document so as to include psilocybin service centers. After having taken time to reconsider the issue, I have yet to discern a compelling reason that should force entheogenic practitioners to follow more regulations than psilocybin service centers. For those who don't know, I am a firm believer in the principles of religious freedom and equality under the law. I wish to protect the right of every individual to pursue and experience the divine. To borrow the immortal words of Mestre Raimundo Irineu Serra, I seek to help others reside in a world of harmony, love, truth, and justice.

Before I get started, I want to remind my audience that while visions of the divine are often depicted in terms of brilliant sources of light, Dante Alighieri poetically described God in the final lines of *Paradiso* as "l'amor che move il sole l'atre stelle" — *the love that carries the sun and other stars*. If there is, indeed, a divine force that carries objects throughout space and time, then I pray that everyone may be graced by its presence and, thus, become inspired to take the *right action* at the *right time*. It is with these words that I will begin my proposals.

Section 1: Purpose Behind Proposals For Common Sense Regulations

- On March 18th of 2022, the Equity Subcommittee of the Oregon Psilocybin Advisory Board unanimously voted to recommend the protection of entheogenic practices under Measure 109. Because the Oregon Health Authority is likely to accept that recommendation, it is foreseeable that entheogenic service centers¹ will become a popular means for members the public to legally access psilocybin within the state of Oregon.

- Given that the costs associated with attending a group-oriented ceremony² at a licensed entheogenic service center will likely be lower than a session conducted by a licensed psilocybin service center³, Oregonians (and others from out-of-state) will foreseeably be more drawn to this community-based model of healing. Ultimately, low-income individuals seeking to legally access psilocybin under Measure 109 will be inherently forced to choose the least expensive means of doing so regardless of the facility.

- As it stands, the Oregon Psilocybin Advisory Board has the ability to recommend to the Oregon Health Authority common-sense regulations (for licensed entheogenic practitioners and psilocybin service facilitators alike) which would dramatically enhance the safety afforded to *all* clients under Measure 109 without substantially raising the costs associated with these services.

- Given that impoverished individuals (regardless of status of “homelessness”) are classified as “vulnerable populations” by countless reputable medical organizations across the globe, it is critical that the Oregon Psilocybin Advisory Board ensures that some of our nation’s least fortunate individuals are afforded a safe container for healing whether they choose to attend a licensed entheogenic service center or psilocybin service center.

- Given that Measure 109’s success hinges upon the level of safety afforded to *everyone* who seeks to ingest psilocybin under the measure’s framework, it would be essential to propose common-sense safety regulations related to licensed entheogenic service centers as well as licensed psilocybin service centers.

- Though it’s true that the 1st Amendment explicitly states “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof”, we must remember that the Supreme Court has already ruled that the Free Exercise Clause forbids the “gravest abuses endangering paramount interests”.⁴

- Given that maintaining the safety of Oregonians is clearly a paramount interest of the State of Oregon, it would follow that any serious circumvention common-sense safety standards within a licensed service center would amount to significant abuse of the public’s trust. Given that the adoption of common-sense safety regulations would be essential to assisting in the prevention of these grave abuses, the burden is largely on the Oregon Psilocybin Advisory Board to draft such regulations to be considered by the Oregon Health Authority.

- Having said that, I will now call attention to quotes made by members of the Oregon Psilocybin Advisory Board as well as the leaders of various entheogenic churches. It is my prayer that the evidence contained within the next section will inspire others to understand the critical need for common sense regulations for psilocybin service centers and entheogenic service centers alike.

¹ Entheogenic service centers are AKA as “entheogenic churches” or “plant medicine churches”. The use of the term “entheogenic service center” reflects the language of “Privileges and Duties of Entheogenic Practitioners” (by Jon Dennis).

² Group ceremonies (or group administration sessions) are very common practices within entheogenic church communities.

³ Ismail Ali & Mason Marks, MD, JD made remarks to this effect during OPAB SC hearings (March 2nd and 3rd, respectively) as well as by Dr. Bronner (<https://www.drbronner.com/all-one-blog/2022/04/entheogenic-practitioner-duties-and-privileges-under-oregons-109-program/?fbclid=IwAR0V1vGRgh05hf8kWUIPog6gY4D5x2jMzIBc7sOo6iCIAEI42s66pnYcklw>)

⁴ *Sherbert v. Verner*, 374 U.S. 398, 406 (1963); see also *Thomas v. Collins*, 323 U.S. 516, 530 (1945)

Section 2: Evidence For Claims

Section 2a: Introduction

- Given that Jon Dennis, Esq. has previously suggested that the Oregon Health Advisory should “trust the [community of] entheogenic practitioners to self-regulate”⁵, I have grown concerned that a lack of common-sense safety regulations within the entheogenic church community will ultimately prove disastrous for the state of Oregon.

- If it would be inadvisable to allow licensed psilocybin service facilitators to entirely self-regulate, then it would follow that licensed entheogenic practitioners shouldn't be exempt from outside regulation. Though more than four years have passed since Brandon Begley's untimely death, virtually no one within the psychedelic community has condemned Soul Quest for the 3-hour delay in calling 911. Clearly, self-regulation hasn't been sufficient enough.

- At the present moment, the psychedelic community is still reeling from the release of New York Magazine's podcast series “Cover Story: Power Trip” that discussed, briefly put, the dangerous aspects of the psychedelic community, both above-ground clinical trials and underground psychedelic practitioners.

- Given that the podcast revealed horrifying details of acts committed by respected members & organizations within our community (who shall go unnamed within this document), many of us have realized the need to metaphorically look in the mirror and, to borrow the words of Carl Jung, confront the shadow.

- The mere mention of documented safety hazards associated with psilocybin should give everyone pause. As discussed within episode eight of New York Magazine's *Cover Story* podcast, an individual named Richard Burton died shortly after consuming psilocybin mushrooms with an underground “holistic counselor” back in October of 2018.⁶ Richard's death has served as a reminder that there are still unanswered questions surrounding psilocybin's safety profile. Until these questions are answered by qualified medical researchers, the Oregon Psilocybin Advisory Board should continually reflect on how safety regulations can effectively serve as harm reduction practices.

Section 2b: Ismail Ali

- When the Equity Subcommittee met on the afternoon of March 2nd, Ismail Ali took a moment to address the topic of New York Magazine's podcast series and clearly stated that he didn't “want to give the false impression that there's, like, total security in the above ground because we know that's not true.” (emphasis added)

- Ismail immediately followed up by reminding the Oregon Psilocybin Advisory Board that complications will arise by bringing these entheogenic churches above-ground. Specifically, he noted that many within our community have been reluctant to report adverse events or unethical behavior stemming from psychedelic facilitators because of their own “adversarial positionality” with law enforcement officers. As he put it, “one of the complicated things about bringing things above ground is that people who have historically been somewhat bound for better or worse by their adversarial aspect [rather] adversarial kind of positionality to law enforcement means that there's generally under reporting [of harms] in the underground for fear of that association.”

⁵ See Sections 2 and 6 of OAR 333-XXX-XXX6

⁶<https://www.thecut.com/2022/03/cover-story-podcast-who-am-i-fooling-episode-8.html#:~:text=He%20gets%20ready,was%20the%20drugs.%E2%80%9D>

- Following this statement, Ismail reminded the Oregon Psilocybin Advisory Board that bringing entheogenic churches above-ground would place licensed entheogenic practitioners in an “interesting position that I think we as a drug policy movement are going to have to reckon with which is: What happens when your accountability is law enforcement? I’m not saying that that’s the only option but *there aren’t that many in between.*” (emphasis added)

- Near the end, Ismail shared his personal observation that people have a tendency to not take true accountability for their actions: “I won’t go down the rabbit hole of restorative and transformative justice, but those practices take a lot of resources, a lot of time, [and] a lot of energy and *more often than not* I see people default to the easy punishment option when possible”.

- Ismail concluded his comments by reminding the Oregon Psilocybin Advisory Board that “*there is absolutely* harm that happens in the above ground” and specifically claimed that “good oversight, ethical practice or ethical norms, [and] supervision” of entheogenic practitioners will help, as he put it, “reduce” the likelihood of these grave abuses occurring within Measure 109.

Section 2c: Jonathan Goldman and Courtney McClure

- Johnathan Goldman (the padrinho of the federally-recognized Church of the Holy Light of the Queen) has made it clear that he supports the regulation & monitoring of entheogenic churches by members of the plant medicine community *itself*. Earlier this year, the esteemed padrinho summarized his thoughts on safety issues related to plant medicine churches during an interview with Joe Moore and Jon Dennis, Esq.:

- “So the feedback we should have is: Are people safe? Are the people who’re guiding know what they’re doing? What’s their training? They don’t have to have *my* training, [but] they have to have *some* training. How are people followed up? How is the medicine administered, right? What are the ethical — what’s the ethical space? Cause there’s stuff that happens in those, you know, sexual abuse and money stuff and because humans are humans. The fact that you take a medicine is no absolute guarantee of ethical or moral, uhm, honoring, right? Honorability. Unfortunately. So there needs to be — I affirm there needs to be a space for that conversation and, of course, it’s fraught because, of course, people’s egos get in and this person wants to control this and, you know, I want it *my way*, and, you know, gimme some money, and, you know, all that stuff happens, but I don’t think that danger warrants then having absolutely no monitoring. But as I said, it shouldn’t be the government. [...] It should be among people who have the experience and are dedicated *both* to the liberation of humanity and also the liberation of the medicines and also understand the *sacredness and the responsibility of it.*”⁷ (emphasis added)

- Courtney Rose of Psanctuary Church echoed Jonathan’s sentiments during one *Psilocybin Says* podcast: “We don’t know that other religious organizations [...] are as informed and maybe as well-intentioned. So [I] think it’d be great if there was some kind of neutral organization that could serve as a reporting organization. I don’t know how this could work but if there was not even [a] state-regulated but a non-profit or something, like, that where if say members of any church were feeling, like, “*wow that was really dangerous*” or, like, “*I’m hearing things that are very dangerous about this religious organization*” or they experience something that was very inappropriate or they weren’t taken care of, they could report that to a neutral organization.”⁸ (emphasis added)

⁷ <https://www.psychedeliceducationcenter.com/p/usa-psychedelics-and-religious-liberty>

⁸ https://youtu.be/_9ETZup5dxl?t=1312

Section 2d: Soul Quest, Eric Osborne, and Derek Andre

- Given that nearly everyone in the psychedelic community is guilty of having (at least partially) overblown the therapeutic potential or safety profile of psychedelics, members of the Oregon Psilocybin Advisory Board must consider the impact of members of our community making public statements regarding the available scientific literature. In my professional opinion, licensed practitioners under Measure 109 should be able discuss the available scientific literature regarding psychedelic substances without delving into the realm of misinformation.

- Perhaps the best example of this would be the fact that Soul Quest Church of Mother Earth promotes their sacrament (ayahuasca) as a potential “cure” for cancer on their website. While discussing an individual with colon cancer, the webpage claimed that “within a few months of seeking this alternative therapy, his cancer disappeared without additional surgeries, drugs, and chemotherapy [...] If any natural substance is able to cure someone or save lives, why should the news not be spread that a gift such as this exists? This is why we’re making it our mission to educate you on the physical and spiritual benefits of this amazing plant [ayahuasca].”⁹ (emphasis added)

- Just as well, the founder of Psanctuary Church and MycoMeditations (Eric Osborne) has repeatedly made extraordinary claims about the safety profile of psilocybin mushrooms within numerous podcast interviews. In the aftermath of Eric’s departure from MycoMeditations, concerns have been raised about the level of medical training or certification necessary for entheogenic practitioners.

- Back in February of this year, Eric appeared on the *Psilocybin Says* podcast¹⁰ to discuss the inclusion of entheogenic churches within the framework of Measure 109. At one point during the podcast, the church leader boldly asserted that the scientific research has “shown undeniably that psilocybin is — psilocybin mushrooms are the absolutely the safest consciousness altering substance known to humankind. Imperial College of London did a study a few years ago that showed that unequivocally psilocybin is the safest substance out there, so the government has no, uh, real compelling interest in stopping the use of psilocybin in terms of public safety.”¹¹ (emphasis added)

- Though it is true that psilocybin has been ranked in numerous scientific publications as one of the “safest” psychotropic substances that are routinely used for recreational purposes¹², to repeatedly make such claims without any sort of nuance belies the nature of truly powerful psychedelic experiences. Indeed, psilocybin is a powerfully psychoactive substance which can lead to adverse outcomes.

- Within the same podcast, Derek Andre (a current minister-in-training for an Oregonian chapter of Psanctuary Church) countered Eric’s perspective by stating the factual, objective truth. As Derek put it, “there’s a history of psychedelic religions resulting in safety hazards and harmful outcomes”.¹³

- As Derek explained during the podcast, “Everyone (I think) can agree with the safety thing. We’re not trying to be part of or run a church or religious organization that is doing things unsafe. I can’t speak for everybody and some may be a little more cavalier or reckless than that, uh, but I do imagine that safety is paramount for everyone.”¹⁴

⁹ <https://www.ayahuascachurches.org/ayahuasca-cancer-treatment/>

¹⁰ https://www.youtube.com/watch?v=_9ETZup5dxl

¹¹ https://youtu.be/_9ETZup5dxl?t=891

¹² See, for example: Nutt DJ, King LA, Phillips LD; Independent Scientific Committee on Drugs. Drug harms in the UK: a multicriteria decision analysis. *Lancet*. 2010;376(9752):1558-1565. doi:10.1016/S0140-6736(10)61462-6

¹³ https://youtu.be/_9ETZup5dxl?t=1522

¹⁴ https://youtu.be/_9ETZup5dxl?t=1065

- Shortly after this, Derek followed up by asking “what authority does the government have in telling a religion how to train their people to oversee a ceremony? It sounds a little bit like what we have right now which is the FDA — if I use an analogy — the FDA is trying to use their authority to tell doctors how to treat [people]. Right now, the FDA does not have medical training [sic]. What authority do they have to tell doctors how to treat in this in this COVID mess that we all find ourselves? [...] That has got me a little bit worried about like, well, what authority might be coming down from them to tell us how to certify people? I’m not saying that there shouldn’t be some process there but it needs to be collaboration and not a coming-down from the state to religion.”¹⁵ (emphasis added)

- Derek concluded his remarks on safety by sharing his perspective of a healthy compromise between freedom and regulation. Derek envisioned that the Oregon Psilocybin Advisory Board could create:

- “an environment where the churches — the psilocybin churches feel safe to come to the authorities and go “Hey, I need help and I’m in over my head; we had this incident” versus a regulatory environment which is a fear-based one of “You’re going to get smacked down if you break the rules” will actually, in my opinion, kind of push the — they’ll try to hide those instances. It may push those incidents underground or may push the churches underground where it may make it a little more ripe for that stuff to not come up to the surface [...] The relationship that I would love to see with the state [of Oregon] is one where we’re working together and not where there’s, like, I’m here telling you how to do [this]. Very patriarchal right? I’m up here, I’m the authority, I know what’s best for you, I’m going to save you from yourself, [and] you must do this or else. It makes me feel like a child again. Like, you’re not my parent.”¹⁶ (emphasis added)

Section 2e: Derek Januszewski

- Those who volunteer their services and expertise within plant medicine ceremonies are invaluable members of our community. Despite this, their services are often trivialized and unrecognized. If the Oregon Health Authority wishes to encourage these members of our community to offer their services, then it would be necessary to prohibit service centers from taking advantage of the benevolence of their volunteers.

- Derek Januszewski (former volunteer at Soul Quest): “They were paying me \$200 a week and I would show up on Thursday and I would set up all the beds. I would work somewhere between 6 and 10 hours on Thursday. Usually, Friday was a 20 hour day. Saturday was a 20 hour day, and then Sunday I would work [about] 6-8 hours and then Monday would be cleanup. So I’d work from Thursday to Monday. I’d work about 60 hours [for] \$200. So that’s how I got to the medicine.”¹⁷

¹⁵ <https://youtu.be/9ETZup5dxl?t=1256>

¹⁶ <https://youtu.be/9ETZup5dxl?t=2947>

¹⁷ https://youtu.be/blLqCQ_DFmg?t=477

Section 3: Addressing “Privileges and Duties of Entheogenic Practitioners”

- As of the present moment, the Oregon Psilocybin Advisory Board has submitted recommendations that establish a modicum of safety for clients of entheogenic service centers. According to the document “Privileges and Duties of Entheogenic Practitioners”¹⁸, entheogenic facilitators who operate under Measure 109 must, among other duties, “remain alert and attentive to the client needs when participating in a ceremony” and “intervene in a ceremony to the extent necessary to enhance, preserve, or restore client safety”.¹⁹ Beyond this, the same document states any potential entheogenic practitioner’s application may be denied if they have “a history of conduct suggesting [they] may not be willing or able to act in accordance with [their] duties”.²⁰ OAR 333-XXX-XXX9 also details disciplinary proceedings if practitioners “failed to fulfill the duties” of their position or “failed to exercise [their] privileges in a reasonable manner”.

- Though these aforementioned regulations provide a modicum of safety for entheogenic service centers, I have drafted the following safety-oriented proposals for entheogenic practitioners and psilocybin service facilitators alike²¹. In my view, each of these proposed regulations will not overly-compromise the religious freedoms of these spiritual/religious organizations that seek to become licensed as “entheogenic service centers” under Measure 109. Just as well, it is my professional opinion that none of these regulations will significantly increase the overall cost of psilocybin services under Measure 109

Section 4: Proposals

Proposal 1: Limit Size of Plant Medicine Ceremonies

- The Oregon Psilocybin Advisory Board shall consider whether or not to establish restrictions on the total number of people who can attend a group ceremony within a licensed service facility.²²

Proposal 2: Day of Remembrance

- If a client under Measure 109 is hospitalized within 24 hours of an administration session, then that day shall become established as a “Day of Remembrance” for that specific service center. Service centers shall gather together on days of remembrance to enhance safety protocol for all future clients. No administration sessions shall take place on anniversaries of days of remembrance for a period of five years.

Proposal 3: Volunteer Rights and Protections

- No volunteer at a service center shall work more than 12 total hours in any 24 hour period of time.
- No volunteer shall be required to perform duties they do not feel adequately trained to perform.
- No volunteer shall be denied food, water, or temporary rest breaks during the scope of their service.
- If volunteers are to be compensated, they shall not be compensated with psilocybin products.

Proposal 4: Group Facilitation

Each group administration session involving more than ___ clients shall be facilitated by at least one currently-certified harm reduction specialist OR a currently-certified medical professional (EMT, RN, MD, etc.).

¹⁸ <https://psychedelicstoday.com/wp-content/uploads/2022/02/Privileges-and-Duties-of-Entheogenic-PractitionersDRAFT-v.8.pdf>

¹⁹ See OAR 333-XXX-XXX4

²⁰ See OAR 333-XXX-XXX2

²¹ Hereafter, any mention of “service center” applies to both entheogenic service centers and psilocybin service centers.

²² Soul Quest has conducted ceremonies with as many as ~100 people at a time. Concerns have been raised regarding the risks associated with such large attendance rates at group administration sessions under Measure 109. After much deliberation, I’ve chosen to defer to OPAB to decide what constitutes “too large” of a group ceremony.

Proposal 5: Tip Line to Report Unethical Behavior

The Oregon Health Authority shall establish a tip line (perhaps by affiliating with Fireside Project?) that helps clients under Measure 109 report any unethical or otherwise unsafe behavior. Anonymity of all victims is paramount to ensuring their safety after said victims report unethical behavior.

Proposal 6: The privacy of clients under Measure 109 will be protected.

Without the protections offered by HIPAA, clients' personal information may (unfortunately) become a matter of public conversation, or worse, sold to data broker firms interested in gathering info on the psychedelic community.²³ Given that Measure 109 is not a wholly "medical" model²⁴ (and thus HIPAA would not apply), the Oregon Psilocybin Advisory board shall afford clients under Measure 109 sufficient privacy.²⁵

Proposal 7: Use of Touch

o The Oregon Psilocybin Advisory Board and the Oregon Health Authority shall work in tandem with various bioethicists to establish protocols for how "touch" will be employed by licensed facilitators (as well as clients who provide peer-support assistance) under Measure 109. Indeed, the Oregon Health Authority already has powers to regulate this practice according to Section 40 of Measure 109.

o The Oregon Psilocybin Advisory Board and the Oregon Health Authority shall work in tandem to ensure that all clients under Measure 109 will be adequately informed about these protocols, especially though potential informed-consent documents to be signed by potential clients before any administration session.

Proposal 8: Indigenous Reciprocity

• The OPAB shall actively raise awareness about the lived experiences of Indigenous Americans²⁶ by inviting Native speakers to appear at OPAB meetings and drawing awareness to charities that directly benefit Indigenous Americans (such as [Indigenous Peyote Conservation Initiative](#), [Chacruna's IRI](#), etc.)

Proposal 9: Religious Freedom

If the OHA approves the entheogenic practitioner initiative, various Oregonian churches which sacramentally use psilocybin mushrooms will face increased scrutiny by the federal government, especially the DEA. Although it is true that the third section of the Oregon Constitution provides ample protections for religious freedom, the proposal for entheogenic practitioners surprisingly "avoid[ed] using the word religion throughout [the] proposed regulations. The primary reason was to avoid potential scrutiny under Oregon's Constitution".²⁷ Given that the DEA may view licensed entheogenic service centers as having circumvented DEA protocol, measures shall be taken by the Oregon Health Authority to protect these licensed organizations if they are ever raided by the DEA. Lest we forget, Californian dispensaries were raided by the DEA for years before the matter was sorted out.²⁸

²³ About 80 minutes into the Equity SC's March 2nd meeting, Ismail Ali stated "There's a reason that medical records for example are protected the way they are. What happens when you have activities that are talked about as if they're medical treated as if they're medical the consumer thinks they're medical but then they're not as protected as medical care? What that means is that people get taken advantage of."

²⁴ Note the use of the words like "client", "service center", "facilitator", and "practitioner" within M109 are not indicative of a medical model

²⁵ About 90 minutes into the Equity SC's March 2nd meeting, Dr. Rachel Knox noted that "Not all people or institutions are subject to HIPAA, right? So the average person cannot violate HIPAA because they're not subject to it, right? I would say the majority of [psilocybin service centers] will not be subject to HIPAA."

²⁶ During the OPAB meeting on April 18th, Cené Salsedo Bryant stated that "safety also includes the components of representation and decolonization. [...] it's apparent that representation for BIPOC and historically marginalized members of the community is lacking within this rulemaking process and the program as a whole. Moving forward, I look forward to the OHA not only hearing the opinions of Indigenous and traditional healers, but also inviting these other ways of knowing to the table and incorporating them into the program. I invite you to [...] lean into the process of decolonizing your mind so that it can be reflected in the work you do here."

²⁷ See footnote #1 within "Privileges and Duties of Entheogenic Practitioners" by Jon Dennis, Esq.

²⁸ <https://www.rollingstone.com/culture/culture-news/why-are-feds-targeting-high-end-pot-producers-in-california-124701/>

Proposal 10: Establishing Protocol for Medical Emergencies & Non-Medical Emergencies

1. Because severe adverse drug reactions are known to occur infrequently with psilocybin, it is inevitable that many facilitators will witness a client displaying physiological symptoms associated with medical emergencies during an administration session.²⁹ Given that it can be difficult to discern when these scenarios are *bona fide* medical emergencies, I propose that the Oregon Psilocybin Advisory Board works in tandem with the Oregon Health Authority to establish scientifically-sound protocols to discern if a client's health is truly in danger.
 - a. I propose that the language within on page 65 of Chacruna Institute's *Guide to RFRA and Best Practices for Psychedelic Plant Medicine Churches* shall be incorporated within OAR 333-XXX-XXX4.³⁰
 - b. I propose that any licensed facilitators (or clients who provide peer-support) who do not adhere to established protocols for medical/non-medical emergencies shall become subject to disciplinary proceedings outlined in OAR 333-XXX-XXX9.
2. Service centers shall inform the OHA of all "severe" adverse drug reactions. I believe this topic is discussed within Section 1-c-I of OAR 333-XXX-XXX4³¹, but I wish to propose that Section 1-c-I of OAR 333-XXX-XXX4 add stipulations about recording the amount of all psilocybin products consumed by clients.
3. If the Oregon Health Authority finds by a preponderance of the evidence that an entheogenic practitioner or a psilocybin services facilitator knowingly deceived multiple members of the public about an adverse event that occurred as the result of an administration session conducted by a licensed service center, then they shall be subject to disciplinary proceedings outlined in OAR 333-XXX-XXX9.³²
4. Section 6 of OAR 333-XXX-XXX5 states that "Facilitators who supervise a ceremony from outside the ceremonial space shall be prohibited from using visual, audio, or similar recording or livestreaming technology in supervising a ceremony", but I propose that facilitators the ability to record moments within ceremonies where section 3(b) of OAR 333-XXX-XXX6 is applicable.³³
5. The Oregon Psilocybin Advisory Board and the Oregon Health Authority will work in tandem to ensure that all clients under Measure 109 will be adequately informed about these protocols, especially through potential informed-consent documents to be signed by potential clients before any administration session.

²⁹ As Dr. Alex Cardenas stated during the April 18th OPAB meeting: "No medicine or treatment is completely safe and opening up access will come with *likely rare* but serious bad outcomes [such as] persistent psychedelic states, psychosis, mania, [and] suicidality as well as a variety of medical complications *will* happen. Even with superb screening and highly skilled therapists, some folks will simply need a higher level of care. I do believe that the vast majority of folks will do well, but my concern is that there is not safety net in place for the folks that will need it."

³⁰ "A plant medicine church may create an emergency situation procedure that is applicable to the rituals and characteristics of its sacrament. Church leaders and any assistants or helpers should memorize this procedure, but it could also be printed out and accessible [...] Due to the intense spiritual nature of a prayer ceremony, an experienced and skilled church leader will be able to assess when a congregant is experiencing disorientation or overwhelm, as opposed to a health emergency [...] However, as soon as it is even possibly an emergency, a congregant should get immediate medical assistance. The emergency situation procedure may include a list of symptoms that indicate an emergency to alert any assistants or helpers. Never hesitate to call emergency services because of concerns about the church's criminal or civil liability. The emergency procedure should also provide how to deal with any congregant that indicates or attempts self-harm or harm to others during a ceremony; church leaders and helpers should be prepared to deal with this situation promptly and appropriately."

³¹ Full verbatim quote: "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; b. The names of any clients who were leading ceremony; c. The names of any clients who were providing peer support assistance in the ceremony; d. The names of the facilitators who were supervising the ceremony"

³² Just to paint a great example of this, on the Netflix series "UnWell", Chris Young of Soul Quest Church alleged that Brandon Begley lied about his prescription regimen. This is patently false statement was followed up by Chris's claim that Brandon left Soul Quest "still breathing". If you compare that to his 911 call placed on Easter Sunday of 2018, you'll hear Chris claiming that Brandon was "turning blue" and that his respirations were too shallow to be noticeable. See that story falls apart?

³³ Section 3b states "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"

My Formal Comment to the Oregon Health Authority regarding Entheogenic Practitioner Duties and Privileges under Oregon's 109 Program

Dear OHA:

I'm David Bronner, CEO of Dr. Bronner's, which funds many different organizations and campaigns to integrate psychedelic medicines and healing into American culture. We were inspired by Tom and Sheri Eckert's vision to bring psilocybin healing to a majority of a generally psychedelically naïve population, in a way that felt safe and optimized therapeutic outcomes. We were the largest funder of Measure 109 and second largest for 110, as no one struggling with addiction should be going to jail and be further traumatized; in the case of psychedelic medicines, they are often using to heal trauma. We believe psilocybin therapy is one of the most effective tools for people struggling with substance use disorder, and 109 and 110 are thus a perfect policy pairing, along with decriminalizing plant medicines generally to allow for ceremonial healing (www.plantmedicinehealing.org).

Under 109, we are excited to see Oregon blaze the path and set the example for the kind of effective, equitable and affordable regulated access program for the rest of the country to follow. I recently was gratified to read [Jon Dennis's Entheogenic Practitioner proposal](#) which I believe can further optimize and expand the program not only for religious groups, but for group healing generally, while helping make the program more economically accessible and ensuring safety for participants. In particular I want to share the specific policy proposals in his proposal, and point out which are relevant for group healing generally under the program, especially those that will reduce cost and broaden access in a safe way.

Generally in terms of safety and long term mental health, responsible entheogenic communities provide a safe container for participants while also providing ongoing integration, peer support and care. The antidote to depression is connection, and ingesting medicine regularly in a community is as important as the medicine itself for many people, in many ways superior to the "one and done" therapeutic model. In the religious context, Santo Daime is an amazing example, which is a federally recognized church whose members regularly ingest ayahuasca as a sacramental medicine in ceremonial services inspired by Amazonian indigenous use. They have had great success helping people struggling with depression, alcoholism, and other mental health challenges, as well as the struggles of life generally, and serve as a model for a crucial dimension of healing we want to see allowed in Oregon's 109 program, and eventually the rest of the world. In fact, Jonathan Goldman of the Santo Daime in Ashland closely consulted on Jon's Entheogenic Practitioner proposal, and I want to share a quote that Jonathan made in a separate email discussion I was involved in, about how to best ensure competent facilitation and safety in entheogenic community use, whether or not that's explicitly religious in nature. He said:

It is nobody's business to judge anyone's form of ceremony, spiritual perspective, lineage, politics, or opinions. In fact, in my estimation, none of that is relevant to any evaluation of a medicine work. Ceremony is necessary to hold experience. We each live in an organized body and in order to let it go and enter into communion with the transpersonal forces, our little, sensitive body needs to be held in a ceremonial 'body.' That's all. The space needs to be coherent and harmonious- there needs to be form- but beyond that the actual form is irrelevant. What is relevant, whatever the form or lineage, is how people are screened for appropriateness of participation, how they are oriented to the experience, how they are made safe on all levels, how they are attended to, how the people leading and assisting in the ceremony handle whatever may come up for participants, and how participants are followed up with.

Generally speaking, the indigenous ceremonial container controls and optimizes set and setting in a culturally relevant way, and allows individuals to release and do deep work safely, and inspired the modern therapeutic container in the West, which can be considered in some sense the West's version of the indigenous ceremonial container. No doubt one on one facilitation in a therapeutic container is appropriate and optimal for many people, especially when processing through acute or complex trauma such as childhood sexual abuse. However, ongoing integration and mutual support and care in a community, with more frequent engagement with medicine, whether religious or secular, can really help cement the healing experiences and insights into long term character traits. Thus these healing communities, religious or otherwise, are complementary to the therapeutic one on one model. The group model in the 109 regulations in some ways straddles and is inspired by both the therapeutic and indigenous ceremonial approach, but can be further optimized per Jon's proposal.

I asked Jon to specify and list the substantive policies contained in his proposal, which I paste in full below, and wanted to discuss them first in terms of those which I think should be applied generally throughout the 109 program, especially for group use, versus the rest that would be specific to a religious carve-out.

The criteria in Jon's proposal that I see as broadly applicable to the group model in particular, that will also help make the program more affordable and accessible, are:

- Clients would be required to go through the screening and preparation process no more often than once per year, regardless of the number of ceremonies (sessions) the client participates in, and would be allowed to receive any number of preparation and integration sessions

- For groups that are meeting and healing with medicine on an ongoing basis under 109, to allow for the provision of peer support assistance where clients can be trained and “certified” to provide assistance to other community members, and increase the facilitator to client ratio.
- Allow for outdoor healing contexts.
- So long as a 109 trained facilitator is present and supervising who is not on medicine, whether immediately outside or inside the group healing space, that a competent client could lead the ceremonial or group healing session; for example, a visiting Mazatec shaman, who is on some amount of medicine. Generally in indigenous led ceremonies, the person leading the ceremony ingests a moderate dose of medicine, not as much as participants, that helps the person leading effectively enter sacred healing space and lead the ceremony, and also has assistants who are also on an amount of medicine to help hold the space and address anything that comes up.

Otherwise and additionally, I support the Entheogenic Practitioner program that Jon proposes, giving more freedom and leeway to sincere entheogenic communities, religious or otherwise, to safely practice and heal under the 109 program, and have the option to grow their own different varieties of psilocybin mushrooms cost-effectively as far as testing requirements. In that regard, I wanted to highlight [Miraculix's test-kits](#), which are an affordable option for communities and individuals to easily and cost effectively determine the amount of psilocybin in a given mushroom sample

I also really appreciate Jon's proposal re reciprocity, as it's important for people who experience the healing benefits of mushrooms in a ceremonial context, inspired by indigenous ways of healing, being and knowing, to show their appreciation. I'm part of an effort called the Indigenous Medicine Conservation Fund that will be supporting indigenous led biocultural conservation projects around the major keystone medicines, including mushrooms and the Mazatec, in building needed infrastructure and capacity for their communities. Our partner Grow Medicine will be the more public facing face of the IMC effort, that will crowd fund from individuals inspired to give back and help in this way.

Finally, I'll note that when I was zooming with Jon this past Saturday, that Rev. Hunt Priest was staying with Jon, who is an Episcopal priest and a participant in a psilocybin religious professional study, and is the founder of [Ligare](#) (www.ligare.org), a Christian Psychedelic Society. The vision he shares with Jon and many others, is for existing churches, denominations and faith traditions, to be able to utilize entheogens as part of their services, in a safe and responsible way, while respecting the sincerity and autonomy of the different faith traditions and community healing approaches. Under Jon's Entheogenic Practitioner proposal, Oregon has the opportunity to open access in a cost-effective way for people to engage someday soon with psychedelic healing in the comfort of their own spiritual

lineage and community. Best practices for churches and community healing groups have been developed by the [Sacred Plant Alliance](#), which will soon be opening up for membership. And this approach is also the most economically affordable, which is crucial that we make sure this healing is available to all who can benefit regardless of their relative affluence. Please see Roberto Lavato's "[The Gentrification of Consciousness](#)" in Alta in this regard.

Here's the full substantive policy contained in Jon's proposal, that Jon broke down, and I encourage careful review and adoption in full for sincere entheogenic communities:

- The draft rules would restrict the available species of psilocybin mushrooms to *Psilocybe cubensis*; the Entheogenic Practitioners proposal would allow sincere communities who work with psilocybin to grow and work with a variety of species.
- The EP proposal would allow communities to grow and handle their own sacrament onsite in accordance with their views and beliefs around the mushroom.
- Ceremonial privileges would include:
 - To have outdoor group ceremonies;
 - To engage in virtually any kind of ceremonial activity, so long as they are safe and otherwise compliant with M109;
 - To have ceremonies that are led by people ("clients," in M109 verbiage) who are under the influence of psilocybin;
 - To not have state-imposed limits on the amount of psilocybin that may be consumed in religious or entheogenic practice;
- Facilitation requirements for ceremony:
 - Entheogenic communities would have the option to have their facilitators supervise ceremonies from outside of the ceremonial space, so long as the facilitator are immediately on hand and can readily be called into the space if needed
 - Facilitators would have the option of participating in the ceremonies they supervise, so long as they do not take psilocybin and they remain attentive to client needs (this addresses the possibility that the rules may ultimately require all facilitation to be "non-directive")
 - Communities can satisfy in-ceremony safety requirements through the provision of peer support assistance (See proposed OAR XXX-XXX-XXX6 in Jon's proposed framework)
 - Communities would "certify" their own community members who are experienced, knowledgeable, and capable of providing assistance to other community members
 - When using peer support assistance to deviate from generally applicable facilitator-to-client ratios, the facilitators and service

centers must consider a list of relevant factors when deciding how many facilitators to use, which include, e.g.,:

- The operator's and facilitator's familiarity with the clients participating in a ceremony;
 - The types of ceremonial activities the group intends to engage in;
 - The group and its members' prior experience with psilocybin or other psychedelics;
 - The relevant experience of the clients who are providing peer-support assistance, etc.
- Clients would be required to go through the screening and preparation process no more often than once per year, regardless of the number of ceremonies the client participates in
 - Clients would be allowed to receive any number of preparation and integration sessions
 - EPs must participate in one or more reciprocal exchange programs and summarize that participation to OHA each year. OHA would publish that data for consumer consideration

Thank you for your time and consideration.

Sincerely,

David Bronner
Cosmic Engagement Officer
Dr. Bronner's

From: [Eli Elliott](#)
To: [Public Health Rules](#)
Subject: Eli's Comment
Date: Monday, April 18, 2022 5:12:26 PM

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1. 333-333-1010

(9) "Fungi" means the fruiting bodies or mycelium of the fungi *Psilocybe cubensis*

Measure 109 will open doors for researching the best way that Psilocybin can be of maximum benefit to the community - This definition is lacking and will not afford the maximum benefit for the public good.

Oregon has a unique opportunity to lead the charge in discovering new ways to help people and our fears of diversion to non traditional markets, should not inhibit the potential of exploring the therapeutic aspects, ease of cultivation, and net benefit which fruiting bodies or mycelium of different species would provide.

The concept of "Diversion", leading our ability as pioneers in a brave new world of therapy is inappropriate, and, oppressive, it creates areas to marginalize the free choice and expression of spiritual practices sought after by Natural humans in their different walks of life.

What's more, it would hinder the ability of scientific data to be collected, studied, and shared for the good of humanity and reduces the economic feasibility for low income access.

Allowing access of this new therapy solely to individuals who can afford assuming the burden of costs associated with fluctuations in a supply chain related to one species of Fungi is discriminatory and classist. It affords no ability in which to explore means of cultivation and production associated with fruiting bodies which may be more economical to procure.

The rule set needs addressed so that the handling of excess psilocybin products are kept it in the regulated supply chain and minimize destruction of fruiting bodies and mycelium out of respect for the various religious, spiritual, communities and for economic feasibility.

The Phrase *Psilocybe cubensis* Should be changed throughout the entire rules set to the reflect following:

Fungus in the [agaric genus Psilocybe](#).

For Example See below:

333-333-1010 "Fungi" means the fruiting bodies or mycelium of all [fungus in the agaric genus Psilocybe](#).

2. Regarding 333-333-2120

Measure 109 will open doors for researching the best way that Psilocybin can be of maximum benefit to the community - This definition is overtly restrictive and will not afford the maximum benefit for the public good.

Limiting the capacity of delivery methods when the means of alternative delivery methods may be a viable source of therapeutic benefit to an individual is unacceptable because it hinders the programs ability to be of maximum good to the natural person.

It also will deny the scientific community an opportunity for data collection and analysis in regards to the health and wellness aspects such delivery methods may or may not provide.

The definition should be reworded as thus:

333-333-2120 *Psilocybin Product Delivery Methods (1) All psilocybin products must be designed to be consumed by a client orally or delivered via another enteral method, Or delivered by means of transdermal application, or suppository application .*

(2) *Psilocybin products designed to be delivered to clients through any method other than orally, Or delivered by means of transdermal application, or suppository application including but not limited to, inhalers, nasal sprays, and injections, are prohibited. Statutory/Other Authority: ORS 475A.235 Statutes/Other Implemented: ORS 475A.235*

3. Regarding 333-333-3010 (b)

AND

333-333-3035

The non-refundable application fees are cost prohibitive and must be greatly reduced or abolished.

The fee should not exceed \$250

4. Regarding 333-333-7150

This rule is puts labs and processes at risk- Research & development, and quality control may need to be conducted to ensure that cultivation processes do not cause harm to future batches and therefore a pesticide test should be allowed under the auspices of research and development upon request of the product licensee.

In conclusion:

The overregulation of this program will operate in the antithesis of the spirit of the measure by forcing increased costs which the client will ultimately shoulder. Additionally, the state's fears of diversion and its top down approach will greatly harm religious expression by limiting available fruiting bodies. We support the framework put forward by Jon Dennis and the proposed rules regarding entheogenic community practitioners. The ruleset needs to insure that every Oregonian may utilize the services of a therapy center without financial unreasonable costs. The current ruleset as is needs amended to reflect

--



Eli Elliott
Sales Director

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From: [Kat Kurner](#)
To: [Public Health Rules](#)
Subject: Entheogenic Practitioners
Date: Thursday, April 21, 2022 7:19:28 AM

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To the Oregon Health Authority:

We urge you to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. We also urge you to create a special manufacturing endorsement for entheogenic practitioners, as recommended by the OPAB Licensing Subcommittee. The proposed framework and manufacturing endorsement would provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms.

Because Oregon’s program is the first of its kind, the rules we adopt will become the standard for all adult-use psychedelic services programs that follow. Therefore, it is imperative that Oregon develops a program that creates a safe container for psilocybin use by Indigenous and religious communities. By adopting the proposed framework, OHA can invite underground psilocybin practitioners to practice above ground within Measure 109, thereby reducing harm and improving accountability.

Oregon must take care to avoid regulations that create paywalls which prevent marginalized communities from accessing psychedelic and entheogenic experiences. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the 560,000 Oregonians

who live in poverty.

Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.

The Entheogenic Practitioners Council of Oregon's Letter to the Oregon Health Authority Concerning Its Draft Rules on Psilocybin Products, Testing, and Facilitator Training

<https://oregonentheo.com>

The Entheogenic Practitioners Council of Oregon (EPCO) urges you to adopt the *Privileges and Duties of Entheogenic Practitioners* framework, which has received endorsement from the Equity and Licensing Subcommittees of the Oregon Psilocybin Advisory Board, and to create an entheogenic manufacturing endorsement.

EPCO's mission is to protect the respectful use of entheogenic plants and fungi by Indigenous, religious, spiritual, and contemplative communities. We support community access models of psilocybin services that protect sincere practice under Measure 109. We envision a future in which the traditional and communal use of entheogens is an honored and respected part of a healthy and diverse psychedelic ecosystem.

Many of our members have been involved in their entheogenic religious communities for decades. These communities have long histories of safely and responsibly working with psilocybin and other entheogens. We are excited for the opportunity to practice above ground, and we hope you will invite us into the Measure 109 program by adopting rules that respect our traditional practices and allow for affordable access. We believe our experience in working with psilocybin will be beneficial to Oregon as it embarks on this program, and we welcome an opportunity for partnership in this work. However, many of our members will not come above ground if the 109 program does not create affordable pathways of access and the freedom to safely practice in accordance with our traditions and beliefs.

Our members view the right to grow and handle their sacrament as a basic tenet of religious freedom and civil liberty. Many of our members who work with mushrooms see the mushroom as sacred. A majority believe that the mushrooms absorb the energy of the people who are around the mushrooms while they are growing. Some believe the mushrooms are

conscious beings. For many of our members who grow sacramental mushrooms, the act of growing mushrooms is a sacred act and is its own form of sacred practice.

Our members believe that there is something to be religiously or spiritually gained by taking mushrooms that have been grown and attended to by a person who has spiritual or religious intention. Many believe that interacting with their sacrament while it is growing is beneficial to both the person and the mushroom. Because of this, many of our members who plan to operate under Measure 109 believe that growing mushrooms in or near their sanctuary, temple, or practice area is an important aspect of their practice.

Our members' beliefs about mushrooms are varied and diverse. Many of our members who work with mushrooms have preferences for particular species. Some use different mushroom species for different purposes. Although we oppose any restrictions on the species of mushroom sacraments, we especially hope you will allow sincere communities to work with *Psilocybe zapotecorum*, *Psilocybe caerulescens*, *Psilocybe aztecorum*, *Psilocybe mexicana*, *Panaeolus cyanescens*, and *Psilocybe ovoideocystidiata* mushrooms.¹ The first four of these species have a long history of Indigenous use and a well-established safety profile; they have not been associated with so-called "wood-lover's paralysis." The safety risks of allowing these particular species, as opposed to *P. cubensis* only, are negligible.

We believe our work with entheogens to be a sacred calling. As members of EPCO, we are committed to the well-being of all people. Accordingly, we believe that psilocybin should be accessible to all people regardless of socio-economic status. Oregon's program must not over-regulate the psilocybin products of religious and spiritual communities in a way that

¹*Panaeolus cyanescens* is a species found in the Pacific Northwest that some of our member communities practice with because the use of local species reflects their community values. Some of our member communities have also exclusively used *Psilocybe ovoideocystidiata* and disfavor *Psilocybe cubensis*, and would have their religious practice burdened if forced to use only *Psilocybe cubensis*.

would render them unaffordable to the 520,000 Oregonians living in poverty. This includes imposing growing and testing rules that drive up the costs unnecessarily.

While some entheogenic mushroom communities voluntarily test the potency of their mushrooms, the vast majority do not. We are unaware of any entheogenic mushroom community that requires genomic testing (for species determination), potency testing, fungal/microbial contaminant screening, or heavy metals analyses of its sacraments. We are also unaware of anyone who has been harmed by their association with an entheogenic mushroom community because its sacrament had not been tested. In fact, we are unaware of any illnesses or deaths caused by contaminants or additives either within or outside of an entheogenic community, regardless of the species used. We also note that psilocybin mushrooms are virtually never tested in the unregulated market, and the harms that have occurred nearly always stem either from a lack of education or extreme risk-taking, neither of which are allowed under Measure 109.

EPCO and its members oppose any testing requirements that are not specifically addressed to particular harms that have been a problem in the unregulated market or that can be reasonably predicted to arise under Measure 109. Mandatory potency testing for every batch of mushrooms would also give economic advantages to large-scale grows and would make community-cultivated sacramental mushrooms financially prohibitive for many communities. Also, these tests, as written, may risk not accurately reflecting the potency of whole mushroom sacraments.

The most recent draft of the entheogenic practitioners framework (attached) proposes a reasonable solution to balancing safety with affordability and accessibility. The updated framework would require five of the six psilocybin testing types (all except solvent testing on extracts) to be performed only upon written request by OHA. We believe this is a small and modest departure from the testing rules as currently proposed by OHA, which already would require three of these five tests only upon written

request by OHA. For products produced with an entheogenic manufacturing endorsement, we simply propose to make this 5 out of 5.

We think the community access model for psilocybin services brings community safeguards that could safely handle the decreased precision that would come from these relaxed testing rules. We also think this will promote communities to grow their own mushrooms and provide them at lower costs and with less ecological impact.

Entheogenic practitioners who are serving their communities today continue to feel the historic pains of persecution, including our current prohibitionist system. The combination of criminalization and over-regulation of entheogenic practices forces communities to operate underground, where people are less likely to seek legal or medical assistance when needed.

Collectively, Oregon entheogenic practitioners hold centuries of knowledge and experience in the practice of psilocybin facilitation for healing and personal growth. They serve people in need of awakening and spiritual healing. Oregon's entheogenic communities are a resource to the State, particularly at this historic moment. Rather than continuing to be dismissed or ignored, they should be consulted in Oregon's rulemaking in a meaningful way.

Oregon is about to become the world's test case for equity in psychedelics. Affordable access to psychedelic healing is perhaps a wholly new equity issue that touches on racial, health, and spiritual equity. Equity means affordable access. Lack of affordability reinforces inequity that exists around race, gender, and class lines. We believe access to psychedelics to be a means of promoting spiritual equity, that we not create "spiritual privilege" as a function of socio-economic privilege. Equity also means culturally-sensitive. It must not impose Western medical paradigms on non-Western approaches to psilocybin.

We implore you to adopt the entheogenic practitioner proposal and create an entheogenic manufacturing endorsement. We know, through experience, that psilocybin services can be offered safely and affordably in a community access model like that which we have proposed. Therefore, we also know Oregon is capable of creating a psilocybin program that provides safe, affordable access in a way that respects religious freedom. We hope you will choose to do so.

Sincerely,

Jon Dennis, founding member of the Entheogenic Practitioners Council of Oregon

From: [C Wilde](#)
To: [Public Health Rules](#)
Subject: Facilitator Training Practicum Sites
Date: Monday, April 11, 2022 7:42:32 PM

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I am concerned the facilitator training programs won't be approved for people that aren't aligned with large, well connected big business companies. Current suggestions from the board tilt the scale towards an elite subclass-group, those that can afford to have a service center/practicum site in order to provide the 25% practicum facilitator training prerequisite.

Offering a "partial training" program isn't the answer. What a waste of time and energy for everyone. How does one even make a respected business in this new industry while having to sub out 25% of the curriculum to a huge service center? Will service centers then be forced to sub out 25% of their training for their employees to minority equity-centric owned facilitator training companies?

Possible solutions/answers:

Removing the 25% of in-person practicum site training requirement.

Ability to substitute psilocybin with cannabis or other approved drug that alters state.

Watching taped video sessions. Keeps set and setting intact for client. Let's trainees ask in real time questions without offending or impeding the clients therapeutic experience.

Role playing. Offers more examples for the trainees to witness and experience without subjecting a client to a bad trip.

Thank you for your time,

C.B.

From: [Pilar Hernandez](#)
To: [Public Health Rules](#)
Subject: Feedback Oregon Psilocybin Rules
Date: Tuesday, April 19, 2022 8:44:35 AM

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Dear OHA Staff,

Oregon must take care to avoid regulations that create paywalls which prevent marginalized communities from accessing psychedelic and entheogenic experiences. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the 560,000 Oregonians who live in poverty.

Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.

Specifically,

- (1) Psilocybin in mushrooms or as synthesized substance provides access to many different states of human awareness, some powerfully facilitative of psychological and/or spiritual development;
- (2) The safety and probability of benefit are best ensured when preparation/education is provided in the context of a supportive relationship or community, either in a framework of mental health or of religious care;
- (3) When wisely integrated into our culture, psilocybin may well significantly decrease human suffering and promote the fuller realization of values such as peace, respect for diversity and compassion;
- (4) Access to this molecular tool for those who desire it, whether in medical or religious contexts, may be seen as a fundamental human right to explore our own minds.

--

Pilar Hernandez
Portland, OREGON

From: [Rider Meredith](#) on behalf of [OHA Psilocybin](#)
To: [Public Health Rules](#)
Cc: expertmycologist1@protonmail.com
Subject: FW: Recommendations and Inspiration for Psilocybin Legalization
Date: Wednesday, April 6, 2022 12:13:30 PM

Good afternoon,

Thank you for sharing your comments. We are forwarding this email to publichealth.rules@dhsosha.state.or.us so it can be included in the official record.

As a reminder, all members of the public are invited to comment on the proposed rules related to products, testing and training programs during the [public comment period](#) scheduled for April 1 - April 22, 2022 (closing at 5:00 p.m. PDT). Please keep in mind that this public comment period is only for a sub-section of the rules (related to products, testing, and training programs). A second rulemaking process will occur for the remainder of the rules this coming Fall.

A Hearing Officer Report will be distributed in May and will summarize the comments on the proposed rules related to products, testing and training programs that are received during the public comment period. We encourage you to [join the Oregon Psilocybin Services e-mail mailing list](#) to learn about any future updates and opportunities.

Sincerely,

The Oregon Psilocybin Services Team

www.oregon.gov/psilocybin

From: Expert Mycologist <expertmycologist1@protonmail.com>
Sent: Sunday, April 3, 2022 3:03 PM
Subject: Recommendations and Inspiration for Psilocybin Legalization

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before opening it.

Hi, I am here to help bring Psilocybin to the Humans. Psilocybin is a medicine which grows neurons via neurogenesis, helps people overcome PTSD, and increases intelligence via brain network hyper-interconnection. Psilocybin is a serotonin-like compound, easily assimilated into the neuro-structure of the brain, Psilocybin has been used for thousands of years by several human cultures, and is very safe.

Here is a list of studies showing positive health benefits of the Psilocybe Cubensis Mushroom.

I would like to say that I believe Psilocybin Cubensis, Psilocybin, Psilocin in general, should be fully decriminalized or legalized.

Don't be afraid of what other people will think, this is a good action, take a leap of faith in the face of critics. This is a public good.

I believe Psilocybin Mushrooms should be legal and available to grow at home:

A. Grow at home by users, just like people brew beer, grow cannabis, or tend a garden.

US Citizens deserve to grow magic mushrooms at home, upon our own intelligence and ability to do so successfully.

B. Buy Shrooms in a Mushroom Dispensary, and take home, similar to cannabis.

I propose we allow both Fresh and Dry mushrooms to be sold. Proper Dry-Ness is important so we must both completely dry the mushrooms to remove/evaporate as much water as possible, ensure no contamination mold is present, and vacuum seal the Shrooms to preserve them.

We can set limits to mushroom purchases, such as 3.5G per day limit.

To address concerns: Yes, of course any substance with modifies human consciousness may impair driving ability. However, we can have a "Good Faith" acceptance of risk, where we basically trust people to not drive while tripping. Similar to how we have a good faith trust that people don't drive drunk or high on cannabis. Basically, the law is the same, if you are tripping, drunk or high, don't drive or you get a DUI.

This common sense legalization and regulatory model covers all necessary bases for maintaining societal safety and allowing free and humane access to psilocybin mushrooms.

Basically I think Shrooms/Psilocybe Cubensis should be made legal or at least fully De-Criminalized, so we can legally possess/have shrooms (At least let us own several dried ounces), Legally Buy, and Legally Grow shrooms at home.

If our DEA/Society is "Alright" with allowing cancerous Cigarettes, and intoxicating Alcohol, which is responsible for "in 2019, there were 1,775 people killed in alcohol-related [car] crashes".

The NIH says that Alcohol is responsible for (at least) 95,000 related accidents, car crashes,

overdoses, per year.

Tobacco:

"More than 480,000 deaths annually (including deaths from secondhand smoke)"

"Overall mortality among both male and female smokers in the United States is about three times higher than that among similar people who never smoked."

"The major causes of excess mortality among smokers are diseases that are related to smoking, including cancer and respiratory and vascular disease."

"Tobacco use is the leading preventable cause of death in the United States." *This statement is statistical, indicating that Tobacco causes the majority of deaths/diseases in USA.

Conclusion Analysis:

Magic Mushrooms are directly responsible for 0 toxicity cases, 0 deaths directly related to psilocin ingestion itself. (A small number countable on one hand, have jumped out a window, or driven while tripping, but in terms of overall numbers and toxicity, mushrooms cause 0, or near 0 deaths and diseases each year. Let's compare magic mushroom safety with alcohol and tobacco:

Mushrooms:

1. "In 2012, a 24-year-old female died following a cardiac arrest 2-3 hours after consuming magic mushrooms. She had received a heart transplant 10 years prior. Six months before her death she had had a clinic review and was "well with no physical limitations". The plasma levels reported in the autopsy suggest a fairly high dose of psilocybin-containing mushrooms."

Analysis: Because psilocybin can affect heart-beats/raise blood pressure, the high dose of psilocybin strained her weak transplant heart. For most healthy people, a slightly higher blood pressure is tolerable and safe.

2. "One death (commented on by Lim, Wasywich, and Roygrok) was reportedly the result of "neurological sequelae (somnolence and convulsions) 6-8 h after ingestion of an unknown quantity of magic-mushrooms". Post-mortem toxicology revealed very high plasma psilocin concentration (4000 mg/L)."

Again, a high dose, and the death could of been non-related to the psilocybin, and or the psilocybin could of been what pushed her body over the edge.

As we can see, even finding direct toxicity relating to psilocybin mushrooms is rare, Psilocybin Mushrooms are regarded as the Safest recreational substance:

<https://drugpolicy.org/drug-facts/how-risky-are-psilocybin-mushrooms>

"Psilocybin is considered to have extremely low toxicity, and cases of death have been extremely rare. "

Safety comparison chart:

<https://i.postimg.cc/L6SCRxtB/safetycomparison1jpg.jpg>

Alcohol:

95,000 car accidents, overdoses, car accidents related to Alcohol.

I have a personal story to add to the Alcohol related deaths category, Two (2) of my personal friends I grew up with, got drunk on Alcohol at a party, and flew a plane and crashed and died.

<https://holtvilletribune.com/2020/01/09/ntsb-issues-findings-in-fatal-plane-crash-near-brawley/>

By comparison, I've never heard of any deaths related to magic mushrooms, indicating safety/low-toxicity.

Tobacco:

>480,000 deaths annually related to Tobacco/Cigarettes/Pouches(Dip).

Studies:

1. Homological scaffolds of brain functional networks

<https://pubmed.ncbi.nlm.nih.gov/25401177/>

This study shows most interestingly brain-hyperconnection, the inter-connection of brain regions while enhanced with Psilocin. This indicates an enhancement of psilocybin with the brain, leading to greater brain network hyperconnection, increasing inter-network communication, leading to a smarter total analysis of the brain-thought structure.

2. Effects of psilocybin on hippocampal neurogenesis and extinction of trace fear conditioning

<https://pubmed.ncbi.nlm.nih.gov/23727882/>

This study primarily highlights, Psilocybin stimulates neurogenesis in the memory region of the brain, and (in small doses) helps the human overcome fear.

3. Clinical potential of psilocybin as a treatment for mental health conditions

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6007659/>

This article provides an in-depth review of the study design and results of psilocybin in each of these conditions and discusses the clinical potential for use, in treating depression, anxiety, alcoholism, with positive results being shown for every category (reduced depression, reduced anxiety in most people, ability to stop drinking alcohol after taking magic mushrooms etc).

More Supporting Articles:

<https://www.psilocybinstudies.org/psilocybin-with-psychological-support-for-treatment-resistant-depression-six-month-follow-up-2/>

<https://www.psilocybinstudies.org/rapid-and-sustained-symptom-reduction-following-psilocybin-treatment-for-anxiety-and-depression-in-patients-with-life-threatening-cancer-a-randomized-controlled-trial/>

<https://www.hopkinsmedicine.org/news/newsroom/news-releases/psilocybin-treatment-for-major-depression-effective-for-up-to-a-year-for-most-patients-study-shows>

<https://www.hopkinsmedicine.org/news/newsroom/news-releases/psychedelic-treatment-with-psilocybin-relieves-major-depression-study-shows>

Positive modern user reports:

https://www.reddit.com/r/shrooms/comments/tde15b/trip_report/

"I felt very emotional and at peace, I just had tears of happiness/having meaningful convos without distraction./I laid back on this big comfy couch. This couch felt so comforting to me, like it was hugging me!!! I remember feeling so comfortable like all my walls came down, I felt like I was back in high school and just chilling with my friends without our phones, having meaningful convos without distraction."

https://www.reddit.com/r/shrooms/comments/tveta7/trip_report/

"I felt an immense amount of love and acceptance while also feeling appreciative about quite literally everything./After an hour or so of true euphoria I simply forgot we had to return to being human again[LOL :)]/ felt born a new I wanted to become the best person I can be. Im thankful for the awakening this fungi gave me./I just loved it so much and I'm grateful of the trip shrooms gave me."

https://www.reddit.com/r/MagicMushrooms/comments/tuwc4g/first_trip_report/

"After the peak we started to cuddle, really feeling the music. I swear it was like the music was healing my body."

"The love for each other felt so immense and we held each other, cried and enjoyed the music for the rest of the night. "

"It was the most beautiful and profound experience I've ever had."

Historical Usage:

https://en.wikipedia.org/wiki/Tassili_Mushroom_Figure

"The Tassili Mushroom Figure is a late Neolithic depiction of a bee-headed Shaman possibly partaking in the use of hallucinogens discovered in Tassili n'Ajjer.[1][2][3][4] The figure is often cited as being the oldest known evidence of ritualistic mushroom use in prehistory.[1]"

Mushrooms and Man , By Mycologist Paul Stamets

<https://www.jacobsm.com/deoxy/deoxy.org/mushman.htm>

Manna From Heaven

<https://jacobsm.com/deoxy/deoxy.org/manna.htm>

Magic Mushrooms: A History

<https://www.mushmagic.com/blog-magic-mushrooms-a-history-n9>

Tripping through Time: The Fascinating History of the Magic Mushroom

<https://www.ancient-origins.net/history-ancient-traditions/tripping-through-time-fascinating-history-magic-mushroom-007474>

Maria Sabina

<https://mushplanet.com/maria-sabina/>

Clearly, Magic Mushrooms, Psilocybin Mushrooms are:

Safe, with low-toxicity.

Pleasureable and healing, repairing brain networks via neurogenesis.

Cheap to grow, for around \$100-200, one can easily grow mushrooms at home, via the PF-Tek method, as one example.

Increase Intelligence, via neurogenesis and brain network hyperconnection.

Thus, due to the abundance of good benefits, and total lack of negative effects, this is clear proof that Psilocybin Mushrooms should be completely de-criminalized, fully legalized, and promoted.

Thank you.

ShroomWizard5000

From: [Craig Morrin](#)
To: [Public Health Rules](#); sam@healingadvocacyfund.org
Subject: HAF Draft Rule Comments: Safety & Training
Date: Thursday, April 21, 2022 9:34:06 AM

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Hi,

I recently graduated with a master's degree in clinical mental health counseling. One of my research projects was on the effectiveness of MDMA in treating individuals suffering from treatment-resistant PTSD. The preliminary clinical results were so far off the charts, so to speak, that it has made me an ardent supporter of such types of therapy, including the use of psilocybin.

In looking at your proposed safety screening and planning process chart, one issue that was not listed that could also be a safety issue would be those suffering from anorexia, which I have read, is the deadliest of all mental health issues in our field. There seems to be some evidence that psilocybin can suppress appetite, so may not be a good match for people afflicted with this issue. However, I will also say that I personally only found one source indicating that psilocybin can suppress appetite ([link below](#)), so more research needs to be done. It is entirely possible that it might also have the opposite effect than what would be expected, as in the case with how people with ADHD are usually calmed by stimulants such as Ritalin. Nonetheless, I would consider people suffering from anorexia to be a viable safety concern, and perhaps, if not preventing them from participating, at least extra care should be taken.

<https://www.baystreet.ca/stockstowatch/9090/Aside-from-Depression-Psilocybin-May-Be-a-Natural-Appetite-Suppressant>

Craig Morrin, MA
PO Box 983
Yelm, WA 98597

From: [Sam Chapman](#)
To: [Public Health Rules](#); [OHA Psilocybin](#)
Subject: HAF Draft Rule Public Comments: Safety & Training
Date: Tuesday, April 19, 2022 2:14:47 PM
Attachments: [M109 Safety & Screening Process Flowchart \(FINAL 041921\).pdf](#)
[Summary of Proposed Training Rule Amendments - April 2022.pdf](#)
[HAF Public Comment Cover Letter Safety & Training.pdf](#)

You don't often get email from sam@healingadvocacyfund.org. [Learn why this is important](#)

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Dear OHA Psilocybin Program Leadership and Oregon Psilocybin Advisory Board Members,

The Healing Advocacy Fund (HAF) is a nonprofit organization dedicated to supporting the thoughtful and practical development, implementation, and education of the nation's first regulated psilocybin therapy program. HAF was established after Measure 109 was passed to support the development and implementation of a program consistent with the voters' intent. I appreciate how much time you are dedicating to this same goal.

Please accept the enclosed comments on the draft screening and safety rules and the training program rules and process on behalf of the HAF.

The first document is a flow chart we created as an attempt to create a visual of the recommendations recently made by the Facilitator Training subcommittee, with additional recommendations to further strengthen the process. This flowchart shows the screening process from intake through service provision, including the process if safety concerns are identified.

HAF's recommended additions to this process are:

- Clarify service center and facilitator accountabilities in the process
- Add epilepsy, family history of severe mental illness, and clinically significant history of heart disease to the list of safety concerns
- Require standard elements in the safety plan, regardless of client risk level
- Require the facilitator to conduct a "wellness check" within 48 hours after the administration session to identify if additional medical or therapeutic services are needed.

The second attached document comments on the training program rules and process. The recommendations are tracked in the draft rules and we provided an overview document that outlines the existing rule language, guidance, and rationale for our advice. I believe you will find these recommendations to be consistent with the work of your committees to establish rigorous standards for training, safety, and access.

If you have any questions about the comments, please let me know. I am pleased to engage in more conversations about our recommendations and why we believe these are important for the safety and efficacy of the program overall.

Sincerely,

Sam Chapman (he/him)
Executive Director
Healing Advocacy Fund
(503) 396-9062



From: [Elaine Chamberlain](#)
To: [Public Health Rules](#)
Subject: Hallucinogenic Mushrooms
Date: Sunday, April 3, 2022 1:39:56 PM

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We'll here's another reason for people to move out of Oregon!!!
Sent from my iPhone

From: [Janice Paterson](#)
To: [Public Health Rules](#)
Subject: I am seriously considering moving to another state.
Date: Monday, April 4, 2022 6:54:03 PM

You don't often get email from heatherspalletta@gmail.com. [Learn why this is important](#)

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The roads are unsafe as it is. With the decriminalization of cannabis, methamphetamine, and now this, my children are not safe. The parks are overrun with poverty stricken addicts, and our small town has been turned into a hotbed for all sorts of crime since the decriminalization of cannabis and is multiplied due to the lack of law enforcement. It is getting worse, and not better! Keep our families safe and do the right thing! Please, Fight to keep these schedule 1 drugs out of public hands, out of the schools, the parks, and off the roads! I, as many other tax payers feel the lack of representation in our own homes!

From: [wade chaffins](#)
To: [Public Health Rules](#)
Subject: I Support Entheogenic Practitioners
Date: Saturday, April 16, 2022 4:58:51 AM

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To the Oregon Health Authority:

I urge you to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. I also urge you to create a special manufacturing endorsement for entheogenic practitioners, as recommended by the OPAB Licensing Subcommittee. The proposed framework and manufacturing endorsement would provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms.

Because Oregon’s program is the first of its kind, the rules we adopt will become the standard for all adult-use psychedelic services programs that follow. Therefore, it is imperative that Oregon develops a program that creates a safe container for psilocybin use by Indigenous and religious communities. By adopting the proposed framework, OHA can invite underground psilocybin practitioners to practice above ground within Measure 109, thereby reducing harm and improving accountability.

Oregon must take care to avoid regulations that create paywalls which prevent marginalized communities from accessing psychedelic and entheogenic experiences. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the 560,000 Oregonians who live in poverty.

Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.

Thank you,

Wade Chaffins

From: [C Steena](#)
To: [Public Health Rules](#)
Subject: Legalization suggestion
Date: Thursday, April 7, 2022 10:25:20 AM

You don't often get email from christinesalvini@gmail.com. [Learn why this is important](#)

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Hello I have been studying psilocybin and cannabis full time since 2014 where I sustained a serious nerve injury causing widespread neurological damage. To avoid sedatives, opiates and harmful pharmaceuticals I opted for a medical marijuana card and sought holistic solutions. I noticed the effects almost immediately upon consumption of psilocybin. I went from a couple of dozen hospital stays to home management of my health to where I'm slowly regaining my health. This inspired me to commit my life to the study of natural medicines and to write several patents.

Really curious to see how the training is developed, especially the integration with indigenous practices. These practices are how us as a society thrives today. From what I am reading it appears that it may be more structured than cannabis, which it should be and without disruption of indigenous practice.

Regarding

RULE SUMMARY: OAR 333-333-2120-Requires that psilocybin products must be consumed orally. CHANGES TO RULE:

333-333-2120

Psilocybin Product Delivery Methods

(1) All psilocybin products must be designed to be consumed by a client orally or delivered via another enteral method. ¶

(2) Psilocybin products designed to be delivered to clients through any method other than orally, including but not limited to, transdermal patches, inhalers, nasal sprays, suppositories and injections, are prohibited. Statutory/Other Authority: ORS 475A.235

Statutes/Other Implemented: ORS 475A.235

The one thing I see that should be considered sooner is transdermal, rectal or vaginal use; which would be essential for severe medical conditions such as terminal circumstances where an oral medicines are not possible. These are the patients that would need this vital treatment above anyone else. Psilocybin known for treatment of mental disorders and depression. Psilocybin is essential in near death circumstances and these methods would provide treatment to those who need relief the most.

These are great steps and beautiful to see structure and progress in legalization. Thank you for bringing this amazing natural medicine into the public spotlight. I look forward to seeing how this all works out on the 21st and will attend the zoom.

Kind regards
Christine Salvini
(646) 217 2285



Natalie Dale

224 NE 49th Ave

Hillsboro, OR 97124

360.213.6627

n.r.dale@mumycology.com

Additional Information contact@mumycology.com

22 April 2022

Dear OHA Psilocybin Advisory Board,

First, we would like to thank you for your commitment to helping to bring the Oregon Psilocybin Act to life. The time and effort you have dedicated to this historic cause will make a difference in the lives of so many Oregonians, including us. As scientists, gourmet mushroom growers, and small business owners, we very much appreciate your commitment to balancing safety and regulation with equity and opportunity for small businesses. Overall, we found the proposed rules to be logical, thorough, and fair. However, we want to express a few concerns.

First and foremost, the proposed rules do not adequately discuss the potential financial implications the manufacturing requirement will have on manufacturers. The volume, frequency, and specification of testing which has been proposed, particularly the small batch size (see below), could potentially pose an insurmountable obstacle, particularly for small businesses like ours. At best, we would have to pass these costs on to our clients - the psilocybin service centers - making the cost of treatment unaffordable and unavailable to those who most need the services. At worst, such costs could preclude small businesses from entering the market completely, resulting in a potential state-wide monopoly from a few large-scale growers. We hope that in further iterations of these proposed rules, the specific costs for manufacturers will be discussed in more detail.

General Manufacture Requirements (333-333-2020)

Section 1)(a) states that a manufacturer must “use equipment, counters, and surfaces for processing that are food-grade and do not react adversely with any solvent being used.” Does this requirement apply to manufacturers who only hold the endorsement for fungi cultivation? The requirement makes logical sense for manufacturers utilizing the psilocybin extraction and edible psilocybin production endorsements, but it should not apply to the manufacturer while they are growing the fungus. While the initial inoculation is performed under sterile conditions in a hood, the actual bulk growth substrate is never going to be food-grade. You wouldn’t tell a carrot-farmer that their field needs to be food-grade. The same logic should apply to mushroom farmers holding the cultivation endorsement.

Psilocybin Extract Manufacturing (333-333-2060)

Section 1) states that “a manufacturer with a psilocybin extraction endorsement may use only water, vegetable glycerin, acetic acids, ethanal and methanol as solvents in extraction.” As organic chemists, we struggled to understand the use of the plural “acetic acids.” To our knowledge, there is only one acetic acid used in extraction: acetic acid. Including the plural opens up the possibility for functionalized acetic acids, such as fluoroacetic acid, which is highly toxic.

Section 3 states that “a manufacturer with a psilocybin extraction endorsement may not apply pressure or heat over 140 degrees Fahrenheit when manufacturing psilocybin extracts.” We were unclear as to the rationalization leading to this restriction. As it is written, the restriction - particularly the requirement to not heat above 140 degrees Fahrenheit - feels arbitrary and overly restrictive. Heat and pressure are commonly used manufacturing techniques and are very safe when performed correctly by professionals who are trained and accredited. If the reasoning behind this regulation is to minimize danger to those performing the extractions, simply requiring training and accreditation for any manufacturer wanting to utilize these techniques would be both safe and in accordance with the industry standard.

Speciation Testing (333-333-7030)

Section 1) states that “a manufacturer must order a test for a batch taken from the first harvest lot recorded in a calendar year to ensure that the lot consists of only *Psilocybe cubensis*.” We feel we need more clarification on exactly what type of testing will be used to determine speciation. Whole mushroom analysis? Phenotypic analysis? Gene sequencing? The type of testing required will greatly impact the cost to the manufacturer.

Microbial Contaminant Testing (333-333-7070)

Section 4) states that “A batch fails microbial contaminant testing if the presence of *E. coli* at more than 100 CFU per gram is detected.” We feel that this requirement is at once overly specific and not specific enough. *Escherichia coli* are a diverse group of bacteria that are found throughout the environment. The vast majority do not cause disease in humans. On the other hand, *E. coli* are not the only bacteria that cause disease, nor are they the only bacteria that can be transferred through fecal contamination. To that end, we propose the rule state that the batch fails microbial contaminant testing if the presence of **disease-causing bacteria** at more than 100 CFU is detected.

Heavy Metals Testing (333-333-7080)

Section 1 states that a “manufacturer must submit one or more batches from a harvest lot of process lot for heavy metal testing upon written request by the Authority.” Under what circumstances would this occur? How often could the Authority request such testing? This needs to be clarified.

Specific requirements for identifying and documenting testing batches (333-333-7090)

Section 1) states that “a manufacturer must separate each harvest lot of dried whole fungi into batches no larger than one kilogram.” There are two problems with this statement: the exclusive use of dried fungi to define batches and the batch size of 1kg.

First, if the batch is defined as 1kg dried, whole fungi, there is no mechanism for testing fresh, whole fruiting bodies. As ingesting fresh, whole mushrooms is a common method of

administration, this is clearly a poor system for identifying batches. We recommend a batch definition that includes the use of whole, fresh mushrooms.

Second, a batch of one kilogram, even of dried mushrooms, is quite small by industry standards. Given the extensive and expensive testing requirements, we suggest that the batch size be increased to 5kg. This is still significantly less than the batch size for marijuana, which according to OHA Public Health Division, Chapter 333 Division 7 (OR 333-007-0350), Section 1)a)/b) was 15 pounds (6.8kg) prior to July 2022, and 50 pounds (22.68 kg) thereafter. Increasing the batch size will help small businesses to shoulder the costs of product testing while continuing to ensure a high-quality product.

Psilocybin Product Sampling Requirements

Section 1)a) states that “whole fungi may only be sampled after it is dried.” As discussed above, fresh whole fungi is a common method of administration, so this requirement does not make sense. Instead, we suggest allowing sampling of fresh, whole fungi as well as dried.

Section 4) states “only individuals employed by a laboratory with an ORELAP accredited scope item for sampling under these rules may take samples.” This rule implies that only ORELAP employees can acquire samples. We found this statement confusing and logistically burdensome. Would the manufacturer have to send the entire batch to ORELAP in order to have the 2% sampled? Would ORELAP visit each and every site in order to take the sample? Please elaborate on the way test samples will be acquired.

Solvent testing (333-333-7050) and Heavy Metal Testing (333-333-7080)

In these sections, the units do not show up on the PDF (this was a problem for all of us, on several different computers), so we cannot comment on whether the requirements shown are acceptable.

Finally, we believe that these proposed rules do not cover some critical aspects that should be addressed, primarily the type of facilities and the land use requirements for manufacture. While the original bill states the psilocybin producing fungi must be grown on ‘farm use’ land such as EFU, the specific requirements for land use compatibility are not clear. Until the specifics regarding these requirements are published, it will be very difficult for small businesses like ours to truly understand the potential magnitude of the overhead required for endeavoring to cultivate psilocybin-producing fungi and produce psilocybin-related products.

In summary, we, as a local Oregon small business, hope to see more clarification on the rules and regulations surrounding product testing requirements as well as land use requirements. Thank you again for the time and effort you have put into making **OR Measure 109** a reality.

Sincerely

The Mu Mycology Team

| Edward Dale, PhD | Nicolaas Vermeulen, PhD | Natalie Dale, MD

Dear Oregon Psilocybin Advisory Board,

Thank you for your diligent commitment to ensuring access to psilocybin as a safe and effective treatment option to those who need it.

I do have some concerns about these rules and how they will be implemented due to the focus on mental health care.

Section 2c of Measure 109 states that one of the purposes of the measure is “to develop a long-term strategic plan for ensuring that psilocybin services will become and remain a safe, accessible and affordable therapeutic option for all persons 21 years of age and older in this state for whom psilocybin may be appropriate.”

This from your own Rapid Evidence Review and Recommendations paper from July 30, 2021: We identified one within-subjects pilot randomized trial²² of psilocybin versus placebo in people with migraine headaches (n=10). Twenty percent of participants reported at least a 50% reduction following placebo, whereas 50% of participants reported a 50% reduction in weekly migraine days following psilocybin. Trials are currently in progress to assess the efficacy of psilocybin for treatment of migraine headache (NCT03341689, NCT04218539), cluster headache (NCT04280055, NCT02981173), post-concussion headache (NCT03806985), short-lasting unilateral neuralgiform headache attacks (NCT04905121), anorexia nervosa (NCT04052568, NCT04505189, NCT04661514), and body dysmorphic disorder (NCT04656301).

My personal experience is with New Daily Persistent Headache, a Primary headache disease. This is a headache that does not go away, I have some level of pain 24/7. I have tried psilocybin for this and it has reduced my pain levels by at least 50% and has given me my life back. I believe people with pain and other conditions need to have access to this medicine and be able to monitor and administer it to treat their conditions. Treating Pain and other similar conditions are not the same as treating mental health issues and need to be considered now.

I'm recommending that some focus be placed on this concept now, so that it won't be more difficult to train and facilitate access to psilocybin for other diseases. I believe simple changes to rules and additional training can help to address future challenges. Here are the areas that could be improved:

Psilocybin Training Curriculum Modules (333-333-3060)

- Section 3 H - Add a subsection that mentions education about expectations for pain treatment
- Section 4 e - Include language that requires pain research be taught
- Section 7 a - Add a module about psilocybin and dosing for pain

I encourage you to include this language in your rules to help address access challenges for those living with pain that Measure 109 could create.

Thank you
Alan Kaplan
Headache disease patient and advocate

April 22, 2022

Comment submitted via email to publichealth.rules@dhsosha.state.or.us

OHA, Public Health Division
Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

Re: Proposed Permanent Rulemaking – OAR chapter 333, division 333, “Psilocybin Products, Training Curriculum and Testing Rules”

To Whom it May Concern:

Hello. I am writing to provide several comments to the proposed Psilocybin Products, Training Curriculum and Testing Rules (OAR chapter 333, division 333) (the “Proposed Rules”).

My comments are as follows:

1. General Comment on Scope of Practice

As the Oregon Health Authority (the “OHA”) is aware, ORS 475A.325(3) provides that the OHA may not require a psilocybin service facilitator to have a degree from a university, college, post-secondary institution, or institution of higher education.

Consequently, it would be unlawful for the OHA to promulgate rules that would *require* a facilitator to engage in the practice of *some other licensed profession* that, itself, would require a degree from an institution of higher education.

Example: An individual cannot practice psychology in Oregon without being licensed by the Oregon Board of Psychology. And an individual cannot be licensed by the Oregon Board of Psychology without holding a degree from an institution of higher education. ORS 675.010(4) provides in relevant part that the “practice of psychology” means rendering or offering to render supervision, consultation, evaluation or therapy services to individuals, groups or organizations for the purpose of diagnosing or treating behavioral, emotional or mental disorders. Consequently, the OHA cannot promulgate rules that would *require* a facilitator to diagnose or treat a client’s behavioral, emotional, or mental disorder. To do so would be tantamount to requiring that every facilitator be a licensed psychologist, which in turn would be tantamount to requiring that every facilitator hold a degree from an institution of higher education.

In addition to the practice of psychology, the OHA should consider all other conceivably relevant licensed professions that require a degree from an institution of higher education to ensure that the OHA’s rules do not *require* a facilitator to practice another such licensed profession. Such professions should include, but not be

limited to, the practice of medicine (defined in ORS 677.085) and the practice of naturopathic medicine (defined in ORS 685.010(4)).¹

2. Specific Proposed Rules to Review and Potentially Revise

The Proposed Rules recognize and address the scope of practice issue in several places. OAR 333-333-3005(16) defines the term “scope of practice” to mean the practice boundaries related to psilocybin facilitation and avoiding the unlicensed practice of other disciplines. The term “scope of practice” is then used in several of the rules in OAR 333-333-3060 (Psilocybin Curriculum Modules).

However, several other rules in OAR 333-333-3060(6) (Preparation and Orientation Module) appear to tread dangerously close to potentially encroaching on other licensed professions, especially the practice of psychology and the practice of medicine, both of which include “diagnosing” a person’s mental condition. If an otherwise-unlicensed facilitator is required to ask detailed questions about a client’s mental health condition and then make *subjective* determinations based on the client’s responses, one could argue that the facilitator is diagnosing the client’s mental health condition for purposes of determining: (i) whether the client can proceed with the psilocybin services; and (ii) if so, how.

Specifically, the OHA should review and potentially revise the following rules:

- 3060(6)(c) – Identifying clients in need of referral to specialized treatment services
- 3060(6)(e) – Trauma informed interview techniques
- 3060(6)(f) – Evaluation of client safety concerns, including medical history, contra-indication medication and psychological instability
- 3060(6)(g) – Appropriate mitigation strategies to address client safety concerns, including assessment of client’s support system
- 3060(h) – Client’s suitability for psilocybin services
- 3060(i) – Safety planning to address safety concerns

3. Suggestions

I realize that the Proposed Rules in OAR 333-333-3060 only address the psilocybin training curriculum modules and that the rules addressing the actual preparation, administration, and integration sessions will not be proposed until later in the year. Nevertheless, the OHA should consider the following suggestions.

First and foremost, and as stated above, the OHA should not make any rules that would *require* a facilitator to engage in the practice of *some other licensed profession* that, itself, would require a degree from an institution of higher education.

Additionally, the OHA should:

- (a) Expressly permit facilitators to combine the practice of providing psilocybin services with the practice of one or more other certain specific other licensed professions, provided that, in each case: (i) the facilitator

¹ The practice of “occupational therapy” is defined in ORS 675.210(3). However, ORS 675.220 provides that ORS 675.210 to ORS 675.340 do not apply to persons licensed under any other laws of this state to do any acts included in the definition of occupational therapy in ORS 675.210. Consequently, the OHA could require (or at least permit) facilitators to practice occupational therapy.

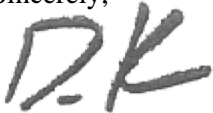
is properly licensed to practice the other profession; and (ii) such combination is not prohibited by the governing body that regulates the other profession.

- (b) If a facilitator is combining the practice of providing psilocybin services with the practice of another licensed profession, make clear that the rules governing the practice of the other licensed profession also apply during the provision of psilocybin services (in addition to the rules that govern all facilitators).
- (c) Require facilitators who *are not* combining the practice of psilocybin services with the practice of another licensed profession to conspicuously disclose to clients: (i) that the facilitator only holds a facilitator license; (ii) that the facilitator does not hold a license to practice _____, _____, or _____ [list other conceivably relevant professions]; and (iii) that the facilitator is prohibited by law from _____, _____, or _____ [list things that the facilitator cannot do].²
- (d) Require facilitators who *are* combining the practice of psilocybin services with the practice of another licensed profession to conspicuously disclose to clients: (i) that the facilitator holds both a facilitator license and a _____ license; and (ii) that the facilitator will be combining those professions during the provision of psilocybin services.
- (e) With respect to physical or mental health conditions, make the required client information form such that it only requires the client to provide “check the box” (rather than narrative) responses.
- (f) For otherwise-unlicensed facilitators, make rules so that the facilitator can *objectively* determine: (i) whether the client can proceed with psilocybin services; and (ii) if so, how. Specifically, the OHA should have a not-to-be-deviated-from flow chart that *requires* such a facilitator to do one thing or another based on the client’s responses to any physical or mental health-related questions in the client information form.
- (g) Require an extremely robust informed consent form that is tailored to the above. Specifically, the OHA itself (via the informed consent form) should make “universal” recommendations and risk disclosures to clients. This will establish by rule a standard of care for otherwise-unlicensed facilitators, which will be helpful to facilitators, clients, and the industry as a whole.

Finally, please note that I am submitting these comments in my individual capacity and not on behalf of my law firm or any client.

Thank you.

Sincerely,



Dave Kopilak

Attorney

² This language could be modified if a facilitator *does* hold another professional license, but voluntarily elects to not practice that other profession during the provision of psilocybin services.

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April 22, 2022

To whom it may concern,

My name is Dr. Adrienne Rae, I am a translational neuroscientist at Legacy Research Institute, a division of Legacy Health. I also hold an academic affiliation at Washington State University (Neuroscience). Drug abuse, harm reduction, and the dynamic interaction between chronic pain and mental health are the core components of my academic research.

Since 2019 I have also served in some capacity on the Oregon Cannabis Commission. Over the last 18 years of my public service, I have witnessed firsthand the trials and tribulations of regulating controlled substances for therapeutic purposes. Based on the failures and unintended consequences of medical cannabis regulations, I feel a moral imperative to express my concerns about ORS 475A.400 and proposed Rules pertaining thereto.

The following opinions are my own, and are not representative of the sentiments of my employer or the advisory boards on which I serve.

The following summarized points are described in detail in the subsequent paragraphs of this letter:

- **Integration** is an essential, evidence-based, inseparable component of the psilocybin experience. "Optional" and "integration" are mutually exclusive concepts. Ubiquitous integration harms no one. Failure to integrate potentially harms many.
- Psilocybin induces an "**openness to experience**" which should in no way be taken advantage of for the purposes of increasing the monetary profits of a Facilitator or Service Center. A client's vulnerable neuroplastic state should never be used as a marketing opportunity.
- Psilocybin poses a potentially fatal **cardiac risk** for older individuals. Similar to psilocybin clinical trials, cardiac screening should be required for those aged 55 and above.
- There is an urgent need for an anonymous **whistleblowing system** by which Clients and employees of Service Centers may report abuse and misconduct directly to the OHA for investigation.

INTEGRATION

The nature of psychedelic experiences is inherently unpredictable. Consider this thought experiment: A healthy, neurotypical person with no economic barriers to healthcare and no personal or family history of mental illness seeks personal or spiritual development through OPS. Even in this arguably best-case scenario, there is no guarantee that an administration session won't reveal

repressed traumatic memories, tasking the client with months of psychological work and emotional labor. What is the state's role in opening this can of worms, and what are its responsibilities in healing the iatrogenic wound?

Section 37(1) makes integration optional. Sixty years of psychiatric and neuroscience research and thousands of years of indigenous and underground practices suggest that integration is a fundamental, inseparable component of the psychedelic experience (1). Rules should compensate for the flawed nature of section 37(1), and should reflect the inseparable nature of preparation, administration, and integration sessions.

Psilocybin induces neural plasticity, which persists for weeks to months after an administration session (1). This plasticity may contribute to the psychological flexibility and personality changes observed in the period shortly following psychedelic administration sessions (2,7). Thus, the period following administration sessions is a critical window during which a client's psyche may either be shaped for better or worse. The OHA has an obligation to protect Oregonians during this vulnerable period, by instituting Rules which 1) diminish all client barriers to integration (most importantly financial), and 2) educate clients and facilitators on the psychological necessity of integration.

Anecdotal reports in Phase II and III MDMA trials suggest that individuals are left feeling dependent upon their therapists for healing, and that they need additional talk therapy after MDMA sessions. One patient describes MDMA therapy as a heart transplant, except that as soon as she received a new heart, everyone walked away from the operating table with her chest left wide open (3). Due to the experimental nature of these therapies, it is unclear whether or not this dependency phenomenon also applies to psilocybin experiences. Every effort should be given to prevent the sensation of facilitator dependency; specifically, through ubiquitous integration.

Finally, I recently had the honor of speaking in-depth with Dr. Gunther Weil, the only living member of the Harvard Psilocybin Project, which conducted seminal psilocybin studies in the early 1960's (the Good Friday and Concord Prison Experiments among others, 4). During our conversation Dr. Weil emphasized the most notable flaw in the Concord Prison Experiment, which was the lack of integration sessions. Follow up studies have indeed confirmed the necessity of post-administration session support for psilocybin recipients (5). When I specifically asked Dr. Weil to comment on M109's implementation, he said that he would absolutely mandate integration for every participant. He even went so far as to say that clients should be pre-screened, and denied services if they were unwilling to commit to 6-12 months of deep psychological work after the administration session. He went on to suggest that trauma-informed and mindfulness-based forms of integration would be the most beneficial, suggestions which are supported by modern literature (2,6).

Unlike Dr. Weil and other experts, the average Oregonian seeking services will not be aware of the unpredictable nature of what may happen in the weeks and months following a psilocybin experience. Through Rule concerning integration sessions, it is up to the OHA to protect its citizens and set them on a trajectory of health and wellbeing following psilocybin administration.

Rules should dictate that psilocybin services are sold as a package which *includes* the price of at least one integration session: integration should not be sold separately. A client's failure to attend a service which they have already paid for is a far less serious error than a client failing to book an essential service based on finances.

OPENNESS TO EXPERIENCE

The neural plasticity induced by psilocybin may also contribute to transient and/or persistent shifts in personality, often inducing an “openness to experience,” otherwise known as suggestibility (7). This window of suggestibility could leave individuals vulnerable to being taken advantage of, financially. **Rules should prohibit** the upselling of other “wellness” services and additional psilocybin sessions in the post-acute period following an administration session (30-60 days). Marketing campaigns directed at clients (including emails, phone calls, flyers, or other print materials) should be prohibited during the post-acute administration period. The only exceptions to this outreach should be 1) wellness checks within 48 hours of administration and 2) offering of integration sessions and resources, which should be free/included in the overall cost of psilocybin services (see section above on integration).

CARDIAC RISK

There are numerous case reports of heart attacks and lethal cardiac complications induced by psilocybin (8). Because this risk is higher for older individuals, clinical trials selection criteria includes cardiac screening, and exclusion criteria typically include inadequately treated hypertension (9). **Rules should dictate** that screening criteria include cardiac screening for individuals aged 55 and older.

WHISTLEBLOWING SYSTEM

There is a well-documented and disturbing history of sexual abuse and abuse of power by psychedelic guides and facilitators, that is so well known it is already mentioned in the proposed rules for training. Despite facilitator awareness and training, there is still a critical need for any concerned party to be able to report suspected professional misconduct and abuse, anonymously and without repercussions. **Rules should create an anonymous whistleblower system** by which the OHA can become aware of and investigate misconduct: a toll-free hotline, web-based contact form, and a designated email address would suffice. Furthermore, **rules should allow** for any client to bring a supportive witness to any administration session, in the same way that pregnant mothers have the right to have a supportive witness in the delivery room when a baby is born.

To accomplish some of these fundamental safety goals, **Rules may mandate** a “take home card” in the exact same way that OLCC Rules requires the “marijuana may harm your baby” 3x5 card when consumers exit a retail cannabis dispensary. The contents of this mandatory take-home information card could emphasize the absolute critical importance of integration, and provide information about peer resources such as Fireside Project, an OHA registry/resources for integration services, and Portland Psychedelic Society website (which hosts regular, free community integration sessions). Take-home information could also include red flags or warning signs of facilitator abuse or misconduct, and how to anonymously report these concerns (Whistleblower hotline/email).

Thank you for your arduous and continued work blazing a trail for the citizens of Oregon to expand their consciousness and seek healing through this groundbreaking program.

Sincere regards,



Adrienne Rae, PhD
Neuroscientist

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From: [Frank Mowry](#)
To: [Public Health Rules](#)
Date: Friday, April 1, 2022 5:15:25 PM

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The idea of taking time to test and research drugs and natural substances like Psilocybin is logical and responsible. However, it is a shame the same type of research has still to be done for Marijuana, despite it already being legalized.

Respectfully,

F. H. MOWRY
1528 NE Northview Drive
Bend, Oregon 97701

From: [Matthew Toro](#)
To: [Public Health Rules](#)
Date: Monday, April 18, 2022 2:32:18 PM

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I believe plants don't have politics. They are just plants humans can use for medicinal and religious purposes.

From: [Jon Dennis](#)
To: [Dale Gribble](#)
Date: [Friday, April 22, 2022 5:02:24 PM](#)
Attachments: [unclassified](#)
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FEBRUARY 3, 2022 BY PSYCHEDELICS TODAY

Religious Practice Under Oregon Measure 109

By Jon Dennis, Esq.

Jon Dennis, Esq. looks closely at what Oregon's Measure 109 really says, and provides a possible framework for the fair treatment of religious-use sacrament.

Oregon's Psilocybin Services Act, aka [Measure 109](#), is currently undergoing a [regulatory makeover](#). Although primarily advertised to voters as "psilocybin therapy," clinical use of psilocybin is only one of the many modalities of psilocybin services that may soon be permitted in Oregon. Nearly all of the media reporting on M109 have echoed the messaging of the M109 electoral campaign, creating a narrative that Oregon voted to legalize "psilocybin therapy." But now that people are beginning to write and speak about M109 in a more careful and nuanced way, many are surprised to find out that the psilocybin law passed in Oregon allows people to take psilocybin for virtually any reason.

If there is still any doubt about whether M109 is a "therapy" program, Tom Eckert, one of the chief co-petitioners of Measure 109 and now the chair of the [Oregon Psilocybin Advisory Board](#) ("OPAB") (as well as a practicing therapist), [said in a recent interview](#) that "The idea [of M109] is to create safe space under the facilitation of licensed professionals to explore [the psilocybin] experience for personal benefit." According to Eckert, taking psilocybin under M109 is "about your consciousness and using psilocybin however you really want to, whether it's creative, spiritually, or for a therapeutic benefit."

This means, of course, that psilocybin may be used pursuant to religious or spiritual exercise. It means that psilocybin churches might soon become commonplace in Oregon.

The intersection of M109 and religious liberties is an important and complex topic that so far has received very little attention during the meetings of OPAB and its 5 subcommittees. Religious exploration is already a large part of this so-called "psychedelic renaissance," and all signs point to [religious use of psychedelics](#) becoming [more prevalent over time](#). Because the "Oregon model" of psychedelic services has become one of the leading models in psychedelic policy reform, it is paramount we build religious protections into the model.

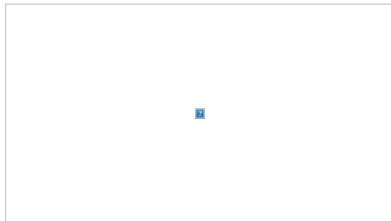
In response to public comment, the Oregon Health Authority ("OHA") recently published the following statement:

Q: Can the psilocybin services be offered within a ceremonial or religious context?

A: Yes, if psilocybin services take place at a licensed service center and is otherwise compliant with statute and rule requirements.

In other words, *OHA intends to allow the religious use of psilocybin if performed in accordance with Oregon's regulatory framework for psilocybin*. The preceding sentence constitutes pretty much everything we know so far about how Oregon intends to address religious practice under the measure. This is particularly concerning in light of the fact that OPAB has many complex issues to still resolve, and it must issue its final recommendations by June 30 – meaning there are only 15 hours of full OPAB meeting time remaining. Time is running out for Oregon to create thoughtful and nuanced policy on this matter of great importance.

Fortunately, serious conversations about religious practice are about to begin. The February 2 meeting of the Equity Subcommittee and the February 3 meeting of the Licensing Subcommittee and the Equity Subcommittee will address religious use.



Our new 12-month certificate program, Vital, begins April 19th. Registration is closed, but sign up for the waitlist for next year's edition now at xitalpscheducation.com/

What is Essential to a Religious-Use Framework?

When considering what a religious-use framework might look like under M109, I identify six elements that are essential:

1. It must permit a broad range of religious practices and ceremonies without unnecessary interference from the government. Protections should accommodate practices and beliefs ranging from traditional Indigenous practices to contemporary Western, Eastern, and neo-shamanic religions that incorporate psilocybin into their practices;
2. It must create a pathway for religious practice that is affordable to marginalized communities;
3. The regulations should allow special rules around the growing, storing, handling, and testing of psilocybin mushrooms that reflect the view common in many ethnogenic communities that the mushrooms themselves are sacred objects worthy of reverential treatment;
4. The regulations must provide meaningful oversight of and accountability for religious practitioners, particularly in:
 0. Screening new members;
 1. Disclosing risks/obtaining informed consent;
 2. Preventing abuse; and
 3. Ensuring that religious practice is conducted in a safe manner;
5. Given the Oregon constitution's protection of both the religious *and the non-religious**, the regulations must not give preferences to "religious" over "non-religious" organizations or individuals. Accordingly, the criteria for who may operate within the "religious framework" should be framed in terms of sincere practice relating to one's deeply-held values, beliefs, and convictions, rather than affiliation with a religious organization;
6. It should be simple enough to administer that it does not cause a substantial burden on OHA.

With these considerations in mind, I have taken the liberty of drafting a proposed model regulatory framework for how religious practice could be protected under Measure 109. My proposed framework may be found [here](#).

[Privileges-and-Duties-of-Ethnogenic-Practitioners \(DRAFT v. 8\) Download](#)

I am actively seeking stakeholder feedback. Please email me with questions or comments. To execute this project well means compiling and assembling a wide range of stakeholder input, so please do reach out.

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One of the fundamental assumptions underlying the model is that if religious-use privileges are only affordable to a small subset of the population, it might actually be better to not grant special religious privileges at all. Perhaps the most iniquitous aspect of M109 is that access to psilocybin will be unaffordable to a lot of people. Luckily, as we will see, religious use privileges can be structured in a manner that creates new pathways to affordable access.

Several key features of this framework may be aided by some explanation.

Peer-Support Assistance

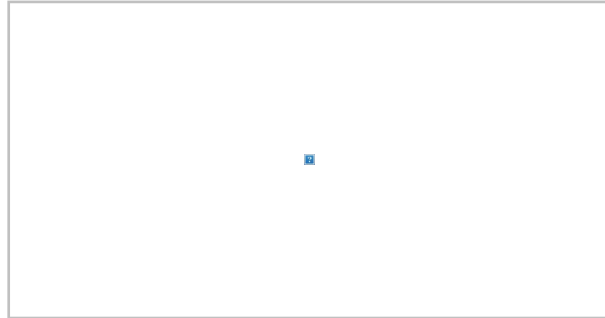
Measure 109 requires that all psilocybin be purchased, possessed, and consumed "under the supervision of a ...facilitator" (Section 57 (2)). The measure does not otherwise describe what that supervision should look like, which leaves open many possibilities.

Currently it appears that Oregon is poised to require that the majority of assistance given to clients must be provided by paid facilitators, who are prohibited from taking psilocybin while serving as a facilitator. If this is the case, even if Oregon adopts liberal rules that require lower amounts of paid facilitation, I estimate that a "cheap" group session, offered by a nonprofit, will not be available for less than \$500 per person, including the costs of psilocybin. This is inequitable. We can do much better.

Luckily, Indigenous and other religious and spiritual communities have substantial history and experience using plant medicines as sacraments in ceremony. They provide clear proof that ceremony can be safely conducted without the need for paid facilitators who abstain from fully participating in the ceremony. Accordingly,

religious communities who operate under M109 should have the option to provide their own peer-support assistance through community members that have been *certified* by their community as being qualified and capable to provide that assistance.

Reasonable minds could disagree about how much the state should regulate that certification. Regulation could be enacted to encourage the slow and sustainable growth of these organizations and to ensure that the clients who provide peer-support assistance are familiar with and oriented to the community in which they intend to serve. Successful implementation of this system will require relationship-building within each community, and the regulations could require that a client be involved with a community for a period of time (which could be defined by a minimum number of ceremonies attended) before they begin providing peer-support assistance. Or the regulations could simply trust the community to responsibly manage itself, particularly in light of the fact that its licensure could be lost if it behaves irresponsibly.



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The freedom to exercise one's religion means little if paywalls keep most people out. However, if peer-support assistance is allowed, it could avoid having to pay unneeded facilitators to "supervise" ceremonies. The number of facilitators that are needed to safely supervise a ceremony may vary by community, but well-organized communities could conceivably conduct ceremonies safely with only one facilitator present. By reducing the number of facilitators that must be on hand for a ceremony, we drastically reduce the cost of the ceremony.

Additionally, many entheogenic religions do not permit people into their ceremonial space who have not consumed at least some amount of their sacrament. The idea in some communities is that the presence of people who are on a different vibrational wavelength (i.e., who have not partaken of the sacrament) fundamentally prevents participants from receiving certain religious benefits. Facilitators are prohibited from taking psilocybin while serving as a facilitator, so allowing facilitators to supervise from outside the ceremonial space is the only option if this view is to be respected. This could be safely done if peer-support assistance were permitted by clients who are participating in the ceremony. This permits a higher degree of self-governance and self-reliance, which is healthy.

This peer-support assistance model was inspired in part by the practices of the Church of the Holy Light of the Queen ("CHLQ"). CHLQ is the Santa Diama church who successfully sued the federal government for the right to use Daimo (which some people call ayahuasca) in their religious practices.** In their 25 years of practice, it is my understanding that CHLQ has never had a safety situation which they were not able to safely manage internally. For people interested in learning more about that, I interviewed Padriño Jonathan Goldman, the spiritual leader of CHLQ, on Episode No. 6 of [Eyes on Oregon](#).

Religious Manufacturing Privileges

The religious manufacturing privileges contemplated by the framework are several-fold:

- 1) Religious communities are granted permission to grow mushrooms in a less-regulated (i.e., far less expensive) manner than is required of standard manufacturers;
- 2) Religious growers may grow the species of mushrooms using techniques and substrates that are consistent with their beliefs and convictions, provided that products are safe;
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The policy considerations behind the proposed religious manufacturing privileges are two-fold: 1) it gives communities the option to offer very low-cost products (mushrooms are famously cheap to grow); and 2) it creates space for Oregon plant medicine communities who believe that the mushrooms themselves are sacred and must be handled with reverence.

Product safety can be maintained without the need for expensive laboratories. Unlicensed, unregulated mushroom growers – many of whom grow in their basements or closets using improvised laboratory equipment – currently create the bulk of consumer psilocybin products. This matters because it serves as a counterpoint to the concern that "under-regulated" manufacturing operations pose a threat to public health or safety. In truth, reports of adverse reactions to unsafe psilocybin products are exceedingly rare, particularly in light of the amount of mushrooms being eaten nowadays.

While the idea of permitting a religious or spiritual community to have homegrown sacramental mushrooms might make some people uncomfortable, it's worth remembering that you can buy myceliated grow kits for gourmet mushrooms virtually everywhere, and society allows that practice without question. Moreover, the practice of a religious or spiritual community handling its own sacrament in accordance with their beliefs and convictions is a practice that predates Oregon statehood.

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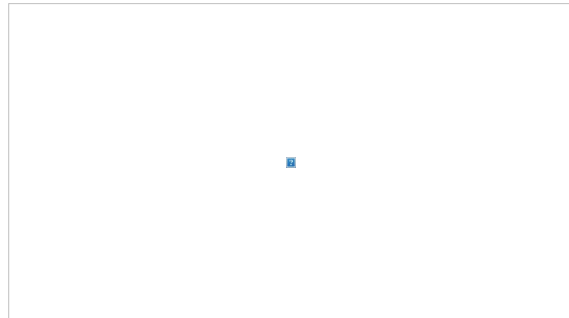
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Affordability

In addition to providing meaningful autonomy of religious practice, the combination of peer-support assistance and less-regulated religious manufacturing and testing starts to get us close to an affordable system. If all three are adopted, a lower and more satisfying price point begins to emerge. The costs for services may even be as low as the combination of one facilitator's time that is spread across multiple clients (or which may be donated by volunteer facilitators), low-cost products sold by a nonprofit manufacturer, and overhead costs of running a nonprofit service center.

To drive costs lower still, OHA could adopt a progressive fee structure that permits nonprofit service centers and manufacturers to pay a little less than their "fair share" of the program's fees. Additionally, onsite manufacturing centers could possibly create a direct manufacturer-to-client sales pipeline that might allow entheogenic service centers to avoid the application of that pesky tax rule, [2006-2](#) (which disallows tax deductions or credits attributable to businesses that "traffic" controlled substances). This appears to be allowed under M109, as sales by manufacturers must be either "to or on a premises" licensed as a manufacturer or service center (Sections 53 (1)(a) and (2)(a), and Section 57).

With all of these cost-savings measures in place, it is foreseeable that a psilocybin ceremony under M109 could cost well under \$50 per participant. That's still too expensive. But it's considerably better.



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Reciprocal Exchange Program

Participation in reciprocal exchange programs should be required of all who engage with the M109 program, from clients to testing laboratories. Involvement with a reciprocal exchange program is important because the programs help minimize the harmful impacts that extraction of cultural and natural resources have on the Indigenous plant medicine communities who have stewarded plant medicines for centuries or longer. It also helps ensure that Indigenous knowledge and wisdom do not become lost or forgotten.

The proposed model framework requires entheogenic practitioners to have an unspecified level of involvement in a reciprocal exchange program, and an annual public report of that involvement. This doesn't punish bad actors for negligible involvement, but it provides social incentives for people who can demonstrate meaningful participation.

Discipline of Entheogenic Practitioners

Because this framework gives entheogenic practitioners a considerable set of privileges, it also creates a reciprocal set of duties to use those privileges safely and responsibly. To achieve this, the proposed framework borrows language from the Oregon law that protects the religious use of peyote. In order for religious use of peyote to be protected in Oregon, the use must be done "in a manner that is not dangerous to the health of the user or others who are in the proximity of the user ([ORS.475.752\(4\)](#))." Oregon should adopt the same standard for psilocybin religions who operate under the measure.

Ultimately, if a religious practitioner engages in conduct that is unsafe or irresponsible, the practitioner risks losing their special religious privileges, as well as their general psilocybin licensing. Given the significant financial and personal investment that will go into opening any psilocybin business in Oregon, this provides powerful incentives to operate within the bounds of the regulatory framework.

Conclusion

In conclusion, if we think of M109 not in terms of "therapy" vs. "not therapy," but rather (as Tom Eckert put it), a "safe space under the facilitation of licensed professionals to explore [the psilocybin] experience for personal benefit," it appears the best way for Oregon to reduce the most harm to its people is to invite all beneficial use of psilocybin to come and operate within the relative safety of the M109 container. This includes religious use.

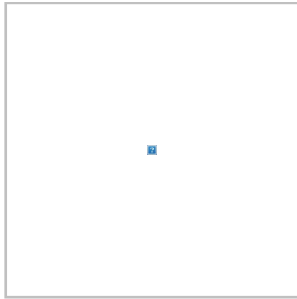
The model framework proposed herein would create a type of partnership or alliance between religious practitioners and OHA. In exchange for paying licensing fees and submitting to administrative oversight, religious communities who use psilocybin gain mechanisms of accountability*** and the freedom to practice with substantially less fear of criminal repercussions. However, in order for entheogenic practitioners to accept Oregon's invitation, the M109 religious container must not be unduly restrictive in what it allows, and it must be affordable. If these interests can be balanced, psychedelic religious practice could soon find its way out of the shadows of the underground and into the full light of day.

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**See, e.g., *Meltebeke v. Bureau of Lab. & Indus.*, 322 Or at 147, (Oregon's constitutional religious protections "extend[] to religious believers and nonbelievers alike.") This also avoids giving nonreligious clients a financial incentive to seek religious services from a religious provider, which is important. For more information about the inappropriateness of confounding religious and non-religious containers of psychedelic use, see Matthew Johnson's article entitled "[Consciousness, Religion, and Gurus: Pitfalls of Psychedelic Medicine.](#)"

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Religious Practice Under Oregon Measure 109

By Jon Dennis, Esq.

Jon Dennis, Esq. looks closely at what Oregon's Measure 109 really says, and provides a possible framework for the fair treatment of religious-use sacrament.

Oregon's Psilocybin Services Act, aka [Measure 109](#), is currently undergoing a [legislative makeover](#). Although primarily advertised to voters as "psilocybin therapy," clinical use of psilocybin is only one of the many modalities of psilocybin services that may soon be permitted in Oregon. Nearly all of the media reporting on M109 have echoed the messaging of the M109 electoral campaign, creating a narrative that Oregon voted to legalize "psilocybin therapy." But now that people are beginning to write and speak about M109 in a more careful and nuanced way, many are surprised to find out that the psilocybin law passed in Oregon allows people to take psilocybin for virtually any reason.

If there is still any doubt about whether M109 is a "therapy" program, Tom Eckert, one of the chief co-petitioners of Measure 109 and now the chair of the [Oregon Psilocybin Advisory Board](#) ("OPAB") (as well as a practicing therapist), [said in a recent interview](#) that "The idea [of M109] is to create safe space under the facilitation of licensed professionals to explore [the psilocybin] experience for personal benefit." According to Eckert, taking psilocybin under M109 is "about your consciousness and using psilocybin however you really want to, whether it's creative, spiritually, or for a therapeutic benefit."

This means, of course, that psilocybin may be used pursuant to religious or spiritual exercise. It means that psilocybin churches might soon become commonplace in Oregon.

The intersection of M109 and religious liberties is an important and complex topic that so far has received very little attention during the meetings of OPAB and its 5 subcommittees. Religious exploration is already a large part of this so-called "psychedelic renaissance," and all signs point to [religious use of psychedelics](#) becoming [more prevalent over time](#). Because the "Oregon model" of psychedelic services has become one of the leading models in psychedelic policy reform, it is paramount we build religious protections into the model.

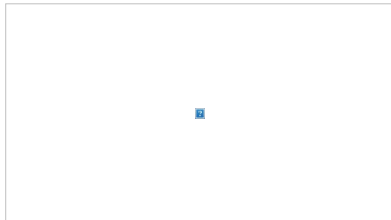
In response to public comment, the Oregon Health Authority ("OHA") recently published the following statement:

Q: Can the psilocybin services be offered within a ceremonial or religious context?

A: Yes, if psilocybin services take place at a licensed service center and is otherwise compliant with statute and rule requirements.

In other words, *OHA intends to allow the religious use of psilocybin if performed in accordance with Oregon's regulatory framework for psilocybin*. The preceding sentence constitutes pretty much everything we know so far about how Oregon intends to address religious practice under the measure. This is particularly concerning in light of the fact that OPAB has many complex issues to still resolve, and it must issue its final recommendations by June 30 – meaning there are only 15 hours of full OPAB meeting time remaining. Time is running out for Oregon to create thoughtful and nuanced policy on this matter of great importance.

Fortunately, serious conversations about religious practice are about to begin. The February 2 meeting of the Equity Subcommittee and the February 3 meeting of the Licensing Subcommittee and the Equity Subcommittee will address religious use.



Our new 12-month certificate program, *Vital*, begins April 19th. Registration is closed, but sign up for the waitlist for next year's edition now at [vitalpsychedelictraining.com](#)!

What is Essential to a Religious-Use Framework?

When considering what a religious-use framework might look like under M109, I identify six elements that are essential:

1. It must permit a broad range of religious practices and ceremonies without unnecessary interference from the government. Protections should accommodate practices and beliefs ranging from traditional Indigenous practices to contemporary Western, Eastern, and neo-shamanic religions that incorporate psilocybin into their practices;
2. It must create a pathway for religious practice that is affordable to marginalized communities;
3. The regulations should allow special rules around the growing, storing, handling, and testing of psilocybin mushrooms that reflect the view common in many entheogenic communities that the mushrooms themselves are sacred objects worthy of reverential treatment;
4. The regulations must provide meaningful oversight of and accountability for religious practitioners, particularly in:
 0. Screening new members;
 1. Disclosing risks/obtaining informed consent;
 2. Preventing abuse; and
 3. Ensuring that religious practice is conducted in a safe manner;
5. Given the Oregon constitution's protection of both the religious *and the non-religious*, the regulations must not give preferences to "religious" over "non-religious" organizations or individuals. Accordingly, the criteria for who may operate within the "religious framework" should be framed in terms of sincere practice relating to one's deeply-held values, beliefs, and convictions, rather than affiliation with a religious organization;
6. It should be simple enough to administer that it does not cause a substantial burden on OHA.

With these considerations in mind, I have taken the liberty of drafting a proposed model regulatory framework for how religious practice could be protected under Measure 109. My proposed framework may be found here:

[Privileges-and-Duties-of-Entheogenic-Practitioners \(DRAFT v.8 Download\)](#)

I am actively seeking stakeholder feedback. Please email me with questions or comments. To execute this project well means compiling and assembling a wide range of stakeholder input, so please do reach out.



Join us for our FREE course on religious exemption for legal psychedelic use in the US, [Psychedelics and Religious Liberty in the United States](#).

One of the fundamental assumptions underlying the model is that if religious-use privileges are only affordable to a small subset of the population, it might actually be better to not grant special religious privileges at all. Perhaps the most iniquitous aspect of M109 is that access to psilocybin will be unaffordable to a lot of people. Luckily, as we will see, religious use privileges can be structured in a manner that creates new pathways to affordable access.

Several key features of this framework may be aided by some explanation.

Peer-Support Assistance

Measure 109 requires that all psilocybin be purchased, possessed, and consumed "under the supervision of a . . . facilitator" (Section 57 (2)). The measure does not otherwise describe what that supervision should look like, which leaves open many possibilities.

Currently it appears that Oregon is poised to require that the majority of assistance given to clients must be provided by paid facilitators, who are prohibited from taking psilocybin while serving as a facilitator. If this is the case, even if Oregon adopts liberal rules that require lower amounts of paid facilitation, I estimate that a "cheap" group session, offered by a nonprofit, will not be available for less than \$500 per person, including the costs of psilocybin. This is inequitable. We can do much better.

Luckily, Indigenous and other religious and spiritual communities have substantial history and experience using plant medicines as sacraments in ceremony. They provide clear proof that ceremony can be safely conducted without the need for paid facilitators who abstain from fully participating in the ceremony. Accordingly, religious communities who operate under M109 should have the option to provide their own peer-support assistance through community members that have been *certified* by their community as being qualified and capable to provide that assistance.

Reasonable minds could disagree about how much the state should regulate that certification. Regulation could be enacted to encourage the slow and sustainable growth of these organizations and to ensure that the clients who provide peer-support assistance are familiar with and oriented to the community in which they intend to serve. Successful implementation of this system will require relationship-building within each community, and the regulations could require that a client be involved with a community for a period of time (which could be defined by a minimum number of ceremonies attended) before they begin providing peer-support assistance. Or the regulations could simply trust the community to responsibly manage itself, particularly in light of the fact that its licensure could be lost if it behaves irresponsibly.



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The freedom to exercise one's religion means little if paywalls keep most people out. However, if peer-support assistance is allowed, it could avoid having to pay unneeded facilitators to "supervise" ceremonies. The number of facilitators that are needed to safely supervise a ceremony may vary by community, but well-organized communities could conceivably conduct ceremonies safely with only one facilitator present. By reducing the number of facilitators that must be on hand for a ceremony, we drastically reduce the cost of the ceremony.

Additionally, many ethnogenic religions do not permit people into their ceremonial space who have not consumed at least some amount of their sacrament. The idea in some communities is that the presence of people who are on a different vibrational wavelength (i.e., who have not partaken of the sacrament) fundamentally prevents participants from receiving certain religious benefits. Facilitators are prohibited from taking psilocybin while serving as a facilitator, so allowing facilitators to supervise from outside the ceremonial space is the only option if this view is to be respected. This could be safely done if peer-support assistance were permitted by clients who are participating in the ceremony. This permits a higher degree of self-governance and self-reliance, which is healthy.

This peer-support assistance model was inspired in part by the practices of the Church of the Holy Light of the Queen ("CHLQ"). CHLQ is the Santo Dami church who successfully sued the federal government for the right to use Daim (which some people call ayahuasca) in their religious practices.** In their 25 years of practice, it is my understanding that CHLQ has never had a safety situation which they were not able to safely manage internally. For people interested in learning more about that, I interviewed Padiriro Jonathan Goldman, the spiritual leader of CHLQ, on Episode No. 6 of [Eyes on Oregon](#).

Religious Manufacturing Privileges

The religious manufacturing privileges contemplated by the framework are severalfold:

- 1) Religious communities are granted permission to grow mushrooms in a less-regulated (i.e., far less expensive) manner than is required of standard manufacturers;
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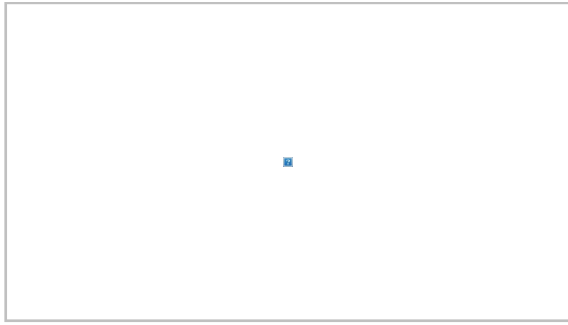
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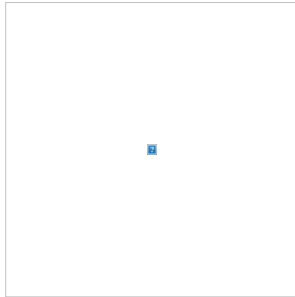
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About the Author



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HALL Brittany A

From: Lisa Ann Azzopardi <naturalama@netidea.com>
Sent: Wednesday, April 6, 2022 8:41 PM
To: Public Health Rules
Subject: Measure 109

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naturalama@netidea.com: Email
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From: [Brandon Scott](#)
To: [Public Health Rules](#)
Subject: Measure 109
Date: Tuesday, April 19, 2022 8:50:24 AM

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Hello,

I am writing to urge you to adopt the proposed "Entheogenic Practitioners" framework to be included in Measure 109. While I do not believe the use of psychedelics should be unregulated, I do believe that it is vitally important that this medicine be made available to all who need it and not just those who can afford to pay thousands of dollars to an entity that can afford the very high licensing fees.

--

Brandon

From: [Rafi From Earth](#)
To: [Public Health Rules](#)
Subject: Measure 109
Date: Friday, April 22, 2022 2:47:41 PM

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Greetings OHA!

Appreciate you for being open to public comments!

As an Ordained Minister with a Tribe here in Oregon that practices Indigenous Prayer Ceremony with Psilocybin Mushrooms and other Entheogenic Medicines, I strongly endorse religious freedom and community access models under Measure 109 that would allow me and my people to continue doing this good work in altered states of consciousness.

Thank you for reviewing this message!

Blessings,
Rafi

** * **

Rev. Rafael A Earth MS
Conscious Ritual Architect
510-963-1777

Sent While Journeying...

:wq

February 22nd, 2022

To the Oregon Health Authority and Oregon Psilocybin Services Program staff:

Thank you for taking the time to review my comments.

I am writing with regard to a number of issues that I hope that you might consider.

The views expressed are mine and do not reflect those held by any of my affiliations.

First, I am deeply concerned about OHA's proposed testing requirements – specifically the potency testing rule 7040 Part (2) stating, “A process lot of homogenized fungi, psilocybin extract or edible psilocybin product fails potency testing if the amount of psilocybin or psilocin between samples taken from the batch exceeds 20 percent relative standard deviation between sample increments.”

This rule fails to provide an accurate metric for psilocybin and psilocin concentrations of whole mushrooms, a preferred means of administration.

My position on this stems from my professional experience over the last thirteen years in mass spectrometry and other forms of analytical chemistry in both academia and in the commercial cannabis sector.

As you are likely well aware, psilocybin is not the pharmacologically active agent in these fungi, but a prodrug – psilocin is the actual active compound. Psilocybin rapidly metabolizes into psilocin upon entering the body. Different species, different strains of the same species, and even different specimens can vary profoundly in the concentrations of these two related chemical compounds¹.

Both compounds have been shown in the scientific literature to have high environmental sensitivities to factors such as light, temperature, and ambient air². As such, they degrade very quickly when left exposed.

One of the most important diagnostic tools for identifying these mushrooms in the field is a bruising reaction that ranges from blue-green to a blue-black in appearance. In *Psilocybe*

¹See Anastos, N., Barnett, N. W., Pfeffer, F. M. & Lewis, S. W. Investigation into the temporal stability of aqueous standard solutions of psilocin and psilocybin using high performance liquid chromatography. *Sci Justice* **46**, 91–96 (2006); Van-Orden, R. C. *Determination of Psilocybin and Psilocin in Hallucinogenic Mushrooms by HPLC with Diode Array and MS Detection*. (Master's Thesis, State University of New York, College of Environmental Science and Forestry, Syracuse, New York, 2008); Stebelska, K. *Neuropathology of Drug Addictions and Substance Misuse*. in *Chapter 84: Assays for Detection of Fungal Hallucinogens Such as Psilocybin and Psilocin* (ed. Elsevier) vol. 2 909–926 (2016) and references therein.

²*Consider* Van Court R. C., Wiseman M. S., Meyer K. W., Ballhorn D. J., Amses K., Slot J. C., Dentinger B. T. M., Garibay-Orijel R. and Uehling J. K. Diversity, biology, and history of psilocybin-containing fungi: Suggestions for research and technological development. *Fungal Biol-uk*. (2022) and references therein.

cubensis, the species presently permitted under the existing rules, this reaction occurs near instantaneously, whereas in *Psilocybe cyanescens* it manifests sometimes over minutes.

This very reaction is the visual degradation of psilocin and an indicator of “potency³” loss⁴. It is because there is more psilocin relative to psilocybin in *Psilocybe cubensis* that the reaction is comparatively so fast. Even the timing of harvesting these mushrooms can greatly influence that potency – when the cap opens more surface area is exposed to the elements and potency lost. The very act of “homogenizing” these mushrooms, per the rule, will result in a nontrivial amount of potency loss particularly when fresh. Whereas some means of loss can be mitigated by analyzing only dried/cured mushroom biomass and/or through using methods such as freeze-drying (lyophilization) beforehand this still poses the problem of fresh whole mushroom consumption involving a wildly different concentration. Even the timing of harvest can affect these concentrations. For example, once the veil has separated from the cap and the cap has fully opened, there is now a high surface area of exposure that is now subjected to these degradation factors – something Paul Stamets has mentioned in his talk before the Products Subcommittee of the Oregon Psilocybin Advisory Board.

Consider this scenario: A specimen of *P. cubensis* contains 0.5% psilocybin and 0.5% psilocin, by dry mass. If improperly stored, that psilocin can degrade completely in a day or two compared to several months. That same specimen now only has half of the concentration of total tryptamines (psilocybin + psilocin) it once had. A fresh mushroom could, and likely does, contain higher concentrations than this newly dried/cured specimen. Hopefully, this is aptly conveying my concerns.

Furthermore, the act of homogenizing will average that well-known extremely high variability in whole mushrooms. Therefore, for the consumer of whole mushrooms, what does that concentration value truly represent? It may provide a comfortably reproducible measurement that aligns with the statistics of the rule ($\pm 20\%$ standard deviation about the mean), but it will very likely greatly over- or underestimate the potency of a single or multiple whole mushrooms (particularly those that are fresh). Furthermore, such tests will not reflect the rather rapid loss of potency over time, for a species like *Psilocybe cubensis* this could warrant additional analyses (something I am not in favor of due to the financial burden posed on small-scale cultivators).

³As an aside – **potency** is defined, pharmacologically, as the measure of drug activity in amount required to produce an effect of given intensity, a term that is drug-specific, here we should be discussing concentrations of these compounds measured analytically or a calculated mass of the compounds based on a concentration measurement). The International Union of Basic and Clinical Pharmacology defines **potency** as: “An expression of the activity of a drug, in terms of the concentration or amount needed to produce a defined effect; an imprecise term that should always be further defined (see EC₅₀, IC₅₀, etc.),” see Neubig R. R., Spedding M., Kenakin T., Christopoulos A. and Classification I. U. of P. C. on R. N. and D. (2003) International Union of Pharmacology Committee on Receptor Nomenclature and Drug Classification. XXXVIII. Update on Terms and Symbols in Quantitative Pharmacology. *Pharmacol Rev* **55**, 597–606. Therefore I encourage you to reconsider the terminology in the appropriate rules.

⁴*Consider:* Lenz C., Wick J., Braga D., García-Altare M., Lackner G., Hertweck C. Gressler M. and Hoffmeister D. Injury-Triggered Blueing Reactions of *Psilocybe* “Magic” Mushrooms. *Angewandte Chemie Int Ed* **59**, 1450–1454 (2020), and Lenz C., Dörner S., Sherwood A. and Hoffmeister D. Structure Elucidation and Spectroscopic Analysis of Chromophores Produced by Oxidative Psilocin Dimerization. *Chem European J* (2021)

Therefore, I encourage you to permit dosing based on whole mushroom count, or in terms of mushroom mass (dry or wet). These methods have been used safely in traditional, indigenous, and entheogenic use for centuries and millennia⁵ (*please also refer once more to Footnote 2 and references therein*). These dosing approaches are reasonable, grounded in extensive safe and effective use, and will reduce the steep financial barriers that spiritual facilitators will face. Having worked in the analytical cannabis sector, I have seen firsthand the enormity of cost incurred by the customers. These tests are time and resource intensive and bear a large energy and environmental footprint (e.g. solvent waste production, labware consumables, instrument runtime, etc.).

I am of the professional opinion that many of the biggest areas for concern in the cultivation of these mushrooms is in fungal and bacterial contaminants, which one can easily be trained to visually identify. Perhaps, trained inspectors could be relied upon to provide safety assurances in the entheogenic practitioner space instead of costly analyses? The application of certain chemical contaminants can also follow simple visual diagnostics⁶. The inspections could also serve as a means of investigating for any on-site pesticide use or sourcing of growth substrates (composts, soil, etc.) that are free of elemental contaminants (e.g. heavy metals). One way to further reduce these risks may be to have an approved retailer list of either commercial or local substrate manufacturers (landscaping businesses, compost operations, etc.)

Next, I make yet another appeal for open research on these fungi.

Without the freedom to cultivate all manner of species we do not get the answer to what is responsible for “wood-lover’s paralysis.” Whether this anecdotal condition is purely psychosomatic in nature or due to a new molecular entity yet to be identified this will require resolution in order to consider these species in future expansion of the Oregon Psilocybin Services Program. Should there be some new compound to discover that doesn’t cause respiratory stress (a symptom not reported with “wood-lovers paralysis” to the best of my knowledge) this could bear exceptional potential as a new anesthetic.

Without the ability to cultivate across a range of other growth substrates we preclude the possibility of answers for the most effective and safest materials or additives – things that could boost mushroom and/or psilocybin production. These organisms may provide environmentally responsible solutions to various forms of waste generation in our rural and metropolitan areas – imagine this therapeutic if it could be safely grown from waste.

Without the ability to explore the full fungal diversity of psilocybin mushrooms we do not get answers to what other compounds may exist out there for human health and spiritual benefit, nor the answers to long-standing questions about the fundamental biology of these organisms

⁵See, for example, Guzmán G. (2009) The Hallucinogenic Mushrooms: Diversity, Traditions, Use and Abuse with Special Reference to the Genus *Psilocybe*. In *Fungi from Different Environments* (eds. J. K. Misra and S. K. Deshmukh). Science Publishers, Enfield, NH, USA. pp. 256–277.

⁶See “**rose-comb**” mutations in references such as Thomas P. T., Evan H. J. and Hughes D. T. Chemically Induced Neoplasms in Fungi. *Nature* **178**, 949–951 (1956).

and their genetic relationships. Another avenue of interest is the combination of psilocybin/psilocin with other neuroactive fungal compounds (metabolites from other mushrooms) – there may be tremendous benefit in this space. Yet another is to explore the full range of interactions between these organisms and other plants, fungi, bacteria, and archaea comprising the concept of the “holobiont.”

These are just a few of countless other questions of scientific inquiry demanding our attention that have been taboo for far too long.

For the sake of the Oregon Psilocybin Services program today and what it could look like tomorrow – please allow this research and create a research manufacturing endorsement. Perhaps one day, such a path could further open opportunities for a research facilitator endorsement as well. I believe these endorsements should also have strict requirements for licensure, accountability, and safety.

Lastly, I implore you to please allow similar freedoms for entheogenic practice to those that hold these living entities in sanctity. Please adopt the Entheogenic Practitioner’s Framework proposed by Jon Dennis. This is the means for securing a crucial foundation in equity for the Oregon Psilocybin Services program. By extension, I urge you to also create an Entheogenic Practitioner Subcommittee for the Oregon Psilocybin Advisory Board. Please empower these communities to have a lasting voice in the regulation of their divine sacraments after such a long history of persecution and stigma.

I know the pressure will be enormous to process applications quickly come January 2nd, 2023. I ask you to also consider a priority processing of applications from entheogenic practitioners and a prolonged grace period to ensure that these communities can establish an initial foothold and not be entirely shut out of being self-sustaining. By deliberately giving preference to these communities, perhaps by as much as six months to one year, it will ensure that those who have been the custodians and caretakers of these organisms will have a chance to not be stamped out by purely commercial interests.

Please give these communities the chance to thrive after such a lengthy, protracted history of oppression.

With sincerest thanks for your time and consideration,

Kyle Meyer, Ph.D.
Post-doctoral Researcher
Department of Chemistry
Portland State University

From: [Ellen Walberg](#)
To: [Public Health Rules](#)
Subject: No Mushrooms!
Date: Monday, April 4, 2022 3:45:56 PM

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We have more than enough drunk drivers, high drivers, etc. I just finished reading an article about yet another head on accident here in the Bend area. Let's not add mushrooms to the long list of judgement impairing, accident and homeless causing "drug" addictions! NO TO MUSHROOMS!!

Ellen & Randy Walberg

Sent from my iPad

HALL Brittany A

From: shawn29.92@gmail.com
Sent: Monday, April 4, 2022 12:47 PM
To: Public Health Rules

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Please make sure this isn't a bogus medical marijuana like program. Thos has the potential to help lot of people. Please don't taint it with a bunch of ty-dye wearing, patchouli-smelling idiots going on recreational trips.

From: [Courtney McClure](#)
To: [Public Health Rules](#)
Subject: OHA entheogenic practitioners and framework measure 109
Date: Friday, April 22, 2022 12:50:27 PM

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Hello. My name is Courtney Rose. I have a bachelors in Public Health Education and have been in the public health and wellness industry for over a decade. I have been communing with sacred, psilocybin containing mushrooms as a sacrament since 2012. This practice reconnected me with my self and assisted in the healing of chronic anxiety and an eating disorder. Communing with psilocybin mushrooms is my sincere spiritual practice that connects me to the divine, commonly called God.

I've previously co-founded a retreat center in Jamaica with my husband where we safely served 3000 doses of psilocybin mushrooms and supported over 1000 people before, during and after those experiences. In May of 2021 I along with others co-founded Psanctuary Sacred Mushroom Church, a faith based organization in Louisville Kentucky which now has almost 150 international members, a handful of which are in Oregon and more in surrounding states who are and will be continuing to practice their faith there. Here in Kentucky we are fortunate to have the Religious Freedom Restoration Act which provides us protection to practice our faith without being substantially burdened.

A key mission of our church, Psanctuary is to build, grow and sustain a non-denominational, international faith-based religious community premised on and constructed around the safe and responsible religious use of our Sacrament in sacred ceremonies to facilitate (a) the personal growth and religious healing of church members, (b) the building of a transformative church community, and (c) the ushering forth of community and global healing through the work of the Church and its members. The Church respects the historical and time-honored religious traditions that exist concerning the Sacrament. The Sacrament has been used in spiritual and religious ceremonies for centuries in North America and in other parts of the world. Many formal churches exist in the United States that are safely and effectively using the Sacrament as part of their religions, including churches that have operated in the United States for decades.

I'm commenting here to voice my support of Jon Dennis's framework which he has actively sought perspectives and feedback from a range of practitioners, history and cultures to develop. In addition I'd like to voice how important practicum is for certified entheogenic practitioners, which doesn't seem to be emphasized nearly enough in the suggested framework I've seen. At Psanctuary we are moving forward with a cleric and minister training program here in Kentucky in which in addition to 10 month course work and mentoring (which is for the most part in alignment with from the suggested training program curriculum in oregon), one of the largest components of our training program is a practicum with an ordained minister, future ordained ministers and existing stakeholders in our international community of entheogenic practitioners.

During our years of inviting therapists from CIIS into the retreat center in Jamaica we co-founded, we were surprised to find that they were some of the least skilled of all of the facilitators in assisting those having challenging experiences due to their lack of experience in the sacred mushroom space with both themselves and others. To put it simply, you wouldnt want to hire a personal trainer who rarely or never has never committed to a physical fitness regimen, regardless of the books they've read on how to be a personal trainer. I'm proposing a training program framework in Oregon which prioritizes trainees to gain experience in the psilocybin mushroom space with the support of sincerely ordained and established churches in states protected by RFRAs, like Psanctuary.

Lastly thank you for the efforts Jon Dennis and everyone at OHA and the Entheogenic Practitioners Counsel of Oregon has

put forth to provide equal access to Oregonians who wish to seek spiritual healing with sacred psilocybin containing mushrooms. Thank you and Peace be with you.

Courtney Rose

Secretary - [Psanctuary Church](#)

Lead Coach - [More Than Integration](#)

"We live in all things, all things live in us."

Litany of Gratitude



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Santa Cruz, CA. 95060
cody@riverstyxfoundation.org
www.RiverStyxFoundation.org

Dear OHA,

Thank you for this opportunity to comment on Oregon's Measure 109 Psilocybin Services program and for your careful weighing of the balance between quality of care and access. My name is T. Cody Swift and I am a licensed Marriage and Family Therapist in California. I am also the director of the Riverstyx Foundation, which has been funding a large majority of the clinical research trials on psychedelics for the last 14 years. I have also served as a guide & facilitator in the Johns Hopkins psilocybin trials, supervising drug administration sessions, and interviewing dozens of study participants over the years to understand the nature of their experiences, healing, and challenges therein.

As a therapist and as a funder of psychedelic research, as well as the M109 campaign, I am deeply concerned about the qualifications for becoming a facilitator proposed in the Oregon psilocybin model. I feel strongly that the model should require at minimum one licensed health care practitioner in the facilitator dyad, who would serve as lead facilitator, providing appropriate and skilled preparation, guidance (especially as challenges arise), and integration.

I am sympathetic with the desire to increase access, while decreasing cost, for those seeking services by lowering the threshold of credentials required to become a facilitator. The emphasis on appropriate screening of clients to determine the level of facilitator expertise is also appreciated. However, given the complex psychological challenges and adversities that can emerge with even the most rigorous of safety protocols, like those at university research institutes — including extensive screening

and the oversight from licensed therapists — it seems greatly misguided to not require at least one licensed therapist as a facilitator-guide in the Oregon model.

Psilocybin therapy can yield some of the most acute psychological processes, and can reach a level of profundity many equate to years of therapy in a single session. Psychedelics are seen as significant “amplifiers” of psychic material, leading to potentially helpful but highly delicate exploration of repressed traumas, anxieties, and existential fear. Individuals under the influence of psilocybin are as a result greatly vulnerable psychologically. It would seem to stand that one would require *more*, not less, skill and training to guide this delicate work.

It is of serious concern that those who simply go through a facilitator training would not necessarily have the experience to recognize the red flags or warning signs of a potential difficult psychedelic experience, nor how to actively support participants in navigating these tenuous psychological waters once entered. Years of supervised clinical experience working with people in a care context is necessary to guide these moments safely, let alone to the potential benefit of the participant. By requiring a licensed practitioner in the room, you would be ensuring that at least one of these guides has had hundreds of hours of real-world experience, thereby having built the capacity to hold attuned presence sitting with people in extremely vulnerable states.

These license holders could include psychotherapists, doctors, social workers, nurse practitioners, and religious professionals. These individuals, having been supervised in offering direct psychological support over thousands of hours, have rich, relevant, and real-life experience in holding space for the acute suffering of others, thus cultivating keen discernment for moments where intervention is called for, or when to allow the individual process to unfold uninterrupted. A single moment of distress in a session where a participant is looking for attunement or reassurance, can make the difference between that individual going further into a place of crisis or into a deeper sense of support and healing. Care-givers previously state-licensed as psychotherapists, psychologists, etc. presumably have the experience meeting crises in their patients and guiding them through effectively.

The excitement and enthusiasm of this psychedelic therapy movement is predicated on university research that was conducted with one or more skilled, licensed therapists as the primary facilitator navigating participants before, during, and after sessions. Many of Oregon's psilocybin clients, especially those new to these therapies, will be entering this work with the expectation of having similar results to the research, which I believe requires a level of skill and care comparable to that of the university study facilitators.

Because of the profound, complex, psychic amplification that often occurs with psychedelics, in the M109 model it is certain that some number of patients/clients will experience psychological crisis, triggering of psychosis, increases in feeling of despair, depression, and suicidality. These severe challenges may occur both in individuals with mental health challenges and those considered psychologically healthy/normal. Even in people without a history of mental health challenge and/or diagnosis can experience the unexpected revelation of great psychological disturbance. Therefore it seems to behoove this regulatory body to ensure that all participants Oregon's psilocybin program will be guided under the care of highly experienced facilitators who are able to hold whatever psychological material or challenge that may arise throughout their experience.

Another important point regards other kinds of potential misconduct during sessions, including sexual misconduct. Presumably facilitators with prior licenses in the professions noted above have far more to lose than those who are not similarly licensed. Licensed practitioners will have been through extensive training regarding the imperative nature of sexual boundaries in a therapeutic context. The psychedelic experience can also amplify feelings of intimacy and connection, and may lead to bonding between client and therapist that can be greatly healing, or greatly traumatizing if that vulnerability is exploited. Working with licensed therapists ensures that there has been a long vetting process of those individuals — many years of graduate school and supervised practice — that would be difficult to even remotely approximate through condensed facilitator trainings.

This psilocybin therapy model under Measure 109 is an unprecedented opportunity to explore ways of delivering this very promising treatment, which has been prohibited and stigmatized for decades. I believe that Oregon's first stage of implementation,

should put in place additional precautions, which could be softened over time, including, for instance, allowing non-licensed practitioners to become lead facilitators after co-facilitating a significant number of supervised sessions. Over time, adequate reporting and data collected on the use and outcomes of M109 could clarify the level and type of experience required and how best to provide that experience.

The world will be watching to see how successfully this program is implemented and plays out. Can psilocybin services be delivered with rigor and acceptable safety, or will bad outcomes play into pre-existing fears and stigma regarding psychedelics and their perceived danger? With health care practitioners involved who have years of training and supervised practice, Oregon would be viewed as having taken the responsible steps to ensure that clients/patients are held with skilled care, particularly in light of the challenging responses to psilocybin that are guaranteed to occur.

Thank you for your work and for the time to read these concerns.

Sincerely,

T. Cody Swift
MFT #131251
Director, Riverstyx Foundation
253-677-0098

From: [Eric Osborne](#)
To: [Public Health Rules](#)
Subject: OHA religious exemption
Date: Thursday, April 21, 2022 11:26:15 AM

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As a founder of a sacred mushroom church with several beers in Oregon I am greatly disappointed by the OHAs treatment of religious practices regarding sacred mushrooms.

These are the oldest documented sacrament of humanity and yet the OHA wants to treat them as a medical intervention first and foremost.

Sacred mushrooms belong first to religious practitioners and secondly to the medical/therapeutic establishment.

There are so many contradictions in your regulations regarding psilocybin churches that you will inevitably have many issues moving forward.

Eric Osborne

From: [Ray Christian](#)
To: [Public Health Rules](#); [Ray Christian](#)
Subject: OHA
Date: Monday, April 11, 2022 2:57:19 PM

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Hello,
Thank you for what you're doing in psychedelics.

I am writing this to recommend **non-medical access to psilocybin for adults**.

In the name of harm reduction, I've been discussing my psychedelic experience on our 30 min [podcast](#) and our [Tik Tok](#). I've been amazed to see thousands of people coming out of the woodwork sharing that they too are engaging with intentional psychedelics *without a guide*.

Our fans have shared three primary messages:

1. They are actively engaging with intentional (non-medical) magic mushrooms WITHOUT a guide or shaman
2. They want to be able to connect and talk with other explorers
3. They want a *little bit* of guidance... **not a lot**

Please help support access to this important plant in a way that is inexpensive, accessible, and encourages harm reduction for those that are exploring on their own.

I am happy to discuss the matter further.

Thank you,

--

Ray Christian
Chief Product Officer
[Psychedelic Diaries](#)

Watch on [TikTok](#) and [YouTube](#)
Listen on your [podcast platform](#)

13 April 2022

To: Public Health Division Rules Coordinator
Oregon Health Authority, Oregon Psilocybin Services
Re: Open comment period on Psilocybin Products, Training Curriculum and Testing Rules

The following comments are submitted by Dr. Dennis E. Desjardin (37 years as Professor of Mycology, with global research on mushroom evolution, including describing 9 new species of *Psilocybe*) and Nathaniel White (5 years experience in commercial mushroom cultivation), representing Sempera Organics (Morgan Hill, CA), a producer of a broad selection of medicinal mushroom products for nutraceutical, food, and cosmetic brands worldwide.

We have carefully reviewed and evaluated the “Psilocybin Products, Training Curriculum and Testing Rules” (OAR Chapter 333, Div. 333) and the following are our responses to specific rules. We hope that you will take our responses into consideration as the rules are developed, evaluated and codified.

333-333-1010 (9) The Rules pertain only to production of *Psilocybe cubensis* or extracts and products made from this single species. What about the use of other species of *Psilocybe*? This single species choice is too restrictive. There are a number of different species of *Psilocybe* that have been used historically for medicinal, spiritual and cultural reasons, e.g., *Psilocybe aztecorum*, *P. caerulescens*, *P. mexicana*, *P. semilanceata*, and others. Every species has a different concentration of psilocybin, psilocin, and other potentially medically important compounds. The use of different species or formulations of different species may produce better results in clinical trials than the use of a single species. What is the scientific objection to the growth of and production of extracts or other products from species other than *P. cubensis*? The rules should allow research with and manufacture of additional species of psilocybin-containing *Psilocybe*. Manufacturers should be required to perform chemical profiling which ensures the purity of products and the absence of harmful substances.

333-333-1010 The definitions section should include a definition of ‘growing medium’, ‘substrate’ or ‘bulk substrates’ including peat moss, coconut coir, and saw dust. If the committee will allow the use of peat moss or coconut coir for cultivation, they should also allow the inclusion of saw dust in substrates.

333-333-2010 (2) The use of wood chips should be allowed, and manufacturers should be required to take measures that ensure there are no physical contaminants in a psilocybin product. Some species of *Psilocybe* fruit only on wood chips. If the product is fruitbodies, not mycelium, there is no scientific reason why wood chips or sawdust cannot be a component of the growth medium. The quality of the wood chip substrate can be controlled to be free of contaminants, pesticides and other toxins, as is done for the production of edible commercial fungi such as shiitake (*Lentinula edodes*), which is grown on wood. There should be no restriction for the use of wood chips as a substrate for the growth of *Psilocybe* species.



333-333-2010 (3) Prohibiting the manufacture of psilocybin products from genetically modified microorganisms such as bacteria and yeast places unnecessary limits upon manufacturers who seek to improve the efficiency and environmental impact of the production. The alkaloids produced will be chemically identical and standardized. Manufacturers should be required to take measures that ensure containment of genetically modified organisms.

333-333-2020 (a) Containers, equipment and surfaces that are common in the art of mushroom cultivation (polypropylene spawn bags) should also be added here.

333-333-2050 (1) The fruiting bodies and mycelium of *Psilocybe cubensis* produce MAOI alkaloids (beta-carbolines). Extraction methods which are chemically selective and enable a reconstituted 'full spectrum' product should be defined and allowed. The current verbiage would make this type of product against guidelines, which presents another unnecessary limit upon manufacturers attempting to make high quality extracts which consider the 'entourage effect'. Manufacturers should be required to assess the chemical profile of these metabolites and ensure their extracted / formulated products adhere to doses found in natural products.

333-333-2050 (d) 'Time-temperature conditions' should be clearly defined. Yes, sanitation is of the utmost importance. However, if 85°F is off limits because it promotes the growth of *E. coli*, that is unnecessarily limiting. A psilocybin product shouldn't be considered adulterated if it is grown in such a condition, which is clearly undefined and confusing.

333-333-2060 (1) The utilization of supercritical CO₂ should be allowed as an extraction solvent.

333-333-2120 (2) We argue that the product delivery methods are too restricted. Only oral products are allowed (no transdermal patch, inhalers, nasal sprays, suppositories or injections). Delivery methods such as transdermal patches would allow for more consistent uptake of active compounds. However, the psilocybin must be chemically altered in order for it to assume a transdermal activity. This is prohibited in section 333-333-2010 (4), which may also be unnecessarily limiting upon manufacturers aiming to improve efficiency of production, product purity, and standardization of dosages. Technologies that allow for consistent and predictable drug uptake times that are independent of body weight, food consumption, fasting/unfasted metabolic states, and interactions with other prescribed drugs oral drugs are incredibly valuable to clinicians in treatment settings. If pure psilocybin and/or psilocin extracts are produced, products other than oral should be allowed.

333-333-7030 Expand speciation testing to include other psilocybin-containing fungi. Limiting manufacturing to *Psilocybe cubensis* is too limiting upon manufacturers aiming to provide quality products with efficient production methodologies. It is easy to accurately identify species of *Psilocybe* with molecular techniques (ITS sequence data and other nuclear loci sequences).



333-333-7090 (1) 1 kilogram is a very small amount for a batch. This places unnecessary limits upon manufacturers who wish to implement an economy of scale. This limits the manufacture of a truly homogenous and reproducible production method. Naturally derived psilocybin can vary widely among batches. This limits the ability to produce homogenous extractions in circumstances where spray drying may be implemented. The size of a batch should be uncapped.

333-333-7100 (2) Sampling should be able to occur in a manner specific to the production method. It may be advantageous to a manufacturer to use fresh mushrooms in their extraction process, but if sampling can only occur in a dry form, this is clearly limiting the manufacturer's creativity in process design. Require that adequate testing involves moisture content calibration by testing labs performing the assays.

Respectfully submitted,

Dr. Dennis E. Desjardin
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Director Emeritus, H.D. Thiers Herbarium
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From: [Josiah Cote](#)
To: [Public Health Rules](#)
Subject: Oregon Psilocybin - April 2022 Public Comment Period
Date: Monday, April 11, 2022 12:09:02 PM

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Hello,

My name is Josiah Cote and I think the OHA should look into other training and certification programs like "Vital Psychedelic Training" as a legitimate source of Psychedelic training. Or at least that people with a certification for Psychedelic Guiding and Facilitation be given a better chance of being accepted into the official liscensing training. Looking forward to the next steps.

Josiah Cote

From: [Monica Zelkowski](#)
To: [Public Health Rules](#)
Subject: Oregon Psilocybin - April 2022 Public Comment Period
Date: Wednesday, April 13, 2022 3:41:53 PM

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Hello,

In regards to the Oregon Psilocybin proposed rules- I am a nurse and have experience with psilocybin therapy along with administering other psychedelic treatments (Ketamine) in a health care setting for treatment resistant depression. I would like to be a part of the Psilocybin movement in Oregon, however I live out of state. I request a revision be made that individuals who are not residents of Oregon are too allowed to participate in becoming facilitators and manufacturers. My passion is helping individuals and I truly believe in this modality. I would feel blessed and grateful to be able to provide psilocybin services in Oregon.

Best,

Monica Zelkowski

From: [Michelle Glass](#)
To: [Public Health Rules](#)
Subject: Oregon Psilocybin Measure 109
Date: Friday, April 22, 2022 8:15:34 AM
Attachments: [image001.png](#)

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Hello!

I've very much been wanting to get on the committee/board for the policy making on the new psilocybin-assisted therapy. I saw the Facebook post below last night. I am here to inquire what the best way to make comment is – do you have a questionnaire or specific items you want our opinions on? I realize the time is running out.

Public comment for Oregon's 1st round of psilocybin rulemaking is about to close. Portland Psychedelics Society and Psychedelics Today sponsored this webinar about the proposed rules, including discussion about how you can participate in rulemaking. Please consider emailing Oregon rulemakers with your thoughts or concerns about the rules. The deadline to email is Friday at 5:00 p.m. PDT. Send emails to: publichealth.rules@dhsosha.state.or.us

I am currently enrolled in a MAPS (Multidisciplinary Association for Psychedelic Studies) training and will graduate in December. I am hoping that my training is sufficient for our laws here. I also wish to encourage our state to have minimum requirements around preparation and integration work, as that is more essential than the medicine itself.

Could you please let me know the best way I can participate? Thank you!

Warmly,
Michelle

[Michelle Glass](#)
Certified IFS Practitioner, Alternative Counselor, and SoulCollage® Facilitator
Author of Daily Parts Meditation Practice©: A Journey of Embodied Integration for Clients and

Therapists
www.thelistenerllc.com
541.790.1781

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From: [Dale Fisher](#)
To: [Public Health Rules](#)
Subject: Oregon Psilocybin Rules Open Comment
Date: Tuesday, April 12, 2022 12:16:22 PM

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Members of the Oregon Psilocybin Advisory Board

Thank you for your hard work and commitment to providing access to psilocybin as a safe and effective treatment option to those with health conditions who need it. The rules as presented are positive and well thought out, and I am appreciative of your efforts in developing this document.

I want you to know that this legislation is super important to me as a sufferer of cluster headache. I have been a sufferer of this debilitating condition for more than twenty years, and it has essentially robbed me and my family of many great life experiences. I am untreatable as traditionally accepted forms of treatment are ineffective for me, and in fact, cause additional health complications. This condition has made it so that I am living a low quality of life and am unable to stay employed despite having years of experience, multiple certifications and advanced college degrees. Psilocybin has provided numerous sufferers of my condition with relief and higher quality lives. Unfortunately, I am unable to utilize this proven treatment due to access and fear of breaking the law, despite my desperation.

While hopeful about this legislation, I really do have a few worries about the rules and how they will be carried out because of the emphasis on emotional and mental wellness care and not much thought given to other conditions like mine which benefit from this form of treatment.

Section 2c of Measure 109 states that one of the purposes of the measure is “to develop a long-term strategic plan for ensuring that psilocybin services will become and remain a safe, accessible and affordable therapeutic option for all persons 21 years of age and older in this state for whom psilocybin may be appropriate.”

The research subcommittee [literature review](#) noted that there is ongoing research into psilocybin's effectiveness for several different headache diseases. Along with this research, there is historical documentation showing the use of psilocybin to be an effective method to treat cluster headache and includes a 2006 study published in the journal *Neurology* by Drs. Sewell, Halpern, and Pope. An exploratory clinical trial for psilocybin and migraine has

also been completed (Schindler et al, 2020).

Along with these studies are 20+ years of anecdotes and science based use development that show clear evidence that psilocybin is safe, effective, and necessary to treat headache diseases which affect more than 40 million people in the US alone (Migraine Facts, 2021). One out of every six of us Oregonians live with a headache disease. As there is ongoing and future research, Oregonians like me who suffer from headache diseases and other physiological diseases will need access to psilocybin with treatment procedures that are designed for treatment of these conditions. These procedures may be (are) very different from those recommended for treatment of diseases like depression and PTSD.

I suggest and am hopeful that you will give some focus to this concept now, so that it won't delay or become overwhelmingly difficult to facilitate access to psilocybin for other diseases. I think some simple changes to rules and additional preparation can address future obstacles. These are some things I think could use improvement:

Psilocybin Training Curriculum Modules (333-333-3060)

- Section 3 H - Add a subsection that mentions education about expectations for pain treatment
- Section 4 e - Include language that requires pain research be taught
- Section 7 a - Add a module about psilocybin and dosing for pain

I plead with you to include this language in your rules to help address access challenges for those living with pain that Measure 109 could create. I am hopeful that this will benefit myself and others like me. I am hopeful that the seemingly unattainable goal I have of being pain free and living a normal life can come of this, but that hope becomes delayed even further if we don't make a few changes now. I am desperate for access, please help me.

Sincerely,

Dale Fisher
Cluster Headache Sufferer and Lifelong Oregonian

References

Migraine Facts. Migraine Research Foundation. Available at

<https://migrairesearchfoundation.org/about-migraine/migraine-facts>. Accessed 2/26/2021.

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Neurotherapeutics, 18(1), 534-543. 10.1007/s13311-020-00962-y

Sewell, R. A., Halpern, J. H., & Pope, Jr., H. G. (2006, June 27). Response of cluster headache to psilocybin and LSD. *Neurology*, 66(12), 1920-1922.

0.1212/01.wnl.0000219761.05466.43

To: Oregon Health Authority - Oregon Psilocybin Services

From: The Psilocybin Assisted Therapy Association

Re: Public feedback

Thank you for your time helping to improve the lives of Oregonians. The Psilocybin Assisted Therapy Association (PATA) is dedicated to promoting the advancement of psilocybin-assisted therapy (PAT). We have been following OPS's Advisory Board and RAC and have the following concerns regarding the implementation of Psilocybin Services in Oregon. In general, while we are grateful to have Measure 109, we believe the current program has serious deficits around consumer and practitioner safety and efficacy.

1. We have noted how OPS has intentionally strayed from the way Measure 109 was sold to voters as a mental health treatment option and therapy. While it is potentially therapeutic, it is not therapy; moreover, it has been touted by its former advisory board president as a primarily informed consent model. This change is a disservice to voters and practitioners, and it is potentially harmful to the public. Given that public references to this program as psilocybin or psychedelic "therapy" continue even now, the popular conception seems clear that many consumers will believe they are receiving mental health therapy or treatment when signing up for OPS. This persistent misconception and misinformation puts the consumer, facilitator, and referring health care providers at risk. We ask that OHA make a concerted and ongoing effort to clarify this change to the public and clearly market immediately the true function of OPS.

2. We ask OHA communicate more with therapeutic and psychology licensing boards to offer more clarification on OPS for the following reasons:

- A therapist isn't required to be a facilitator but the level of ethics, knowledge, etc is practically indicated to fill at least some of the need for the OPS consumer.
- Therapists need to know if and under what circumstances their license could be in jeopardy by being either a facilitator themselves, or a therapist referring to and/or working with a facilitator on a harm-reduction basis.

3. We ask OHA to address how the shift toward what looks most likely to be an expensive program that is not psilocybin-assisted therapy or a mental health treatment will affect a large cross section of OR voters and consumers, and affect their ability to participate in the program. OPS appears initially to be an inequitable program for a large number of Oregonians and is geared toward becoming a "drug tourism" model.

4. We ask OPS to create a plan to go back to the research review recommendations and findings in the Measure, and give OR voters what they voted for: an equitable and accessible treatment to address a growing mental health treatment need.

A plan needs to be created for the next phase of this program that will be viable for the consumer, the practitioner, and the growers. We believe this should include identifying who is

going to assess, monitor, and advise about actual data and to improve the outcomes of the program.

We are available and willing to advise from our position in the public nonprofit sector to help address these significant gaps in OPS services, with a focus and emphasis on protecting Oregon participants and consumers.

Sincerely,

Lisa Ritter, LPC - PATA Clinical Director

lisaritter@pata-us.org

Jason M. Burdge, MNA - PATA Executive Director

Psilocybin Assisted Therapy Association, a 501(c)3 nonprofit organization.

www.pata-us.org

jasonburdge@pata-us.org

From: [Cindy Roach](#)
To: [Public Health Rules](#)
Subject: Oregon Psilocybin Services.
Date: Friday, April 22, 2022 4:55:18 PM

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April 22, 2022

Oregon Psilocybin Services.

As an Oregonian, I'm proud of our state. We are brave enough to do the right thing first, our history has shown we are on the right track, over & over.

For some time now, the world is finding better ways to treat mental health with Psilocybin. Oregon psilocybin program has an excellent potential to be helpful, in many ways, for a lot of people.

I have spent many years trying to get help for my PTSD, through the traditional mental health care systems. Different agencies, therapists, classes & prescriptions. Result- 100% Negative. Time wasted for the therapists & I, bad drug reactions & a lot of fruitless expense for my insurance.

Please Protect Ceremonial Psilocybin Use _____ Religious Liberties

Many describe their Psilocybin experience as one of the most meaningful they have ever had in their life! You don't have to have a mental problem to benefit, you just see life in a more positive, productive manner, with more joy in your heart & mind. I can understand how important using this with a spiritual setting would be beneficial. It is not surprising that it has a spiritual or religious type of impact. That's how deep this goes, yet there is no desire to abuse Psilocybin, it activates the good that is within ourselves.

Many are concerned that only the wealthy will have access to Psilocybin Services. This would be a tragedy for the poor, socially isolated, physically challenged, if Psilocybin Services were not available to all who want it.

The pursuit of happiness should not be limited to the wealthy. Psilocybin has the ability to change lives & break the negative cycle. It is also known that violent, harmful thinking, are greatly diminished.

With overwhelming Psilocybin research evidence, done all over the world, this is the most promising, productive mental health therapy that has ever come along.

Thanks you!
Cindy Roach
15032 N.W. Rock Creek Rd. Portland, OR 97231

Cell: 503-309-6379

HALL Brittany A

From: cazz sisna.com <cazz@sisna.com>
Sent: Thursday, April 7, 2022 5:50 AM
To: Public Health Rules
Subject: Oregon's Mental Health Crisis: Psilocybin rules comment period opens

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An hallucinogenic substance.

Really? Creating a new substance abuse problem!

Try a SAD light. Oregonians suffer from SAD due to the winter climate of no sun and lots of rain. While the climate is good for the earth/forest/and more, it is not great for humans and can cause serious depression.

Get a more sun like atmosphere with a SAD light. It can save your mental health and your life and is way more economical than some government tax-payer funded program.

HALL Brittany A

From: j.autrey@comcast.net
Sent: Monday, April 18, 2022 9:52 AM
To: Public Health Rules
Subject: Please act!

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To the Oregon Health Authority: We urge you to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. We also urge you to create a special manufacturing endorsement for entheogenic practitioners, as recommended by the OPAB Licensing Subcommittee. The proposed framework and manufacturing endorsement would provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms.

Because Oregon’s program is the first of its kind, the rules we adopt will become the standard for all adult-use psychedelic services programs that follow. Therefore, it is imperative that Oregon develops a program that creates a safe container for psilocybin use by Indigenous and religious communities. By adopting the proposed framework, OHA can invite underground psilocybin practitioners to practice above ground within Measure 109, thereby reducing harm and improving accountability.

Oregon must take care to avoid regulations that create paywalls which prevent marginalized communities from accessing psychedelic and entheogenic experiences. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the 560,000 Oregonians who live in poverty.

Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.

From: [Nathan Cassell](#)
To: [Public Health Rules](#)
Subject: Please protect the traditional use of Psilocybe mushrooms
Date: Monday, April 11, 2022 7:19:15 AM

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To the Oregon Health Authority:

“The method of inducing therapeutic tranquilization, which comprises administering to a patient a therapeutically effective amount of crystalline psilocybin.” (granted claim of U.S. Patent No. 3,192,111)

In 1958, Swiss chemist Albert Hoffmann and his team of inventors filed a patent application disclosing the isolation of psilocybin, an active ingredient in the *Psilocybe* genus of mushrooms.

Yet who provided the original source material for this invention?

It was Maria Sabina, a *curandera* from the Sierra Mazateca area of Mexico, where entheogenic practitioners had safely and effectively provided ritual use of *Psilocybe* mushrooms for hundreds, if not thousands of years. Although the *Psilocybe* mushroom had long been used in the ceremonial context, Hoffmann et al. were now disclosing in their patent application that, in the scientific context, psilocybin was “also useful as an aid to psychotherapy”.

As a result of prohibitionist policies of the 1970’s, however, use of the *Psilocybe* mushroom was made illegal in the United States. Oregon Measure 109 now holds the promise of restoring rights for adults who wish to use of the *Psilocybe* mushroom for therapeutic purposes, and perhaps more importantly, for the ceremonial purposes which long preceded any contemplated therapeutic use.

Toward this end, I urge you to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. I also urge you to create a special manufacturing endorsement for entheogenic practitioners, as recommended by the OPAB Licensing Subcommittee. In this way, entheogenic practitioners in Oregon will be protected when providing adult-use psychedelic services in a manner consistent with the ancestral traditions which originally brought the *Psilocybe* mushroom to the scientific, medical, and therapeutic communities.

Thank you,

Nathan Cassell

Nathan Cassell
Acuity IP

5460 Ward Road | Suite 320 | Arvada, CO 80002
tel 720.277.7283
ncassell@acuityip.com | www.acuityip.com

From: [Rhonda Coleman](#)
To: [Public Health Rules](#)
Subject: Please support the Entheogenic Practitioners proposal
Date: Monday, April 18, 2022 1:18:23 PM

[You don't often get email from rhonda@rgcoleman.com. Learn why this is important at <http://aka.ms/LearnAboutSenderIdentification>.]

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To whom it may concern, Oregon Health Authority—please adopt the “Entheogenic Practitioners” proposal endorsed by the OPAB Licensing and Equity Subcommittees that provides a framework for religious, spiritual, and contemplative adult use of psilocybin.

Please help ensure that psilocybin services are affordable for all Oregonians who need the healing and self-awareness this sacred medicine offers.

Thank you—

Rhonda Coleman

Bend, Oregon

Privileges and Duties of Entheogenic Practitioners
[Draft v.12]

DEFINITIONS (OAR 333-XXX-XXX1)

For the purposes of OAR 333-XXX-XXX1 through 333-XXX-XX10:

- (1) “Ceremonial space” means a building, room, yurt, or other structure or part of a structure or outdoor location where a ceremony occurs.
- (2) “Ceremony” means a psilocybin administration session in which entheogenic practitioner privileges are utilized.
- (3) “Cooperative” has the same meaning as defined in ORS 62.015.
- (4) “Entheogenic facilitator” means a person holding a psilocybin services license who has received entheogenic practitioner privileges.
- (5) “Entheogenic manufacturer” means a psilocybin manufacturer that has received entheogenic practitioner privileges.
- (6) “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.
- (7) “Entheogenic practitioner privileges” means the privileges described in 333-XXX-XXX5.
- (8) “Entheogenic service center” means a psilocybin service center that has received entheogenic practitioner privileges.
- (9) “Financial interest” has the same meaning as defined in _____.
- (10) “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.
- (11) “Non-directive” has the same meaning as defined in OAR _____.
- (12) “Nonprofit organization” has the same meaning as defined in ORS 65.001(33).
- (13) “Peer support assistance” means assistance provided by one client to another client during a ceremony, including harm reduction assistance.
- (14) “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;
 - (b) Minimizing or reversing the impacts of colonialism, extraction, or cultural appropriation on that community, or promoting the self-determination of that community.
- (15) “Religious or spiritual purposes” includes meditation or other contemplative practice in pursuit of personal growth, self-awareness, or self-exploration.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c)
Statutes Implemented: Section 8(2)(c), _____

APPLICATION FOR ENTHEOGENIC PRACTITIONER PRIVILEGES (OAR 333-XXX-XXX2)

- (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 or cooperative that was formed primarily for religious or spiritual purposes;
 - (b) Signs an attestation demonstrating that entheogenic practitioner privileges would advance the good faith practice of a sincerely held belief or conviction;^{1 2}
 - (c) Agrees to exercise their entheogenic practitioner privileges in accordance with the applicable special duties described in OAR 333-XXX-XXX4; and
 - (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.³
- (2) The requirement of (1)(b) does not apply to facilitator who is applying for entheogenic practitioner privileges.
- (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

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.” *Meltebeke v. Bureau of Lab. & Indus.*, 322 Or 147. The term “entheogenic” was preferred because it includes non-religious spiritual and contemplative communities who may wish to avail themselves of entheogenic practitioner privileges.

² Compare this language to Oregon’s statute that protects religious use of peyote, ORS 475.752:

- (4) It is an affirmative defense in any prosecution under this section for manufacture, possession or delivery of the plant of the genus *Lophophora* commonly known as peyote that the peyote is being used or is intended for use:
 - (a) In connection with the good faith practice of a religious belief;
 - (b) As directly associated with a religious practice; and
 - (c) In a manner that is not dangerous to the health of the user or others who are in the proximity of the user.

³ This language borrows from ORS 475.752(4)(c), cited above.

- (b) The authority has previously suspended or revoked the applicant's entheogenic practitioner privileges.
- (4) Eligibility for entheogenic practitioner privileges is limited only to:
 - (a) For facilitators, individuals who hold a psilocybin services facilitator's license;
 - (b) Nonprofit organizations or cooperatives who hold one or more psilocybin service center operator's license; and
 - (c) Nonprofit organizations or cooperatives who hold a psilocybin manufacturer's license.

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;
- (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;
- (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, spirituality, or contemplative practices;⁴
- (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;⁵
- (5) Receive information about the available procedures for filing a complaint with both the entheogenic service center and the Oregon Health Authority; and
- (6) Participate in or donate to a reciprocal exchange program.

⁴ Compare with ORS 475.752(4)(a).

⁵ 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), _____

SPECIAL DUTIES OF ENTHEOGENIC PRACTITIONERS (OAR 333-XXX-XXX4)

(1) The duties of an entheogenic practitioner include:

(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;
- (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;
- (E) To intervene in a ceremony to the extent necessary to enhance, preserve, or restore client safety;
- (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;
- (G) To provide clients with written information on how to submit complaints to both the entheogenic service center and to OHA;
- (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;⁶
- (I) To fulfill all other duties ordinarily required of a psilocybin services facilitator except as provided in OAR 333-XXX-XXX5.

(b) For an entheogenic manufacturer:

- (A) To provide safe psilocybin products;
- (B) To store psilocybin products in a reasonable manner;
- (C) To prevent the diversion of psilocybin products to anywhere other than entheogenic service centers or accredited testing laboratories;
- (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;

⁶ Again, this is borrowed from ORS 475.752(4)(c).

- (E) To keep the premises of the entheogenic manufacturer sanitary and free from nuisances as defined by state and local law;
 - (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;⁷
 - (G) The duty to preserve records of manufacturing activities and sales, and provide those to OHA in accordance with OAR _____;
 - (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.
- (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;⁸
 - (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;

⁷ This is borrowed from ORS 475.752(4)(c).

⁸ See ORS 475.752(4)(c).

Prepared by Jon Dennis for consideration by the Oregon Health Authority and the Oregon Psilocybin Advisory Board.

- (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;
 - b. The names of any clients who were leading ceremony;
 - c. The names of any clients who were providing peer support assistance in the ceremony;
 - d. The names of the facilitators who were supervising the ceremony; and
 - (J) To fulfill all other duties ordinarily required of a psilocybin services center except as provided in OAR 333-XXX-XXX5
 - (K) To exercise reasonable care and diligence in instructing and certifying clients who provide peer support assistance under OAR 333-XXX-XXX6.
- (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;
 - (b) To provide only psilocybin products that are safe and sanitary;
 - (c) To prevent diversion of psilocybin products into the black market;
 - (d) To maintain records of all psilocybin products that are manufactured and sold.
- (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.
- (4) The special duties in this section apply:
- (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
 - (b) With respect to an entheogenic service center operator or entheogenic manufacturers, at all times.
- (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.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c)

Statutes Implemented: Section 8(2)(c), ____

PRIVILEGES OF ENTHEOGENIC PRACTITIONERS (OAR 333-XXX-XXX5)

Entheogenic practitioners may enjoy the following privileges:

(1) For facilitators:

- (a) To supervise outdoor group ceremonies;
- (b) To supervise ceremonies in which clients freely engage in spiritual, religious, or contemplative 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;
- (h) To facilitate any number of administration sessions for a client after completing one preparation session;
- (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;
- (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);
- (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
- (l) To supervise ceremonies from outside the ceremonial space, except to the extent required by OAR 333-XXX-XXX4(1)(a)(E).

(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;

Prepared by Jon Dennis for consideration by the Oregon Health Authority and the Oregon Psilocybin Advisory Board.

- (b) To be located at or near a ceremonial space of a service center;⁹
 - (c) To not be restricted in the species of psilocybin-containing mushrooms that may be cultivated;
- (alternative (c)) To be permitted to grow, in addition to *Psilocybe cubensis*, *Psilocybe zapotecorum*, *Psilocybe caerulescens*, *Psilocybe aztecorum*, *Psilocybe mexicana*, *Panaeolus cyanescens*, *Psilocybe ovoideocystidiata* mushrooms.
- (d) To not be restricted in the growing techniques or growing substrates that may be used;
 - (e) To offer fresh mushrooms for retail sale;
 - (f) To provide psilocybin products to clients free of charge, provided that such giving does not violate M109 Section 114(6)(a);
 - (g) To sell or give products on a flat-fee basis; and
 - (h) To not have its psilocybin products tested except upon written request by the Authority or upon its own initiative.
- (3) For service centers:
- (a) To host outdoor group ceremonies;
 - (b) To host ceremonies in which clients freely engage in spiritual, religious, or contemplative 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.

⁹ This means allowing “non-segregated” co-located licensing of manufacturing and service centers.

- (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.
- (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.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c)
Statutes Implemented: Section 8(2)(c), _____

PEER SUPPORT ASSISTANCE (OAR 333-XXX-XXX6)

- (1) Before a client may provide peer support assistance:
 - (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
 - (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.
- (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?]
- (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

Prepared by Jon Dennis for consideration by the Oregon Health Authority and the Oregon Psilocybin Advisory Board.

- assistance would be helpful in enhancing, preserving, or restoring client safety or wellbeing;
- (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
 - (d) To remain capable of performing peer-support assistance at all times during the ceremony.
- (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.
- (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 entheogenic service center or entheogenic facilitators shall consider all relevant factors, including:
- (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.
- (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 no less than 1:5 in any ceremony. [Probably nix this subsection and trust the entheogenic practitioners to self-regulate.]
- (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?]

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c)

Statutes Implemented: Section 8(2)(c), ____

LIMITATIONS ON ENTHEOGENIC PRACTITIONER PRIVILEGES (OAR 333-XXX-XXX7)

- (1) Entheogenic practitioner privileges may be used or asserted only:
 - (a) At a psilocybin service center or manufacturing premises that has been granted entheogenic practitioner privileges; and
 - (b) In connection with the activity of a spiritual, religious, or contemplative organization with which the entheogenic practitioner is affiliated.
- (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.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c)

Statutes Implemented: Section 8(2)(c), ____

RECIPROCAL EXCHANGE PROGRAM DATA (OAR 333-XXX-XXX8)

The Oregon Health Authority shall publish and maintain the reports obtained from entheogenic practitioners concerning their participation in or donations to reciprocal exchange programs.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c)

Statutes Implemented: Section 8(2)(c), ____

DISCIPLINARY PROCEEDINGS (OAR 333-XXX-XXX9)

- (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 reasonable care in:
 - (a) The exercise of entheogenic practitioner privileges;
 - (b) Fulfilling the duties described in OAR 333-XXX-XXX4;
 - (c) Providing training to clients who provide peer support assistance;
 - (d) Certifying clients as being qualified and capable of providing peer support assistance; or
 - (e) Supervising clients who provide peer support assistance.
- (2) The authority finds that a client is unqualified, unfit, or incapable of providing peer support services, the authority may prohibit an entheogenic service center or an entheogenic facilitator from relying on that client to help meet their facilitator requirements under OAR 333-XXX-XXX6.
- (3) The disciplinary authority of the Oregon Health Authority includes the authority to suspend or revoke entheogenic practitioner privileges in part or in full.

Prepared by Jon Dennis for consideration by the Oregon Health Authority and the Oregon Psilocybin Advisory Board.

- (4) 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.
- (5) Nothing in this section shall limit the authority of OHA to discipline a license holder.
- (6) The authority may discipline a facilitator, manufacturer, or service center that utilizes entheogenic practitioner privileges without authorization.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c)

Statutes Implemented: Section 8(2)(c), ____

MISCELLANEOUS (OAR 333-XXX-XXX10)

- (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.
- (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.

Statutory Authority: Ballot Measure 109 (2020), Section 8(2)(c)

Statutes Implemented: Section 8(2)(c), ____

From: [Alexander Cardenas](#)
To: [Public Health Rules](#)
Subject: Prop 109 Public Commentary
Date: Friday, April 22, 2022 3:11:46 PM

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To Whom it may concern,

I am provided written feedback in conjunction with my public commentary.

I am a community and safety psychiatrist that has worked in public mental health for 20 years with years of experience with psychedelic crises in the mental health system as well as at the Zendo and White Bird concert/festival support. I am a graduate of CIIS CPTR program and am the Co-Executive Director of the American Psychedelic Practitioners Association that is working on developing standards of care and training on a national level. The following feedback is from myself as an individual.

The Function of Licensures.

Licensure of facilitators and training programs have a consumer protection function and an industry support function. In their current forms, licensing will fail to support either function as detailed below.

A facilitator licensure that does not distinguish between a high school graduate with a series of weekend courses from an experienced trauma therapist with extensive, supervised training does not help the public in choosing their own care. In its current form, licensure states that a facilitator is allowed to practice, not that they are competent to do so, and the public is at risk of assuming a state licensure is conveying a level of competency that it currently does not.

In addition, licensing training programs is akin to accreditation in its function and that function includes ensuring competent and equitable training, supporting reciprocity between training programs and aid in hiring competent staff based on training at accredited/licensed programs. Having such a range of competencies within 1 facilitator license does not help service centers in hiring needed staff as the licensure in its current form does not distinguish skills. Combined with the current draft of licensing requirements for training programs, service centers will need to independently evaluate the quality of applicants' training as neither the facilitator license nor the training license will adequately translate to quality training or

competency. This runs the risk of practitioners needing to repeat expensive and time consuming trainings in part or whole when they want to change jobs. And this will result in significant staffing needs in service centers in their hiring process and in their evaluations of other training programs. This will also fail to allow licensed facilitators from working outside the state without again repeating training.

Medicalized Psychedelic care is imminent, including national certification and national standards of care and training. So, there will be a tiered system in Oregon relatively soon with the medical model allowing for insurance coverage and much broader access. With that in mind, Oregon would benefit from coordinating or at least planning for national efforts. Specifically, the single tier license in its current form would be unlikely to garner reciprocity whereas a tiered license would allow for that. Potential practitioners who are considering getting trained at an OR licensed program would like to know whether their program will be recognized towards national certification. Without some level of planning, practitioners will be faced with unnecessary costs, time, trainings and licensure processes. It is a very real potential reality that practitioners who train and get licensed through Prop 109 will need to repeat training when medicalization happens in order to offer services via insurance. This can fairly easily be prevented with coordination and planning though this may require levels of training and levels of licensing.

Safety

No medicine or treatment is completely safe regardless of whether it is acknowledged as a medicine or not. Opening up access will come with, likely rare, but serious bad outcomes. Persistent psychedelic states, psychosis, mania, suicidality, as well as medical complications will happen. Even with superb screening and highly skilled therapists, some folks will need a higher level of care. I do believe that the vast majority of folks will do well, but the concern is that there is no safety net in place for the folks that will need it. As someone who runs psychiatric emergency rooms and inpatient units, I can tell you that that level of care would be traumatic and unhelpful, not to mention politically problematic. Service centers will need to know who to call and where to go when such events happen. The easiest way for service centers to know who to call, or who to refer someone to, is to have multiple tiers of licensure. Consumers will feel less pressured to lie on screening forms if they will be referred to a higher level of care rather than declined care due to their risk. The systems needed to be in place to compensate for a single tier system include gathering databases on competencies of facilities and facilitators, and that would bring liability and scrutiny to the organization that builds that database. This is why that role often falls to the licensing agency. Additionally, services for crises are complex. To move someone against their will to a higher level of care would require a psychiatric hold and that would require taking those individuals to a psychiatric or medical emergency room.

The state and county level policies needed to change that would take years. This means that the alternative is to have mobile response teams and advanced directives and for service centers to have the capacity to allow individuals and the mobile response team to be temporarily housed. Training for the response teams, payment and funding for such a service to exist, and needed requirements for service centers would need to be elucidated and created for such a safety net to exist, but the alternative is to rely on an overburdened and under specialized medical safety net that I believe will do harm to the individuals and to the political viability of this effort.

Access

It has been documented in PAB minutes the belief that more regulation means less access. It is also true that minimal regulation will limit access. The economic reality is that these services are expensive and access will be greatly improved by these services being covered under health insurance. The minimal standards and the 1 tier system will not allow for health care to cover this and therefore access will be severely limited. Higher standards, or multiple/tiered standards does mean more regulation but comes with significantly higher access. There is not enough philanthropy to allow for equitable access and keeping standards to a minimum will not adequately lower costs to make services more accessible.

Summary

In summary, I highly encourage a reconsideration of the 1 tier licensure and minimal standards required to be licensed as a facilitator or training program so that the licensure process can serve clients, practitioners, and facilities. Currently licensing will not adequately inform clients in choosing the services they want or need; will not serve facilitators in choosing where to train; and will not serve service centers in hiring needed staff. The consequence of this will be increased bad outcomes, unnecessary repeat trainings, and complicated human resource needs. A safety net is needed to support the success of this regulated legalization effort, especially if the standards and licensing process do not adequately distinguish levels of competency. The public is at risk of assuming licensure conveys competency. And the concurrent efforts to increase access to psychedelic services are at risk if the public and regulators are not adequately informed of the risks and if those risks are not adequately planned for.

Thank you.

Please reach out if I can be of service.

In psychedelic service,

Alex Cardenas, MD. MA. (he/him)

Co-Executive Director
The American Psychedelic Practitioners Association
www.thepsychedelicassociation.org
info@thepsychedelicassociation.org

"To teach if we are called upon, to be taught if we are fortunate"
Kurt Waldheim, Secretary-General of the United Nations, message recorded on
Voyager 1 - 1977

The American Psychedelic Practitioners Association acknowledges that we are living and working on the Indigenous lands of Turtle Island, the ancestral name for what is now called North America. We honor the history, the land itself, and the Indigenous tribes, past and present.

From: [Ginger Strand](#)
To: [Public Health Rules](#)
Subject: Proposed amendments to Psilocybin Products, Training Curriculum and Testing Rules
Date: Friday, April 22, 2022 5:00:23 PM

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Hi there,

I would like to support the following suggested amendments to the Psilocybin Products, Training Curriculum and Testing Rules.

Thank you!
Ginger Strand
Beaverton, Oregon

Summary of Proposed Training Rule Amendments - April 2022

Current draft rule: Training program approval has a term of five years from the date of initial approval

Recommendation: Training program approval is initially for two years, with reapproval every three years.

Explanation: The training of Facilitators is a brand-new industry in a fast-changing field which is continually being informed by new research findings from around the globe. Being responsive to these teachings will be important, which shorter approval / reapproval periods encourages.

Current draft rule: Does not address whether or not practicum (or a portion of it) must be conducted in-person

Recommendation: Practicums should be in-person.

Explanation: Many training schools have experienced challenges during the pandemic of not being able to discern in remote environments whether and to what extent their students are ready to practice. Many experts believe that practicum is the most important part of training. If you are not able to see your students in action, if they are mostly muted and off camera and not interacting in front of you, that would make it challenging to evaluate their competencies. Psilocybin facilitation is an in-person skill best evaluated in-person. While we recognize that public health

emergencies are a foreseeable possibility, we believe that for reasons of program safety and efficacy, student graduations should be paused during such emergencies until the students are able to receive the myriad benefits of in-person practicum training and supervision. Data with respect to the training of clinicians across disciplines makes clear that in-person practicums are critical and should not be sacrificed.

Current draft rule: n/a

Recommendation: No less than fifty percent (50%) of the alternative practicum training must consist of activities in which students directly interact with clients or client-counterparts who are undergoing preparatory, administration or integration sessions, as opposed to passively observing those sessions engaged in by others..

Explanation: It is impossible to adequately observe and assess a student's knowledge, skills and temperament absent the student engaging in interactive activities.

Current draft rule: Does not require sign-off from practicum site supervisor prior to a student who has graduated from a training program to sit for the state Facilitator licensing exam.

Recommendation: Add a practicum requirement that: "As a condition of eligibility to take the Facilitator licensing exam, a student must have a practicum site supervisor or a staff member from the alternative practicum training activity provide a written endorsement that the student is prepared to practice as a Facilitator once licensed."

Explanation: It is common in psychotherapy and other fields to have the student's practicum supervisor endorse the student for licensure to practice. This requirement helps safeguard against students who are book smart but deficient as a matter of hands-on client skills from being able to practice in the field simply by being able to pass written tests administered by the training school and / or state licensing authority. There needs to be a "good fit" assessment and endorsement done by one or more persons who have witnessed the student's abilities in a clinical or quasi-clinical setting.

Current draft rule: Allows for training modules regarding administration, integration, and practicum to be waived

Recommendation: For accelerated hours, add three required modules that cannot be skipped: "Administration," "Integration", and the practicum.

Explanation: Regardless of past experience, administration and integration are

vitaly important skills that we ensure to make sure each student has gone through. The practicum is important so we have a supervisor who can see the student in the field and endorse them. While many people do have a shared understanding of these three arenas, the Oregon model is unique, and we feel strongly that as we professionalize the space, these core areas cannot be skipped regardless of prior experience, training, or certification.

Current draft rule: n/a

Recommendation: Add a requirement to the program completion rules: “Training programs shall have one core staff member of the program, such as an instructor or cohort leader, personally endorse the student as provisionally qualified to take the state licensing exam, assuming a successful practicum endorsement. This Program endorsement is separate from the Practicum Site endorsement which is also required for Facilitator licensure.”

Explanation: The reasoning is similar to that for the recommendation for a practicum supervisor endorsement and will force program staff to observe their students’ demeanors, habits and class-interactions to help insure that students who can competently memorize and regurgitate information but who may lack the ability to listen to, communicate, cooperate and collaborate with, and be respectful of others are not graduated from training programs based solely on test scores.

Dear Committee Members,

Thank you for all your hard work on trying to get this right. I am commenting as a voter and someone who has experience in consuming psilocybin.

First of all I did not realize when I voted for this that the centers for the administration of a dose of mushrooms was to be carried out by licensed facilitators; who would observe you while you were on them. In my experience mushrooms make you laugh and this milieu does not sound conducive to the experience. I guess if it is your first time and you are scared this would be good but, when I- as a voter, voted to legalize psilocybin, I pictured being able to walk into a shop similar to the cannabis shops and make a purchase and administer them to myself at a place and time of my own choosing or micro dosing. I recently had a tiff with someone in a Facebook group voicing my opinion on this and they said "the law was not written with the user in mind" so you have to ask yourself well, if it was not the user in mind; who was it mindful of? I would venture a guess it was written with the facilities and facilitators in mind, to make money.

I hope you will keep that in mind as you move forward and make them available to everyone who wants to have access to them, thru an alternative means ; farm direct or storefront . It is what I truly thought I was voting for as I suspect probably did the majority of people who passed this into law.

Thank you again for your hard work. I know a great amount of work and time was put forth on getting this right. Please be mindful just because you can make a rule doesn't necessarily mean that there needs to be one.

Sincerely,

Karen Purdom

2548 Rose Garden Street NE

Salem, OR 97301

Native Oregonian

From: [Sky](#)
To: [Public Health Rules](#)
Subject: Psilocybin "therapy"
Date: Friday, April 22, 2022 7:20:51 AM

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Hello and thank you for providing this way to make comments.

Reading thru the website then OHAs rules it looks like a licensed therapist or higher psych degree must do the Evals while anyone 21 or older can get licensed to provide the "therapy".

This really irks me as a licensed psychotherapist. Tho a very high % of respondents, well above 50%, voted for a licensed therapist/ counselor to facilitate the sessions. It doesn't sound like the board are taking heed of that. I think this is a setup for failure esp with people doing it for psychiatric reasons. And not having psychiatric issues doesn't preclude one from receiving "therapy". I wish this would be called what it is: facilitating a psychedelic experience. No therapy in the true sense of the word, in my opinion, can be facilitated by someone who has no clue about the intricacies of various mental health issues. If anything I see many ways in which harm can be done. Even going thru a comprehensive training program will not give a 21 yr old the tools, maturity and deep understanding of deeper issues that may arise. Again call it what it is: facilitation if a psychedelic experience, not psilocybin assisted therapy.

I do see value in people having a safe experience with psychedelics as it can have positive results by expansion of consciousness etc. So I am not against facilitated journeys, I am apposed to calling it therapy if the facilitator has not been trained and licensed as a psychotherapist.

Take care,

Sky Snogren, MA LPC
Sent from my iPhone

From: [Tierra Salmon](#)
To: [Public Health Rules](#)
Subject: Psilocybin Medicine
Date: Friday, April 22, 2022 4:46:21 PM

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To Oregon Psilocybin Board,

First I want to thank you for the work you are doing to make psilocybin an accessible medicine in Oregon.

From the research I've done and the knowledge I hold I believe it is imperative that this medicine be accessible to all who desire to use it.

This is important to me because I believe that those who are most impacted by colonization here in the US, especially Black and Indigenous people, often carry PTSD from the systemic oppression created by colonization should have access to this plant medicine to heal.

This plant medicine has not only been historically used within our traditional practices, but it also has the capacity to most effectively treat PTSD.

This should be sovereign medicine for traditional medicine practitioner, our healers.

Our medicine people should not be subject to the type of predatory criminalization that has happened with the war on drugs with BIPOC community. We must care for our spiritual healers and entheogenic practitioners.

I urge you to adopt the "entheogenic practitioners" framework and to create an endorsement for entheogenic practitioners. It is important for communities that use psilocybin for spiritual and healing purposes to have protection under this law to continue to do so.

I urge you to do all you can to make this medicine affordable for low income marginalized communities who will greatly benefit from the trauma-healing potential this medicine offers.

I also wish to state my support for the importance of allowing for the provision of peer support, so the people who can be trained and certified to provide assistance to those undergoing psilocybin therapy not be limited to medical practitioners.

There are many people who are already qualified to do this work who are not medical practitioners, and there will be a great need for many more. Limiting access to licensed providers will contribute to limiting access to this service.

I thank you for your time and attention to be thoughtful and intentional about the precedents this is setting for national policy around psilocybin therapy.

Be Well,
Tierra Salmón

From: [Lauren Staples](#)
To: [Public Health Rules](#)
Subject: Psilocybin Products, Training Curriculum and Testing Rules
Date: Monday, April 18, 2022 3:44:21 PM

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Generally the best settings for psilocybin administration include nature in some capacity. If I read correctly, the psilocybin service centers should not be a residential space. My concern is that commercial spaces usually do include outdoor space.

Best-
Lauren Staples

From: [Nicole Williams](#)
To: [Public Health Rules](#)
Subject: Psilocybin public comment
Date: Friday, April 22, 2022 4:26:21 PM

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Regarding facilitator training, please consider higher requirements for facilitators. Screen for ability to guide someone towards healing. Even if they are certified yoga teachers, psychotherapists, licensed counselors, something past H.S. Diploma that signifies experience with individuals one to one or group leadership.
Thank you,

Nicole Williams~SunDogYoga.me
541-848-9156

From: [Deb Scott](#)
To: [Public Health Rules](#)
Subject: Psilocybin public comment
Date: Friday, April 1, 2022 9:36:56 AM

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Hello

I am pleased that the process is proceeding and hopefully is on track to be available to the public on Jan. of 2023.

I have read an article in STAT and from that information, my request of the committee is that you seriously commit to ensuring access for all Oregonian's regardless of financial status. I understand that there are questions concerning licensing levels in hopes of addressing affordability. I am hoping that there is some consideration of fees structures for large commercial actors in this space that could provide a subsidy to lower the expense for those in need but without financial resources.

I am encouraged that the committee has addressed reciprocity for the indigenous community and hope that this process will see serious results that are acceptable to the local nations.

Thank you for your work.

--

Deb Scott

From: [qtb4work](#)
To: [Public Health Rules](#)
Subject: Psilocybin rules comments
Date: Friday, April 22, 2022 6:32:39 AM

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Hello, I am concerned that for providers in Eastern OR, in person training requirements outlined in the proposed rules will decrease provider access to training in the therapeutic administration of psilocybin. I'm concerned that this will in turn limit access to this therapy for many patients living in rural and frontier communities.

I would also like to express my disappointment that Eastern OR is so under represented on the OR psilocybin board. I am especially disappointed given that I am aware of qualified applicants for the board from frontier communities in OR.

Sincerely,
Quinn Berry, MA, MPH, LPC, CADC I
319 331 7518

Sent from my Galaxy

From: [Jason](#)
To: [Public Health Rules](#)
Subject: Psilocybin Rules
Date: Sunday, April 3, 2022 11:26:46 AM

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Although I think this is ridiculous, I understand this was approved by the people of Oregon.

Please have firm, solid and enforceable rules in place before we turn Psilocybin loose.

Hopefully we all learned our lesson about the lack of rules and enforcement when we unleashed marijuana on the state.

I realize this is "medical". But that's how marijuana started too and now we can't keep the cartels or illegal grows out of our neighborhoods.

So please, get the rules and enforcement ready before we let the train out of the station.

Thank you,
Jason Stanton
Josephine County, Oregon

Sent from XLVII's iPhone

From: [Christopher Carr](#)
To: [Public Health Rules](#)
Subject: Psilocybin Services Public Comment Period
Date: Friday, April 22, 2022 11:15:20 AM

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Hello,

As an Oregonian and resident of Multnomah County, I wanted to briefly express a concern I have about opportunities for people without large capital backing to obtain a manufacturing license and cultivation endorsement, and start a cultivation business.

While the prohibition against manufacturing in residences is understandable and perhaps prudent, it looks like it's going to be very difficult for individuals interested in starting a small manufacturing operation to either rent a light industrial space, or buy the sort of property and facility that is apparently required in order to be eligible to receive the necessary license and endorsement. It seems likely to me that landlords will largely be unwilling to rent spaces for this purpose, and costs for purchasing property will be prohibitive for most individuals who are interested in the opportunity, especially in the Portland metro area.

In other words, I'm concerned that a small number of monied operations are going to dominate the cultivation industry. Inclusivity and access were supposedly priorities in Measure 109 -- this should include access to cultivation business opportunities, not just access to psilocybin services.

Christopher Carr
Portland, OR

From: [Maura Jansen](#)
To: [Public Health Rules](#)
Subject: Psilocybin services public comment
Date: Friday, April 22, 2022 12:44:44 PM

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Hello!

I want to add to my previously submitted comment.

I want to state my belief in the importance of allowing for the provision of peer support, so the people who can be trained and certified to provide assistance to those undergoing psilocybin therapy not be limited to medical practitioners. There are many people who are already qualified to do this work who are not medical practitioners, and there will be a great need for many more. And limiting access to licensed providers will contribute to limiting access to this service.

Sincerely,
Maura Jansen

--

Maura Jansen, CPM, LDM
503-575-8596
She/her/hers pronouns

From: [Peter H Addy PhD](#)
To: [Public Health Rules](#)
Subject: psilocybin services public comments
Date: Monday, April 18, 2022 4:49:15 PM

You don't often get email from peter.h.addy.phd@protonmail.com. [Learn why this is important](#)

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

My name is Peter H Addy, I have a PhD in clinical psychology and provide psychotherapy in Oregon as a Licensed Professional Counselor. I specialize in psychedelic harm reduction and integration therapy. I used to conduct research with atypical psychedelics as faculty at Yale School of Medicine and I co-founded the Yale Psychedelic Science Group. I am very excited to see psilocybin services become available to adults in Oregon, and I hope to become a trainer for facilitators, and perhaps a facilitator as well.

I suggest that the practicum training requirements for a facilitator be doubled, to become 60 hours of direct practice plus 20 hours of consultation. Learning any skill, particularly interpersonal skills, requires a great deal of "learning by doing". The currently proposed 30 hours of direct practice is equivalent to at most 5 supervised psilocybin sessions, likely fewer because the trainee also needs supervised experience with preparation and integration sessions. That's just not enough time to develop and practice the required skills with feedback.

I suggest that the currently proposed "therapy lite" psilocybin services model should not be the only option available. I urge you to adopt the proposed "Entheogenic Practitioners" framework that the OPAB Licensing and Equity Subcommittees have endorsed. I also urge you to create a special manufacturing endorsement for entheogenic practitioners, as the OPAB Licensing Subcommittee has recommended. The proposed framework and manufacturing endorsement would provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms.

My first suggestion will increase safety and improve outcomes, but will also likely increase the cost of training and therefore reduce equity and access for both facilitators and clients. My second suggestion remedies that by creating a parallel services model which will likely be more affordable and accessible.

Thank you for your consideration,

Peter H Addy, PhD
Pronouns: He/Him
OR LPC C5475, WA LMHC LH60851067
971-336-4956
<https://peterhaddy.com>

From: [Randy Woodley](#)
To: [Public Health Rules](#)
Subject: Psilocybin Use in Oregon
Date: Wednesday, April 13, 2022 7:15:23 PM

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I am an ordained American Baptist minister, Distinguished Professor of Faith and Culture at Portland Seminary, Co-sustainer, with my wife, a member of the Eastern Shoshone Band, of Eloheh Indigenous Center for Earth Justice and a Cherokee Indian descendant, legally recognized by a federal tribe, the United Keetoowah Band. I have lived in Yamhill County since 2008. I do not speak for anyone here but myself.

The use of medicine plants such as Psilocybin and Peyote have always, (likely for millenniums), held a sacred place among various Indigenous peoples in the Americas. The relationship between the people and these plants was worked out long before settlers arrived. Only in a bifurcated Western worldview do artificial categories arise like, "therapeutic use" and "religious use." All of life is spiritual and all healing, regardless of the category, is creating for people a path to wholeness.

Plant medicines, such as Psilocybin is one of these medicines. People should not be prevented from using the medicines in a good way by those who seek healing. Though the Western worldview, in the proposed legislation, refers to these medicines and the experience involved with them as therapeutic, to our Indigenous peoples they will always be medicine and spiritual. To block the use of the medicines is to inhibit Indigenous people and other people's spirituality. Therefore, I urge you to include the use of various Psilocybin plant medicines for religious/spiritual practices in the upcoming Oregon legislation.

Randy S Woodley, PhD

From: [Dominique Dallmayr](#)
To: [Public Health Rules](#)
Subject: Psychedelics
Date: Friday, April 8, 2022 10:07:15 AM

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Hello. I'm a licensed clinical social worker here in Portland and I have been listening to the podcast called cover story. I am wondering if you all have? It is bringing up a lot of concerns about how psilocybin will be given to clients and what the process will look like. Seems in the psychedelic world there's a serious lack of training, protocol, oversight, client feedback process, checking in and monitoring, etc. And at the end of the day is this just about more people trying to make more money?

Who are you consulting re: training? If it is anyone from CIIS that is very alarming as the Cover Story illuminates the abusive unmonitored practices of their leaders and staff.

What studies Are being used that show that psilocybin is helpful with the treatment of mental health issues? Have they been focused on trauma and PTSD or just on the general public? The MAPS study as shown in Cover Story is highly flawed and this part cannot be rushed, even though it seems there is only one year to figure out this entire issue.

The best quote from the cover story podcast is you're taking a very powerful thing and giving it to people with power to treat the most powerless.

I will be starting to attend meetings as this is very troubling to me. I do believe that it could potentially have some use but based on the research in this story there is so much more than needs to be done before this rolls out. I am a huge supporter of Kate Brown and always have been since the early days in the 90s. I appreciate the desire to help people who have severe PTSD and mental health issues. These are the most vulnerable people and the use of psilocybin or any psychedelics makes them even more vulnerable and this is very scary. Thank you so much
Dominique

Sent from my iPhone

From: [Luciana Arcas](#)
To: [Public Health Rules](#)
Subject: Psilocybin use rules comment
Date: Thursday, April 14, 2022 12:05:39 PM

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Hello,

as an Oregonian, mother and active nurse practitioner I am highly concerned over the approval of psilocybin use in Oregon and over the proposed rules around facilities, training and circumstances under which psilocybin may be used in the future.

As both the marijuana legalization and the more recent other legalization of federally illegal drug use unsuccessful outcomes are showing in the actual lives and on the streets of Oregon, the risks with psilocybin legalization are tremendous, most likely to backfire into more drug use and new addiction cases, and will likely normalize drug use for the newer generation (my child included) who will come to view drug use as OK - and attitude which has been proven by studies of other harmful addictive substances in teenagers to be the biggest driver of starting to use or avoiding the harmful substance.

If you will require training for the administering or supervising persons involved, please make it across the board the same level and as in-depth and comprehensive as possible, given the risks associated with both the use of this psychoactive product and the associated diagnoses purported to be eased by the treatment.

Also, please consider voting against establishing warehouse/opioid-lounge-like facilities run by large out-of-Oregon companies which already through their money-making approach in the sales of marijuana are showing there is no concern whatsoever for the human factor, only for the profit line.

It would be best to admit that by legalizing all these drugs Oregon people made a serious mistake and start fixing the issue, by appropriate education, truth-telling on the severe consequences of all these drugs on both direct users and the people nearby or the people they are affecting by it (including often what should be their closest, dearest family) and by taking steps to improve or reverse legislation that so far has only led to increased crime and violations without the expected treatment or avoidance of increased drug use, and by limiting the ability of others (family, law enforcement, health providers or society overall) to intervene when drug users subject themselves to more harm, but do not seek treatment or can escape the legal consequences of their poor choices.

Please think of your own children, if nothing else!

Hopeful for a better change,

Luciana Arcas.

From: tearhill@aol.com
To: [Public Health Rules](#)
Subject: Psylocybin treatment rules for Oregon
Date: Sunday, April 3, 2022 6:16:21 PM

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Comment on Oregon's Psilocybin Rules

I appreciate the information you have forwarded to me regarding the proposed rules going forward. I have reviewed the protocols for administrators and though there are no training facilities or detailed educational plans the overall emphasis seems to be on sessions with a subject wherein an altered state or "peak" experience is attempted to deal with psychological issues.

There is a significant and growing body of scientific research regarding psilocybin micro-dosing and the resultant, remarkable benefits. I do not see any indication that micro-dosing is being considered. Micro-dosing typically assumes an individual seeking improvement and self-dosing at a level which is not necessarily any different experientially than say ingestion of caffeine. A guide is not necessary, an hallucinogenic state is not sought, nor peak consciousness condition...yet the benefits are significant and demonstrable - anyone with the slightest interest can find support for this, scientific support for this, in less than 30 seconds searching online. The importance of this cannot be overstated and yet seems completely beyond the consideration of the rules being enacted.

Obviously, insurance is not going to pay for treatment. Nor is the need for an altered state guided/supervised experience the primary go to method based upon the growing body of research given consideration for the greatest good for the greatest number of people. How is someone going to be able to achieve the sublime benefits of psychological and organic brain health from micro-dosing under Oregon's law? This question does not appear to be addressed in any of the literature you folks have sent me...yet, it is the most prevalent form of benefit current research is indicating. Is someone to pay a fee to get what amounts to a vitamin dose every day? Pay a "therapist" daily for a daily micro-dose? There's zero economic justice in this irrespective the color of the patient's skin color or racial heritage.

Please do some serious research on micro-dosing and incorporate this into your law...it appears sadly unconsidered. Here's just a single yet prolific place to start for example: traumatic brain injury and the benefits of psilocybin micro-dosing. There's no need for an altered state of consciousness to benefit from this training - cross reference brain injury from car accidents and you will start to get an idea of the massive untapped benefits without someone needing to have an hallucinogenic experience to achieve the significant healing benefits that could be realized.

Thank you for your consideration.

Regards,

Terry Hillen
541/727-2825

From: [tyler hardy](#)
To: [Public Health Rules](#)
Subject: Public comment- don't limit species please!
Date: Friday, April 22, 2022 4:56:41 PM

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Hi, my name is Tyler Hardy. I am writing to express my support for the Entheogenic Practitioners' Proposal presented by Jon Dennis. I feel that it is extremely important that OHA acknowledge and respect spiritual and religious use of psilocybin mushrooms, both existing traditions as well as new. Allowing spiritual & religious organizations & communities to participate in Oregon's psilocybin program will create greater opportunities for individuals to receive psilocybin services for more affordable rates. It would also provide the landscape for more diverse and personalized experiences.

I also want to share that I am a member of Oklevueha Native American Church (ONAC). The comments that follow are my own, and not meant to represent ONAC as a whole, but I will say that ONAC is a legitimate religious organization, with at least one member (myself) residing in Oregon, and recognizes and acknowledges psilocybin mushrooms as spiritual sacraments that are essential to our faith.

I have several serious concerns with the recommendations that have been submitted by OPAB, particularly in regards to costs, testing, & restrictions on species and substrates.

Costs- I am still unclear of all the exact costs that may be involved, especially for licensed producers. From what I hear, surveillance costs will be overbearing. Testing costs will also be overbearing. I think the whole testing aspect is not well thought out. First, let it be known that the current black market price for 1lb of *Psilocybe cubensis* mushrooms is approximately \$600-800. From what I have gathered, testing costs are estimated to be about \$600 for every 2lbs of product. So half of the value of the product will be spent on testing. This is too much. Batch sizes must be increased to something more reasonable, such as 10, 15, or even 50lb lots.

License costs need to be affordable to any who wish to participate.

Testing need not be done for every single batch. A producer will likely be using consistent, isolated genetics that will produce mushrooms with consistent alkaloid profiles and yields. Substrates will also be consistent, and prepared in large batches. Once a substrate has been tested once for contaminants, toxins, or other hazards, future testing would be redundant. A producer should have the opportunity to demonstrate that they are using

consistent cultures and substrate batches to avoid redundant unnecessary and costly testing. DNA testing for species is not practical, and also redundant. Most species, definitely *psilocybe cubensis*, can be easily identified by simply looking at the mushrooms, or by microscopy. Extracts and homogenized or powdered mushroom tissue should be identifiable by chemical testing for alkaloids and potency- each mushroom has a chemical "fingerprint" that is identifiable. Honestly, DNA testing for *psilocybe* mushrooms and fungi in general is not yet developed enough to be a reliable and viable method of testing for this program. I have professional experience in fungal taxonomy using PCR molecular analysis, this is my professional opinion.

My biggest concerns are with species and substrate restrictions. We the people voted to legalize *psilocybin* mushrooms and *psilocybin* services, this means all *psilocybin* mushrooms, we did not specify just one species. We voted to legalize these mushrooms, and now you have turned around and banned 99% of species- this is not what we voted for! A major reason why Oregon is the first state to legalize mushrooms is due to the large population here that has experience with these mushrooms, particularly the 30 or so species that grow wild here in Oregon. Some of these species such as *Ps. cyanescens* and *Ps. azurescens* are among the most potent mushrooms on the planet, and are very high quality. There are a large amount of people who have a lot of experience with these mushrooms. Many people will only eat these mushrooms, and will refuse *cubensis*. These grow outdoors all around us in abundance with the current estimated costs, people will likely just go outside and pick wild mushrooms for free, because they are better quality and more available, and free. People travel from across the US and around the world to experience Oregon's wild magic mushrooms.

Besides our native species, there are a lot of other species that have long history of use and cultivation, whether commercially in the Netherlands, or traditional use in Mexico and around the world. Many of these mushrooms can be produced as cheaply and easily as *cubensis*, and may even yield better. Truffle type species, such as *Ps. tampanensis* and *Ps. mexicana* have long history of indigenous use as well as commercial production in the Netherlands, they are THE easiest to cultivate, and can yield better than *cubensis*.

Panaeolus mushrooms also have been cultivated for a long time even commercially, are extremely potent, can be grown in smaller space and in half the time as *cubensis*, ultimately resulting in much higher yields. Higher yields means more *psilocybin*, more *psilocybin* services, more benefits to the people, and more money for everyone.

Psilocybe natalensis is closely related to *cubensis*, yields comparable, but is more contamination resistant, can grow on more diverse substrate, at cooler temperatures, and with less water. And is more potent.

Besides potency, there is a notable difference in experience with different species. For example, the truffle type species tend to have a much more loving, gentle, feminine energy that I think would be highly desirable to those who have experienced certain kinds of trauma, such as sexual or physical abuse.

By restricting species, you are restricting the future. There is so much we have yet to learn, please do not put up such restrictions that will stifle growth. In the future, we may be able to use these different species to develop specialized medicines or treatments to provide enhanced benefits and better services.

We at least need the ability to acquire research endorsements to study these other species and provide data to reassure their safety and performance. Even if these mushrooms are not going to the market or services to be consumed, people should be able to grow them for research, for the future.

I support the request to form an entheogenic subcommittee to better focus on the needs of spiritual and religious organizations.

I think it would be fair for producers or service centers to be able to write in a letter of intent to utilize different species. Its not an application, there should not really be any reason to be denied, but to use these other species, one must put in a special request and letter of intent. This will allow OHA to monitor who is using these species, and if issues arise, they may retract permission to use these other species.

The bans on substrates are unnecessary. If a product tests clean, thats all that matters. Let producers use their expertise to determine what substrates are best for their system.

I would like to see allowances for small growers who are interested in research or breeding. I want to be a producer, but i dont want to mass produce products for consumption and services. I want to produce genetics to market to other producers, who then mass produce for consumption and services. Small trial batches would need to be produced, but most product would be mycelium and spores. The types of testing requirements currently recommended would likely make this type of venture impossible. How are we going to improve our program and products? Think about the future please.

Please do not make any explicit definitive bans on anything, please do not make this restrictive. We voted to legalize mushrooms and services, to lift bans. This is about management and safety. Please write things so that they may be amended in the future as we learn more.

10 years from now, we might want to have psilocybin dispensaries, where folks can take products home. Not now, for sure, but what about 10 years from now, after a whole generation has experienced psilocybin services??

On the note of safety, i think it is important that OHA protects the people of oregon and those who wish to be involved in this program from profiteering pirates, those who wish to capitalize on this system, make it unaffordable for the masses, make it exclusionary to those who do not have extraordinary sums of money to invest to start.

Please think about sustainable agriculture and cyclical exchange. Mushrooms are recyclers, we can produce a lot of mushrooms for small costs using agricultural byproducts. Please do not force us to use grain when there are global grain shortages and the price of grain has tripled in the past 2 years. Think about small farmers.

Ive run out of time

Thank you all, please seriously consider these statements and make this program affordable and accessible for all, for all species, for religious organizations, and others not mentions. Thank you

-Tyler Hardy

Sent from my iPhone

From: [Wilder Heartwood](#)
To: [Public Health Rules](#)
Subject: Public comment for Oregon Psilocybin Treatment
Date: Wednesday, April 20, 2022 2:10:26 PM

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At each facility, client intake form should not only be standardized but must also be culturally specific and culturally informed. These cultural elements should be acknowledged with humility and taken into consideration for treatment planning.

Thank you,

Wilder Heartwood

wilderheartwood@yahoo.com

From: [Kristoff](#)
To: [Public Health Rules](#)
Subject: Public Comment for Psilocybin Products, Training Curriculum and Testing Rules
Date: Friday, April 22, 2022 4:02:57 PM

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To Whom It May Concern,

Current scientific knowledge of psilocybin containing fungi is not adequate enough to impose restrictions on species, cultivation practices, or safety testing. Part of the goal for putting a legal framework in place is to encourage more scientific research to discover the potential of different species, growing conditions, science based safety measures, and application.

While pesticides, heavy metals, and microbe contamination could exist, there is little scientific evidence to support the notion that this would be an elevated risk that requires expensive testing for every single batch. Not only is current contamination data based on mushrooms that are ingested in bulk as a food substance, but psilocybin mushroom cultivation literature as a whole simply lacks suggestions of using pesticides in particular. Psilocybin mushrooms are consumed in small amounts, infrequently, which likely poses a much smaller risk of health issues relating to contaminants, but we will need testing to support this notion. Mushrooms are notorious for uptaking certain compounds, while breaking down or excluding others. While we do know that heavy metals have historically been a problem in culinary mushrooms, most of these reports come from different areas of the world where heavy metal contamination of the environment stems from lack of industrial pollution regulation and oversight. Unless scientifically established data overwhelmingly indicates that testing of contaminants proves to be a necessary control here in Oregon, I would propose to abolish the expensive testing requirements per batch. We could discuss simply testing approved inputs (substrates, grains, water, etc.), as these would be the only sources of contamination, and potentially even allow for officially approved tested substrates that substrate producing vendors could sell to growers with the assurance that said products require no additional testing. If growers routinely use the same source for substrates, this alone negates the logic to continuously test resultant mushroom product, as the results will always be the same. Same inputs, same outputs, same contaminant results. There is no need to spend hundreds of dollars to essentially test the same product over and over again. These testing procedures, while for a seemingly noble cause, should be based on cited scientific literature, specifically for psilocybin containing mushrooms. The high cost

of frequent testing will prove to be a barrier to those who want to grow psilocybin containing fungi legally and will exclude those from treatment who cannot afford the luxury due to the subsequent high costs imposed by contaminant and potency testing. Overregulation and high costs are why the cannabis industry is still plagued with issues, and we are going to see a repeat of these problems if we impose restrictions based on our current limited knowledge of the subject. These testing regulations are above and beyond what is required for food items we eat in bulk every day, and I implore people to ask why they are so strict. Simply put, if a farmer had to get every two pounds of produce tested, we would have a significant unregulated, underground market for food.

There is concern for set and setting in these regulations, but they do not address the fact that a lot of people would feel the most comfortable in a familiar environment, such as one's own home. While effort will be made to facilitate comfortable environments, extreme cases of anxiety, trauma, PTSD, depression, and mobility issues means that this medicine will simply not be administered to those who require house calls. The people who need this treatment the most will not get it unless they are able to get to a treatment facility.

Limiting approved substrates is based purely on the notion that manure based substrates will result in microbe contamination and wood based substrates induce paralysis, but we have no evidence to support these claims. In fact, there are many gourmet mushrooms that are cultivated with wood substrates, yet paralysis does not occur when ingested. Limiting wood as an approved substance is short sighted and based on unproven folklore. Furthermore, there is no scientific evidence to support that paralysis is detrimental to the patient, and the proposed physical safety regulations would negate any physical harm due to immobility. There is an increased probability that contamination could result from manure based substrates, due to direct contact between fruiting bodies and the substrate, but science hasn't yet uncovered if manure substrates pose a currently unknown benefit in the resulting fruiting bodies that would outweigh the currently unknown risk severity of microbe contamination.

Limiting approved species is, to most, a confusing endeavor, as this implies that we have adequate evidence to exclude growing of anything but *psilocybe cubensis*. Simply put, human civilization has a lot of catching up to do in regards to mycology research today, and putting an arbitrary ban on other species is shortsighted with no scientific basis. There are potential compounds that may not exist in *psilocybe cubensis* that could facilitate more favorable outcomes, but we wouldn't be able to explore this possibility with restricting both species and growing mediums. There is a lot more for us all to learn about mycology, and putting in arbitrary restrictions that are not based on cited scientific studies will only lead us to the same place of limited knowledge. I propose that any growing restrictions cite specific peer reviewed studies so that the logic for said restrictions is proven and in-line with the intent.

We cannot ignore the fact that microdosing has been an anecdotally effective treatment strategy for many, and is arguably a topic that is opening up the world of entheogens to newcomers. Ironically, most of the safety concerns around psilocybin are non-issues when microdosing, so it seems like a marked oversight for the treatment option to be tabled. Oregon has the potential to allow for the facilitation of at-home microdosing, and I encourage there to be separate discussions on this matter alone. Microdosing can be an effective treatment for those who are unable to dedicate time to a full experience, and if treatment centers end up being cost prohibitive, it could be a viable alternative. Please at least facilitate discussions around this topic in particular, as microdosing is the preferred method of consumption for an ever increasing population throughout the world.

Since we are creating rules and regulations around a topic with limited research, we need to make sure that these rules and regulations are reviewed on a regular basis to correlate with up-to-date scientific findings.

Cordially,

Kristoffer Marshall

From: [Jetter Steven](#)
To: [Public Health Rules](#)
Subject: Public comment on proposed rules for OAR 333-333 Psilocybin Products and Testing Rules
Date: Wednesday, April 13, 2022 5:30:32 PM

Hello,

I would like to submit public comment on the proposed rules on Psilocybin Products and Testing. Specifically, I question the need to require that sample increments of dried whole fungi must represent a minimum of 2.0 percent of the batch weight as is stated in 333-333-7100 (1) (b). In my opinion, this will be better specified in the technical details on testing and sampling that will be found in 333-064.

Thank you,

Steve Jetter
ORELAP Assessor
Oregon Health Authority
Public Health Division
Oregon State Public Health Laboratory
7202 NE Evergreen Pkwy, Suite 100
Hillsboro, OR 97124-7251
503-505-2672

From: [walker pruet](#)
To: [Public Health Rules](#)
Subject: public comment on psilocybin services rulemaking
Date: Wednesday, April 6, 2022 11:38:09 AM

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Hello,

Thank you for the opportunity to provide feedback. By way of introduction, I have run various aspects of certified organic food, beverage, and alcohol manufacturing in Portland for the past 13 years and have significant experience in quality testing, regulatory compliance, traceability, and production operations. As such, I am not providing any feedback on the proposed Training rules because that is outside the scope of my expertise. Here are my thoughts on the proposed rules for Manufacturing and Testing.

- 333-333-2070 (1) (b) - Could be read to conflict with 333-333-2060 (1).
- 333-333-7030 (2) - Monthly speciation testing sounds overly burdensome. How much do these speciation tests cost? Is it done via PCR? Is the concern that growers would grow the wrong thing by accident, or on purpose? Either way, lab testing once a month is not going to be an effective control: it will generate significant cost and administrative burden on operators while providing very little reassurance of compliance.
 - Speciation testing for each new "product line" or stock culture introduced would make more sense. Presumably all cultivators will control their stocks very carefully. Once a stock culture has passed speciation testing it is a waste of time and resources to test it again. With traceability documentation it would be easy to show that anything produced can be traced back to a culture which has passed speciation testing.
- 333-333-7070 (4) - What test will be used to determine CFUs per gram? Is that the appropriate metric?
- 333-333-7090 (1) - What is the purpose of separating harvest lots into 1kg increments? Can multiple harvest lots be combined together for homogenization, processing, and/or testing purposes? If so, then separating harvests into 1kg lots seems like it is adding pointless busy work.
- 333-333-7100
 - (2) (c) and (3) appear to be redundant.
 - (4) and (5) - Not allowing manufacturers to take and submit their own samples will add a very significant administrative and cost burden to both lab and manufacturing operations. For all practical purposes these rules will limit the geographic distribution of manufacturers to be within reasonable distance of the testing labs. Testing labs are likely to be

located in metro areas. This has significant ramifications for the feasibility of siting a manufacturing operation anywhere in rural Oregon. One workaround might be to have a manufacturing employee also be a remote, part-time, employee of the testing lab, but I don't imagine that arrangement would work out very well.

- One possible alternative would be to have testing labs specify the sampling technique and train manufacturing reps, then have manufacturers submit a certification with their samples stating that the sampling techniques were adhered to. This won't guarantee against willful misconduct, but no rule can do that.
- 333-333-7120
 - (9) and (10): If the only problem with a batch is homogeneity of potency then the manufacturer should be allowed to remix it as many times as they want to pay testing for. Also, if a batch fails potency homogeneity (whether on initial testing or retesting) it should be allowed to be further processed into extracts or other products. It would be hugely wasteful for the Authority ever to mandate a batch be destroyed if the batch's only problem is potency homogeneity. Let the producer figure out how to best remedy that situation. Something like this could sink a small producer.
- 333-333-7150 (4) As written, this states that any product that has undergone QC testing may not be sold. I'm sure that is not the intent. I believe the intent was along the lines of:
 - "...A psilocybin product that has undergone **only** a quality control or research and development test, **but not a compliance test**, may not be transferred or sold **until all required compliance tests are completed according to these rules.**"

Thank you again for the opportunity to provide my feedback. Please let me know if I can be of any further assistance.

Walker Pruett

From: [Gregg Brock](#)
To: [Public Health Rules](#)
Subject: Public comment on Rules
Date: Friday, April 22, 2022 3:07:54 PM

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My name is Gregg Brock, and I am a licensed MFT with certifications in psychedelic assisted psychotherapy and research, and ketamine assisted psychotherapy, and MDMA assisted psychotherapy. I wish to first give thanks and honor to the native and indigenous traditions that introduced these sacred medicines that are the subject of this letter. I wish to express that I do not believe that that only way to benefit from the use of psilocybin is in conjunction with therapy. Nor do I believe that it requires an advanced degree to facilitate a psilocybin session. I do believe that those seeking relief from mental challenges like trauma and PTSD require a higher level of care than is being proposed to vest to a facilitator. I wish to address the proposed training facility rules that have been proposed as it relates to the boundaries between holding the sacred space for a person experiencing a non-ordinary state of consciousness, and the therapeutic component linking the experience to real life.

The role of being with a person for 5-8 hours and continuing to support the sometimes-challenging journey is crucial to the benefit available from psilocybin therapy. A facilitators contribution should not be confused with the practice of therapy, which the state already acknowledges requires extensive education, training, licensing, and continuing education. To vest anyone with a minimal amount of training in an unsupervised position to direct therapeutic interventions stands in the way of current legislation and state rules. I would like to urge the board to consider the necessity of more in-depth training and ongoing role of supervision of facilitators, as well as establish clearly defined boundaries between facilitation and therapy. This is at minimum a proven mitigation technique of potential problems. Look to the research that produced the best results in the use of psilocybin as they all involved a therapeutic component as a key element to the positive outcomes.

Rather than state a problem without a solution, I propose it would not take long to create a body of licensed clinicians to serve in supervisory positions to support facilitators spot and plan for individuals in need of a higher level of attention. Most problems in mental health are based in trauma and absent a well trained and secure clinician, the journey for many will be made unnecessarily difficult. I urge the state to establish a supervisory board to ensure the benefits of this medication are not lost on those more challenged by the experience.

I also wish to speak I favor of the proposed document submitted by Jon Dennis. The mystical experience that one experiences under psilocybin is the one element no research can document despite its presence in very session. No test exists to measure the mystical aspect of the use of this medication and no clinic can best support those needs of people in search of such guidance than a person's church of choice. Use the chance you now have to define religious use in your structure of rules to empower continued religious use of psilocybin.

Thank you to the volunteers and committee members that I am sure are doing their best to make the best decisions as this process proceeds. My thoughts are with you, as are my hopes.

Gregg Brock, MA, LMFT
CA License 99329
CO License 00001578
OR License T1962

310-400-6598

From: [Greg Ferenstein-biz](#)
To: [OHA Psilocybin](#); [Public Health Rules](#)
Subject: public comment on training rules
Date: Thursday, April 21, 2022 3:48:53 PM

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I'd like to offer some concerns and suggestions for the rules related to training of psilocybin facilitators:

- 1.
2. What is “direct practice” in the practicum requirements? is recorded sessions direct practice? asynchronous learning? Would a telehealth ketamine session be direct practice?
3. There needs to be more refinement of “accelerated” learning requirements. Again, many people will have years of experience that is completely underground and has no paper trail, but these may be among the most knowledgeable practitioners. I think it simply makes sense to accept virtually any piece of evidence as meeting the requirement for accelerated learning or to drop the requirement altogether and just reduce the number of hours
4. The rule around needing practicum experience at a in-person site is confusing. What does it mean for a practicum site to be “available”. does this mean it’s within a commutable distance and what would that distance be? What if there are financial barriers or other barriers for students to access a particular practicum site

5. it would be helpful if the committee allowed people to start some of the training prior to practicum site being available. There are a number of modules that can be done asynchronously or without experience to alternative states of consciousness. And this could streamline the availability of service providers

6. it's not clear why only 25% of the training can be asynchronous. 25% is an oddly arbitrary number that doesn't seem to have any basis in learning theory or any known peer reviewed evidence. I think it makes more sense to require synchronous learning where synchronous learning is necessary and allow asynchronous learning where it is possible. It doesn't make any theoretical or empirical sense to denigrate asynchronous learning as somehow less valuable. It is simply another way to teach, but not appropriate in all circumstances.

I understand that some committee members may feel more comfortable with synchronous learning and that they may think that there is some evidence that it is more valuable. And while that may be true, the current implementation around asynchronous learning rules is not based in solid evidence and I fear any arbitrary rules like this delegitimizes the decision making of the rules generally

Thank you

From: [Shawna L. Frances](#)
To: [Public Health Rules](#)
Subject: Public Comment Period - Input/Questions on Microdosing and Setting Up Grow Operations in 2022
Date: Monday, April 11, 2022 3:25:26 PM

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Hello Oregon Psilocybin advisory committee!

First off I love the newsletter from today. Uplifting, exciting and well-done. Thank you! And thank you for all the pioneering work you are doing on behalf of this exceptional medicine. I'm looking forward to having the opportunity to participate in this monumental shift in consciousness around psilocybin, and of course the therapeutic application of it. Amazing what you are doing, and what we get to do together.

I've read the 44 page PDF for the proposed rules. They look good. A couple questions.

- I'm planning to do a mushroom grow operation and apply for a license in January when that is available. I'm doing research now and plan to invest tens of thousands of dollars on creating a successful, medium-sized operation in Oregon. I have never grown these mushrooms before and I expect some trial and error. I will be spending this money (lease a facility, build-out, materials, product, staff, testing, etc.) this year. Ideally my company is ready to hit the ground running on Jan. 1st, 2023. I'll be able to create this business using the rules and guidelines provided by OHA and your team. Do you see any pitfalls here or issues with this plan?
- Are there any plans around therapeutic microdosing of the product? This would not require a licensed facilitator if someone is doing microdosing at home. It would also mean that people would be able to purchase the product and consume outside of a therapeutic setting.

Thank you!

I feel a strong calling with this medicine and appreciate the opportunity to be a licensed grower. I graduated from University of Portland and spent 25 years in digital marketing working with Intel, HP, Microsoft and Nike. I'm ready to shift into this new phase of my life.

All my best,
Shawna L. Frances
Portland, OR

Public Comment

To Advisory Committee,

Citizens of Ontario, want to firstly commend the work that is being done by this group of people. We believe no better choice could have been made for these positions. To add, we have a few concerns regarding the creation of the laws governing Psilocybe cubensis. Contrary to the marijuana regulations, we ask that the committee keep the option of 'opting out of the program' off the table for all City officials. Granting such an option would deeply limit the citizen's ability to participate in the free market. It would also harm any social equity in psilocybin for us Eastern Oregon citizens. The use of this natural medicine is our born right and with this understanding it was our Oregonians' voting efforts that made these cultural, spiritual, and sacred practices available to us all once again. With that being said, we ask that there be no requirement for a signed LUCS to receive any of the licenses, only State background check approval necessary for the first 2 years.

We citizens need this committee to take a stance with and for us, as citizens to adhere to the residency requirements previously discussed by this committee. With residency requirements, verification could be by, showing proof of your previous 2 years State Tax Returns or Driver's License/ State Identification Issue Date. Whichever is decided, Oregon citizens should benefit from these programs! These programs are from the mud off our boots and the sweat off our backs. We voted for this and so we should be able to participate first, because that too is social equity, equality and justice for all Oregonians! If we are going to define social equity, it must include all Oregonians as 51% owner or more to be a part of any of these programs.

In closing, we desire on sight consumption options for majority of patients in the event of medical emergencies (or persons with disabilities the option of at home consumption). Lastly, we ask for feasible and reasonable substitutions for training/hours for a facilitator license, examples would be a B.A or higher. Also, any alternative training hours for experience should be left for the training facility to decide.

Thank you for your consideration,

Cydney Cooke

From: [S. Wise](#)
To: [Public Health Rules](#)
Subject: Public Comment regarding Psilocybin Services
Date: Friday, April 22, 2022 3:28:27 PM

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To Whom It May Concern,

My name is Stacy Wise, and I am an analytical chemist working in southern Oregon. As I listen in on the meetings of advisory boards, I notice all of the gaps in our scientific knowledge regarding psilocybin-containing mushrooms that are hindering people's ability to make informed choices as regulators or clients/consumers. I thus echo the recommendations others have made to this body to find a way to allow a parallel track in regulations for the production and handling of psilocybin materials intended only for research purposes.

The kinds of questions I've heard asked on the advisory board meetings that need more investigation include, for example,

- 1) What are the differences between the Psilocybe species?
- 2) How much can the active constituents vary within a single flush of fruiting bodies? How about between flushes?
- 3) What is the shelf stability of various preparations, such as homogenized whole fruiting bodies, or extracts in various solvents?

This and much other research is needed to support Oregon's Psilocybin Services. With the allowance I am requesting we would have feedback mechanisms to refine the safety and efficacy of the program much faster. It would allow us to be proactive, gathering data about anticipated problems or questions instead of waiting for problematic patterns to emerge in the real-world experiences of psilocybin users. I could also help us to expand the program to be more inclusive of alternate preparations, modalities, or even species. Yet another potential benefit of this proposed research track is making our beloved Oregon a center for this important scientific work. Thank you.

Sincerely,
Stacy Wise, Ph.D.

TO: Oregon Health Authority, Public Health Division
Via: publichealth.rules@dhsosha.state.or.us
Date: April 14, 2022
RE: Public Comment to Notice of Proposed Rulemaking to Chapter 333

Dear Oregon Health Authority Public Health Division,

This Public Comment is responsive to "NOTICE OF PROPOSED RULEMAKING" published March 31, 2022 with the FILING CAPTION: "Psilocybin Products, Training Curriculum and Testing Rules" noticed to be promulgated on request of Oregon Health Authority, Oregon Psilocybin Services.

This Comment is respectfully submitted to the Agency before the last day and time of April 22, 2022 at 5:00pm, to offer comment to the Agency as posted in the Notice. Commenter respectfully requests the Oregon Health Authority additionally notice the Oregon Psilocybin Advisory Board of this Comment. Confirmation of receipt is respectfully requested.

Comment Relevant to Proposed Rules:

333-333-1010, 333-333-2010, 333-333-2020, 333-333-2030, 333-333-2040, 333-333-2050, 333-333-2060, 333-333-2070, 333-333-2080, 333-333-2100, 333-333-2110, 333-333-2120, 333-333-3005, 333-333-3010, 333-333-3020, 333-333-3030, 333-333-3035, 333-333-3040, 333-333-3050, 333-333-3060, 333-333-3070, 333-333-3080, 333-333-3090, 333-333-7010, 333-333-7020, 333-333-7030, 333-333-7040, 333-333-7050, 333-333-7060, 333-333-7070, 333-333-7080, 333-333-7090, 333-333-7100, 333-333-7110, 333-333-7120, 333-333-7150

COMMENT:

The highest priority of government is to protect the health and safety of those persons it represents. Psilocybin holds significant promise as a potential treatment for certain mental health indications and the desire to facilitate access is very understandable. However, the risks of administering a natural product, unable to be truly dose controlled, before any clinical trials have been completed demonstrating a safe dose or to identify medical indications where psilocybin may have clinical benefit can cause more harm than good.

The FDA approval process is designed to evaluate dose, safety, and efficacy of a potential new drug product. This rigorous research protocol is conducted in stages, each designed to answer important questions prior to approved use. Research on psilocybin is in its infancy at this time and important questions have not been answered about safety, efficacy, or dose. Naturally derived products, like psilocybin from dried mushrooms, inherently contain variability in the extracted dose. Without completion of the FDA process, little is known about the dose-impacts of psilocybin on a variety of people or the harm that variability may create.

As an example, the best wines are known by their location and their year. The grapes vary from year to year because of variations in rain, light, disease, and a plethora of other variables. They vary from farm to farm based on the soil, cultivation and harvesting practices. The best and worst wines are widely differentiated because any cultivated natural product contains inherent variation. Psilocybin producing mushrooms are no different in their wide range of variability between harvests. Like anything else one ingests, such as coffee, alcohol, or even medicines, dosage matters.

Psilocybin yield varies as much as 200x from the same species of mushroom, which is well outside any acceptable quality range in the food, supplement, or drug industries. In and of itself, this significant variability creates enormous risk for Oregonians taking these non-standardized dosages of this very experimental drug. Because psilocybin has not been sufficiently evaluated to understand the appropriate dosage form of psilocybin, or the risks associated with consumption outside of the effective

dosage range, the focus on natural product dosage forms has the potential to create unpredictable outcomes and unexpected adverse events. For the safety of Oregonians, this Board should change course and only support standardized synthetic dosage forms.

Current medical research indicates that a segment of the population may experience side effects from the use of higher doses of psilocybin, including the known risks of increased long-term anxiety and medically severe nausea. In these instances, Psilocybin treatment may worsen the course of certain psychiatric issues. Relatedly, without clinical trial data, there is no way to understand the risks in the real world – interactions with other medicines, age-related risks, even foods or dietary supplement interactions that can only be uncovered by rigorous study and reporting.

Until there is peer-reviewed data derived from double-blinded clinical trials, we truly have no reliable information about the utility of administering psilocybin mushrooms for the treatment of any disease. While it is true there are some exciting, even compelling studies, that indicate that administration of psilocybin may be beneficial in certain disease indications, Measure 109 does not limit the administration of psilocybin to those indications that have even minimally supportive data, but rather provides open access to all persons to self-diagnose. In situations where there is no nexus between scientifically based diagnosis and self-help, the known risks certainly outweigh the unknown benefits. This is a significant concern because the misalignment of indication and appropriate treatment, in the background of the wild variability of the natural product focus, will likely create data that could harm legitimate drug development of these potentially useful compounds and could delay or prevent patients' future access to these compounds.

Adding to the concern, while a trained and licensed health care professional would be involved in the administration of an approved drug product, Oregon's facilitators are not required to be licensed healthcare professionals. Trained healthcare professionals are credentialed to help persons taking a therapeutic understand and consent to potential risks and benefits. If a patient encounters an adverse event during a medical procedure, often a licensed medical professional can intervene to mitigate risk. The facilitator envisioned under the current proposal would not be adequately trained to provide appropriate informed consent nor lawfully licensed to provide any such treatment or even diagnosis of a side effect.

Even the politically expedient construct of requiring Oregon farmers to grow mushrooms creates risk to Oregonians. First, farmers may not recognize the liability they face if their crop harms someone after they sell it, placing the family farm at risk of a tort claim. Second, as there is no standardization of cultivation of these farms, the mushrooms will certainly contain variations in pesticides, herbicides, fertilizer, ground minerals, etc. While this feeds into the variation on the dose, it also enhances the risk to Oregonians taking these mushrooms and the tort risk to the Oregon farm. Third, psilocybin mushrooms are still federally illegal and the encouraged growth of these products on farms creates risk to farmers, but also an increased likelihood of illicit sale activities, which further places Oregonians at risk. Much of this risk could be mitigated through a controlled, synthetic manufacturing process in coordination with the US DEA.

For these reasons, the proposed Oregon regulations providing for natural products as opposed to synthetic dosage forms, open access as opposed to medically diagnosed disease treatment, and administration by non-healthcare professionals, is the complete antithesis of promoting the health and welfare of Oregonians.

If Oregon Health adopts a natural mushroom plan, instead of a synthetic or extracted and standardized dose, then Oregon Health is making the statement that the voters of Oregon passed Measure 109 with the directive that Oregon would implement a program that conflicts with the State's mission to protect the public welfare. This certainly not the intent of Oregon voters. The current path proposed by Oregon Health would have non-healthcare professionals assuming a medical-like role to administer an inherently variable natural product to treat an undefined range of potential maladies. We recommend

that Oregon recognize the FDA pathway and await an approved drug product. In the less desirable alternative, at the very least for the safety of Oregonians, Oregon should focus on synthetic compounds that can be tested for purity, including a tight uniform dosage range, stability, and contaminants in their packaging, at their proper storage conditions, on a lot-to-lot basis.

During the vote for Measure 109, the following expert groups cited similar arguments in their opposition to the Measure: Oregon Medical Association, American Psychiatric Association, Oregon Psychiatric Physician's Association, Oregon Council of Child and Adolescent Psychiatry, and the American Academy of Child and Adolescent Psychiatrists. This commenter is not alone in its concern for the residents of Oregon. For the safety of Oregonians, this Board should, at the very least, change course from its focus on naturally derived mushroom dosages and require a standardized synthetic dosage form as the appropriate dosage for Measure 109 compliance.

On behalf of all Oregonians and those who could benefit from these products in other states watching Oregon's process, we thank you in advance for your consideration of this important safety issue.

From: [Patrick Winczewski](#)
To: [Public Health Rules](#)
Subject: Public comment, Patrick Winczewski relating to training and group sessions.
Date: Thursday, April 21, 2022 11:22:14 AM

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Hello,

My name is Patrick Winczewski and I am planning to become a trained facilitator, and I hope to one day open a psilocybin service center.

My comment is relating to the "group facilitation" concept, and its relationship to training.

Restricting group facilitations, even at the beginning, would be a mistake.

Indeed this may be the largest factor when it comes to affordability of these services. Previous comments (from the OPAB and public) suggest that 2 facilitators are better than one. This is both to protect the integrity and safety of the clients and facilitators, and also for insurance purposes. For this reason, I feel most comfortable having a partner facilitator, regardless of group size; another set of eyes, ears, and emotional intelligence to best serve the client's needs in their altered state.

That being said, restricting groups all together would force me to a 2:1 facilitator client ratio, and if a client wished to have a large dose (several hour session) this can be very cost prohibitive. Having a ratio is much better than setting a blanket maximum group session size.

My conservative suggestion is to start facilitators with a 1:1 client ratio, this would allow a group of 2 novice facilitators to have 2 novice clients. The ratio can be raised with the proper amount of experience and training. This can set a foundation for a convenient tiered training hierarchy, with rewarded opportunities following advancement.

I was with the Boy Scouts of America for many years and achieved eagle. In order to advance to the next rank (tenderfoot -> second class etc) you need to: 1) earn a certain number of REQUIRED merit badges 2) earn a certain number of 'other' merit badges 3) participate in a certain number of "nights camping" and 4) pass an examination and board of review.

Training programs can work with licensing to allow benefits for higher level facilitators, a larger ratio in this case. Allowing advanced facilitators to have a 1:2, or a 1:3 facilitator to client ratio would allow more experienced facilitators to have larger groups, which could allow reduced prices, or just more full-paying clients in the same session (it can go both ways), both situations will be vulnerable to complaints and a review from both OHA and the public. An experienced facilitator will understand that one person cannot manage 3 trauma-filled, first-time clients properly. This will hopefully support a good facilitator to client relationship, maybe rewarding repeat clients, just because they are more predictable and therefore easier to manage.

A large group example is important to think about, say a religious group (40-50 people) wants to have a full-moon celebration using psilocybin legally, at a service center. There could be as few as 15 licensed facilitators, or as many as 40-50 depending on the certification level of the facilitators. Some simple math will be required, but a group of facilitators can easily calculate how many people they are allowed to host in a psilocybin session. The experience level of the CLIENTS, and associated risks will need to be considered by the facilitators and service center, in order to maintain integrity.

In short, the number of clients allowed in a group should follow a set ratio to facilitators, and not be subject to a

blanket maximum group size. The ratio of 1:1 at the beginning seems very fair, and it would allow any size client group to have a session if they want, they just need the appropriate amount of facilitators. When the first licenses are awarded in January 2023, everyone can be on the same 1:1 ratio, and as the industry expands we can reward the facilitators who are dedicated with more client opportunities (via a larger ratio).

I appreciate the opportunity to share my thoughts, and am very excited for what this program will bring to the people of Oregon.

Thanks for our time and attention,
Pat Winczewski

From: [Kevin Roux](#)
To: [Public Health Rules](#)
Subject: Public comment
Date: Wednesday, April 6, 2022 9:43:49 PM

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To whom it may concern,

First, I want to express my gratitude that the members of the OHA have taken so seriously the rules surrounding the administration of psilocybin. That said, humans have been ingesting psilocybin-containing mushrooms for 12,000 years (some of the earliest evidence of psychedelic mushroom use is a cave painting in Northern Australia which dates back to 10,000 BCE), and modern research has determined mushrooms have an excellent safety record. The proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees recognize and respect this history. This proposed framework and manufacturing endorsement will not only provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms but also reduce the overall cost for the organizations serving this sacrament.

Because Oregon’s program is the first of its kind, the rules we adopt will become the standard for all adult-use psychedelic services programs that follow. Therefore, it is imperative that Oregon develops a program that creates a safe container for psilocybin use by Indigenous and religious communities. By adopting the proposed framework, OHA can invite underground psilocybin practitioners to practice above ground within Measure 109, thereby reducing harm and improving accountability.

Oregon must take care to avoid regulations that create paywalls which prevent marginalized communities from accessing psychedelic and entheogenic experiences. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the 560,000 Oregonians who live in poverty.

Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.

Thanks,
Kevin Roux, M.Ed., MSN, RN

From: [Carrie McMullin](#)
To: [Public Health Rules](#)
Subject: public comment
Date: Friday, April 22, 2022 8:17:24 AM

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Hello,

I'm a mental health professional, and I would like to express the importance of two factors that I think are key.

One, it feels crucial to me that these new licensees will have some sort of ethical oversight and accountability that feels weighty to them. For example for me, if I were to commit an ethical breach I would face serious consequences with the psychology licensure board (that could be both expensive and career altering). Certainly, that's not the only reason that I don't over-step, but I think this type of accountability weighs heavily on professionals and *drives appropriate consultation and education behaviors*.

Two, unless there are additional efforts to clarify I believe the *general public will be confused about whether they are getting a mental health treatment or not when they are seeking psilocybin services*. It seems that the ballot measure was passed on the strength of the argument that it could treat mental health conditions, but these new licensees will not necessarily have a mental health degree or appropriate expertise. I would like to see some additional clarity required, such as psilocybin sitters who are licensed for that service only (and who don't already hold some other mental health practitioner license) being required to clarify with clients that they are not mental health professionals and they are not providing a mental health service.

--

Carrie McMullin, Psy.D.
Licensed Psychologist
phone: 971-273-1224
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web: <https://openpathpsychology.com>
pronouns: she/her

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From: [Brandon Davis](#)
To: [Public Health Rules](#)
Subject: Public comment-Brandon Davis
Date: Friday, April 22, 2022 1:11:27 AM

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Hello, my name is Brandon Davis, and I have a huge desire to be among one of the first cultivators licensed in Oregon. But there are a few problems and questions I have with the writing in the rules as it stands. To give you a better understanding where I sit I have broken down some of the financials as it has applied in the cannabis sector.

If I'm looking to cultivate indoors and the ideal space I'm looking at is 1,400 square foot, that would fall under a Teir 1 cannabis license which will run about \$4,000. Next is I'm supposed to install a continuous 24/7 camera system that has enough storage space to save 90 days worth of video, so that is going to run me at least \$4,000. Then I have the lab equipment, between flow hoods, grow tents, sterilizers, and packaging equipment I'm in it for another \$4,500. Now once find a place to rent and cultivate(owner approval needed), then I can submit the paperwork and wait for an inspection, hopefully it takes no more that 3 months, but I have seen it take 6 months to get an inspector out. So let's say rent will be near \$2,000 per month, so I could be spending \$6,000 just for it to sit there unused. Then after I pass inspection it'll be another 7 weeks before I see a single harvest, so there's another months rent. I can potentially be out \$20,000 before I sell my first fruit. To some that might seem like pocket change, but to me that's my entire savings.

Now that I pointed out where I'm coming from, I would like to go over some cost prohibiting items in the rule summary.

333-333-7090 (1). This rule only allows product to be tested in no larger than 2.2 pound batches. With all the testing that goes along with it there will be a huge ridiculous markup that'll eventually would be passed on clients. This will in fact make the underground market more lucrative than ever. Cannabis currently has each batch size set at 15 pounds (set to change to 50 pounds in July). So I am asking that fungi be tested in the same 15 pound batches to decrease the overall cost to consumers.

333-333-7090(1). This rule also states that each harvest has to be DRY before it can be tested. The act of drying fruits breaks down the psilocybin/psilocin and would not accurately represent the potency of a fresh fruit. Therefore, by adding this a cultivator would not be able

to offer the choice of fresh fruit to therapist's or religious groups. I am requesting that fruits may be tested in the form/state they are planned packaged and sold.

333-333-7040(2). This rule describes the potency testing cannot be more than 20% deviation between the fruits that are used for testing in a batch. During several Product Committee meetings, it had been expressed by members and guest speakers that the variation could be a 200% difference between fruiting bodies. So I don't understand why this is in the law when it is a known, well established fact, that there is a significantly higher variation between fruiting bodies. I ask that this deviation be removed. Or have it replaced by a 200% deviation.

333-333-7030(2). This rule talks about speciation testing after you do your first one for the calendar year. It says one batch out of a harvest each month must be tested to ensure it is still psilocybe cubensis. I think this test is redundant and honestly unneeded. Once a cultivator has a master tissue sample they will essentially be cloning the same fruits over and over again, they won't just magically change into a different species. They also have a very distinct physical appearance compared to any other fungi, so that would be a clue if something was wrong. They will also be going through psilocybin potency testing, so that is another way to verify it's still a psilocybe. I ask that this be removed and replaced with something like "All master tissue cultures must be put to fruiting conditions and species tested before transferring final product. Cultivators must species test their master cultures they plan to keep IN USE every 6 months to ensure they still contain traceable amounts of psilocybin/psilocin"

I would like to break down some more numbers so you'll better understand why we need to increase the batch testing sizes to 15 pounds. As it is you are currently requiring five groups of tests and I have a couple estimates for them from local labs.

1. Psilocybin/psilocin potency test: \$150
2. Microbial contaminant test: \$125
3. Pesticide test: \$175
4. Heavy metal test: \$150
5. Speciation test: N/A, still need to find a lab that does it with psilocybe. Let's just say \$100

Just in the testing fees alone you're asking for \$700 that will have to be passed on to the therapist and religious groups. It makes no sense to require \$700 in testing fees for every 2 pounds of mushrooms being distributed. Again I'm asking for though batch sizes to be increased to 15 pounds following cannabis.

I am also asking about the heavy-metal test be removed as well. Traceable amounts of heavy metals are found in everything that we eat. Everything from baby food to steak contains them. Clients will be ingesting grams fungi during a session, the amount fungi is ridiculously small

and any heavy metals in that will be ridiculously smaller. Instead of having a heavy metal test can we just put on the packaging "warning: this product may contain heavy metals"?

Lastly, relating to the rules, I would like to see the pesticide test removed. All these fungi are going to be grown indoors, they are going to have several systems in place to keep the air and rooms as sterile as possible, so there is no way any noticeable amount of pesticide that might be airborne near a farm or something would blow over and infect these fruits. Furthermore pesticides play no part in the cultivation aspect, so you wouldn't see the use of them anywhere in the building. This really does feel like wasted money, but I guess if the batch sizes were larger it wouldn't hit as hard. In place of this you can say you "Require a soil pesticide test monthly" If all we're growing is cubensis that means all the soil is going to be the same for all Phenotypes, and that would be the only place you would get any pesticides from.

I also have a handful of questions I would like to be talked over and reviewed.

Will cultivators be allowed to sell to religious groups? Or donate them for some type of write off? If so what would be the requirements for recording that information?

If you live in a border state but you have 2 years of W2 filed work in Oregon will you be able to apply for licensing?(Live in one state but work in Oregon)

Other countries have had different Psilocybe species legal for decades and are doing fine, why can't we just open this rule to all species? Also, I don't recall any subcommittee meetings talking with countries that have already legalize psilocybe for their input.

Will a research license be offered so cultivators could do testing on different species? I would love to grow truffles just like they do in Amsterdam

What will be the requirements for trade samples so cultivators can promote their products to therapists?

Dear OHA,

I am writing to submit my comments (as a member of the public) regarding the recent draft rules for “Psilocybin Products, Training Curriculum, and Testing Rules”. I will only be providing comments related to the training curriculum portion of the rules, as I do not have the expertise to comment on products or testing. For context regarding my background, I am a licensed clinical psychologist, a research scientist (who has studied the impact of substances on brain and behavior), and a co-founder of a nonprofit mental health clinic providing services for underserved populations. I specialize in working with adults with histories of trauma and substance use and have been offering psychedelic harm reduction and integration services in my private practice for the past 5 years. I am also a volunteer/supervisor for several organizations that provide harm reduction and peer support services for individuals undergoing challenging psilocybin (or other psychedelic) experiences. I am a member of the OPAB Training Subcommittee and will be a faculty member for a psilocybin facilitator training program that intends to apply for OHA approval. I have been personally and deeply acquainted with psilocybin for the past 25 years (as a member of communities and subcultures where psilocybin is regularly used, in both spiritual and recreational settings). Thus, my comments to you today come from my position as a “bridge” between community spaces/real-world experience and the professional/mental healthcare sphere. I care deeply about access to affordable and safe psilocybin services for individuals who are most in need of such services.

My biggest concern about the Oregon Psilocybin Services program as it is being developed is the current disconnect between public perception of what “psilocybin services” are, and the services that will actually be available. That is, the majority of advertising produced during the campaign promoted “psilocybin therapy” as an effective treatment option for “depression”, “anxiety”, or “addiction”. This language is still used to this day on the Healing Advocacy Fund’s website. However, the current structure of the psilocybin services program (as proposed) does not offer safe or effective services for these indications. Specifically, people with depression anxiety, and addiction will be expecting to receive state regulated services that resemble those conducted in scientific research (as this is where the evidence that psilocybin can treat these conditions comes from). However, the scientific research differs from what will be offered through the Psilocybin Services program in the following ways:

- 1) The intake/assessment process for inclusion in the psilocybin research studies is extensive and is conducted by medical and mental health providers. Clients with complex medical or mental health issues are screened out. Currently, the psilocybin services program is proposing that psilocybin facilitators conduct an “intake interview” and have clients fill out a “Client Information Form”. One of the purposes of this form is to “identify clients in need of referral to specialized treatment services” (See section 333-333-3060, subsection 6c of the draft rules). The draft rules also state that facilitators should be trained on their scope of practice and are expected to refer when scope of practice is exceeded (subsections 3b, 6c/d). **However, conducting an intake of this nature, determining when scope of practice is exceeded, and making appropriate referrals is in itself an advanced skill that is beyond the scope of practice of a****

facilitator with 120 hours of training. In fact, many licensed mental health counselors do not have adequate training in assessment and must refer complex clients to more advanced practitioners (at the doctoral level) to appropriately determine their treatment needs. In the recommended psilocybin training curriculum, only 16 hours is dedicated to the “Prep and Orientation” module. THIS IS NOT ENOUGH FOR FACILITATORS TO LEARN THE SKILLS NECESSARY TO CONDUCT AN INTAKE AND DETERMINE THE APPROPRIATE NEEDS AND REFERRALS FOR CLIENTS, ESPECIALLY THOSE SEEKING PSILOCYBIN AS A TREATMENT FOR ANXIETY, DEPRESSION, OR ADDICTION.

- 2) The “psilocybin therapy” research protocols that have provided evidence of psilocybin as a treatment for anxiety, depression, or addiction have included several “integration” (or “follow-up” sessions), whereas the psilocybin services program will not necessarily include these sessions. Integration sessions often resemble psychotherapy, more so than administration sessions. The draft rules (333-333-3060, subsection 8) state that “facilitator scope of practice” be discussed in the “Integration” module of training programs, but the limits of “scope of practice” have not been clearly defined anywhere in the draft rules.

The draft rules define “scope of practice” as *“practice boundaries related to psilocybin facilitation and avoiding the unlicensed practice of other disciplines including but not limited to medicine or psychotherapy”* (Section 333-333-3005, subsection 16). However, many of the skills that are proposed to be included in facilitator training programs **are** considered to be medical or psychotherapeutic skills, and are defined within the “practice of medicine or psychotherapy”. As one example, Section 333-333-3060 Section 6f mentions “evaluation of medical history and contraindicated medications” – this cannot be ethically done by a non-medical provider.

My understanding is that these draft rules for training programs are being released now (in June), to allow for training programs to apply to OHA for approval prior to the January 2023 date, when facilitator license applications can be submitted. However, how can training programs include appropriate content and ethically operate, when many of the concepts laid out in these training program draft rules are yet to be defined? For example, the following issues are not yet defined or are unresolved:

- 1) 333-333-3060 Section 3b – “Training on the Oregon Psilocybin Services Act and related laws, regulations, and professional standards for facilitators, including facilitator scope of practice and expectation of referral when scope of practice is exceeded”
- 2) Section 3cA – “Oregon’s Facilitator Code of Ethics” (this has not yet been created)
- 3) Section 3cD – “appropriate touch and client consent to physical contact” (this is extremely important to have explicit rules around)
- 4) Section 6b – “Client Information form and intake interview”

Regarding group facilitation (Module 9) – appropriately facilitating a group, managing group dynamics and handling the needs of multiple individuals simultaneously is an advanced skill that takes *way* more training than the recommended 12 hours for this module.

I continue to feel strongly that there should be two training or licensure “tracks”, as well as clear definitions in the scope of practices and boundaries between these two tracks. 120 hours of training is simply nowhere near enough for facilitators without prior education or experience to safely manage the needs of complex clients, particularly clients who have never taken a psychedelic substance before and/or have significant medical or mental health challenges. Instead, it would be a much safer option to have an “advanced facilitator training” as well as a training for facilitators who do have prior medical and/or mental health training. This is not to say that individuals who have existing licensure are automatically “qualified” to work as psilocybin facilitators. This is not the case. Again, speaking from a position of a “bridge” between worlds, there is a lot of “unlearning” that must be done for traditionally (and medically) trained healthcare practitioners, in order to appropriately work with psilocybin. However, there could be a separate training for these providers that does not burden them with having to relearn skills they already know, but instead builds upon existing knowledge and includes specialized content relevant for working with psilocybin.

If multiple training tracks is not an option, then at the very least, **the intake process must be conducted by someone with previous education/training or experience (in assessment)**. I believe this is the issue that will make or break this program. That is, appropriate screening, assessment, and consultation for complex clients must be available at service sites. One way this could work is by requiring an interdisciplinary team at service sites. Ideally, there would be at least one person on staff at each site with the prior education and experience who can conduct intakes, make appropriate referrals, and supervise/provide consultation. To be clear, intakes and assessments should not be conducted to “gatekeep” or decide who should or should not participate in psilocybin services, but **are necessary in order for clients to have the full information about the risks and benefits for their unique situation/intention and to give proper informed consent**. In sum, a “one sized fits all” approach to facilitator scope of practice and training is problematic as this will either lead to certain clients being excluded from the program, or to clients being harmed as the result of inadequate training for their needs.

I recognize that a lot of my comments are not directly related to the current rules regarding training curricula, and that a lot of the issues I raise here are yet to be solved by the advisory board and OHA. However, the issues are relevant now because training programs cannot put together certain content without the resolution of these issues.

Thank you for considering my concerns.

Alissa Bazinet, PhD

From: [Andy McCormick](#)
To: [Public Health Rules](#)
Subject: Public Comments
Date: Wednesday, April 20, 2022 3:59:23 PM

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Hi I'm Andy McCormick I would like to add a suggestion or two
Please allow OHP or IHN to pay or help pay for my mental health treatment
Please keep my mental health treatment confidential
Please consider in-home mental health treatment
Please be inviting to everyone to take part in this treatment
Please ponder the ability for patients to provide their own medication
Please inform the public of any changes that might affect their chances at receiving mental health treatment
Thank you so much

From: dan@dansherwood.com
To: [Public Health Rules](#)
Subject: Public Comments
Date: Wednesday, April 20, 2022 2:36:16 PM

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Dear OHA Leadership and the Oregon Psilocybin Advisory Board,

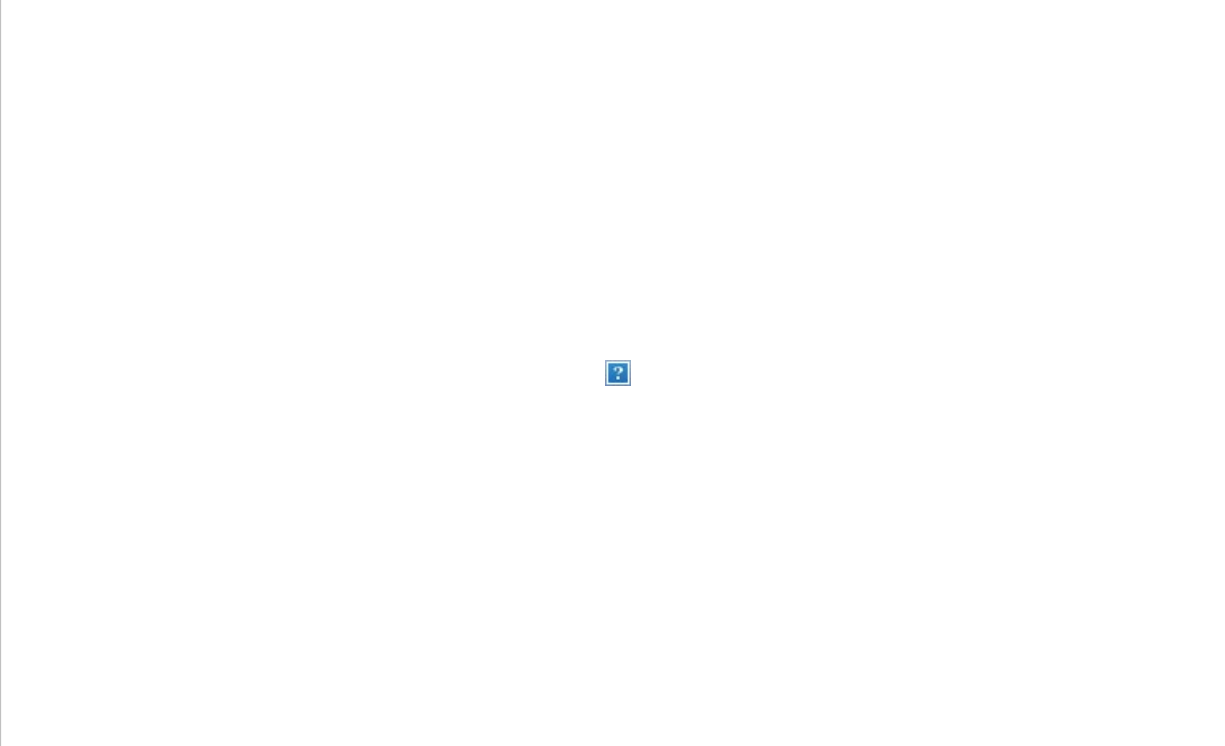
The Healing Advocacy Fund (HAF) is a nonprofit organization dedicated to supporting the thoughtful and practical development, implementation, and education of the nation's first regulated psilocybin therapy program. HAF was established after Measure 109 was passed to support the development and implementation of a program consistent with the voters' intent. I appreciate how much time you are dedicating to this same goal.

Please accept the enclosed comments on the draft screening and safety rules and the training program rules and process on behalf of the HAF.

The first document is a flow chart we created as an attempt to create a visual of the recommendations recently made by the Facilitator Training subcommittee, with additional recommendations to further strengthen the process. This flowchart shows the screening process from intake through service provision, including the process if safety concerns are identified.

HAF's recommended additions to this process are:

- Clarify service center and facilitator accountabilities in the process
- Add epilepsy, family history of severe mental illness, and clinically significant history of heart disease to the list of safety concerns
- Require standard elements in the safety plan, regardless of client risk level
- Require the facilitator to conduct a "wellness check" within 48 hours after the administration session to identify if additional medical or therapeutic services are needed.



The second attached document comments on the training program rules and process. The recommendations are tracked in the draft rules and we provided an overview document that outlines the existing rule language, guidance, and rationale for our advice. I believe you will find these recommendations to be consistent with the work of your committees to establish rigorous standards for training, safety, and access.

If you have any questions about the comments, please let me know. I am pleased to engage in more conversations

about our recommendations and why we believe these are important for the safety and efficacy of the program overall.

Sincerely,

Dan Sherwood

From: [nick rocha](#)
To: [Public Health Rules](#)
Subject: Public concern
Date: Wednesday, April 13, 2022 11:13:12 AM

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Hello,

I hope you all are as excited about this movement and historical moment as I am. Although I may have many more concerns, especially with the lack of regulatory information provided to the public. I feel, that when it comes to tracking, only the end product should require tags or “UID”, since the “product in question” is so susceptible to contamination. Current marijuana tags require that the plant must have a tag as soon as it is 12”-24”tall. These plants are exposed to foreign material that may or may not be contaminated. Fungi are not as hardy, and are way more susceptible to any foreign contaminates. Please consider the lifespan of the “product” and understand when it is at its most vulnerable state.

Cheers!

Nick Rocha

(503)933-0148

From: [Traci McCoy](#)
To: [Public Health Rules](#)
Subject: RE: HAF Draft Rule Comments: Safety & Training
Date: Wednesday, April 20, 2022 3:21:41 PM

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Hello,

I'm BEGGING you to include a genetic mental health disease test like <https://Genomind.com> as part of the treatment process so individuals will learn if they are PREDISPOSED to PTSD based on their genetics.

This test, covered by Medicare and Medicaid, also lists all the medications for mental health disease and how THEIR body processes the medications OR if they are PREDISPOSED to mental health disease due NUTRITIONAL DEFICIENCY like MTHFR Deficiency.

I had to turn the job offer to be the first Software Tester in Microsoft's Research and Development Team because of my mental health disease and I cannot SCREAM LOAD ENOUGH from the rooftops of the DESPERATE need for ALL people presenting with mental health issues to be tested with Genomind IMMEDIATELY to identify nutritional deficiencies (that also impact other health issues) and medications that will actually work for them!

Please, please, please add this CRITICAL tool for your patients to TRULY get their mental health FULLY treated!

Sincerely,
Traci McCoy
503-572-0943

Sent from my T-Mobile 5G Device
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From: [jason johnson](#)
To: [Public Health Rules](#)
Subject: RE: Proposed Rules for Psilocybin assisted therapy
Date: Thursday, April 21, 2022 9:09:38 AM

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Colleagues,

I read through the proposed rules and I do have a few concerns that came up specifically around the training of facilitators and the lack of information on minimal level of education. I do feel the information and requirements for additional training is spot on and great, however, my concerns are in this type of work being used as a medicine or therapeutic aid there needs to be a minimal level of education needed. In order to work as a Psychologist or a LPC, LCSW, or MFT in Oregon we must obtain at least a Masters degree which takes at least two years of graduate work to be competent to work with Trauma. The education requirements that state individual will be training in trauma work is a bit concerning considering it is only a few hours of training compared to my over 60 hours of training around treating anxiety and trauma disorders just in my Master program alone. I was hoping for some clarification on if those doing this work will have to have more than a high school education as outlined in the proposition that was voted in or if there is some more specific information I could be directed to.

I am excited about this line of work and hope to be able to incorporate it into my practice in the near future, but do have these concerns.

Warmly,
Dr. Jason Johnson

Jason A. Johnson, Psy.D.
Licensed Clinical Psychologist (#3055)

503-853-4998

1020 SW Taylor St., Suite 245
Portland, OR 97205

www.jasonajohnsonpsyd.com
jasonajohnsonpsyd@gmail.com

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From: nr11655@gmail.com
To: [Public Health Rules](#)
Subject: re: psilocybin rules
Date: Saturday, April 2, 2022 8:55:58 AM

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Dear Folks,

Are you all crazy?

This is exactly how marijuana ended up becoming a recreational drug here in Oregon. Now we have absolutely no safe work force. I have to move my company out of state because I am unable to find anyone that wants to work instead of sitting home collecting unemployment and staying dull. The cartel is going strong, and killings are happening throughout the state.

All that great tax money coming in from marijuana sales is going to the costs of fighting the illegal grows. Along with this trafficking of drugs, we now have trafficking of people becoming a local issue.

If Psilocybin is such a miracle cure then it needs to go through the FDA for approval like any other drug, and be dispensed through the pharmacy. PERIOD

That being said, and it being too late, PLEASE at least keep this under control by patients having to have totally legitimate reasons to need it. Keep it dispensed through a pharmacy on physician prescriptions. ONLY dispense them a true dose of what they would need for a month. Not enough to share with friends, or sell on the black market. DO NOT ever start letting individuals grow or sell this.

We already have a State where the majority of adults use marijuana and sit at home doing nothing to contribute to society. Why? Because our health officers say it is safe and okay. Now they are going to be sitting at home hallucinating and hurting themselves and their children.

I know this is falling on death ears, I am wasting my time. But maybe, more

people that feel the same will write in and you will realize not all of Oregon is on board with this.

Nina Rose

(541) 441-9720

April 22, 2022

Angie Allbee
Manager, Psilocybin Services Section
Center for Health Protection
Public Health Division
Oregon Health Authority

Dear Angie Allbee,

As industry leaders in *Psilocybe cubensis* and microbial pathogen genomics, we have spent decades working with quantitative polymerase chain reaction (qPCR) and culture-based methods for the detection of microorganisms. We are experts in the field with over 40 patents related to qPCR and DNA sequencing based methods for detecting microorganisms. We are also the first to publish the whole genome sequence of *Psilocybe cubensis* [1] and published an additional eighty-four whole genomes of *Psilocybe* mushrooms [2-3]. Kevin McKernan, Chief Scientific Officer at Medicinal Genomics Corporation (MGC) managed the Research & Development team for the Human Genome Project at the Whitehead Institute of Massachusetts Institute of Technology. He has over 46,908 citations related to [his work](#) in this field. The combination of two assays: one for mushroom identification and the other for microbial contamination testing will ensure that the *P. cubensis* products are safe for patients. Due to our concerns for public health and safety, we feel that the Oregon Health Authority Public Health Division Psilocybin Services Section proposed testing rules Sections 333-333-7030 Speciation Testing and 333-333-7070 Contaminant Testing [4] should be **modified**.

In the above proposed regulations, Section 333-333-7030 Speciation Testing subsections (1-3) presently reads:

“(1) A manufacturer must order a test for a batch taken from the first harvest lot recorded in a calendar year to ensure that the lot consists only of *Psilocybe cubensis*. This test must be performed prior to transferring the harvest lot to another licensee or converting the harvest lot to another product type.
(2) Following the test described in section (1) of this rule, a manufacturer must order tests for one batch harvested in each month that a harvest lot is recorded to ensure that the lot consists only of *Psilocybe cubensis*.
(3) A batch fails speciation testing if the test demonstrates that the fungi is a species other than *Psilocybe cubensis*.”

I have reviewed the above three subsections. Our concerns include harvest lot testing frequency and the types of tests that an Oregon testing laboratory could utilize to identify *P. cubensis*, detect poisonous contaminating mushrooms, and any potential human bacterial pathogens.

First of all, MGC recommends that the batches of all harvest lots of *P. cubensis* be tested to ensure that all products are safe for patient consumption. Human mushroom poisoning cases that lead to acute liver toxicity and then death are difficult to diagnose as they sometimes take hours to days to manifest [5-8].

Moreover, after suffering acute liver toxicity, some patients that have ingested the mushroom toxins are prime candidates for liver transplants [9-16]. Unfortunately, liver transplant centers have a history of --disqualifying any patient using drugs [17-18].

Second, the qPCR test to identify *P. cubensis* should be able to accomplish two things - 1) identify harvest lots that are entirely not *P. cubensis* (negative result for unique *P. cubensis* DNA sequences) and 2) identify harvest lots that consist of *P. cubensis*, but contaminated with a look alike mushroom that may even be a toxigenic (positive result for unique *P. cubensis* targeted DNA sequences and positive result for amatoxin genes).

Therefore, MGC recommends that subsection (1) should be **modified** to read:

(1) A manufacturer must order a qPCR test for a batch taken from all harvest lots to ensure that the lot consists only of *Psilocybe cubensis*. This test must be performed prior to transferring the harvest lot to another licensee or converting the harvest lot to another product type.

- (a) The qPCR test must be able to detect unique *P. cubensis* DNA sequences and unique DNA sequences of toxigenic mushrooms that synthesize amatoxins.

Subsection (2) should be deleted and subsection (3) should be renumbered as subsection (2).

The presence of microorganisms is common in natural products, such as cultivated mushrooms. One must be able to differentiate between ubiquitous harmless microorganisms and human bacterial pathogens that have contaminated the dried *P. cubensis* products.

In the above proposed regulations, Section 333-333-7070 Contaminant Testing subsections (1-4) presently reads:

- (1) A manufacturer must submit one or more batches from a harvest lot or process lot for contaminant testing upon written request by the Authority.
- (2) A psilocybin product required to be tested for contaminants under these rules must be sampled using appropriate aseptic technique and tested for total coliform count.
- (3) If the presence of any fecal coliforms is detected the sample must be assessed for *Escherichia coli* (E. Coli)
- (4) A batch fails microbial contaminant testing if the presence of E. Coli at more than 100 colony forming units per gram is detected in a sample.

I have reviewed the above four subsections. Our concerns for this section include harvest lot testing frequency and the required microbial analytes to be tested for.

Since Section 333-333-2010 Psilocybin Production prohibits a manufacturer from using manure in the cultivation of psilocybin products, Section 333-333-7070 Contaminant Testing should be modified to detect specific bacterial pathogens. Generally, coliforms are bacteria that are not harmful and are naturally present in the environment [19]. Moreover, the CDC says that “Most *Escherichia coli* bacteria are harmless and actually are an important part of a healthy human intestinal tract.” [20]. Therefore, a

coliform result of “present in one gm” and then an *E. coli* result of >100 cfu/gm of sample **does not** yield any definitive information that the *P. cubensis* product is actually contaminated with any pathogenic bacteria and is therefore harmful to the patient. Lastly, two specific bacterial pathogens that are found in livestock manure capable of causing disease in humans include the common food-borne pathogens shiga toxin producing *Escherichia coli* (STEC) and *Salmonella* species (all *Salmonella* are pathogenic) [21].

Therefore, MGC recommends that subsections (1-4) should be **modified** to read:

- (1) A manufacturer must submit one or more batches from every harvest lot or process lot for contaminant testing.
- (2) A psilocybin product required to be tested for contaminants under these rules must be sampled using appropriate aseptic technique and tested for shiga toxin producing *Escherichia coli* and *Salmonella* species.
- (3) [Subsection 3 should be deleted]
- (4) [Subsection 4 should be renumbered as Subsection 3]
- (3) A batch fails microbial contaminant testing if the presence of either shiga toxin producing *Escherichia coli* and *Salmonella* species per gram is detected in a sample.

Furthermore, MGC recommends that an additional subsection (4) should be added, which states: "For the purposes of shiga toxin-producing *Escherichia coli* and *Salmonella* species detection, testing shall be performed using a qPCR method using *P. cubensis* as a sample type that has been enriched in a medium that supports the growth of fungi for a minimum of 16 hours."

When one compares qPCR vs. plating methods, the primary advantage of using qPCR detection assays are that they are designed to identify unique short DNA sequences either shared by a “group” of bacteria, such as all *Salmonella* species and STEC subtypes. If the unique sequences are present, then the qPCR test will detect it. Therefore, a qPCR test is very specific, very sensitive, and possesses a rapid turnaround time (6 hours) vs. plating methods that are less specific, less sensitive, and has a very slow turnaround time of multiple days for colonies to form on a plating system. Moreover, MGC has developed a method to remove the DNA that originated from dead cells by using a DNA nuclease enzyme, incubation, & nuclease inactivation step before amplification to detect any DNA originating from live pathogens [22].

I thank you for your time and consideration. If you have any questions, please feel free to contact me.

Respectfully,

Sherman Hom, Ph.D.

Director of Regulatory Affairs
Medicinal Genomics Corporation
sherman.hom@medicinalgenomics.com

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From: [Jeremiah Mccoy](#)
To: [Public Health Rules](#)
Cc: [Kris Young](#)
Subject: Recommendations for psilocybin manufacturers
Date: Friday, April 22, 2022 4:44:28 PM

You don't often get email from jer.mccoy@gmail.com. [Learn why this is important](#)

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Greetings

My name is Jeremiah McCoy. I am the operation manager of a local culinary mushroom farm, PALS mushrooms, based in Portland. We've been closely following the legislation for Measure 109 and are interested in applying for a license to become a manufacturer.

As most of the processes and equipment used for growing culinary mushrooms are the same as those for growing psychedelic ones, we're in a good position to provide information for regulators in shaping the rules that will govern this new industry. Good regulations will allow the state to determine limits on business that then shape the character of businesses that will thrive under those regulations.

We have been wondering, for example, how will the state determine the number of licenses permitted in the state, quantities of product allowed per license, ownership structure, or if the state will regulate minimum or maximum sales prices? Also, if there are more applicants for licenses than are available, how will the state determine who gets a license, if all other requirements are met?

Production levels and best practices:

Our business models show under legalization with balanced growth, a medium sized farm would be able to produce from 1 to 2 tons of base product, (dry psilocybin cubensis) per year, and make a reasonable profit, at sale prices around half of the current black market price.

A relevant question is then: how many tons of cubensis mushrooms will the people of Oregon consume in a year? We won't know for certain until at least a year has passed after legalization, but we can estimate. If ten percent of the Oregon population (400k people) underwent psychedelic therapy at 1 gram per week (roughly 50 grams per year) to supply the entire state would require around 20 tons per year, or the total output of roughly ten medium-sized farms. Even one large industrial-scale farm could theoretically produce that much.

This will also produce roughly 200 tons per year of myceliated waste substrate. This species is not native to our climate and poses very little threat of spreading through industrial waste disposal. There has been some conversation regarding treating waste to kill the mycelium, however it is our opinion this should be unnecessary due to the very specific conditions required for the mycelium to produce fruiting bodies.

In terms of systems to ensure good tracking and best farm practices, I would like to recommend the model of the federal Organic Certification program. This requires a full operational plan, inventory tracking system, approved standard operating procedures and a fully vetted supply chain. It would make a very good example of the kind of certification process that could be easily implemented both in the Measure 109 legislation and by commercial producers.

Price, access, and equity:

An important part of the conversation is price. When taking into account labor, overhead, and many other factors, wholesale mushroom production can be very affordable for the consumer, even at current (black) market prices for psychedelics. If the market value of a pound of dried cubensis mushrooms turns out to be around \$500 per lb, for example, a single dosage amount (1g) costs barely more than \$1.00. So in terms of access, it is not necessary to flood the market to bring prices down to increase access.

The access to healthcare is a vitally important issue for all Oregonians, and all people generally. The scope of full universal healthcare is beyond this measure, but there is coverage for many under the Oregon Health Plan. We hope there will be programs to allow those in underserved communities to have access to the benefits of this therapy through state sponsored insurance.

There has also been deep conversation regarding equity. In that regard, it seems the goal of regulation should not be simply a cheaper price for these sacred medicines, but an equitable distribution of ownership among diverse manufacturers and practitioners. If we want to consider equity for what it means both financially and socially, the issue we wish to avert through policy is monopolization.

My recommendation is to find the best estimate of the overall demand, then limit the production of individual farms to a level that still allows a profit for a greater number of potential manufacturers. This needs to be done intelligently and in a way that balances supply with demand, while allowing the greatest diversity in opportunities for those who want to become part of this emerging industry. There is room for many to engage in this endeavor, but we should also be mindful of those who are entering into this business solely for the potential of profit, or try to own something which should belong to everyone.

Many thanks for your hard work, and we appreciate the opportunity to make these public comments. I am very excited to see Oregon become the first state to embrace this ancient medicine, in a good way, to bring great benefits to those suffering. It is an enormous moment for us as a state, as a society and as a planet, and I believe this movement will have a great impact for a better future on Earth.

Feel free to reach out if you would like any other information or advice regarding the commercial practice of mushroom cultivation.

Sincerely,

Jeremiah McCoy

PALS Mushrooms, Operations Manager

8940 North Bradford, Portland OR 97103
360-603-2586

From: [Hunt Priest](#)
To: [Public Health Rules](#)
Subject: Religious Use
Date: Friday, April 22, 2022 4:55:52 PM
Attachments: [PastedGraphic-4.tiff](#)

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To Whom It May Concern:

I am an ordained clergyperson in The Episcopal Church and the Executive Director of Ligare, a Christian Psychedelic Society. www.ligare.org

As a participant in the Johns Hopkins/NYU Psilocybin Religious Professionals Study and experienced firsthand the healing power of psilocybin. I realized then, and continue to believe that a religious community can offer the support that people need in order to benefit from the full healing potential of psilocybin. As we know, psilocybin and other entheogens have been used for millennia in traditional religious settings and there is also evidence that they have been used in Christian and Jewish settings as well.

As both a religious freedom issue and understanding that religious communities could be a low to no-cost resource for supporting people in emotional and spiritual healing, I encourage you to include religious use as part of your Measure 109 work. I believe religious communities can be extremely helpful in addressing the access issues by lowering the cost associated with these treatments.

There is a growing number of Christian leaders in the US and Canada creating the infrastructure for legal and safe use of entheogens in the context of the Christian community. I would be honored to talk with anyone in the OHA about this matter.

I would like to reiterate the input Dr. William Richards provided to the board. He is one of the leading experts on entheogens and one of the lead researchers on the Johns Hopkins/NYU Religious Professionals study mentioned above. (1) Psilocybin in mushrooms or as synthesized substance provides access to many different states of human awareness, some powerfully facilitative of psychological and/or spiritual development; (2) The safety and probability of benefit are best ensured when preparation/education is provided in the context of a supportive relationship or community, either in a framework of mental health or of religious care; (3) When wisely integrated into our culture, psilocybin may well significantly decrease human suffering and promote the fuller realization of values such as peace, respect for diversity and compassion; (4) Access to this molecular tool for those who desire it, whether in medical or religious contexts, may be seen as a fundamental human right to explore our own minds. William A. Richards, M.Div., PhD., psychedelic researcher and author of *Sacred Knowledge: Psychedelics and Religious Experiences*.

The Rev. Hunt Priest, Executive Director



[About Ligare](#) + [A Resource List](#)

From: [Sally Bartolameolli](#)
To: [Public Health Rules](#)
Subject: Religious Freedom for Psilocybin Use
Date: Wednesday, April 20, 2022 7:28:53 PM

Please consider honoring the rites of individuals to practice ceremonies and rituals that bring healing and well-being to all. The research of psilocybin use clearly indicates its safety and spiritual benefits for all.

Stop intervening on religious practices and respect the freedom of each individual to practice as desired when there is only benefit to community, emotional well-being, and spiritual enlightenment.

Sally Bartolameolli, M.Ed. & M.F.A. in Creative Writing, Shadow Work® facilitator/coach, author, creator of Ancestral Weaving,™ teacher and archetypal guide.
www.sallybartolameolli.com

<https://shadowwork.com/sally-bartolameolli/>
<https://www.youtube.com/watch?v=jBKFBke5oZA&t=4s>

Barbara Moulin-Franco (Jyoti Ma)
Ashland, Oregon

publichealth.rules@dhsosha.state.or.us

Below are my written comments on the proposed training rules:

3050 Core Psilocybin Training Requirements

- (1) Programs shall provide core training that consists of at least 120 hours of instruction. At least 25% of core training hours shall take place in an in-person teaching format.

120 hours is sufficient for people to learn the core skills needed to facilitate. With so many diverse facilitators from various disciplines and traditions, it is critical to focus facilitation training on psilocybin science and experiences, rather than adopting traditions or methods from spiritual practices, cultural traditions, psychology or any other specialized approaches.

The skillset required to prepare, supervise administration, facilitate, and help the client integrate the experience is independent of any other specialized practices a facilitator may incorporate under other licenses they may hold. The 88 hours in the proposed curriculum that are devoted to learning the knowledge and skills required to facilitate are sufficient, however, please see my additional comments on the content of those hours below.

It is more equitable and accessible if the in-person training hours could be waived for students who do not live within 100 miles of a training location. There are people all over Oregon who are planning to be facilitators. Those in rural areas will not have access to in person training without the expense of travel and having to take time off from work. I live in Ashland, Oregon and there are no training programs being planned in my area. My company will pay for training for 6-10 staff. This will require a ten-hour round-trip drive to Portland, or flights and rental cars, in addition to lodging expenses. The training is also going to be very expensive, around \$8-15,00 per person. Exemptions should be made for anyone living in remote, rural locations, and they should be allowed to join the in-person meetings via video link. With the synchronous learning requirement and an in-person practicum, there will be sufficient ability for trainers to get to know the students and observe them throughout online training and supervised practice.

- (4)(i) Group facilitation - 12 hours of training.

I believe it would be more practical to have 16 hours of training rather than 12, devoted to the practice of group facilitation in the practicum. Psilocybin group facilitation requires a minimum of 8 hours, including clients' arrival and ingestion process, and ensuring there is sufficient time for all clients to get re-oriented and be able to depart safely when the experience ends. Increasing this portion of the training to 16 hours will give students the correct understanding of how much time is required for a group experience, and give them the opportunity to facilitate two groups instead of one and a third groups, or two short groups (12 hours)

3060 Psilocybin Training Curriculum modules

(2) Cultural Equity, its relationship to health equity and social determinants of health

It has been recommended by the Equity Subcommittee that licensed psilocybin services centers and licensed psilocybin services facilitators be required to write and submit a social equity plan. Regardless of whether or not this recommendation is adopted by OHA, I would like to learn, and have my team learn, how to create a social equity plan. This will encourage practitioners and facilities to adopt social equity plans.

(A) Oregon Facilitators Code of Ethics

The Code of Ethics section needs to include training related to self-governance and self-regulation when working with clients. This is an important topic and skill for them to develop the ability to objectively review their behaviors and feelings and stay in compliance with the Code of Ethics.

(F) History of abuse of power associated with psychedelics

This section cannot simply address history. There are a number of abuses that have taken place, and are currently taking place at a shocking rate, in psychedelic-assisted psychotherapy, in private practice settings and in clinical trials. One of the most focal, and potentially rife, issues identified in a study published in the [Journal of Humanistic Psychology](#) involves sexual abuse between psychedelic therapists and clients. Training programs need to provide this information to help students understand how prevalent this issue has become and how it can be prevented.

It is well documented that intensification of sexual feelings is common under the influence of psilocybin and other psychoactive drugs or plants. Perhaps what is less discussed currently, is the tendency of therapists to develop a messianic complex while working with psychedelics in therapy, leading them to believe that they are the hero of the client's journey, know what is best for the client despite the client's requests or preferences, and are the cause of the client's healing, or mystical experience. This risk needs to be clearly addressed in the training, along with information on how a facilitator can manage the client's feelings and maintain an attitude of humility and strong boundaries. Students need to understand the legal implications for sexual, emotional, and physical abuse of clients.

(H) (d) Accurate record keeping and client confidentiality

Why do facilitators need to keep records? What is the extent of the records? Can a client who visits only once opt out of records being kept? What if a client requests that no records of their visit be retained? Some clients may not consent to record keeping.

Members of the public who are seeking psilocybin services are not required to have any kind of diagnosis to access those services. They have a greater right to privacy than medical or clinical patients who know that records will be kept. Psilocybin services are vastly different from a doctor or therapist's office. While medical models may require record keeping, it doesn't seem appropriate for consenting adults who wish to experience Psilocybin.

Barbara Moulin-Franco (Jyoti Ma)
Ashland, Oregon

Taking Psilocybin is a deeply personal choice and clients have a right to anonymity. Keeping information is incompatible with client confidentiality. The facilitator may not have any way to keep personal information private.

(4) Psilocybin Pharmacology, Neuroscience and Clinical Research

Please specifically require the inclusion of training in altered/non-ordinary states of consciousness, the neuroscience of consciousness, the Hallucinogen Ratings scale, the Mystical Experiences questionnaire, research related to dosages and effects for micro and full doses, review current studies, resources for additional research

(5) Core Facilitation Skills

Include training in techniques to sustain prolonged focus and attention and details on creating set and setting

(6) Preparation and Orientation

This section must include training in how to help the client develop their intentions and goals, writing a client administration session plan, a client questionnaire to help them define what they would like to include or exclude in their session, and tools for evaluating anxiety and stress.

(b) The intake form and process must not include taking a trauma history. OHA must not require a Psilocybin facilitator to ask clients about their trauma history during intake, preparation or at any time. Please review the attached Appendix A at the end of these comments for a white paper I have written on the risks and contraindications of taking a trauma history as a part of Psilocybin services. Please also review the references and citations included in Appendix A

(7) Administration – Include what happens during a psilocybin session, how long it may last, the sequence of the effects at each stage of the experience, reassuring the client, how to be present and calm, how dosage relates to risk and difficult experiences, how to support the client to stay present and reconnect if needed, techniques to help clients feel grounded

(10) Integration – Include the use of MEQ30 and other appropriate questionnaires, review of client's intentions and next steps. Also include techniques for integration, including effective breathwork methodologies.

(11) Group facilitation – Include determining set and setting for groups, group dynamics, how to work with a co-facilitator(s), advance planning for group facilitation

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(6) Psilocybin Facilitator Practicum Requirements

Practicum hours would ideally support experiential understanding of the length and process in individual and group Psilocybin sessions. With that context, the requirement would ideally allow for 24 hours of direct practice in individual sessions (three sessions), 24 hours observation in individual sessions (three sessions), 12 hours of direct practice in group facilitation (2 sessions), 12 hours observation in group facilitation (2 sessions) and 10 hours consultation with practicum supervisor for a total of 82 hours.

3080 Accelerated Training Hours

(1) Programs may confer...accelerated training hours...

There would ideally be consideration given to those who have been practicing Psilocybin facilitation for many decades in traditional or therapeutic settings. There needs to be consideration of grandparenting for those who are highly qualified, or at the very least, credit given for previous entheogenic facilitation and expertise.

(3) Documents and criteria – This should specifically include letters of reference and testimonials for those who have been facilitating psilocybin sessions for more than 5 years.

Appendix A

Risks of taking a trauma history prior to psilocybin administration

Remembering trauma activates the survival mode in the amygdala and can cause a fear response. The person may experience anxiety, anger, dissociation, or other psychological reactions to this stimulus. This heightened state of fear releases adrenaline and induces stress that could be retraumatizing for some trauma survivors. For these reasons, asking a client for a trauma history is generally considered to be a part of the scope of practice for a licensed professional psychotherapist. It may be outside the scope of practice for a licensed psilocybin facilitator who is not otherwise qualified to manage traumatic stress reactions.

In clinical, outpatient, trauma treatment settings, a trauma history is generally not taken at intake, and would instead take place in a later session. This allows the client to build rapport with the counselor before giving a history that can evoke difficult emotions. It also gives the counselor a few meetings to assess the client's readiness and self-regulation skills, before directly addressing traumatic events. In some cases, the trauma history may need to be taken over a series of sessions to allow the client time to regain resilience.

Psilocybin may evoke anxiety and fear in the initial phase of the experience for some people. Over the course of the experience, psilocybin reduces reactivity to negative emotional stimuli by its effects on the amygdala. When a person is in a relaxed and comfortable state of mind, they may experience anxiety or other intense emotions as the psilocybin experience gets underway. Likewise, trauma may be recalled during the first phase of administration. These states of distress typically decrease and change into positive experiences as the session comes into the plateau.

Barbara Moulin-Franco (Jyoti Ma)
Ashland, Oregon

When a person has just recalled all of the traumatic events they have experienced, whether by writing them or during an interview, the amygdala may already be stimulated into survival mode. If they are given psilocybin in this state, there could be an increased risk that the person will undergo unwanted adverse psychological effects that may be more severe and/or that may last throughout the administration session, i.e., they could have a “bad trip.”

To reduce the risk of adverse psychological events during psilocybin administration sessions, facilitators should not be required to discuss the client’s trauma history but should instead collect more general information regarding client trauma and proceed as suggested below or in a similar appropriate manner.

People receiving psilocybin services and licensed facilitators can benefit from this important safety precaution. The client should be supported to be in the best possible state of mind and state of brain chemistry prior to their administration session to reduce risks and enhance their experience.

Suggested questions to replace an intake trauma history in Psilocybin Services -

1. Have you ever been diagnosed with PTSD, CPTSD or a Dissociative Disorder?

If yes – Are you currently working with a psychotherapist? If yes, would you like to provide us with their name and number to contact on your behalf if you request it at any time during your session? If no, did you have psychotherapy in the past?

2. If no diagnosis, have you experienced any significant traumatic events? Yes or No.

If yes, would you like to talk to the facilitator about this? If yes, facilitator will facilitate a client led conversation. If distress is noted during the discussion, facilitator will monitor the client and check in* again after the intake is complete. If client is experiencing distress or anxiety after completion of the intake, facilitator should schedule the administration session no sooner than 1 week after intake and check in* on how the client is feeling before proceeding. (*Facilitator can use screening tools to assess levels of anxiety prior to administration.) When high levels of anxiety are already present, psilocybin should not be given.

If no, next question.

Resources:

How PTSD affects the brain

<https://www.brainline.org/article/how-ptsd-affects-brain>

Neural correlates of the psychedelic state as determined by fMRI studies with psilocybin

<https://www.pnas.org/content/109/6/2138>

When and when not to process trauma

<https://www.psychologytoday.com/us/blog/expressive-trauma-integration/201804/trauma-processing-when-and-when-not>

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Ashland, Oregon

Counselors must assume responsibility for protecting PTSD clients from re-traumatization during treatment. In addition to watching for overstimulation, regression, and dissociation in the sessions, they should check for an increase in out-of-session symptoms or addictive responses. https://www.counseling.org/docs/disaster-and-trauma_sexual-abuse/everything-counselors-and-supervisors-need-to-know-about-treating-trauma_bicknell-hentges-lynch.doc

Self-reported negative outcomes of psilocybin users: A quantitative textual analysis
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0229067>

MATTHEW S. JOHNSON

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P.O. Box 23033

Eugene, Oregon 97402

April 21, 2022

To: The Oregon Health Authority, Oregon Psilocybin Services (OPS)

Re: Response to Draft regulations for implementation of ORS chapter 475A, the Oregon Psilocybin Services Act.

Intro

My name is Matthew Johnson. I am Vice President and Foray Coordinator of the Cascade Mycological Society (CMS), a 501c3 nonprofit organizations dedicated to educating the public about fungi. I am also an attorney admitted to practice law in the State of Oregon and Federal District Court. These remarks represent only my opinions.

I grew up in the San Francisco area and came of age in the late 60's and early 70's. At the age of 14, I began reading books like Aldus Huxley's "Doors of Perception." I have not stopped reading since. I am familiar with the historical, experimental, medicinal, and recreational use of psychedelic substances. Over the years, I have used many of them, including mushrooms.

I began informally studying fungi in the mid 80's. I began formal study in 1989 when I took the class, "Biology of Mushrooms" from Freeman Rowe at Lane Community Collage. Beginning in 1989, I have assisted with the set-up and running of the Mount Pisgah Arboretum Mushroom Show, one of the largest displays of individually identified mushrooms in the country. I have also volunteered at the Yachats Mushroom Festival since 2006, mostly leading guided mushroom walks.

Over the years, I have gained considerable identification and cultivation skills. I have successfully grown many species of mushrooms. I regularly participate in educational activities including attending the CMS monthly fungal lecture series and providing field instruction to foray groups on mushroom identification and related subjects.

In the past, I have found and identified at least three separate species of *Psilocybe* in various places around Oregon. They include both mushrooms growing in natural habitat and in human altered habitat. I have studied and read extensively on the subject of *Psilocybe* mushrooms. I have experience using several different species, including *cubensis*.

Concerns

Currently the underground commercial market for *Psilocybe* mushrooms is dominated by *Psilocybe cubensis*. There are many reasons for this. These are among the easiest to grow. They are probably the first to be cultivated on a large scale and folks have been doing so since the late 80's. Many methods for large scale production of *cubensis* have been tried and developed and large scale cultivation has evolved over the last 30+ years.

Many of these growers are not mycologists or scientists. While they may understand or be trained on how to grow this particular species of fungus, they are not generally familiar with other species or fungus. They are unfamiliar with, not only how to grow other species but, the different properties of other species.

There is considerable misinformation circulating among this underground community of growers that is not based on scientific research. It is self promoting and self serving. It does not reflect the current scientific consensus.

The rules as now proposed favor *cubensis* growers and implicitly accept their representations about the optimal species and growing methods. The rules reject all species except *cubensis*. They also preclude certain growing methods. I will address both issues.

1. Cultivation Substrate

The easiest method of growing large amounts of *cubensis* is to use manure. Over the years large scale growers have developed (proprietary) methods of creating “composted manure.” Any knowledgeable grower that uses manure, uses composted, sterilized manure. It just makes sense as a way to limit contamination. The problem is these proposed rules merely mention “composted dung” without further qualification or explanation. My concern is that large growers will challenge the methods of smaller operations to produce “composted dung” claiming their, possibly proprietary method, is the only legitimate method. The rules, rather than banning a growing method, should clearly explain acceptable methods and substrates.

Most other species of *Psilocybes* are generally grown on wood chips. There is nothing inherently unsafe or dangerous about this substrate. Many growers of *cyanescens*, *azurescens*, *allenii*, and other species rely on pasturized wood chips as the principal substrate for cultivation. Eliminate use of this medium and you cut out any possibility for including these widely grown and used species for inclusion under this program. There is no scientific, health, or, safety justification for prohibiting the use of this substrate for growing *Psilocybes*. The only reason to prohibit this medium is to limit the available of these other species of mushrooms. Again, this merely protects the large *cubensis* grower and cuts off competition.

It appears that the major justification used for limiting the available species of mushrooms is an oft-repeated but scientifically suspect claim. It involves something called “wood lovers paralysis.” The claim is that cellulite consuming mushrooms can cause a form of paralysis.

There is no good scientific evidence to support this claim. There are toxins present in some mushrooms known to cause paralysis. Mushrooms containing these toxins include a range of mycorrhizal, and saprophytic, mushrooms (*Psilocybe* are saprophytes). No compounds have been identified in any species of *Psilocybe* that causes paralysis.

Incidents of paralysis have been noted from the use of *Psilocybe*, but these are not limited to the cellulite preferring species and include incidents involving the use of *cubensis*. Many people exhibit negative or allergic reactions to eating mushrooms. This is true of *Psilocybe* mushrooms as well. Paralysis, while not a common allergic reaction, is well documented. Anecdotal or unscientific reports about a species of mushrooms, by those who grow and sell a different species of mushroom, are inherently unreliable.

While “composted wood chips” are allowed as a growing substrate, this would present problems to growers. Composting wood chips, as opposed to composting manure, is a long and difficult process. It is entirely possible that it works as a growing substrate, but I am unfamiliar with any method of cultivating *psilocybes* using it. The most common method of cultivation for wood lovers involves the use of sterilized wood chips. This is safe, easy and effective. The requirement of “composted wood chips” is just another way to limit inclusion or use of certain other species.

I will also point out that *Panaeolus cyanescens*, a particularly potent psilocybin containing mushroom, is also prohibited by these rules. Anecdotally, this mushroom also produces less “body load,” nausea, and similar symptoms than *cubensis*. It is prohibited despite the fact that it, just like *cubensis*, is a “dung loving” mushroom which grows well on composted dung. The “wood lovers” myth does not apply to these mushrooms and yet they are not permitted. There appears to be no other justification for this exclusion except to protect *cubensis* growers.

2. Species

There are a number of species of psilocybin producing mushrooms. Many are much more potent than *Psilocybe cubensis*. E.g. *Psilocybe azurescens* or *Panaeolus cyanescens*. Many are just as easily cultivated and some are grown on the same manure substrate. E.g. *Panaeolus cyanescens*. There are good reasons to permit alternatives to *cubensis*.

There are reliable studies reporting a greater “body load” associated with the *cubensis* species. Body load is defined as an uncomfortable physical feeling, including; upset stomach, head aches, dizziness and overall physical discomfort. These effects have been reported to occur much more often and with greater intensity with the use of *cubensis* as opposed to the “wood loving” mushrooms. Anecdotally, I can confirm experiencing a greater body load with *cubensis*. Younger folks may be less susceptible to the body load experience. This phenomena, while well documented, has not yet been extensively studied.

Early indications are that the lower body load associated with some mushrooms may be related to the presence of baeocystin, norbaeocystin, serotonin, and other compounds. These compounds occur in amounts, both overall and in relation to the psilocybin content, in much

lower amounts in *cubensis* than the "wood loving" species.

Chitin (an indigestible substance common to all mushrooms) is roughly equal in all species of *Psilocybe*. This substance may also contribute to body load. Unfortunately it is necessary to consume more *cubensis* to get an equivalent amount of psilocybin, thus requiring consumption of greater amounts of chitin. This body load experience can easily ruin a psychedelic experience and potentially create an adverse reaction to the experience.

Finally, as compared to *Psilocybe azurescens* or *Panaeolus cyanescens*, the potency of *cubensis* can be as little as one third as strong and less than half of several other species. This results in 1) the need to consume more *cubensis* to achieve the same potency of other species; and 2) a higher likelihood of discomfort and body load. This seems counter productive to the purpose and intent in the use of these substances.

My Recommendations

First and foremost, it is essential to allow the use of other species of mushrooms. The myth of "wood lovers paralysis" is not supported by the scientific research. Limiting the use of the cellulite consuming species for this reason is a pretext. If this were truly the reason to limit species, why prohibit other more potent psilocybin producing mushrooms, e.g. *Panaeolus cyanescens*, which grows on manure, not wood?

Testing for species will already need to be part to the regulations. Adding other species will not require a major change in this process. Testing for potency should be part of the regulations as well. Use of other mushrooms with higher potencies, will require smaller amounts to be consumed, this in turn will lower the consumption of potential harmful substances.

Finally include advocates for different species on your rule making board. It would appear there are only voices advocating for *cubensis*. This does not serve the interest of all Oregonians. There are other better alternatives, they should be considered and included.

Sincerely,

Matthew Johnson
Attorney at Law



April 20, 2022

Via Email: publichealth.rules@dhsosha.state.or.us

Oregon Health Authority
500 Summer Street, NE, E-20
Salem, OR 97301-1097

Statement Regarding the Oregon Health Authority's Notice of Proposed Rulemaking Submitted by the Religious Use Committee of the Psychedelic Bar Association

The Psychedelic Bar Association (“the PBA”) is an association of attorneys and legal professionals dedicated to solving the novel legal and policy issues impacting the emerging psychedelics sector. The PBA Religious Use Committee provides expertise around the intersections of law, policy, psychedelics, and religion. The PBA Religious Use Committee offers this Statement of Concerns regarding the proposed regulations governing the Oregon Psilocybin Service Act (“the Act”).

At the outset of our statement, we express our full support for the Oregon Health Authority’s (“OHA”) interest in and commitment to promulgating thorough regulations that provide for the safe administration of psilocybin-facilitated mystical experiences; preventing diversion into illicit markets; and ensuring the expeditious rollout of the regulations by the end of the year to comply with the Act.

Measure 109 was a breakthrough in state law, providing the nation’s first statutory framework for the supervised, adult use of psilocybin. The statute promised voters an alternative to the medical and therapeutic models for healing by providing supported adult use of psilocybin. An established and critical component of adult use psilocybin is religious use.

Religious/Spiritual Community Use Is Currently Unprotected under State and Federal Law

Many religious communities have worked tirelessly to secure the freedom to use religious sacraments that contain psychedelics. Yet this freedom is far from secure. Currently, no state or federal law protects religious communities or practitioners who utilize psilocybin from being prosecuted by Oregon law enforcement. As charitable non-profit organizations, most if not all of these communities and practitioners lack the resources to hire attorneys to secure their rights. Measure 109 promised to welcome these communities into a legitimate legal framework. However, we believe that some of the proposed rules for implementing Measure 109 would substantially burden such communities and force them to operate illegally while remaining in the shadows. We respectfully request that OHA amends its proposed rules to accommodate the unique practices of religious organizations and practitioners.

This sincere religious practice is a matter of considerable public interest. We note nearly half (49%) of the respondents to your Community Interest Survey indicated that their interest in accessing psilocybin under Measure 109 was for spiritual purposes. For context, the interest in spirituality ranks higher than interest in psilocybin for trauma-related issues (47%), addiction and substance use (17%), end of life psychological distress (10%), or “other” reasons (9%). No option was offered in the survey to indicate a “religious” interest in psilocybin, although we know that interest to be substantial. Given the long history of religious psilocybin

use, the failure to include religious practitioners, and the overrepresentation of medical practitioners on the Oregon Psilocybin Advisory Board (“the OPAB”) was a significant oversight.

Reasons to Reconsider the Proposed Regulations in Light of Religious/Spiritual and Communal Use

Given the fact that Measure 109 created an adult use model, rather than a medical and therapeutic-only framework, we believe that religious practitioners and their perspectives must be acknowledged in the proposed rules. For the following reasons, we strongly recommend the OPAB reconsider some of its proposed regulations to provide for the regulatory protection and support of religious and ceremonial use of psilocybin:

- To mitigate the risk of future litigation by adherents who have been shut out of their long-standing practices by failure to provide for religious use;
- To embrace the added safety that can come from entheogenic practice within sincere religious communities, which requires adapting rules to suit their unique needs;
- To provide a way for religious practitioners to avail themselves of oversight and services when they would otherwise be forced to remain underground by the regulations as written.
- To honor the history of religious use as well as the emergence of new religious traditions; and
- To avoid scientific reductionism that is at odds with Indigenous and religious ways-of-knowing to heal our psycho-spiritual ailments.

Burdens on Religious/Spiritual Exercise

The regulations as proposed risk imposing a western medical and therapeutic paradigm that reduces the impacts of psilocybin and its mechanisms of action to purely neurobiological and psychopharmacological terms. This is antithetical to the religious views of many communities who work with psilocybin and regard psilocybin as an unknowable, ineffable catalyst for personal, spiritual and religious development. More specific issues in the proposed regulations that burden religions that use psilocybin include but are not limited to:

- Failure to provide for a manufacturing endorsement specifically related to the religious beliefs about psilocybin;
- Mandatory potency testing for psilocybin, which imposes a western reductionist approach on the use of psilocybin in a religious context and contributes to affordability challenges;¹
- Prohibiting the manufacture and dispensing of all but one species;
- The potential for training programs to discriminate against experienced entheogenic practitioners who apply for accelerated training credit;
- Potentially limiting dosage based on clinical trial limits not taking into account a long history of safe entheogenic use that may utilize different dosing protocols; and
- The potential for OHA to deny or delay approval to entheogenic practitioners who apply for training program approval because they lack access to a licensed service center to satisfy the required practicum.

OHA’s Authority to Regulate for Religious/Spiritual Use

Measure 109 provides the OHA with broad statutory authority to implement psilocybin rules tailored to religious practice and practitioners. *Section 8(1)* grants OHA the powers “necessary or proper to enable the authority to carry out the authority’s duties, functions and powers under sections 3 to 129” of the Measure. The words “necessary and proper” indicate that the OHA has not only those powers specifically enumerated in sections 3 through 129; it also has implied powers that have not been spelled out. Measure 109 has not

defined the phrase necessary or proper. However, the Supreme Court of the United States has interpreted “necessary and proper” to mean something that is useful or beneficial to achieving a certain task. Therefore, the OHA can arguably exercise implied powers not listed in sections 3 to 129 of the Measure if exercising them would be useful or beneficial to the exercise of the powers spelled out in sections 3 to 129. That alone gives the OHA broad discretion.

The following non-exhaustive list includes sections of Measure 109 that empower the OHA to create rules to accommodate religious practitioners.

Section 24 empowers the OHA to adopt rules that designate different types of manufacturing activities and endorsements that allow licensed entities to engage in those activities. The section gives the agency broad discretion to determine the types of manufacturing activities and endorsements it will allow. Nothing in Section 24 prohibits the OHA from creating a religious manufacturing endorsement as recommended by OPAB's Licensing Subcommittee.

Section 25 empowers the OHA to create rules that limit psilocybin product quantities. Nothing in the rules prohibits the agency from creating different rules regarding quantity limits for different types of licensed entities such as religious and secular organizations.

Section 26 empowers the OHA to create rules regarding service center licenses and fees. Subsection 3(b) gives the OHA the power to set application, licensure, and renewal fees for psilocybin service center operators. It does not require those fees to be uniform across the industry, which gives the OHA discretion to establish different fee structures for different types of service centers such as religious and secular organizations.

Subsection 3(d) gives the agency power to require service center operators to meet public health and safety standards and industry best practices established by the agency. It explicitly gives the OHA the power to set those standards and best practices and does not prohibit the agency from creating different standards and best practices for various types of service centers.

Section 8(c) empowers the OHA to adopt rules necessary to carry out the intent and provision of sections 3 to 129, "including rules that the authority considers necessary to protect the public health and safety." The addition of the word including suggests that public health and safety are two examples of the goals of sections 3 to 129 rather than an exhaustive list. Otherwise, Section 8(c) would have included words such as "consisting of," or "comprising rules that the authority considers necessary to protect the public health and safety." Consequently, Section 8(c) indicates that the powers given to the OHA to carry out provisions 3 to 129 are broader than those that protect public health and safety. In other words, the agency is empowered to adopt rules that promote other values such as the free exercise of religion or the accessibility of psilocybin services.

Finally, in addition to Section 8(c), which applies only to sections 3 to 129, *Subsection (C)* empowers the OHA to regulate the use of psilocybin products and psilocybin services "for other purposes" deemed necessary or appropriate by the authority. The phrase "for other purposes" indicates that the OHA may create rules that achieve purposes that are not explicitly stated in sections 3 to 129 or implied from them. This too means that OHA can

create rules for the purposes of accommodating religious practice.

The religious and ceremonial context has been the container for psychedelics since humanity has used these sacraments and healing technologies. We believe that incorporating measures such as the religious manufacturer endorsement, as recommended by the OPAB's Licensing Subcommittee, and the "Entheogenic Practitioners Privileges and Duties" framework, approved by the Health Equity and Licensing Subcommittees, into Oregon's psilocybin regulatory framework will secure freedoms consistent with the privileges that have been afforded medical and corporate interests. Implementing these suggestions, in whole or in part, would help safeguard religious liberty and public health through carefully crafted measures that balance both important interests. Oregon should not regulate the activities of religious communities the same way it regulates psilocybin service centers that resemble luxury resorts. Fortunately, Measure 109's broad language provides OHA with the statutory authority to create rules tailored to accommodate both equally.

In short, the promise of Measure 109's adult use paradigm must include a religious paradigm. We feel strongly that the rules Oregon adopts ought to be drafted in such a way that Maria Sabina could run a training program, operate a service center or manufacturing facility, afford to participate in a ceremony or hold religious ceremonies with psilocybin. We strongly urge you to reconsider the OHA's proposed regulations in light of the long-standing religious use.

Finally, our committee kindly requests a meeting with the OHA to discuss our concerns and strategize on solutions.

Sincerely,

Religious Use Committee
Psychedelic Bar Association

** This statement is offered by the attorney and legal professional members of the Religious Use Committee of the Psychedelic Bar Association as a result of a consensus process and should not be ascribed to the Psychedelic Bar Association membership as a whole.*

¹The lack of inclusion of religious use of psilocybin in Oregon's proposed regulations also touches upon serious issues of equity, affordability, and access, and reproduces inequalities inherent in the western medical and therapeutic models. While these issues are substantial, they deserve full and separate consideration not within our committee's direct scope. That said, we take seriously the concerns expressed by members of the public that the proposed rules would create a program that is unaffordable to many people. 516,000 Oregonians and 37.2 million Americans live in poverty. BIPOC communities, members of the LGBTQIA+ community, people living with disabilities, victims of domestic violence, and single mothers experience poverty at much higher rates than the general population. Although OHA notes in its Statement on racial equity that there is "no data available to suggest that racial populations will use psilocybin services at different rates," there is data to suggest that racial and other marginalized populations will be unable to afford psilocybin services at higher rates than the general population. There is also new research that suggests that psilocybin and other psychedelics are effective in helping to heal racial trauma.

From: [Guy Borgford](#)
To: [Public Health Rules](#)
Subject: Sacred Medicine Access
Date: Monday, April 18, 2022 9:26:05 AM

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Hello:

I just wanted to comment on the upcoming rules and regulations around psilocybin in Oregon.

Psilocybin has changed my life and probably saved it. I began a spiritual practice of meditation about 3 years ago, which led me to the respectful and sacred use of plant and fungi medicine to address past trauma.

Without getting into details, I've been able to overcome addictions, process PTSD, and adopt a rich, spiritual, and loving existence committed to the service of others, thanks to this beautiful medicine.

Allowing religious and spiritual practitioners to hold ceremonies using this sacrament will enable accessibility, affordability and scalability of this critically important medicine. Yes, the clinical therapeutic model is important as part of this move to tackle our global mental health epidemic, but it falls far short in its ability to meet the massive demand for this medicine.

Our mental health crisis is a spiritual crisis and religious and spiritual practitioners have a vital role in providing this powerful path to wellness and spiritual wholeness through the Consciousness of the sacred mushroom.

Please act from your heart and let love guide your decision to allow this expanded access to Nature's incredible gift to humanity.

With gratitude,

Guy Borgford

From: [brad carrier](#)
To: [Public Health Rules](#)
Subject: state of consciousness
Date: Monday, April 11, 2022 11:39:56 AM

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States are not just geographical locations, they are also states of consciousness. Consider, for instance, Vermont, Alabama, and Texas.

Oregon is at the forefront of allowing for the exploration of consciousness via relaxed rules regarding cannabis, peyote, and mushrooms. I am in favor of allowing supervised sessions for various promising substances for therapy and for consciousness expansion. Oregon could become a destination for those from other more restrictive states, a sort of medical/therapeutic/spiritual option. Psychedelic Tourism.

Thank you for allowing comments and for responsibly exploring our options.

Byron B. Carrier
362 Oxford St.
Ashland, OR 97520

--

"We are born of Eden, and for it."

Byron Bradley Carrier

www.Earthlyreligion.com



From: [Michelle Christensen](#)
To: [Public Health Rules](#)
Subject: statement in support of religious liberties and entheogenic community in Oregon's program.
Date: Sunday, April 17, 2022 3:42:23 PM

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To Whom it May Concern,

Indigenous people and alternative religious/spiritual communities have substantial history and experience using plant medicines as sacraments in ceremony. Their protocols for community practices provide clear proof that ceremony can be safely conducted without the need for paid facilitators who abstain from fully participating in the ceremony. Accordingly, religious communities who operate under M109 should have the option to provide their own peer-support assistance through community members that have been certified by their community as being qualified and capable to provide that assistance.

For many years, being mentored by indigenous teachers and elders, I was taught the fundamental importance of reciprocity, inclusiveness, equity, and compassion. From these teachings, it remains my heartfelt mission to support the capacity for human healing through group ceremony, and to make it an affordable means for healing.

Kind Regards,

Michelle Christensen MA

HALL Brittany A

From: Bbodymind Spirit <bbodymindspirit@gmail.com>
Sent: Sunday, April 17, 2022 7:27 PM
To: Public Health Rules
Subject: PETITION: SUPPORT ENTHEOGENIC PRACTITIONERS IN OREGON

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To the Oregon Health Authority: We urge you to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. We also urge you to create a special manufacturing endorsement for entheogenic practitioners, as recommended by the OPAB Licensing Subcommittee. The proposed framework and manufacturing endorsement would provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms.

Because Oregon’s program is the first of its kind, the rules we adopt will become the standard for all adult-use psychedelic services programs that follow. Therefore, it is imperative that Oregon develops a program that creates a safe container for psilocybin use by Indigenous and religious communities. By adopting the proposed framework, OHA can invite underground psilocybin practitioners to practice above ground within Measure 109, thereby reducing harm and improving accountability.

Oregon must take care to avoid regulations that create paywalls which prevent marginalized communities from

accessing psychedelic and entheogenic experiences. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the 560,000 Oregonians who live in poverty.

Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.

Let's heal ancestor, generational, childhood, racial, and sexual trauma. Diversity, equity, and inclusion. Evolve out of privilege, classism, and selective care.

Blessings <3

From: [Autry Johnson](#)
To: [Public Health Rules](#)
Subject: Support Entheogenic Practitioners in Oregon
Date: Monday, April 18, 2022 5:56:27 PM

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To the Oregon Health Authority,

I urge you to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. I also urge you to create a special manufacturing endorsement for entheogenic practitioners, as recommended by the OPAB Licensing Subcommittee. The proposed framework and manufacturing endorsement would provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms. Concerning our right to freedom of religious expression, it is crucial that this program create a space for the legally protected religious use and manufacture of psilocybin containing mushrooms.

Because Oregon’s program is the first of its kind, the rules we adopt will become the standard for all adult-use psychedelic services programs that follow. Therefore, it is imperative that Oregon develops a program that creates a safe container for psilocybin use by Indigenous and religious communities. By adopting the proposed framework, OHA can invite underground psilocybin practitioners to practice above ground within Measure 109, thereby reducing harm and improving accountability. Considering the anecdotal reports of abuse committed by some underground practitioners, it is vital to provide a framework in which those seeking religious use have a legal space in which to do so. A failure to provide this regulated space will not curb demand, but rather drive people who cannot afford expensive therapeutic treatments underground, and consequently expose them to preventable harm.

Oregon must take care to avoid regulations that create paywalls which prevent marginalized communities from accessing psychedelic and entheogenic experiences. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the 560,000 Oregonians who live in poverty. Any drug policy that only legalizes drug use for the wealthy is no better than the current reality of the War on Drugs, in which drug use is equivalent across demographics but in which the poor are overwhelmingly targeted and incarcerated compared to the wealthy. Such a step would not be a step forward, but a step sideways (at best).

Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing

endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services. It is of paramount importance concerning our cognitive and religious liberties.

Sincerely,
Autry Johnson

From: [Kazzrie Hekati](#)
To: [Public Health Rules](#)
Subject: SUPPORT ENTHEOGENIC PRACTITIONERS IN OREGON
Date: Sunday, April 17, 2022 7:10:36 PM

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To the Oregon Health Authority:

I urge you to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. I also urge you to create a special manufacturing endorsement for entheogenic practitioners, as recommended by the OPAB Licensing Subcommittee. The proposed framework and manufacturing endorsement would provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms.

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Because Oregon’s program is the first of its kind, the rules we adopt will become the standard for all adult-use psychedelic services programs that follow. Therefore, it is imperative that Oregon develops a program that creates a safe container for psilocybin use by Indigenous and religious communities. By adopting the proposed framework, OHA can invite underground psilocybin practitioners to practice above ground within Measure 109, thereby reducing harm and improving accountability.

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Oregon must take care to avoid regulations that create paywalls which prevent marginalized communities from accessing psychedelic and entheogenic experiences. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the 560,000 Oregonians who live in poverty.

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Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.

~ Kazzrie Hekati
Portland Oregon

=====

From: [Ariel Clark](#)
To: [Public Health Rules](#)
Subject: Support Entheogenic Practitioners: Religious/Spiritual Use Was By Far More Effective Than Psychedelic Therapy
Date: Thursday, April 14, 2022 1:22:06 PM

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Hello,

I write in strong support of the proposed Entheogenic Practitioners framework that has been endorsed by the Licensee and Equity Subcommittees. I also urge you to create a special manufacturing endorsement for entheogenic practitioners. The proposed framework and manufacturing endorsement would provide important protections to religious/spiritual communities who work with psilocybin-containing mushrooms.

I am Odawa Anishinaabe, Native American from the Great Lakes. I was born in a family who experienced devastating racial and colonial trauma. Native American ancestral trauma is a painful inheritance; I had terrible nightmares for 20 years, addiction, depression, anxiety and chronic pain. I barely survived for many decades and I still suffer this inherited trauma. I did work with psychedelic therapists on these issues. That was only somewhat helpful. The deep healing for me has come in working in religious community and ceremony. Please protect these communities in Oregon so other Native people, and all people who need healing, can heal with sacraments in a religious/spiritual context.

Warm regards,
Ariel

--

Ariel Clark
Attorney at Law



■ [\(877\) 257-2442](tel:(877)257-2442) | [\(510\) 508-4643](tel:(510)508-4643)

■ aclark@clarkhowell.com

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■ 2425 Olympic Blvd, Suite 4000W, Santa Monica, CA 90404

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From: [Ronald McNutt](#)
To: [Public Health Rules](#)
Subject: support for religious practitioners and support for religious traditions
Date: Thursday, April 7, 2022 6:42:51 PM

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I am an attorney and an elder and certified lay pastor with the Presbyterian Church (U.S.A.) and am writing to encourage the Psilocybin Advisory Board of Oregon to adopt regulations that welcome and encourage the participation of sincere religious practitioners of psilocybin-based religious traditions to participate in the Oregon adult use program. The many varieties of psilocybin-containing mushrooms were part of a larger religion that was suppressed and persecuted by the colonial powers, and were rediscovered in a remote part of the western Sierra Madre mountains in the mid-1950s. They come to us in the context of a group of devout Mexican Indians who incorporated Christian practices into their nighttime vigils. Making the religious context for use of varieties of psilocybin-containing mushrooms is an optimal use of the legislative prerogative. An article in *Life* magazine on May 13, 1957 by Gordon Wasson described how the ritual was full of reverence, and “hedged about with restrictions of many kinds.” The mushrooms are gathered at a new moon before dawn by a virgin, consecrated on an altar at a Catholic church, and are eaten fresh in pairs. Before the ceremony, the mushrooms were held over copal incense. They are called little ones who spring forth, and their society believed the Christ spirit would come to them through the mushrooms, called as the *curandera* prevailed upon it to come down in her singsong prayers. “They carry you there where God is,” the Mazatec would say, and they are approached with reverence and regarded as a blessing on their people because they were poor.

The mushrooms and synthetic psilocybin have the greatest potential for healing when used in a religious context. This month is the sixtieth anniversary of the Good Friday experiment that proved psilocybin used in a supportive spiritual setting will occasion mystical experience. The Good Friday experiment in 1962 was led by Walter Pahnke and was held at the Boston University Marsh Chapel in a downstairs chapel with audio of a service led by Rev. Howard Thurman. Nine of ten active divinity school students with the psilocybin had genuine mystical experiences that remained as highly significant experiences informing their lives. Walter Pahnke was a Ph.D. student at Harvard University when he conducted the Good Friday experiment on April 20, 1962. It was the most significant studies of the Harvard Psilocybin Project and for years was the leading experiment showing that psilocybin can facilitate experiences of mysticism in people disposed toward spirituality when used in a conducive setting. The project was carefully designed as a double blind study to provide supportive conditions to induce a profound experience which could be measured by psychometric assessments. It was the basis for the Ph.D. thesis for his

program in religion and society. Prof. Huston Smith, a leading scholar of comparative religion, was a designated guide for the research as well, participating with twenty divinity school students and nine other supervising volunteers, in groups with four students and two guides, and half would be given psilocybin while the others got a control of nicotinic acid. He was one who had an experience with psilocybin and he said it was his first ever direct personal encounter with God when he was transported by a woman singing a hymn. He felt God's love in a personal way and said he became a more considerate and positive person for many months. The study found a high incidence of mystical experiences among the active group.

The volunteers for the experiment were twenty divinity school students from Andover-Newton Theological Seminary, and ten leaders who were professors or graduate students with psychedelic experience. Dr. Leary had insisted that half of the leaders also receive the psilocybin. No one knew who would receive the psilocybin, which was a 30 mg. dose for participants and a 15 mg. dose for the leaders, and who received an identically-appearing control of nicotinic acid. To prepare, the participants had a physical examination and filled out a questionnaire that gathered information about their personalities and prior religious experiences to match them in five groups of four participants and two leaders. They were matched to promote friendship and trust. They listened below Marsh Chapel at Boston University to a 2 1/2 hour service with music, prayers, and a sermon by Rev. Howard Thurman. The experiment found a very high correlation for the participants who took psilocybin and profound healing mystical experiences. The experiment employed a questionnaire which Dr. Pahnke prepared to measure the experience, adopting categories identified by the work of William James and W.T. Stace as representing the characteristics of fundamental, universal mystical experiences., with responses showing the active participants responded that they experienced: (1) sense of unity or oneness; (2) transcendence of space and time; (3) deeply felt positive mood, blessedness, peace; (4) sense of sacredness; (5) objectivity, reality, and intuitive knowledge; (6) paradoxicality; and (7) alleged ineffability, which both refer to the difficulty of grasping the experience by language and logical thinking; (8) transiency; and (9) persisting positive changes in attitude and behavior.

His 1966 article about the Good Friday experiment was published in 1970 in the Aaronson and Osmond publication *Psychedelics*. Dr. Pahnke stated that psychedelics help facilitate experiences of mysticism, and that researchers identified similarities in descriptive language of the experimental subjects to the descriptions found in the descriptions of people having spontaneous mystical experiences. He noted the long history of religious use of plants that contain these substances.

Prof. Smith came to agree with Aldous Huxley that psychedelic experiences closely corresponded with spontaneous mystical experiences in the world religions, like near-death or sudden feelings of belonging. He cited studies showing one-quarter to one-third of ordinary people, and three-quarters of people with a religious inclination, would have mystical experiences with psychedelic-assisted therapy. (Cleansing The Doors of Perception, collected essays of Huston Smith). In 1999, Dr. Bill Richards and Dr. Roland Griffiths spearheaded a study at Johns Hopkins, using a double-blind experiment with psilocybin or Ritalin, in which two-thirds of the active subjects said it was among the five most important events of their lives and many volunteers

experienced enduring positive effects.

Please protect this vital potential for the many varieties of sacred mushrooms revealed to the outside world by the medicine guardians in Mexico, and help ensure that sincere religious practitioners have the opportunity to participate under the regulations to be implemented.

Sincerely yours,

Ronald W. McNutt
1822 Primrose Avenue
Nashville, TN 37212



Support Entheogenic Practitioners in Oregon

<https://www.thepetitionsite.com/256/061/834/support-entheogenic-practitioners-in-oregon/>

Author:

Recipient:

Petition: To the Oregon Health Authority: We urge you to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. We also urge you to create a special manufacturing endorsement for entheogenic practitioners, as recommended by the OPAB Licensing Subcommittee. The proposed framework and manufacturing endorsement would provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms.

Because Oregon’s program is the first of its kind, the rules we adopt will become the standard for all adult-use psychedelic services programs that follow. Therefore, it is imperative that Oregon develops a program that creates a safe container for psilocybin use by Indigenous and religious communities. By adopting the proposed framework, OHA can invite underground psilocybin practitioners to practice above ground within Measure 109, thereby reducing harm and improving accountability.

Oregon must take care to avoid regulations that create paywalls which prevent marginalized communities from accessing psychedelic and entheogenic experiences. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the 560,000 Oregonians who live in poverty.

Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.

	Name	From	Comments
1.	Kevin R	Portland, OR	
2.	Pilar H	Portland, OR	
3.	Dax J	Portland, OR	
4.	Rebecca M	Portland, OR	
5.	Michelle C	Portland, OR	I've developed a sincere religious community church who works with psilocybin. Our endeavor is to provide a safe, equitable, affordable option in service to the community.
6.	Soma P	Hood river, OR	
7.	Veronica V	Portland, OR	To make this healing work accessible, equitable, and inclusive.
8.	RANDY W	Yamhill, OR	This will protect religious freedom and promote research-based, proven help, for people suffering from PTSD, addictions, and other maladies.
9.	Julio I	Portland, OR	
10.	Jyoti M	Medford, OR	
11.	Jenifer G	La Pine, OR	Spiritual practices and the use of plants are crucial to human healing and remembering that we are connected to all things.
12.	Emma K	carson, WA	
13.	Mason M	Portland, OR	
14.	Chalaina C	Astoria, OR	
15.	Jason S	Oregon City, OR	
16.	Teresa U	Portland, OR	
17.	doozie m	Portland, OR	
18.	Elizabeth H	Camas, WA	
19.	noah h	portland, OR	109 can't just be for rich people who can afford thousands of dollars for fancy retreats.
20.	Curtis B	Portland, OR	Because i need this and can't afford
21.	Jim C	Portland, OR	
22.	Jonathan D	Ontario, OR	
23.	Rachel C	Portland, OR	
24.	Gaetano L	Newark, NJ	It's Medicine drop the mic
25.	Lance K	Portland, OR	
26.	Ben C	Oceanside, NY	Prior to their introduction into western society, psychedelics have been used as religious sacraments for thousands of years. The state of Oregon should not disregard this fact, and work to make their legislation more inclusive of the religious/spiritual use of psychedelics under measure 109.

	Name	From	Comments
27.	Warren N	The Blue Mountains, ca	
28.	Kody Z	Seattle, WA	
29.	Chris L	Portland, OR	Equality, accessibly and right to consciousness.
30.	Sunil A	Seattle, WA	This looks good https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Docum
31.	Sarah E M	Alameda, CA	I use entheogenic medicines for healing in community settings as a spiritual practice. I believe strongly that these medicines need to be accessible by all and to all within other kinds of communities besides the professionalized, expert and for-profit worlds of psychology and psychiatry. I am concerned that in the current moment, medicines that are available to us now only because marginalized and indigenous peoples maintained uses of them, often at legal and physical risk, are going to be made inaccessible to these same peoples. This would be a travesty of what these medicines teach us.
32.	Eric Osborne E	Louisville, KY	First and foremost because the OHA is discriminating against practicioners like myself by treating religious use the same as therapeutic use. The discrimination against species in use based on fabricated philosophy around indigenous practices is beyond ridiculous. Cubensis isnt even the primary species used by indigenous practitioners. It is insane that the federal govt has more respect for religious use pf psilocybin than the state of Oregon.
33.	Judith D	AVONDALE, AZ	
34.	Jim S	Hillsboro, OR	I understand the immense positive impact this will have to help human beings.
35.	Guy B	Concrete, WA	Its imperative that religious and spiritual practitioners be a part of this landmark legislation. These mushrooms are sacred and they provide humanity with a doorway to the Divine Consciousness of which we are all a part. This spirtitual community inclusion is also critical to.ensure that access to these medicines is accessibke scalabke and affordable for all who seek their guidance.
36.	Jeff G	Medford, OR	Religious freedom to use naturally occurring substances is a birthright of human beings and should not be restricted by any other body than one's own conscience.
37.	Rev H	San Francisco, CA	Because these laws set a precedent for other states and the regs are too limiting and supports big Pharma more than religious organizations.
38.	Daniel A	Seattle, WA	
39.	Athena S	Louisville, KY	This directly impacts my faith practice
40.	John C	Glendale, AZ	These practices help people immensely and should be available to all.

	Name	From	Comments
41.	Dana T	Jacksonville, OR	
42.	Frank S	Tucson, AZ	
43.	Ronald M	Nashville, TN	I am an advocate for religious use of psychedelics in a sacred context, and paying respect to the traditional practitioners and traditions.
44.	Anonymous	San Francisco, CA	Spiritual healing is one of the main things these substances enable. Everyone should be able to practice it in their own way. This is too important to help heal so much trauma and enhance our connection to each other and this planet.
45.	Tyler K	Allentown, PA	
46.	Aryshta D	Crestone, CO	Ordained Minister in an entheogenic church
47.	Monique B	University Place, WA	The rules do not address Religious practice and as it stands it will clause a burned upon the religious practitioners
48.	nathan h	west richland, WA	To not allow sacred and religious practice under this law would be a mistake. Not only will such continue underground if not regulated, but the legal framework the state is proposing should include it so that it can benefit via safety and efficacy controls as well as tax and additional legal tax revenue from both institutions and religious members/patients. The more encompassing the law, the more opportunity and benefit for all. affordability and access for all is imperative, as is the frameworks discouraging large pharmaceutical companies from entering into the market and acquiring many license and patents in short order.
49.	Eric N	Eugene, OR	Because plants should be decriminalized and spiritual practices are protected
50.	Ryan G	Santa Monica, CA	This therapy offers a legitimate opportunity to cure numerous preventable mental health conditions
51.	Adam L	Portland, OR	
52.	Rick B	Stowe, VT	
53.	Daniel C	Hood River, OR	
54.	Autumn G	Nicholasville, KY	
55.	Jamie L	Portland, OR	
56.	Ryan G	Westminster, CO	
57.	Nate C	Arvada, CO	In support of entheogenic practitioners and their clients.
58.	Max S	Vashon, WA	
59.	joshua p	white city, OR	I attend the Santo Daime church and would like to encourage the proliferation of similar psychedelic churches.
60.	Kristin S	Missoula, MT	Witnessed psychedelic medicine change lives.
61.	Ben S	Seattle, WA	

	Name	From	Comments
62.	Anonymous	Portland, OR	The Psychedelic Renaissance in underway. Consciousness is Evolving. Adding this proposed "Entheogenic Practitioners" framework for Religious Freedom / psychedelic use to the Oregon Measure 109 system before it rolls out would be a very positive change. The closed system currently being created will cause most mushroom producers, distributors, guides, and consumers to remain outlaws. Is this what we want? It certainly isn't fair.
63.	Lesli B	Baltimore, MD	
64.	Holly A	Roseburg, OR	
65.	Hunter M	Marco Island, FL	
66.	Sarah J	Marco Island, FL	
67.	Anonymous	Portland, OR	
68.	Lauren L	Eugene, OR	This needs to be accessible to people, and honor belief systems that may not be mainstream.
69.	Anonymous	Lake Oswego, OR	
70.	Valerie S	San Sebastian, es	
71.	sandie G	Louisville, KY	It is sacred medicine
72.	Anonymous	Portland, OR	Accessibility to marginalized groups is strongly-held value and I support different ways to provide access to treatment. I've seen the benefits of psychedelics in expanding people's spiritual walk.
73.	Anonymous	Portland, OR	I believe that it is important that psychedelics are shared in environments that support profound transformation, and I am concerned that commercial and reductionist therapeutic contexts will restrict the potential of these substances to an undesirable degree.
74.	Caleb S	Fort worth, TX	This can be especially helpful for those who didn't develop enough emotionally as a result of childhood trauma. Help people like me learn how to feel feelings!
75.	Jeff S	Veneta, OR	The power of healing
76.	Kait H	Portland, OR	
77.	Rick I	Keizer, OR	Individual Freedom's
78.	Kyle C	Santa Barbara, CA	
79.	Leonie F	Portland, OR	
80.	Randy D	Oregon City, OR	As a therapist I have seen evidence supporting the importance of this modality.
81.	Todd M	Fresno, CA	As a spiritual director in a Christian context it would be extremely helpful to have legal access to this psilocybin as a resource available to assist clients on their spiritual journey.
82.	Isaac W	Portland, OR	

	Name	From	Comments
83.	Mike S	Central point, OR	Sacraments should be allowed for church services.
84.	Pamela P	Eugene, OR	I think that psychedelics are an important tool for treatment of addiction, cancer, and other issues that we have as human beings. I think that these plant/fungi medicines are useful tools for self inquiry and connecting with our spiritual selves and seeing ourselves as part of nature. I support ethical practitioners who want to share these medicines with others in a responsible and respectful manner.
85.	Thomas H	Pasco, WA	
86.	Otoniel C	Portland, OR	
87.	Anonymous	Portland, OR	I agree that religious and spiritual communities should be protected with this entheogen as in similar cases like peyote cactus or ayahuasca. These fungi have one of the richest religious and spiritual backgrounds of any plant/fungus, dating further back than any other plant/fungus.
88.	Rebeca R	Portland, OR	Equity and accessibility.
89.	Lisbeth B	Louisville, KY	I am a cancer patient, 5 years and the medical dystem is so broken. Andds so much stress to what could be a prceful treatment. We just get so tired.
90.	Barbara H	Chapel Hill, NC	
91.	Stephen H	Paso Robles, CA	I have derived great benefit from the consumption of Psilocybin mushrooms and believe it is a fundamental right to have access to this healing medicine.
92.	Stanley S	EVERGREEN PARK, IL	
93.	Courtney M	Louisville, KY	I have a God given right to practice my faith and commune with sacrament that assists me in connecting with God. And to do so without fear of persecution.
94.	Jordan S	Portland, OR	
95.	megan p	Portland, OR	I believe entheogens are healing medicine and practitioners and the public should not be withheld or criminalized for their use.
96.	Sara S	Portland, OR	
97.	Jason L	Portland, OR	
98.	Travis J	Portland, OR	I believe very strongly that this approach to enthogenic medicine is not only key, but a crucial factor in determining the future of human life and all life
99.	Anonymous	Honolulu, HI	1. Since Oregon does not currently have a state-level Religious Freedoms Protection law regarding the use of psilocybin or other entheogens, who often have an entire community and support structure to guide and support them through their experience before, during and after through integration, this law may pigeon-hole certain churches in a way that hinders their choice of practice and forces them to <i>(continues on next page)</i>

	Name	From	Comments
99.	Anonymous	Honolulu, HI	<p><i>(continued from previous page)</i></p> <p>practice in a method more closely aligned with a business transaction model, and</p> <p>2. Being one of the first of this kind in the US, as states follow on with their own similar bills, they are often closely based on previous bills. It would be pertinent in a state without RFRA protections to at least address the item of religious freedoms for those spiritual practitioners in your state.</p>
100.	Tristan H	Louisville, KY	<p>Oregon is determining the path that the other states will follow. With entheogenic practice of these medicines already occurring in states without any formal model other than religious protections, Oregon can set the precipus. Allowing the word entheogen to blossom, while simultaneously honoring the ancestral practices of this continent.</p>
101.	Bear M	Portland, OR	
102.	Laurel M	Medford, OR	
103.	Tyler H	Portland, OR	<p>There is a large underground population who is very experienced using other species of Psilocybe mushrooms, not just cubensis. Especially here in Oregon where there are approximately 30 species of psilocybin containing mushrooms that are native or have naturalized. Many many people seasonally forage and consume several of these species such as Azureus, cyanescens, semilanceata, and others. The people who are experienced with these mushrooms are aware of their other effects such as WLP and do not feel it is a safety concern when used responsibly. Wlp should not be a concern if taken responsibly with a sober facilitator as the program is outlined. Other species also have long standing and rich culture in the underground. Sclerotia forming species such as mexicana and tampanensis have been produced commercially in the Netherlands for many years, and are shipped world wide for consumption. These are among the highest quality and cleanest experience mushrooms that can be consumed. Why wouldn't we want to allow production of the highest quality products for this program? Other species were also produced in the Netherlands prior to law changes a few years ago, including an entirely different genus Panaeolus. These too are extremely potent and high quality medicine. They grow in half the time as cubensis, I'm 1/2 the space using less resources, and produce higher yields of more potent product. Multiply that all and we can be producing much more product much more affordably. Panaeolus species are obligate coprophiles, they require manure substrate to cultivate, a love manure that has been pasteurized, not sterilized. Pasteurization still kills all pathogenic microbes, and a clean substrate is required to</p> <p><i>(continues on next page)</i></p>

	Name	From	Comments
103.	Tyler H	Portland, OR	<p><i>(continued from previous page)</i></p> <p>produce any mushrooms. So this is not a safety concern. I think a producer should be able to produce whatever and however they want, and product get sent to testing to verify there's no pathogenic microbes, pesticides vet drugs fertilizers or other chemical residues, heavy metals, adulterants, known toxins, etc. this should be on testing, not the producers. If a producer can produce a product that meets these standards, then who cares what species or substrates were used. That's the producers craft and art, please allow these people to do their work.</p> <p>Different species have different effects. They are all psilocybin mushrooms and carry the same basic safety concerns, set and setting, etc. the diversity of effects should be viewed as a beneficial aspect, there is nearly unlimited potential for future development of specialized strains and products to treat a variety of situations. Some mushrooms have shorter trip duration with more intense effects, some are more gentle loving feminine, some are more aggressive and masculine. The type of experience each client is seeking will vary greatly, and so it is important that we have a diversity of products to meet these needs.</p> <p>I have personal experience with at least 6 different species of psilocybin mushrooms. I have trauma that I am dealing with. I have come to realize that certain mushrooms no longer effect me, or no longer provide the benefits that I am seeking. No matter the dose, or how long I wait between, the mushrooms aren't working. This is cubensis, and wild Azurescens cyanescens. I have eaten these to the point that they are no longer effective. However, tampanensis does the trick, it takes me to a different place that is full of love and allows me to continue my healing. My point is that it's not simply psilocybin or mushrooms that I need that provide these benefits. It is specifically something in the tampanensis species or that special combination of extra molecules that provides me exactly what I need right now. And this may change in time, or after I have thoroughly healed from this specific trauma, then other mushrooms might be able to provide their benefits to me again. This is complicated stuff, and I don't expect oha or OPAB to fully understand. I ask that you not fear the unknown, embrace these new times. There is so much potential for the future if we can stop trying to close the door and infringe of peoples rights. We the people voted for legalization of psilocybin mushrooms, not just cubensis, but psilocybin mushrooms in general. All mushrooms. It is unfair, inequitable, and discriminatory to limit production to cubensis or any single species, and to prohibit various substrates. I also feel that it is unethical to plan to mass produce this single species cubensis on what? Grain only? Cubensis is a coprophilic</p> <p><i>(continues on next page)</i></p>

	Name	From	Comments
103.	Tyler H	Portland, OR	<p><i>(continued from previous page)</i></p> <p>fungi, in nature it evolved to live in and eat manure. This species, and other coprophilic fungi, have extra thick spore cell walls, which are thought to have evolved to allow these species to pass through the rumen of ungulate animals, often germinating while inside the digestive tracts of these animals, to then fruit from the manure piles. This is its natural way. It's kinda gross, but it's kind of beautiful too, circle of life. That is one of the messages of these fungi. So we want to take these organisms out of their natural system, make them work for us to generate money and produce medicine, so we humans have a good time. And we can't even provide their favorite food? This is like raising cattle in cages and feeding them corn only, not allowing them to go outside ever and eat the natural grass as was intended. It's wrong. And the program will suffer if this is what we limit to. How can we assume that we can enslave these mushrooms to work for us in our system without providing anything in return, and think it's all going to work out well?</p> <p>For the past 1000yrs or more, western civilization has been dominated by dogmatic colonial Christian influences, who routed out and burned all the witches elders druids and any other spiritualists that opposed their dogma. Europeans traveled around the world and imposed cultural genocide, records were burned, and history was rewritten to fit these biases. Now we want to claim there's no history of tradition, no record of use, no long standing cultures who used these mushrooms, except those indigenous folk who live deep in the mountains of Mexico who managed to survive. This is false and biased. Mushrooms have been used for thousands of years by cultures and communities world wide. The only records that survived are cryptic and stored in oral language and art. And also, try to understand, these people who follow the mushrooms, they do just that they follow the mushrooms, follow their example. Mushrooms live underground, they pop up here & there, but the never last long. You can pick the mushroom, but you can't kill the fungus underground. So when oppression comes, what do these people do, they go underground, they hide. The mushroom will return when the time is right, even if that is 100 or 1000 yrs from now. So rather than reveal their secrets and have their sacraments disrespected and destroyed, these people walked away, and allowed the mushroom to return underground.</p> <p>Can people be married into a faith or tradition? Or adopted? Or convert?</p> <p>My aunt by marriage is traditional Mixtec from Mexico City. She does not live in Oregon, and idk if she eats mushrooms, but she was a huge influence on my life as a child. I'm am very attuned to Mexican and more specifically Mixtec culture and traditions. When I grew up, I encountered mushrooms,</p> <p><i>(continues on next page)</i></p>

	Name	From	Comments
103.	Tyler H	Portland, OR	<p><i>(continued from previous page)</i></p> <p>and it's like it hemmed all my memories together. I am white, but this is still a part of me and my family heritage. And I'm not really white, I do have significant indigenous blood. But we have no records. I was told my great grandparents had an illegal marriage, it was illegal to marry someone of color at that time, so we have no pictures, no birth or marriage records, we saved no evidence. This is persecution I have suffered. Am I white? Am I indigenous? Do we judge it by the color of my skin? Do we judge it by my blood quantum level? My grandfather by blood is dark skinned. A lot of my other family is mixed ethnicities. I have a step grandmother, my grandpa remarried before I was born, she's been my grandmother my whole life. My grandmother full western Samoan, born and raised, and had 9 children before immigrating to the US. I have 9 pairs of aunties and uncles who are not white, who are a mix of various Pacific Islanders, Samoan Fiji Tongan etc. at family reunions, I grew up eating corned beef hash, spam, sopa suey, and baked plantains. My grandma recently had a stroke, and has lost her ability to speak English, she only speaks Samoan now. White is a minority in my family. We don't have a long standing tradition of using mushrooms, but our traditions are very non-European. And when I encountered mushrooms, they helped me connect with these more indigenous roots of my family.</p> <p>I am a member of okleveuha Native American church (ONAC). I cannot speak for the whole organization, but I can say this is a legitimate religious organization, with at least one existing member residing in Oregon (myself), and it recognizes and acknowledges psilocybin mushrooms as a religious sacrament. ONAC has been working for entheogenic freedoms for many years, and recently won a court case against the Supreme Court of New Hampshire specifically for the religious use of mushrooms. This is the peoples right. We don't want to fight with the star of Oregon, or I don't, I love Oregon. I want to practice my religion & spirituality freely, and work in collaboration with the state of oregons new psilocybin program. I'm sure I'm not alone, I'm sure that's how many of use spiritual practitioners feel. We are warmongers, we are largely spiritual environmentalists. We want what's best for the people, for the program, for Mother Nature, and for the mushrooms. But we can't have all these restrictions. We are responsible adults, not irresponsible children, please respect us as so. We have the right to make our own decisions of what we put in our bodies.</p> <p>Economically, the current top down therapy model system is not sound. On many levels. The costs of sessions, of therapists/facilities, on training, etc will be to high to create</p> <p><i>(continues on next page)</i></p>

	Name	From	Comments
103.	Tyler H	Portland, OR	<p data-bbox="769 191 1133 226"><i>(continued from previous page)</i></p> <p data-bbox="769 228 1533 1942">good flow. Production will greatly outpace use. It's going to bottle neck production and benefits and the whole industry. Producing mushrooms on grain-only substrate results in higher rates of contamination, believe it or not it's true, lower yields, and lower quality product. Grains are not sustainable. Grains are grown in mass industrial farms, as a result the global market is suffering. Wheat stem rust and rice blast disease are two major crop pathogens that affect global grain supply. And with the pandemic and other issues, the price of grain has tripled in the past 2-3 yrs. This not only increases costs for mushroom producers, but if a bunch of new mushroom producers enter this market and start buying major quantities of this limited grain supply, then that is going to further limit supply and increase costs for many homestead farmers who raise livestock. There are lots of small homestead gamers who have a small flock of chickens or a few rabbits or some goats, and if grain is unavailable or unaffordable, then they will no longer be able to feed and support their animals. Then they will be forever to spend more money at the grocery store (farming is cheaper than buying food, speaking from experience), where food supplies are also limited, inflation is driving prices up, food is lower quality, etc. by seeking to overly regulate and control mushroom production in oregons psilocybin program, we will be inadvertently affecting our local food farmers and food security, our local markets and industry. On the other hand, if allowed to use a variety of species and substrates, producers would be able to use significantly less grain (generally grain spawn is expanded 1 part grain to 4 parts or more "bulk substrate" that's manure compost woodchips straw etc). The bull substrate that could be used the largely comprises of agricultural waste. We can use products from our local farm and foresters industry, recycle and remediate, to produce high quality products for Oregon psilocybin program. We can use a lot less energy if we can cultivate native wood lover species outdoors on wood chips. You'd start indoors on sterile grain, then move that outside to mulch beds. You could plant mulch beds around a fruit orchard, and maximize space to grow both food and medicine. The woodchips would fruit in mass seasonally in the fall. Tree trimmings from pruning the orchard could be used for mulch, so may not even need to source wood from outside sources. This is sustainable agriculture. The mushrooms will compost the wood chips providing food for the orchard, and help keep weeds down, while the trees would provide sheltered habitat and seasonal food in the form of fallen leaves and prunings for the mushrooms. This is Oregon, the Pacific Northwest, at least the western part of the state is a temperate rainforest, where mushrooms thrive</p> <p data-bbox="769 1944 1057 1969"><i>(continues on next page)</i></p>

	Name	From	Comments
103.	Tyler H	Portland, OR	<p><i>(continued from previous page)</i></p> <p>in abundance! Yet in this program, we will be forced to run climate controlled warehouses with lights fans humidifiers, running autoclaves, flow hoods, other equipment, with a lot of labor involved, just to grow an inferior product....</p> <p>I have done professional consulting for the commercial mushroom industry. This is not what we want to model. The underground psilocybin mushroom growing community (worldwide) is highly advanced. More advanced than US commercial mushroom industry for shiitakes. There's some pretty high tech advancements in Asia, they might be ahead, but the underground psilocybin cultivation community is highly qualified. When I toured shiitake and maitake farms, EVERY SINGLE BLOCK of shiitake and maitake mushrooms was covered in about 3 different colors of mold. That's what they sell, it's not regulated in such that it matters. And I talked to these guys, they are not mycologists, they are business guys and engineers, they know how to invest money and set up and manage systems. But mushrooms require some advanced biology knowledge to cultivate on scale consistently without issues. This level of mold and contaminants is completely unacceptable in psilocybin mushroom production. We don't tolerate ANY mold. Shiitakes have a immune system that allows them to produce despite the infection. Cubensis and other Psilocybe mushrooms might produce a couple mushrooms due to stress fruiting if infected, but will quickly rot and fail before any sizable yield can be grown. And if you leave these contaminated batches in the workplace, the whole workplace will be contaminated. Mushrooms are pretty easy to grow actually, but to consistently produce at scale, without contaminates, is trickier.</p> <p>The vast majority of people who cultivate mushrooms grow only cubensis, they is the entry mushroom. But mark my words, there will be a ton of producers who get their license and try to scale up with only the very basic knowledge or understanding of the process, and they will suffer major contamination issues.</p> <p>There are plenty of other who do work with other species, who wild collect the native species, or help spread and maintain wild patches. And there's a minority group who specialized in advanced cultivation techniques to grow exotic species. These people know what they are doing, they are passionate and dedicated, usually educated, and push the boundaries for mushroom cultivation techniques all around. These are the folks who develop new advancements in mushroom cultivation, which then trickle down and spread to cubensis and other gourmet or medicinal mushroom types. These aren't easy to grow, there will be a natural limiting factor dude to necessary skills and</p> <p><i>(continues on next page)</i></p>

	Name	From	Comments
103.	Tyler H	Portland, OR	<p><i>(continued from previous page)</i></p> <p>interest. I don't think it's necessary to formally ban and restrict species and substrates. 50-70% of the producers will likely just produce cubensis on grain, because it's easy and they want to make money. And they don't know how or care to learn about growing other species. Folks that haven't eaten other species think they can just increase the dose & eat more cubensis and it's all the same. It's not true, ask anyone who has eaten other species. And once they try others, almost everyone moves on from cubensis and favors other species. So why not just allow the minority of specialist growers grow other species and use other substrates, for a small specialist market, such as entheogenic communities through this entheogenic practitioners proposal? And for safety concerns, can we not employ some sort of waiver system that participants sign, after though conversation about increased risks etc, agreeing to the experience provided by these entheogenic practitioners. Again, we are adults, we should have the right to make our own decisions. We can sign waivers if we wish to participate, that should clear oha as well as the facilitating community of major responsibility. A person can choose to take that risk upon themselves if they want. It's not forced, it's not mandated, no body is liable to get sued, it's that individuals choice responsibility and experience. If they want something more secure, then go to the therapy model. If entheogenic communities are set up as non profits organizations, they should not be motivated to conduct malpractice just for profit, most will genuinely care about the safety of the client. There will always be some bad apples. The goal shouldn't be to stop any bad apples from ever forming- that's impossible. The goal should be to be prepared with a plan on how to deal with the bad apples as they arise. This is going to be a learning experience for everyone. I think it's best not to close too many doors before they are even open. Leave the doors open, with conditions if needed, and write things so that they can be changed or amended later as we learn more. There's so much we are going to learn, I think it's silly making strict laws n enforcements now before we know anything.</p> <p>And we really need research endorsements. I think this should have been the first thing done, there should have been a small research team who was actively working on answering questions this whole year that the OPAB has been making a plan. All the bumps in the roads stem from lack of data, need more research. It is mentioned that after 2 yrs, other species may be considered for approval, but by what means will this happen? How can we produce or provide the data needed to sway opinions if we cannot produce any mushrooms to use as research material? There</p> <p><i>(continues on next page)</i></p>

	Name	From	Comments
103.	Tyler H	Portland, OR	<p><i>(continued from previous page)</i></p> <p>should be cultivators who work on producing all variety of strains and species, for research purposes. These can be chemically analyzed, individual constituents isolated and tested for effects, combined effects, etc. they could be producing on different substrates, different light levels, different temperatures, and other environmental conditions to see how these impact chemistry. We could then learn how to produce custom strains that have custom effects for specific ailments and trauma. This is just the beginning of research.</p> <p>Okay I know this is a long message, I hope you read it all. I can go on and on, I have dedicated the past 15 yrs to underground research and study, I have been preparing for this time, I want to help make this program the best that is possible. The first thing that needs to happen is lift the restrictions of species and substrates. People don't want cubensis, they want the supposedly strongest mushroom that grows in the world, that only grows on the oregon coast., Azurescens. The oregon mushroom experience is eating wild Azurescens. There's no way that cultivated cubensis on grain will ever compete. So let's work together instead! Respect these magnificent organisms that we share this land with. You can thank azurescens and cyanescens for our beautiful beach and coastal dune system, if it weren't for there's mushrooms and the invasive grasses we planted which they have formed a relationship with, the oregon coastline would erode away to just rocky cliffs, we would have few beaches. Respect these organisms that we share this land with please. Let work together!</p>
104.	taylor I	Boise, ID	
105.	Michael H	Eugene, OR	
106.	Liz G	Medford, OR	
107.	David D	Teaneck, NJ	Because religious and spiritual use of plant medicines are ancient Practices that must be protected.
108.	Briana G	PORTLAND, OR	
109.	Jessica M	NEW YORK, NY	
110.	Anyonio P	Koloa, HI	
111.	Kate M	Minneapolis, MN	
112.	Christian D	Portland, OR	This is very important to me as based on my own personal experience, this medicine can lead to rapid, profound and lasting healing. Healing from not only PTSD but all kinds of childhood trauma and negative patterns of thinking. It's powerful healing medicine that has the potential benefit man more than it already has.
113.	David B	Encinitas, CA	
114.	Julia K	EUGENE, OR	

	Name	From	Comments
115.	Carlos C	Costa Mesa, CA	The potential for positive benefits to humanity FAR outweigh any outlying or exceedingly rare cases of harm. Human beings deserve the right to decide for themselves and have access to one of the most potent medicines for mental health and the development of our human potential.
116.	Anonymous	Oakland, CA	I'm an ordained pastor of a mainline protestant denomination. It's become clear to me that many folks are already encountering the divine through experimenting with psilocybin and other psychedelics. I support the mystical/spiritual/religious development and healing that research shows psilocybin can facilitate. I hope that Oregon's approach will support people in accessing psilocybin in ways that are safe, and that support their wellbeing.
117.	Anonymous	Tampa, FL	
118.	Cene B	Portland, OR	Because protecting religious and spiritual use of psilocybin is the only way to make the psilocybin program safe, affordable and accessible for all of the citizens of Oregon!
119.	Claudia C	Portland, OR	Please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.
120.	tyler t	washougal, WA	
121.	Diana J	San Francisco, CA	To raise the standard of care for those seeking psilocybin treatment to find practitioners based in spiritual traditions.
122.	Edward D	Medford, OR	Jai Mata Di!
123.	Tim M	Ashland, OR	
124.	Brian M	Phoenix, OR	For the benefit and growth of mankind.
125.	Kristina J	Phoenix, AZ	Ceremonial Plant Medicine has changed my life... gave me the will to want to live life!
126.	Nathaniel H	Tigard, OR	This delicate yet extremely potent spirituality MUST be protected.
127.	Tysn B	Lake Oswego, OR	Because this is important
128.	Bryan O	Carrollton, TX	
129.	Jordan D	Laguna Beach, CA	For the wellness and healing of human beings
130.	Peter A	Portland, OR	
131.	Derek A	Bend, OR	I am a member of a religious organization with over 130+ members and measure 109 will directly impact our ability to practice our religion in our official government registered and recognized religious organization.
132.	Emma A	Bend, OR	I am an entheogenic practitioner and wish to provide equitable access to this powerful medicine.

	Name	From	Comments
133.	Brian L	Trumbull, CT	
134.	Catherine M	Mountain Brook, AL	It helps!!!
135.	oscar w	Berkeley Ca, CA	
136.	Anna T	Portland, OR	
137.	Zach R	Louisville, KY	We must be careful to not impose glass ceilings on potent healing modalities.
138.	Cassie H	Louisville, KY	
139.	Thorn W	Clackamas, OR	As a doctor that serves communities in poverty and populations that use psilocybin as a spiritual and healing method, I believe in accountability for safety and accessibility for all who would benefit from this historical medical and spiritual practice.
140.	Erica Z	Portland, OR	
141.	Diana Q	Ann Arbor, MI	
142.	Arthur H	Hardwick, VT	Psilocybin mushrooms can provide the healing, connection to self, others and the natural world, and grounding perspective that the world so urgently needs in this time of great suffering and conflict.
143.	Kayla B	Louisville, KY	
144.	Donald S	Mooreville, NC	The evidence for helping depression is strong
145.	Philip C	New Albany, IN	
146.	Eric H	Louisville, KY	
147.	Lesley W	Santa Fe, NM	Because this work is life changing
148.	Jordan P	Louisville, KY	
149.	Tamilene T	Tumwater, WA	Religious Rights
150.	Carey W	Louisville, KY	
151.	luke g	Portland, OR	
152.	Mickey A	Espergærde, dk	I think the safe use of psilocybin should be democratized to include people who will not be able to afford the established clinics.
153.	Katrin B	Hamburg, de	
154.	Elizabeth C	Portland, OR	Education
155.	Kristen K	Shepherdsville, KY	
156.	Sarah P	New Albany, IN	Mental health
157.	Gary H	Louisville, KY	This can be a therapeutic practice that is healthy for mental wellness and coping with stress and trauma.
158.	Susan S	Reno, NV	I want entheogenic practitioners in my state and it has to begin somewhere.
159.	Leah F	New Albany, IN	
160.	Kevin S	Mesquite, TX	No plant should be illegal.

	Name	From	Comments
161.	Emil A	Santa Rosa Beach, FL	Should never have been made illegal in the first place.
162.	Brooke N	Westbury, NY	
163.	Lauren P	Carlsbad, CA	
164.	Kimberly H	Tigard, OR	I practice plant medicine in ceremonial setting. This practice is indigenous and deserves to be practiced as so.
165.	Athena S	Louisville, KY	This is my faith practice
166.	Amber B	Carlsbad, CA	Finding any way to healthy recovery that enlightens a humans path to truth, is of the utmost importance. It being done safely and in the care of professionals, is even more important.
167.	Brandon H	Crestwood, KY	The conscious use of medicine and sacrament is important to uphold, especially in this day and age where people use these sacraments with the wrong intentions. We need people to set the example for proper usage!
168.	Mekah B	Colorado Springs, CO	Our government is not meant to restrict religion. However they manipulate the public by calling religion church so that others outside of Christianity are limited in their practices. This is atrocious act placed mostly on natives, people of color and minorities outside of the white Christian view. This isn't freedom, but I'm willing to take a stand and help fight for EVERYONE's right to religious practice. Especially with a group so heavily suppressed oppressed and abused.
169.	Chris B	Portland, OR	Please protect religious use of this sacred medicine. Thank you
170.	James H	Portland, OR	
171.	Manish D	Rochester, NY	Entheogenic practitioners are bringing healing to the community and helping those that are suffering. They should feel safe in this important work of harm reduction.
172.	jessica C	crestwood, KY	
173.	John R	Calais, VT	
174.	Anonymous	carlsbad, CA	
175.	NurseDeb M	North Port, FL	This is equal opportunity.
176.	Taleena B	Largo, FL	
177.	Manuela O	Orlando, FL	
178.	Glenn J	Bellingham, WA	
179.	Melissa D	Louisville, KY	
180.	Ashley S	Tiburon, CA	
181.	Susan B	Louisville, KY	
182.	Willoughby C	Portland, OR	It's important to promote and sustain accessibility to these plant medicines in ways that are equitable for every citizen of Oregon who could benefit from their healing potential.

	Name	From	Comments
183.	Rickard E	Huntington Beach, CA	
184.	James H	Eugene, OR	Religious freedom over profit driven policy, rules and regulations
185.	Vip S	Eugene, OR	Equitable access!
186.	Anonymous	Sellersburg, IN	
187.	Rachel L	Portland, OR	psychedelic justice, access to mushrooms without corporate paywalls via steep testing costs and dubious safety protocols that prevent communities from accessing this medicine inexpensively
188.	Lorenzo A	Jackson Township, NJ	
189.	Risa J	Oakland, CA	
190.	April E	Clarksville, IN	Entheogenic Practitioners have shown commitment to providing quality and comprehensive support to practitioners delivering ethical care. They help provide therapeutic results for so many people, and because it's a religious experience it should be protected just like any other religion.
191.	Gus S	Lincoln, NE	Mushrooms changed my life
192.	Lynn H	Flower Mound, TX	
193.	Michael C	Seattle, WA	
194.	Anonymous	BROOKLYN, NY	
195.	Chris A	Long Beach, NY	I am a medical anthropologist who works to understand the social, cultural, and political dimensions of overlapping efforts to legalize and medicalize psychedelics.
196.	Michael F	Sellersburg, IN	
197.	Damian N	Louisville, KY	Because natural, Earth medicines should never have been taken out of our rights to use and we need to restore balance.
198.	Poul H	Maribo, dk	
199.	Anonymous	Chillicothe, IL	
200.	Jonas H	Copenhagen N, dk	
201.	Ariel C	Malibu, CA	It is within the ceremonial container that I experienced deep healing around racial trauma, addiction, and chronic pain. I tried working in a therapy setting with psychedelics and it was not even close to as effective.
202.	Toni B	Fort Wayne, IN	
203.	David H	Portland, OR	Use of psilocybin mushrooms has been a part of the spiritual practice of my religious community here in the Pacific Northwest for decades. I first took it as a sacrament in 1992. Please take the spiritual and religious freedom of Entheogenic Practitioners into account when developing the statewide protocol around the use of psilocybin.
204.	Erin E	Portland, OR	

	Name	From	Comments
205.	Kelly D	Seattle, WA	
206.	Alexandra A	Louisville, KY	
207.	Sarah S	Portland, OR	
208.	Sheri B	Clackamas, OR	
209.	Phillip S	Portland, OR	
210.	Phyllis M	Portland, OR	I support equity amongst people
211.	Anonymous	Portland, OR	
212.	CRYSTAL T	White Salmon, WA	To facilitate important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms.
213.	Kelly A	Turner, OR	
214.	Michelle G	Eugene, OR	
215.	Erin H	Portland, OR	
216.	Chad A	Milwaukie, OR	
217.	Dillon S	Portland, OR	
218.	Anonymous	Portland, OR	
219.	Clayton H	Beaverton, OR	It is important to recognize and support ALL religions, not just the religions that have current cultural power.
220.	Tori A	Milwaukee, OR	
221.	Alan C	Eugene, OR	As a practicing MD who volunteers for patients facing End of Life issues, I've seen how important this medicine can be for those facing their own mortality.
222.	Sierra S	Portland, OR	It's important that measure 109 is not limited in scope and allows use for means of self and spiritual development.
223.	Cailie M	Portland, OR	Native healers who use these sacred plant medicines need to be honored and respected as they have paved the way for future psychedelic healers and practitioners. Big pharma is co-opting and financing FDA-approved psilocybin for mass-use, which will essentially push out ancient practices. We need to save and uplift these practices!
224.	Mary P	Warrenton, OR	I have had healing as a result of psilocybin.
225.	Julie K	Portland, OR	
226.	Jim Q	Portland, OR	
227.	Jennifer H	Beaverton, OR	
228.	Jessica B	Portland, OR	Increased access to psilocybin services
229.	April M	Portland, OR	
230.	Jeanette P	Aumsville, OR	
231.	Mary Elizabeth R	Beaverton, OR	Mental health in our communities are in trouble! We need to get this measure passed in support for people in our community!

	Name	From	Comments
232.	Brian R	Phoenix, AZ	I used to live in Oregon. People need access to these power modalities.
233.	Ammi B	Beaverton, OR	It's important for mental health!
234.	Jeanette M	Eagle Point, OR	freedom for alternative health care practices
235.	Heather H	Lowell, OR	
236.	Elizabeth W	Beaverton, OR	
237.	Josiah L	Portland, OR	
238.	Taryn W	Bend, OR	
239.	Jin W	Beaverton, OR	
240.	Anonymous	WILSONVILLE, OR	
241.	Diana K	Ashland, OR	Freedom
242.	Anonymous	Milwaukie, OR	
243.	Erika P	Cottage Grove, OR	
244.	Anonymous	Portland, OR	
245.	Thomas W	Portland, OR	I am an avid supporter of all entheogens, especially the FunGuys.
246.	Loretta K	Portland, OR	The careful and mindful use of psychedelics in ceremony has saved my life.
247.	Rebecca L	Portland, OR	Ceremonies utilizing Mushrooms and Psychedelics have been more instrumental in my trauma healing than any other conventional therapy (prescriptions, talk therapy and Neurofeedback). Not having access to them in this type of a setting may limit their effectiveness...as Set and Setting (mindset and environment) are the foundation for the most stable, transformative and I believe provide the most effective environment they can be administered/taken in. Feel free to contact me for greater explanation of these thoughts.
248.	Marcus K	København, dk	Psychedelic therapy shouldn't just be for the rich
249.	Elizabeth K	Portland, OR	Equity
250.	Eric S	Seattle, WA	
251.	Kayci Marie M	Beaverton, OR	People need easy access to these treatments. I've been in abstinence based recovery for 40 years, and a professional in the field as a transformational life coach for 15 years. The last 8 years I have worked with people integrating psychedelics to treat addiction and mental health disorders. I have heard 1000's of miraculous stories of transformation with the use of psychedelic medicines. I also know of countless lives that could have been (and will be) saved with inclusive, equitable access to these treatments. Measure 109 has made a difference in reducing the stigma associated with psilocybin. Many of us in the US have been working underground for years in the shadows and <i>(continues on next page)</i>

	Name	From	Comments
251.	Kayci Marie M	Beaverton, OR	<i>(continued from previous page)</i> criminalized for our efforts. Please join this cause to increase access as much as possible by adopting this framework. Ultimately, everyone should have free access to these life changing and life saving medicines. This is a step in the right direction.
252.	Brad S	West Linn, OR	
253.	Doug M	Portland, OR	That all communities have reasonably un-impinged access to all modalities of health care and religious freedom
254.	Nicholas P	Elmira, OR	The medicine provides the single most transformational experience that has significant healing power
255.	shari t	portland, OR	Mushrooms are a life-changing medicine it can open your heart and n mind heal anger and grief and awaken new senses it makes life beautiful if used in proper dosing they could really heal the world\'s of some of our psychological ailments and thats important right now like it\'s safest at home!
256.	Christy B	Dallas, OR	
257.	Anonymous	Springfield, OR	
258.	james p m	washington, DC	
259.	Cindy R	PORTLAND, OR	To help so many people be happier.
260.	Sasha S	Portland, OR	As a psychotherapist with training in East-West psychology and world spirituality, I believe that adopting a religious and indigenous exemption for use of psilocybin and other entheogens is an import way to protect access to these healing medicines for individuals and groups who have been using them successfully for thousands of years. Many of the naturally growing psychedelic compounds can be produced with minimal investment and minimal risk of harm. To impose standards of industrial cultivation would add a significant burden to religious and contemplative groups in their quest to incorporate safe, sane entheogenic sacraments in their consensual spiritual practices.
261.	Jonathan G	Portland, OR	The potential help offered by entheogens should be available to people who are interested without the fear of stigmatization and the current legal issues surrounding it.
262.	Lawrence C	Elkton, OR	Humanity needs to heal itself
263.	Marty Alan M	Lincoln City, OR	If the United States Congress shall \"shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof\" - so, too, should States within the United States not prohibit the free exercise of religious liberty.
264.	Shalamar E	Eugene, OR	
265.	Rose F	Portland, OR	
266.	Carol B	Beaverton, OR	It is vital to my own well being.

	Name	From	Comments
267.	Wade C	Cookeville, TN	I plan to move to the state of Oregon soon with plans to get involved in the process of bringing alternative medicines and better mental health to the world through the use of psychedelic/entheogenic medicines. The program being initiated In Oregon is the first domino to fall in the country on this medical forefront and the ripple effect will be felt for years to come. To begin properly, this treatment should be accessible to those who need it the most, those in poverty and those who suffer the most. Allowing these therapies to be readily available to those in need will contribute to less human suffering in the world.
268.	Autry J	Buena Vista, CO	Oregon is paving the way for the rest of the country in terms of psychedelic policy, and the precedent set in Oregon will undoubtedly have ramifications on legislation in the rest of the country moving forward. It's imperative for religious use of these substances to be taken into account so that they are not only accessible to the privileged few, but to everyone. It's a matter of fundamental importance to our constitutional right of freedom of religious expression.
269.	William R	Baltimore, MD	Concisely: (1) Psilocybin in mushrooms or as synthesized substance provides access to many different states of human awareness, some powerfully facilitative of psychological and/or spiritual development; (2) The safety and probability of benefit are best ensured when preparation/education is provided in the context of a supportive relationship or community, either in a framework of mental health or of religious care; (3) When wisely integrated into our culture, psilocybin may well significantly decrease human suffering and promote the fuller realization of values such as peace, respect for diversity and compassion; (4) Access to this molecular tool for those who desire it, whether in medical or religious contexts, may be seen as a fundamental human right to explore our own minds. William A. Richards, M.Div., PhD., psychedelic researcher and author of Sacred Knowledge: Psychedelics and Religious Experiences.
270.	Stephen M	Oregon City, OR	
271.	Joseph M	Breckenridge, CO	I believe religions need protection and that Oregon can be a key player in the protection of religious freedom.
272.	Donna L	Portland, OR	To allow access for more and support the community or practitioners.
273.	Anonymous	Bremerton, WA	I believe this is a worthy endeavor.
274.	Robin R	Ocean Shores, WA	
275.	Dave S	Silver Lake, NH	
276.	Kate G	Portland, OR	Freedom to choose alternative methods of spiritual and mental health treatments should be my right as an adult.

	Name	From	Comments
277.	Benjamin W	Portland, OR	Access to the transcendental other and mystical experience be it through breathwork, meditation, or sacred plant medicines is a fundamental right of all human beings. These medicines evolved along side humans and have been in use for thousands of years. It is time to end the prohibition of psychedelic substances, especially plant medicines. And in doing so it is critical to protect the usage of these substances by indigenous peoples and all others for spiritual and contemplative practices. I feel strongly that adopting psilocybin into society is a crucial step toward reorienting humanity's path from one of destruction to one of unity and harmony.
278.	Timothy D	Portland, OR	Healing should not be driven underground and should be available to people of all economic levels, in a safe and supportive container.
279.	Lindsey S	Eugene, OR	
280.	Stephanie A	Portland, OR	
281.	Bradley J	Eugene, OR	It's been effective for my traumatic upbringing therapeutically
282.	Brianna B	Portland, OR	
283.	Philip K	Portland, OR	
284.	Anonymous	Portland, OR	
285.	Sarah F	Seattle, WA	Access to a critical mental health treatment for multiple conditions
286.	Brian P	Portland, OR	
287.	Doug V	South Pasadena, CA	
288.	Allyson O	Tygh Valley, OR	
289.	DeAnna O	Portland, OR	
290.	Sienna L	Bend, OR	
291.	Spencer B	Bend, OR	Plant medicine holds keys for humanities healing that can aid us in alleviating a multitude of ailments, as we'll as mental health issues and it should be more widely available.
292.	jordan s	louisville, KY	Expressing religious freedoms is important.
293.	Gregory O	Portland, OR	Sitting in ceremony with psychedelics has been more healing and life changing for me than anything else. Please hold space within the framework of the rules that you adopt for sincere spiritual communities to work with this medicine.
294.	Dalton O	Columbus, OH	Because I support freedom.
295.	Andrew K	Louisville, KY	This is important to me because freedom is important to me. Plant medicine and practitioners should not be regulated and there are legitimate uses for entheogens.

	Name	From	Comments
296.	David C	Louisville, KY	Becoming more healthy, physically and mentally through ancient plant medicine is a benefit to people individually as well as collectively. Wellness should be a right and Psilocybin is a means to do so.
297.	Steven W	Columbus, OH	I support the use of psychedelics
298.	Kay W	Willmar, MN	
299.	Jeffrey D	Reno, NV	This is an important amendment that will help preserve religious freedom in the use of psilocybin plus keep it affordable for low income people.
300.	Deborah M	Shelbyville, KY	Entheogens heal! Read the science!
301.	Paul I	media, PA	In the survey conducted earlier this year by the Oregon Health Authority (OHA), 49% of the respondents seeking Psilocybin services indicated that they would do so for \"Spiritual\" purposes. Beyond that, 45% of potential providers indicated that they would recruit from \"indigenous and traditional\" backgrounds. It would seem to make at least as much sense to undertake spiritual matters in a spiritual or religious space as it does to undertake psychological treatment in a therapeutic space. And, in fact, many of the psychedelic research study participants find a need or desire for spiritual support that is otherwise not available to them after their \"one-shot\" high-dose treatments. Will Oregon accommodate this?
302.	Allison D	Chapel Hill, NC	Healthcare access matters
303.	Priscila J	Portland, OR	
304.	Lorena N	Portland, OR	
305.	Zach C	Camas, WA	
306.	Ashley O	Heath, OH	
307.	Daniel C	Newark, OH	
308.	Zach W	Louisville, KY	
309.	Kyle H	Abilene, TX	
310.	Jennifer B	Portland, OR	
311.	Justin W	St. Petersburg, FL	This is a very important part of my religion. We believe that mushrooms help our ability to connect to God.
312.	Marie D	Vancouver, WA	Plant medicine needs to be available in a safe environment for people to heal
313.	Matthew M	Paoli, IN	Freedom of religion is our fundamental right in the United States of America.
314.	Anonymous	Québec, ca	
315.	Shelly P	Portland, OR	People need wholistic alternatives to mental health, rather than just prescription drugs which can cause all kinds of side effects, often making conditions worse. Nature has many answers to our modern problems.

	Name	From	Comments
316.	Elijah E	Central Point, OR	Religious Freedom is essential.
317.	Michael S	Indianapolis, IN	Because it heals people.
318.	Anonymous	The Dalles, OR	
319.	Ali N	Seatte, WA	Entheogenic medicine is an incredibly important alternative in the mental healthcare and healing fields.
320.	susanne r	Camas, WA	Psilocybin can be very helpful to clients with PTSD and trauma when used in proper dosages by qualified practitioners.
321.	Anonymous	Seal Beach, CA	
322.	Evan S	Portland, OR	Measure 109 is doomed without this amendment.
323.	Anonymous	Fort Collins, CO	To heal and move through abandonment by society, neglect, childhood trauma, racial trauma, and sexual trauma. Honor diversity, equity, and inclusion. Let's evolve out of privilege, classism, and selective care.
324.	Mike A	Rochester, NH	Keep this for the people and out of the hands of corporations just trying to profit off of suffering
325.	Anonymous	Wood Village, OR	
326.	Blaine C	West Linn, OR	Psilocybin heals the body, mind and soul.
327.	Donna E	Tumwater, WA	As a licensed mental health specialist I have seen first hand the miracles of entheogenic medicines for healing mortal wounding.
328.	John H	Forest Grove, OR	I believe strongly in the availability of entheogens for spiritual practice in a legal, affordable manner. This proposal provides a method for just that.
329.	Catherine C	Eugene, OR	Freedom and our rights.
330.	Warren D	Tucson, AZ	
331.	Anonymous	Albuquerque, NM	If Maria Sabina could not benefit and practice within the OR program, we have not \"gotten it right\"! That would be a real shame and simply another example of colonial hubris perpetuated by capitalism. Will we ever learn? I hope so!
332.	Connor H	Charleston, SC	
333.	Randy G	Hood River, OR	To maintain access and equity and safety.
334.	Sheila H	Richmond, KY	
335.	Anonymous	Flower Mound, TX	
336.	Beri G	Wilmington, NC	This is helping people with depression, mental health issues and PTSD. Mushrooms are 100% better than any pharmaceutical drug being offer. No side affects is the top reason!! Please do what's right for once!! Due what's right for the sake of human kind!!
337.	Anonymous	Denton, TX	
338.	David M	Coventry, CT	I believe the use of psilocybin mushrooms should be available legally for anyone who wishes to use them.

	Name	From	Comments
339.	Jane C	USA, TX	
340.	JOAN A	Hopkins, MN	As a sacrament that promotes mental health, it's imperative to allow access to those who would benefit from it. Given our current state of affairs that affect mental health (war, gun violence, pandemic worries, etc.), it is essential now. Don't stand in the way of religious freedom and mental health progress.
341.	Darrin E	Portland, OR	
342.	KATHLEEN T	Portland, OR	
343.	Welby W	Louisville, KY	
344.	Anonymous	Gladstone, OR	
345.	Thomas S	Portland, OR	
346.	Colin P	BROOKLYN, NY	Mushrooms provide immense mental and spiritual benefits to its users. This framework will allow for much more equity in access.
347.	Andrew T	Hood River, OR	
348.	James A	Valley Stream, NY	
349.	Lauren M	Jersey city, NJ	
350.	William W	Staten Island, NY	
351.	Michael T	Bethlehem, PA	
352.	Tim K	MANCHESTER, NH	
353.	Katarina B	Brooklyn, NY	
354.	Honor B	Louisville, KY	
355.	Rhonda C	Bend, OR	
356.	Michael B	Salem, OR	For Spiritual and Holistic reasons. I plan on Using the Psylocibin in Spiritual for my own Use and to be A Guide to those who need Psylocibin therapy.
357.	Nancy H	Paso Robles, CA	It is my sincere spiritual belief that psilocybin containing mushrooms has helped me become closer to divinity. This is a product of nature and is proven completely safe. It should be available to all regardless of wealth.
358.	Amanda V	New York, NY	
359.	Anna L	Avalon, au	
360.	Annelise K	Portland, OR	
361.	Tahlia H	Beaverton, OR	
362.	Ryan A	Dallas, TX	Our country was built on religious freedom. This does not change bc of any substance being recognized as being useful for mental health or otherwise
363.	William S	Portland, OR	I believe there is therapeutic value in this medicinal plant

	Name	From	Comments
364.	Amy S	Columbus, OH	Community and connection are so very important, and the mushroom is a connection to the Divine. Churches, Entheogens, those that think it is important, should have a seat at the table or at least a voice of input. And very importantly, this country was founded on religious freedoms and civil liberties, please keep these safe.
365.	John W	Fairfield, VA	
366.	Cassie B	Louisville, KY	
367.	Kristen P	Seattle, WA	
368.	Steven M	Beaverton, OR	I consider intentional use of entheogens a spiritual practice and an innate right everyone should have without regard to financial barriers.
369.	Daniel P	Everett, WA	To create a reality where people are more in touch with one another and move away from self-destruction and isolation;
370.	Lisa H	Ashland, OR	
371.	waddell h	paris, KY	
372.	Kathryn K	Corbett, OR	
373.	RODRIGO F	PORTLAND, OR	
374.	Hayley J	Portland, OR	
375.	Heidi S	Portland, OR	
376.	Ashley L	Portland, OR	Because we have taken SO much from these communities already.
377.	Jaden h	portland, OR	
378.	Christopher C	Portland, OR	I plan to be an entheogenic practitioner
379.	Laura D	Ashland, OR	
380.	Scott G	Louisville, KY	
381.	yulia g	Rego Park, NY	I think it will greatly help many people.
382.	Mindy K	Portland, OR	
383.	Kacy B	Portland, OR	
384.	mary m	Redmond, OR	
385.	Diane G	Vernonia, OR	No mushroom or plant or person is illegal.
386.	Lillian C	Ashland, OR	
387.	Adam B	Ashland, OR	
388.	Joshua H	Oakland, CA	
389.	Brandon S	Flower Mound, TX	Because I am proof that this therapy helps people and what Oregon does right now is going to set the tone for the entire nation.
390.	Sommer M	Corbett, OR	Equity, access, protection. Especially for Indigenous peoples and lower-income communities of color is essential so that these medicines do not become yet another capital enterprise. They are too sacred for that!

	Name	From	Comments
391.	Joshua D	Portland, OR	
392.	Huneke D	Wheeler, OR	As a life long sufferer of chronic depression and anxiety, I am thrilled to have a natural medicine instead of big pharma being shoved down my throat.
393.	Tim S	Ardmore, OK	I believe this medicine, once made available will help a lot of people.
394.	Amanda H	Portland, OR	
395.	Rachel C	Seattle, WA	This is important to me because I believe the Entheogenic Practitioners framework better serves the spirit of the original intention for M109 being centered around community!
396.	Miranda D	Boise, ID	
397.	Quinn B	Forest Grove, OR	
398.	Whitney W	Cheshire, OR	We need to give acces to this beneficial medicine for anyone who needs it
399.	evalynn n	Sierra Madre, CA	
400.	Shannon H	Almont, CO	
401.	Klpp C	Williams, OR	How did these become illegal anyway?? O yeah corruption and purposely trying todumb down the consciousness of humans. Give us our basic GOD GIVEN human right back. You had no right to take it in the first place.
402.	Anonymous	Portland, OR	Industrializing psychedelic work will make it unavailable to some of the people who need it most. Creating equitable access and honoring the spiritual lineages that already have established practices and traditions of this medicine will help ensure that the roots of this sacred practice stay intact and thrive in the modern context.
403.	Bonnie M	Tucson, AZ	
404.	Tatiana L	Seattle, WA	It is our right to heal, to engage with spirit and to make choices about what we choose to do with our bodies, minds and spirits. Entheogens are crucial to this natural relationship and in the context of Measure 109 this proposal will create more equitable access to these natural technologies.
405.	Christopher F	Corbett, OR	The original language of M109 was in favor of equal access to psilocybin services. It is important that the OHA creates a regulatory framework that reflects this original mission and ensures that every adult in Oregon over the age of 21 can access these services no matter their financial situation. Meanwhile, both cultivators (manufacturers) and facilitators of psilocybin can practice their work in full transparency, while being legally protected.
406.	Hannah K	Vancouver, WA	
407.	Dan M	Louisville, KY	People need access to this life-saving medicine. Greetings from friends at Psanctuary in Louisville.

	Name	From	Comments
408.	Florie S	Brooklyn, NY	
409.	William P	Boulder, CO	
410.	Olesh B	Portland, OR	
411.	Jordan R	Portland, OR	
412.	David K	Louisville, KY	
413.	Lilith A	Vancouver, WA	This is medicine, make it legal.
414.	Christopher P	Stockbridge, GA	Religious use of psychedelics have been around for millennia. Please incorporate responsible religious use into the law.
415.	Mary F	Portland, OR	
416.	Anonymous	Finchville, KY	The rest of the country will follow Oregon's example. I believe that use of mushrooms can be a sacred experience. Any church willing to treat these fungi with respect and encourages it's members to do the same, should be guaranteed this protection and safety. In return, it will help it's members be wise and careful in their usage.
417.	Jamie E	Vancouver, WA	
418.	NICHOLAS J	PORTLAND, OR	
419.	Noelle W	Portland, OR	
420.	Colton A	Thousand Oaks, CA	Breakthrough treatments in depression and PTSD
421.	ronalafae t	silverlake, WA	i am a spiritual leader and would love to see this happen
422.	Max U	Portland, OR	
423.	Rory F	Ashland, OR	All healing is spiritual. There is federal protection for religious sacraments. There is no federal protection for medical sacraments- psilocybin.
424.	Brittney S	Tigard, OR	
425.	Anonymous	Portland, OR	
426.	Josiah C	Portland, OR	I consider the sacred use of entheogenic medicine to be the single most important tool for physical, spiritual, and mental health. It's beautiful and connects us to the earth, our community and ourselves. I personally believe it is a sacred medicine to be used in ritual and religious sanctity - as well as clinically and recreationally. It should be given that open-endedness.
427.	Matthew H	KEIZER, OR	
428.	Ryan A	Boise, ID	
429.	Alexandra W	Vancouver, WA	
430.	Michelle B	Vancouver, WA	
431.	Adam S	Vancouver, WA	Individuals MUST be able to access their own spirituality. Show me a time in history where the people at large were better off having "gatekeepers" between them and their <i>(continues on next page)</i>

	Name	From	Comments
431.	Adam S	Vancouver, WA	<i>(continued from previous page)</i> access to divinity, and I will remove my name from this list. Otherwise, I would choose to be involved in whatever projects arise to legally produce these medicines and provide access to those who cannot afford it.
432.	Teddi O	Vancouver, WA	
433.	Alexandra L	Nashville, TN	
434.	Nicholas B	Ashland, OR	
435.	Ciara H	Bradford, gb	
436.	Ari S	Bend, OR	The allopathic medical model does not work for many of us. Individuals need to be allowed to use this medicine/sacrament in the way we see fit to.
437.	Sadie S	portland, OR	We are a traumatized nation. Anything that can provide regulation of the nervous system for individuals, families, communities, the whole culture is long overdue.
438.	anthony g	Berkeley, CA	
439.	Claire E	Portland, OR	
440.	Robert T	Eugene, OR	Personal experience
441.	Laura R	Portland, OR	
442.	Sally B	Houston, TX	Religious freedom is important to all of us.
443.	Charlie T	Portland, OR	
444.	Joseph A	Thames Ditton, gb	
445.	Katherine K	Vista, CA	We must pave the way for community space holders to work above ground.
446.	John C	Newtown Square, PA	Oregon is the first in the Country to permit psilocybin use. Your will be a beacon to other states.
447.	Justin B	Alton, IL	
448.	Nicole C	Portland, OR	
449.	Lisa D	Nimitz, WV	
450.	Scott K	Corbett, OR	For me it is vitally important that this medicine be available for all who seek out its assistance and in all formats that best best serve us as individuals and as a community. Thank you!
451.	Tracey T	Portland, OR	
452.	Kevin C	Bend, OR	
453.	Jaeden L	Portland, OR	
454.	Emily S	Portland, OR	
455.	Teresa Maria G	Lisboa, pt	
456.	Jamie Z	Portland, OR	

	Name	From	Comments
457.	Vicki Z	Portland, OR	I'm a therapist and there is growing evidence that this medicine can help People suffering from depression and post traumatic stress.
458.	Emily B	Portland, OR	
459.	Emily M	Portland, OR	
460.	Bianca R	Paranaque City, ph	
461.	Josh G	Bend, OR	
462.	Mark H	Portland, OR	
463.	Catherine J	Eugene, OR	Fair and compassionate accessibility to healing services.
464.	Lorraine B	Eugene, OR	It is time for this one o happen.
465.	Skye A	Portland, OR	Mental health professional!
466.	Christine G	Albuquerque, NM	
467.	Y Lai G	Portland, OR	
468.	David J	PALO ALTO, CA	
469.	Brian F	Eugene, OR	
470.	Valeria C	Cottage Grove, OR	
471.	Kannon M	Portland, OR	
472.	Heather M	Portland, OR	It\'s important to me that pagan and Indigenous communities get to practice without fear of reprisals and also that their religious practices are protected.
473.	Kelly L	Portland, OR	
474.	David S	Durango, CO	
475.	Nathan K	Mt Hood Parkdale, OR	Important next steps in psychology and spiritual ptsd work
476.	Bonnie L	Eugene, OR	I understand the benefits of this therapy and look forward to its expected
477.	Diana B	portland, OR	protecting plant medicines and making them available
478.	Maura J	Portland, OR	This is a healing medicine and it is imperative that it is accessible to all communities.
479.	Miloš J	Hood River, OR	
480.	Jaime D	Lafayette, CO	
481.	Kevin L	Ridgefield, WA	

From: [Zach Connolly](#)
To: [Public Health Rules](#)
Subject: Supporting Entheogenic Practitioners in Oregon
Date: Sunday, April 17, 2022 7:41:55 PM

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To the Oregon Health Authority:

As a young person, It is exciting to see so much progress being made in terms of legalized use of Plant/Fungal medicines. I urge you to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. This is a create way for Oregon to set precedent when it comes to how the people of the state use and commune with these medicines.

I believe it is pivotal to listen to the voices of indigenous and religious communities for how we should implement this medicine into our society. Having a variety of settings, have it be therapeutic, medical, religious, or spiritual create a better space for the psychedelic movement that is coming.

Oregon can lead the charge in this by adopting these rules and regulations and by creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services.

Thank you! I hope the voices of these communities are heard by you.

-Z

From: [Zachary Lehner](#)
To: [Public Health Rules](#)
Subject: Training comments
Date: Sunday, April 3, 2022 10:55:29 PM

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This training program needs to be affordable, accessible, and compatible with different socio-economic backgrounds so that prospecting and passionate college students, especially those in lower economic brackets and as well as middle class level students who can't afford college, can pursue a career plan in this field of psychedelic facilitation.

The fear is there will be too steep of requirements to enter the training program and so it will remain out of reach for those that don't have a master's degree and are a licensed counselor. There should be multiple pathways to becoming a facilitator.

Mainly I'm saying it isn't right to keep medicine like psilocybin out of people's hands in certain economic brackets simply because it is overpriced by greedy entrepreneurs. The same goes for the training.

Ideally it should be the training that is quality enough for the prospecting facilitator to be well trained and these trainings should be regulated to be certain that they are consistent and effective and yet affordable.

I'm just one small voice, but many people out there understand the frustration when so much gatekeeping goes on in the system, prevents those who are disadvantaged from having the same opportunities.

From: [Tatiana Luz O](#)
To: [Public Health Rules](#)
Subject: We urge you to support the Entheogenic practitioner proposal
Date: Tuesday, April 19, 2022 4:32:45 PM

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Dear Oregon Health Authority,

I am one of two Co-Director's with the Psychedelic Medicine Alliance of Washington, and previously I helped lead Decriminalize Nature Seattle to pass a resolution decriminalizing entheogens in Seattle Washington. Earlier this year Senate Bill 5660 was introduced in the Senate which aims to reproduce a framework just like Oregon's groundbreaking Measure 109 for Washington.

We believe that it is imperative for the OHA to do everything possible to make psilocybin services accessible and affordable. The [Entheogenic Practitioner proposal by Jon Dennis](#) will go a long way towards empowering communities to offer psilocybin in more affordable and accessible ways.

Community based healing with entheogens has been practiced safely and responsibly within the United States for decades and by indigenous communities around the world since time immemorial. It is also important to offer access to psilocybin outside of a strictly medicalized context. This is extremely important because many people do not feel safe in a clinical setting. The unfortunate history of black, indigenous and other people of color being marginalized and abused by bad actors within the medical community has created a deep cultural distrust towards the clinical environment. It is imperative to offer different options for psilocybin services by sincere entheogenic groups like religious communities in addition to offerings from therapists and clinicians which has been privileged by the 109 legislation.

Healing can come via many routes, whether it is therapy, spiritual, personal wellness, or peer support communities -- we urge you to create affordable and accessible options for people to access psilocybin services by supporting this proposal.

--



Tatiana Quintana
Co-Director
Psychedelic Medicine Alliance Washington
Decrim Nature Seattle
tatiana@decriminalizenatureseattle.org
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From: [Clyve Fish Hands](#)
To: [Public Health Rules](#)
Subject: Written comment Psilocybin Ruleset
Date: Sunday, April 17, 2022 7:23:02 PM

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- The restrictive definition of Fungi in the proposed ruleset is unscientific, marginalizes religious practices, and should be expanded to include all fungus in the agaric genus Psilocybe.
- The state's proposed definition of Fungi will deny communities of historic importance from their religious practices
- The limitation proposed would create a supply chain that would create prohibitive costs and thus a financial barrier for prospective clients and could potentially deny equal access to the services throughout the state on the basis of financial class
- The batch testing and cost associated with batch testing will violate the spirit of the measure passed by the people of Oregon - and will deny equal access to the services throughout the state on the basis of financial class, therefore the testing requirements need to be less restrictive.
- I support the religious use of Psilocybin and entheogenic community practice

--

Elijah Elliott

From: [Emma Andre](#)
To: [Public Health Rules](#)
Subject: written comment regarding measure 109
Date: Thursday, April 21, 2022 12:10:50 PM

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Hello there,

As an Oregon native, a doctor, and a Psanctuary church member I have been watching this process with both enthusiasm and growing concern.

We have a landmark **opportunity** to lay an exemplary foundation for greater EQUALITY, ACCESS, SAFETY, and COMMUNITY in psychedelic medicine.

I am in strong support of adopting the proposed “Entheogenic Practitioner” framework and manufacturing endorsement because I believe it provides this foundation.

If we don't, my concerns are:

1.

The currently proposed rules create both COST PROHIBITIVE and RESTRICTIVE barriers to accessing this medicine. Creating affordable, community-oriented pathways to these mushrooms is critical for EQUITY in the future of psychedelic services. EQUITY is a core Oregonian value, but I am concerned that this value has not been written into the current legislature to includeentheogenic communities.

2.

The inevitable result of this restricted access is a safety concern - theentheogenic organizations that wish to come above ground will not if their needs and beliefs are not considered.

3.

Underground organizations are not monitored and may be more prone to unaccountable harms - IE the elephant in the room is that **NOT** including and honoringentheogenic practitioners will NOT stop them from doing what they do. It just won't be regulated, which in the end may result in more work for all regulating bodies.

We have a chance here to form a much stronger cohesive partnership, leaving space for us all to understand the mushroom

as both a sacred spirit AND a psilocybin product.

The mushroom has an incredibly potent and **undeniable capacity to engender spiritual experiences and growth**. The entheogenic communities have a rich history with and **valuable** ancestral knowledge with use of and integration of this spiritual medicine. They can be a **valuable** resource here. AND they create ongoing community support for continued integration. I guarantee you - there WILL be a need for this kind of support from **experienced organizations** as psychedelic medicine grows.

The hard truth here is that entheogenic communities may not come above board and share their wisdom if they would have to sacrifice their spiritual and ancestral methods to fit themselves into the existing narrow framework.

I believe the proposed “Entheogenic Practitioner” framework will address these concerns by supporting greater EQUITY, ACCESS, and SAFETY.

A sincere thank you for all your efforts in this, and for your consideration,

Dr. Emma Andre

To: publichealth.rules@dhsosha.state.or.us

Subject: I Support the Entheogenic Practitioners Framework

To the Oregon Health Authority,

I am an Oregon native, a husband, a father, and a doctor in this beautiful state.

As a healthcare practitioner I have seen and experienced firsthand the inequities that exist in Oregon's healthcare industry. The currently proposed rules governing the use of psilocybin in Oregon will make it unnecessarily cost prohibitive for underprivileged and underserved communities to access the proven, safe, and effective medicine from psilocybin containing mushrooms.

Furthermore, because Oregon's program is the first of its kind nationwide, the rules we adopt will likely become the standard for all adult-use psychedelic services programs that follow. In this way Oregon has a unique responsibility to avoid regulations that create paywalls which prevent marginalized communities from accessing psychedelic and entheogenic experiences.

As a doctor I completely understand the need for policies to focus on safety and to protect Oregonians from harm. However, it is my concern that the currently proposed rules create cost prohibitive and restrictive barriers to such a degree that **they will actually create unsafe conditions** for those seeking access to psilocybin mushrooms. History has shown us that the inevitable result of paywalls and cost-prohibitive access is that underground markets flourish and proliferate. As you know with such markets, they will be unregulated, unmonitored, and unaccountable. **In other words, these restrictive policies could very likely backfire and serve to fan the flames of the potential risks and harms that they aim to protect people from.** Additionally, it is widely known that BIPOC communities and low income individuals will be the ones disproportionately impacted by these inevitable side effects of restrictive and cost-prohibitive policies. These unintended consequences will undoubtedly also create a greater burden of risk for the OHA and other government organizations such as law enforcement and the DEA.

So what can we do about this? Well, if safety is among the primary concerns for the OHA, as I agree it should be, then my urgent recommendation to the OHA is to ensure equitable access for the broadest population possible.

In doing so you will invite the majority of the market to come above ground and ensure safety for those wishing to have experiences with psilocybin mushrooms. Fortunately it is not too late and the opportunity still exists to develop a program that creates a safe container for psilocybin use within BIPOC and religious communities.

Finally, I wish to address the matter of religious freedom. These proposed rules place undue restrictions on long-established, relatively new, and developing churches and religions that utilize sacred psilocybin mushrooms for their sacrament. Limiting access to any species besides cubensis sp., placing cost-prohibitive fees on licensing and testing of sacred mushrooms, and generally restricting religious use of these time-honored sacraments does a tremendous disservice to the opportunity that stands before you to welcome these religions and churches above ground and to work together to develop safe practices within a religious context with the sacred mushrooms.

As an active member of a sincere, registered church that works with sacred mushroom sacrament and has multiple chapters and members all over the country, I can tell you first hand that the currently proposed rules will prohibit us from being able to practice our established religion in Oregon. I do not believe exclusions like this are the outcome that any of us want; not the OHA and most certainly not the churches. As a member of the Entheogenic Practitioners Council of Oregon I personally know leaders from several long-established churches that share my concerns and we are deeply saddened by the missed opportunity that lay before us to allow these genuine religious institutions and practices to come above ground as part of this new chapter with the sacred mushrooms.

In closing, I strongly urge the OHA to adopt the proposed “Entheogenic Practitioners” framework that has been endorsed by the OPAB Licensing and Equity Subcommittees. I also urge you to create a special manufacturing endorsement for entheogenic practitioners, as recommended by the OPAB Licensing Subcommittee. The proposed framework and manufacturing endorsement would provide important protections to sincere religious, spiritual, and contemplative communities who work with psilocybin-containing mushrooms. By adopting the proposed “Entheogenic Practitioners” framework, OHA can invite psilocybin practitioners to practice above ground within Measure 109, thereby reducing harm and improving accountability.

Members of the OHA, I implore you to please protect religious, spiritual, and contemplative communities through the adoption of the proposed entheogenic practitioner framework and manufacturing endorsement. Creating affordable, community-oriented pathways to psilocybin is a critical step in achieving equity in the future of psychedelic services. Adopting the proposal would allow for affordable, community-based options that would bring psilocybin services within financial reach of the more than half a million Oregonians (and countless others nationwide) who live in poverty.

As fellow humans working for the health of our communities, I trust you to listen to your heart and do the right thing here.

Thank you for all of your work on this initiative and for reading my words.

Dr. Derek Andre, Psanctuary Church

From: [Kevin Roux](#)
To: [Public Health Rules](#)
Subject: Written public comment for proposed rules (Chapter 333, division 333, Oregon Psilocybin Services Act)
Date: Thursday, April 21, 2022 9:51:14 AM

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Dear OHA Member,

Hello, my name is Kevin Roux, and I'm a registered nurse and hospice chaplain who has lived and studied with indigenous Shipibo communities in Peru who utilize ayahuasca in group ceremonies to treat physical and spiritual illnesses. Thank you for this opportunity to speak my voice, and I want to thank everyone at the OHA who has worked tirelessly to bring this trailblazing new program into existence.

Researchers since the 70s, such as Drs. Richard Williams and Walter Pahnke, and those more contemporary, such as Drs. Roland Griffiths, Bossis, Guss, Grob and others have dedicated much of their lives to working with psilocybin, and many of these researchers have worked with patients who are suffering the existential distress of a terminal diagnosis. This research has been widely cited throughout the decades because of how meaningful the work truly is. I have personally provided hospice care to veterans, teachers, first responders, those religious and atheist alike, and I have sat with family members as they experience anticipatory grief, knowing there is no earthly cure for their loved one. And to be honest, there are no excellent treatments to address the unique types of suffering that occur as one reaches the end of their mortal life. While I recognize Measure 109 is based on informed consent and is not meant to be therapy per se, I am also alert to the very real possibility that both hospice patients and their loved ones may elect to pursue psilocybin experiences. Additionally, I am aware that many indigenous peoples have used a variety of psilocybin containing mushrooms throughout the Americas and there are likely hundreds of skilled individuals in Oregon who hold sincere religious and spiritual beliefs around their use of the mushroom as a psychedelic sacrament. As such, I have two questions for the OHA: first, what system will be created to assist hospice patients and their loved ones with psilocybin experiences under Measure 109? Currently there is only one place I found in the Psilocybin Training Curriculum Modules that mentions terminal illness (5i), and this seems like an area that could be expanded upon in the coming years. As the aforementioned research indicates, a patient who has recently been given a terminal prognosis does often benefit from one or more psilocybin experiences. However, what about their family members? What about their sons, daughters, mothers, and fathers? Prior to their loved one's passing, I believe they would benefit from psilocybin experiences, but I also believe that the benefit will continue into the bereavement months. In hospice, the bereavement program lasts 13 months, and I believe these psilocybin experiences could be instrumental in helping family members connect with important memories in ways that could ease their suffering. It could be that creating a sub-license to assist unique populations would provide meaningful benefit to Oregonians.

Second, how does the OHA hope to bring the knowledge, experience, and wisdom of sincere religious, spiritual, and contemplative practitioners into M109? There are many intelligent, heartfelt, and experienced people who revere and respect their relationship with their

sacrament, but they do not have the financial resources to comply with the regulatory framework that M109 imposes. Is it the position of the OHA to risk losing the diversity these individuals bring to the table by not making a pathway for them to be brought into M109 in a way that honors their existing spiritual relationships with the mushroom? Many of these people are from marginalized communities who have very real memories of persecution suffered by their ancestors for their deeply held beliefs, so is there any talk at the OHA about how to respectfully engage in meaningful conversation with these individuals that might result in improved accessibility and equity for Oregonians?

Thank you for your time and consideration. Respectfully submitted,

Kevin Roux, M.Ed., MSN, RN