



**Healing
Advocacy**
Fund

Senate Bill 303

Overview of the -2 Amendments

Challenge

No mechanism to
measure impacts

Reporting key pieces
of info will provide
insight into:

- Safety
- Equity
- Access

SB 303 will provide answers to the following questions

1. **How many people** are receiving services?
2. **Why** are clients seeking services? (Depression, anxiety, PTSD, etc)
3. **Which demographics** are/are not receiving services?
4. How many **Oregon residents** are receiving services vs non-residents?
5. What types of **adverse outcomes** are occurring and at what %?

Existing Service Center Record Keeping Rules

- *“Licensees shall store, maintain and destroy records, including client records, in a manner that prevents unauthorized access and protects client confidentiality.*
- *Licensees must retain required records for a period of five years.*
- *Licensed facilitators and service centers must allow current and former clients to access and examine client records and request corrections to those records.”*

Per OHA Rule: 333-333-4820 - Record Retention

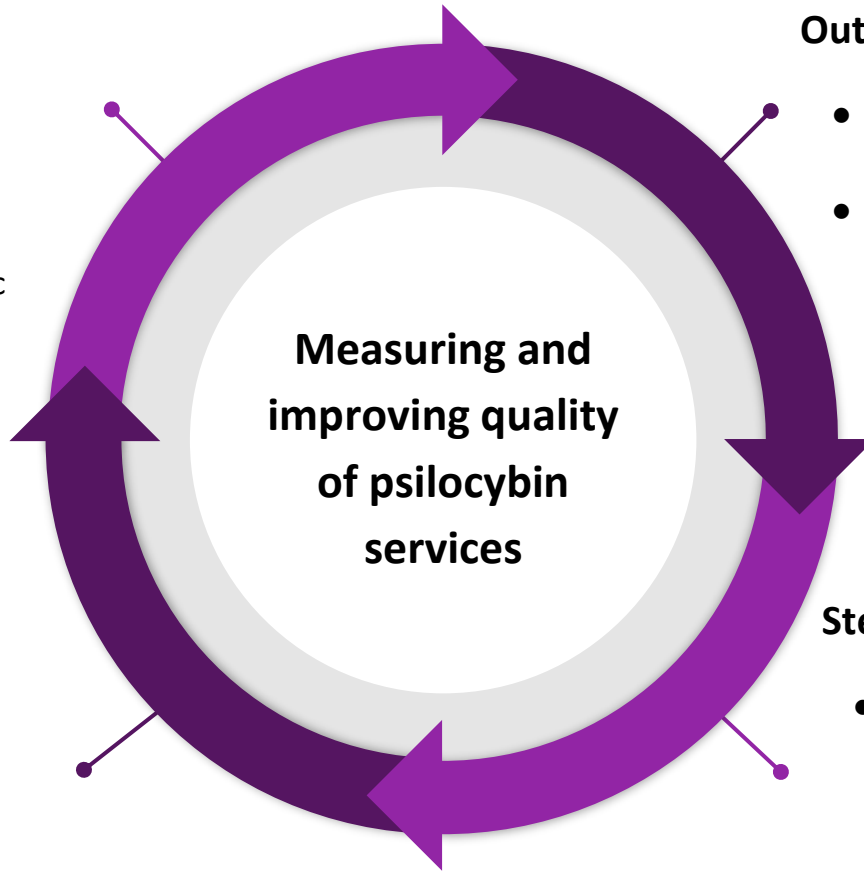
Senate Bill 303: The Process

Step 4: Program Reporting

- OHA sends the aggregate reporting information to OHSU who will produce regular public reports highlighting outcomes and areas for improvement

Step 3: Aggregate Reporting to OHA

- On a quarterly basis, service centers fill out a reporting form by compiling information from clients into an aggregate count.
- No client-level or identifiable information is passed to OHA



Step 1: Client Intake & Opt-Out Mechanism

- Facilitator collects in-take formation from client.
- **Client can choose to opt-out of having their aggregate information shared with OHA and will not be prevented from accessing services**

Step 2: Secure Storage

- Facilitators safely transmit information to service centers who securely store client-level identifiable information

Key Considerations Around Information Collection

- Clients are required to fill out an intake form per OHA rules*.
 - **Clients can opt-out** from having their information aggregated and passed on for reporting purposes.
- Any service center, facilitator, or client-level information could be collected at any time by federal subpoena. All clients and operators should make informed choices around the risks of participating.
- Key aggregate reporting will discourage the federal government from intervening at the state level.

*Per OHA Rule: 333-333-4820 - Record Retention

SB 303 -2 Amendments & Corrections

1. Clients can opt out of having info passed on to OHA
2. No client-level information will be shared, only aggregate
3. Removes training program & facilitator reporting requirements
4. Reduces amount of aggregate info required to be reported to OHA
5. Information provided CANNOT be sold, to anyone
6. Service centers will send aggregate info to OHA

(**the -1 had a drafting error that is now fixed)

SAMPLE Report From OHA / OHSU

- Over the first year of the M109 program, 11 licensed service centers employing a total of 79 facilitators have delivered psilocybin services to 1639 clients for a total of 1204 psilocybin sessions (65% were group sessions involving 3 or more clients, 70% involved doses of 20mg and higher).
- Clients accessing the services were mostly white (72%), spoke English as a first language (81%) and the majority were Oregon residents (88%).
- The most common reason for seeking services were anxiety, depression, trauma (totalling 39%), substance use disorders (28%) and personal development/spiritual exploration (17%).
- 66% of clients received optional integration sessions. Adverse events occurred in 27% of participants and included headache, nausea, and dizziness.
- Serious adverse events involving hospitalization were very rare (0.8%, including 2 fatal cases of cardiac arrest and subsequent suicide).