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Dear Chair Patterson, Vice-Chair Hayden and Members of the Committee,

Although I also serve on the Psilocybin Advisory Board, I am here today representing the Oregon Hospice and Palliative Care Association. We are a 501c3, non-profit, public-benefit organization serving the citizens of Oregon who may one day need hospice or palliative care as well as the programs who serve them. Each year approximately 23,000 Oregonians receive hospice care.

I believe the use of Psilocybin has great potential to provide symptom relief for seriously and terminally-ill Oregonians. I hope someday we are able to share success stories about how even one Psilocybin administration session resulted in a person experiencing less anxiety, improvement in feelings of depression or a decrease in feelings of existential distress. Any of these results would be of tremendous value for someone receiving palliative or hospice care in Oregon.

But we also need to be able to demonstrate that the administration of Psilocybin in a Service Center is safe. We need to be able to answer the question: "Is it safe?" with more than just anecdotal data. We need data about any adverse reactions and whether these reactions require medical attention. I suggest amending the language that now reads: "The number and circumstances of any adverse events or client experiences, including information about the type of event or experience, such as frequency and severity;" to include the words "and any follow-up treatment required".

We need data to know outcomes. We need to collect aggregate data, not individual data, to obtain information about outcomes. The Oregon Hospice & Palliative Care Association supports Senate Bill 303 because it will enable data collection to answer an important question about the use of Psilocybin in hospice, palliative care and all other experiences: "Is it safe?"

Respectfully,

CEO – Oregon Hospice & Palliative Care Association

Barbara Homsen, Di