Submitter:	Scott Yelton
On Behalf Of:	
Committee:	Senate Committee On Health Care
Measure:	SB303

Greetings, and thank you for allowing me the opportunity to express my concerns for SB 303. My name is Scott Yelton, and I am currently in the final month of my psilocybin facilitator training with InnerTrek, and planning on becoming a licensed facilitator this Spring. My training has prepared me for of all the logistical issues involved in the roll out of this now legal therapy, and I am acutely aware of the need for strong research to further the accessibility, viability, and acceptability of psilocybin. Gathering this sensitive information without regard to our client's privacy rights, which SB 303 proposes, is something that psilocybin therapy should turn away from.

Though there are many factors in determining a successful facilitator/client relationship, trust stands out on top. Trust that there is safety, respect, and honesty. The OHA's psilocybin's "Client Bill of Rights" and "Informed Consent" documents, both of which are required to be given to clients for their signature, explicitly state that the client's information will not be disclosed to a third party. Specifically, ORS 475A.450 allows disclosure in the following circumstances (paraphrased):

- 1) The client gives written consent to share their info
- 2) Client initiates legal action
- 3) Communication reveals intent to harm self/others
- 4) Communication reveals minor as victim
- 5) Through the course of an OHA investigation

This SB 303 bill amends these rules (ORS 475A.450) to add a 6th rule: 6) Reporting to the authority the data described in sections 2 and 3 of this 2023 Act

A more truthful amendment would be to VOID ORS 475A.450 all together, because SB 303's additional rule nullifies the prior five, and ultimately nullifying the client's trust in their facilitators, because now we MUST report their information to a 3rd party.

Though reporting sensitive client information to a third party without client approval is disingenuous under any circumstance, to require sensitive client information for a therapy that makes use of a schedule 1 drug that is Federally illegal raises the bar of overreach. The passage of SB 303 increases the scenario where legal psilocybin therapy fails in Oregon because people simply opt out of seeking the treatment due to lack of trust with their sensitive information.

SB 303 additionally puts an additional financial burden on psilocybin facilitators and service centers as it requires the gathering, de-identifying, and distributing of data, all of which cannot, at least ethically, be passed onto the client. Furthermore, with psilocybin being classified as a schedule 1 drug, business expenses related to the gathering and dissemination of this data cannot be written off, so these are out-of-pocket expenses that will never be recouped, nor will the time spent be billable. And because the client's information needs to be de-identified and stored for future reference, out-of-pocket expenses for this task alone can be significant (e.g. software/hardware purchases).

SB 303 also seeks sensitive client information that cannot be codified. Though information such as age, sex, marital status, etc. can be easily charted, information gathered from requirements such as these leave much gray area:

(f) The number and circumstances of any adverse events or client experiences, including information about the type of event or experience,;

(j) Any follow-up information from a client on the short-term and long-term results of receiving psilocybin services, including positive outcomes experienced by the client.

Furthermore, SB 303 potentially requires facilitators to cross scope-of-practice boundaries when they are required to submit information such as "(d) ... including the types of behavioral health conditions the client experiences". The OHA has been clear that psilocybin facilitators stay within their scope-of-practice, and this requirement is asking us to diagnose our clients.

Thank you for your attention to these concerns