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On Behalf Of:
Committee: Senate Committee On Health Care
Measure: SB303

Noting that data must be collected in a way that is not compulsory for clients, and does not create excessive financial burdens for facilitators or service centers, the American Psychedelic Practitioners Association agrees that safe and responsible data stewardship is necessary to ensure equitable access to psilocybin services for those who qualify; and for increasing our understanding of associated safety outcomes.

Equitable access is a pillar of this program, and the only way to know who has access to these services—and who doesn't—is by collecting and analyzing data. Equity is mentioned 25 times in the administrative rules. There are processes in place to ensure that service centers have equity plans that include metrics for measuring success or failure with respect to equity; training programs are required to spend 10% of their instruction hours on equity; and the client bill of rights states that that all people, "especially those who have been historically marginalized, are considered in the development of social pathways to health equity." If we don't know who is availing themselves of the services, there is no reliable way to understand if the services are being delivered equitably, and therefore there is no way for the public or OHA to know whether the health equity goals of this program are being met.

Additionally, prospective insurance carriers have made it clear that they will not be able to offer reasonable rates to facilitators unless and until there is data to build a factual understanding of safety outcomes. The current rate is \$5,000 a year for a facilitator who wants coverage. This will be unaffordable for most facilitators, and will be especially un-workable for facilitators who intend to offer low-cost services. We need insurance to unlock access, and we need data to unlock insurance.

Data will also help us understand safety outcomes. Adverse outcomes need to be monitored. They also need to be understood in relation to good outcomes. Without being able to make these comparisons, bad outcomes may be overemphasized or taken out of proportion. This kind of misunderstanding—based on hyperbole rather than science—poses a risk to this program, and the public's understanding thereof. Data is also the only way to spot trends in adverse outcomes that need to be addressed.