

5/3/2023

House Committee On Behavioral Health and Health Care:

I urge you to vote no on SB303-2 and to consider the following amendments.

I am a licensed therapist, faculty at a psilocybin facilitator training program, and former scientist in medical informatics and psychiatry at Yale School of Medicine. In my previous research career, I conducted laboratory studies of atypical psychedelic compounds and observational research on Connecticut's medical marijuana program. In my current career as a therapist and educator, I encourage harm reduction through informed consent and proper identification of both risks and potential benefits of psychedelic use.

Broad data collection related to Oregon Psilocybin Services could reduce harm and increase program benefits and effectiveness. However, SB303-2 is unnecessarily vague and overreaching and would likely do more harm than good. Please see the following suggested amendments and their rationale for improving the proposed data collection.

Peter H Addy, PhD
Portland, OR

SB 303 - Data Privacy Amendment

Protecting Oregonians' Data Privacy and Ensuring Equitable Access to Psilocybin

With Measure 109, Oregon has developed the first program in the country to provide safe and legal access to psilocybin. SB 303 is a data collection bill intended to measure and promote safety, efficacy, and equitable access to Oregon psilocybin services.

Research and data can be powerful forces for good when carried out with voluntary participation, appropriate resources, and strong privacy protections. While Amendment -2 reduces some of the harms of the original SB 303 draft, further changes are necessary to ensure informed consent and adequate data protection and equity. Without these changes the bill threatens Oregonians' privacy and would deter members of marginalized communities from seeking legal Oregon Psilocybin Services, as well as working in this emerging field. Despite legalization in Oregon, psilocybin remains federally illegal, and careless collected data may expose Oregonians to legal liability. Senators and representatives from both parties have expressed these concerns to us, as did OHA in written testimony, and all have shown interest and willingness to find solutions.

Our proposed Data Privacy Amendment addresses five substantial deficiencies of SB 303, to protect Oregonians' data privacy while minimizing risks the -2 Amendment poses to its own stated goals of assessing safety and equitable access.

1. Opt-in to ensure informed consent: The current language collects clients' data unless they specifically request to be excluded. This makes it more likely that clients, who might be in a vulnerable condition, are inadvertently included without understanding the risks and their rights. Informed consent in research requires clients to affirmatively consent to participation, and this program should follow that protocol, particularly given SB 303's goal of promoting equity, and the history of government [research abuses](#), which disproportionately impacted marginalized communities.
2. Clearly define and limit data: The bill purports to mandate only aggregated data be sent to OHA, but its language is far too vague and would allow various interpretations that jeopardize client privacy and decrease the security and usefulness of the data. This amendment precisely defines the dataset that may be transmitted to OHA, and ensures it contains no individual or personally identifiable data.
3. Limit the data program to what is expressly described in the bill: The current version of SB 303 gives OHA unlimited discretion to add by rule any additional

data collection requirements. Psilocybin services data are far too sensitive to give an agency a blank check subject to various unknown pressures in the future. Our amendment removes this discretion so that only legislators, directly accountable to their constituents, would determine and define the need for any future expansion of the scope of data collection.

4. Provide data equity: Under the current version of SB303, OHA would be required to publish only a fraction of the data it collects to the public, while the remainder is shared with just one university, excluding other researchers and the public. Our amendment requires OHA to publicly publish all of the aggregated data to ensure equitable access for researchers and citizens from every community.
5. Ensure OHA fully aggregates data before sharing or publishing: Even without individual client information, data transmitted to OHA will be associated with particular service centers and their owners, operators, and workers, decreasing privacy and increasing risk for these individuals. Our amendment requires OHA to only share or publish state-wide data that have been deidentified with respect to service centers and their personnel, and aggregated across service centers and geographic locations.

The M109 program is at a critical juncture and SB 303 poses a serious threat to its success. SB 303 as approved by the senate jeopardizes Oregonians' data privacy while adversely affecting equitable access to psilocybin services. We offer five simple but impactful changes that will substantially improve data privacy, data equity, and equitable access to services, while more effectively advancing the bill's purpose of assessing safety and access.

OPSCC - Oregon Psilocybin Services Collaborative Community

OPSCC is a community education and advocacy group. We believe Oregon Psilocybin Services should be widely accessible, and that the surrounding industry should include many diverse individuals, businesses, and organizations coexisting fairly and innovating together to best serve the wellbeing of psilocybin clients.

Contact: takeaction@opsccl.info

Senate Bill 303

Ordered by the Senate April 11
Including Senate Amendments dated April 11

Sponsored by Senator STEINER (Pre-session filed.)

A BILL FOR AN ACT

Relating to psilocybin services; creating new provisions; amending ORS 475A.450; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Sections 2 and 3 of this 2023 Act are added to and made a part of ORS 475A.210 to 475A.722.

SECTION 2. (1) As used in this section, “adverse behavioral reaction” and “adverse medical reaction” have the meanings given those terms by rule by the Oregon Health Authority.

(2) A psilocybin service center operator that holds a license issued under ORS 475A.305 shall:

(a) Collect , in addition to the information required to complete a client information form described in ORS 475A.350, the following information, with each answer selected by clients from a standardized set of possible answers established by OHA, such that there are no narrative or free-form entries:

(A) The race, ethnicity, preferred spoken and written languages, disability status, sexual orientation, gender identity, income, age and county of residence of each client; and

(B) The reasons for which a client requests psilocybin services;

(b) Compile the following information that pertains to the three-month period immediately preceding a quarterly submission under subsection (4) of this section:

(A) The number of clients served;

(B) The number of individual administration sessions provided;

(C) The number of group administration sessions provided;

(D) The number of individuals to whom the psilocybin service center denied psilocybin services and the reasons for which psilocybin services were denied;

(E) The number and severity of:

(i) Adverse behavioral reactions experienced by clients, of which the psilocybin service center operator is aware; and

(ii) Adverse medical reactions experienced by clients, of which the psilocybin service center operator is aware; and

(c) Compute, for the period described in paragraph (b) of this subsection, and maintain the following information:

(A) The average number of times per client that psilocybin services were received;

(B) The average number of clients participating in each group administration session; and

(C) The average dose of psilocybin per client per administration session.

(3) Pursuant to rules adopted by the authority, a client shall have opted-in before a psilocybin service center operator may submit to the authority information provided by the client as described in subsection (2) of

this section.

(4) On a quarterly basis, each service center shall transmit to the authority an aggregated data set, which contains no individual or personally identifiable information and comprises only the following summary data obtained from clients who have opted in per subsection (3) of this section:

- (a) The total count for each answer of the information described in subsections (2)(a)(A) - (B); and
- (b) The numeric values described in subsections (2)(b)(A) - (E) and (2)(c)(A) - (C).

(5) The authority shall submit the information received under subsection (4) of this section to the Oregon Health and Science University for the purpose of enabling the evaluation of outcomes of psilocybin services provided under ORS 475A.210 to 475A.722.

(6) (a) Except as otherwise required by law, the information collected, maintained and reported under this section is exempt from disclosure under ORS 192.311 to 192.478.

(b) Information collected, computed, maintained or reported under this section may not be sold or otherwise monetized.

(7) The authority may adopt rules to carry out this section.

SECTION 3. (1) The Oregon Health Authority shall collect and compile data on:

(a) The total number of licenses issued under ORS 475A.290, 475A.305, 475A.325 and 475A.594, compiled by each license type;

(b) The total number of applications submitted for licenses issued under ORS 475A.290, 475A.305, 475A.325 and 475A.594 and the reasons for any denials of licensure;

(c) The race, ethnicity, preferred spoken and written languages, sexual orientation and gender identity of each applicant and each licensee; and

(d) The total number of disciplinary actions taken by the authority against licensees, compiled by license type and action taken.

(2) On a quarterly basis, the authority shall make publicly available a statewide aggregated data set, which contains no individual or identifiable information with respect to individual persons or service centers and comprises only the following summary data, aggregated across all service centers:

(a) The data described in subsection (1)(a) to (c) of this section; and

(b) The data described in Section 2, subsection (4)(a) and (b).

(3) The authority may adopt rules to carry out this section.

SECTION 4. ORS 475A.450 is amended to read:

475A.450. Confidentiality of information and communications by clients; exceptions. A psilocybin service center operator, a psilocybin service facilitator, or any employee of a psilocybin service center operator or psilocybin service facilitator may not disclose any information that may be used to identify a client, or any communication made by a client during the course of providing psilocybin services or selling psilocybin products to the client, except when:

(1) The client or a person authorized to act on behalf of the client gives consent to the disclosure;

(2) The client initiates legal action or makes a complaint against the psilocybin service center operator, the psilocybin service facilitator, or the employee;

(3) The communication reveals the intent to commit a crime harmful to the client or others;

(4) The communication reveals that a minor may have been a victim of a crime or physical, sexual or emotional abuse or neglect; [or]

(5) Responding to an inquiry by the Oregon Health Authority made during the course of an investigation into the conduct of the psilocybin service center operator, the psilocybin service facilitator, or the employee under ORS 475A.210 to 475A.722; or

(6) Reporting to the authority the data described in section 2 of this 2023 Act.

SECTION 5. A psilocybin service center operator and the Oregon Health Authority shall first submit the information and data described in sections 2 and 3 of this 2023 Act not later than the end of the quarter that begins on January 1, 2025.

SECTION 6. (1) Sections 2 and 3 of this 2023 Act and the amendments to ORS 475A.450 by section 4 of this 2023 Act become operative on January 1, 2025.

(2) The Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority by sections 2 and 3 of this 2023 Act and the amendments to ORS 475A.450 by section 4 of this 2023 Act.

SECTION 7. This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative Assembly adjourns sine die.