

March 20, 2025

House Committee on Behavioral Health and Health Care

900 Court Street NE

Salem, Oregon 97301

RE: HB 2387 - Oregon Psilocybin Program Improvement Bill

Chair Nosse, Co-Chairs Javadi and Nelson, and Committee Members,

Thank you for the opportunity to share our support for HB 2387, the Psilocybin Program Improvement bill. My name is Peter H Addy, and I am a licensed professional counselor in a private practice in Portland. I am writing to express my strong support for House Bill 2387, which critically improves Oregon's groundbreaking Psilocybin Services Program." Passed in 2020 by the voters, Measure 109 was designed to create a state-licensed and regulated psilocybin therapy program, allowing access for individuals with mental health needs and strong safeguards for clients, workers, and the community. Since May of 2023, when the first services were delivered, estimates show that the program has now served more than 10,000 people.

Many individuals, including those suffering from PTSD, depression, anxiety, and addiction, have found renewed hope through psilocybin therapy. As a licensed professional counselor, I've witnessed numerous success stories, with the effects of a single session lasting up to a year. These stories are a testament to the potential of psilocybin therapy to transform lives.

The Oregon Psilocybin Services program has several rules in place to ensure safety, including:

1. Clients over the age of 21 are only allowed access to consume psilocybin in a state-licensed service center under the supervision of a trained and licensed facilitator.
2. Service centers must screen all clients to ensure services fit their health backgrounds well.
3. Service centers cannot be located within 1,000 feet of a school.
4. Adverse events must be reported to the state when emergency services need to be called – of all the clients served, less than .12% have had emergency services.

HB 2398 was introduced to address technical fixes to Oregon's Psilocybin Services Program.

1. Currently, Oregon's healthcare providers—including nurses, doctors, and mental health professionals – cannot use their professional licenses when facilitating psilocybin services, which include preparation, administration, and integration.

HB 2387 is crucial in creating licensure protections for healthcare providers. Without these protections, providers are hesitant to discuss psilocybin therapy with their patients, fearing the loss of their licenses. This fear limits the information available to clients and increases the likelihood of adverse events. The urgency of this issue can not be overstated.

2. Many professionals are unclear if they can even discuss psilocybin therapy with patients, and many are unwilling to do so due to the risk of losing their professional licenses. As a result, patients are often unable to discuss the risks or opportunities associated with psilocybin therapy for their unique health background with their healthcare providers. We know that psilocybin therapy is not for everyone. It's essential that clients fully consider whether it is safe for them to access it with a healthcare expert—unfortunately, this lack of flexibility limits informed consent for psilocybin therapy clients.

HB 2387 proposes dual licensure, which allows healthcare professionals who are also licensed psilocybin facilitators to utilize their healthcare expertise in the preparation (pre-session) and integration (post-session) of psilocybin services. Administration will remain non-directive as defined by the OHA. For example, a licensed therapist who is also a licensed psilocybin facilitator can bring their therapist skills and expertise to help a client prepare for a psilocybin session and help to process it when it's done.

3. The Psilocybin Advisory Board, which makes program improvement recommendations to the OHA, does not currently include members from the psilocybin provider community. This can lead to a disconnect between the agency rules and oversight of the program and the real experiences of those working in this first-of-its-kind industry.

HB 2387 establishes new membership requirements for the Psilocybin Advisory Board (OPAB). To advise the Oregon Health Authority in making recommendations for program changes and improvements, the Psilocybin Advisory Board needs to be composed of those with lived experience as licensed and professional psilocybin service providers.

This change requires two psilocybin service providers (one service center operator and one licensed facilitator) and a licensed behavioral health professional to have seats on the OPAB. It also lowers the total number of advisory board members, aligning with other state boards. This change is expected to bring a more comprehensive and balanced perspective to the board's decisions, ensuring that the program's development and oversight align with the needs and experiences of those directly involved in providing psilocybin services.

4. The true potency of a psilocybin product—which includes psilocin, a compound that is 40% more potent than psilocybin—is not required on product labels, nor is this information required to be communicated to clients. This lack of transparency can lead to challenges with inappropriate dosing, potentially leading clients to have more or less extreme experiences than what they originally planned for. Informed consent is a fundamental principle in healthcare, and clients must have all the necessary information about the products they are using to make informed decisions about their treatment.

HB 2387 requires that psilocin be labeled on all psilocybin products. It requires facilitators to notify clients of the potential increased potency of the product before their administration session, which provides for improved informed consent.

Oregon has the opportunity to lead the nation in addressing mental health challenges with compassion and innovation. I encourage you to adopt the provisions in HB 2387, making Oregon's Psilocybin Therapy Program safer and more accessible for all who stand to benefit.

Sincerely,

Peter H Addy, PhD, LPC