May 1, 2023

To: The Honorable Representative Nosse,
Chair of the House Behavioral Health and Health Care Committee

From: Angela M Carter, ND

Topic: SB 303A

Good day Rep. Nosse and members of the House Behavioral Health and Health Care Committee.

I write to you today on the matter of SB 303 and its impacts on the understanding, accessibility, and equity of the Oregon Psilocybin Program. I appreciate the opportunity to provide feedback. I am a naturopathic primary care physician and midwife by training, and have served low income and marginalized communities of Oregon for the past 12 years; 90% of my patients have been medicaid recipients. I currently serve as a vice-chair of the Oregon Psilocybin Advisory Board. I was the initial manager for the first year of rollout of the Measure 110 Program at the Oregon Health Authority. I disclose my context for the purposes of information and transparency only, and represent only myself and my own opinions in the contents of this testimony.

I wholeheartedly agree with the ethos of SB 303; gathering, analyzing, and creating evidence based practices, policy and law based on data from the utilization of psilocybin services in Oregon is crucial to improving the equity, efficacy, and safety of this nascent program, as well as advising and enhancing health research, treatment accessibility, and positively affecting both healthcare and carceral policy worldwide. However, I have concerns with the utility of SB 303 in its current iteration in accomplishing these goals.

Facilitated psilocybin services have clearly demonstrated efficacy in radically reducing the symptoms and morbidity of major depression, anxiety, end of life existential fear, and harmful substance use, and have been given breakthrough therapy status by the FDA. there is also much promise in up and coming research in other areas of care. Understanding the details of how these services impact health and wellbeing broadly and also the specifics of these impacts on minority and marginalized communities is essential to ensuring efficacy and equity in care and services.

I appreciate the thoughtful provision in SB 303 for clients to opt out of sharing their information and demographics with the OHA, however I have major concerns with the proposed data to be collected, and the impacts of implementing data collection on the community accessing care, the service providers, and the Psilocybin Program.

I have 3 question areas for your consideration in thinking through the utility of this bill;

1) What are the specific intended purposes for collecting this data? How will it be used, stored and shared? Who will manage the correct collection and collation of the raw data?

2) Is this proposed data set pertinent and relevant information that will be effective in monitoring and improving the program and services, health and carceral policy, equity, and accessibility?

3) in light of the lack of any funding designated to the program to manage this large body of work, how do you propose to ensure appropriate, effective, and correct data collection to produce useful and relevant information that can offer support for improving health systems and ending the inequities of the judicial and prison system?

If you choose to collect this data, I offer the following recommendations;

1) You need to be clear on where, when and how the data must be utilized to understand and improve health systems operations, public use of services, law, and policy. The bill makes no mention of how and for what purposes this data will be utilized aside from vague implications of open source access to the public and giving the data to OHSU. How will OHSU use and assess that data? What product will be required from OHSU's analysis of the data? What are the outcomes we are hoping to monitor with the information collected? What will we do when we learn the outcomes? How will the information gained impact the program, services, and policy? In my experience as both a health care provider for and a member of multiple marginalized communities, I have seen the OHA collect data on many different issues, only to set it down in a corner once gathered, never to be integrated into practice or utilized to effect change in systems of care. We do not need another pile of information sitting in the state archives with no designated purpose or function. Collecting data with no intended use, or worse, with an intended purpose that goes nowhere is a common government habit that has and continues to alienate and enact harm on the communities it scrutinizes and waste community and government resources.

2) I have witnessed that imbalanced design in programmatic data collection systems can have a large and poor impact and influence on the operations and longevity of health programs. Data systems design is not neutral, and if done improperly and without attention to bias, it can negatively impact public and legislative opinion about a program. Even if the program provides a useful and effective service, bad data collection can effectively put a rapid end to a program because of political pressure and the inability to provide a nuanced understanding. If the intention is to gather relevant data that will provide unbiased and comprehensive information on the utility, safety, and equity of psilocybin services, we cannot simply gather disaggregated information on demographics and the adverse impacts. The current design of SB 303 data collection is unfortunately biased and will not provide a clear understanding of the program or the service outcomes. Asking for aggregated averages, such as in Section 2(2)(c) will also not offer much relevant information. Dosing will be highly variable based on client needs, tolerances and desires, group numbers and number of times

accessing services will also have a wide range. I would highly recommend continued consultation with the community of psilocybin facilitators, researchers, and those accessing services on what information will be relevant and useful in guiding this program, it's services, and future health and legal policy.

3) I believe it to be a common understanding that unfunded programs are generally moot and ineffective because they cannot be executed appropriately. If you choose to approve SB 303, you will need to provide sufficient funding to create both the understanding and correct execution of data collection and sharing at the level of service centers and facilitators, as well as funding for the organization, management, and practical application of this data at the state level. The Oregon Psilocybin Program was initially designed to be operated based on the fees assessed for licensure. Considering the program's exceptional and ground breaking potential for improving mental and behavioral health outcomes, and reducing the heavy burden of mental health morbidity in our state, I believe the funding strategy for this program deserves reconsideration. With the current strategy, the program does not have the financial ability to hire a dedicated data analyst to effectively manage, distribute and utilize this data to improve systems of care. Without appropriate support and funding to do the work, the work will not be successful.

Because the Psilocybin Program funding is restricted to license fees only, psilocybin services have already been rendered completely out of reach financially for the Oregon Medicaid population. Because poverty follows lines of marginalization, those with lower incomes are generally also burdened with the large majority of mental health morbidity and mortality due to lack of access to relevant services and the impacts of minority stress. This addition of data collection requirements without additional funding or support will further drive up costs for licensure and business operations, thereby increasing the cost to those accessing services, further reducing the equity and accessibility of the program and its services to the general public.

Please vote to oppose or amend SB 303 with these considerations in mind to prevent hobbling this important, innovative, and effective option for mental health management.

I wish you all a productive day, thank you for your service and for considering my testimony.

Sincerely,

Angela M Carter, ND (they/them)