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On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: SB303

SB 303 Public testimony:

Senators,

My name is Kayci Marie Mitchell. I am a Psychedelic integration coach working with individuals, groups, organizations and businesses in the field of psychedelics through education and harm for over 10 years. I am also co-founder of Oregon psilocybin services collaborative community (aka OPSCC) and former president of Portland psychedelic society.

Passing SB 303 as it is currently written without the OPSCC amendments, would be like a hit from a wrecking bomb to the foundation of the M109 framework. The M109 rules were established thorough an extensive, tedious 2 year process. The topic of data protection (and every other rule in place) was examined from every angle with much research, deliberation in committees, input from a wide range of professionals, the public and those affected by the rules that were being put in place. The voices were heard and the OHA OPS responsibly established rules according to the extensive input. Shortly after the final rules were published, that did not include data collection language aligning with agendas of a select few, Senator Steiner submitted SB 303 with the backing of Sam Chapman of Healing advocacy fund. The original bill was much more extensive than the amended version now in committee.

The filing of SB303 was arrogant and a huge betrayal of trust of all who participated in the rule making process for M109 and Oregon voters. Intentions for submitting SB 303 was not widely publicized prior to action being taken. "They" thought they could just sneak it in and "They" knew better. Not a good look. Senator Steiner and it's backers assume they know better than the 1000's who participated in the rule making process. REALLY?? It has been stated in both committee chambers, by committee members, that they are, at best, minimally informed on the details of M109 and all of the detailed nuances it encompasses. How can you all make decisions on something that you have little education on? Do you have access to the testimony that was given in the Health Care committee? What about access to all testimony given over the 2 year rule making process regarding data collection?

Yes, efficacy and metrics should be tracked and measured, but NOT LIKE THIS!!!

This bill was developed through the efforts of a very small group of individuals out of agenda's that will serve to satisfy their ambitions at the expense of service centers, facilitators, the clients they serve and the OHA. There is a fiscal impact to an already underfunded OPS program. There are already many challenges for service centers and facilitators, this just adds to it.

OPS are intentionally NOT a medical model of treatment, although many have been led to believe that it is. It is a framework for the adult, supervised use of psilocybin.

That's it. Anyone involved in the field knows that the service can have a huge impact on many medically diagnosed conditions, but that is not what OPS is specified as. Nothing is covered by HIPAA rules. This is way too nuanced for most consumers to understand and to make informed decisions for OPTING OUT of data collection. As is commonly and erroneously stated, as being "Therapy", people think it is covered as such. It is "Therapeutic" but it is not "Therapy". If law makers can not understand that, then they should not be making laws on it.

It is important for research to be done and data to be collected to prove the efficacy, safety and equitable access to these services. However, that should be done by a body that has expertise in the area. OHSU created an program called called OPEN to address these needs. The backers of this Bill should be focused on getting that program funded and up and running.