

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 Lisa Caperello-Snyder and I am the Director of Marketing & Digital Operations with InnerTrek, located in Portland, Oregon. I am also a licensed psilocybin facilitator in Oregon as well as a licensed natural medicine facilitator in Colorado.

I am writing today to express my strong support for House Bill 2387, which makes critical improvements to 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 more than 10,000 people have now been served by the program.

Anecdotally, many individuals seek out psilocybin therapy for unresolved mental health challenges, including PTSD, depression, anxiety, and addiction. Many of the clients the program serves are new to psilocybin, and are specifically looking for a safe, supportive, and comfortable environment to experience psilocybin. As a licensed facilitator and someone who works everyday with people in this space, I've seen countless individuals find renewed hope from their psilocybin experience, with long lasting effects with just one session.

I had one woman come to me who suffered from deep depression, wasn't able to get out of bed at times, but after 1 session, found peace and self-love again, helping her establish more connection in her life with her loved ones, and find strength in setting boundaries she previously struggled with.

The Oregon Psilocybin Services program has a number of rules in place to ensure safety, including:

- 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.
- All clients must first be screened by service centers to ensure services are a good fit for their health background.
- Service centers cannot be located within 1,000 feet of a school.
- 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 includes preparation, administration, and integration.

HB 2387 creates licensure protections, which create legal protections for licensed healthcare providers to discuss psilocybin therapy with their patients. Without legal protections, healthcare providers fear losing their licenses, and many are unwilling to provide medical reviews to clients seeking care. Without the option for potential clients to discuss psilocybin therapy with their healthcare team, clients can not be fully informed, and adverse events are more likely to occur.

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, and it's important that clients are able to fully consider whether it is safe for them to access, 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 preparation (pre-session) and integration (post-session) of psilocybin services. Although Colorado has made 2 license types and is allowing those with specific credentials to apply for clinical licensure and provide services during an administration session, proposal of this bill in Oregon currently ensures that Administration sessions in Oregon 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. I do hope that the state considers what Colorado is doing and offers 2 license options in the future. For now, we would happily welcome the simple protection that Colorado already offers their medical workers.

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). In order 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, bringing it in line with other state boards.

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 can lead to challenges with inappropriate dosing, leading clients to have more, or less extreme experiences than what they originally planned for.

HB 2387 requires that psilocin be labeled on all psilocybin products, and requires facilitators to notify clients of 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,

Lisa Caperello-Snyder

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