<u>2SSB 5263</u> - H COMM AMD By Committee on Health Care & Wellness

Strike everything after the enacting clause and insert the following:

3 "<u>NEW SECTION.</u> Sec. 1. The legislature intends to establish an 4 advisory board, interagency work group, and a task force to provide 5 advice and recommendations on developing a comprehensive regulatory 6 framework for access to regulated psilocybin for Washington residents 7 who are at least 21 years of age.

8 <u>NEW SECTION.</u> Sec. 2. The legislature declares that the purposes 9 of this chapter are:

10 (1) To develop a long-term strategic plan for ensuring that 11 psilocybin services become and remain a safe, accessible, and 12 affordable option for all persons 21 years of age and older in this 13 state for whom psilocybin may be appropriate or as part of their 14 indigenous religious or cultural practices;

15 (2) To protect the safety, welfare, health, and peace of the 16 people of this state by prioritizing this state's limited law 17 enforcement resources in the most effective, consistent, and rational 18 way;

(3) To develop a comprehensive regulatory framework concerningpsilocybin products and psilocybin services under state law;

(4) To prevent the distribution of psilocybin products to other persons who are not permitted to possess psilocybin products under this chapter including but not limited to persons under 21 years of age; and

(5) To prevent the diversion of psilocybin products from thisstate to other states.

27 <u>NEW SECTION.</u> Sec. 3. This chapter may be known and cited as the 28 Washington psilocybin services act.

NEW SECTION. Sec. 4. (1) The Washington psilocybin advisory board is established within the department of health to provide advice and recommendations to the department of health, the liquor and cannabis board, and the department of agriculture. The Washington psilocybin advisory board shall consist of:

6 (a) Members appointed by the governor as specified in subsection
7 (2) of this section;

8 (b) The secretary of the department of health or the secretary's9 designee;

10 (c) The state health officer or a physician acting as the state 11 health officer's designee;

12 (d) A representative from the department of health who is 13 familiar with public health programs and public health activities in 14 this state; and

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(e) A designee of the public health advisory board.

16 (2) The governor shall appoint the following individuals to the17 Washington psilocybin advisory board:

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(a) Any four of the following:

19 (i) A state employee who has technical expertise in the field of 20 public health;

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(ii) A local health officer;

(iii) An individual who is a member of, or who represents, a federally recognized Indian tribe in this state;

(iv) An individual who is a member of, or who represents, a body that provides policy advice relating to substance use disorder policy;

(v) An individual who is a member of, or who represents, a bodythat provides policy advice relating to health equity;

(vi) An individual who is a member of, or who represents, a body that provides policy advice related to palliative care and quality of life; or

32 (vii) An individual who represents individuals who provide public 33 health services directly to the public;

34 (b) A military veteran, or representative of an organization that 35 advocates on behalf of military veterans, with knowledge of 36 psilocybin;

37 (c) A social worker, mental health counselor, or marriage and
 38 family therapist licensed under chapter 18.225 RCW;

39 (d) A person who has knowledge regarding the indigenous or 40 religious use of psilocybin;

1 (e) A psychologist licensed under chapter 18.83 RCW who has professional experience engaging in the diagnosis or treatment of a 2 3 mental, emotional, or behavioral condition; (f) A physician licensed under chapter 18.71 RCW; 4 (g) A naturopath licensed under chapter 18.36A RCW; 5 6 (h) An expert in the field of public health who has a background 7 in academia; (i) Any three of the following: 8 9 (i) A person who has professional experience conducting scientific research regarding the use of psychedelic compounds in 10 11 clinical therapy; 12 (ii) A person who has experience in the field of mycology; (iii) A person who has experience in the field of ethnobotany; 13 14 person who has experience field (iv) А in the of psychopharmacology; or 15 16 (v) A person who has experience in the field of harm reduction; 17 (j) A person designated by the liquor and cannabis board who has experience working with the cannabis central reporting system 18 19 developed for tracking the transfer of cannabis items; (k) The attorney general or the attorney general's designee; and 20 21 (1) One, two, or three at large members. 22 (3) (a) Members of the Washington psilocybin advisory board shall 23 serve for a term of four years, but at the pleasure of the governor. Before the expiration of the term of a member, the governor shall 24 25 appoint a successor whose term begins on January 1st of the following 26 year. A member is eligible for reappointment. If there is a vacancy for any cause, the governor shall make an appointment to become 27 28 immediately effective for the unexpired term. (b) Members of the board described in subsection (1)(b) through 29 (e) of this section are nonvoting ex officio members of the board. 30 31 (4) A majority of the voting members of the board constitutes a quorum. Official adoption of advice or recommendations by the 32 Washington psilocybin advisory board requires the approval of a 33 majority of the voting members of the board. 34 (5) The board shall elect one of its voting members to serve as 35 36 chair. (6) Until July 1, 2024, the Washington psilocybin advisory board 37 shall meet at least five times a calendar year at a time and place 38 39 determined by the chair or a majority of the voting members of the

40 board. After July 1, 2024, the board shall meet at least once every H-1818.1/23 Code Rev/KB:akl 3

1 calendar quarter at a time and place determined by the chair or a 2 majority of the voting members of the board. The board may meet at 3 other times and places specified by the call of the chair or of a 4 majority of the voting members of the board.

5 (7) The Washington psilocybin advisory board may adopt rules 6 necessary for the operation of the board.

7 (8) The Washington psilocybin advisory board may establish
8 committees and subcommittees necessary for the operation of the
9 board.

10 (9) The members of the Washington psilocybin advisory board may 11 receive reimbursement or an allowance for expenses within amounts 12 appropriated for that specific purpose consistent with RCW 43.03.220.

13 <u>NEW SECTION.</u> Sec. 5. (1) An interagency psilocybin work group 14 of the department of health, the liquor and cannabis board, and the 15 department of agriculture is created to provide advice and 16 recommendations to the advisory board on the following:

17 (a) Developing a comprehensive regulatory framework for a 18 regulated psilocybin system, including a process to ensure clean and 19 pesticide free psilocybin products;

(b) Reviewing indigenous practices with psilocybin, clinicalpsilocybin trials, and findings;

(c) Reviewing research of medical evidence developed on thepossible use and misuse of psilocybin therapy; and

(d) Ensuring that a social opportunity program is included within any licensing program created under this chapter to remedy the targeted enforcement of drug-related laws on overburdened communities.

(2) The findings of the psilocybin task force in section 6 of
 this act must be submitted to the interagency work group created in
 this section and to the psilocybin advisory board.

(3) The interagency psilocybin work group must submit regularupdates to the psilocybin advisory board.

33 <u>NEW SECTION.</u> Sec. 6. (1) The health care authority must 34 establish a psilocybin task force to provide a report on psilocybin 35 services. The director of the health care authority or the director's 36 designee must be a member of the task force and serve as chair. The 37 task force must also include, without limitation, the following 38 members:

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(a) The secretary of the department of health or the secretary's
 designee;

3 (b) The director of the liquor and cannabis board or the 4 director's designee; and

5 (c) As appointed by the director of the health care authority, or 6 the director's designee:

7 (i) A military veteran, or representative of an organization that 8 advocates on behalf of military veterans, with knowledge of 9 psilocybin;

10 (ii) Up to two recognized indigenous practitioners with knowledge 11 of the use of psilocybin or other psychedelic compounds in their 12 communities;

(iii) An individual with expertise in disability rights advocacy;(iv) A public health practitioner;

15 (v) Two psychologists with knowledge of psilocybin, experience in 16 mental and behavioral health, or experience in palliative care;

17 (vi) Two mental health counselors, marriage and family 18 therapists, or social workers with knowledge of psilocybin, 19 experience in mental and behavioral health, or experience in 20 palliative care;

(vii) Two physicians with knowledge of psilocybin, experience in
 mental and behavioral health, or experience in palliative care;

23 (viii) A health researcher with expertise in health equity or 24 conducting research on psilocybin;

25 (ix) A pharmacologist with expertise in psychopharmacology;

26 (x) A representative of the cannabis industry with knowledge of 27 regulation of medical cannabis and the cannabis business in 28 Washington;

29 (xi) An advocate from the LGBTQIA community with knowledge of the 30 experience of behavioral health issues within that community;

31 (xii) A member of the psychedelic medicine alliance of 32 Washington; and

33 (xiii) Up to two members with lived experience of utilizing 34 psilocybin.

35 (2) The health care authority must convene the first meeting of 36 the task force by June 30, 2023.

37 (3) The health care authority must provide a final report to the 38 governor and appropriate committees of the legislature by December 1, 39 2023, in accordance with RCW 43.01.036. The health care authority may

1 form subcommittees within the task force and adopt procedures
2 necessary to facilitate its work.

3 (4) The duties of the health care authority in consultation with 4 the task force must include, without limitation, the following 5 activities:

6 (a) Reviewing the available clinical information around specific 7 clinical indications for use of psilocybin, including what co-8 occurring diagnoses or medical and family histories may exclude a 9 person from use of psilocybin. Any review of clinical information 10 should:

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(i) Discuss populations excluded from existing clinical trials;

12 (ii) Discuss factors considered when approval of a medical 13 intervention is approved;

(iii) Consider the diversity of participants in clinical trials and the limitations of each study when applying learnings to the population at large; and

(iv) Identify gaps in the clinical research for the purpose of identifying opportunities for investment by the state for the University of Washington, Washington State University, or both to consider studying.

(b) Reviewing and discussing regulatory structures for clinical use of psilocybin in Washington and other jurisdictions nationally and globally. This should include discussing how various regulatory structures do or do not address concerns around public health and safety the task force has identified.

(5) The department of health, liquor and cannabis board, and department of agriculture must provide subject matter expertise and support to the task force and any subcommittee meetings. For the department of health, subject matter expertise includes an individual or individuals with knowledge and experience in rule making, the regulation of health professionals, and the regulation of health facilities.

33 (6) Meetings of the task force under this section must be open to 34 participation by members of the public.

35 (7) Task force members participating on behalf of an employer, 36 governmental entity, or other organization are not entitled to be 37 reimbursed for travel expenses if they are elected officials or are 38 participating on behalf of an employer, governmental entity, or other 39 organization. Any reimbursement for other nonlegislative members is 40 subject to chapter 43.03 RCW.

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1 (8) It is the legislature's intent that the provisions of this 2 section supersede section 211(99), chapter 297, Laws of 2022.

3 (9) This section expires June 30, 2024.

4 <u>NEW SECTION.</u> Sec. 7. (1) The duties, functions, and powers of 5 the department of health specified in this chapter include the 6 following:

7 (a) To examine, publish, and distribute to the public available 8 medical, psychological, and scientific studies, research, and other 9 information relating to the safety and efficacy of psilocybin in 10 treating mental health conditions including, but not limited to, 11 addiction, depression, anxiety disorders, and end-of-life 12 psychological distress, and the potential for psilocybin to promote 13 community, address trauma, and enhance physical and mental wellness;

(b) To adopt, amend, or repeal rules necessary to carry out the intent and provisions of this chapter, including rules that the department of health considers necessary to protect the public health and safety;

18 (c) To exercise all powers incidental, convenient, or necessary 19 to enable the department of health to administer or carry out this 20 chapter or any other law of this state that charges the department of 21 health with a duty, function, or power related to psilocybin products 22 and psilocybin services. Powers described in this subsection include, 23 but are not limited to:

- 24 (i) Issuing subpoenas;
- 25 (ii) Compelling the attendance of witnesses;
- 26 (iii) Administering oaths;
- 27 (iv) Certifying official acts;
- 28 (v) Taking depositions as provided by law; and

(vi) Compelling the production of books, payrolls, accounts,papers, records, documents, and testimony.

(2) The jurisdiction, supervision, duties, functions, and powers
 held by the department of health under this section are not shared by
 the pharmacy quality assurance commission under chapter 18.64 RCW.

NEW SECTION. Sec. 8. (1) Subject to amounts appropriated for this purpose, the psilocybin therapy services pilot program is established within, and administered by, the University of Washington department of psychiatry and behavioral sciences. No later than

January 1, 2025, the University of Washington department of
 psychiatry and behavioral sciences must implement this section.

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(2) The pilot program must:

4 (a) Offer psilocybin therapy services through pathways approved
5 by the federal food and drug administration, to populations including
6 first responders and veterans who are:

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(i) 21 years of age or older; and

8 (ii) Experiencing posttraumatic stress disorder, mood disorders,
9 or substance use disorders;

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(b) Offer psilocybin therapy services facilitated by:

11 (i) An advanced social worker, independent clinical social 12 worker, or mental health counselor licensed under chapter 18.225 RCW;

13 (ii) A physician licensed under chapter 18.71 RCW; or

14 (iii) A psychiatric advanced registered nurse practitioner 15 licensed under chapter 18.79 RCW as defined in RCW 71.05.020;

16 (c) Ensure psilocybin therapy services are safe, accessible, and 17 affordable;

(d) Require an initial assessment to understand participant goals and expectations, and assess the participant's history for any concerns that require further intervention or information before receiving psilocybin therapy services, and an integration session after receiving psilocybin therapy services; and

(e) Use outreach and engagement strategies to include participants from communities or demographic groups that are more likely to be historically marginalized and less likely to be included in research and clinical trials represented by race, sex, sexual orientation, socioeconomic status, age, or geographic location.

28 <u>NEW SECTION.</u> Sec. 9. Medical professionals licensed by the 29 state of Washington shall not be subject to adverse licensing action 30 for recommending psilocybin therapy services.

31 <u>NEW SECTION.</u> Sec. 10. (1) The liquor and cannabis board shall 32 assist and cooperate with the department of health and the department 33 of agriculture to the extent necessary to carry out their duties 34 under this chapter.

35 (2) The department of agriculture shall assist and cooperate with 36 the department of health to the extent necessary for the department 37 of health to carry out the duties under this chapter.

<u>NEW SECTION.</u> Sec. 11. The department of health, the department of agriculture, and the liquor and cannabis board may not refuse to perform any duty under this chapter on the basis that manufacturing, distributing, dispensing, possessing, or using psilocybin products is prohibited by federal law.

6 <u>NEW SECTION.</u> Sec. 12. If any provision of this act or its 7 application to any person or circumstance is held invalid, the 8 remainder of the act or the application of the provision to other 9 persons or circumstances is not affected.

10 <u>NEW SECTION.</u> Sec. 13. Sections 1 through 5 and 7 through 11 of 11 this act constitute a new chapter in Title 18 RCW.

12 <u>NEW SECTION.</u> Sec. 14. Sections 4 through 6 of this act are 13 necessary for the immediate preservation of the public peace, health, 14 or safety, or support of the state government and its existing public 15 institutions, and take effect immediately."

16 Correct the title.

EFFECT: Adds a military veteran, or representative of an organization that advocates on behalf of military veterans, with knowledge of psilocybin as a voting member of the Washington Psilocybin Advisory Board. Adds a social worker, mental health counselor, or marriage and family therapist as a voting member of the Washington Psilocybin Advisory Board. Replaces a reference to "psilocybin treatments" with a reference to "psilocybin therapy services." Directs the University of Washington Department of Psychiatry and Behavioral Sciences to establish and administer a psilocybin therapy services (services) pilot program (Program) and requires the Program to: (a) Offer services to populations including first responders and veterans who are 21 years of age or older and experiencing posttraumatic stress disorder, mood disorders, or substance use disorders; (b) offer services facilitated by specified health care professionals; (c) ensure services are safe, accessible, and affordable; (d) require an initial assessment before receiving services, and an integration session after receiving services; and (e) use outreach and engagement strategies to include participants from communities or demographic groups that are more likely to be historically marginalized and less likely to be included in research and clinical trials represented by race, sex, sexual orientation, socioeconomic status, age, or geographic location.