



## Washington State Liquor and Cannabis Board

**Bill Description:** Access to psilocybin services by individuals 21 years of age and older

**Bill Number:** 2SSB 5263

**Sponsor:** Sen. Jesse Salomon

**Effective Date:** 7/23/23, except for Section 6, which takes effect 5/9/23.

**Amends:** Creates a new section in Title 18 RCW.

### Background

Psilocybin is a compound produced by hundreds of species of mushrooms. It is currently listed as a Schedule I controlled substance by the Federal government. As a psychoactive chemical, psilocybin can cause changes in mood, perception, and other impacts in the brain. Despite the federal listing, some research has shown promising therapeutic uses for psilocybin.

Oregon passed a ballot measure legalizing psilocybin services for adults in 2020. Regulated by Oregon's Health Authority, the measure would legalize the production of psilocybin products and offering them in licensed psilocybin centers (applications for licensure opened in early 2023, and the first centers are expected to open later this year). Colorado passed a broader ballot measure in 2022 to regulate and legalize a range of naturally-occurring hallucinogenic compounds, including psilocybin. The Colorado Department of Regulatory Agencies will regulate the production and sale of these compounds.

In Washington, the 2022 Supplemental Operating Budget directed the Health Care Authority to convene a Psilocybin Work Group to review Oregon's rules following their 2020 ballot measure, the Liquor and Cannabis Board's CCRS system for tracking cannabis to see if it could be used for psilocybin, and how to integrate behavioral health professionals into the practice of psilocybin therapy. Their final report is due to the Legislature on December 1st, 2023.

### Summary

The bill creates a new task force, the Psilocybin Task force, with staff and leadership provided by the Health Care Authority. It must include the Director of the LCB, the Secretary of the Department of Health, and a series of appointments to be made by the HCA director. These include a military veteran, up to two indigenous practitioners with knowledge of psilocybin, a public health representative, an individual with expertise in disability rights, two mental health counselors, therapists, or social workers with knowledge of psilocybin, two physicians with knowledge of psilocybin, a health researcher with experience in psilocybin therapies, a pharmacologist, a representative from the cannabis industry, an advocate from the LGBTQIA community, a member of

the Psychedelic Medicine Alliance of Washington, and two members with lived experience of using psilocybin.

The task force must review research and clinical studies to help determine which conditions psilocybin may best help, and what conditions, diagnoses, or medical histories would exclude a person from psilocybin therapies. They must review these studies to consider the diversity of the trial's participants and identify gaps in current research and help guide future studies by the University of Washington and Washington State University. Finally, they would review regulatory structures and processes around the world to see how to best address public health, safety, and availability of psilocybin services. This task force provision has an emergency clause, so this section of the bill took effect on May 9, 2023.

The bill states that this new task force supersedes the existing work group and will carry on the work on this topic beyond the work group's final report. The task force's authority expires on June 30, 2024.

In addition to the task force, the bill directs the University of Washington's Department of Psychiatry and Behavioral Science to create and administer a Psilocybin Therapy Services Pilot Program. The pilot would offer psilocybin therapy to adults who are experiencing post-traumatic stress disorder, mood disorders, or substance-use disorders. The therapy must be facilitated by either a social worker or mental health counselor, a physician licensed to practice in Washington, or a psychiatric advanced nurse practitioner. The Department must give an initial assessment of participant goals, assess participant history, and provide an integration session after receiving psilocybin therapy. They must also broaden the demographic diversity of participants in the trial through targeted outreach and engagement.

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