CERTIFICATION OF ENROLLMENT

SECOND SUBSTITUTE SENATE BILL 5263

Chapter 364, Laws of 2023

(partial veto)

68th Legislature 2023 Regular Session

PSILOCYBIN SERVICES-TASK FORCE AND PILOT PROGRAM

EFFECTIVE DATE: July 23, 2023—Except for section 6, which takes effect May 9, 2023.

Passed by the Senate April 14, 2023 Yeas 40 Nays 4

DENNY HECK

President of the Senate

Passed by the House April 11, 2023 Yeas 87 Nays 10

LAURIE JINKINS

Speaker of the House of Representatives

Approved May 9, 2023 11:06 AM with the exception of sections 1, 2, 3, 4, 5, 7, 10, 11, and 13, which are vetoed. CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE SENATE BILL 5263** as passed by the Senate and the House of Representatives on the dates hereon set forth.

SARAH BANNISTER

Secretary

FILED

May 10, 2023

JAY INSLEE

Secretary of State State of Washington

Governor of the State of Washington

SECOND SUBSTITUTE SENATE BILL 5263

AS AMENDED BY THE HOUSE

Passed Legislature - 2023 Regular Session

State of Washington 68th Legislature 2023 Regular Session

By Senate Ways & Means (originally sponsored by Senators Salomon, Rivers, Saldaña, Nobles, Lovick, Lovelett, Hunt, Hasegawa, Mullet, Trudeau, Robinson, Pedersen, Wellman, Muzzall, C. Wilson, Kuderer, Keiser, Liias, Van De Wege, Billig, Conway, and Frame)

READ FIRST TIME 02/24/23.

AN ACT Relating to access to psilocybin services by individuals 2 21 years of age and older; adding a new chapter to Title 18 RCW; 3 creating a new section; providing an expiration date; and declaring 4 an emergency.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 *<u>NEW SECTION.</u> Sec. 1. The legislature intends to establish an 7 advisory board, interagency work group, and a task force to provide 8 advice and recommendations on developing a comprehensive regulatory 9 framework for access to regulated psilocybin for Washington residents 10 who are at least 21 years of age.

*Sec. 1 was vetoed. See message at end of chapter.

11 ***<u>NEW SECTION.</u>** Sec. 2. The legislature declares that the 12 purposes of this chapter are:

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

18 (2) To protect the safety, welfare, health, and peace of the 19 people of this state by prioritizing this state's limited law 1 enforcement resources in the most effective, consistent, and rational
2 way;

3 (3) To develop a comprehensive regulatory framework concerning 4 psilocybin products and psilocybin services under state law;

5 (4) To prevent the distribution of psilocybin products to other 6 persons who are not permitted to possess psilocybin products under 7 this chapter including but not limited to persons under 21 years of 8 age; and

9 (5) To prevent the diversion of psilocybin products from this 10 state to other states.

*Sec. 2 was vetoed. See message at end of chapter.

11*NEW SECTION.Sec. 3. This chapter may be known and cited as12the Washington psilocybin services act.

*Sec. 3 was vetoed. See message at end of chapter.

13 *<u>NEW SECTION.</u> Sec. 4. (1) The Washington psilocybin advisory 14 board is established within the department of health to provide 15 advice and recommendations to the department of health, the liquor 16 and cannabis board, and the department of agriculture. The Washington 17 psilocybin advisory board shall consist of:

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

20 (b) The secretary of the department of health or the secretary's 21 designee;

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

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

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

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

30 (a) Any four of the following:

31 (i) A state employee who has technical expertise in the field of 32 public health;

33 (ii) A local health officer;

27

34 (iii) An individual who is a member of, or who represents, a 35 federally recognized Indian tribe in this state;

2SSB 5263.SL

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

4 (v) An individual who is a member of, or who represents, a body 5 that provides policy advice relating to health equity;

6 (vi) An individual who is a member of, or who represents, a body 7 that provides policy advice related to palliative care and quality of 8 life; or

9 (vii) An individual who represents individuals who provide public 10 health services directly to the public;

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

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

16 (d) A person who has knowledge regarding the indigenous or 17 religious use of psilocybin;

18 (e) A psychologist licensed under chapter 18.83 RCW who has 19 professional experience engaging in the diagnosis or treatment of a 20 mental, emotional, or behavioral condition;

(f) A physician licensed under chapter 18.71 RCW;

22 (g) A naturopath licensed under chapter 18.36A RCW;

23 (h) An expert in the field of public health who has a background 24 in academia;

25

21

(i) Any three of the following:

(i) A person who has professional experience conducting
 scientific research regarding the use of psychedelic compounds in
 clinical therapy;

29

30

(ii) A person who has experience in the field of mycology;

(iii) A person who has experience in the field of ethnobotany;

31 (iv) A person who has experience in the field of 32 psychopharmacology; or

33

(v) A person who has experience in the field of harm reduction;

(j) A person designated by the liquor and cannabis board who has
 experience working with the cannabis central reporting system
 developed for tracking the transfer of cannabis items;

37 (k) The attorney general or the attorney general's designee; and

38

(1) One, two, or three at large members.

(3) (a) Members of the Washington psilocybin advisory board shall
 serve for a term of four years, but at the pleasure of the governor.

1 Before the expiration of the term of a member, the governor shall 2 appoint a successor whose term begins on January 1st of the following 3 year. A member is eligible for reappointment. If there is a vacancy 4 for any cause, the governor shall make an appointment to become 5 immediately effective for the unexpired term.

6 (b) Members of the board described in subsection (1)(b) through 7 (e) of this section are nonvoting ex officio members of the board.

8 (4) A majority of the voting members of the board constitutes a 9 quorum. Official adoption of advice or recommendations by the 10 Washington psilocybin advisory board requires the approval of a 11 majority of the voting members of the board.

12 (5) The board shall elect one of its voting members to serve as 13 chair.

14 (6) Until July 1, 2024, the Washington psilocybin advisory board shall meet at least five times a calendar year at a time and place 15 16 determined by the chair or a majority of the voting members of the 17 board. After July 1, 2024, the board shall meet at least once every calendar quarter at a time and place determined by the chair or a 18 majority of the voting members of the board. The board may meet at 19 20 other times and places specified by the call of the chair or of a 21 majority of the voting members of the board.

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

24 (8) The Washington psilocybin advisory board may establish 25 committees and subcommittees necessary for the operation of the 26 board.

(9) The members of the Washington psilocybin advisory board may
 receive reimbursement or an allowance for expenses within amounts
 appropriated for that specific purpose consistent with RCW 43.03.220.
 *Sec. 4 was vetoed. See message at end of chapter.

30 *<u>NEW SECTION.</u> Sec. 5. (1) An interagency psilocybin work group 31 of the department of health, the liquor and cannabis board, and the 32 department of agriculture is created to provide advice and 33 recommendations to the advisory board on the following:

34 (a) Developing a comprehensive regulatory framework for a
 35 regulated psilocybin system, including a process to ensure clean and
 36 pesticide free psilocybin products;

37 (b) Reviewing indigenous practices with psilocybin, clinical
 38 psilocybin trials, and findings;

2SSB 5263.SL

1 (c) Reviewing research of medical evidence developed on the 2 possible use and misuse of psilocybin therapy; and

3 (d) Ensuring that a social opportunity program is included within 4 any licensing program created under this chapter to remedy the 5 targeted enforcement of drug-related laws on overburdened 6 communities.

7 (2) The findings of the psilocybin task force in section 6 of 8 this act must be submitted to the interagency work group created in 9 this section and to the psilocybin advisory board.

10 (3) The interagency psilocybin work group must submit regular 11 updates to the psilocybin advisory board.

*Sec. 5 was vetoed. See message at end of chapter.

12 <u>NEW SECTION.</u> Sec. 6. (1) The health care authority must 13 establish a psilocybin task force to provide a report on psilocybin 14 services. The director of the health care authority or the director's 15 designee must be a member of the task force and serve as chair. The 16 task force must also include, without limitation, the following 17 members:

18 (a) The secretary of the department of health or the secretary's19 designee;

20 (b) The director of the liquor and cannabis board or the 21 director's designee; and

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

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

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

- 30
- (iii) An individual with expertise in disability rights advocacy;

31 (iv) A public health practitioner;

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

34 (vi) Two mental health counselors, marriage and family 35 therapists, or social workers with knowledge of psilocybin, 36 experience in mental and behavioral health, or experience in 37 palliative care; (vii) Two physicians with knowledge of psilocybin, experience in
 mental and behavioral health, or experience in palliative care;

3 (viii) A health researcher with expertise in health equity or 4 conducting research on psilocybin;

5

(ix) A pharmacologist with expertise in psychopharmacology;

6 (x) A representative of the cannabis industry with knowledge of 7 regulation of medical cannabis and the cannabis business in 8 Washington;

9 (xi) An advocate from the LGBTQIA community with knowledge of the 10 experience of behavioral health issues within that community;

11 (xii) A member of the psychedelic medicine alliance of 12 Washington; and

13 (xiii) Up to two members with lived experience of utilizing 14 psilocybin.

15 (2) The health care authority must convene the first meeting of 16 the task force by June 30, 2023.

17 (3) The health care authority must provide a final report to the 18 governor and appropriate committees of the legislature by December 1, 19 2023, in accordance with RCW 43.01.036. The health care authority may 20 form subcommittees within the task force and adopt procedures 21 necessary to facilitate its work.

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

(a) Reviewing the available clinical information around specific clinical indications for use of psilocybin, including what cooccurring diagnoses or medical and family histories may exclude a person from use of psilocybin. Any review of clinical information should:

30

(i) Discuss populations excluded from existing clinical trials;

31 (ii) Discuss factors considered when approval of a medical 32 intervention is approved;

33 (iii) Consider the diversity of participants in clinical trials 34 and the limitations of each study when applying learnings to the 35 population at large; and

36 (iv) Identify gaps in the clinical research for the purpose of 37 identifying opportunities for investment by the state for the 38 University of Washington, Washington State University, or both to 39 consider studying. 1 (b) Reviewing and discussing regulatory structures for clinical 2 use of psilocybin in Washington and other jurisdictions nationally 3 and globally. This should include discussing how various regulatory 4 structures do or do not address concerns around public health and 5 safety the task force has identified.

6 (5) The department of health, liquor and cannabis board, and 7 department of agriculture must provide subject matter expertise and 8 support to the task force and any subcommittee meetings. For the 9 department of health, subject matter expertise includes an individual 10 or individuals with knowledge and experience in rule making, the 11 regulation of health professionals, and the regulation of health 12 facilities.

13 (6) Meetings of the task force under this section must be open to 14 participation by members of the public.

15 (7) Task force members participating on behalf of an employer, 16 governmental entity, or other organization are not entitled to be 17 reimbursed for travel expenses if they are elected officials or are 18 participating on behalf of an employer, governmental entity, or other 19 organization. Any reimbursement for other nonlegislative members is 20 subject to chapter 43.03 RCW.

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

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

24 *<u>NEW SECTION.</u> Sec. 7. (1) The duties, functions, and powers of 25 the department of health specified in this chapter include the 26 following:

27 (a) To examine, publish, and distribute to the public available medical, psychological, and scientific studies, research, and other 28 information relating to the safety and efficacy of psilocybin in 29 30 treating mental health conditions including, but not limited to, addiction, depression, anxiety disorders, and end-of-life 31 psychological distress, and the potential for psilocybin to promote 32 community, address trauma, and enhance physical and mental wellness; 33

(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;

(c) To exercise all powers incidental, convenient, or necessary
 to enable the department of health to administer or carry out this

1 chapter or any other law of this state that charges the department of 2 health with a duty, function, or power related to psilocybin products 3 and psilocybin services. Powers described in this subsection include, 4 but are not limited to:

- 5 (i) Issuing subpoenas;
- 6 (ii) Compelling the attendance of witnesses;
- 7 (iii) Administering oaths;
- 8 (iv) Certifying official acts;
- 9 (v) Taking depositions as provided by law; and

10 (vi) Compelling the production of books, payrolls, accounts, 11 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.
 *Sec. 7 was vetoed. See message at end of chapter.

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.

21

(2) The pilot program must:

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

- 25
- (i) 21 years of age or older; and

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

28

(b) Offer psilocybin therapy services facilitated by:

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

31

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

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

34 (c) Ensure psilocybin therapy services are safe, accessible, and 35 affordable;

36 (d) Require an initial assessment to understand participant goals 37 and expectations, and assess the participant's history for any 38 concerns that require further intervention or information before receiving psilocybin therapy services, and an integration session
 after receiving psilocybin therapy services; and

3 (e) Use outreach and engagement strategies to include 4 participants from communities or demographic groups that are more 5 likely to be historically marginalized and less likely to be included 6 in research and clinical trials represented by race, sex, sexual 7 orientation, socioeconomic status, age, or geographic location.

8 <u>NEW SECTION.</u> Sec. 9. Medical professionals licensed by the 9 state of Washington shall not be subject to adverse licensing action 10 for recommending psilocybin therapy services.

11 *<u>NEW SECTION.</u> Sec. 10. (1) The liquor and cannabis board shall 12 assist and cooperate with the department of health and the department 13 of agriculture to the extent necessary to carry out their duties 14 under this chapter.

15 (2) The department of agriculture shall assist and cooperate with 16 the department of health to the extent necessary for the department 17 of health to carry out the duties under this chapter. *Sec. 10 was vetoed. See message at end of chapter.

18 *<u>NEW SECTION.</u> Sec. 11. The department of health, the department 19 of agriculture, and the liquor and cannabis board may not refuse to 20 perform any duty under this chapter on the basis that manufacturing, 21 distributing, dispensing, possessing, or using psilocybin products is 22 prohibited by federal law.

*Sec. 11 was vetoed. See message at end of chapter.

23 <u>NEW SECTION.</u> Sec. 12. If any provision of this act or its 24 application to any person or circumstance is held invalid, the 25 remainder of the act or the application of the provision to other 26 persons or circumstances is not affected.

27 *<u>NEW SECTION.</u> Sec. 13. Sections 1 through 5 and 7 through 11 of 28 this act constitute a new chapter in Title 18 RCW. *Sec. 13 was vetoed. See message at end of chapter.

29 <u>NEW SECTION.</u> Sec. 14. Sections 4 through 6 of this act are 30 necessary for the immediate preservation of the public peace, health,

2SSB 5263.SL

1 or safety, or support of the state government and its existing public

2 institutions, and take effect immediately.

Passed by the Senate April 14, 2023. Passed by the House April 11, 2023. Approved by the Governor May 9, 2023, with the exception of certain items that were vetoed.

Filed in Office of Secretary of State May 10, 2023.

Note: Governor's explanation of partial veto is as follows:

"I am returning herewith, without my approval as to Sections 1, 2, 3, 4, 5, 7, 10, 11, and 13, Second Substitute Senate Bill No. 5263 entitled:

"AN ACT Relating to access to psilocybin services by individuals 21 years of age and older."

This bill takes important additional steps in exploring and understanding the potentials of psilocybin by continuing and supplementing the Health Care Authority's existing task force and by establishing a pilot program through the University of Washington.

Psilocybin has been shown to have the potential for use as a therapeutic for certain diagnosed clinical conditions, and I appreciate the need to find new treatment options for Washingtonians.

Sections 1, 2, and 3 detail the intent and purpose of the bill and also establish a short title for the legislation. However, changes were made to the legislation during the legislative process and these sections no longer align with the bill's content.

Section 4 establishes a psilocybin advisory board but does not specify the work that the board would be directed to undertake. In last year's budget, the Legislature established a task force to begin discussing psilocybin as a treatment, and that task force remains in place but has yet to complete its work. This advisory board's role is unclear while the existing task force continues its work. I encourage the Legislature, upon completion of the final report from the task force, to consider appropriate next steps for psilocybin treatment in Washington.

Section 5 establishes an interagency workgroup between the Department of Health, Department of Agriculture, and the Liquor and Cannabis Board to report to the advisory board established in section 4. Without the establishment of the advisory board, this interagency workgroup has no role. However, I understand the value of having our state agencies work together to understand what would be necessary for the state to consider advances in allowing psilocybin therapy. For that reason, I am directing the Department of Health, Department of Agriculture, and the Liquor and Cannabis Board to work together to identify what would be needed, including necessary public health safeguards and information technology systems, to consider allowing psilocybin treatment in Washington state.

Section 7 requires the Department of Health to post to their webpage certain information about psilocybin therapy and it also provides extensive authority for the agency to adopt rules and carry out powers related to psilocybin services. This bill does not establish a system for psilocybin services in Washington and therefore such authorities for the Department of Health are not needed to protect public health and safety. Section 10 requires the Liquor and Cannabis Board to cooperate with the Departments of Health and Agriculture and for the Department of Agriculture to cooperate with Department of Health. This bill does not establish any activities for these agencies to engage in that may require cooperation as contemplated.

Section 11 prohibits these same state agencies from refusing to fulfill their duties established in this legislation on the basis that psilocybin remains prohibited by federal law. However, there are no required responsibilities for these agencies that would not be able to be conducted due to the prohibition of psilocybin at the federal level.

Section 13 establishes a new chapter for sections 1 through 5. However, sections 1 through 5 are no longer needed.

For these reasons I have vetoed Sections 1, 2, 3, 4, 5, 7, 10, 11, and 13 of Second Substitute Senate Bill No. 5263.

With the exception of Sections 1, 2, 3, 4, 5, 7, 10, 11, and 13, Second Substitute Senate Bill No. 5263 is approved."

--- END ---