

SENATE BILL REPORT

SB 5201

As of February 17, 2025

Title: An act relating to access to psychedelic substances by individuals 21 years of age or older.

Brief Description: Concerning access to psychedelic substances.

Sponsors: Senators Salomon, Nobles, Bateman, Trudeau, Lovelett, Frame, Chapman, Hasegawa, Wellman, Holy, King, Saldaña, Schoesler and Wilson, J..

Brief History:

Committee Activity: Health & Long-Term Care: 2/06/25, 2/11/25 [w/oRec-LC].
Labor & Commerce: 2/18/25.

Brief Summary of Bill

- Creates a Regulated Psilocybin Program in the Department of Health (DOH) and Liquor and Cannabis Board (LCB) that allows persons who are at least 21 years of age to consume psilocybin under the supervision of facilitators in licensed or permitted locations.
- Requires DOH to license service centers for on-premises consumption of psilocybin and facilitators who meet certain education, training, and experience requirements.
- Requires LCB to license cultivators and testing laboratories, and establish rules for the concentration, packaging, labeling, and testing of psilocybin.
- Exempts certain parties from civil or criminal liability for the purposes of the Regulated Psilocybin Program.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Majority Report: That it be referred without recommendation and be referred to Committee on Labor & Commerce.

Signed by Senators Cleveland, Chair; Orwall, Vice Chair; Muzzall, Ranking Member; Bateman, Chapman, Christian, Harris, Holy, Riccelli, Robinson and Slatter.

Staff: Julie Tran (786-7283)

SENATE COMMITTEE ON LABOR & COMMERCE

Staff: Marlon Llanes (786-7423)

Background: Psychedelic Drugs. Psychedelic drugs, a class of naturally occurring and laboratory-produced substances, are generally understood to include 5-HT2 agonists such as psilocybin and lysergic acid diethylamide (LSD), as well as entactogens and empathogens such as methylenedioxymethamphetamine (MDMA). Psychedelic drugs may temporarily alter a person's mood, cognitive processes, and perceptions.

Psilocybin. Psilocybin is a naturally occurring, psychoactive chemical compound produced by over 200 species of mushrooms. Psilocybin is currently listed as a Schedule I controlled substance under the state and federal Uniform Controlled Substances Acts. Ingestion of psilocybin may produce changes in mood, cognitive processes, and perceptions common to other psychedelic drugs, such as LSD and MDMA. Psilocybin may be extracted or synthesized by chemical processes. A variety of studies have indicated that psilocybin may improve outcomes for behavioral health conditions including substance use disorder, posttraumatic stress disorder, anxiety, and depression.

Recent Legislation in Washington. In 2023, the Legislature directed the Health Care Authority (HCA) to establish a Psilocybin Task Force to study clinical information about the use of psilocybin and discuss regulatory structures for clinical use of psilocybin in Washington, and issue a final report on December 1, 2023. The report made the following findings:

- a review of current studies supports previous conclusions that psilocybin may be effective in treating depression;
- limitations of current studies include small sample sizes, lack of diversity in study samples, and limited follow-up duration;
- validated risk assessment tools designed for providers or patients to predict risks and benefits for individuals are not currently available; and
- recommendations for a future psilocybin program in Washington include, among other things, allowing for multiple species of psilocybin, allowing for unsupervised facilitation for certain low doses, and establishing a permanent equity committee.

In 2023, the Legislature also established a Psilocybin Therapy Services Pilot Program at the University of Washington to offer facilitated psilocybin therapy services to first responders and veterans experiencing posttraumatic stress disorder, mood disorders, or substance use

disorders, with services beginning January 1, 2025.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Substitute): Definitions. The following definitions are added or changed:

- administration session means a session at which a client consumes and experiences the effects of psilocybin under the guidance and oversight of a facilitator or clinical facilitator;
- client means an individual who is 21 years of age or older who consumes or intends to consume psilocybin at an administration session;
- integration session means an in-person or virtual meeting between a client and a facilitator or clinical facilitator that must be offered to all clients after the completion of an administration session;
- psilocybin means naturally occurring psilocybin or psilocin, and includes unadulterated products containing psilocybin-producing fungi, such as dried mushrooms or ground mushroom powder presented in capsules or by other means. It does not exclude preparations made during an administration session to make consumption of psilocybin palatable, such as serving in a tea or accompanied by other food or beverage products;
- psychedelic harm reduction integration means a well-established theory that delineates how a health professional can apply the skills of their profession ethically and legally within their scope of practice in the context of advising or treating a patient who is contemplating therapeutic use of psilocybin, or integrating lessons learned from the use of psilocybin by applying a harm reduction approach; and
- service center means a location licensed by the department where facilitators and clinical facilitators may hold administration sessions with clients, and which can acquire, possess, transfer, transport, deliver, supply, sell, or dispense psilocybin to authorized entities or individuals.

Regulated Psilocybin Program. A Regulated Psilocybin Program is created at the Department of Health (DOH) and the Liquor and Cannabis Board (LCB).

Facilitators. DOH must license facilitators and clinical facilitators. A facilitator must successfully complete an approved training program consisting of coursework, a 50-hour in-person practicum requirement, an approved exam, and 200 hours of supervised practice including 60 hours of direct supervision. Training must include information on cultural competency and may take place anywhere in the world. A clinical facilitator must satisfy the requirements of a facilitator, complete an approved course on psychedelic harm reduction integration, and hold a license or certification in good standing as a health professional in one of 20 enumerated health professions. DOH must offer a free course in psychedelic harm reduction integration on its website by September 1, 2027. An individual meeting all requirements for licensure except for the supervised experience requirement may be licensed as an associate facilitator or associate clinical facilitator if the individual

certifies the individual is working towards full licensure. DOH may waive certain requirements in consideration of an applicant's previous experience and training.

DOH must develop facilitator guidelines by rules which promote skills which are affirming, nonjudgmental, culturally competent, and nondirective. The rules must provide considerations for the environment for an administration session, promote client safety, and include a facilitator code of ethics and professional conduct.

Administration Sessions. DOH must adopt rules that permit both group and individual psilocybin administration sessions, subject to health and safety considerations. Prior to an administration session, a client must receive educational information, which may be provided through a video presentation or through a remote or in-person preparation session with a clinical facilitator. The facilitator must make disclosures and warnings required by rule, make safety arrangements for transportation after the administrative session, and collect client information. If the client is identified as high risk for experiencing complications, the facilitator may problem solve with the client to mitigate risks, require the client to undergo an additional preparation session, refer the client to a clinical facilitator if applicable, or decline to hold the administrative session. All clients must be offered an integration session to be held within 72 hours after the administration session. A client bill of rights is created addressing dignity interests, autonomy, privacy, safety, support for informed decision-making, and reporting of violations to regulatory authorities.

A administration session may be held at a service center licensed by DOH, a licensed health care facility, the regular place of business of a clinical facilitator, the residence of the client, or a temporary location permitted by DOH, subject to various rules and limitations; for example, an administration held in a clients home must be limited to no more than six occasions per 12-month period, and may include a pre-administration safety check by the facilitator and recording of the administration session unless two or more licensed facilitators are present.

Psilocybin Production and Testing. Psilocybin products produced by licensed cultivators must consist of naturally occurring psilocybin or psilocin, which may include whole mushrooms or products containing unadulterated psilocybin-producing fungi, such as dried mushrooms or ground mushroom powder. LCB may establish a maximum concentration of psilocybin, but may not establish a maximum dosage below 50 milligrams or the equivalent in grams of dried mushroom. The Department of Agriculture must assist LCB in regulation of licensed cultivators and is prohibited from regulating psilocybin as an agricultural activity, food additive, or adulterant.

Restrictions are provided on who may transport psilocybin products and how and where they may be stored. LCB must establish procedures for tracking psilocybin which prevent diversion and protect against tampering or substitution, from point of manufacture to point of sale to a service center, facilitator, or clinical facilitator. LCB must establish testing procedures for licensed laboratories, addressing topics such as batch sizes, sampling, and

random testing. LCB's rules must require labels on psilocybin products that provide health and safety warnings, activation time, potency, and serving size. LCB may require preapproval of labels and packaging for psilocybin products.

Civil and Criminal Liability. Psilocybin-related activities authorized by this act are exempt from criminal liability under Washington's Controlled Substance Act. Psilocybin licensees may rely on information provided to them by clients without criminal or civil liability unless a reasonable person would not have relied on the information. State agencies are immune for engaging in or omitting to perform activities authorized by this act. Licensed health professionals are immune from civil penalties or disciplinary action under the Uniform Disciplinary Act for advising or counseling a person related to psilocybin. Health professionals, clients, and their caregivers must not be subject to arrest or other sanctions for engaging in activities permitted by this act. Employers may not discriminate against an employee for receiving psilocybin services or test employees for the presence of psilocybin absent the employee's visible impairment at work.

Agency Enforcement and Infractions. DOH and LCB may conduct unannounced inspections of licensed premises, have subpoena power, and may inspect a licensee's books on 72 hours notice. The agencies may impose civil penalties up to \$5,000 for rule violations, or up to \$500 per day for licensed laboratories. Law enforcement may enforce agency psilocybin rules and may impose class II civil infractions for rule violations. It is a class I civil infraction for a person to produce false identification in connection with psilocybin activities.

Local Laws. State psilocybin laws preempt any inconsistent local ordinances, but do not preclude or supersede ordinances related to the decriminalization of psilocybin or deprioritization of criminal law enforcement. Authority to impose local taxes on psilocybin activities or require additional licenses is preempted. City or county governing bodies may impose reasonable time, place, and manner restrictions on the operation of licensed psilocybin businesses, but may not prohibit the establishment of those entities except in areas zoned primarily for residential use or restrict the proximity of a licensed business to a school or other specified location. A locality may not prohibit transportation of psilocybin under this act through its jurisdiction on public roads.

Washington Psilocybin Board. The Washington Psilocybin Board is established within DOH, consisting of 11 members, to provide advice and assistance to DOH, which must appoint members by September 1, 2025. Six Washington Psilocybin Board members must be psilocybin facilitators and five must be public members. Three of the facilitator members must also be licensed or certified health professionals, and after July 1, 2028, the facilitator positions must be split between three licensed facilitators and three licensed clinical facilitators. The 11 members must include at least four persons with knowledge of business, at least one BIPOC member, at least one person with knowledge of academic health research processes, and at least one person with knowledge of indigenous practices and experiences. Members are appointed to staggered three-year terms, and after January 1,

2030, the number of public members must be reduced by attrition from five to three.

Beginning January 1, 2028, the Washington Psilocybin Board must receive periodic reports from the University of Washington Center for Novel Therapeutics in Addiction Psychiatry concerning new research studies related to the use of psilocybin and an analysis of data collection concerning psilocybin use in Washington.

Client Information. Psilocybin licensees may not disclose information which could identify a client to third parties without client consent, subject to certain exceptions. DOH must establish in rule what client information must be collected and reported to DOH, in consultation with the University of Washington Center for Novel Therapeutics, Washington State Institute for Public Policy, and Research and Data Administration of the Department of Social and Health Services to maximize research opportunities and advance knowledge about benefits, risks, and outcomes of psilocybin administration. The addresses of licensed premises and their security and operational plans are exempt from public disclosure, except to law enforcement agencies.

Licensure and Rulemaking. Licensure processes at DOH and LCB must not cause undue delay or charge more than necessary to cover the costs of the Regulated Psilocybin Program. Proceeds must be deposited in state Treasury accounts designated for this purpose. Licensees regulated by DOH are under the Uniform Disciplinary Act with DOH acting as the disciplinary authority. All licensees must undergo background checks but may not be disqualified from holding a license for offenses related to possession or manufacture of psilocybin or cannabis. All employees of a licensee must be at least 21 years of age. Licensees may be required to maintain general liability insurance in an amount reasonably available and affordable. LCB may limit the availability of cultivation and testing licenses to control costs, as long as the opportunity for licensure remains available in diverse regions of the state and the number of licenses available of each type does not fall below 20. DOH and LCB are directed to consider the cost and complexity of regulatory compliance when enacting rules, and to exercise its discretion to maximize flexibility and lower costs for licensees and streamline the experience for clients, while maintaining due regard for safety. Rulemaking must be completed by October 31, 2027, following a two-year development period ending September 1, 2027.

Public Education. By December 31, 2025, and from time to time thereafter, DOH must publish and distribute available medical, psychological, and scientific research and information about the safety and efficacy of psilocybin in relieving behavioral health conditions.

The act may be known and cited as the Clinical and Supervised Access to Psilocybin Act.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony on Proposed Substitute (Health & Long-Term Care): *The committee recommended a different version of the bill than what was heard.*

PRO: This bill is a new and balanced approach—its clinical and supervised. It is not recreational. This bill is a new approach to mental health and wellness that is based on science and safety. It promotes lasting sense of wellbeing and this model makes it possible to do so above ground in a safe environment. There is no need for another work group or for another study. There are hundreds of clinical studies that have been completed on this topic. This bill offers an opportunity to really help people heal. This treatment should be available for people. It is safe and if it helps people with substance use disorder or a mental illness, then this bill should be passed.

CON: It takes more time to gain an understanding of a product's safety and effectiveness. Any framework must prioritize patient safety, scientific rigor, and professional oversight. The state is not there yet to set up a regulatory framework and this is premature and potentially dangerous for vulnerable patients.. This is a recreational bill masking as a medical bill. The University of Washington is two years into a three-year study looking into the utility of these substances. Legislation should not be advanced until the study has been completed. There are also public health concerns regarding the legal use of psilocybin. There is a request for the bill to include decriminalization for personal use as this bill creates more barriers and medical gatekeepers, not solutions.

OTHER: There should be more clarity on the authority between DOH and the new Board, the application of the Uniform Disciplinary Act, and the storage requirements. There are concerns about the short timelines and the broad range of locations for services including unlicensed areas to client residences. This bill would make personal use illegal and unjustly regulates usage of psilocybin. It would create a two-tier system of access. There is a request for the state to fully decriminalize the use of psilocybin as there is already some local and county-wide decriminalization efforts happening. There is a request for an accountability structure that can also be within a decriminalization model. Also, there is concern that the LCB may not be the appropriate regulatory body for this framework.

Persons Testifying (Health & Long-Term Care): **PRO:** Senator Jesse Salomon, Prime Sponsor; Ralph Baard; Mark Johnson, Washington Retail Association; Matthew Thierfelder; Wendy Lynn; Claudia Cuentas, Cora Center; Tom Eckert, InnerTrek; Aaron Loehr, Coalition for Better Community Health.

CON: Angela Ross; Suzanne Moreillon; Rachel Cervenak, Responsible Entheogen Access & Community Healing (REACH) Coalition; Herb Daniels; Robin Berger, MD, Washington State Psychiatric Association (WSPA); Rebecca Allen, MD MPH, Seattle Neuropsychiatric Treatment Center; Annie McGrath, Washington State Psychiatric Association (WSPA);

Amy Brackenbury, Washington State Medical Association & Washington State Public Health Association.

OTHER: Bailey Quigley, on behalf of REACH WA. Responsible Entheogen Access and Community Healing Coalition; Erin Reading, Port Townsend Psychedelic Society; Jakob Smitherman, Tacoma Psychedelic society; Caitlein Ryan, CAITLEIN RYAN; Cole Schrim LMHC, Tacoma Psychedelic Society; Micah Sherman; Timothy Sedivy; Angela Ward, BSN RN, HWNC-BC; Larry Norris, Decriminalize Nature; Megan Veith, Washington State Department of Health.

Persons Signed In To Testify But Not Testifying (Health & Long-Term Care): PRO: Mark Gaskill, Adventure Psychotherapy / Mark Gaskill; Leonora Russell, ADAPT-WA; Darron Smith, NovelPath Behavioral Wellness; David Trieweiler, Washington Association of Criminal Defense Lawyers/Washington Defender Association; Bryan Hubbard.

CON: Jerome Spieckerman, PTPS; William Cooper; William Cooper; Sarah Rasor; Andy Fischer-Price; Mason Marks, MD, JD; Christopher Metzger; Steven Pearce, Citizens Commission on Human Rights; Tatiana Luz Quintana, Responsible Entheogenic Access and Community Healing (REACH) Coalition.

OTHER: Lauren Feringa, Hippie and a Veteran Foundation; Kody Zalewski, Psychedelic Medicine Alliance of Washington; jerry spieckerman, PTPS; Heidi Venture, Vital Reset Psilocybin Service Center; Jessa Lewis; Kelsey Taylor; Jessica Nielson, Minnesota Psychedelic Medicine Task Force; Jon Dennis, Responsible Entheogenic Access and Community Healing (REACH) Coalition; Todd Youngs; Caitlein Ryan, THE CANNABIS ALLIANCE.