Senate Health and Human Services Committee

Sophie Walsh 271-3469

HB 1809-FN, establishing a medical psilocybin advisory board to assess the advantages and disadvantages of the use of psilocybin for therapeutic purposes.

Hearing Date: April 8, 2026

Time Opened: 10:11 a.m. **Time Closed**: 10:55 a.m.

Members of the Committee Present: Senators Rochefort, Avard, Birdsell and Long

Members of the Committee Absent: Senator Prentiss

Bill Analysis: This bill establishes a medical psilocybin advisory board to assess the advantages and disadvantages of the use of psilocybin for therapeutic purposes.

Sponsors:

Rep. Scherr	Rep. C. McGuire	Rep. Layon
Rep. Mandelbaum	Rep. Sabourin dit Choiniere	Sen. Fenton

Who supports the bill: Rep. Daniel Popovici-Muller, Rep. Tim Hartnett, Rep. Buzz Scherr, Dr. John Teal, Cory Stone, Holly Weston, Diane Goldstein (Law Enforcement Action Partnership), James Gardner, and Pamela Harders.

Who opposes the bill: Hon. Sue Homola (SAM NH).

Who is neutral on the bill: John Williams (DHHS).

Summary of testimony presented:

Representative Daniel Popovici-Muller, Rockingham – District 17

- Representative Popovici-Muller explained that he is not the prime sponsor of the bill, but he is the prime sponsor of the replace-all amendment adopted by the House.
- The intent of the amendment is to establish a medical psilocybin advisory board. The original bill also created a program to start distribution, but it was decided that it went too far.
- The House thought it was important to begin exploring what the state can do to start bringing this therapy into use, if medically advisable. Due to the complexities surrounding psilocybin, they wanted to take a measured approach.

- Representative Popovici-Muller reviewed the board's proposed membership. The board will meet 6 times per year, with the option to meet electronically. This is to facilitate the inclusion of members who live outside of New Hampshire, as many qualified individuals may live out-of-state.
- The effective date of the bill has been changed to July 1st, 2027. This is to ensure that pressure is not put on the current budget and allow this to be fully evaluated in the next budget process.

Representative Tim Hartnett, Hillsborough – District 41

- Representative Hartnett stated that he is speaking in support of the bill, describing it as smart and responsible.
- Psilocybin has shown promise in treating certain conditions, such as unresponsive depression, post-traumatic stress disorder (PTSD), and substance use.
- Representative Hartnett works in a hospital emergency room to assist with psychiatric emergencies and in a veterans' home to help with substance use problems. This past weekend he dealt with a 16 year old who was affected by psilocybin.
- He emphasized that these are fragile individuals, so it is important to be careful about how we proceed with psilocybin. While it does show promise, there is no conclusive evidence.
- This bill represents a smart, rational way to move forward.
- Representative Hartnett emphasized the importance of helping veterans and people with unresponsive conditions.
- He suggested the Committee consider expanding the scope of the bill to include other hallucinogens showing promise.

Representative Buzz Scherr, Rockingham – District 26

- Representative Scherr said he is supportive of creating this advisory board as the prime sponsor of the original bill.
- It is key to have members from around the nation participate, in order to get the best advice. He noted that this will be unpaid.
- He has been in contact with the administrator of Colorado's therapeutic psilocybin program. He emphasized that this individual has valuable insight.
- There are experts, administrators, and representatives of the veteran community and other populations from around the country.
- Representative Scherr stated that this is not an effort to legalize psilocybin in New Hampshire. He acknowledged an effort last year to reduce the penalty for possession of personal amounts of psilocybin and emphasized that this is not part of that.

- Representative Scherr also emphasized that this bill has nothing to do with technology professionals around the country looking to profit in establishing facilities for therapeutic psilocybin.
- The proposed advisory board will cautiously assess the issue and decide if the science is at a place where the state should move forward with a program, and if so, what it would look like.
- This will cost the Department of Health and Human Services (DHHS) the price of one administrator to manage the board, which is between $125,000-$140,000.
- Representative Scherr has talked with a number of veterans who are enthusiastic about developing this program.
- Representative Scherr introduced a proposed amendment from DHHS, which states that they are not required to implement the bill until sufficient funding is available.
- Senator Birdsell noted that there are no representatives from the Department of Safety or the police force included in the board's membership.
- Representative Scherr explained that this was done intentionally to emphasize that there is not intent to legalize psilocybin. He emphasized that it would be inpatient treatment, and said he would have no issue with including the Department of Safety if the Committee chooses to do so.
- Senator Birdsell explained that from her experience with Hampstead Hospital, it can be helpful to have a stakeholder from the Department involved, so they would understand how to handle such situations.
- Representative Scherr said he would be willing to draft an amendment including the language from DHHS and adding a member from the Department of Safety.

Dr. John Teal

- Dr. Teal stated that he is speaking on his own behalf.
- As a physician, he sees patients every day who have tried all treatments, but still suffer.
- Psilocybin-assisted psychotherapy can be a new option when delivered safely under clinical supervision within a structured clinical pathway.
- There is robust research on psilocybin for depression. A 2023 meta-analysis found that psilocybin-assisted therapy produced significant reductions in depressive symptoms across multiple randomized controlled trials, with particularly strong effects from therapeutic doses.
- There is also a new meta-analysis demonstrating consistent, clinically significant reduction in depression symptoms across the board.
- A 2025 study on PTSD and psilocybin showed reported engagement in therapy, reduced avoidance of traumatic memories, emotional release, and meaningful differences compared to standard prior treatment.

- Another study assessed several meta-analyses, showing that psilocybin shows promise in reducing core symptoms of PTSD.
- The potential of psilocybin treating addiction is compelling.
- A 2024 review of studies showed results reducing fewer heavy drinking days, increased absent rates, and improvements on fMRI neuroimaging.
- A recent study also showed that psilocybin-assisted psychotherapy has 6x the quit-rate compared to conventional treatments for tobacco use.
- While opioid data is more immature, there are some studies showing positive responses.
- Dr. Teal explained that there is an emerging standard of care for psilocybin. Standard protocol involves preparation, supervised dosing, and integration sessions.
- Formal professional guidelines were released by BrainFutures in 2023. The U.S. Food and Drug Administration has also issued draft guidance for clinical trials of psychedelic drugs.
- Psilocybin is not addictive, as it does not act on dopamine reward pathways. The primary risks of psilocybin are transient adverse effects, such as temporary anxiety or emotional intensity during the dosage session, as well as nausea and headache. Long-term serious adverse events in clinical trials have been minimal.
- Oregon was the first state to implement a regulated psilocybin service framework in 2023. Significant improvements in depression, anxiety, and global assessment of function have been found 30 days after treatment. More than 18,000 people have been treated in this framework, with 23 reported adverse events.
- Australia has had a state-sponsored program since 2023, treating over 180 patients with no adverse events reported.
- Dr. Teal emphasized that there is a clinical need for this in New Hampshire, noting the state's deep military traditions and drug overdose death rates. There is also an economic burden on systems and a public safety component to consider.
- Dr. Teal works at a designated receiving facility. They need more expanded models of care to treat patients. He has had many patients go out-of-state to seek clinical trials or sponsored programs. Adopting this will create a structured medical pathway to allow New Hampshire providers to care for their own patients.
- Senator Rochefort inquired about the difficulty of obtaining a U.S. Drug Enforcement Administration (DEA) permit for the schedule I waiver and asked if it would be still considered investigational because it is schedule I.

- Dr. Teal confirmed and explained that other states have navigated this with the DEA.

Honorable Sue Homola, Smart Approaches to Marijuana – New Hampshire

- Ms. Homola emphasized that she is empathetic to the conversations surround PTSD as a veteran herself with family members in the military.
- This is a schedule I drug. Some of the clinics, especially in Colorado and Oregon, are doing this outside of federal law.
- New Hampshire currently has alternative treatment facilities treating conditions like PTSD and depression with ketamine, which is a schedule III drug.
- It seems inappropriate to Ms. Homola to take action on the state level until psilocybin is rescheduled at the federal level.
- Ms. Homola referenced an American Academy of Psychiatry statement, emphasizing that the medicinal uses of psilocybin are not proven.
- The recreational misuse and abuse of psilocybin is on the rise, particularly with young people. In Colorado, the number of calls to poison control about psilocybin has increased by over 317% in the last 5 years.
- In Oregon, the Psychiatric Physicians Association and the American Psychiatric Association oppose the measure of having clinics and being evaluated at the state level, citing lack of phase III clinical trials and the potential dangers of non-physician providers administering this to patients with mental and psychiatric disorders.
- Ms. Homola said she appreciates that the tech leaders mentioned by Representative Scherr are not involved with this legislation, but emphasized that it is undeniable that the Psychedelic Science Funders Collaborative have invested in this broad effort with the goal of regulation at the state level.
- Pilot programs for this have been rejected in both California and Iowa.
- Senator Rochefort asked if Ms. Homola would be supportive of a framework to allow this for investigational purposes, which would include guardrails for controlled studies.
- Ms. Homola said she would not be supportive until she has a better understanding of what is happening in Oregon and Colorado, as it does not seem to be working out well and the medical communities of these states do not support it.

Attorney John Williams, Department of Health and Human Services

- While the Department is not taking a position on the bill, they appreciate the effective date being pushed out.
- Mr. Williams emphasized the importance of being conscientious with both the current and upcoming budget.

- The proposed amendment includes contingency language stating that the Department shall not be required to implement the provisions of this act until the program is sufficiently funded to meet the requirements of section 2 of the act.
- As amended, the fiscal note would require a fractional portion of at least 2 positions to support the board.
- Senator Birdsell expressed concern about putting this in the 2027 budget. She asked if Mr. Williams would believe that the state is in it's current situation due to putting 2024 obligations into the 2025 budget.
- Mr. Williams said he believes the Department would concur.

Representative Buzz Scherr, Rockingham – District 26

- Representative Scherr explained that there is movement within the U.S. DHHS to reschedule psilocybin from schedule I to III. His understanding is that it is currently in process.
- Representative Scherr encouraged the Committee to consider the option of adopting the amendment to include funding contingency language.

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Date Hearing Report completed: April 17, 2026