

HB 1809-FN - AS AMENDED BY THE HOUSE

26Mar2026... 1201h

2026 SESSION

26-2497  
05/09

HOUSE BILL

***1809-FN***

AN ACT establishing a medical psilocybin advisory board to assess the advantages and disadvantages of the use of psilocybin for therapeutic purposes.

SPONSORS: Rep. Scherr, Rock. 26; Rep. C. McGuire, Merr. 27; Rep. Layon, Rock. 13; Rep. Mandelbaum, Rock. 21; Rep. Sabourin dit Choiniere, Rock. 30; Sen. Fenton, Dist 10

COMMITTEE: Health, Human Services and Elderly Affairs

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AMENDED ANALYSIS

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

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Explanation: Matter added to current law appears in ***bold italics***.  
Matter removed from current law appears ~~[in brackets and struck through.]~~  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty-Six*

AN ACT establishing a medical psilocybin advisory board to assess the advantages and disadvantages of the use of psilocybin for therapeutic purposes.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1 1 Statement of Purpose. The medical community has always recognized that patients exist with  
2 serious conditions that are very resistant to effective treatment. Recently, research has begun to  
3 show that certain of those patients have had positive results with the closely supervised use of  
4 psilocybin for treatment. Patients with significant post-traumatic stress disorder, with treatment-  
5 resistant clinical depression, and with serious substance use disorder have been shown to benefit  
6 from the controlled, therapeutic use of psilocybin in a supervised setting. The purpose of this act is  
7 to study the feasibility of the creation of a carefully monitored and closely supervised setting in  
8 which an approved medical provider can treat a carefully chosen patient with appropriate doses of  
9 psilocybin which that same provider has produced for a medical intervention.

10 2 New Chapter; Medical Psilocybin Advisory Board. Amend RSA by inserting after chapter 126-  
11 Z the following new chapter:

CHAPTER 126-ZZ

Medical Psilocybin Advisory Board

12 126-ZZ:1 Definitions. In this chapter:

- 13 I. "Department" means the department of health and human services.
- 14 II. "Provider" means an approved medical provider licensed in New Hampshire who has  
15 been approved by the department to provide medical services to qualified patients.
- 16 III. "Producer" means a person who grows and harvests or prepares psilocybin from  
17 psilocybin-producing mushrooms, including to compound, convert, process, or manufacture  
18 psilocybin products directly or indirectly from psilocybin mushrooms and who has been approved as  
19 a provider.
- 20 IV. "Program" means the medical use of psilocybin program.
- 21 V. "Psilocybin" means the naturally occurring psychedelic compound 4-phosphoryloxy-N,N-  
22 dimethyltryptamine, also known as 4-PO-DMT, and its pharmacologically active metabolite psilocin,  
23 4-hydroxy-N,N-dimethyltryptamine, found in certain mushrooms, but does not include synthetic or  
24 synthetic analogs of psilocybin.
- 25 VI. "Qualifying patient" means a patient whom a provider, as defined by RSA 126-ZZ:1, II,  
26 has diagnosed a medically appropriate candidate for the use of medical psilocybin based on being  
27 diagnosed with a qualifying condition.
- 28 VII. "Qualifying condition" means any of the following:  
29  
30

- 1 (a) Major treatment-resistant depression;
- 2 (b) Post-traumatic stress disorder;
- 3 (c) Substance use disorders; and
- 4 (d) Other conditions recommended by the advisory board to the department.

5 126-ZZ:2 Medical Psilocybin Advisory Board.

6 I. There is hereby established the medical psilocybin advisory board, which shall assess the  
7 clinical, quality, and public health related advantages and disadvantages of the use of psilocybin for  
8 therapeutic purposes under this chapter and, if appropriate, design a program for the medical use of  
9 psilocybin.

10 II. Notwithstanding RSA 14:49, the board shall consist of the following members:

- 11 (a) The medical director of the department of health and human services, or designee.
- 12 (b) A qualifying patient, appointed by the commissioner of the department of health and  
13 human services.
- 14 (c) A representative from the veterans' affairs community, appointed by the  
15 commissioner of the department of health and human services.
- 16 (d) A representative from the house of representatives, appointed by the speaker of the  
17 house of representatives.
- 18 (e) A representative from the house of representatives, nominated by the minority leader  
19 of the house and appointed by the speaker of the house of representatives.
- 20 (f) Nine medical and other providers, appointed by the commissioner of the department  
21 of health and human services, representing the following fields:
  - 22 (1) At least one medical psilocybin researcher.
  - 23 (2) At least 2 administrative representatives from existing programs regulating the  
24 medical use of psilocybin.
  - 25 (3) Addiction services.
  - 26 (4) Palliative care.
  - 27 (5) Veterans' affairs.
  - 28 (6) Naturopathy.
  - 29 (7) Registered nursing.
  - 30 (8) Mental health counseling.

31 III. The board shall convene at least 6 times per year to assess the clinical, quality, and  
32 public health related advantages and disadvantages of the use of psilocybin for therapeutic purposes  
33 under this chapter and, if appropriate, design a program for the medical use of psilocybin by:

- 34 (a) Reviewing medical and scientific evidence pertaining to currently approved and  
35 additional qualifying conditions.
- 36 (b) Identifying clinical outcomes nationally.

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1 (c) Reviewing potential protocols for producer/provider staff based on models from other  
2 states.

3 (d) Receiving updates from alternative treatment centers in other states on effectiveness  
4 of the medical use of psilocybin.

5 (e) Reviewing best practices for medical providers regarding provider education,  
6 certification of patients, and patient access to the program.

7 (f) Reviewing any other clinical, quality, and public health related matter relative to use  
8 of psilocybin.

9 (g) Reviewing the efficacy of the establishment of therapeutic psilocybin program in New  
10 Hampshire.

11 IV. The members of the board need not be residents of New Hampshire in order to  
12 encourage the greatest possible expertise in board members.

13 V. At its first meeting, the board shall elect by majority vote a chairperson and an alternate.

14 VI. The board may meet electronically to facilitate the inclusion of members who live outside  
15 the state of New Hampshire.

16 VII. Beginning November 1, 2028, and annually thereafter, the board shall submit a report  
17 of its activities, findings, and recommendations to the governor, speaker of the house of  
18 representatives, senate president, house clerk, senate clerk, and state library.

19 3 Repeal. RSA 126-ZZ, relative to the medical psilocybin advisory board, is repealed.

20 4 Effective Date.

21 I. Section 3 of this act shall take effect November 1, 2030.

22 II. The remainder of this act shall take effect July 1, 2027.

**HB 1809-FN- FISCAL NOTE  
AS INTRODUCED**

AN ACT authorizing the medical use of psilocybin through a program established in the department of health and human services.

**FISCAL IMPACT: This bill does not provide funding, nor does it authorize new positions.**

Estimated State Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
<b>Revenue</b>	\$0	\$0	\$0	\$0
<i>Revenue Fund(s)</i>	None			
<b>Expenditures*</b>	\$0	Indeterminable	Indeterminable	Indeterminable
<i>Funding Source(s)</i>	General Fund			
<b>Appropriations*</b>	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

\*Expenditure = Cost of bill

\*Appropriation = Authorized funding to cover cost of bill

**METHODOLOGY:**

This bill authorizes the medical use of psilocybin in the state, pending a determination by the newly-established medical psilocybin advisory board that a regulatory program is ready for implementation. If the board does not make such a determination within two years of the bill becoming law, the remainder of the bill will not take effect. Assuming the program becomes operational, the Department of Health and Human Services will be required to:

1. Establish and oversee the program;
2. Approve health care providers, and provider/producers, for the cultivation and administration of medical psilocybin to qualified patients, and maintain a list of approved providers/producers;
3. Collect data for program evaluation and the use of best practices; and
4. Adopt rules for the proper administration and regulation of the program, including on eligibility, application procedures, and qualifications.

The Department would also be responsible for providing administrative support to the advisory board. Assuming the program ultimately goes into effect, the Department anticipates needing one new administrator and one new program administrator. Including equipment and other upfront expenses, the Department anticipates costs of \$250,000 in the first full year of implementation, followed by \$224,000 and \$236,000 in the second and third years, respectively.

**AGENCIES CONTACTED:**

Department of Health and Human Services