Senate Health and Human Services Committee

Sophie Walsh 271-3469

HB 1772-FN-A, relative to prescribing ibogaine for investigational use only.

Hearing Date: March 25, 2026

Time Opened: 10:27 a.m. **Time Closed**: 10:51 a.m.

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

Members of the Committee Absent: Senators Avard and Prentiss

Bill Analysis: This bill permits health care providers to proscribe ibogaine for investigational use only.

Sponsors:

Rep. Moffett	Rep. Ammon	Rep. Edwards
Rep. Foss	Rep. Freeman	Rep. Roy
Sen. McGough	Sen. Pearl	

Who supports the bill: 7 people signed in support of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who opposes the bill: 43 people signed in opposition to the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who is neutral on the bill: No one.

Summary of testimony presented:

Representative Michael Moffett, Merrimack – District 4

- Representative Moffett explained that while the introduced version of this bill was model legislation from other states, it has been amended by the House to ultimately remove a layer of resistance that would prevent undergoing clinical trials for ibogaine.
- Ibogaine is a psychoactive compound that comes from a Central African shrub. It has long been used in spiritual practices and is showing promising results in mental health treatments.

- Ibogaine has Schedule I status, meaning thousands of veterans and others are forced to seek treatment abroad, primarily in Mexico where it is unregulated and available in private clinics.
- Representative Moffett referenced a Stanford Medicine study, showing an 88% decrease in Post-Traumatic Stress Disorder (PTSD) symptoms, an 87% decrease in depression symptoms, and an 81% decrease in anxiety symptoms within a month of ibogaine treatment in a cohort of 30 veterans with a history of traumatic brain injury (TBI).
- Additional trial results have also been published in the Nature Medicine journal, showing significant improvements in concentration, information processing, memory, and impulse control following ibogaine treatment.
- Representative Moffett emphasized that promising breakthrough treatments like ibogaine can help veterans with TBIs, PTSD, and other mental health conditions by eliminating the need to take medication every day.
- He emphasized that this targets the root conditions driving suicidal ideation, hyper-aggression, depression, and many other conditions that veterans face. He noted that some describe it as a potential miracle drug, since there are powerful indications of it being able to regrow brain cells.
- Representative Moffett referenced side effects and emphasized that medical professionals can better describe the balance between therapeutic breakthroughs and possible side effects.
- Representative Moffett said he learned about ibogaine at a legislative conference. He explained that Texas and Arizona have taken the lead in creating processes for ibogaine treatment, which is where the model legislation of this bill originated.
- He emphasized that people around the country are watching to see if New Hampshire will join the early states in taking a lead on this initiative.
- Representative Moffett explained that while there was an initial veteran-centric focus on this bill, there are treatment opportunities available for all kinds of people who suffer from TBIs and substance use disorders.
- He noted that the Right to Try Act was passed last year, which addresses liability questions and allows terminally ill patients to access opportunities for treatments that may give them hope.
- Representative Moffett believes that if New Hampshire falls behind other states, it could cost lives. He noted that there was a veteran from New Hampshire meant to speak at the hearing who had to travel to Mexico for treatment. He emphasized that it is important to look at this if we could allow people to access something without travelling abroad.
- Representative Moffett explained that while Dr. Ballard from the Department of Health and Human Services could not speak at either hearing, he has heard

from another representative that Dr. Ballard is supportive of this issue. Representative Moffett has also heard that the Schedule I aspect as described at the House hearing should not be an issue.

- Representative Moffett emphasized that the intent of this is to encourage additional research into a drug that has already shown great promise for treating clinical diagnoses of TBIs and other pathologies in different states. This bill would signal to pharma and research physicians that the state encourages approved clinical investigations into ibogaine therapy. He emphasized that all associated formal guardrails and processes would need to be in place.
- Senator Long asked if there are any reports that have come from this investigational learning.
- Representative Moffett confirmed that there are reports and summaries available from the different states that have undertaken this initiative.
- Senator Rochefort referenced the original bill and noted that similar legislation was recently passed in Mississippi. He noted that Mississippi's legislation and the introduced version of this bill allow the state to have some sort of stake in the intellectual property of this initiative and asked if this was discussed in the House hearing.
- Representative Moffett explained that it was not brought up in the hearing. He thinks that this would be to our advantage if New Hampshire can get into this early and if there is some intellectual property issue.

Dr. Mindy Asbury, New Hampshire Community Behavioral Health Association

- Dr. Asbury stated that she is speaking in opposition to the bill.
- As someone with experience in the Navy, she does not think that all individuals in the military necessarily agree with this treatment.
- Dr. Asbury expressed concern about the adverse effects and safety profile of ibogaine not being fully discussed. She noted that while there are some positive results available, there are also negative results from studies done both in the United States and around the world.
- She cited that 33 people at minimum have died as a consequence of taking this substance, most due to heart arrhythmia. The group more likely to experience an arrhythmia are people who have polysubstance disorders.
- Dr. Asbury expressed concern about the lack of specificity in the bill's language, noting that "health care prescriber" needs to be further defined and "investigational use" may create a loophole in which it is not implied that clinical trials and guardrails are needed.
- Dr. Asbury stated that ibogaine has low specificity and selectivity, which some would refer to as a 'dirty drug' because it does not have a particular target in the brain and does not always do what it is intended to do at the target. This can make it very challenging to predict how use will impact different individuals.

- Dr. Asbury noted that there have been documented reports that use of this substance can cause psychosis, worsening mental health, and suicidal thoughts.
- Dr. Asbury explained that if the premise of this effort is to have this drug save lives, then the risk of lost lives may be higher than saving lives.
- Dr. Asbury expressed concern about having legislation cause unintended consequences. She noted that she has been approached by two colleagues about the state supporting this effort when they heard she was testifying on this bill. She said it is important to consider the message being sent out to providers and people potentially seeking treatment, as it can be especially challenging for patients to decode complex information.
- Dr. Asbury emphasized that now is not the time to do this, but potentially later when more is known about this substance and more guardrails can be put in place around its use.
- Senator Birdsell asked if Dr. Asbury has spoken with Dr. Ballard about this topic.
- Dr. Asbury explained that while she has not spoken with Dr. Ballard directly, she has had a conversation with a close colleague of his. She said this individual thanked her for the testimony she gave in opposition to this bill during the House hearing.
- Senator Long asked if the negative consequences occur after immediate use or after several uses.
- Dr. Asbury explained that they can occur immediately after, but not always. Studies have found that arrhythmias and sudden death can occur shortly after administration, but ibogaine can stay in the body for up to 96 hours, so any side effects can occur days after administration.
- Senator Rochefort agreed that the amended version of the bill is open ended and questioned if the 33 deaths cited by Dr. Asbury occurred in controlled environments. He noted that perhaps these deaths would not have happened if individuals were not forced to seek treatment abroad.
- Dr. Asbury confirmed that she has wondered the same. She has researched this topic closely and found that there have been deaths in the United States.
- Senator Rochefort referenced the unknown mechanism of action and said he thinks the intent of this bill is to discover what the mechanism of action is and research clinical ability. He acknowledged that he has some hesitation with the bill in its current form in terms of unintended consequences and asked if Dr. Asbury sees any path to compromise on this effort. He emphasized that veterans are primarily seeking this treatment and said they should not be forced to seek treatment abroad out of desperation after serving the country.
- Dr. Asbury explained that she thinks this is a harm mitigation issue. She noted that there are several treatments currently available and questioned if the

individuals seeking this particular treatment have tried all of the existing treatments known to be effective and safe. She emphasized that people in need may see this as a new and nice option for them to try.

- She recommended that if this were to move forward, there be guardrails around trying existing treatments before moving on to this option. She said she believes there is room for compromise, but in her opinion it is too early.

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Date Hearing Report completed: March 27, 2026