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Testimony of Geoffrey Lawrence
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New Hampshire House of Representatives
Committee on Health, Human Services and Elderly Affairs Hearing on House Bill 1772

Dear Chairman MacDonald, Vice Chairman Mazur, and members of the committee,

On behalf of Reason Foundation, thank you for the opportunity to offer testimony on House Bill 1772. Reason Foundation is a 501(c)(3) nonprofit think tank dedicated to advocating for policy solutions that enhance public health, foster dynamic markets that offer economic opportunity, and ensure patient access to safe, alternative treatment options.

HB 1772 would authorize an in-state grantee to undertake research on ibogaine, conducting clinical trials with a goal of securing U.S. Food and Drug Administration (FDA) approval of medical use of ibogaine. Ibogaine is a naturally occurring alkaloid found in the *tabernanthe iboga* plant, which grows in West Africa. A growing body of research shows ibogaine holds enormous promise in treating a wide range of otherwise intractable neurological conditions, including traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). Unfortunately, because ibogaine is currently classified as a Schedule I drug through the federal Controlled Substances Act, patients can only legally access these treatments outside the United States.

HB 1772 does not attempt to bypass existing federal regulations to legalize ibogaine or ibogaine treatment. It would only support a research effort consistent with the standard regulatory pathway for pharmaceutical approval governed by the FDA. Supervised ibogaine treatment administration by qualified physicians would be permitted only following protocols approved by the FDA as part of an investigational new drug application.

Over the past decade, the medical community has increasingly recognized the potential of psychedelic therapies for the treatment of mental health conditions and addiction. Research by Stanford University published in *Nature Medicine* in 2024 found that ibogaine treatment immediately led to significant improvements in PTSD, depression, and anxiety in a cohort of special operations veterans suffering from TBI.[1] According to Stanford Medicine, "[o]ne month after treatment participants experienced average reductions of 88% in PTSD symptoms, 87% in depression symptoms and 81% in anxiety symptoms," relative to their condition prior to treatment.[2]

Another study showed treatment with ibogaine consistently and immediately reduce both physical withdrawal symptoms from opioid addiction and psychological dependence. In a small-scale study, 75% of patients remained abstinent from opioids for an entire year following

[1] Cherian, K.N., Keynan, J.N., Anker, L. *et al.* Magnesium–ibogaine therapy in veterans with traumatic brain injuries. *Nat Med* **30**, 373–381 (2024). https://doi.org/10.1038/s41591-023-02705-w.
[2] Sarah C. P. Williams. 2023. "Psychoactive Drug Ibogaine Effectively Treats Traumatic Brain Injury in Special Ops Military Vets." News Center. December 6, 2023. https://med.stanford.edu/news/all-news/2024/01/ibogaine-ptsd.html.

treatment.[3] We believe it is critical to study ibogaine and unlock its full treatment potential. If research can demonstrate the safety and efficacy of ibogaine through clinical trials, it will be a path for treatment to millions of Americans suffering from post-traumatic stress disorder (PTSD), opioid use disorder (OUD), and other neurological and mental health conditions.

The enormous potential of ibogaine has led many Americans—disproportionately military veterans—to seek ibogaine treatment outside the United States. These therapies are available in Mexico, Costa Rica, and elsewhere in Latin America, but patients must pay out-of-pocket. After years of advocacy by veterans' organizations and researchers to allow access to ibogaine treatment in the United States, a bipartisan coalition of Texas state legislators voted to fund the first American ibogaine research program in 2025. The legislation, Senate Bill 2308, came with a significant appropriation of $50 million from the state's general fund and must be matched by an additional $50 million in private investment. While those sums are significant, they are insufficient to complete all three phases of clinical trials. Texas needs partner states to make this effort successful.

HB 1772 would authorize a grant from the state's opioid settlement fund to a qualified in-state research entity that would partner with the Texas research consortium to conduct clinical trials right here in New Hampshire. The entity must meet several requirements, including the ability to secure matching funds. The legislation prioritizes patient safety and scientific rigor, requiring a grantee to follow the exact protocols approved by FDA as part of the investigational new drug application secured by the Texas research consortium. The data generated by these local trials in New Hampshire and other partner states would eventually aggregate up into a consolidated new drug application before the FDA.

This combination of in-state research and multi-state collaboration allows states to be part of a historic effort to conduct state-led clinical trials, with long-term benefits at home for participating states. States in the consortium will enter into a profit-sharing agreement with the selected pharmaceutical partner, ensuring that rather than handing over value to pharmaceutical companies, a successful application will result in compensation for state partners. In addition, the bill keeps the R&D process local, and protects any intellectual property developed as a result of the clinical trials. By adopting HB 1772, the legislature has a chance to help Granite-Staters, and to join the nationwide effort to advance mental health and addiction care.

We urge the committee's favorable consideration of HB 1772. This legislation will further groundbreaking research, ensure New Hampshire is at the forefront of advances in treatment, and most importantly advance healing for many Americans.

Thank you for your time and consideration.

Geoffrey Lawrence
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[3] Geoffrey Noller et al, "Ibogaine treatment outcomes for opioid dependence from a twelve-month follow-up observational study," *The American Journal of Drug and Alcohol Abuse* 44 (2017). 7.