

S-1647.1 (**PSSB 5201**, an alternative substitute proposed for executive session in the Senate Labor & Commerce Committee)

Title: Relating to establishing a pilot program to allow clinically supervised access to psilocybin for individuals 21 years of age or older

What the substitute bill does:

- Establishes a Washington State Psilocybin Pilot Program at the Department of Health (DOH) to provide supervised, therapeutic access to psilocybin in a controlled, clinical setting in up to three pilot sites within Washington.
- Directs DOH to license up to three nonprofit service centers authorized to cultivate psilocybin and use the psilocybin to provide psilocybin services overseen by a clinical facilitator to clients over the age of 21.
- Restricts psilocybin cultivated by service centers to unadulterated dried mushrooms and psilocybin-infused tea, establishes packaging and labeling requirements, and requires the psilocybin to be tested by a state-licensed laboratory to determine dosage and detect impurities.
- Requires psilocybin clients to undergo a preparation session and integration session with a clinical facilitator, including client screening, education on benefits and risks, and establishing safety protocols, and requires the clinical facilitator to either directly participate in the administration session or to be present in the building or on call while a trained individual stays with the client in a safe and calming environment until the psilocybin leaves the client's system.
- Requires the clinical facilitator to be credentialed in good standing in a health profession whose scope of practice includes independent clinical work, to register with DOH, and to take a minimum four-hour course in psychedelic harm reduction integration.
- Requires a trained individual participating in an administration session under supervision of a clinical supervisor to complete a recognized course in psychedelic substance facilitation.
- Requires service centers and DOH to protect client information from disclosure, and collect information useful for effectiveness and safety research that must not identify individual clients without consent.
- Protects service centers, DOH, clients, their caretakers, and others from civil or criminal penalties for participating in the pilot program and protects health professionals from adverse credentialing action related to counseling clients related to psilocybin or participating in the pilot program.
- Allows cities and counties to adopt ordinances imposing reasonable regulations on the operation of service centers, but not to prohibit service centers outside areas zoned primarily for residential use, or establish proximity restrictions to schools or other specific locations.
- Allows DOH to receive donations to support the pilot program for research, subsidized access, or other benevolent purposes to an account created in the State Treasury.
- Specifies that the act does not preclude or supersede local ordinances relating to the decriminalization of psychedelic substances or the prioritization of enforcement of criminal laws related to psychedelic substances.

New substitute compared to substitute heard in committee:

- Scales down the program to a three-site pilot program overseen exclusively by DOH.
- Reduces DOH licensing responsibilities solely to licensing services centers, which must be nonprofit and are authorized to cultivate their own psilocybin.
- Requires services centers to provide psilocybin services exclusively within the service center, under clinical supervision, in a safe and calming environment.
- Requires clinical facilitators and trained individuals who participate in administration sessions under the supervision of clinical facilitators to register with DOH, instead of be licensed, and makes the service center instead of DOH responsible for ensuring they meet legal requirements.
- Eliminates the Psilocybin Board and eliminates roles and requirements for the University of Washington Center for Novel Therapeutics in Addiction Therapy, Liquor and Cannabis Board, Department of Agriculture, and other entities.
- Allows DOH to receive donations in the form of a public-private partnership to support the pilot program for purposes of research, subsidized access, or other benevolent purposes.