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Senator Claxton, Co-Chair Representative Meyer, Co-Chair Members, Joint Standing Committee on Health and Human Services 100 State House Station Augusta, ME 04333-0100

Re: LD 1582 - An Act to Enact the Maine Psilocybin Services Act

Senator Claxton, Representative Meyer, and distinguished Members of the Committee,

My name is Dr. Jonathan Fellers and I am a triple-board certified physician with clinical expertise in the diagnosis and management of co-occurring mental health and addiction disorders. As an addiction psychiatrist, I work with patients, families, and our health care system to promote high quality evidence-based screening, assessment, and treatment for substance use disorders and co-occurring mental disorders. I have over a decade of clinical experience in a variety of settings. My expertise is sought out widely, and I have been honored to provide education and leadership at the local, regional, and national level. I am also a resident of South Portland.

Research into psychedelics has seen a resurgence. There is a growing evidence-base for these powerful substances. Current active clinical trials are investigating psychedelics for use in depression, PTSD, and substance use disorders. The fields of mental health and addiction could well benefit from new treatment options, as our current pharmacopeia has little to offer for many people with debilitating conditions. The preliminary work has raised high hopes for the future, and now psychedelics are gaining mainstream acceptance. Several cities and States are in the process or have already taken steps towards legalization or decriminalization of psilocybin for therapeutic or recreational purposes.

I worry that LD 1582 would prematurely approve the use of psylocibin prior to necessary investigation into its safety and efficacy. This is a substance that has not been fully vetted by the FDA. The FDA explains that "evaluation not only prevents quackery, but also provides doctors and patients the information they need to use medicines wisely. The center ensures that drugs, both brand-name and generic, work correctly and that their health benefits outweigh their known risks."

I am concerned that LD 1582 provides inadequate oversight for psilocybin and psilocybin-assisted psychotherapy. Psilocybin is a Schedule 1 controlled substance, the most restrictive in terms of regulatory oversight. Current psychedelic research sources psilocybin from approved chemical suppliers where its purity is assured. LD 1582 looks to cultivation of psilocybin mushrooms as the source for psilocybin. Manufacturers appear to have minimal oversight compared to what is needed for a Schedule 1 substance. This arrangement means that both the quality of the psilocybin as well as the protections in the supply chain from diversion are very different.



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Psilocybin-assisted psychotherapy follows a specific protocol in these research studies. The FDA evaluates requests taking into consideration the "qualifications and competency of the applicant, as well as the merits of the protocol." These studies have been able to proceed because of the reputation of the respective institutions, the quality of the personnel, and the thoughtfulness of the protocols. There is oversight by an Institutional Review Board to ensure fidelity to the protocols. There are established exclusionary criteria to reduce potential risks to subjects. The sessions are performed by two facilitators who are at least an LCSW or psychologist, along with physician oversight. LD 1582 fails to provide commensurate medical supervision. The oversight is by a psilocybin service facilitator. This individual needs only be a high school graduate with unspecified training, and LD 1582 actually prohibits "requiring a degree from an institution of higher education."

Psilocybin is not without risks. The most likely risk is overwhelming distress during drug action ("bad trip"), which could lead to potentially dangerous behavior such as leaving the site. Less common are prolonged psychoses triggered by psilocybin and the relatively rare hallucinogen persisting perceptual disorder. Let us make sure that proper medical safeguards are in place. Please do not permit the practice of medicine without physicians.

Sincerely.

Jonathan C Fellers, MD

Principal

Jonathan C Fellers MD PA LLC