Janet T. Mills Governor



Jeanne M. Lambrew, Ph.D. Commissioner

February 1, 2022

Senator Ned Claxton, Chair Representative Michele Meyer, 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

Dear Senator Claxton, Representative Meyer, and Members of the Health and Human Services Committee:

Thank you for the opportunity to provide input on LD 1582, *An Act To Enact the Maine Psilocybin Services Act.* Maine CDC has concerns about the proposal as drafted, which we hope the committee will consider carefully before moving any version of this bill forward. Among our top concerns, the bill proposes to establish Psilocybin Service Centers that would function like recreational use facilities rather than medical treatment facilities, puts limitations on the Department's ability to regulate safe use, and does not incorporate sufficient behavioral and public health input to the structure.

While there may be early evidence for the use of psilocybin to assist in treatment of refractory depression and PTSD, this research is ongoing and there are not currently clinical practice guidelines or FDA-approved treatments to ensure safe and appropriate use of the therapy.

In this proposal there is no requirement for certified or licensed behavioral health professionals to be on site to endorse or administer psilocybin use. In fact, there are explicit limits to the requirements the Department can place on a "psilocybin service facilitator," including that the Department "may not require a degree from an institution of higher education." There should be no limits on the ability to ensure appropriate use and oversight of psychedelics for treatment of mental and behavioral health challenges.

Additionally, we have concerns about the lack of structure around who can and should use psilocybin therapeutically, and what conditions it can be used to treat. Of particular concern is language in the bill expressly prohibiting the Department from setting parameters around the medical conditions that qualify a patient to receive psilocybin. Without clinical indications or oversight, Psilocybin Service Centers would function more like recreational use facilities.

While recreational use facilities could potentially offer some aspects of harm reduction for the use of substances that can have harmful effects if taken in unsupervised settings, they should not be considered clinical treatment. If this is indeed a clinical treatment, it would be more

appropriately administered in a medical office, with appropriate oversight. This bill does not establish a manner in which patients with mental and behavioral health conditions could receive clinical treatment for their health conditions.

With respect to the proposed Maine Psilocybin Advisory Board, there are non-voting members including the Director of Maine CDC and the State Health Officer within Maine CDC. These are the same position. While we do not support the bill, were it to move forward we strongly recommend that there be a position on the Board for someone from the Office of Behavioral Health as well as Maine CDC.

In summary, the Maine CDC and Department of Health and Human Services believe there should be much further scientific research and discussion about psilocybin before a structure is established for its administration and use in Maine.

We will gladly make ourselves available for the work session if that would be of use to the Committee.

Sincerely,

Nirav D. Shah, MD, JD, Director Maine Center for Disease Control and Prevention