

Dear Chair Bliss,

My name is Bryan Ebert, and I am a professional psychotherapist practicing in the State of Minnesota with specialized training and experience in psychedelic-assisted therapy. I am writing to express my strong support for **House File 4577**, which proposes the establishment of a regulated clinical and therapeutic psilocybin treatment program in Minnesota.

From a clinical perspective, House File 4577 represents a thoughtful, evidence-based, and public-health-oriented response to serious mental health conditions that remain inadequately treated by existing standards of care. In my work with individuals suffering from treatment-resistant depression, post-traumatic stress disorder, anxiety, obsessive compulsive disorder, and substance use disorders, I regularly encounter clients for whom conventional treatments—despite years of diligent engagement—have provided little or no relief. I work with veterans, firefighters, survivors of sexual abuse and sex trafficking, mothers, fathers, teachers, and many others too. There are more times than I can count where I have felt that psilocybin-assisted therapy would be the best tool to help these people who have been let down by conventional psychotherapy approaches. It feels like I have my hands tied behind my back, and that I have to settle for interventions that may help somewhat, knowing that there is a more effective approach that I legally cannot offer.

House File 4577 appropriately situates psilocybin services within a **medical and therapeutic framework**, emphasizing professional licensure, facilitator training, client screening, informed consent, and structured preparation and integration sessions. These safeguards align with best practices emerging from clinical research and professional consensus and reflect lessons learned from jurisdictions that have already implemented regulated psilocybin programs.

Notably, **Oregon and Colorado have established state-regulated clinical psilocybin programs**, and **New Mexico has more recently enacted legislation to allow for supervised therapeutic use**. Early outcomes from these programs indicate that psilocybin-assisted therapy can meaningfully help individuals who have not responded to conventional mental health treatments, while maintaining strong safety profiles through regulation, training, and oversight. The programs from these states provide important real-world evidence that these frameworks can be implemented responsibly and compassionately, without compromising public safety.

In addition to its promise for mood and trauma-related disorders, **clinical trials have demonstrated that responsible, therapeutic use of psilocybin may be effective in the treatment of addiction**, including alcohol use disorder and other substance use disorders. These findings are especially relevant as Minnesota, like much of the nation, continues to face a devastating opioid epidemic. Emerging evidence suggests that psilocybin-assisted therapy—when delivered in structured clinical settings—may help individuals interrupt cycles of compulsive substance use, reduce cravings, and address the underlying psychological and emotional drivers of addiction. As such, psilocybin may become one of our most powerful tools for addressing substance use disorders and preventing overdose deaths, with the potential to save countless lives.

The structure of House File 4577 closely mirrors the recommendations of the **Minnesota Psychedelic Medicine Task Force**, which concluded—by a two-thirds supermajority—that Minnesota should create a state-regulated clinical program for the therapeutic administration of psilocybin-containing mushrooms. The Task Force identified compelling evidence supporting psilocybin’s therapeutic potential for conditions such as major depressive disorder, PTSD, anxiety related to serious illness, and substance use disorders, particularly when administered in controlled settings alongside psychotherapy.

The Task Force also emphasized that **regulated clinical access is safer than prohibition**, noting that criminalization does not eliminate use but instead increases the risks associated with unregulated or underground treatment. House File 2906 directly addresses this concern by prioritizing patient safety, ethical care, harm reduction, and accountability, while allowing for careful data collection and program evaluation.

From a systems-level perspective, House File 4577 offers Minnesota an opportunity to expand its mental health care toolkit. Psilocybin-assisted therapy is not a replacement for existing treatments, but rather **another powerful, evidence-based tool** that clinicians can draw upon when standard interventions have failed. Research and early program data suggest that this model may also reduce long-term healthcare costs by producing durable symptom improvement after a limited number of sessions, decreasing reliance on chronic pharmacological treatment and repeated acute-care interventions.

By passing House File 4577, Minnesota can join other forward-thinking states in offering a compassionate, carefully regulated option to individuals who are suffering and have exhausted conventional pathways. This bill provides an opportunity to improve not only mental health outcomes, but the overall **quality of life for the people of our great state**, while maintaining Minnesota’s strong commitment to public health, safety, and ethical medical care.

For these reasons, I respectfully urge you to support House File 4577. This legislation represents a science-driven, humane, and responsible response to Minnesota’s ongoing mental health crisis and offers hope to individuals and families who have too often been left without effective options.

Thank you for your leadership and thoughtful consideration.

Respectfully,

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