MN HOUSE RESEARCH

Bill Summary

H.F. 2906

First engrossment

Subject	Therapeutic use of psilocybin
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Overview

Psilocybin is a substance found in certain species of mushrooms. It is considered a psychedelic drug and when ingested, certain doses of psilocybin can affect an individual's mood, thoughts, and perceptions. Psilocybin may also be known as magic mushrooms, mushrooms, or shrooms.

Article 1 establishes a psilocybin therapeutic use program, to be administered by the commissioner of health and the Office of Cannabis Management. Under this program, patients who are age 21 or older, have a qualifying medical condition, and have been screened for contraindications are permitted to register in the program. Registered patients and registered facilitators are permitted to obtain psilocybin from registered suppliers. Registered patients may use psilocybin only in administration sessions at which a registered facilitator is physically present. Limits are placed on the size of the program for the first three years of operation.

Article 2 reclassifies psilocybin and psilocin from Schedule I to Schedule IV in the controlled substances schedules.

Article 1: Therapeutic Use of Psilocybin

Section	Description - Article 1: Therapeutic Use of Psilocybin
1	**Purpose.** States the purpose of this act is to establish a regulated framework for the therapeutic use of psilocybin for individuals who are age 21 or older and meet the other requirements in this act.
2	**Definitions.** Adds § 152.40. Defines terms for sections 152.40 to 152.53: administration session, commissioner, integration session, physician, preparation session, program, program research institution, psilocybin, Psychedelic Medicine Advisory Committee or

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advisory committee, qualifying medical condition, registered facilitator, registered patient, registered supplier, testing facility, and treatment facility.

3 **Psilocybin therapeutic use program.**

Adds § 152.41. Establishes a psilocybin therapeutic use program, requires the commissioner of health to adopt rules to govern program operations, establishes requirements for program evaluations and research, and requires the commissioner to enter into an interagency agreement with the Office of Cannabis Management to administer parts of the program.

Subd. 1. Establishment. Requires the commissioner of health to establish and administer a psilocybin therapeutic use program in which individuals age 21 or older who meet eligibility requirements may enroll in the program and access and use psilocybin.

Subd. 2. Rulemaking; commissioner of health. Requires the commissioner to adopt rules to govern the program and lists topics on which rules must be adopted. Requires the commissioner to consult with the advisory committee and the program research institution in adopting rules, and allows certain rules to be adopted using the expedited rulemaking process.

Subd. 3. Evaluation and research. Requires the commissioner to collect certain data from registered patients who use psilocybin, for use in evaluating the program and developing recommendations to improve the program. Allows the commissioner to support research to investigate novel therapeutic uses of psilocybin and psilocin.

Subd. 4. Interagency agreement with office of cannabis management. Requires the commissioner to enter into an interagency agreement with the Office of Cannabis Management for that office to oversee patient registries, facilitator licensing, and cultivation and testing of mushrooms that contain psilocybin.

4 **Eligibility and enrollment in program.**

Adds § 152.42. Establishes requirements and procedures for program enrollment. Specifies permitted acts for registered patients, registered suppliers, testing facilities, and registered facilitators. Limits the number of facilitators and the number of patients in the program for the first three years, and requires the commissioner to evaluate the program after three years.

Subd. 1. Registration system. Requires the commissioner to administer a secure registration system for patients enrolled in the program.

Subd. 2. Eligibility for enrollment. To enroll in the program, requires an individual to be 21 or older, submit a certification verifying an individual's

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diagnosis with a qualifying medical condition and a certification regarding a health screening conducted by a physician, and apply to the commissioner.

Subd. 3. Health screening; evaluation. Requires an individual seeking to enroll in the program to have a physician perform a detailed health screening to identify whether the individual has a qualifying medical condition and whether the individual has any health conditions or is taking any medications that are contraindications to psilocybin use. If the screening indicates one or more contraindications, requires the contraindications to be evaluated using a risk assessment tool. Provides an individual with contraindications may apply to enroll in the program only if a physician determines the contraindications should not stop the individual from using psilocybin.

Subd. 4. Informed consent. Requires an individual to provide informed consent to the use of psilocybin by submitting an informed consent form to the commissioner.

Subd. 5. Enrollment. Requires the commissioner to approve or deny applications for enrollment within a certain timeframe and requires the commissioner to register approved individuals in the program. Allows individuals to apply to enroll in the program beginning January 1, 2027.

Subd. 6. Renewal. Specifies a registration is valid for 12 months, and establishes requirements for registration renewal.

Subd. 7. Permitted acts. Allows registered patients to designate a registered facilitator and consume the recommended amount of psilocybin at a treatment facility. Allows a registered supplier and testing facility to cultivate and possess psilocybin. Allows a registered facilitator to obtain psilocybin from a registered supplier, transport it to a treatment facility, and provide services in preparation sessions, administration sessions, and integration sessions.

Subd. 8. Program initiation. Requires the initial program structure to include between 20 and 50 registered facilitators, at least three testing facilities, and not more than 1,000 patients in the program in the first three years.

Subd. 9. Program evaluation. Requires the commissioner, in consultation with the advisory committee and program research institution, to evaluate the program at the end of the three-year period.

5 **Cultivation.**

Adds § 152.43. Requires a supplier to register with the commissioner before cultivating psilocybin for the program. Allows a registered patient and registered facilitator to compensate a registered supplier for psilocybin, and specifies this

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compensation does not constitute the sale of psilocybin. Permits a registered supplier to cultivate psilocybin only for treatment facilities, registered facilitators, and registered patients, and prohibits a registered supplier from cultivating more psilocybin than the cultivation limit specified in its license. Requires cultivation to occur in a secure location.

6 **Location and facilitator; administration sessions.**

Adds § 152.44. Allows a registered patient to use psilocybin in an administration session only at an approved private residence or at a licensed treatment facility. Requires a registered facilitator to be present with a registered patient during an administration session to supervise psilocybin use and contact emergency services if necessary. Requires a registered patient to provide informed consent to the use of psilocybin before proceeding with an administration session. Requires a registered patient or registered facilitator to obtain psilocybin from a registered supplier before an administration session, and requires the facilitator and patient to attest to the dosage that will be used in an administration session before the session begins.

7 **Registered facilitator.**

Adds § 152.45. Establishes qualifications and procedures to register as a facilitator, requires the commissioner to accept complaints about facilitators, and requires the commissioner to post a list of registered facilitators on the Department of Health website.

Subd. 1. Registration required; qualifications. Requires an individual to register with the commissioner as a facilitator in order to supervise administration sessions and provide services in preparation sessions and integration sessions. Lists qualifications facilitators must meet.

Subd. 2. Application for registration; registration renewal. Requires an individual who wishes to register as a facilitator to apply to the commissioner, specifies a registration is valid for 12 months, and specifies procedures for registration renewal. Allows individuals to apply to register as facilitators beginning October 1, 2026.

Subd. 3. Complaints. Requires the commissioner to accept complaints if a registered facilitator fails to provide safe, ethical services.

Subd. 4. List of registered facilitators. Requires the commissioner to post on the Department of Health website the names and contact information of registered facilitators.

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8 **Limitations.**

Adds § 152.46. Prohibits an individual from participating in the program if the individual is under age 21, sells or distributes psilocybin to anyone not registered in the program, establishes a treatment facility on school grounds or at a state correctional facility, provides psilocybin to an individual who is not a registered patient or supervises an administration session for an individual who is not a registered patient, or cultivates psilocybin not intended for registered patients.

9 **Criminal and civil protections.**

Adds § 152.47. Establishes criminal and civil protections related to program participation or administration. Authorizes actions for damages for certain violations of this section.

Subd. 1. Forfeiture. Provides psilocybin cultivated or obtained under the program and associated property are not subject to forfeiture.

Subd. 2. Protections for public employees. Protects the commissioner, governor, and state employees from civil and criminal liability for acting within the scope of their office or employment in administering the program.

Subd. 3. Search warrant. Prohibits law enforcement authorities from accessing the patient registry except with a valid search warrant.

Subd. 4. Evidence in criminal proceeding. Prohibits information in a report, document, or the registry or obtained from a patient enrolled in the program from being admitted as evidence in a criminal proceeding unless it relates to a violation of laws governing the program or can be independently obtained, and provides a violation of this provision is a gross misdemeanor.

Subd. 5. Possession of registry card or application. Provides possession of a registry card or an application for the program does not constitute probable cause or reasonable suspicion and cannot be used to support searches of the individual possessing the card or application.

Subd. 6. Employment. Prohibits an employer from discriminating against a registered patient, supplier, or facilitator in hiring, termination, or conditions of employment except in certain circumstances.

Subd. 7. Housing. Prohibits a landlord from refusing to lease to or evicting a registered patient, supplier, or facilitator for participating in the program, except in certain circumstances.

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Subd. 8. Education. Prohibits a school from refusing to enroll a registered patient, supplier, or facilitator for participating in the program, except in certain circumstances.

Subd. 9. Custody; visitation; parenting time. Provides a registered patient, supplier, or facilitator must not be denied custody, visitation rights, or parenting time based on participation in the program, except in certain circumstances.

Subd. 10. Action for damages. Allows a registered patient, supplier, or facilitator injured by a violation of subdivision 6, 7, 8, or 9 to bring an action for damages against the person who violated subdivision 6, 7, 8, or 9.

10 **Violations.**

Adds § 152.48. Establishes criminal penalties for a registered patient, supplier, or facilitator who sells or transfers psilocybin to a person other than a registered patient; and for an individual who intentionally makes a false statement to law enforcement about the therapeutic use of psilocybin to avoid arrest or prosecution.

11 **Protections for physicians and registered facilitators.**

Adds § 152.49. Prohibits the Board of Medical Practice from imposing civil penalties or disciplinary action on a physician solely for certifying an individual has a qualifying medical condition or for performing health screenings or evaluations under the program. Also prohibits a health-related licensing board, the Office of Emergency Medical Services, or the commissioner from imposing civil penalties or disciplinary action on a registered facilitator regulated by one of these entities solely for participating in the program, as long as the facilitator complies with sections 152.40 to 152.53 in participating in the program.

12 **Public education and harm reduction.**

Adds § 152.50. Requires the commissioner, in collaboration with the program research institution, to develop and implement a public education program on the responsible use of psilocybin, risks, harm reduction strategies, and mental health resources. Also requires the commissioner, in collaboration with the program research institution, to develop and offer training programs for emergency medical responders, ambulance service personnel, peace officers, and other first responders on best practices for handling situations involving psilocybin use.

13 **Data practices; access to and use of data.**

Adds § 152.51. Except for the list of registered facilitators made available by the commissioner, classifies data submitted to the commissioner under the program as private data on individuals or nonpublic data, and allows this data to only be used to comply with chapter 13, comply with a request from the legislative auditor or state auditor, and administer the program. Prohibits this data from being combined or

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	linked with any other list, data set, or database, or from being shared with any federal agency unless specifically ordered by a court or as part of a federally approved research project.
14	**Fees.** Adds § 152.52. Requires the commissioner to collect an annual fee in a blank amount from each patient whose application for registration or registration renewal is approved by the commissioner. Provides a patient receiving Social Security disability, Supplemental Security Income, or veterans disability or railroad disability payments, or who is enrolled in medical assistance or MinnesotaCare, must pay an annual fee in a blank amount if the patient's application for registration or registration renewal is approved by the commissioner. Requires fees collected under this section to be credited to the state government special revenue fund.
15	**Psychedelic Medicine Advisory Committee.** Adds § 152.53. Establishes a Psychedelic Medicine Advisory Committee to advise the commissioner on the operation of the program. Requires a blank number of members to have knowledge or expertise regarding the therapeutic use of psilocybin or related medicines, and requires one member to represent Tribal Nations. Specifies initial appointments must be made by November 1, 2026. Requires the members to elect a chairperson at the committee's first meeting; and specifies the advisory committee is governed by section 15.059 (a general statute governing terms, compensation, and removal of advisory committee members) and that the advisory committee does not expire. Requires the advisory committee to meet at least four times per year, with the initial meeting to occur by December 1, 2026, and called by the commissioner. Requires the commissioner to provide the advisory committee with staff support, office space, and access to office equipment and services.
16	**Appropriation.** Makes blank appropriations in fiscal years 2026 and 2027 from the general fund to the commissioner of health for the psilocybin therapeutic use program.

Article 2: Scheduling of Psilocybin

This article reschedules psilocybin and psilocin from Schedule I to Schedule IV on the controlled substances schedule. Drugs, substances, and certain chemicals used to make drugs are placed in one of five schedules, depending on a drug's acceptable medical uses and its potential for abuse or dependency. Drugs are placed in Schedule I if they have no currently accepted medical use and a high potential for abuse. Drugs are placed in Schedule IV if they have a low potential for abuse and low risk of dependence.

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