

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 941

VERSION: AMENDED JANUARY 4, 2024

AUTHOR: WALDRON

SPONSOR: AUTHOR

POLICY & ADVOCACY COMMITTEE RECOMMENDATION: NONE

SUBJECT: CONTROLLED SUBSTANCES: PSYCHEDELIC-ASSISTED THERAPY

Summary:

This bill would create a workgroup to study and make recommendations to establish a framework for the therapeutic use of certain psychedelic plants and fungi. Once this framework is enacted via the Legislature, it permits the use of specified substances to be used for psychedelic-assisted therapy.

Existing Law:

- 1) Federal law establishes five schedules of controlled substances, and establishes that Schedule 1 drugs have a high potential for abuse, have no currently acceptable medical use in treatment in the United States, and that there is a lack of accepted safety for use of the drug under medical supervision. ([United States Code \(USC\) Title 21, §812\(a\) and \(b\)](#))
- 2) Establishes psilocybin and ibogaine as Schedule 1 drugs. ([21 USC §812\(c\)\(8\) and \(15\)](#))

This Bill:

- 1) Requires the California Health and Human Services Agency (HHS) to convene a workgroup composed of specified members to study and make recommendations to establish a framework to govern psychedelic-assisted therapy utilizing the following substances (Health and Safety Code (HSC) §11214):
 - a) [Psilocybin](#);
 - b) [Ibogaine](#); and
 - c) Any other controlled substance that the FDA approves for use in the future, including Dimethyltryptamine or Mescaline sourced from non-peyote cacti.
- 2) Requires the workgroup to study specified subjects, including: research on the safety and efficacy of using the controlled substances in a therapeutic setting to treat certain mental health conditions, long term impact, perceptions of harm, impact of

different regulatory frameworks on health outcomes among vulnerable populations, regulation models from other jurisdictions, minimizing use-related risks, and appropriate frameworks to govern use, including qualifications and training for therapists or facilitators. (HSC §11214)

- 3) Requires the workgroup to develop policy recommendations regarding the following (HSC §11214):
 - a) Development of a statewide program to train individuals providing psychedelic-assisted therapy.
 - b) Development of a statewide credentialing process for individuals providing psychedelic-assisted therapy.
 - c) Educational campaigns and public health approaches regarding use, effect, risk reduction, and safety.
 - d) Policies for minimizing use-related risks.
 - e) Policies for the regulation of the controlled substances being utilized.
 - f) Policies for safe and equitable production, access, use and delivery of the controlled substances being utilized.
- 4) States that it is the intent of the Legislature to decriminalize the specified substances if they are transferred without financial gain in the context of psychedelic-assisted therapy, once the Legislature adopts a framework governing psychedelic-assisted therapy. (HSC §11214)
- 5) Defines psychedelic-assisted therapy as including the supervised, lawful medical use of a controlled substance for treatment, including group counseling and community based healing, under the care, administration and treatment of a licensed professional in a clinical setting. (HSC §§11214, 11260)
- 6) Requires the workgroup to submit a report of its findings and recommendations to the Legislature by January 1, 2026. (HSC §11214)
- 7) Provides that upon the legislative enactment of a framework governing psychedelic-assisted therapy that includes the list of substances to be used, the populations to be served, and the education, training and licensure (if appropriate) required for administering the substance, the use of hallucinogenic or psychedelic substances for psychedelic-assisted therapy shall be lawful. (HSC §11260)

Comment:

- 1) **Background and Author's Intent.** The intent language of the bill notes that clinical research demonstrates that some psychedelic compounds in conjunction with therapy may be beneficial for the treatment of mental health. Therefore, the author is seeking to establish a framework for the clinical use of psychedelics, so that this type of therapy may be used to help those for whom conventional therapy has not worked.
- 2) **Oregon Law.** The intent language of the bill notes that voters in Oregon passed Measure 109 in 2020, which established a regulated program in that state to provide access to psilocybin services. In that state, "psilocybin services" means preparation, administration, and integration sessions provided by a licensed facilitator. Further information about that program in Oregon can be found here:
 - [Oregon Psilocybin Services Overview](#)
 - [Oregon Psilocybin Services Fact Sheet](#)
 - [How to Become a Licensed Psilocybin Services Facilitator in Oregon](#)
- 3) **Policy and Advocacy Committee Recommendation.** The Policy and Advocacy Committee did not get a chance to consider this bill at its April 2024 meeting.
- 4) **Staff Recommendation.** Staff recommends that the Board consider supporting this bill.
- 5) **Related Legislation.** SB 1012 (Wiener), titled "The Regulated Psychedelic-Assisted Therapy Act and the Regulated Psychedelic Substances Control Act", would establish the Board of Regulated Psychedelic Facilitators under the Department of Consumer Affairs to license and regulate psychedelic facilitators. It would also establish a comprehensive system to control and regulate certain psychedelic substances for use with psychedelic-assisted therapy.
- 6) **Previous Legislation.** SB 58 (Wiener, 2023) would have decriminalized the personal use of certain quantities of drugs containing psilocybin or psilocyn for persons age 21 or older. It also proposed creating a workgroup to study and make recommendations regarding the creation of a framework governing the therapeutic use of those substances.

The Governor vetoed SB 58, and in his veto message asked for legislation that instead includes therapeutic guidelines for certain psychedelics. He also committed to working with the legislature on broader decriminalization in the future once certain guardrails are in place. The Governor's full veto message for the bill can be found [here](#).

7) Support and Opposition.

Support: None at this time.

Opposition: None at this time.

8) History.

01/30/24 In Senate. Read first time. To Com. on RLS. for assignment.
01/30/24 Read third time. Passed. Ordered to the Senate. (Ayes 58. Noes 0.)
01/22/24 Read second time. Ordered to third reading.
01/18/24 From committee: Do pass. (Ayes 11. Noes 0.) (January 18).
01/18/24 In committee: Set, first hearing. Referred to APPR. suspense file.
01/09/24 From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (January 9). Re-referred to Com. on APPR.
01/08/24 Re-referred to Com. on HEALTH.
01/04/24 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.
01/04/24 Re-referred to Com. on HEALTH.
01/03/24 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.
03/28/23 In committee: Set, first hearing. Hearing canceled at the request of author.
03/20/23 Re-referred to Com. on HEALTH.
03/16/23 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.
03/16/23 Referred to Coms. on HEALTH and M. & V.A.
02/15/23 From printer. May be heard in committee March 17.
02/14/23 Read first time. To print.

AMENDED IN ASSEMBLY JANUARY 4, 2024

AMENDED IN ASSEMBLY JANUARY 3, 2024

AMENDED IN ASSEMBLY MARCH 16, 2023

california legislature—2023–24 regular session

ASSEMBLY BILL

No. 941

Introduced by Assembly Member Waldron

February 14, 2023

An act to add Article 5 (commencing with Section 11260) to Chapter 5 of Division 10 of, and to add and repeal Section 11214 of, the Health and Safety Code, relating to controlled substances.

legislative counsel's digest

AB 941, as amended, Waldron. Controlled substances: ~~psychedelic-assisted therapy for combat veterans.~~ *therapy.*

Existing law, the California Uniform Controlled Substances Act, categorizes certain drugs and other substances as controlled substances and prohibits various actions related to those substances, including their manufacture, transportation, sale, possession, and use.

This bill would require the California Health and Human Services Agency to convene a workgroup to study and make recommendations on the establishment of a framework governing psychedelic-assisted therapy, as defined. The bill would require that workgroup to send a report to the Legislature containing those recommendations on or before January 1, 2026. The bill would, contingent upon the Legislature enacting a framework governing psychedelic-assisted therapy, ~~authorize a facilitator in a licensed facility to administer specified controlled substances to combat veterans, as defined.~~ *authorize the lawful use of*

hallucinogenic or psychedelic substances for psychedelic-assisted therapy.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) Clinical research demonstrates the potential use of some
4 psychedelic compounds, in conjunction with therapy, for the
5 treatment of mental health. Such as end-of-life anxiety, depression,
6 post-traumatic stress disorder, and substance use disorders. These
7 disorders are common in combat veterans.

8 (b) Measure 109 in Oregon, which passed in November 2020,
9 with a 56-percent vote of the state population, will establish a
10 regulated psilocybin therapy system in Oregon to provide people
11 therapeutic access to psilocybin.

12 (c) The Oregon Psilocybin Services Section began accepting
13 applications for licensure on January 2, 2023. Psilocybin service
14 centers began to open their doors to clients in the summer of 2023.
15 It takes time for all four license types (manufacturing, laboratory,
16 service centers, and facilitators) to become licensed and set up
17 operations. Each licensed service center, and the licensed
18 facilitators who work with them, manage their own operations and
19 communications with clients.

20 (d) This act will allow for the therapeutic use of specified
21 controlled substances in a clinical setting for the purpose of
22 individual healing, risk reduction, and other related services, but
23 delays implementation of this provision until a framework for the
24 therapeutic use is developed and adopted. This bill lays the
25 groundwork for California to develop a therapeutic access program
26 for psychedelic plants and fungi.

27 SEC. 2. Section 11214 is added to the Health and Safety Code,
28 to read:

29 11214. (a) The California Health and Human Services Agency
30 shall convene a workgroup to study and make recommendations
31 on the establishment of a framework governing
32 psychedelic-assisted therapy using all of the following:

33 (1) Psilocybin.

1 (2) Ibogaine.

2 (3) Any controlled substance the federal Food and Drug
3 Administration may approve for use in the future, including, but
4 not limited to, Dimethyltryptamine or Mescaline sourced from
5 nonpeyote cacti.

6 (b) The Secretary of California Health and Human Services or
7 their designee shall be the chairperson of the workgroup.

8 (c) The workgroup shall include, but not be limited to, all of
9 the following:

10 (1) Persons with expertise in psychedelic therapy, medicine,
11 and public health, drug policy, harm reduction, and youth drug
12 education.

13 (2) Law enforcement and emergency medical services or fire
14 service first responders.

15 (3) People with experience with the traditional indigenous use
16 of psychedelic substances, including representatives from the
17 National Council of the Native American Church and Indian tribes
18 in California.

19 (4) Veterans groups.

20 (5) University researchers with expertise in psychedelics.

21 (6) Research scientists with expertise in clinical studies and
22 drug approval process under the federal Food and Drug
23 Administration.

24 (7) Individuals from other states that have decriminalized
25 psychedelics and established regulatory frameworks for the lawful
26 use of psychedelics.

27 (d) The workgroup shall study subjects, including, but not
28 limited to, all of the following:

29 (1) Research on the safety and efficacy of using each of the
30 controlled substances specified in subdivision (a) in a therapeutic
31 setting for treating post-traumatic stress disorder, depression,
32 anxiety, addiction, and other mental health conditions.

33 (2) Long-term impact of supervised psychedelic or dissociative
34 drug use with seeking and misusing other substances, including
35 alcohol, cannabis, illicit substances, and unregulated psychedelic
36 or dissociative drugs.

37 (3) Perceptions of harm of psychedelic or dissociative drugs
38 following enactment of decriminalization both on a personal use
39 and therapeutic use level.

1 (4) Impact of different regulatory frameworks on different health
2 outcomes among vulnerable populations, including people with
3 substance use disorders, and minority or disenfranchised groups.

4 (5) Regulated use models for the controlled substances specified
5 in subdivision (a) from other jurisdictions.

6 (6) Content and scope of educational campaigns that have
7 proven effective in accurate public health approaches regarding
8 use, effect, and risk reduction for the substances specified in
9 subdivision (a), including, but not limited to, public service
10 announcements, educational curricula, appropriate crisis response,
11 and appropriate training for first responders and multiresponders,
12 including law enforcement, emergency medical services, fire
13 service, and unarmed co-responder units.

14 (7) Policies for minimizing use-related risks, including
15 information related to appropriate use and impacts of detrimental
16 substance use.

17 (8) Appropriate frameworks to govern the therapeutic use of
18 controlled substances, including qualifications and training for
19 therapists or facilitators.

20 (e) The workgroup shall develop policy recommendations
21 regarding, but not limited to, all of the following:

22 (1) Development of a statewide program or programs for the
23 training of individuals providing psychedelic-assisted therapy.

24 (2) Development of a statewide credentialing process for
25 individuals providing psychedelic-assisted ~~therapy~~ therapy.

26 (3) The content and scope of educational campaigns and accurate
27 public health approaches regarding use, effect, risk reduction, and
28 safety for the substances specified in subdivision (a).

29 (4) Policies for minimizing use-related risks, including
30 information related to appropriate use and impacts of detrimental
31 substance use.

32 (5) Policies for the regulation of controlled substances specified
33 in subdivision (a), including responsible marketing, product safety,
34 and cultural responsibility.

35 (6) Policies for the safe and equitable production, access, use,
36 and delivery of the controlled substances specified in subdivision
37 (a).

38 (f) Subsequent to the Legislature's adoption of a framework
39 governing psychedelic-assisted therapy using the substances
40 described in subdivision (a), it is the intent of the Legislature that

1 the transfer of a substance described in subdivision (a), without
2 financial gain, in the context of psychedelic-assisted therapy, be
3 decriminalized.

4 (g) As used in this section, “psychedelic-assisted therapy” means
5 the supervised, lawful medical use ~~by an individual 21 years of~~
6 ~~age or older~~ of a controlled substance for treatment, including, but
7 not limited to, group counseling and community-based healing,
8 under the care of, administration by, and treatment of a licensed
9 professional ~~clinical counselor~~ in a clinical setting.

10 (h) (1) On or before January 1, 2026, the workgroup shall submit
11 a report to the Legislature detailing its findings and
12 recommendations.

13 (2) A report to be submitted pursuant to this subdivision shall
14 be submitted in compliance with Section 9795 of the Government
15 Code.

16 (i) This section shall remain in effect until January 1, 2027, and
17 as of that date is repealed.

18 SEC. 3. Article 5 (commencing with Section 11260) is added
19 to Chapter 5 of Division 10 of the Health and Safety Code, to read:

20
21 Article 5. ~~End Veteran Suicide Act~~ *Psychedelic-Assisted*
22 *Therapy*
23

24 ~~11260. This act shall be known, and may be cited, as the End~~
25 ~~Veteran Suicide Act.~~

26 ~~11260.01. (a) Notwithstanding any other law, a facilitator in~~
27 ~~a licensed facility may administer the substances identified in this~~
28 ~~section as part of psychedelic-assisted therapy to treat a combat~~
29 ~~veteran who has a traumatic brain injury or who is suffering from~~
30 ~~post-traumatic stress disorder or addiction.~~

31 *11260. (a) Notwithstanding any other law, and upon the*
32 *legislative enactment of a framework governing*
33 *psychedelic-assisted therapy as recommended by the California*
34 *Health and Human Services Agency workgroup pursuant to Section*
35 *11214, to include, but not be limited to, the list of substances to*
36 *be used, the populations to be served, and the education, training,*
37 *and licensure, if appropriate, required for those administering the*
38 *substance, the use of hallucinogenic or psychedelic substances for*
39 *psychedelic-assisted therapy shall be lawful.*

(b) The scope of the psychedelic-assisted therapy may vary based on the treatment required and the injury or disorder being treated.

~~(c) All of the following substances may be used in psychedelic-assisted therapy pursuant to subdivision (a):~~

~~(1) Psilocybin.~~

~~(2) Ibogaine.~~

~~(3) Any controlled substance the federal Food and Drug Administration may approve for use in the future, including, but not limited to, Dimethyltryptamine or Mescaline sourced from non-*peyote* cacti.~~

~~(d) For purposes of this article, the following terms have the following meanings:~~

~~(1) “Combat veteran” means a veteran of the Armed Forces of the United States who served in a combat role, which includes all special operations forces, and who is 21 years of age or older.~~

~~(2) “Psychedelic-assisted~~

~~(c) For purposes of this article, “psychedelic-assisted therapy” includes the supervised, lawful medical use by an individual 21 years of age or older of a controlled substance for treatment, including, but not limited to, group counseling and community-based healing, under the care of, administration by, and treatment of a licensed professional clinical counselor in a clinical setting.~~

~~(e)~~

~~(d) This article shall become operative only upon the Legislature enacting a framework for the governing of a psychedelic-assisted therapy.~~

O