



Assembly Bill 378: Psychedelics Therapy Pilot Program could help Patients suffering with Treatment-resistant Mental Health Conditions

Prepared for: Nevada Health and Human Services (HHS) Committee

reason
FOUNDATION

Prepared by: Madison Carlino, Drug Policy Analyst, Reason Foundation

Date: March 26th, 2025

Dear Chair Brown-May and members of the Committee:

On behalf of Reason Foundation, I thank you for accepting these comments and making them part of the public record. Reason Foundation is committed to ensuring that health policies encourage innovation in mental health treatment, expand access to promising therapies, and provide patients with alternative treatment options. An Alternative Therapy Pilot Program could expand access to innovative treatments for individuals suffering with mental health conditions in Nevada. While this program would be limited to veterans and first-responders, this population could be expanded once safety and efficacy standards are met. In particular, research compiled by Reason Foundation shows that various psychedelic therapies show far greater promise in combatting depression¹ and opioid addiction² than existing therapies and that periodic psychedelic therapy may also allay the onset and reduce the severity of common neurodegenerative diseases like Alzheimer's or Parkinson's disease.³

Psychedelics are showing the potential to be more effective than conventional drugs currently being used to treat a range of mental health disorders. In controlled clinical settings, psychedelics have also exhibited fewer safety concerns than many standard pharmaceutical drugs. Research suggests that psychedelics are non-addictive and carry a low risk of abuse. However, despite promising research, access to innovative psychedelic therapies is limited by the FDA's designation of psychedelics as Schedule I substances.

The current Schedule I designation hinders scientific research by discouraging research institutions from investigating psychedelic treatments, as well as potential financial supporters from investing money that could implicate them as accomplices to a federal crime. However, the Alternative Therapy Pilot Program could collect comprehensive safety and efficacy data on alternative psychedelic therapies without imposing legal risk to its participants.

Under Assembly Bill (AB) 378, the Nevada Division of Public and Behavioral Health would be

¹ Madison Carlino, "Modernizing Psilocybin Policy to Improve Mental Health Outcomes," Reason Foundation policy brief, May 23, 2023, <https://reason.org/policy-brief/modernizing-psilocybin-policy-to-improve-mental-health-outcomes/>.

² Madison Carlino, "Ibogaine Treatment for Opioid Use Disorder," Reason Foundation policy brief, March 15, 2024, <https://reason.org/policy-brief/ibogaine-treatment-for-opioid-use-disorder/>.

³ Madison Carlino, "Psychedelic Treatment for Neurodegenerative Disorders," Reason Foundation policy brief, January 9, 2025, <https://reason.org/policy-brief/psychedelic-treatment-for-neurodegenerative-disorders/>.

responsible for developing clinical guidelines, licensing requirements, and oversight mechanisms for the pilot program. The bill explicitly states, “To the extent consistent with federal law, the Division shall take all actions which are feasible to ensure that all pilot clinic programs developed and implemented under the Program comply with all applicable federal requirements or guidelines relating to the clinical or experimental use of controlled substances.”

Psychedelic substances such as psilocybin, DMT, ibogaine, and mescaline could only be administered under medical supervision at licensed facilities. Patients would be required to meet strict eligibility criteria and receive treatment in conjunction with supportive services. The legislation also requires the division to license at least one entity to cultivate or manufacture the psychedelic substances necessary for the program.

Under AB 378, participants who manufacture, cultivate, administer, or receive psychedelic substances under its program would be protected from civil, criminal, and administrative penalties, provided their actions remain within the program’s scope.

AB 378 would establish a program that ensures compliance with all relevant federal research and safety guidelines, while protecting its participants from legal risks. It would permit psychedelic-assisted therapy under medical supervision, with safeguards that allow Nevada to carefully study outcomes and expand access over time. These changes offer a great deal of promise to citizens who may be struggling with mental health problems.

Sincerely,
Madison Carlino, Drug Policy Analyst
Reason Foundation



Subject:
Date:



Vote yes on AB 378
Friday, March 21, 2025 4:32:49 PM

Dear Chairmember Brown-May and Committee Members,

My name is Dayna, I am a Reno resident, and Master's of Social Work student. I am writing in strong support of AB378, which establishes the Alternative Therapy Pilot Program to explore the use of psychedelic-assisted therapy for mental health treatment. Research from leading institutions, including Johns Hopkins and NYU, has demonstrated that substances like psilocybin and MDMA can be highly effective in treating PTSD, depression, and anxiety—particularly for veterans and first responders.

AB378 ensures that these treatments are administered safely, ethically, and under medical supervision while allowing Nevada to lead in evidence-based mental health innovation. With rising rates of mental illness and suicide, we need alternative, science-backed solutions. This bill offers hope where conventional treatments have failed.

As an advocate for mental health, I urge you to support AB378 and help bring these life-saving therapies to Nevadans who need them most.

Thank you for your time and consideration.

Sincerely,
Dayna Genio
Graduate Student in Social Work

Health and Human Services Committee,

My name is Macy Haverda and I'm a resident of Clark County. First, thank you for considering this new pilot program as established by AB378. I have experienced depression my entire life, and it reached an apex in late 2022 when I realized I was beginning to have suicidal ideations and began withdrawing from my family and friends.

My insurance did not support traditional therapy outside of a very select few providers with extremely long wait times. I read Michael Pollan's *Change Your Mind* and explored alternative methodologies, ultimately landing on ketamine therapy. After a year and a half of ketamine therapy overseen by licensed clinicians, my mental health outlook was, and remains, changed drastically.

Beyond ending the suicidal ideation, psychedelic therapy changed my outlook and approach to life. I truly believe it changed my life in a way that traditional medical intervention did not. However, it was very expensive, and not all people have access to pay out-of-pocket.

While it seems ketamine isn't on the list being suggested by the committee, from my limited and non-expert understanding, all psychedelic interventions yield similar results.

People need access to this treatment and this will help Nevadans with mental health. The mental health crisis is only going to grow in the immediate future with the looming economic disaster, and laying the groundwork now will ensure Nevada is prepared to save the lives of those included in this pilot program.

I urge the committee to vote yes on AB378 for the betterment of all those eligible to participate in the program.

Thank you.



Subject:

Support for AB378

Date:

Tuesday, March 25, 2025 10:50:30 PM

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Chair Brown-May, Vice Chair Nguyen, and Members of the Committee,

My name is Bryan H. Lang. I am a Nevada resident, CEO of Trans World Health Services, Inc., and a professional in the field of medical and psychiatric quality improvement with a focus on better outcomes for mental health. I have had the privilege of presenting testimony before the Nevada Legislature in the field of harm reduction with respect to substance usage issues. I was an author of the Psilocybin Mushroom Policy Review Panel 2021 Comprehensive Report, also known as "the Denver Report," which evaluated the effects of decriminalizing psilocybin one year after it was enacted. In that report, the evaluation panel – which included Denver Sheriff Captain Jamison Brown, Denver Division Chief of Police Joseph Montoya, and District Attorney Beth McCain – stated unanimously that decriminalizing psilocybin mushrooms in Denver has not since presented any significant public health or safety risk in the city.

I am writing to express my strong support for AB378, which would establish the Alternative Therapies Pilot Program for veterans and former first responders diagnosed with mental health conditions such as PTSD, anxiety, or depression. This bill is a critical step toward advancing mental health care in Nevada, particularly for those who have served our nation and community and are now struggling with the long-lasting impacts of trauma and stress.

As you are well aware, our mental health statistics in the US and in Nevada are dire. Existing solutions are not working. Our FDA has designated psilocybin as a breakthrough therapy. Oregon and Australia have already legalized psilocybin for therapeutic use. We in Nevada can and should do better by our citizens.

The current standard treatments for PTSD and other mental health conditions are not only costly but often ineffective. Many veterans and first responders continue to suffer despite receiving conventional therapies, which can lead to despair, addiction, and tragically, suicide. As someone who has dedicated his career to improving health outcomes, I am keenly aware of the urgent need for innovative and effective approaches to mental health care.

Over the course of testimony around AB378 and previously, SB 242, passionate stories from veterans, first responders, law enforcement staff, and private citizens have been set forth regarding the mental health benefits those persons testifying have received through the use of psilocybin. Unless they traveled overseas, as over 1,700 veterans have done when their own country has failed to treat them effectively, these passionate stories arise from illegal, medically-unsupervised use.

Research and clinical trials conducted at leading academic medical centers and the private sector have demonstrated that medicines based on psychedelic compounds can be highly efficacious in treating a range of mental health conditions when administered with proper

screening and in a controlled environment. These treatments, including the use of psilocybin and MDMA, have shown remarkable success rates for patients who have not responded to conventional therapies. Safety is a paramount concern, and the evidence overwhelmingly supports that psilocybin treatments, when supervised by qualified professionals, are safe and effective.

Passing AB378 would allow Nevada to establish a model program that not only provides much-needed treatment to veterans and first responders but also facilitates critical research to evaluate the safety and efficacy of these therapies. This research could position Nevada as a leader in the field of innovative mental health treatment and provide a foundation for the future expansion of regulated access programs.

In addition, the bill's provisions ensure appropriate oversight, safety measures, and data collection, which will be essential for assessing program outcomes. By establishing this pilot program, Nevada can lead the way in pioneering new approaches to mental health care while building a foundation of evidence to guide future decisions.

The implementation of AB378 is both a compassionate and practical response to the mental health crisis affecting our veterans and first responders. I strongly urge you to support this bill and ensure that Nevada seizes the opportunity to make a profound impact on the lives of those who have sacrificed so much for our communities and our country.

Thank you for your consideration.

Sincerely,

Bryan H. Lang
CEO
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C: +1 775 240-9412
BHL@transworldhealth.com





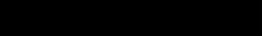
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Support of AB378

Date:

Wednesday, March 26, 2025 12:25:31 PM

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Chair and members of the committee,

I am writing in support of passage of AB378. As a public health and preventive medicine physician with 28 years of experience in military and community health, I have seen the consequences of inadequately managed mental health issues. I have treated many soldiers and first responders who have struggled to fully recover from their mental health traumas. As a serving county health officer for Lander County, I see the community members who need treatment options not currently available. Clinicians need additional tools. The alternative therapy pilot program would offer sorely needed treatment modalities. I urge you to support this legislation, and I offer any additional information that might be helpful in your consideration.

Respectfully,
Troy Ross, MD, MPH
Lander County Health Officer



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— HEALTH —
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March 18th, 2025

Written Testimony in Support of Nevada Assembly Bill 378

*Submitted by: Burton J. Tabaac, MD, FAHA
Associate Professor of Clinical Neurology
Section Chief of Neurology, Carson Tahoe Health*

Distinguished Members of the Assembly and Senate,

I appreciate the opportunity to provide testimony in support of Assembly Bill 378, which proposes the establishment of an Alternative Therapies Pilot Program focusing on innovative treatments for veterans and former first responders suffering from mental health conditions. As a board-certified neurologist with extensive clinical experience and research expertise in psychedelic therapeutics, I strongly endorse this valuable and consequential legislation.

For the duration of my professional career, my clinical practice and research have focused on treatment-resistant neuropsychiatric conditions and innovative therapeutic approaches. I have published numerous peer-reviewed articles on the neurobiological mechanisms of psychedelic compounds (references included below) and am currently serving as a co-investigator on a clinical trial, in partnership with Johns Hopkins University, examining psilocybin to address neurological conditions. My testimony is informed by both rigorous scientific evidence and firsthand clinical observations of patients who have experienced remarkable improvements through these novel treatment modalities.

Scientific Evidence Supporting Alternative Therapies

The scientific literature supporting psychedelic-assisted therapies has grown exponentially in recent years, with compelling evidence from prestigious research institutions including Johns Hopkins, NYU, Imperial College London, and MAPS (Multidisciplinary Association for Psychedelic Studies).



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These studies consistently demonstrate exceptional safety profiles when administered in controlled clinical settings with proper screening and supervision, with psychedelic therapies showing remarkably favorable safety outcomes compared to many conventional pharmaceuticals. Unlike traditional medications that require daily administration, psychedelic therapies often produce sustained therapeutic benefits from just one or a few treatment sessions, potentially lasting months or even years. The FDA has recognized this potential by granting "Breakthrough Therapy" designation to both MDMA for PTSD and psilocybin for treatment-resistant depression, acknowledging their potential to offer substantial improvements over existing therapies.

Furthermore, psychedelic compounds have demonstrated the ability to promote neuroplasticity—the brain's ability to reorganize and form new neural connections—potentially enabling transformative healing at a neurobiological level that conventional treatments rarely achieve.

Addressing the Mental Health Crisis Among Veterans and First Responders

Veterans and first responders experience disproportionately high rates of mental health conditions. Approximately 20–30% of veterans who served in Iraq and Afghanistan experience PTSD, while first responders face PTSD rates five times higher than the general population. The suicide rate among veterans remains 1.5 times higher than non-veterans, and traditional treatments fail to adequately help 30–40% of those affected by these conditions. These dedicated individuals face unique psychological challenges resulting from repeated exposure to trauma, life-threatening situations, and profound moral injury. Conventional treatments, while helpful for many, leave a significant proportion without adequate relief. The treatment-resistant nature of many veterans' and first responders' mental health conditions makes them particularly appropriate candidates for alternative therapeutic approaches. My clinical experience with these populations has shown remarkable improvements where standard treatments have failed, with patients often reporting not just symptom reduction but profound improvements in quality of life, relationships, and sense of purpose.



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Benefits of the Proposed Program

AB378 presents several critical advantages through its thoughtful design and implementation strategy. By requiring treatments to be administered in authorized medical facilities under proper supervision, the bill ensures patient safety while collecting valuable clinical data. The legislation appropriately prioritizes veterans and first responders, populations who have sacrificed for public safety yet remain underserved by current treatment options. The data collection and reporting requirements will generate valuable information about real-world effectiveness, helping to advance clinical knowledge and potentially expand access to beneficial treatments over time. While initial implementation requires investment, the potential for durable therapeutic effects from limited treatment sessions offers significant long-term cost savings compared to indefinite medication regimens and recurrent hospitalizations. These economic benefits complement the profound human benefits of restored functionality, reduced suffering, and improved quality of life for program participants.

Addressing Potential Concerns

Some may express concerns about the implementation of alternative therapies, but these concerns can be effectively addressed through the program's careful design. When administered by trained professionals in appropriate settings with proper screening, preparation, and integration support, psychedelic therapies have demonstrated excellent safety profiles in research settings. The controlled clinical environment specified in the bill eliminates concerns about diversion or misuse, as these therapies would only be administered in medical facilities under direct supervision. Clear protocols for screening, preparation, administration, and integration therapy are well-established from research trials and can be readily adapted for clinical implementation. The medical supervision requirement ensures that participants receive appropriate care tailored to their specific needs and medical history, maximizing both safety and therapeutic benefit.



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Conclusion and Recommendations

As a neurologist who has witnessed the transformative potential of alternative therapies, inclusive of psychedelic medicines, I strongly urge the passage of AB378. This legislation represents a compassionate, evidence-based approach to addressing serious mental health challenges faced by those who have served our communities and country. I recommend ensuring that treatment protocols incorporate comprehensive preparation and integration therapy components, as these elements are crucial to therapeutic success. Developing specialized training requirements for clinicians administering these therapies will maintain high standards of care, while establishing clear eligibility criteria and assessment measures will help identify those most likely to benefit. Nevada has the opportunity to lead the nation in innovative mental healthcare delivery for those who have sacrificed so much. This program could serve as a model for other states while providing much-needed relief to veterans and first responders suffering from debilitating psychological conditions. Thank you for your consideration of this important legislation. I am available to answer any questions or provide additional information as needed.

Respectfully submitted,

Burton J. Tabaac

Burton J. Tabaac, MD, FAHA
Associate Professor of Clinical Neurology
Section Chief of Neurology, Carson Tahoe Health



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References

Tabaac BJ, Feldman M, Muir OS. Informed Consent to Psychedelic Medicine. Am J Ther. 2025 Jan-Feb 01;32(1):e37-e39. doi: 10.1097/MJT.0000000000001782. PubMed PMID: 39764844.

Tabaac BJ, Shinozuka K, Arenas A, Beutler BD, Cherian K, Evans VD, Fasano C, Muir OS. Psychedelic Therapy: A Primer for Primary Care Clinicians-Historical Perspective and Overview. Am J Ther. 2024 Mar-Apr 01;31(2):e97-e103. doi: 10.1097/MJT.0000000000001727. Review. PubMed PMID: 38518266.

Tabaac BJ, Shinozuka K, Arenas A, Beutler BD, Cherian K, Evans VD, Fasano C, Muir OS. Psychedelic Therapy: A Primer for Primary Care Clinicians-Psilocybin. Am J Ther. 2024 Mar-Apr 01;31(2):e121-e132. doi: 10.1097/MJT.0000000000001724. Review. PubMed PMID: 38518269.

Cherian K, Shinozuka K, Tabaac BJ, Arenas A, Beutler BD, Evans VD, Fasano C, Muir OS. Psychedelic Therapy: A Primer for Primary Care Clinicians-Ibogaine. Am J Ther. 2024 Mar-Apr 01;31(2):e133-e140. doi: 10.1097/MJT.0000000000001723. PubMed PMID: 38518270.

Evans VD, Arenas A, Shinozuka K, Tabaac BJ, Beutler BD, Cherian K, Fasano C, Muir OS. Psychedelic Therapy: A Primer for Primary Care Clinicians-Ketamine. Am J Ther. 2024 Mar-Apr 01;31(2):e155-e177. doi: 10.1097/MJT.0000000000001721. PubMed PMID: 38518272.

Shinozuka K, Tabaac BJ, Arenas A, Beutler BD, Cherian K, Evans VD, Fasano C, Muir OS. Psychedelic Therapy: A Primer for Primary Care Clinicians-3,4-Methylenedioxy-methamphetamine (MDMA). Am J Ther. 2024 Mar-Apr 01;31(2):e141-e154. doi: 10.1097/MJT.0000000000001722. PubMed PMID: 38518271.

Shinozuka K, Tabaac BJ, Arenas A, Beutler BD, Cherian K, Evans VD, Fasano C, Muir OS. Psychedelic Therapy: A Primer for Primary Care Clinicians-N,N-Dimethyltryptamine and Ayahuasca. Am J Ther. 2024 Mar-Apr 01;31(2):e112-e120. doi: 10.1097/MJT.0000000000001725. PubMed PMID: 38518268.



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Beutler BD, Shinozuka K, Tabaac BJ, Arenas A, Cherian K, Evans VD, Fasano C, Muir OS. Psychedelic Therapy: A Primer for Primary Care Clinicians-Lysergic Acid Diethylamide (LSD). *Am J Ther*. 2024 Mar-Apr 01;31(2):e104-e111. doi: 10.1097/MJT.0000000000001726. PubMed PMID: 38518267.

Muir OS, Shinozuka K, Beutler BD, Arenas A, Cherian K, Evans VD, Fasano C, Tabaac BJ. Psychedelic Therapy: A Primer for Primary Care Clinicians-The Strengths, Weaknesses, Opportunities, and Threats of Psychedelic Therapeutics. *Am J Ther*. 2024 Mar-Apr 01;31(2):e178-e182. doi: 10.1097/MJT.0000000000001720. PubMed PMID: 38518273.

Chaudhry S, Weisman AE, Hagen M, Pauli KLS, Tabaac BJ. Examining the influence of team-based learning on medical students' comprehension and attitudes regarding psychedelic therapies. *Dialogues Clin Neurosci*. 2024;26(1):56-63. doi: 10.1080/19585969.2024.2398456. Epub 2024 Sep 2. PubMed PMID: 39219339; PubMed Central PMCID: PMC11370688.

Li I, Fong R, Hagen M, Tabaac B. Medical student attitudes and perceptions of psychedelic-assisted therapies. *Front Psychiatry*. 2023;14:1190507. doi: 10.3389/fpsy.2023.1190507. eCollection 2023. PubMed PMID: 37441143; PubMed Central PMCID: PMC10335742.

Disclaimer:

I, Burton J. Tabaac, MD, FAHA, hereby affirm that the testimony, opinions, and statements I provide here regarding psychedelic medicine are offered solely in my individual capacity as a medical professional with expertise in neurology and psychedelic therapeutics. This testimony represents my personal professional assessment based on my clinical experience, research, and interpretation of current scientific literature. The views expressed herein are my own and should not be construed as representing the official position of the University of Nevada, Reno School of Medicine, where I hold an academic appointment, nor Carson Tahoe Health, where I maintain clinical privileges. Neither institution has reviewed, endorsed, or contributed to the content of this testimony. I am not authorized to speak on behalf of either organization on matters of public policy or legislative consideration. I offer this testimony with the intention of providing the Legislature with objective medical information to support informed policy decisions regarding psychedelic medicine in Nevada.