

**MINUTES OF THE
SENATE COMMITTEE ON LEGISLATIVE OPERATIONS AND ELECTIONS**

**Eighty-third Session
March 11, 2025**

The Senate Committee on Legislative Operations and Elections was called to order by Chair James Ohrenschall at 3:33 p.m. on Tuesday, March 11, 2025, in Room 2149 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 5 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, Nevada. [Exhibit A](#) is the agenda. [Exhibit B](#) is the attendance roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator James Ohrenschall, Chair
Senator Skip Daly, Vice Chair
Senator Lisa Krasner
Senator John C. Steinbeck

COMMITTEE MEMBERS ABSENT:

Senator Nicole J. Cannizzaro (Excused)

GUEST LEGISLATORS PRESENT:

Senator Rochelle T. Nguyen, Senatorial District No. 3

STAFF MEMBERS PRESENT:

Pepper Sturm, Committee Policy Analyst
Suzanne Efford, Committee Secretary

OTHERS PRESENT:

Kate Cotter, Executive Director, Nevada Coalition for Psychedelic Medicines
Jon Dalton, President, Nevada Coalition for Psychedelic Medicines
Marla McDade Williams, Administrator, Division of Child and Family Services,
Department of Health and Human Services
Shelby Bietz, University of Nevada, Reno
Burton J. Tabaac

Senate Committee on Legislative Operations and Elections
March 11, 2025
Page 2

Dustin Hines
Delvin Bourn, Bourn Free Foundation
John Henry Parker
Aaron Augustis, Higher Dimensions of Healing
Sarah Henry

CHAIR OHRENSCHALL:

I would like to open the hearing on Senate Joint Resolution (S.J.R.) 10.

SENATE JOINT RESOLUTION 10: Urges Congress to take certain actions relating to the therapeutic use of certain psychedelic compounds. (BDR R-801)

KATE COTTER (Executive Director, Nevada Coalition for Psychedelic Medicines):
I have submitted written testimony ([Exhibit C](#)) supporting S.J.R. 10.

JON DALTON (President, Nevada Coalition for Psychedelic Medicines):
I have submitted written testimony ([Exhibit D](#)) supporting S.J.R. 10.

SENATOR ROCHELLE T. NGUYEN (Senatorial District No. 3):

I know we are going a little out of order. I know that you had allowed for a presentation from the working group. I was looking around at this committee, and I realized that for a lot of you, this might be the first time that you [have heard an S.J.R.]. Several of you voted on a bill that I sponsored last session which was S.B. No. 242 of the 82nd Session.

Senate Bill No. 242 of the 82nd Session established a psychedelic medicine working group. We have here today Miss Marla McDade Williams to present some of the things. She was tasked with wrangling cats. We had a large group and so we had several meetings, and we had a report and recommendation at the end of those meetings that was presented to the Legislature.

Everyone should have access to those. But just to highlight some of those, if you did not have the opportunity to read that in preparation for this or many of the other reports that come from that, we have her here to present some of that report. I think it would be helpful, especially for your committee because it was presented to the Senate Committee on Health and Human Services during the last session. I know we have some new members, including Senator Steinbeck

who is in the Legislature for the first time and hearing about some of the work that we have done.

I will reiterate one of the things that is special to me about this bill and the bill that I brought before. It is very much a grassroots, bipartisan issue. It is a Nevada issue. We have Nevada scientists at the University of Nevada, Las Vegas, who are researching this. We have Nevada doctors right here in Carson-Tahoe Hospital conducting research around this area and who are involved in this.

The bill idea initially came to me from a psychiatrist who lived down the street, when I was exchanging Legos, who asked what are we doing as a state to forward the cause and allow people to have treatment? I can't say enough about the two individuals sitting next to me. I think they are an unlikely pair that came together for a cause. If there is anyone that illustrates, I guess the bipartisan, the expansive inclusion of our community, it would be these two sitting next to me.

This started in a room in Reno actually where we were like, what can we do? We are sitting here today and there are other pieces of legislation in this building, and just the coalition they have brought together is a true testament to the State and what we can do to institute change.

This is such an important issue. This may seem like this is an innocuous joint resolution where we are sending a letter. But it is super important that we as a state send a message to the federal government, send a message to Washington, D.C., that we need to start helping our community. We have a mental health crisis. I do not think you go into a committee room where you do not hear about this. This is just another solution to a problem we have across our State.

MARLA MCDADE WILLIAMS (Administrator, Division of Child and Family Services, Department of Health and Human Services):

Senate Bill No. 242 of the 82nd Session, as Senator Nguyen mentioned, was adopted in 2023. It required the Department of Health and Human Services to establish the Psychedelic Medicines Working Group to study certain issues related to the therapeutic use of entheogens during the 2023-2024 Interim.

In 2023, I was serving as the Deputy Director in the Department of Health and Human Services, and the Director said if this bill passes, you get to staff it. It passed. I took another job, but I still got the responsibility. So, here we are.

This legislation identified 15 representatives to serve on the working group, and it designated the Department of Health and Human Services to serve as the chair. I chaired the committee.

Pages ii and iii of the Psychedelic Medicines Working Group Report ([Exhibit E](#)) list all of the members. It was a broad cross section of people from law enforcement to, as indicated, people who had done research in this area, physicians and others who were advocates. It was a very robust group of people who participated in these discussions.

On page 1 in the Executive Summary, we note that the working group revealed compelling evidence supporting the therapeutic potential of psilocybin and certain entheogens particularly in treating conditions that have proven resistant to conventional therapies. Current clinical research demonstrates promising results for conditions including post-traumatic stress disorder (PTSD), treatment-resistant depression and substance use disorders. These are relevant given that Nevada has mental health professional shortage areas that encompass all 17 counties and affect 77 percent of Nevada's population. The shortage of mental health providers combined with wait times for treatment, sometimes exceeding six months, underscores the urgent need for innovative therapeutic approaches.

Health disorders pertaining to depression, anxiety, addiction, suicidal ideation and PTSD particularly affect the Nevada's veteran population where the suicide rate, as indicated in committee meetings, is 50.7 per 100,000, which is significantly higher than the national veteran suicide rate of 33.9 per 100,000.

The working group considered the complex interface between mental health treatment and law enforcement, noting a paradigm shift toward treating substance use as a public health issue rather than primarily a criminal justice concern. Based on the findings as we went through the meetings, the working group concluded and recommended that the *Nevada Revised Statutes* consider reducing penalties for entheogenic plants and fungi and develop a system where there is regulated access and a program for psychedelic-assisted therapy.

The framework should include provisions for practitioner training, safety protocols and oversight mechanisms modeled on successful programs in other states while addressing Nevada's unique geographical and demographic challenges.

Additional recommendations include developing specialized training programs for law enforcement and emergency medical services personnel, implementing improved data collection systems and exploring insurance coverage options to ensure accessibility of therapeutic services.

The framework must also address several critical challenges identified including the need for equitable access across Nevada's rural communities, integration with existing healthcare systems and development of appropriate insurance coverage mechanisms, as noted by Mr. Dalton just a few minutes ago.

The working group emphasizes the importance of collecting robust data on program outcomes to inform ongoing refinement of the regulatory framework and ensure optimal therapeutic benefit while maintaining community health and public safety. The working group acknowledges that rural communities are underserved, and a future plan must include a solution to address this situation.

The Summary of Key Findings is on page 3 of the report. We went through areas including mental health access in Nevada, mental health in veteran and first responder populations, law enforcement, public safety and psychedelic substances. We also considered the therapeutic benefits and safety of psilocybin.

Then at pages 4 and 5, it talks about different psychedelic compounds and gives some background with respect to that. We also discussed federal laws and regulations, and state and local laws and regulations. On page 6 is a list of recommendations for an actionable and strategic plan.

Legislation is needed during the 2025 Legislative Session to create and implement a regulated access program for psychedelic-assisted therapy as a pilot or full program. Legislation may be needed to reschedule psilocybin and/or other therapies granted breakthrough therapy status if approved by the FDA; consider legislation to examine the statutes to reduce penalties for entheogenic plants and fungi; consider legislation to develop a training program to provide law enforcement, emergency medical services and mental health corresponders

risk management training that focuses on effective approaches to psilocybin-induced incidents; consider having the Division of Insurance in the Department of Business and Industry to develop a system to ensure that a person's health insurance will cover this mental health care; request the Legislative Counsel Bureau to review federal, state and local laws and regulations concerning the therapeutic use of entheogens to identify any revisions to these laws and regulations that may be necessary to enable entheogens to be used for therapeutic purposes in Nevada; and finally, request state and local law enforcement to provide data on psychedelic-specific drug arrests to include nontraditional psychedelics such as MDMA and ketamine.

Beginning on page 7 is the overview of mental health in Nevada, identifying anxiety and depression, PTSD, suicidal ideation and deaths, and access to care challenges.

On page 9, there's a discussion of mental health in veteran and first responder populations. You can see the suicide rates per 100,000. We talked about PTSD prevalence, and we heard testimony by Lieutenant General Martin Steele on the potential for psychedelic medicine to help veterans and first responders.

Page 12 begins our discussion about law enforcement, public safety and psychedelic substances. There's a paragraph on page 15 that talks about the key findings of the Denver Report.

Flipping to page 19, there is an extensive psilocybin review that will provide background on usage and therapeutic processes. Then on page 28 we start a discussion or a presentation of the federal laws and regulations that currently affect these issues.

On page 31, there is a discussion of state and local laws and regulations. You heard just a few minutes ago about the states that have enacted a regulatory framework for psychedelics. Appendices B, C and D in this report provide more information about those other states' efforts including Oregon and Colorado. Oregon has a very extensive regulatory program in place already.

Then finally, on page 33 are the recommendations for an actionable strategic plan. So based on the bullet points that were presented, this gives a little bit more detail about what those actionable plans are. Appendix A is the 2023 legislation.

SENATOR STEINBECK:

You stated earlier in the presentation that the recommendation would be to lower some of the penalties involved. Can you expand on that? The penalties would not apply to a program like this. What would those penalties be for?

MS. WILLIAMS:

I am not an expert in the field, but I think there are still some criminal penalties in place for possession. So, it would be reducing those or eliminating some of those for possession of certain psychedelic substances.

SENATOR NGUYEN:

I served as a member of the Psychedelic Medicines Working Group. The recommendations listed on page 6 of the presentation, are recommendations. Obviously, the bill that I am presenting here today, S.J.R. 10, does not look like those recommendations from the 2023 bill. I think from the discussion those are potentially needed. During the initial presentation of S.B. No. 242 of the 82nd Session, the bill contained some efforts to decriminalize or lower the penalties for some of these substances. Because it is listed currently as a schedule I drug, it is treated in the same nature as things like fentanyl. So, you could have fentanyl that has the same penalties as these kinds of medical treatments. You could have crack cocaine, and it is still at the same weight and level as mushrooms.

I think the intent and some of the recommendations came based on the presentations and the science behind this. We heard from many doctors, neuroscientists and people who are actually doing this research now, indicating that there is very much a difference between fentanyl, heroin, crack cocaine, methamphetamine and these medicines that are all currently included in the same law.

I do not know if that answers some of your questions. But I know that the working group after reviewing that and, you can see from the makeup of the working group, we had people from law enforcement. We had lots of presentations from law enforcement which came with those recommendations that we should address in either this legislative session or in future legislative sessions.

SENATOR KRASNER:

You said that this is a schedule I drug. My concern is children. What type of safeguards do you envision being put into place so that children do not get a hold of this?

SENATOR NGUYEN:

I will remind everyone, kind of backing up. I will talk about the working group and the recommendations from the working group. You can see it is a pretty extensive report. If you look at page 6, I think that is why—and I think there's a bill coming from the Assembly, potentially. We will see it in the Senate side at some point. But there are states, including Utah, that have passed pilot programs. The very first recommendation on page 6 of this report is that we should look at a pilot program or a full program to see how that would work.

I think when you look at the legislation, you also look at the need to reschedule. The need to look at our own drug laws to see how they play into effect. But there's also legislation that we believe is needed to provide law enforcement, emergency medical services and mental health responders with training that focuses on this.

We've done this in other areas around autism and identifying certain disabilities by including them on licenses going forward, then also training for our first responders to know how to address interactions with this. Our law enforcement officers already do this to a certain extent when they come into contact with someone they are identifying as being under the influence of a drug, alcohol or marijuana. We have some of those things in place. Expanding that training to our first responders in this area is very important as well.

As far as insurance and regulation, we also discussed that when you look at the request to identify any laws or regulations, we have to ensure that these are used for therapeutic purposes within our State.

Protection of children, when you are talking about any kind of medicine, is super important. We have frameworks in other industries, whether it is alcohol, to protect our young people. We have protections with other medicines through pharmacies; through how they are purchased and how they are obtained. Even with our cannabis industry, whether you agree with it, is obviously in the law now.

This is another situation where we have put a regulation in place to protect children in those circumstances. The intention of the recommendations from this working group is that before we have anything, we have those protections in place. We have regulatory structure in place. We have laws and we have training programs for the people who are administering these medicines and the people who potentially would come into contact with people under the influence of these medicines. Just like we would any other thing.

Part of the reason that I brought this is in hearing the stories of our first responders, veterans, and people who are suffering out there and have found these medicines and these therapies work for them and seeing the research that is out there from our research institutions. A lot of times people are like, "well, show me the research, show me the research." That is what this report does. It shows you the research.

Part of the reason I brought this is we see states like Colorado and Oregon where it became a ballot initiative, much like recreational use of marijuana and cannabis happened in our State. Then we as a Legislature were forced to scramble to come up with regulations to regulate an industry that, on a federal level, had not been lawful.

Part of this is preventative. We should be on the forefront of this instead of having it go to a ballot [about] which I think in 2023 the *Nevada Independent* did some polling and it was incredibly popular, like in the sixtieth percentile. I think it is even higher now.

Rather than waiting and scrambling as a legislative body to come up with that structure and come up with those protections for children, we should be on the forefront of where this is going so we can lead the way in that. I know that is a long answer for how to protect children, but I think that is important.

SENATOR KRASNER:

Do you envision that this would be prescribed by a medical doctor and then purchased at a pharmacy?

SENATOR NGUYEN:

Those are all things that we have to look at. I think there are certain people in the industry who would like it to go down that road. But I think there are a lot

of people who are doing this. When you look at the models in Colorado and Oregon, they are able to do this safely.

That is kind of the benefit of not being the first in this area. We're learning from our surrounding states that are starting to institute some of these programs about what we can do, what we should do and what we should not do. I think we are also learning from a not similar industry, but the cannabis, like how that came about where you do not want to push it into a black market. But you do want to make sure that people have proper training in order to facilitate this use.

CHAIR OHRENSCHALL:

Page 1 talks about the suicide rate among veterans in Nevada, 50.7 per 100,000, so much higher than the national rate of 33.9 per 100,000. Based on the findings from the working group, do you think if veterans were able to access psilocybin and other psychedelics under the guidance of a healthcare professional, we might be able to lower that suicide rate in Nevada?

MS. WILLIAMS:

The assertion is that increased access to different therapies could definitely reduce the incidents.

CHAIR OHRENSCHALL:

I appreciate that. Do you know if there's any effort right now coming from either Congress or from the federal government to reschedule psilocybin, or is that something S.J.R. 10 is meant to try to get their attention? Do you know if there is an effort right now from the House or Senate or the federal administration?

SENATOR NGUYEN:

I am not sure if it is contained in the report, but I know there has been bipartisan legislation, at least, introduced in the House.

But getting back to S.J.R. 10, a lot of the recommendations are very difficult to implement when you do not have federal support. When it is difficult for our educators at our universities here in our State, they have to jump through a lot of hoops now in order to be able to even research some of this medication. Some of the recommendations in S.J.R. 10 would make it easier for us to do

research. It would make it easier for our doctors to want to be able to prescribe this. Right now, they can't. Many practitioners are not able to.

Our veterans would not have to travel to other countries in order to obtain this lifesaving treatment. Mr. Dalton is here, and he can answer some further questions on any other legislation on the national front that maybe has been introduced.

CHAIR OHRENSCHALL:

Do you know if there's any effort either in the Congress or from the federal administration to try to reschedule psilocibins or other psychedelics right now?

MR. DALTON:

There is a lot of talk given the fact that there are so many states that are engaging in their own legislative efforts. The current U.S. Secretary of Health and Human Services has publicly stated that he believes these should be rescheduled. He has publicly advocated for rescheduling prior to becoming the U.S. Secretary of Health and Human Services. On the national level, working with other organizations that are kind of like our organization but work with Congress, there's a lot of enthusiasm that this just needs a push to get it started.

CHAIR OHRENSCHALL:

Mr. Dalton, do you have any familiarity with the results in Oregon and Colorado? How are things going with what those states are doing that you can speak to?

MR. DALTON:

Oregon was the first and it engaged in some novel ideas. It also got a little bit ahead of its skis by doing things like decriminalizing different amounts of drugs that have nothing to do with this.

However, what it looked at was creating a psychedelic-assisted therapy program. It also had a decriminalization effort which is not what we are shooting for here. Colorado learned from Oregon. Tightened up a little bit more. It also had a decriminalization effort. One of the things that came out of that was something called the Denver Report. I believe that there's a little bit of the Denver Report discussed in the working group report. The Denver Report engaged Denver law enforcement and hospital systems to look at any type of a

trend change from when it was decriminalized. I am not advocating for decriminalization but to answer your question, they found no actual increase in rise of criminal activity or hospitalizations pertaining to psilocybin.

I did want to bring up one other thing if that is okay. One of the things you hear us talking about is psychedelic-assisted therapy. While this resolution is not necessarily to drill down specifically on psychedelic-assisted therapy, we have specifically included that language in there.

Psychedelic-assisted therapy is where a medical professional is engaging with a patient in a traditional therapeutic process, overlaid with psychedelic coaching and training to prepare them for a psychedelic treatment. That psychedelic treatment is done in a controlled environment with medical professionals present to ensure safety and quality and to be there for that individual when they are going through this. To put in layman terms, nobody's throwing a bunch of mushrooms at somebody and saying, "take these over the weekend and you'll feel better."

There's then a follow-up with what is called the integrative process, which is continued strict psychotherapy to work through this integrative process, to be able to maximize the potential, the efficacy and the durability of this.

The other part of this would be things like chain of custody. Cultivation centers that have security and a chain of custody. I am saying this to help address Senator Krasner's discussions of if this would get in the hands of children, for example. The way these things should be designed is that there's controlled chains of custody with medical professionals present. We are not running a situation where there's a mushroom shelf in the cannabis dispensary, so to speak.

CHAIR OHRENSCHALL:

Anything that can help people deal with depression, anxiety and possibly lower the suicide rate with healthcare professionals is a really good idea.

SENATOR STEINBECK:

Along with the chair, I am completely for giving the full toolbox for treatment for this, whatever it is that we can do. I am certainly not qualified to say what will work and what will not work.

When we met before, you expressed what you just told me now, about the controlled setting, right? The use in this very restrictive controlled setting, the chain of custody and all of those things. But what I am seeing here, especially in the report, is much more expansive than that. I am certainly not seeing that level of restrictions still within S.J.R. 10 as well. I mean, because for that, I was really a strong advocate, but my concerns are that we get to a lower standard than that on the medical side and an even a lower standard than that on the recreational side.

SENATOR NGUYEN:

It is probably because the presentation order that we went in today. I want to make it very clear. This is an S.J.R. recommending and encouraging Congress to look at this. This is not asking them to set up a regulatory framework. We are not doing this here in Nevada. The recommendations from this working group are separate from this S.J.R. 10. I just want to make that very clear. Senate Joint Resolution 10 came out of the workings of the presentations and the study group we did on that. Those are things for any legislative body, whether it is you, Senator Steinbeck, or you, Senator Krasner, or even you, Senator Daly, if you were to choose to bring up pieces of legislation, at least there's the beginnings of the framework, and the research has been done in our State to what that might look forward to.

I brought this because I think this is really important. It is very difficult for us as a state to be able to institute any of these recommendations that we believe should be recommended and should be implemented in our State without the full support and for the federal government to look at these as well.

As Jon Dalton said, on a federal level, I do have hope; the current U.S. Secretary of Health and Human Services has openly said multiple times that he is in support of these medicines and looking at rescheduling it. And what this resolution would do is say we as a state agree, the federal government should look at this. It should provide guidance to all 50 states on where this goes. Otherwise, we are going to end up in a situation where everyone is doing their own thing in every single state, kind of like you see with cannabis. We do not want to go there. We are already seeing the process of this happening with legislation. You have a pilot program out of Utah. I mean, if you had told me even two years ago that Utah would be on the forefront of this and ahead of us, I probably would have laughed at you. That tells you how bipartisan in nature this has become.

Senate Joint Resolution 10 tells the federal government we need guidance. We are seeing this across the United States. Give us guidance on how we can go forward with this. Allow us to do research; allow us to come up with regulatory structures. Give us some more guidelines so we can do this lawfully, protect our communities and give these needed medicines, where we already have the beginnings of research on this, to our first responders, our veterans and people struggling with addiction.

CHAIR OHRENSCHALL:

I really appreciate the presentation. I had two close friends who committed suicide, and I do not know if this therapy had been there, if it might have helped them. But I always wonder about that and wonder if something like this, if it had been available, might have helped them.

SENATOR NGUYEN:

It is a heavy topic and I know that we are having a period of transition on the federal level. But I think that is even more reason to be able to have these conversations. We have people in our highest levels of government now including the U.S. Secretary of Health and Human Services who indicated they are open and supportive of this. I think it is continuing to have those kinds of conversations. And for us as a state to say, we want you to lead us, we want the federal government to take the lead and give us some guidance on this and these are things we think you should address.

SHELBY BIETZ (University of Nevada, Reno):

I want to thank Senator Nguyen and the working group for bringing this resolution forward and for their collaboration with the School of Medicine at the University of Nevada, Reno.

The resolution would urge for increased research in this field, and we would like to express our support.

BURTON J. TABAAC:

I have submitted my written testimony ([Exhibit F](#)) supporting S.J.R. 10.

SENATOR KRASNER:

Doctor, you offered that you would provide this committee with additional evidence. I would like to take you up on that offer, please.

MR. TABAAC:

I have provided a copy in advance, and if additional follow-up references are sought, I have many.

CHAIR OHRENSCHALL:

Then Doctor, is it your belief that if patients could receive treatment with psilocybin, other psychedelics under the guidance of a healthcare professional, these could reduce anxiety, depression, suicides?

MR. TABAAC:

I have no doubt. There are many studies in the literature that look at psilocybin through a research protocol where patients are randomized for different indications ranging from depression to anxiety to substance abuse—where patients are able to achieve substantial long-lasting benefit from as little as a single dose of psilocybin. The same applies for MDMA for PTSD in other randomized controlled trials.

SENATOR STEINBECK:

My question is regarding the research because it is a schedule I now. If I am correct, cannabis is still schedule I as well, correct? Is that limiting the research? It hasn't seemed to. So again, I am for this, as far as being a therapeutic use. My question, though, is just on how it is being limited because I do not see how it would be being limited if the same limitations do not apply to cannabis.

MR. TABAAC:

When a clinical trial is being submitted, the process of getting the approval by the FDA is a very protracted process where an investigational novel drug (IND) document paired with an institutional review board (IRB) must go through a process of approving the protocol. I can speak to this because I am involved in two different clinical trials through my affiliation with Carson-Tahoe Health.

One study is in a partnership with Stanford under the supervision of Nolan Williams who published a paper last year in *Nature*, looking at treating traumatic brain injury utilizing ibogaine. The FDA has indicated they want additional research in a preclinical model, i.e., rodents, before patients can be treated. This has delayed us being able to help patients by at least 18 months to 2 years.

The second study I am involved in is partnered with Johns Hopkins utilizing psilocybin. We started the process about a year to a year and a half ago, and we still have not offered a single patient randomization into treatment versus placebo specifically because the schedule I status requires a lot more rigorous paperwork and documentation before proceeding.

SENATOR STEINBECK:

So how would you compare that to if you wanted to do a study with cannabis, which is also schedule I?

MR. TABAAC:

The same process would apply. So it is the same process of an IND, an IRB and FDA approval with a much more time constraint. The reason why this is so important is because there are patients who can really benefit today. The fact is that it could be years before you go through a phase one safety study and then a phase two efficacy study and then a multicenter, phase three. We are talking about potentially a decade before you go from first researching a compound, which applies to psychedelics and cannabis, to actually getting approval and more readily available access.

DUSTIN HINES:

I am a neuroscientist at the University of Nevada, Las Vegas, specializing in neuroplasticity and the effects of serotonin psychedelics, et cetera, on brain function. I was recently nominated as the North American Chair of the International Society for Serotonin [Research]. This is my life, right.

Today, I will highlight some of the neurobiological mechanisms underlying psilocybin's therapeutic potential, its safety profile and its broader implications for neurological and psychiatric disorders. This is backed by leading researchers in the U.S. and abroad for 20 years. These are things we have known. These are things we knew in the 1960s and 1970s and have forgot. Science definitely repeats itself every 15 years.

The first thing I really want to talk about is the mechanism of action and neuroplasticity by which psychedelics work. Psychedelics primarily hit a single receptor. This receptor has a big name. It is called the 5-HT_{2A} receptor. That stands for a subtype 2A of serotonin.

It enhances neuronal excitability. Mostly, it takes the connections in your brain that we call dendrites and synapses and makes them increase. We call this process synaptogenesis. These are all key and essential goings-on in your brain that are needed for things like cognitive flexibility and emotional regulation. So you can see why this is so important.

Research from Johns Hopkins, Yale and the University of California, San Francisco, has demonstrated that psilocybin disrupts the rigid, maladaptive neural networks associated with depression and PTSD, and fosters new, more adaptive synapses or connections.

Functional MRI and EEG studies out of the United Kingdom from the Imperial College London further illustrate how psilocybin completely shifts the activity in what is called the brain's default mode network to reduce patterns of negativity and rumination, rigid thought loops between the frontal cortex and amygdala areas of fear and anxiety in your brain. We know how this works. We know where it works at the cellular level. We know how it works at the circuit level.

Something that always comes up with psychedelics and especially psilocybin is the safety and therapeutic potential. Having worked with pharma throughout my career, this is likely the safest compound I have ever touched. Decades of control studies affirm that psilocybin's favorable safety profile—it is nonaddictive. It actually promotes antiaddictive properties. Physiologically, it is well-tolerated and carries minimal risk of overdose.

Research from Johns Hopkins and Yale highlight that rapid sustained relief happens in treatment-resistant patients. This is really important when you think about somebody who is potentially suicidal, and you give them a typical drug and you say this will work in two to four weeks, but they are suicidal. We have a drug here that works very rapidly.

Beyond psychiatric disorders, people are now showing at Multidisciplinary Association for Psychedelic Studies and other places that this might be really beneficial. Research in our lab is showing for recovery from stroke, again, stroke; you have lost a lot of the connections because of a change in the blood flow in the brain, now you are able to put these back together.

Also, for diseases like Parkinson's and Alzheimer's, there are all kinds of ongoing research showing how these compounds are really important for neuroplastic events and also decreasing the inflammation in the brain.

In summary, psilocybin represents a paradigm shift, probably the most exciting molecule I have seen in my 25 to 30 years of neuroscience and neuropsychiatric therapeutics. So, with appropriate regulation, Nevada really does have the opportunity at this moment to lead evidence-based policy, ensuring safe equitable access while fostering innovation in brain health.

I will answer that first question right away. Our lab does a lot of psychoactive research. We do pretty much every psychedelic you can imagine. We get this through the [Clark County] District Attorney. It is a lot of work to get drugs through the District Attorney.

Cannabis is no different, it is schedule I. So we have to write policy. We have to write applications. We have to send away. We have to account for every single milligram of cannabis-related products, even stuff that is not really psychoactive that is part of the plant, drugs like Epidiolex that we know treats infantile seizures really well. It is a lot harder for us to do this than drugs that are not scheduled. I would say, I do not have a number, it doubles our time. I look at our lab. We are one of four labs in the U.S. that has full scheduling on everything. That kind of makes you see it is a huge hurdle. We have colleagues that say, can you send us some of these drugs? We can't, they are scheduled. If they were less scheduled, we could share equally and then promote the research.

I have also submitted my written comments ([Exhibit G](#)).

CHAIR OHRENSCHALL:

Senator Steinbeck, does that answer your question, or do you have any follow-up for Dr. Hines?

SENATOR STEINBECK:

It answered my question and put the light bulb on, that apparently it is harder to do the research on these drugs than to either prescribe them medically or to use them recreationally. Right? I mean, I did not really understand that until this moment right now. So, I appreciate that.

CHAIR OHRENSCHALL:

Dr. Hines, do you believe the use of psilocybin and other psychedelics might help people who have opiate addiction or addiction to amphetamines, other drugs, benzodiazepines? Do you think there's a potential that might help those people handle the addiction and be able to break free?

MR. HINES:

Yeah, short answer and long answer—short answer is 100 percent. Yes. Is it psilocybin? Likely. Psilocybin shows a lot of research already.

To me, one of the most addictive properties that does not get talked about and for some reason is not scheduled at all, is nicotine. Psilocybin is already showing with Matt Johnson's work at Johns Hopkins to be almost antiaddictive. There are not many drugs out there, Chantix and some other, and it is about fourfold more effective than that.

There is some research out of the 1960s looking at LSD and opioids—super impressive. There's a lot of research as of recently and I can provide this to the committee, looking at the drug ibogaine. Ibogaine looks like it is going to change lives as far as opioid addiction and other addictions.

DELVIN BOURN (Bourn Free Foundation):

I am a founder and president of Bourn Free Foundation, a nonprofit dedicated to veterans' mental health through programs and fundraising. I am here to support S.J.R. 10, and I urge you all to support this resolution.

As an army veteran and a United States paratrooper, my body and mind have been tested in several services to our country. I can't describe the amount of trauma of war, and life in general, that has been dealt. The psilocybin has saved my life.

I have gone through a lot of therapy through the VA, but psilocybin has singlehandedly been the most effective treatment to address my PTSD and anxiety. In short, our people need this resource to address the mental health of veterans especially. Please pass this S.J.R. 10.

JOHN HENRY PARKER:

I am an advisor to the Nevada Coalition for Psychedelic Medicines. For over 35 years, I have been a behavioral assessment analyst in the private sector and

a volunteer peer advisor and mentor to at-risk veterans. I am an author of two books and audiobooks relating to transition and trauma. One is *Transitioning Veterans: How We Get in Our Own Way...And What to Do About It!* The second book is *Be the Dawn in the Darkness: The Relentless Pursuit of Becoming Who We Are Meant to Be*.

I am a former marine who has suffered from severe PTSD my entire life until my introduction to psychedelics about 15 years ago. I am the son of a Marine Corps, Korean War and Vietnam combat veteran who never sought help. I am also the father of a purple heart recipient, an army combat veteran with two deployments to Afghanistan who did not survive his transition from military service due to the severity of his PTSD.

After the loss of my son, Danny, in 2009, I semiretired to focus on supporting and mentoring at-risk veterans and their families with a personal mission of saving lives and keeping families together.

Now, many years later, I have worked with hundreds and hundreds of struggling veterans, one-on-one, who suffer from treatment-resistant PTSD, depression, substance abuse disorders and suicide ideation. I can tell you that progress is slow, arduous and at times heartbreaking.

When a veteran takes his or her own life, many people think it is selfish and inconsiderate of those they leave behind or even cowardly. What I have come to understand is something entirely different. People who ideate, attempt or commit suicide have simply run out of hope and want the end of their suffering. They just want it to end.

I am here to report that most often after only a single session with psychedelics, veterans wake up and come to their senses. Hope begins to return, and we are able to help them begin to reset their outlook on life.

With the help of our Legislators and the support of this growing advocacy movement, I hope we will find the collective wisdom to pass this legislation and provide our veterans, firefighters, first responders and other groups the help that they deserve and desperately need.

AARON AUGUSTIS (Higher Dimensions of Healing):

I am a United States Army military veteran with deployment in Iraq in 2003. I am also the co-owner of a psychedelic wellness center here in Carson City called Higher Dimensions of Healing. We administer ketamine for treatment-resistant mental health conditions.

We welcome this bill, and we are prepared for psychedelic mental health therapies. We do these under clinical settings with medical and mental health professionals with, you heard the terminology, ketamine-assistive therapy, which is very important to help guide these people who are going through these processes using these very powerful psychedelic medicines.

The difference is kind of night and day when you are being guided by a mental health professional. It is very important to incorporate that in your research and what is going on with this bill.

One thing we wanted to say as being a psychedelic wellness center here in Carson City is that we welcome the committee to reach out to us for any questions about what we are doing, talk about the patients that we are seeing, talk about the efficacy that we are having with ketamine, which is a schedule III.

We do welcome psilocybin when that becomes legalized, as we know the medicinal benefits of that as well. We hope to create an environment that is safe and comfortable and medically sound for that type of research.

We're working with some of the doctors and organizations here to help push this forward and just create those environments.

CHAIR OHRENSCHALL:

In your clinic, the patients you see and treat, what do you feel is the success rate in terms of the patients dealing with depression, anxiety and post-traumatic stress disorder? Do you feel that the interventions have been successful? Are there any percentages you have for your patients as to how many are able to progress on?

MR. AUGUSTIS:

The success rate is very high. To qualify for insurance purposes for ketamine, you have to have gone through different antidepressants. You have to have failed two different antidepressants; in some cases, have a psychiatric referral. So people are coming to us as their last resort. They've tried all these different traditional methods. It is not working, and they are looking for something or they might kill themselves. They might be at their end of their ropes.

So, with ketamine and other psychedelic medicines, it is very quick turnaround times or success rates or changes in the attitude. You can see that within the session during the actual treatment, to follow up the next few days. So we are seeing very good success rates and very good treatments and outcomes for those types of people. And again, these are treatment-resistant types of mental health conditions where they've already gone through traditional FDA-approved medications that are being prescribed and they are just not working.

I think we have talked about this—someone who's under suicidal ideations. That person does not have time for these SSRIs or these other antidepressants to take effect, which can take several weeks. They need something that can help them immediately. That is where psychedelics can come into effect and have that change. If someone's going from suicide that moment to, I am going to lean into life a little bit and have a different perspective; that's something we all should look at and consider, that's what's happening?

SARAH HENRY:

I am a licensed clinical psychologist in northern Nevada. I specialize in treating PTSD, depression, anxiety and postconcussive syndrome.

As a military spouse, these struggles are not just professional to me, they are also very personal. Throughout my career, the people with whom I have worked include elite military operators, veterans, first responders and others suffering from PTSD, traumatic brain injury; as well as athletes, entrepreneurs and other high-achieving individuals who struggle with anxiety, depression and trauma.

These are not people that I would categorize as weak by any stretch of the imagination. They're high-achieving. They are resilient. They are people who once thrived under pressure. Yet, they often feel as though they are losing the fight within themselves—trapped in relentless symptoms that our current treatments are failing to resolve.

At present, our tools are inadequate. The best medications we can legally offer help only an estimated half of patients and often come with intolerable side effects. Psychotherapy, while it is effective, is also time- and-resource intensive, and it requires sustained effort that can feel impossible to those who are in need of immediate relief. Without early progress, too many lose hope before they experience true healing and change.

As we have heard in many previous testimonies here today, there is a better option. Psilocybin-assisted therapy has demonstrated rapid, profound and lasting relief for PTSD and depression, outperforming existing treatments in clinical trials. Yet psilocybin remains classified as having no medical value, preventing the research and therapeutic access that could dramatically change the lives of millions. This classification is outdated, and it is actively harming those who need help the most.

Rescheduling psilocybin is not about making it accessible for recreational use alone. It is about acknowledging the science and expanding the availability for there to be more and more thorough research on a treatment that has potential to heal where nothing else really has. Nevada has the opportunity to lead here.

So as a military wife, someone who is married to someone who holds three combat ribbons and is preparing to deploy next week, and as a provider within this community, I urge you to support rescheduling psilocybin to allow for further research and safe therapeutic access to those who have suffered for far too long. I really appreciate your support, your time and your consideration in this effort.

MR. TABAAC:

I just want to clarify that I am not testifying today on behalf of the University of Nevada, Reno, School of Medicine. My testimony is on behalf of myself.

SENATOR NGUYEN:

I just want to reiterate that S.J.R. 10 is to encourage Congress to do its job and put every state on track to allow folks to have these lifesaving therapies.

I appreciate that Senator Steinbeck had his revelation because I did not realize that until I started working on this piece of legislation in 2023. I just assumed there was research in the area of cannabis. As the chair may know, but the other committee members may not, we do not have a lot of research in this

area. That is part of the problem when it comes to cannabis or to the medicines we are talking about here.

You have researchers who want to save lives. They know what the research is showing. They do not want their hands held back any further. That is what S.J.R. 10 does. It will not only save lives, but it also encourages Congress to act. It says we as a state want Congress to act on this so we can act on this and save lives in our State.

In 2023 our champion, Assemblymember Max Carter, came and copresented S.B. No. 242 of the 82nd Session with me. He came here and shared his very personal struggles. He encouraged other people at the time. He said it flippantly, to heal loudly. You saw some of the emotional testimony that we started in 2023. I am grateful for all of those family members, survivors, our heroes—the people who have put their lives on the line. I am grateful for all of those people who continue to come into this building. They're committed to sharing their often personal struggles and trauma and grief and sadness so openly with this committee because they know that healing loudly will continue to save lives. So I would encourage you to pass S.J.R. 10.

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Senate Committee on Legislative Operations and Elections
March 11, 2025
Page 25

CHAIR OHRENSCHALL:

We'll close the hearing on S.J.R. 10. I have received seven letters ([Exhibit H](#)) supporting S.J.R. 10.

The last item on our agenda today is public comment. Having no public comment, we are adjourned at 4:58 p.m.

RESPECTFULLY SUBMITTED:

Suzanne Efford,
Committee Secretary

APPROVED BY:

Senator James Ohrenschall, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Introduced on Minute Report Page No.	Witness / Entity	Description
	A	1		Agenda
	B	1		Attendance Roster
S.J.R. 10	C	2	Kate Cotter / Nevada Coalition for Psychedelic Medicines	Testimony
S.J.R. 10	D	2	Jon Dalton / Nevada Coalition for Psychedelic Medicines	Testimony
S.J.R. 10	E	4	Marla McDade Williams / Department of Health and Human Services	Report of the Psychedelic Medicines Working Group
S.J.R. 10	F	14	Burton J. Tabaac	Science Testimony
S.J.R. 10	G	18	Dustin Hines	Testimony
S.J.R. 10	H	25	Senator James Ohrenschall	Seven Letters of Support