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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 4577

03/23/2026 Authored by Rymer, Smith, West, Gordon and Bliss
The bill was read for the first time and referred to the Committee on Health Finance and Policy
04/09/2026 By motion, recalled and re-referred to the Veterans and Military Affairs Division

A bill for an act

relating to health; establishing a psilocybin therapeutic use program; establishing protections for registered patients, registered suppliers, registered facilitators, and health care practitioners; authorizing rulemaking; authorizing civil actions; establishing fees; classifying data; establishing an advisory committee; providing criminal penalties; appropriating money; amending Minnesota Statutes 2024, section 152.02, subdivisions 2, 5; proposing coding for new law in Minnesota Statutes, chapter 152.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

ARTICLE 1

THERAPEUTIC USE OF PSILOCYBIN

Section 1. **PURPOSE.**

The purpose of this act is to establish a legal, regulated framework for the therapeutic use of psilocybin by individuals who are 21 years of age or older with a licensed facilitator, have been diagnosed with a qualifying medical condition, and meet the other requirements for enrollment in the program.

Sec. 2. **[152.40] DEFINITIONS.**

Subdivision 1. **Application.** For purposes of sections 152.40 to 152.53, the following terms have the meanings given.

Subd. 2. **Administration session.** "Administration session" means a session supervised by a registered facilitator during which a registered patient consumes and experiences the effects of psilocybin.

Subd. 3. **Commissioner.** "Commissioner" means the commissioner of health.

Subd. 4. **Health care practitioner.** "Health care practitioner" means a Minnesota-licensed physician.

Subd. 5. **Integration session.** "Integration session" means a meeting between a registered patient and a registered facilitator that occurs after the completion of an administration session.

Subd. 6. **Preparation session.** "Preparation session" means a meeting between a registered patient and a registered facilitator that occurs before an administration session. Preparation session does not mean an initial consultation between a registered patient and a registered facilitator regarding psilocybin use, an inquiry from a registered patient to a registered facilitator regarding psilocybin use, or a registered facilitator's response to a registered patient's inquiry regarding psilocybin use.

Subd. 7. **Program.** "Program" means the psilocybin therapeutic use program established in sections 152.40 to 152.53.

Subd. 8. **Program research institution.** "Program research institution" means a Minnesota nonprofit or academic institution that advises and assists with program data collection for public health monitoring, training, continuing education, and ethical oversight requirements.

Subd. 9. **Psilocybin.** "Psilocybin" means any mushroom in raw, dried, or prepared form that contains the psychoactive compound psilocybin or its metabolite, psilocin.

Subd. 10. **Psychedelic Medicine Advisory Committee or advisory committee.** "Psychedelic Medicine Advisory Committee" or "advisory committee" means the advisory committee established in section 152.53.

Subd. 11. **Qualifying medical condition.** "Qualifying medical condition" means a medical condition designated by the commissioner for which psilocybin shows evidence for an appropriate therapeutic use, including but not limited to post-traumatic stress disorder, depression, substance use disorders, anxiety, and chronic pain.

Subd. 12. **Registered facilitator.** "Registered facilitator" means an individual registered with the commissioner to provide services in preparation sessions and integration sessions and to supervise administration sessions.

Subd. 13. **Registered patient.** "Registered patient" means a Minnesota resident certified by a health care practitioner as having a qualifying medical condition and enrolled in the psilocybin therapeutic use program.

Subd. 14. **Registered supplier.** "Registered supplier" means an individual or entity licensed by the state to cultivate psilocybin for facilitated use in administration sessions.

Subd. 15. **Testing facility.** "Testing facility" means a Minnesota entity certified by the state to test the quality and dose of psilocybin to be used for treatment sessions.

Subd. 16. **Treatment facility.** "Treatment facility" means a Minnesota health clinic or center that has been licensed by the state with appropriately trained staff and safety equipment for facilitated sessions. For accommodations for homebound patients, treatment facilities can be at the patient's home with a registered facilitator and appropriate safety equipment provided by the registered facilitator.

Sec. 3. **[152.41] PSILOCYBIN THERAPEUTIC USE PROGRAM.**

Subdivision 1. **Establishment.** The commissioner of health must establish and administer a psilocybin therapeutic use program according to sections 152.40 to 152.53 in which individuals 21 years of age or older who have a qualifying medical condition and meet the other eligibility requirements may enroll in the program and are able to access and use psilocybin with a registered facilitator at a treatment facility.

Subd. 2. **Rulemaking.** (a) The commissioner must adopt rules to govern the operation of the program. The rules must at least:

(1) specify the qualifying medical conditions that an individual must be diagnosed with in order to enroll in the program, based on emerging evidence from scientific research and clinical trials evaluated in the psychedelic medicine task force legislative report, including but not limited to post-traumatic stress disorder, depression, substance use disorders, anxiety, chronic pain, and other conditions where scientific evidence shows there may be therapeutic benefit;

(2) specify testing standards in collaboration with the program research institution for psilocybin mushrooms to ensure safety, appropriate dosing for treatment sessions, and preventing diversion;

(3) establish a standardized questionnaire in collaboration with the program research institution for use by health care practitioners to conduct health screenings of individuals seeking to enroll in the program;

(4) establish a standardized formal risk assessment tool in collaboration with program research for use by health care practitioners to evaluate identified contraindications in individuals seeking to enroll in the program;

(5) establish qualifications in collaboration with the program research institution to register with the commissioner as a facilitator, including any additional subjects for which individuals must demonstrate competency and specify how individuals must demonstrate competency in the required subjects; and

(6) establish qualifications to register with the commissioner as a cultivator in collaboration with the program research institution, including any additional subjects for which individuals must demonstrate competency in the required subjects and standards for cultivation. Cultivators must work with testing facilities to ensure appropriate quality and dosing of psilocybin before releasing psilocybin to registered facilitators and patients for treatment.

(b) The commissioner must consult with the advisory committee and the program research institution in adopting rules under this subdivision.

(c) Rules for which notice is published in the State Register before July 1, 2027, may be adopted using the expedited rulemaking process in section 14.389. The notice of the proposed rule for the requirements in paragraph (a) must be published in the State Register no later than January 1, 2027.

Subd. 3. **Evaluation and research.** (a) The commissioner must collect from registered patients de-identified data on: (1) the frequency with which registered patients use psilocybin in administration sessions; (2) the qualifying medical conditions for which psilocybin is used; (3) the outcomes from psilocybin use experienced by registered patients; (4) adverse effects of psilocybin use experienced by registered patients; and (5) any changes to utilization by other health care, social services, or government-funded programs. Registered patients and registered facilitators must provide data to the commissioner in a form and manner specified by the commissioner. The commissioner must use data collected under this paragraph to evaluate the program and, in consultation with the advisory committee and in collaboration with the program research institution, develop recommendations to improve the program. A program research institution may consult and partner with federal health and research institutions.

(b) The commissioner may support research that investigates novel therapeutic uses of psilocybin and psilocin. In determining whether to support research initiatives, the commissioner must consider the recommendations of the task force authorized under Laws 2023, chapter 70, article 4, section 99.

Subd. 4. **Interagency agreement with office of cannabis management.** The commissioner must enter into an interagency agreement with the commissioner of the Office

of Cannabis Management for administration of the psilocybin therapeutic use program. The commissioner of the Office of Cannabis Management must have oversight over the following program functions:

(1) registered patient registries;

(2) registered facilitator licensing; and

(3) cultivation and testing of mushrooms in raw, dried, or prepared form that contain the psychoactive compound psilocybin or its metabolite, psilocin.

Sec. 4. **[152.42] ELIGIBILITY AND ENROLLMENT IN PROGRAM.**

Subdivision 1. **Registration system.** The commissioner must administer a secure registration system to track patients enrolled in the program while protecting patients' privacy.

Subd. 2. **Eligibility for enrollment.** (a) To enroll in the program, an individual must:

(1) be 21 years of age or older;

(2) submit to the commissioner a written certification from a health care practitioner dated within 90 days of submission and verifying the individual's diagnosis with a qualifying medical condition;

(3) submit to the commissioner a written certification or certifications from one or more health care practitioners dated within 90 days of submission and verifying that either:

(i) the detailed health screening conducted according to subdivision 3 did not identify contraindications to the individual's use of psilocybin; or

(ii) the detailed health screening identified contraindications to the individual's use of psilocybin, but a health care practitioner conducted a further evaluation using a formal risk assessment tool and determined that the individual's identified contraindications should not preclude the individual from using psilocybin; and

(4) submit an application to the commissioner in a form and manner specified by the commissioner.

(b) Individuals may apply for enrollment in the program beginning January 1, 2027.

Subd. 3. **Health screening; evaluation.** An individual who wishes to enroll in the program must have a detailed health screening performed by a health care practitioner to identify whether the individual has a qualifying medical condition and if the individual has any significant physical or mental health conditions or medications that are contraindications

to the use of psilocybin. Contraindicated conditions may include but are not limited to cardiovascular disease, psychosis, and bipolar disorders. Contraindicated medications include but are not limited to lithium, monoamine oxidase inhibitors (MAOIs), tramadol, and amphetamine stimulants. If the health care practitioner determines in the screening that the individual has one or more contraindications to the use of psilocybin, the individual must have the contraindication further evaluated by a health care practitioner using a formal risk assessment tool. An individual who has an additional evaluation performed may proceed with an application under subdivision 2 only if the health care practitioner performing the additional evaluation determines that the individual's identified contraindications should not preclude the individual from using psilocybin.

Subd. 4. **Informed consent.** Upon receiving the individual's complete application and certifications required under subdivision 2, the commissioner must provide the individual with information on the nature of psilocybin use for therapeutic purposes, potential adverse effects of psilocybin use, and possible interactions between psilocybin and other commonly used drugs, along with a document, to be signed and returned by the individual, that the individual has read and understood the information provided and wishes to enroll in the program. An individual who wishes to proceed with the individual's application must sign and date the informed consent form and return the form to the commissioner.

Subd. 5. **Enrollment.** The commissioner must approve or deny the individual's application within 60 days after receiving the individual's informed consent form under subdivision 4. Upon approval of an individual's application and receipt of the enrollment fee required under section 152.52, the commissioner must register the individual in the program and issue the individual a card that permits the registered patient to access psilocybin with a registered facilitator at a treatment facility.

Subd. 6. **Renewal.** (a) A registered patient's registration is valid for 12 months from the date of issuance. A registered patient who wishes to renew the registration must submit, at least 60 days before the registration expires: (1) an application for registration renewal; (2) written certifications that meet the requirements in subdivision 2, paragraph (a), clauses (2) and (3); and (3) the fee required under section 152.52. The commissioner must approve or deny a registered patient's renewal application within 60 days after receiving the complete application and written certifications.

(b) A registered patient whose registration has been expired for less than 31 days may renew the registration under paragraph (a). A registered patient whose registration has been expired for 31 or more days must apply for enrollment according to subdivision 2.

Subd. 7. **Permitted acts.** (a) Subject to section 152.46, a registered patient is permitted to:

(1) designate a registered facilitator; and

(2) consume the recommended amount of psilocybin at a treatment center with an approved facilitator according to the recommended dosing limit.

(b) Subject to section 152.46, a registered supplier and testing facility registered with the commissioner is permitted to cultivate and possess psilocybin, provided the cultivation and testing is performed according to section 152.43 and the total amount possessed does not exceed the limit designated by the program.

(c) Subject to section 152.46, a registered facilitator is permitted, according to section 152.44, to obtain psilocybin from a registered supplier, transport psilocybin to the treatment center, provide services to registered patients in preparation sessions and integration sessions, and administer psilocybin and supervise administration sessions of registered patients.

(d) No civil or criminal penalty shall be imposed on:

(1) a registered patient solely for engaging in an act listed in paragraph (a);

(2) a registered cultivator and testing facility solely for engaging in an act listed in paragraph (b); or

(3) a registered facilitator solely for engaging in an act listed in paragraph (c).

Subd. 8. **Program initiation.** The commissioner must approve an initial program structured to include:

(1) between 20 to 50 registered facilitators with experience conducting clinical trials with psilocybin or administering ketamine-assisted therapy;

(2) at least three testing facilities; and

(3) no more than 1,000 patients with qualifying medical conditions into the program during the first three years.

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

Sec. 5. **[152.43] CULTIVATION.**

Subdivision 1. **Cultivation authorized.** (a) A registered patient and registered facilitator may compensate a registered supplier who cultivates psilocybin for the program at a

registered facility. Compensating a registered supplier for cultivation under this subdivision does not constitute the sale or commercial distribution of psilocybin.

(b) Before cultivating psilocybin for the program, a registered supplier must register with the commissioner.

(c) A registered supplier must:

(1) cultivate psilocybin only for approved treatment facilities, registered facilitators, and registered patients in an amount that does not exceed the cultivation limit as established by the commissioner of health; and

(2) not cultivate psilocybin in an amount that exceeds the cultivation limit provided under the registered supplier's license as designated by the commissioner.

Subd. 2. **Secure location.** Cultivation by a licensed cultivator must take place at an approved location in an enclosed and locked space that is not accessible to the public or to individuals under 21 years of age and contains on-site testing facilities for quality and potency testing.

Sec. 6. **[152.44] LOCATION AND FACILITATOR; ADMINISTRATION SESSIONS.**

Subdivision 1. **Location.** A registered patient may use psilocybin in an administration session only at:

(1) an approved private residence, including the curtilage or yard of the residence, unless the property owner prohibits the use of psilocybin on the property; or

(2) a licensed treatment facility, unless the property owner prohibits the use of psilocybin on the property.

Subd. 2. **Registered facilitator.** A registered facilitator must be physically present with a registered patient during an administration session to supervise the registered patient's use of psilocybin and to contact emergency services if necessary during the administration session. As a condition of supervising an administration session for a registered patient, a registered facilitator may require the registered patient to also participate in a preparation session and an integration session with the registered facilitator. A registered facilitator may charge a reasonable fee for the registered facilitator's services.

Subd. 3. **Informed consent.** (a) Before a registered facilitator supervises a registered patient's administration session, the registered facilitator must provide the registered patient with information on the nature of psilocybin use for therapeutic purposes, what to expect in an administration session, potential adverse effects of psilocybin use, and possible

interactions between psilocybin and other commonly used drugs. Registered patients will also be allowed to opt in for consent to data collection to be used for program monitoring.

(b) A registered patient who wishes to proceed with an administration session must sign and date a document stating that the patient has been informed of and understands the information provided in paragraph (a). A registered facilitator must maintain a signed informed consent document for two years after receipt.

Subd. 4. **Chain of custody for psilocybin and psilocin.** Before a registered patient's administration session, a registered facilitator or registered patient must procure the recommended dose of psilocybin from a registered supplier. At the time of exchange between a registered supplier and a registered facilitator or registered patient, both the registered supplier and the registered facilitator or the registered patient must attest to the exchange on a form and in a manner specified by the commissioner, which must include, at a minimum, the specific amount of psilocybin exchanged. Before an administration session, a registered facilitator and registered patient must attest to the specific dose amount of psilocybin that will be used in the treatment session in a form and manner specified by the commissioner.

Sec. 7. **[152.45] REGISTERED FACILITATOR.**

Subdivision 1. **Registration required; qualifications.** An individual must register with the commissioner as a facilitator in order to supervise administration sessions for registered patients and to provide registered patients with services in preparation sessions and integration sessions. To register as a facilitator, an individual must:

(1) be 21 years of age or older;

(2) possess a license as a mental health professional as defined in section 245I.02, subdivision 27; and

(3) demonstrate competency, in a manner determined by the commissioner in collaboration with the program research institution on: (i) facilitator ethics; (ii) the safe use of psilocybin; (iii) the duties of a facilitator during preparation sessions, administration sessions, and integration sessions; and (iv) other topics as determined by the commissioner and the program research institution.

An individual who holds a license, registration, or certification from a health-related licensing board as defined in section 214.01, subdivision 2; from the Office of Emergency Medical Services; or from the commissioner authorizing the individual to practice a health-related occupation may also serve as a registered facilitator.

Subd. 2. **Application for registration; registration renewal.** (a) An individual who wishes to register as a facilitator must apply to the commissioner on a form and in a manner specified by the commissioner.

(b) A registration issued under this section is valid for 12 months from the date of issuance. An individual who wishes to renew the individual's registration must apply for registration renewal, on a form and in a manner specified by the commissioner, at least 60 days before the individual's registration expires. In evaluating an application for registration renewal, the commissioner must consider any complaints reported to the commissioner under subdivision 3 and may decline to renew an individual's registration if the commissioner determines, based on complaints received or other evidence, that the individual did not perform the duties of a facilitator in a safe or ethical manner. The commissioner must approve or deny a registered facilitator's renewal application within 60 days after receiving the facilitator's complete application.

(c) A registered facilitator whose registration has been expired for less than 31 days may renew the registration under paragraph (b). A registered facilitator whose registration has been expired for 31 or more days must apply for registration according to paragraph (a), except the commissioner must consider any complaints reported to the commissioner under subdivision 3 and may decline to register the individual if the commissioner determines, based on complaints received or other evidence, that the individual did not perform the duties of a facilitator in a safe or ethical manner.

(d) Individuals may apply for registration as a facilitator beginning October 1, 2026.

Subd. 3. **Complaints.** The commissioner must accept complaints from registered patients and other interested individuals regarding a registered facilitator's failure to supervise an administration session in a safe or ethical manner or failure to provide services in a preparation session or an integration session in a safe or ethical manner.

Subd. 4. **List of registered facilitators.** The commissioner must post on the Department of Health website the names and contact information of registered facilitators.

Sec. 8. **[152.46] LIMITATIONS.**

Nothing in sections 152.40 to 152.53 permits an individual to:

(1) participate in the program if the individual is under 21 years of age;

(2) sell psilocybin to an individual or engage in the distribution of psilocybin to anyone not registered in the program;

(3) establish treatment centers on the grounds of a public school, as defined in section 120A.05, subdivisions 9, 11, and 13, or a charter school governed by chapter 124E, including all owned, rented, or leased facilities and all vehicles that a school district owns, leases, rents, contracts for, or controls;

(4) establish treatment centers in a state correctional facility;

(5) if the individual is a registered facilitator, provide psilocybin to an individual who is not a registered patient or supervise the administration session of an individual who is not a registered patient; or

(6) if the individual is a registered supplier, cultivate psilocybin not intended to be used in the program for registered patients.

Sec. 9. **[152.47] CRIMINAL AND CIVIL PROTECTIONS.**

Subdivision 1. **Forfeiture.** Psilocybin cultivated or obtained under sections 152.40 to 152.53 and associated property are not subject to forfeiture under sections 609.531 to 609.5316.

Subd. 2. **Protections for public employees.** Notwithstanding any law to the contrary, the commissioner, the governor of Minnesota, or an employee of any state agency may not be held civilly or criminally liable for any injury, loss of property, personal injury, or death caused by any act or omission while acting within the scope of their office or employment under sections 152.40 to 152.53.

Subd. 3. **Search warrant.** Federal, state, and local law enforcement authorities are prohibited from accessing the patient registry under sections 152.40 to 152.53 except when acting pursuant to a valid search warrant.

Subd. 4. **Evidence in criminal proceeding.** No information contained in a report, document, or registry or obtained from a patient under sections 152.40 to 152.53 may be admitted as evidence in a criminal proceeding unless independently obtained or in connection with a proceeding involving a violation of sections 152.40 to 152.53. Any person who violates this subdivision is guilty of a gross misdemeanor.

Subd. 5. **Possession of registry card or application.** The possession of a registry card or application for enrollment in the program by an individual entitled to possess a registry card or apply for enrollment in the program does not constitute probable cause or reasonable suspicion and shall not be used to support a search of the person or property of the individual possessing the registry card or application, or otherwise subject the person or property of the individual to inspection by any governmental agency.

Subd. 6. **Employment.** An employer must not discriminate against a registered patient, registered supplier, or registered facilitator in hiring, termination, or any term or condition of employment or otherwise penalize a registered patient, registered supplier, or registered facilitator based on the lawful cultivation, possession, transportation, provision of services in preparation sessions or integration sessions, supervision of administration sessions, or use of psilocybin under sections 152.40 to 152.53, unless:

(1) the employer's failure to act would violate federal law or regulations or would cause the employer to lose a monetary or licensing-related benefit under federal law or regulations; or

(2) the registered patient's use of psilocybin directly impacts the registered patient's job performance or safety requirements of the registered patient's job position.

Subd. 7. **Housing.** No landlord may refuse to lease to or evict a registered patient, registered supplier, or registered facilitator solely for lawfully engaging in the psilocybin program under sections 152.40 to 152.53, unless the landlord's failure to do so would violate federal law or regulations or would cause the landlord to lose a monetary or licensing-related benefit under federal law or regulations.

Subd. 8. **Education.** No school may refuse to enroll a registered patient, registered supplier, or registered facilitator solely for lawfully engaging with their respective treatment or duties for the psilocybin program under sections 152.40 to 152.53, unless the school's failure to do so would violate federal law or regulations or would cause the school to lose a monetary or licensing-related benefit under federal law or regulations.

Subd. 9. **Custody; visitation; parenting time.** A registered patient, registered supplier, or registered facilitator must not be denied custody of a minor child or visitation rights or parenting time with a minor child based solely on the registered patient's, registered supplier's, or registered facilitator's lawful cultivation, possession, transportation, provision of services in preparation sessions or integration sessions, supervision of administration sessions, or use of psilocybin under sections 152.40 to 152.53, unless a registered patient's designated behavior creates an unreasonable danger to the safety of the minor as demonstrated by clear and convincing evidence.

Subd. 10. **Action for damages.** In addition to any other remedy provided by law, a registered patient, registered supplier, or registered facilitator who is injured by a violation of subdivision 6, 7, 8, or 9 may bring an action for damages against a person who violates subdivision 6, 7, 8, or 9. A person who violates subdivision 6, 7, 8, or 9 is liable to the registered patient, registered supplier, or registered facilitator injured by the violation for

the greater of the registered patient's, registered supplier's, or registered facilitator's actual damages or a civil penalty of $100, plus reasonable attorney fees.

Sec. 10. **[152.48] VIOLATIONS.**

Subdivision 1. **Diversion by registered patient, registered supplier, or registered facilitator.** In addition to any other applicable penalty in law, a registered patient, registered supplier, or registered facilitator who intentionally sells or otherwise transfers psilocybin to a person other than a registered patient is guilty of a felony punishable by imprisonment for not more than two years or by payment of a fine of not more than $3,000, or both.

Subd. 2. **False statement.** An individual who intentionally makes a false statement to a law enforcement official about any fact or circumstance relating to the therapeutic use of psilocybin to avoid arrest or prosecution is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or by payment of a fine of not more than $1,000, or both. The penalty is in addition to any other penalties that may apply for making a false statement or for the possession, cultivation, or sale of psilocybin not protected by sections 152.40 to 152.53. If a person convicted of violating this subdivision is a registered patient, registered supplier, or registered facilitator, the person is disqualified from further participation under the program.

Sec. 11. **[152.49] PROTECTIONS FOR HEALTH CARE PRACTITIONERS AND REGISTERED FACILITATORS.**

Subdivision 1. **Health care practitioners.** The Board of Medical Practice or Board of Nursing must not impose civil or disciplinary penalties on, or limit or condition the practice of, a health care practitioner licensed by the Board of Medical Practice or Board of Nursing solely for certifying that an individual has a diagnosis of a qualifying medical condition under section 152.42, subdivision 2, or performing health screenings or additional evaluations under section 152.42, subdivision 3.

Subd. 2. **Registered facilitators.** (a) A health-related licensing board, the Office of Emergency Medical Services, or the commissioner must not impose civil or disciplinary penalties on, or limit or condition the practice of, a registered facilitator who also holds a license, registration, or certification from the health-related licensing board, the Office of Emergency Medical Services, or the commissioner solely for obtaining and transporting psilocybin for registered patients, providing services to registered patients in preparation sessions and integration sessions, or administering psilocybin and supervising administration sessions of registered patients, provided the services are provided or supervision is performed

under sections 152.40 to 152.53. No existing disciplinary procedures for complaints to the health licensing boards shall be changed.

(b) For the purposes of paragraph (a), the health-related licensing boards include the Board of Medical Practice, Board of Nursing, Board of Psychology, Board of Social Work, Board of Marriage and Family Therapy, and Board of Behavioral Health and Therapy.

Sec. 12. **[152.50] PUBLIC EDUCATION AND HARM REDUCTION.**

Subdivision 1. **Public education program.** The commissioner, in collaboration with the program research institution, must develop and implement a public education program that makes information available to the public on the responsible use of psilocybin, potential risks of using psilocybin, harm reduction strategies related to psilocybin use, and mental health resources related to psilocybin use.

Subd. 2. **Training programs for first responders.** The commissioner, in collaboration with the program research institution, must develop and offer training programs for emergency medical responders, ambulance service personnel, peace officers, and other first responders on best practices for handling situations involving the use of psilocybin. The training programs must be developed and offered in coordination with the Office of Emergency Medical Services, the Peace Officer Standards and Training Board, the Minnesota State Patrol, and local law enforcement agencies.

Sec. 13. **[152.51] DATA PRACTICES; ACCESS TO AND USE OF DATA.**

(a) Except for the data specified in section 152.45, subdivision 4, data submitted to the commissioner under section 152.42, 152.43, or 152.45:

(1) is private data on individuals as defined in section 13.02, subdivision 12, or nonpublic data as defined in section 13.02, subdivision 9; and

(2) may only be used to comply with chapter 13, to comply with a request from the legislative auditor or state auditors in the performance of official duties, and for purposes specified in sections 152.40 to 152.53.

(b) The data specified in paragraph (a) must not be combined or linked in any manner with any other list, data set, or database and must not be shared with any federal agency, federal department, or federal entity unless specifically ordered by a state or federal court, or as part of a federally approved research project for monitoring of the program where a certificate of confidentiality is obtained by a federal agency to protect the identities of the program registrants.

Sec. 14. **[152.52] FEES.**

(a) The commissioner must collect an annual fee of $..... from each patient whose enrollment application or renewal application is approved by the commissioner.

(b) Notwithstanding paragraph (a), if the patient provides evidence to the commissioner of receiving Social Security disability insurance, Supplemental Security Income, or veterans disability or railroad disability payments, or of being enrolled in medical assistance or MinnesotaCare, the commissioner must collect an annual fee of $..... from the patient after approving the patient's enrollment application or renewal application.

(c) Fees collected under this section must be deposited in the state treasury and credited to the state government special revenue fund. The commissioner may request appropriations of fee revenue to distribute as grants to fund Minnesota-based research exploring the effectiveness of psilocybin for additional conditions.

Sec. 15. **[152.53] PSYCHEDELIC MEDICINE ADVISORY COMMITTEE.**

Subdivision 1. **Establishment.** The commissioner must establish a Psychedelic Medicine Advisory Committee to advise the commissioner on the operation of the psilocybin therapeutic use program under sections 152.40 to 152.53.

Subd. 2. **Membership.** (a) The advisory committee shall consist of:

(1) ... members with knowledge or expertise regarding the therapeutic use of psilocybin and other psychedelic medicines, integration resources associated with the use of psilocybin, and cultivation and testing of psilocybin. The commissioner must make recommendations to the governor for members appointed under this clause, and the governor must appoint members under this clause; and

(2) one member representing Tribal Nations in the state, appointed by the Indian Affairs Council.

(b) Initial appointments must be made to the advisory committee by November 1, 2026.

Subd. 3. **Chairperson.** Members of the advisory committee must elect a chairperson from among the advisory committee's members.

Subd. 4. **Terms; compensation; removal of members.** The advisory committee is governed by section 15.059, except the advisory committee does not expire.

Subd. 5. **Meetings.** The advisory committee must meet at least four times per year or at the call of the chairperson. The initial meeting of the advisory committee must occur by December 1, 2026, and must be called by the commissioner.

Subd. 6. **Staff support; office space; equipment.** The commissioner must provide the advisory committee with staff support, office space, and access to office equipment and services.

Sec. 16. **APPROPRIATION.**

$..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the commissioner of health for purposes of Minnesota Statutes, sections 152.40 to 152.53.

ARTICLE 2
SCHEDULING OF PSILOCYBIN

Section 1. Minnesota Statutes 2024, section 152.02, subdivision 2, is amended to read:

Subd. 2. **Schedule I.** (a) Schedule I consists of the substances listed in this subdivision.

(b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following substances, including their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of the analogs, isomers, esters, ethers, and salts is possible:

(1) acetylmethadol;

(2) allylprodine;

(3) alphacetylmethadol (except levo-alphacetylmethadol, also known as levomethadyl acetate);

(4) alphameprodine;

(5) alphamethadol;

(6) alpha-methylfentanyl benzethidine;

(7) betacetylmethadol;

(8) betameprodine;

(9) betamethadol;

(10) betaprodine;

(11) clonitazene;

(12) dextromoramide;

(13) diampromide;

(14) diethyliambutene;

(15) difenoxin;

(16) dimenoxadol;

(17) dimepheptanol;

(18) dimethyliambutene;

(19) dioxaphetyl butyrate;

(20) dipipanone;

(21) ethylmethylthiambutene;

(22) etonitazene;

(23) etoxeridine;

(24) furethidine;

(25) hydroxypethidine;

(26) ketobemidone;

(27) levomoramide;

(28) levophenacylmorphan;

(29) 3-methylfentanyl;

(30) acetyl-alpha-methylfentanyl;

(31) alpha-methylthiofentanyl;

(32) benzylfentanyl beta-hydroxyfentanyl;

(33) beta-hydroxy-3-methylfentanyl;

(34) 3-methylthiofentanyl;

(35) thenylfentanyl;

(36) thiofentanyl;

(37) para-fluorofentanyl;

(38) morpheridine;

(39) 1-methyl-4-phenyl-4-propionoxypiperidine;

(40) noracymethadol;

(41) norlevorphanol;

(42) normethadone;

(43) norpipanone;

(44) 1-(2-phenylethyl)-4-phenyl-4-acetoxypiperidine (PEPAP);

(45) phenadoxone;

(46) phenampromide;

(47) phenomorphan;

(48) phenoperidine;

(49) piritramide;

(50) proheptazine;

(51) properidine;

(52) propiram;

(53) racemoramide;

(54) tilidine;

(55) trimeperidine;

(56) N-(1-Phenethylpiperidin-4-yl)-N-phenylacetamide (acetyl fentanyl);

(57) 3,4-dichloro-N-[(1R,2R)-2-(dimethylamino)cyclohexyl]-N-methylbenzamide (U47700);

(58) N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide (furanylfentanyl);

(59) 4-(4-bromophenyl)-4-dimethylamino-1-phenethylcyclohexanol (bromadol);

(60) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide (cyclopropyl fentanyl);

(61) N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide) (butyryl fentanyl);

(62) 1-cyclohexyl-4-(1,2-diphenylethyl)piperazine) (MT-45);

(63) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide (cyclopentyl fentanyl);

(64) N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide (isobutyryl fentanyl);

(65) N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide (valeryl fentanyl);

(66) N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide (para-chloroisobutyryl fentanyl);

(67) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide (para-fluorobutyryl fentanyl);

(68) N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide (para-methoxybutyryl fentanyl);

(69) N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide (ocfentanil);

(70) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide (4-fluoroisobutyryl fentanyl or para-fluoroisobutyryl fentanyl);

(71) N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide (acryl fentanyl or acryloylfentanyl);

(72) 2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide (methoxyacetyl fentanyl);

(73) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide (ortho-fluorofentanyl or 2-fluorofentanyl);

(74) N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide (tetrahydrofuranyl fentanyl);

(75) Fentanyl-related substances, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, meaning any substance not otherwise listed under another federal Administration Controlled Substance Code Number or not otherwise listed in this section, and for which no exemption or approval is in effect under section 505 of the Federal Food, Drug, and Cosmetic Act, United States Code, title 21, section 355, that is structurally related to fentanyl by one or more of the following modifications:

(i) replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle;

(ii) substitution in or on the phenethyl group with alkyl, alkenyl, alkoxyl, hydroxyl, halo, haloalkyl, amino, or nitro groups;

(iii) substitution in or on the piperidine ring with alkyl, alkenyl, alkoxyl, ester, ether, hydroxyl, halo, haloalkyl, amino, or nitro groups;

(iv) replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle; or

(v) replacement of the N-propionyl group by another acyl group;

(76) 1-(1-(1-(4-bromophenyl)ethyl)piperidin-4-yl)-1,3-dihydro-2H-benzo[d]imidazol-2-one (brorphine);

(77) 4'-methyl acetyl fentanyl;

(78) beta-hydroxythiofentanyl;

(79) beta-methyl fentanyl;

(80) beta'-phenyl fentanyl;

(81) crotonyl fentanyl ((E)-N-(1-phenethylpiperidin-4-yl)-N-phenylbut-2-enamide);

(82) cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

(83) fentanyl carbamate;

(84) isotonitazene (N,N-diethyl-2-(2-(4 isopropoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)ethan-1-amine);

(85) para-fluoro furanyl fentanyl;

(86) para-methylfentanyl;

(87) phenyl fentanyl;

(88) ortho-fluoroacryl fentanyl;

(89) ortho-fluorobutyryl fentanyl;

(90) ortho-fluoroisobutyryl fentanyl;

(91) ortho-methyl acetylfentanyl;

(92) thiofuranyl fentanyl;

(93) metonitazene (N,N-diethyl-2-(2-(4-methoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)ethan-1-amine);

(94) metodesnitazene (N,N-diethyl-2-(2-(4-methoxybenzyl)-1H-benzimidazol-1-yl)ethan-1-amine);

(95) etodesnitazene; etazene (2-(2-(4-ethoxybenzyl)-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine);

(96) protonitazene (N,N-diethyl-2-(5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl)ethan-1-amine);

(97) butonitazene (2-(2-(4-butoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine);

(98) flunitazene (N,N-diethyl-2-(2-(4-fluorobenzyl)-5-nitro-1H-benzimidazol-1-yl)ethan-1-amine); and

(99) N-pyrrolidino etonitazene; etonitazepyne (2-(4-ethoxybenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole).

(c) Opium derivatives. Any of the following substances, their analogs, salts, isomers, and salts of isomers, unless specifically excepted or unless listed in another schedule, whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

(1) acetorphine;

(2) acetyldihydrocodeine;

(3) benzylmorphine;

(4) codeine methylbromide;

(5) codeine-n-oxide;

(6) cyprenorphine;

(7) desomorphine;

(8) dihydromorphine;

(9) drotebanol;

(10) etorphine;

(11) heroin;

(12) hydromorphinol;

(13) methyldesorphine;

(14) methyldihydromorphine;

(15) morphine methylbromide;

(16) morphine methylsulfonate;

(17) morphine-n-oxide;

(18) myrophine;

(19) nicocodeine;

(20) nicomorphine;

(21) normorphine;

(22) pholcodine; and

(23) thebacon.

(d) Hallucinogens. Any material, compound, mixture or preparation which contains any quantity of the following substances, their analogs, salts, isomers (whether optical, positional, or geometric), and salts of isomers, unless specifically excepted or unless listed in another schedule, whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

(1) methylenedioxy amphetamine;

(2) methylenedioxymethamphetamine;

(3) methylenedioxy-N-ethylamphetamine (MDEA);

(4) n-hydroxy-methylenedioxyamphetamine;

(5) 4-bromo-2,5-dimethoxyamphetamine (DOB);

(6) 2,5-dimethoxyamphetamine (2,5-DMA);

(7) 4-methoxyamphetamine;

(8) 5-methoxy-3, 4-methylenedioxyamphetamine;

(9) alpha-ethyltryptamine;

(10) bufotenine;

(11) diethyltryptamine;

(12) dimethyltryptamine;

(13) 3,4,5-trimethoxyamphetamine;

(14) 4-methyl-2, 5-dimethoxyamphetamine (DOM);

(15) ibogaine;

(16) lysergic acid diethylamide (LSD);

(17) mescaline;

(18) parahexyl;

(19) N-ethyl-3-piperidyl benzilate;

(20) N-methyl-3-piperidyl benzilate;

~~(21) psilocybin;~~

~~(22) psilocyn;~~

~~(23)~~ (21) tenocyclidine (TPCP or TCP);

~~(24)~~ (22) N-ethyl-1-phenyl-cyclohexylamine (PCE);

~~(25)~~ (23) 1-(1-phenylcyclohexyl) pyrrolidine (PCPy);

~~(26)~~ (24) 1-[1-(2-thienyl)cyclohexyl]-pyrrolidine (TCPy);

~~(27)~~ (25) 4-chloro-2,5-dimethoxyamphetamine (DOC);

~~(28)~~ (26) 4-ethyl-2,5-dimethoxyamphetamine (DOET);

~~(29)~~ (27) 4-iodo-2,5-dimethoxyamphetamine (DOI);

~~(30)~~ (28) 4-bromo-2,5-dimethoxyphenethylamine (2C-B);

~~(31)~~ (29) 4-chloro-2,5-dimethoxyphenethylamine (2C-C);

~~(32)~~ (30) 4-methyl-2,5-dimethoxyphenethylamine (2C-D);

~~(33)~~ (31) 4-ethyl-2,5-dimethoxyphenethylamine (2C-E);

~~(34)~~ (32) 4-iodo-2,5-dimethoxyphenethylamine (2C-I);

~~(35)~~ (33) 4-propyl-2,5-dimethoxyphenethylamine (2C-P);

~~(36)~~ (34) 4-isopropylthio-2,5-dimethoxyphenethylamine (2C-T-4);

~~(37)~~ (35) 4-propylthio-2,5-dimethoxyphenethylamine (2C-T-7);

~~(38)~~ (36) 2-(8-bromo-2,3,6,7-tetrahydrofuro [2,3-f][1]benzofuran-4-yl)ethanamine (2-CB-FLY);

~~(39)~~ (37) bromo-benzodifuranyl-isopropylamine (Bromo-DragonFLY);

~~(40)~~ (38) alpha-methyltryptamine (AMT);

~~(41)~~ (39) N,N-diisopropyltryptamine (DiPT);

~~(42)~~ (40) 4-acetoxy-N,N-dimethyltryptamine (4-AcO-DMT);

~~(43)~~ (41) 4-acetoxy-N,N-diethyltryptamine (4-AcO-DET);

~~(44)~~ (42) 4-hydroxy-N-methyl-N-propyltryptamine (4-HO-MPT);

~~(45)~~ (43) 4-hydroxy-N,N-dipropyltryptamine (4-HO-DPT);

~~(46)~~ (44) 4-hydroxy-N,N-diallyltryptamine (4-HO-DALT);

~~(47)~~ (45) 4-hydroxy-N,N-diisopropyltryptamine (4-HO-DiPT);

~~(48)~~ (46) 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DiPT);

~~(49)~~ (47) 5-methoxy-α-methyltryptamine (5-MeO-AMT);

~~(50)~~ (48) 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT);

~~(51)~~ (49) 5-methylthio-N,N-dimethyltryptamine (5-MeS-DMT);

~~(52)~~ (50) 5-methoxy-N-methyl-N-isopropyltryptamine (5-MeO-MiPT);

~~(53)~~ (51) 5-methoxy-α-ethyltryptamine (5-MeO-AET);

~~(54)~~ (52) 5-methoxy-N,N-dipropyltryptamine (5-MeO-DPT);

~~(55)~~ (53) 5-methoxy-N,N-diethyltryptamine (5-MeO-DET);

~~(56)~~ (54) 5-methoxy-N,N-diallyltryptamine (5-MeO-DALT);

~~(57)~~ (55) methoxetamine (MXE);

~~(58)~~ (56) 5-iodo-2-aminoindane (5-IAI);

~~(59)~~ (57) 5,6-methylenedioxy-2-aminoindane (MDAI);

~~(60)~~ (58) 2-(4-bromo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25B-NBOMe);

~~(61)~~ (59) 2-(4-chloro-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25C-NBOMe);

~~(62)~~ (60) 2-(4-iodo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25I-NBOMe);

~~(63)~~ (61) 2-(2,5-Dimethoxyphenyl)ethanamine (2C-H);

~~(64)~~ (62) 2-(4-Ethylthio-2,5-dimethoxyphenyl)ethanamine (2C-T-2);

~~(65)~~ (63) N,N-Dipropyltryptamine (DPT);

~~(66)~~ (64) 3-[1-(Piperidin-1-yl)cyclohexyl]phenol (3-HO-PCP);

~~(67)~~ (65) N-ethyl-1-(3-methoxyphenyl)cyclohexanamine (3-MeO-PCE);

~~(68)~~ (66) 4-[1-(3-methoxyphenyl)cyclohexyl]morpholine (3-MeO-PCMo);

~~(69)~~ (67) 1-[1-(4-methoxyphenyl)cyclohexyl]-piperidine (methoxydine, 4-MeO-PCP);

~~(70)~~ (68) 2-(2-Chlorophenyl)-2-(ethylamino)cyclohexan-1-one (N-Ethylnorketamine, ethketamine, NENK);

~~(71)~~ (69) methylenedioxy-N,N-dimethylamphetamine (MDDMA);

~~(72)~~ (70) 3-(2-Ethyl(methyl)aminoethyl)-1H-indol-4-yl (4-AcO-MET); and

~~(73)~~ (71) 2-Phenyl-2-(methylamino)cyclohexanone (deschloroketamine).

(e) Peyote. All parts of the plant presently classified botanically as Lophophora williamsii Lemaire, whether growing or not, the seeds thereof, any extract from any part of the plant, and every compound, manufacture, salts, derivative, mixture, or preparation of the plant, its seeds or extracts. The listing of peyote as a controlled substance in Schedule I does not apply to the nondrug use of peyote in bona fide religious ceremonies of the American Indian Church, and members of the American Indian Church are exempt from registration. Any person who manufactures peyote for or distributes peyote to the American Indian Church, however, is required to obtain federal registration annually and to comply with all other requirements of law.

(f) Central nervous system depressants. Unless specifically excepted or unless listed in another schedule, any material compound, mixture, or preparation which contains any quantity of the following substances, their analogs, salts, isomers, and salts of isomers whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

(1) mecloqualone;

(2) methaqualone;

(3) gamma-hydroxybutyric acid (GHB), including its esters and ethers;

(4) flunitrazepam;

(5) 2-(2-Methoxyphenyl)-2-(methylamino)cyclohexanone (2-MeO-2-deschloroketamine, methoxyketamine);

(6) tianeptine;

(7) clonazolam;

(8) etizolam;

(9) flubromazolam; and

(10) flubromazepam.

(g) Stimulants. Unless specifically excepted or unless listed in another schedule, any material compound, mixture, or preparation which contains any quantity of the following

substances, their analogs, salts, isomers, and salts of isomers whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

(1) aminorex;

(2) cathinone;

(3) fenethylline;

(4) methcathinone;

(5) methylaminorex;

(6) N,N-dimethylamphetamine;

(7) N-benzylpiperazine (BZP);

(8) methylmethcathinone (mephedrone);

(9) 3,4-methylenedioxy-N-methylcathinone (methylone);

(10) methoxymethcathinone (methedrone);

(11) methylenedioxypyrovalerone (MDPV);

(12) 3-fluoro-N-methylcathinone (3-FMC);

(13) methylethcathinone (MEC);

(14) 1-benzofuran-6-ylpropan-2-amine (6-APB);

(15) dimethylmethcathinone (DMMC);

(16) fluoroamphetamine;

(17) fluoromethamphetamine;

(18) α-methylaminobutyrophenone (MABP or buphedrone);

(19) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one (butylone);

(20) 2-(methylamino)-1-(4-methylphenyl)butan-1-one (4-MEMABP or BZ-6378);

(21) 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl) pentan-1-one (naphthylpyrovalerone or naphyrone);

(22) (alpha-pyrrolidinopentiophenone (alpha-PVP);

(23) (RS)-1-(4-methylphenyl)-2-(1-pyrrolidinyl)-1-hexanone (4-Me-PHP or MPHP);

(24) 2-(1-pyrrolidinyl)-hexanophenone (Alpha-PHP);

(25) 4-methyl-N-ethylcathinone (4-MEC);

(26) 4-methyl-alpha-pyrrolidinopropiophenone (4-MePPP);

(27) 2-(methylamino)-1-phenylpentan-1-one (pentedrone);

(28) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one (pentylone);

(29) 4-fluoro-N-methylcathinone (4-FMC);

(30) 3,4-methylenedioxy-N-ethylcathinone (ethylone);

(31) alpha-pyrrolidinobutiophenone (α-PBP);

(32) 5-(2-Aminopropyl)-2,3-dihydrobenzofuran (5-APDB);

(33) 1-phenyl-2-(1-pyrrolidinyl)-1-heptanone (PV8);

(34) 6-(2-Aminopropyl)-2,3-dihydrobenzofuran (6-APDB);

(35) 4-methyl-alpha-ethylaminopentiophenone (4-MEAPP);

(36) 4'-chloro-alpha-pyrrolidinopropiophenone (4'-chloro-PPP);

(37) 1-(1,3-Benzodioxol-5-yl)-2-(dimethylamino)butan-1-one (dibutylone, bk-DMBDB);

(38) 1-(3-chlorophenyl) piperazine (meta-chlorophenylpiperazine or mCPP);

(39) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)-pentan-1-one (N-ethylpentylone, ephylone);

(40) any other substance, except bupropion or compounds listed under a different schedule, that is structurally derived from 2-aminopropan-1-one by substitution at the 1-position with either phenyl, naphthyl, or thiophene ring systems, whether or not the compound is further modified in any of the following ways:

(i) by substitution in the ring system to any extent with alkyl, alkylenedioxy, alkoxy, haloalkyl, hydroxyl, or halide substituents, whether or not further substituted in the ring system by one or more other univalent substituents;

(ii) by substitution at the 3-position with an acyclic alkyl substituent;

(iii) by substitution at the 2-amino nitrogen atom with alkyl, dialkyl, benzyl, or methoxybenzyl groups; or

(iv) by inclusion of the 2-amino nitrogen atom in a cyclic structure;

(41) 4,4'-dimethylaminorex (4,4'-DMAR; 4,5-dihydro-4-methyl-5-(4-methylphenyl)-2-oxazolamine);

(42) 4-chloro-alpha-pyrrolidinovalerophenone (4-chloro-A-PVP);

(43) para-methoxymethamphetamine (PMMA), 1-(4-methoxyphenyl)-N-methylpropan-2-amine; and

(44) N-ethylhexedrone.

(h) Synthetic cannabinoids, including the following substances:

(1) Naphthoylindoles, which are any compounds containing a 3-(1-napthoyl)indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent. Examples of naphthoylindoles include, but are not limited to:

(i) 1-Pentyl-3-(1-naphthoyl)indole (JWH-018 and AM-678);

(ii) 1-Butyl-3-(1-naphthoyl)indole (JWH-073);

(iii) 1-Pentyl-3-(4-methoxy-1-naphthoyl)indole (JWH-081);

(iv) 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH-200);

(v) 1-Propyl-2-methyl-3-(1-naphthoyl)indole (JWH-015);

(vi) 1-Hexyl-3-(1-naphthoyl)indole (JWH-019);

(vii) 1-Pentyl-3-(4-methyl-1-naphthoyl)indole (JWH-122);

(viii) 1-Pentyl-3-(4-ethyl-1-naphthoyl)indole (JWH-210);

(ix) 1-Pentyl-3-(4-chloro-1-naphthoyl)indole (JWH-398);

(x) 1-(5-fluoropentyl)-3-(1-naphthoyl)indole (AM-2201).

(2) Napthylmethylindoles, which are any compounds containing a 1H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent. Examples of naphthylmethylindoles include, but are not limited to:

(i) 1-Pentyl-1H-indol-3-yl-(1-naphthyl)methane (JWH-175);

(ii) 1-Pentyl-1H-indol-3-yl-(4-methyl-1-naphthyl)methane (JWH-184).

(3) Naphthoylpyrroles, which are any compounds containing a 3-(1-naphthoyl)pyrrole structure with substitution at the nitrogen atom of the pyrrole ring by an alkyl, haloalkyl,

alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further substituted in the pyrrole ring to any extent, whether or not substituted in the naphthyl ring to any extent. Examples of naphthoylpyrroles include, but are not limited to, (5-(2-fluorophenyl)-1-pentylpyrrol-3-yl)-naphthalen-1-ylmethanone (JWH-307).

(4) Naphthylmethylindenes, which are any compounds containing a naphthylideneindene structure with substitution at the 3-position of the indene ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further substituted in the indene ring to any extent, whether or not substituted in the naphthyl ring to any extent. Examples of naphthylemethylindenes include, but are not limited to, E-1-[1-(1-naphthalenylmethylene)-1H-inden-3-yl]pentane (JWH-176).

(5) Phenylacetylindoles, which are any compounds containing a 3-phenylacetylindole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to any extent, whether or not substituted in the phenyl ring to any extent. Examples of phenylacetylindoles include, but are not limited to:

(i) 1-(2-cyclohexylethyl)-3-(2-methoxyphenylacetyl)indole (RCS-8);

(ii) 1-pentyl-3-(2-methoxyphenylacetyl)indole (JWH-250);

(iii) 1-pentyl-3-(2-methylphenylacetyl)indole (JWH-251);

(iv) 1-pentyl-3-(2-chlorophenylacetyl)indole (JWH-203).

(6) Cyclohexylphenols, which are compounds containing a 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position of the phenolic ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not substituted in the cyclohexyl ring to any extent. Examples of cyclohexylphenols include, but are not limited to:

(i) 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (CP 47,497);

(ii) 5-(1,1-dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (Cannabicyclohexanol or CP 47,497 C8 homologue);

(iii) 5-(1,1-dimethylheptyl)-2-[(1R,2R)-5-hydroxy-2-(3-hydroxypropyl)cyclohexyl] -phenol (CP 55,940).

(7) Benzoylindoles, which are any compounds containing a 3-(benzoyl)indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent. Examples of benzoylindoles include, but are not limited to:

(i) 1-Pentyl-3-(4-methoxybenzoyl)indole (RCS-4);

(ii) 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole (AM-694);

(iii) (4-methoxyphenyl-[2-methyl-1-(2-(4-morpholinyl)ethyl)indol-3-yl]methanone (WIN 48,098 or Pravadoline).

(8) Others specifically named:

(i) (6aR,10aR)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl) -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (HU-210);

(ii) (6aS,10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl) -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (Dexanabinol or HU-211);

(iii) 2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de] -1,4-benzoxazin-6-yl-1-naphthalenylmethanone (WIN 55,212-2);

(iv) (1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (UR-144);

(v) (1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (XLR-11);

(vi) 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide (AKB-48(APINACA));

(vii) N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide (5-Fluoro-AKB-48);

(viii) 1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (PB-22);

(ix) 8-quinolinyl ester-1-(5-fluoropentyl)-1H-indole-3-carboxylic acid (5-Fluoro PB-22);

(x) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-pentyl-1H-indazole-3-carboxamide (AB-PINACA);

(xi) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-[(4-fluorophenyl)methyl]- 1H-indazole-3-carboxamide (AB-FUBINACA);

(xii) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide(AB-CHMINACA);

(xiii) (S)-methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (5-fluoro-AMB);

(xiv) [1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (THJ-2201);

(xv) (1-(5-fluoropentyl)-1H-benzo[d]imidazol-2-yl)(naphthalen-1-yl)methanone) (FUBIMINA);

(xvi) (7-methoxy-1-(2-morpholinoethyl)-N-((1S,2S,4R)-1,3,3-trimethylbicyclo [2.2.1]heptan-2-yl)-1H-indole-3-carboxamide (MN-25 or UR-12);

(xvii) (S)-N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indole-3-carboxamide (5-fluoro-ABICA);

(xviii) N-(1-amino-3-phenyl-1-oxopropan-2-yl)-1-(5-fluoropentyl)-1H-indole-3-carboxamide;

(xix) N-(1-amino-3-phenyl-1-oxopropan-2-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide;

(xx) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate;

(xxi) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1(cyclohexylmethyl) -1H-indazole-3-carboxamide (MAB-CHMINACA);

(xxii) N-(1-Amino-3,3-dimethyl-1-oxo-2-butanyl)-1-pentyl-1H-indazole-3-carboxamide (ADB-PINACA);

(xxiii) methyl (1-(4-fluorobenzyl)-1H-indazole-3-carbonyl)-L-valinate (FUB-AMB);

(xxiv) N-[(1S)-2-amino-2-oxo-1-(phenylmethyl)ethyl]-1-(cyclohexylmethyl)-1H-Indazole-3-carboxamide (APP-CHMINACA);

(xxv) quinolin-8-yl 1-(4-fluorobenzyl)-1H-indole-3-carboxylate (FUB-PB-22); and

(xxvi) methyl N-[1-(cyclohexylmethyl)-1H-indole-3-carbonyl]valinate (MMB-CHMICA).

(9) Additional substances specifically named:

(i) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-pyrrolo[2,3-B]pyridine-3-carboxamide (5F-CUMYL-P7AICA);

(ii) 1-(4-cyanobutyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (4-CN-Cumyl-Butinaca);

(iii) naphthalen-1-yl-1-(5-fluoropentyl)-1-H-indole-3-carboxylate (NM2201; CBL2201);

(iv) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide (5F-ABPINACA);

(v) methyl-2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (MDMB CHMICA);

(vi) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (5F-ADB; 5F-MDMB-PINACA);

(vii) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl) 1H-indazole-3-carboxamide (ADB-FUBINACA);

(viii) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide;

(ix) (1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone;

(x) methyl 2-(1-(4-fluorobenzyl)-1Hindazole-3-carboxamido)-3,3-dimethylbutanoate;

(xi) methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate;

(xii) ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate;

(xiii) methyl 2-(1-(4-fluorobenzyl)-1Hindazole-3-carboxamido)-3- methylbutanoate;

(xiv) N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide; and

(xv) N-(adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide.

(i) A controlled substance analog, to the extent that it is implicitly or explicitly intended for human consumption.

Sec. 2. Minnesota Statutes 2024, section 152.02, subdivision 5, is amended to read:

Subd. 5. **Schedule IV.** (a) Schedule IV consists of the substances listed in this subdivision.

(b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as follows:

(1) not more than one milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit;

(2) dextropropoxyphene (Darvon and Darvocet);

(3) 2-[(dimethylamino)methyl]-1-(3-methoxyphenyl)cyclohexanol, its salts, optical and geometric isomers, and salts of these isomers (including tramadol);

(4) eluxadoline;

(5) pentazocine; and

(6) butorphanol (including its optical isomers).

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of the salts, isomers, and salts of isomers is possible:

(1) alfaxalone (5α-pregnan-3α-ol-11,20-dione);

(2) alprazolam;

(3) barbital;

(4) bromazepam;

(5) camazepam;

(6) carisoprodol;

(7) chloral betaine;

(8) chloral hydrate;

(9) chlordiazepoxide;

(10) clobazam;

(11) clonazepam;

(12) clorazepate;

(13) clotiazepam;

(14) cloxazolam;

(15) delorazepam;

(16) diazepam;

(17) dichloralphenazone;

(18) estazolam;

(19) ethchlorvynol;

(20) ethinamate;

(21) ethyl loflazepate;

(22) fludiazepam;

(23) flurazepam;

(24) fospropofol;

(25) halazepam;

(26) haloxazolam;

(27) ketazolam;

(28) loprazolam;

(29) lorazepam;

(30) lormetazepam mebutamate;

(31) medazepam;

(32) meprobamate;

(33) methohexital;

(34) methylphenobarbital;

(35) midazolam;

(36) nimetazepam;

(37) nitrazepam;

(38) nordiazepam;

(39) oxazepam;

(40) oxazolam;

(41) paraldehyde;

(42) petrichloral;

(43) phenobarbital;

(44) pinazepam;

(45) prazepam;

(46) quazepam;

(47) suvorexant;

(48) temazepam;

(49) tetrazepam;

(50) triazolam;

(51) zaleplon;

(52) zolpidem;

(53) zopiclone;

(54) brexanolone (3α-hydroxy-5α-pregnan-20-one);

(55) lemborexant;

(56) remimazolam (4H-imidazol[1,2-a][1,4]benzodiazepine4-propionic acid).

(d) Any material, compound, mixture, or preparation which contains any quantity of the following substance including its salts, isomers, and salts of such isomers, whenever the existence of such salts, isomers, and salts of isomers is possible: fenfluramine.

(e) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

(1) cathine (norpseudoephedrine);

(2) diethylpropion;

(3) fencamfamine;

(4) fenproporex;

(5) mazindol;

(6) mefenorex;

(7) modafinil;

(8) pemoline (including organometallic complexes and chelates thereof);

(9) phentermine;

(10) pipradol;

(11) sibutramine;

(12) SPA (1-dimethylamino-1,2-diphenylethane);

(13) serdexmethylphenidate;

(14) solriamfetol (2-amino-3-phenylpropyl car-bamate; benzenepropanol, beta-amino-, carbamate (ester)).

(f) lorcaserin.

(g) Hallucinogens. Any material, compound, mixture, or preparation that contains any quantity of the following substances; the substances' analogs; salts; isomers, whether optical, positional, or geometric; and salts of isomers, unless specifically excepted or unless listed in another schedule, whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

(1) psilocybin; and

(2) psilocin.

APPENDIX
Article locations for 26-07617

ARTICLE 1 THERAPEUTIC USE OF PSILOCYBIN..... Page.Ln 1.10
ARTICLE 2 SCHEDULING OF PSILOCYBIN..... Page.Ln 16.8