

**SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION**

S.F. No. 1954

(SENATE AUTHORS: MORRISON, Klein, Coleman and Kupec)

DATE	D-PG	OFFICIAL STATUS
02/20/2023	921	Introduction and first reading Referred to Health and Human Services
02/21/2023	993	Author added Klein
03/02/2023	1288	Author added Coleman
03/07/2023	1384	Author added Kupec See SF2995

1.1 A bill for an act

1.2 relating to health care; establishing a psychedelic medicine task force; requiring

1.3 a report.

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

1.5 Section 1. **PSYCHEDELIC MEDICINE TASK FORCE.**

1.6 Subdivision 1. Establishment; purpose. The Psychedelic Medicine Task Force is

1.7 established to advise the legislature on the legal, medical, and policy issues associated with

1.8 the legalization of psychedelic medicine in the state.

1.9 Subd. 2. Membership; compensation. (a) The Psychedelic Medicine Task Force shall

1.10 consist of:

1.11 (1) the governor or a designee;

1.12 (2) two members of the house of representatives appointed by the speaker of the house

1.13 and two senators appointed by the president of the senate;

1.14 (3) the commissioner of health or a designee;

1.15 (4) the commissioner of public safety or a designee;

1.16 (5) the commissioner of human services or a designee;

1.17 (6) the attorney general or a designee;

1.18 (7) the executive director of the Board of Pharmacy or a designee;

1.19 (8) the commissioner of commerce or a designee; and

2.1 (9) members of the public, appointed by the governor, who have relevant knowledge
2.2 and expertise, including:

2.3 (i) two members representing Indian Tribes within the boundaries of Minnesota, one
2.4 representing the Ojibwe Tribes and one representing the Dakota Tribes;

2.5 (ii) one member with expertise in the treatment of substance use disorders;

2.6 (iii) one member with experience working in public health policy;

2.7 (iv) two veterans with treatment-resistant mental health conditions;

2.8 (v) two patients with treatment-resistant mental health conditions;

2.9 (vi) one physician with experience treating treatment-resistant mental health conditions,
2.10 including post-traumatic stress disorder;

2.11 (vii) one health care practitioner with experience in integrative medicine;

2.12 (viii) one psychologist with experience treating treatment-resistant mental health
2.13 conditions, including post-traumatic stress disorder; and

2.14 (ix) one member with demonstrable experience in the medical use of psychedelic
2.15 medicine.

2.16 (b) Members listed in paragraph (a), clauses (1) and (3) to (8), and members appointed
2.17 under paragraph (a), clause (9), may be reimbursed for expenses under Minnesota Statutes,
2.18 section 15.059, subdivision 6. Members appointed under paragraph (a), clause (2), may
2.19 receive per diem compensation from their respective bodies according to the rules of their
2.20 respective bodies.

2.21 (c) Members shall be designated or appointed to the task force by July 15, 2023.

2.22 Subd. 3. **Organization.** (a) The commissioner of health or the commissioner's designee
2.23 shall convene the first meeting of the task force.

2.24 (b) At the first meeting, the members of the task force shall elect a chairperson and other
2.25 officers as the members deem necessary.

2.26 (c) The first meeting of the task force shall occur by August 1, 2023. The task force shall
2.27 meet monthly or as determined by the chairperson.

2.28 Subd. 4. **Staff.** The commissioner of health shall provide support staff, office and meeting
2.29 space, and administrative services for the task force.

2.30 Subd. 5. **Duties.** The task force shall:

3.1 (1) survey existing studies in the scientific literature on the therapeutic efficacy of
3.2 psychedelic medicine in the treatment of mental health conditions, including depression,
3.3 anxiety, post-traumatic stress disorder, and bipolar disorder, and any other mental health
3.4 conditions and medical conditions for which a psychedelic medicine may provide an effective
3.5 treatment option. Psychedelic medicine may include but is not limited to the use of
3.6 3,4-methylenedioxymethamphetamine (MDMA), psilocybin, mescaline, LSD, bufotenine,
3.7 DMT, 5-MeO-DMT, 2C-B, ibogaine, salvinorin A, and ketamine;

3.8 (2) evaluate and determine whether any specific psychedelic medicine is effective in
3.9 treating any of the conditions described in clause (1);

3.10 (3) compare the efficacy of psychedelic medicine in treating the conditions described
3.11 in clause (1) with the efficacy of treatments currently used for these conditions; and

3.12 (4) develop a comprehensive plan that covers:

3.13 (i) statutory changes necessary for the legalization of psychedelic medicine;

3.14 (ii) state and local regulation of psychedelic medicine;

3.15 (iii) federal law, policy, and regulation of psychedelic medicine, with a focus on retaining
3.16 state autonomy to act without conflicting with federal law, including methods to resolve
3.17 conflicts such as seeking an administrative exemption to the federal Controlled Substances
3.18 Act under United States Code, title 21, section 822(d), and Code of Federal Regulations,
3.19 title 21, part 1307.03; seeking a judicially created exemption to the federal Controlled
3.20 Substances Act; petitioning the United States Attorney General to establish a research
3.21 program under United States Code, title 21, section 872(e); utilizing the Food and Drug
3.22 Administration's expanded access program; and utilizing authority under the federal Right
3.23 to Try Act; and

3.24 (iv) education of the public on recommendations made to the legislature and others about
3.25 necessary and appropriate actions related to the legalization of psychedelic medicine in the
3.26 state.

3.27 Subd. 6. **Reports.** The task force shall submit two reports to the chairs and ranking
3.28 minority members of the legislative committees with jurisdiction over health and human
3.29 services that detail the task force's findings regarding the legalization of psychedelic medicine
3.30 in the state, including the comprehensive plan developed under subdivision 5. The first
3.31 report must be submitted by February 1, 2024, and the second report must be submitted by
3.32 January 1, 2025.