Psychedelic Medicine Task Force
Minnesota Department of Health
Health Promotion and Chronic Disease Division
PO Box 64975
St. Paul, MN 55164-0975
651-201-5000
Health.psychedelicmedicine@state.mn.us
www.health.state.mn.us

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Introduction

This report provides an overview of the start-up and initial work of the Psychedelic Medicine Task Force. The Minnesota Legislature created the task force in its 2023 session, directing it to provide recommendations to the Legislature on legal, medical, and policy issues around legalizing some types of psychedelic medicine in Minnesota for the treatment of certain conditions. The task force is required to submit two reports to the Legislature: this initial report in February 2024, and a report with recommendations and a comprehensive plan on the legalization of psychedelic medicine in Minnesota in January 2025.

This report will describe the task force duties and charge from the Minnesota Legislature, the formation of the task force, early meetings, and the work that the task force plans to do in 2024.

Task force duties and charge

The Minnesota Legislature created the Psychedelic Medicine Task Force in the 2023 session “to advise the legislature on the legal, medical, and policy issues associated with the legalization of psychedelic medicine in the state. For purposes of this task force, ‘psychedelic medicine’ refers to 3 drugs, 4-methylenedioxymethamphetamine (MDMA), psilocybin, and LSD [lysergic acid diethylamide].” (“Minnesota Session Laws 2023, Chapter 70, section 99 (https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/70/)” Office of the Revisor of Statutes, accessed Dec. 14, 2023.) Duties of the task force, as outlined by the legislature, include:

- Surveying existing studies in the scientific literature on the therapeutic efficacy of psychedelic medicine in the treatment of mental health and medical conditions.
- Comparing the efficacy of psychedelic medicine in treating those mental health and medical conditions described above with the efficacy of treatments currently used to treat those conditions.
- Developing a comprehensive plan that covers statutory changes necessary for legalization of psychedelic medicine; state and local regulation of psychedelic medicine; federal law, policy, and regulation of psychedelic medicine; and public education on the task force’s recommendations.

For the full legislation text, go to Appendix A on page 7.

Task force formation

The authorizing legislation directed the task force to conduct its first meeting by Aug. 1, 2023. Several factors delayed the date of the first meeting to Nov. 6, 2023. The Minnesota Department of Health (MDH) was not able to hire support staff for the task force until October 2023. MDH engaged Management Analysis and Development (MAD) to facilitate the task force’s meetings, and that contract was not in place until October 2023. A delay in filling seats on the task force also contributed to the late start. As of Jan. 9, 2024, there is one open seat on the task force.

Members

The authorizing legislation for the task force detailed the agencies and populations task force members should represent:

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- the governor or a designee;
- two members of the house of representatives, one appointed by the speaker of the house and one appointed by the minority leader of the house of representatives, and two members of the senate, one appointed by the senate majority leader and one appointed by the senate minority leader;
- the commissioner of health or a designee;
- the commissioner of public safety or a designee;
- the commissioner of human services or a designee;
- the attorney general or a designee;
- the executive director of the Board of Pharmacy or a designee;
- the commissioner of commerce or a designee; and
- members of the public, appointed by the governor, who have relevant knowledge and expertise, including:
  - two members representing Indian Tribes within the boundaries of Minnesota, one representing the Ojibwe Tribes and one representing the Dakota Tribes;
  - one member with expertise in the treatment of substance use disorders;
  - one member with experience working in public health policy;
  - two veterans with treatment-resistant mental health conditions;
  - two patients with treatment-resistant mental health conditions;
  - one psychiatrist with experience treating treatment-resistant mental health conditions, including post-traumatic stress disorder;
  - one health care practitioner with experience in integrative medicine;
  - one psychologist with experience treating treatment-resistant mental health conditions, including post-traumatic stress disorder; and
  - one member with demonstrable experience in the medical use of psychedelic medicine.

The full member list is available in Appendix B, on page 10.

**Missing tribal representation**

Tribal representation is important and a requirement for the task force. The seat representing Dakota Tribes in Minnesota was not filled until the days leading up to the first task force meeting. As of Jan. 31, 2024, there is an open task force seat for an individual representing Ojibwe Tribes in Minnesota. The chairperson and task force recognize leaving the seats for Indigenous representatives is important. MDH staff and the Governor’s Office are working to recruit and vet applicants for the Ojibwe seat on the task force.

**Meeting overview**

The task force held its first meeting on Nov. 6, 2023. Members had the opportunity to provide feedback on which day and time each month would work best for meetings. Task force meetings will be held the first Monday of each month through at least January 2024, with January and September 2024 meetings taking place the second Monday of those months to accommodate holidays. A full meeting schedule can be found in Appendix C on page 11, along with an estimated work cadence for the task force.

- **November:** In its November meeting, the task force elected Dr. Jessica Nielson as chairperson. Members began reviewing and refining the task force’s charter, which includes components such as expectations for members, expectations for participating remotely in meetings, guiding principles, expectations for challenging times, the task force’s scope of authority, and public communications and comment.
- **December:** The task force reviewed a tentative schedule for workflow and benchmarks in the December meeting, as well as an introduction to using work groups to develop recommendations. Also in the
December meeting, task force members heard about the secondary research review of existing research on psychedelic medicine and the proposed scientific research methods that will be used. Finally, the task force discussed additional revisions and refinement of the group charter.

- **January:** In January 2024, the task force heard an update on work group development, an overview of what will be included in this report to the Legislature, and an overview of the legal issues around psychedelic medicine. The task force also finalized the methodology review.

The task force’s tentative extended work plan and meeting schedule are available in Appendix C on page 11.

**Scientific research methodology**

Dr. Caroline Johnson, MDH research scientist, developed the scientific literature review protocol with input from task force chairperson Dr. Jessica Nielson. Dr. Nielson is the task force member with demonstrable experience in the medical use of psychedelic medicine. Dr. Johnson’s and Dr. Neilson’s work was guided by standard scientific review practice and in accordance with the scientific duties outlined in Subdivision 5 of the legislation. Dr. Johnson presented the proposed scientific literature review protocol at the December task force meeting. Task force members then had the opportunity to provide their thoughts and feedback on the review protocol. The task force voted on and finalized the review protocol in their January 2024 meeting. That review protocol is available in Appendix D on page 13. The task force decided upon the format of the scientific review, the underlying scientific questions guiding the literature review process, the criteria for including or excluding scientific studies found during the search process, the process of searching the databases, appraising, and analyzing the literature, and summarizing the results. The initial search was run on Jan. 8, 2024, in accordance with the agreed-upon protocol.

**Looking ahead**

The task force will meet monthly, on the first Monday of each month, through at least January 2025. As noted above, the task force’s tentative work cadence and meeting schedule are detailed in Appendix C on page 11.

Task force meetings are streamed on [YouTube](https://www.youtube.com/@PsychedelicMedicineTaskForce) and meeting materials, including meeting summaries and presentations, are posted on the [task force website](https://www.health.state.mn.us/people/psychmed/index.html). Interested parties can access the task force website through the direct link provided or can access the [Minnesota Department of Health website](https://www.health.state.mn.us/) and search “psychedelic medicine.”
Appendix A: The law for the Psychedelic Medicine Task Force

Chapter 70—MN Laws (https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/70/)

Sec. 99. PSYCHEDELIC MEDICINE TASK FORCE.

PSYCHEDELIC MEDICINE TASK FORCE.

Subdivision 1.

Establishment; purpose.

The Psychedelic Medicine Task Force is established to advise the legislature on the legal, medical, and policy issues associated with the legalization of psychedelic medicine in the state. For purposes of this section, "psychedelic medicine" means 3,4-methylenedioxymethamphetamine (MDMA), psilocybin, and LSD.

Subdivision 2.

Membership; compensation.

(a) The Psychedelic Medicine Task Force shall consist of:

(1) the governor or a designee;

(2) two members of the house of representatives, one appointed by the speaker of the house and one appointed by the minority leader of the house of representatives, and two members of the senate, one appointed by the senate majority leader and one appointed by the senate minority leader;

(3) the commissioner of health or a designee;

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

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

(6) the attorney general or a designee;

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

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

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

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

(ii) one member with expertise in the treatment of substance use disorders;
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(iii) one member with experience working in public health policy;
(iv) two veterans with treatment-resistant mental health conditions;
(v) two patients with treatment-resistant mental health conditions;
(vi) one psychiatrist with experience treating treatment-resistant mental health conditions, including post-traumatic stress disorder;
(vii) one health care practitioner with experience in integrative medicine;
(viii) one psychologist with experience treating treatment-resistant mental health conditions, including post-traumatic stress disorder; and
(ix) one member with demonstrable experience in the medical use of psychedelic medicine.

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

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

Subdivision 3.

Organization.

(a) The commissioner of health or the commissioner’s designee shall convene the first meeting of the task force.

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

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

Subdivision 4.

Staff.

The commissioner of health shall provide support staff, office and meeting space, and administrative services for the task force.

Subdivision 5.

Duties.

The task force shall:

(1) survey existing studies in the scientific literature on the therapeutic efficacy of psychedelic medicine in the treatment of mental health conditions, including depression, anxiety, post-traumatic stress disorder, bipolar
disorder, and any other mental health conditions and medical conditions for which a psychedelic medicine may provide an effective treatment option;

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

(3) develop a comprehensive plan that covers:

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

(ii) state and local regulation of psychedelic medicine;

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

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

Subdivision 6.

Reports.

The task force shall submit two reports to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services that detail the task force's findings regarding the legalization of psychedelic medicine in the state, including the comprehensive plan developed under subdivision 5. The first report must be submitted by Feb. 1, 2024, and the second report must be submitted by Jan. 1, 2025.
Appendix B: Member list

- Bennett Hartz, Attorney General designee
- Helen Bassett, Commissioner of Commerce designee
- Nick Lehnertz, Commissioner of Health designee
- Dave Hoang, Commissioner of Human Services designee
- Kenneth Sass, Commissioner of Public Safety designee
- Jill Phillips, Executive Director of the Board of Pharmacy
- Jeremy Drucker, Governor designee
- Rep. Nolan West, House of Representatives member
- Rep. Andy Smith, House of Representatives member
- Sen. Kelly Morrison, Senate member
- Sen. Julia Coleman, Senate member
- Cortney Amundson, Healthcare practitioner with experience in integrative medicine
- Dr. Jessica Nielson, Member with demonstratable experience in the medical use of psychedelic medicine
- Arielle McHenry, Member with experience working in public health policy
- Paula DeSanto, Member with expertise in the treatment of substance use disorders
- Kit O’Neill, Patient with treatment-resistant mental health conditions
- Adam Tomczik, Patient with treatment-resistant mental health conditions
- Dr. Ranji Varghese, Psychiatrist with experience treating treatment-resistant mental health conditions, including post-traumatic stress disorder
- Dr. Margaret Gavian, Psychologist with experience treating treatment-resistant mental health conditions, including post-traumatic stress disorder
- Michael Tabor, Veteran with treatment-resistant mental health conditions
- Stefan Egan, Veteran with treatment-resistant mental health conditions
- Guthrie Capossela, Member representing the Dakota Tribes
- Open, Member representing the Ojibwe Tribes
## Appendix C: Work cadence and meeting schedule

<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2023</td>
<td>Identify benefits and challenges of legalization</td>
</tr>
<tr>
<td></td>
<td>Identify policy areas for work groups to focus on</td>
</tr>
<tr>
<td>January 2024</td>
<td>Overview of legal issues</td>
</tr>
<tr>
<td>February 2024</td>
<td><strong>Plan development and recommendations</strong></td>
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<tr>
<td></td>
<td>Continual review through work group updates, subject matter expert</td>
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<tr>
<td></td>
<td>presentations, and task force collaborative decision-making</td>
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<tr>
<td>March 2024</td>
<td>Plan development and recommendations</td>
</tr>
<tr>
<td>April 2024</td>
<td>Plan development and recommendations</td>
</tr>
<tr>
<td>May 2024</td>
<td>Plan development and recommendations</td>
</tr>
<tr>
<td>June 2024</td>
<td>Plan development and recommendations</td>
</tr>
<tr>
<td>July 2024</td>
<td><strong>Information synthesis, narrowing, and prioritization of report</strong></td>
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<tr>
<td></td>
<td>Research and workgroup(s) continue if needed</td>
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<tr>
<td>August 2024</td>
<td>Information synthesis, narrowing, and prioritization of report</td>
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<tr>
<td>September 2024</td>
<td><strong>Drafting recommendations</strong></td>
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<tr>
<td></td>
<td>Continue information synthesis, narrowing, and prioritization of report as</td>
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<tr>
<td></td>
<td>draft takes shape</td>
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<tr>
<td>October 2024</td>
<td>Drafting recommendations</td>
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<tr>
<td>November 2024</td>
<td>Drafting recommendations</td>
</tr>
<tr>
<td>December 2024</td>
<td>Drafting recommendations</td>
</tr>
<tr>
<td>January 2025</td>
<td>Submit report to the Legislature</td>
</tr>
</tbody>
</table>
2023 meetings

All meetings take place from 9:30 a.m. to 12:30 p.m.

- Monday, Nov. 6, 2023.

2024 meetings

All meetings take place from 9:30 a.m. to 12:30 p.m.

- Monday, Jan. 8, 2024.
- Monday, Feb. 5, 2024.
- Monday, March 4, 2024.
- Monday, April 1, 2024.
- Monday, May 6, 2024.
- Monday, June 3, 2024.
- Monday, July 1, 2024.
- Monday, Aug 5, 2024.
- Monday, Sep. 9, 2024.
- Monday, Oct. 7, 2024.
- Monday, Nov. 4, 2024.

2025 meetings

All meetings take place from 9:30 a.m. to 12:30 p.m.

- Monday, Jan. 6, 2025.
- Monday, Feb. 3, 2025.
- Monday, March 3, 2025 (if needed).
- Monday, April 7, 2025 (if needed).
- Monday, May 5, 2025 (if needed).
- Monday, June 2, 2025 (if needed).
Appendix D: Scientific review

The steps for the scientific literature review protocol for rapid systematic review were approved by the task force.

1. The scientific questions:
   a. Question 1: What are the conditions that each psychedelic drug (MDMA, psilocybin, LSD) shows either efficacy or effectiveness in treating?
   b. Question 2: What is the efficacy or effectiveness of each psychedelic drug (MDMA, psilocybin, LSD) in treating the conditions determined in Question 1 as compared to the current standard treatment(s) for those conditions?
   c. Question 3: What are the risks associated with each psychedelic drug (MDMA, psilocybin, LSD) as a therapeutic treatment?

2. The academic databases from which to search

3. The inclusion/exclusion criteria to apply to search results

4. The formal search of the approved databases using specific search terms (developed using PICO model) and log the searches

5. The application of the approved inclusion/exclusion criteria to the returned search results

6. The appraisal of the quality of the returned searches using critical appraisal tools (specific to each type of publication)

7. The analysis and extraction of relevant data from each search result

8. The summarization of the results into narrative form