AN ACT concerning health.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 1. Short title. This Act may be cited as the Illinois Psilocybin Advisory Board Act.

Section 5. Findings. The General Assembly finds that:

(1) Providing access to mental health services for veterans is vital.

(2) Emerging research supports the use of psychedelics, such as psilocybin, combined with psychotherapy to treat mental health conditions, including treatment-resistant depression, anxiety, post-traumatic stress disorder (PTSD), substance use disorder, and end-of-life psychological distress.

(3) The United States Food and Drug Administration has:

(A) determined that preliminary clinical evidence indicates that psilocybin may demonstrate substantial improvement over available therapies for treatment-resistant depression; and

(B) granted a "Breakthrough Therapy" designation for a treatment that uses psilocybin as a therapy for treatment-resistant depression.

(4) Through the Illinois Breakthrough Therapies for Veteran Suicide Prevention Program, Illinois has become a leader in providing access to breakthrough treatments for veterans, including psilocybin and MDMA-assisted therapy.

(5) Research conducted by domestic and international medical institutions indicates that, when used with the appropriate treatment protocols, psilocybin can be efficacious and safe for the treatment of a variety of mental health conditions, including, but not limited to, addiction, depression, anxiety disorders, headache disorders, and end-of-life psychological distress.

(6) In order to transition away from criminalization models while protecting people who use or may use drugs and reducing any negative environmental or cultural impacts, it is necessary to review the full legal context in which relevant changes to the law are made. It is also necessary to incorporate evidence-based policy, consult with experts, and maintain open discourse based in harm reduction, reciprocity, and human rights during the process of developing alternative regulatory systems.

Section 10. Definitions. In this Act:

"Administration session" means a structured session held under the direct supervision of a licensed facilitator where a client consumes and experiences the effects of a psilocybin product.

"Board" means the Illinois Psilocybin Advisory Board established under this Act.

"Client" means an individual who has received a referral for psilocybin service and who consumes a psilocybin product in an administration session in this State.

"Entheogen" or "entheogenic substance" means the following substances in any form, regardless of whether the substance is regulated under the federal Controlled Substances Act or the Illinois Controlled Substances Act:

(1) psilocybin;

(2) psilocin;

(3) dimethyltryptamine;

(4) ibogaine, except ibogaine from iboga;

(5) mescaline, except mescaline from peyote;

(6) methylenedioxymethamphetamine (MDMA);

(7) lysergic acid diethylamide; and

(8) ayahuasca.

"Facilitator" means an individual who facilitates the provision of a psilocybin service in this State.

"Integration session" means a meeting between a client and a facilitator that occurs after the client completes an administration session.

"Post-administration evaluation session" means a meeting between a client and a facilitator that occurs immediately following the conclusion of an administration session and prior to the client's release from the service center.

"Preparation session" means a meeting between a client and a facilitator that occurs before the client participates in an administration session.

"Psilocybin" means psilocybin or psilocin.

"Psilocybin product" means:

(1) psilocybin-producing fungi;

(2) mixtures or substances containing a detectable amount of psilocybin naturally produced from psilocybin-producing fungi; or

(3) synthetically produced psilocybin or psilocin.

"Psilocybin service" means a service provided to a client before, during, or after the client's consumption of a psilocybin product, including any of the following:

(1) a preparation session;

(2) an administration session;

(3) an integration session; or

(4) a post-administration evaluation session.

Section 15. Illinois Psilocybin Advisory Board.

(a) The Illinois Psilocybin Advisory Board is established within the Department of Financial and Professional Regulation for the purpose of fulfilling the duties listed in Section 20 of this Act. The Board shall consist of the following voting members:

(1) a member of the Senate, appointed by the President of the Senate;

(2) a member of the Senate, appointed by the Minority Leader of the Senate;

(3) a member of the House of Representatives, appointed by the Speaker of the House of Representatives;

(4) a member of the House of Representatives, appointed by the Minority Leader of the House of Representatives;

(5) the Secretary of Financial and Professional Regulation or the Secretary's designee;

(6) the Director of Agriculture or the Director's designee; and

(7) a member of an Indigenous tribe or community or a member of an organization representing an Indigenous tribe or community with experience in the use of psychedelic compounds, appointed by the Governor.

(b) The Board shall include one voting member from each paragraph under this subsection (b). Individuals listed who are not selected as the voting member may be appointed to serve on the Board in a nonvoting advisory capacity:

(1) the executive director of a statewide association representing county sheriffs or his or her designee, the executive director of a statewide association representing chiefs of police or his or her designee, a representative of the Chicago Police Department, appointed by the Governor, the Director of the Illinois State Police, or the Director's designee;

(2) a veteran who has participated in clinical trials related to psychedelic compounds, appointed by the Governor, the Director of Veterans Affairs, or the Director's designee;

(3) a physician licensed to practice medicine in all its branches in this State, an emergency physician licensed to practice in this State, a representative of a poison control center, or a physician certified in medical toxicology, appointed by the Governor;

(4) a doctor of osteopathic medicine licensed to practice in this State or an individual who practices naturopathy in this State, appointed by the Governor;

(5) a psychologist licensed to practice in this State who has experience engaging in the diagnosis or treatment of mental, emotional, and behavioral conditions, a psychiatrist licensed to practice in this State who has experience engaging in the diagnosis or treatment of mental, emotional, and behavioral conditions, a professional counselor or a clinical professional counselor licensed to practice in this State who has experience engaging in the diagnosis or treatment of mental, emotional, and behavioral conditions, a child and adolescent psychiatrist licensed to practice in this State, or a geriatric psychiatrist licensed to practice in this State, appointed by the Governor;

(6) a professional with experience conducting

scientific research regarding the use of psychedelic compounds in clinical therapy, an individual with experience in the field of mycology, an individual with experience in the field of ethnobotany, or an individual with experience in the field of psychopharmacology, appointed by the Governor;

(7) a licensed social worker licensed in this State or a licensed clinical social worker licensed in this State, an individual with experience in the field of psilocybin harm reduction, a certified alcohol and drug counselor with advanced training who is certified to practice in this State who has experience engaging in the diagnosis and treatment of substance use disorders and co-occurring conditions, an addiction medicine physician licensed to practice in this State, or an addiction psychiatrist licensed to practice in this State, appointed by the Governor; and

(8) a public health surveillance expert, or an expert in the field of public health, community sciences, or a related health field or an individual who is a member of or represents a group that provides public health services directly to members of the public, appointed by the Governor.

(c) The Board shall consist of the following nonvoting members in advisory capacity:

(1) the Director of Revenue or the Director's

designee;

(2) the Director of Insurance or the Director's designee;

(3) the Secretary of Human Services or the Secretary's designee;

(4) the Illinois Chief Behavioral Health Officer; and

(5) the Director of Public Health or the Director's designee, which may include a local health official.

(d) Within 3 months after the effective date of this Act, the applicable appointing authority shall appoint the individuals specified in subsections (b) and (c) to the Board.

(e) Board members shall serve at the pleasure of the applicable appointing authority. Members may be eligible for reappointment. If there is a vacancy for any reason, the applicable appointing authority shall appoint an individual to fill the vacancy in a timely manner.

(f) A majority of the voting members of the Board constitutes a quorum for the transaction of business.

(g) Official action by the Board requires the approval of a majority of the voting members of the Board.

(h) The Board shall elect one of its voting members to serve as chairperson.

(i) By November 1, 2026, the Board shall hold its first meeting at a time and place specified by the Governor. After the first meeting of the Board, the Board shall meet at least once monthly at a time and place determined by the chairperson or a majority of the voting members of the Board. The Board may also meet at other times and places specified by the call of the chairperson or a majority of the voting members of the Board.

(j) The Board may adopt policies and procedures necessary for the operation of the Board.

(k) The Board may establish committees or subcommittees necessary for the operation of the Board.

(l) Board members shall serve without compensation.

(m) The Board, in compliance with the Open Meetings Act, may meet virtually.

Section 20. Duties of the Board.

(a) The Board shall perform the following duties:

(1) review the Oregon Psilocybin Services Act (Measure 109) and any related administrative rules and regulations, the Colorado Natural Medicine Health Act of 2022 (Proposition 122) and any related administrative rules and regulations, and other relevant initiatives to legalize or decriminalize psilocybin use in other states or units of local government in an effort to determine any successes or failures that may be applied to the rulemaking process in this State;

(2) review federal laws, regulations, and policies regarding psilocybin;

(3) review existing research studies and real-world

data related to psilocybin; and

(4) review sustainability issues related to natural psilocybin and the impact of natural psilocybin on indigenous cultures, including existing reciprocity efforts and continuing support measures.

(b) Within 18 months after the effective date of this Act, the Board shall submit a report to the Governor and the General Assembly that includes, but is not limited to:

(1) an evaluation of federal laws, regulations, and policies regarding psilocybin;

(2) advice to the Department of Public Health, the Department of Insurance, the Department of Human Services, the Department of Agriculture, the Department of Financial and Professional Regulation, the Illinois State Police, the Department of Revenue, and the General Assembly with respect to public health approaches regarding the use, effect, and risk reduction of psilocybin and the content and scope of educational campaigns related to the legalization of psilocybin for use in medical and psychological treatment;

(3) recommendations on available medical, psychological, and scientific studies, research, and other information relating to the safety and efficacy of psilocybin in treating various health conditions, including, but not limited to, addiction, depression, anxiety and trauma disorders, headache disorders, and

end-of-life psychological distress;

(4) an evaluation of the medical efficacy of ibogaine (except ibogaine from iboga), mescaline (except mescaline from peyote), botanical forms of dimethyltryptamine, methylenedioxymethamphetamine (MDMA), lysergic acid diethylamide (LSD), and ayahuasca based on medical, psychological, and scientific studies, research, clinical trials in the United States, and other information related to the safety and efficacy of each compound;

(5) recommendations concerning naturally occurring psilocybin and synthetic psilocybin and the safety and efficacy of these substances;

(6) whether this State should legalize psilocybin for use in administration sessions;

(7) if the Board recommends the legalization of psilocybin use in this State, recommendations on the requirements, specifications, and guidelines for providing psilocybin services to a client, including the following:

(A) the requirements, specifications, and guidelines for holding and verifying the completion of a preparation session, an administration session, and an integration session;

(B) the contents of the client information and consent forms that a client must complete and sign before the client participates in an administration session, giving particular consideration to the following:

(i) the information that should be solicited from the client to determine whether the client should participate in the administration session, including information that may identify risk factors and contraindications;

(ii) the information that should be solicited from the client to assist the service center operator and the facilitator in meeting any public health and safety standards and industry best practices during the administration session; and

(iii) the health and safety warnings and other disclosures that should be made to the client before the client participates in the administration session;

(8) recommendations on public health and safety standards and industry best practices for psilocybin product manufacturers, service center operators, facilitators, and laboratories that conduct testing of psilocybin products;

(9) recommendations on the formulation of a code of professional conduct for facilitators, giving particular consideration to a code of ethics and cultural responsibility and outlining a clear process for reporting complaints of unethical conduct by facilitators or service center employees;

(10) recommendations on the education, experience, and training that facilitators must achieve, including whether such education, experience, and training should be available through online resources, giving particular consideration to the following:

(A) facilitation skills that are affirming, nonjudgmental, nondirective, trauma-informed, and rooted in informed consent;

(B) support skills for clients during an administration session, including specialized skills for the following:

(i) client safety;

(ii) clients who may have a mental health condition;

(iii) appropriate boundaries, heightened transference in expanded states of consciousness, and special precautions related to the use of touch in psilocybin sessions; and

(iv) crisis assessment and appropriate referral for those who need ongoing support if challenging mental health issues emerge in psilocybin sessions;

(C) the environment in which psilocybin services should occur;

(D) social and cultural considerations; and

(E) affordable, equitable, ethical, and culturally responsible access to psilocybin and requirements to ensure that the regulated psilocybin access program is equitable and inclusive;

(11) recommendations on required examinations for the licensure of facilitators;

(12) recommendations on public health and safety standards and industry best practices for holding and completing an administration session, including the following:

(A) best practices surrounding group administration;

(B) how clients can safely access common or outside areas on the premises at which the administration session is held;

(C) the circumstances under which an administration session is considered complete; and

(D) the transportation needs of the client after the completion of the administration session;

(13) if the Board recommends psilocybin be legalized for use in administrative sessions, recommendations on a long-term strategic plan for ensuring that psilocybin services become and remain a safe, accessible, and affordable therapeutic option for all persons 21 years of age and older in this State for whom psilocybin may be appropriate;

(14) actionable recommendations tailored for

clinicians, public behavioral health clinics, and any other entities that may issue referrals for psilocybin services;

(15) recommendations to the General Assembly and relevant State agencies as to whether psilocybin and associated services should be covered under a State health insurance program or another insurance program as a cost-effective intervention for various health conditions, including, but not limited to, anxiety, substance use disorders, alcoholism, depressive disorders, neurological disorders, post-traumatic stress disorder, other painful conditions, including, but not limited to, cluster headaches, migraines, cancer, and phantom limbs, and comfort care, including palliative care, support care, and hospice care;

(16) recommendations on the availability of Medicaid coverage for psilocybin and associated services;

(17) existing reciprocity efforts and continuing support measures related to natural psilocybin and the impact of psilocybin on Indigenous cultures; and

(18) a description of the Board's activities, including, but not limited to, any recommendations and advice to the Department of Public Health, the Department of Agriculture, the Department of Financial and Professional Regulation, the Illinois State Police, the Department of Revenue, or the General Assembly.

(b) The Department of Financial and Professional Regulation shall provide technical, logistical, and other support to the Board, as requested by the Board, to assist the Board with its duties and obligations.

Section 90. Repeal. This Act is repealed 2 years after the effective date of this Act.

Section 99. Effective date. This Act takes effect upon becoming law.