



Sen. Rachel Ventura

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1 AMENDMENT TO SENATE BILL 2772

2 AMENDMENT NO. _____. Amend Senate Bill 2772 by replacing
3 everything after the enacting clause with the following:

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

6 Section 5. Findings. The General Assembly finds that:

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

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

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

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

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

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

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

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

1 process of developing alternative regulatory systems.

2 Section 10. Definitions. In this Act:

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

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

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

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

- 16 (1) psilocybin;
- 17 (2) psilocin;
- 18 (3) dimethyltryptamine;
- 19 (4) ibogaine, except ibogaine from iboga;
- 20 (5) mescaline, except mescaline from peyote;
- 21 (6) methylenedioxymethamphetamine (MDMA);
- 22 (7) lysergic acid diethylamide; and
- 23 (8) ayahuasca.

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

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

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

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

11 "Psilocybin" means psilocybin or psilocin.

12 "Psilocybin product" means:

- 13 (1) psilocybin-producing fungi; or
14 (2) mixtures or substances containing a detectable
15 amount of psilocybin naturally produced from
16 psilocybin-producing fungi; or
17 (3) synthetically produced psilocybin or psilocin.

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

- 21 (1) a preparation session;
22 (2) an administration session;
23 (3) an integration session; or
24 (4) a post-administration evaluation session.

25 Section 15. Illinois Psilocybin Advisory Board.

1 (a) The Illinois Psilocybin Advisory Board is established
2 for the purpose of fulfilling the duties listed in Section 20
3 of this Act. The Board shall consist of the following voting
4 members:

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

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

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

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

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

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

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

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

26 (1) the executive director of a statewide association

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

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

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

16 (4) a doctor of osteopathic medicine licensed to
17 practice in this State, or a physician licensed to
18 practice in this State representing an organization in
19 this State that is engaged in naturopathy, as defined by
20 the American Association of Naturopathic Physicians,
21 appointed by the Governor;

22 (5) a psychologist licensed to practice in this State
23 who has experience engaging in the diagnosis or treatment
24 of mental, emotional, and behavioral conditions, a
25 psychiatrist licensed to practice in this State who has
26 experience engaging in the diagnosis or treatment of

1 mental, emotional, and behavioral conditions, a
2 professional counselor or a clinical professional
3 counselor licensed to practice in this State who has
4 experience engaging in the diagnosis or treatment of
5 mental, emotional, and behavioral conditions, a child and
6 adolescent psychiatrist licensed to practice in this
7 State, or a geriatric psychiatrist licensed to practice in
8 this State, appointed by the Governor;

9 (6) a professional with experience conducting
10 scientific research regarding the use of psychedelic
11 compounds in clinical therapy, an individual with
12 experience in the field of mycology, an individual with
13 experience in the field of ethnobotany, or an individual
14 with experience in the field of psychopharmacology,
15 appointed by the Governor;

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

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

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

9 (1) the Director of Revenue or the Director's
10 designee;

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

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

15 (4) the Illinois Chief Behavioral Health Officer; and

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

18 (d) Within 3 months after the effective date of this Act,
19 the applicable appointing authority shall appoint the
20 individuals specified in subsection (b) to the Board.

21 (e) Board members shall serve at the pleasure of the
22 applicable appointing authority. Members may be eligible for
23 reappointment. If there is a vacancy for any reason, the
24 applicable appointing authority shall appoint an individual to
25 serve as a member in an acting capacity until the individual is
26 approved by the Board as a member of the Board for the

1 remainder of the unexpired term.

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

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

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

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

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

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

20 (l) Board members shall serve without compensation.

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

23 Section 20. Duties of the Board.

24 (a) The Board shall perform the following duties:

25 (1) review the Oregon Psilocybin Services Act (Measure

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

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

11 (3) review existing research studies and real-world
12 data related to psilocybin; and

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

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

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

22 (2) advice to the Department of Public Health, the
23 Department of Insurance, the Department of Human Services,
24 the Department of Agriculture, the Department of Financial
25 and Professional Regulation, the Illinois State Police,
26 the Department of Revenue, and the General Assembly with

1 respect to public health approaches regarding the use,
2 effect, and risk reduction of psilocybin and the content
3 and scope of educational campaigns related to the
4 legalization of psilocybin for use in medical and
5 psychological treatment;

6 (3) recommendations on available medical,
7 psychological, and scientific studies, research, and other
8 information relating to the safety and efficacy of
9 psilocybin in treating various health conditions,
10 including, but not limited to, addiction, depression,
11 anxiety and trauma disorders, headache disorders, and
12 end-of-life psychological distress;

13 (4) recommendations on the medical efficacy of
14 ibogaine (except ibogaine from iboga), mescaline (except
15 mescaline from peyote), botanical forms of
16 dimethyltryptamine, methylenedioxymethamphetamine (MDMA),
17 lysergic acid diethylamide (LSD), and ayahuasca based on
18 medical, psychological, and scientific studies, research,
19 and other information related to the safety and efficacy
20 of each compound, and make recommendations concerning
21 whether these substances may be included in an appropriate
22 statutory or regulatory framework to avoid an unregulated
23 de facto market for entheogenic substances other than
24 psilocybin;

25 (5) recommendations concerning naturally occurring
26 psilocybin and synthetic psilocybin and the safety and

1 efficacy of these substances;

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

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

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

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

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

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

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

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

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

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

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

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

1 (i) client safety;

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

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

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

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

14 (D) social and cultural considerations; and

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

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

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

25 (A) best practices surrounding group
26 administration;

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

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

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

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

15 (14) actionable recommendations tailored for
16 clinicians, public behavioral health clinics, and any
17 other entities that may issue referrals for psilocybin
18 services;

19 (15) recommendations to the General Assembly and
20 relevant State agencies as to whether psilocybin and
21 associated services should be covered under a State health
22 insurance program or another insurance program as a
23 cost-effective intervention for various health conditions,
24 including, but not limited to, anxiety, substance use
25 disorders, alcoholism, depressive disorders, neurological
26 disorders, post-traumatic stress disorder, other painful

1 conditions, including, but not limited to, cluster
2 headaches, migraines, cancer, and phantom limbs, and
3 comfort care, including palliative care, support care, and
4 hospice care;

5 (16) recommendations on the availability of Medicaid
6 coverage for entheogens and associated services;

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

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

16 (b) The Illinois Psychedelic Society shall provide
17 technical, logistical, and other support to the Board, as
18 requested by the Board, to assist the Board with its duties and
19 obligations.

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

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