



Sen. Rachel Ventura

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LRB104 16758 CCC 36712 a

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;
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 within the Department of Financial and Professional Regulation
3 for the purpose of fulfilling the duties listed in Section 20
4 of this Act. The Board shall consist of the following voting
5 members:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (8) a public health surveillance expert, or an expert
26 in the field of public health, community sciences, or a

1 related health field or an individual who is a member of or
2 represents a group that provides public health services
3 directly to members of the public, appointed by the
4 Governor.

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

7 (1) the Director of Revenue or the Director's
8 designee;

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

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

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

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

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

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

26 (f) A majority of the voting members of the Board

1 constitutes a quorum for the transaction of business.

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

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

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

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

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

18 (l) Board members shall serve without compensation.

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

21 Section 20. Duties of the Board.

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

23 (1) review the Oregon Psilocybin Services Act (Measure
24 109) and any related administrative rules and regulations,
25 the Colorado Natural Medicine Health Act of 2022

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

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

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

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

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

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

20 (2) advice to the Department of Public Health, the
21 Department of Insurance, the Department of Human Services,
22 the Department of Agriculture, the Department of Financial
23 and Professional Regulation, the Illinois State Police,
24 the Department of Revenue, and the General Assembly with
25 respect to public health approaches regarding the use,
26 effect, and risk reduction of psilocybin and the content

1 and scope of educational campaigns related to the
2 legalization of psilocybin for use in medical and
3 psychological treatment;

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

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

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

26 (6) whether this State should legalize psilocybin for

1 use in administration sessions;

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

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

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

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

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

25 (iii) the health and safety warnings and other
26 disclosures that should be made to the client

1 before the client participates in the
2 administration session;

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

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

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

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

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

25 (i) client safety;

26 (ii) clients who may have a mental health

1 condition;

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

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

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

12 (D) social and cultural considerations; and

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

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

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

23 (A) best practices surrounding group
24 administration;

25 (B) how clients can safely access common or
26 outside areas on the premises at which the

1 administration session is held;

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

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

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

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

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

1 comfort care, including palliative care, support care, and
2 hospice care;

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

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

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

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

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

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