

SB 1012 - The Regulated Psychedelic-Assisted Therapy Act FAQ's

1. What is the impetus of SB 1012?

A: In 2021, Senator Wiener introduced SB 519, which would have decriminalized the possession and personal use of psilocybin/psilocyn, MDMA, LSD, DMT, mescaline, and ibogaine. SB 519 would have also established a working group under the California Department of Public Health (CDPH) to develop harm reduction education, first-responder training, and recommendations on different regulatory models California could consider. Internal: SB 519 was not taken up for an Assembly Floor vote (despite having the votes) and died on the inactive file.

In 2022, Senator Wiener introduced SB 58, which would have decriminalized the possession and personal use of psilocybin/psilocyn, DMT, mescaline, and ibogaine. SB 58 did not include any synthetic substances – such as MDMA and LSD, as the previous version had. After amendments in Assembly Public Safety and Health, SB 58 also would have created a workgroup to study and make recommendations on the establishment of a framework governing the therapeutic use of certain psychedelic substances. SB 58 was vetoed by Governor Newsom. In his veto message, the Governor urged the legislature to send him a bill that includes “therapeutic guidelines”. SB 1012 answers that call.

2. What does the Regulated Psychedelic-assisted Therapy Act do?

A: (1) This bill would establish the Board of Regulated Psychedelic Facilitators (Board of Facilitators) within the Department of Consumer Affairs (DCA) to establish education, training, and other qualifications and requirements to license and regulate psychedelic-assisted therapy facilitators. This board is also responsible for determining which schools and programs meet the act's requirements.

(2) This bill creates the Regulated Psychedelic Substances Advisory Committee (Advisory Committee) within the California Business, Consumer Services, and Housing Agency (BCSHA), which is responsible for advising as to the adoption of regulations governing the safe provision of regulated psychedelic-assisted therapy, including advising as to the regulations governing the scope of practice for facilitators and recordkeeping requirements. The advisory committee must publish an annual public report that includes its recommendations to the division. (3) This bill establishes the Division of Regulated Psychedelic Substances Control (Division of Control) within the BCSHA to administer a comprehensive system to control and regulate the cultivation, distribution, and transportation of regulated psychedelic substances for use for regulated psychedelic-assisted therapy.

(4) This bill creates Funds in the State Treasury to support the Board and Division for the act's purposes.

(5) The bill also creates the Regulated Psychedelic Substances Education and Harm Reduction Fund, available to the Office of Community Partnerships and Strategic Communications to award grants for public education and harm reduction relating to psychedelic substances (this fund could accept money from private sources to supplement the state funds).

3. Which substances are included in SB 1012?

A: This bill defines “regulated psychedelic substances” as dimethyltryptamine (DMT), mescaline, MDMA, psilocybin/psilocin, and spores or mycelium capable of producing mushrooms that contain psilocybin or psilocin. The Division of Control is required to adopt regulations concerning psilocybin, psilocyn, and MDMA no later than 1/1/26. At least every 2 years after that, the division is required to adopt regulations concerning additional substances defined above.

4. What is the difference between SB 58 and SB 1012?

A: As introduced, SB 58 would have decriminalized the possession and personal use of four plant- and fungi-based psychedelic substances for those 21 and older. The version of SB 58 that was vetoed also established a working group to study and make recommendations on establishing a framework governing the therapeutic use of these substances. In contrast, SB 1012 does not decriminalize any use of psychedelic substances outside of a therapeutic setting in which facilitators are trained and licensed. Instead, SB 1012 establishes boards to license and regulate psychedelic assisted-therapy facilitators to facilitate the therapeutic use of certain substances.

5. Which agency is each board or division housed under, and why?

A: The division, board, and advisory committee established in SB 1012 are all housed under BCSHA, given BCSHA licenses and regulates professionals across the state. The Board of Facilitators is specifically housed under BCSHA, given they license and regulate licensees in California.

6. Where will “regulated psychedelic-assisted therapy” take place?

A: This therapy will take place at locations approved by the Board or clinics, centers, or other premises approved by the California Department of Public Health (CDPH), which is responsible for protecting safety in certain facilities across the state.

7. When will facilitators be licensed?

A: This bill requires that the Division of Control will begin to accept and process applications for licensure no later than 4/1/26.

8. Why is it necessary to have a Board in the Dept. of Consumer Affairs and an advisory committee?

A: The advisory committee provides expertise and holistic oversight to guide the program in its entirety, encompassing production of the psychedelics, laboratory testing, the provision of psychedelic services, evaluation and monitoring, and public health education. The newly created board of psychedelic facilitators will focus exclusively on the development of a system for training, licensing, and enforcing professional standards for this new profession.

9. Who determines who leads the Division and who sits on the Advisory Committee?

A: The Governor will appoint the director of the Division of Control. The director will serve under the direction of the Secretary of BCSHA. The Board of Facilitators will consist of nine members. The Governor shall appoint seven members, and the Senate Rules Committee and Speaker of the Assembly will appoint an additional member each. This bill requires the Division to convene the Advisory Committee. The Advisory Committee must have at least thirteen members – one person with expertise in all of the following: (1) mental or behavioral health, (2) regulated psychedelic-assisted therapy, (3) issues confronting veterans, (4) developing and implementing evaluation methodologies to assess outcomes of a program, (5) health care insurance or barriers in access to health care, (6) emergency medical services or first responders, (7) mycology and regulated psychedelic substance cultivation, (8) training regulated psychedelic-assisted therapy facilitators, (9) harm reduction, (10) municipal psychedelic policy, (11) regulated psychedelic substance research, (12) indigenous uses of regulated psychedelic substances, and (13) public health data collection.

10. Is the “transfer” of psychedelic substances permitted under this bill?

A: No. Adults would only be permitted to access psychedelic substances in conjunction with services provided by a licensed facilitator. Participants receiving psychedelic services will not be allowed to take the substances home or use them except under the supervision of the facilitator.

11. Does this bill ensure that the substances used will be safe and controlled?

A: Yes, the substances will be used under the direction of a licensed facilitator in a licensed setting approved under California law. In addition, this bill provides several steps to ensure the best public health outcomes, which include the following steps: a safety screen, one or more preparation sessions, an administration session, one or more follow-up sessions, and one or more integration sessions.

12. How will the substances be regulated?

A: The substances will be regulated by the new Division of Regulated Psychedelic-Assisted Therapy. Regulators will license and regulate the manufacture, distribution, and sale of the substances for facilitated use. This Division will establish quality and testing

standards and require testing by certified labs. Sale of the substances will only be permitted for use as part of psychedelic-assisted therapy with a licensed facilitator. (Internal: In Oregon, the centers have someone on staff who receives the substance from the manufacturer and handles it at the center. This is likely what our approach will be. Currently, the “how” is unspecified.)

13. How will people who will use these substances in a regulated setting, receive their substances?

A: People will obtain their substance **only** as part of their psychedelic services during their administration session. At their administration session, either a licensed facilitator, or someone at the licensed psychedelic-assisted therapy center or approved location for administration sessions will provide the substance. There is no other mechanism for a person to receive the substance that will be used during their administration session. No person can remove the substance from the administration session, or leave the premises with them.

14. Does this bill decriminalize psychedelics?

A: No. The only authorized use of these substances is use facilitated by a licensed psychedelic-assisted therapy facilitator in an approved setting.

15. How does SB 1012 compare to therapeutic access to psychedelics in other states?

A: In 2022, Colorado voters passed Proposition 122, which, along with implementation legislation approved by Colorado lawmakers, initially creates regulated therapeutic access to **psilocybin** and **ibogaine**. Beginning in June 2026, the Colorado Department of Regulatory Agencies may expand the policy to include two other natural medicines – **dimethyltryptamine** (DMT) and **mescaline** (excluding peyote). This two-tiered approach is designed to allow time to develop appropriate safety and regulatory structures for natural psychedelic medicines – pending recommendations from the experts and stakeholders who have been appointed to the Natural Medicine Advisory Board.

In 2020, Oregon voters passed Measure 109, the Oregon Psilocybin Services Act, which authorized the Oregon Health Authority (OHA) to create a program to permit licensed service providers to administer psilocybin products to individuals 21 years of age or older in therapeutic settings. After a two-year pre-implementation period, the official launch of the program was in January of this year. Measure 109 prohibits the possession of psilocybin outside of clinical settings.

In Hawaii, HB 2630 will enable patients to possess and use psychedelics under the guidance and supervision of a trained facilitator. This bill just passed out of two House policy committees. In Rhode Island, a measure would legalize psilocybin mushrooms by temporarily eliminating penalties for possession, home cultivation, and sharing of an ounce of psilocybin until mid-2026. A bill in Alaska would create the Alaska Mental

Health and Psychedelic Medicine Task Force under the Department of Commerce, Community, and Economic Development. In Indiana, a Senate bill that allocates funds for clinical trials investigating the effects of psilocybin is heading over to the House.