Introduced by Senators Becker and Jones (Principal coauthor: Assembly Member Lowenthal) (Coauthors: Senators Archuleta, Smallwood-Cuevas, and Wiener)

(Coauthors: Assembly Members Bryan, Flora, Jackson, and Wallis)

February 21, 2025

An act to add and repeal Article 6 (commencing with Section 11310) of Chapter 5 of Division 10 of the Health and Safety Code, relating to controlled substances, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 751, as amended, Becker. Veterans and *Former* First Responders Research Pilot Program.

Existing law makes it a crime to possess, cultivate, and administer specified controlled substances, including psilocybin and psilocyn. Existing law makes it a crime for a person to rent, lease, or make available for use any building or room for the purpose of storing or distributing any controlled substance.

This bill would, until January 1, 2031, require the California Health and Human Services Agency to oversee a Veterans and First Responders Research Pilot Program request the University of California to establish local pilots in up to 5 counties to allow for the research and development of psilocybin services for target populations, as defined, in up to 5 counties. The bill would authorize the agency to operate in partnerships with the University of California system. The bill would request the University of California to oversee each local pilot program as a university partner veterans and former first responders as part of the Veterans and Former First Responders Research Pilot Program ("Pilot

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Program"). The bill would require these university partners, overseeing each Pilot Program to be responsible for protocol design, institutional review board approvals, training of psilocybin facilitators, data collection, and reporting. The bill would require each local pilot-program to partner with local mental health clinics, hospice programs, veterans facilities, or other community-based licensed health care and licensed community-based providers that provide services and care to the target population. The bill would require psilocybin to be provided by or under the supervision of a practitioner who has experience in providing or overseeing psilocybin or other psychedelic therapy services. The bill would require that each person being considered for the Pilot Program meet specified criteria, including that they are 21 years of age or older and have been given specified assessments.

This bill would require the agency request the University of California to report specified information about the pilot program Pilot Program to the Legislature Legislature, the Secretary of California Health and Human Services, and the Governor by January 15, 2030. The bill would establish the Veterans and Former First Responders Research Pilot Special Fund and would continuously appropriate the fund to the agency University of California for the purposes of these provisions. The bill would authorize the agency request the University of California to apply for and accept grants, donations, and federal funding for the purposes of the pilot program, Pilot Program, and would require those moneys to be deposited in the fund.

Vote: majority. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the 2 following:
- 3 (a) Every day, an average of 17.6 veterans commit suicide. die 4 by suicide.
- 5 (b) Similarly troubling, first responders, including law 6 enforcement officers and firefighters, are more likely to die by 7 suicide than in the line of duty. The Legislature acknowledges that 8 one veteran or first responder life lost to suicide is too many.
- 9 (c) The Legislature acknowledges the significant mental health 10 challenges veterans and former first responders face. These 11 individuals are often exposed to traumatic experiences that can

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lead to conditions such as post-traumatic stress disorder, depression, and anxiety.

- (d) Emerging research suggests that psilocybin and psilocyn, when used in a controlled setting, may offer significant benefits in treating mental health disorders, particularly those related to trauma and stress. The United States Food and Drug Administration has determined that preliminary clinical evidence indicates psilocybin may demonstrate substantial improvement over available therapies for treatment-resistant depression and has granted a breakthrough therapy designation for a treatment that uses psilocybin as a therapy for treatment-resistant depression.
- (e) Psilocybin should be available to veterans and former first responders in a manner that ensures safety, efficacy, and ethical standards, including use only under—qualified appropriate supervision.
- (f) California can conduct federally regulated pilot trials of psilocybin services in partnership with community-based licensed health care settings to determine if and how psilocybin can be provided to veterans and first responders in a beneficial and effective manner.
- SEC. 2. The purpose of this act is to establish a pilot program to develop and study protocols for providing psilocybin in strict compliance with United States Food and Drug Administration and United States Drug Enforcement Administration regulations, for the benefit of certain target populations.
- SEC. 3. Article 6 (commencing with Section 11310) is added to Chapter 5 of Division 10 of the Health and Safety Code, to read:

Article 6. Veterans and *Former* First Responders Research Pilot Program

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11310. This article shall apply to the University of California to the extent that the Regents of the University of California, by appropriate resolution, make that provision applicable.

11310.

- 11311. For the purposes of this article, the following definitions apply:
- (a) "Agency" means the California Health and Human Services Agency.

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(b) "Community-based providers" means licensed health care and community-based providers, including, but not limited to, mental health clinics, hospice organizations, veterans organizations, and other therapeutic care organizations.

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- (a) "Veterans and Former First Responders Research Pilot Program" or "Pilot Program" refers to a structured initiative designed to provide regulated and investigational psilocybin services for adults within a target population with qualifying conditions, compliant with United States Food and Drug Administration and United States Drug Enforcement Administration regulations.
- (b) "Pilot Program providers" means licensed health care and licensed community-based providers with the ability and authorization to provide services under the Pilot Program and is limited to mental health clinics, United States Department of Veterans Affairs clinics, hospice care agencies, and other therapeutic care organizations.

(d)

(c) "Local pilot" refers to the operation of the Veterans and First Responders Research Pilot Program within each of the participating counties.

(e)

(d) "Psilocybin" means a naturally occurring psychedelic compound derived from specific species of fungi.

(f)

- (e) "Target population" refers to veterans and inactive former first responders with post-traumatic stress disorder, end-of-life distress, or other specified conditions, as determined by program eriteria and local needs. responders.
- (f) "Qualifying condition" means a severe mental health disorder.
- (g) "University partners" refers to accredited institutions within the University of California system responsible for overseeing Veterans and First Responders Research Pilot Program activities. Pilot Program activities within each local pilot.
- 11311. (a) Notwithstanding any other law, the agency shall establish and oversee the Veterans and First Responders Research Pilot Program to allow for the research and development of psilocybin services for target populations in up to five counties.

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(b) The pilot program may operate in partnerships with the University of California system.

- 11312. (a) The University of California is requested to oversee each local pilot program as a university partner. establish local pilots in up to five counties to allow for the research and development of psilocybin services for target populations and to oversee each university partner. These university partners shall be responsible for protocol design, institutional review board approvals, administration, data collection, and reporting.
- (b) The local pilot shall partner with local mental health clinics, hospice programs, veterans facilities, or other community-based with Pilot Program providers that provide services and care to the target population. Psilocybin shall be provided by or under the supervision of a practitioner who has experience in providing or overseeing psilocybin or other psychedelic therapy services.
- 11313. The university partner overseeing each local pilot shall maintain strict protocols following the most recent guidelines from the United States Food and Drug Administration related to clinical trials for psychedelics.
- 11314. (a) Each local pilot shall ensure that each person being considered for the Pilot Program meets, at a minimum, all of the following criteria:
 - (1) Is part of the target population.
 - (2) Has a documented qualifying condition under this article.
 - (3) Is 21 years of age or older.

- (4) (A) Has been given an initial assessment by the practitioner in subdivision (b) of Section 11312 to determine the person is appropriate to participate in the Pilot Program.
- (B) The purpose of the assessment shall be to understand each participant's goals and expectations and to assess their mental and physical health history for any concerns that require further intervention or information before receiving psilocybin therapy services and an integration session after receiving psilocybin therapy services.
- (b) Each local pilot shall ensure that, prior to being enrolled in the Pilot Program, each person in the target population has been informed about, at a minimum, all of the following:
- (1) The implications of being treated with psilocybin and any possible or documented side effects or immediate and lasting aftereffects.

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(2) Other treatments that may be effective if the person has not previously been treated.

- (3) The option to speak to a peer or other counselor prior to accepting participation in the Pilot Program, as well as future opportunities to speak to a peer or other counselor.
- (4) The option to withdraw from the Pilot Program at any time, and their right to receive aftercare, if necessary, upon ending treatment with psilocybin.

11314.

11315. Each local pilot shall collect and provide data relevant to the success of the pilot program to the agency, data, including how each person in the target population inquired about, was referred to, or learned about the Pilot Program, as well as longitudinal data after treatments have concluded, that is relevant to the outcomes of the Pilot Program to the university partner, as determined with input from the agency. university partner.

11315.

- 11316. (a) The agency shall University of California is requested to enter into an agreement with each university partner approved for participation in the pilot program. Pilot Program. The agreement shall specify, at a minimum, all of the following:
 - (1) The amount of funding available to the local pilot.
 - (2) The conditions under which payments will be made.
 - (3) Data collection and sharing requirements.
 - (4) Reporting requirements.
- (b) The sharing of health information, records, and other data with and among pilot entities and participating entities shall be permitted to the extent necessary for the activities and purposes set forth in this chapter.
- (c) The agency shall University of California is requested to research whether national data-sharing programs or practice-based research networks exist for psychedelic research and shall to encourage university partners to participate in those programs if they are operational and consistent with quality standards for similar collaborative research networks in other health fields.

11316.

11317. (a) University partners are requested to submit midyear and annual reports to the agency, office of the President of the University of California in accordance with schedules and guidelines established by the agency. office of the President.

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(b) University partners are requested to confer and choose a single independent entity to conduct a peer-reviewed study of the statewide efficacy of the pilot program Pilot Program and the community impacts of the local pilots. The study shall be submitted to the Legislature and the Governor's office on or before January 15, 2029, and are requested to submit the study to the Legislature and the Secretary of California Health and Human Services by that date.

- (c) By no later than January 15, 2030, the agency shall *University of California is requested to* compile and submit the pilot program outcomes, data analysis, and recommendations from the university partners into a comprehensive report to the Legislature. Legislature, the Secretary of California Health and Human Services, and the Governor's office.
- (d) A report to be submitted pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.

11317.

- 11318. (a) The Veterans and Former First Responders Research Pilot Special Fund is hereby established in the State Treasury. Notwithstanding Section 13340 of the Government Code, moneys deposited in the Veterans and Former First Responders Research Pilot Special Fund pursuant to this section shall be continuously appropriated, without regard to fiscal years, to the agency University of California for allocation to each local pilot for the purposes of this article.
- (b) The agency may University of California is requested to apply for and accept grants, donations, and federal funding for the purposes of this article. Any moneys received pursuant to this subdivision shall be deposited in the Veterans and Former First Responders Research Pilot Special Fund.
- (c) Moneys in the Veterans and *Former* First Responders Research Pilot Special Fund shall be used for, but are not limited to, all of the following purposes:
 - (1) Program administration and oversight.
- 36 (2) Training of medical staff and research supervisors.
- 37 (3) Data collection, analysis, and reporting.
- 38 (4) Community engagement and education initiatives.

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- (5) Requested peer or other counseling services by any person
- in the target population either prior to, during, or after
- participating in the local pilot.
- 11318. 4
- 11319. This article shall remain in effect only until January 1, 2031, and as of that date is repealed. 5