



Psychedelic Medicine Task Force Charter

Background

The 2023 Minnesota Legislature directed the Minnesota Department of Health (MDH) to establish a task force to advise the legislature on the legal, medical, and policy issues associated with the legalization of psychedelic medicine in the state (Laws of Minnesota 2023, Regular Session, chapter 70, section 99). **For purposes of this section, "psychedelic medicine" means 3,4-methylenedioxyamphetamine (MDMA), psilocybin, and LSD (lysergic acid diethylamide).**

Legislative Charge

The legislation directs the task force to:

- survey existing studies in the scientific literature on the therapeutic efficacy of psychedelic medication in the treatment of mental health conditions including depression, anxiety, post-traumatic stress disorder, bipolar disorder, and any other mental health conditions and medical conditions for which a psychedelic medicine may provide an effective treatment option,
- compare the efficacy of psychedelic medicine in treating the conditions noted previously with current available treatments, and
- develop a comprehensive plan that covers:
 - statutory changes necessary for the legalization of psychedelic medicine
 - state and local regulation of psychedelic medicine
 - federal law, policy, and regulation of psychedelic medicine, with a focus on retaining state autonomy to act without conflicting with federal law, including methods to resolve conflicts such as seeking an administrative exemption to the federal Controlled Substances Act under United States Code, title 21, section 822(d), and Code of Federal Regulations, title 21, part 1307.03; seeking a judicially created exemption to the federal Controlled Substances Act; petitioning the United States Attorney General to establish a research program under United States Code, title 21, section 872(e); using the Food and Drug Administration's expanded access program; and using authority under the federal Right to Try Act
- education of the public on recommendations made to the legislature and others about necessary and appropriate actions related to the legalization of psychedelic medicine in the state.

Output

The task force shall submit two reports to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services that detail the task force's findings regarding the legalization of psychedelic medicine in the state, including the comprehensive plan developed under subdivision

5. The first report must be submitted by February 1, 2024, and the second report must be submitted by January 1, 2025.

Scope of Authority (in bounds/out of bounds)

Out of bounds

- Commissioning new studies
- Any considerations determined throughout the research process will be agreed upon by members. Areas distinctly out of bounds based on legislation would include prevention as it relates to undiagnosed medical conditions [TBD as research methods are developed, regarding medical diagnoses vs preventative medicine, as well as sources of information]
 - Members may consider providing recommendations within their final report emphasizing the need to research alternative areas of psychedelic medicine not outlined in the initial legislation (e.g., psychedelic medicine use for those at high risk of developing mental health conditions such as PTSD), but this is not considered a priority area.

In bounds

- Legislative reports - submitting comprehensive plan for recommendations
- Work related to the Duties specified in the legislation above

Guiding Principles

The task force will use the following principles to guide its decision making:

- Scientific and research rigor – Use the best scientific data and evidence-based methods available to guide research and final policy recommendations. Include research beyond clinical trials, including population studies and gray literature given the complexity of mental health treatment and realities of policy change. Operate with safety of people’s medical, psychological, and spiritual health as the primary objective.
- Collaboration and inclusivity – Diversity in perspectives and experiences foster innovative solutions and strengthens our capacity to deliver results. Some perspectives have historically, at times intentionally, been excluded. Be intentional in creating space for these voices.
- Accountability and Integrity – Act as effective and efficient managers of the public trust and public health, operating with open communication, transparency, honesty and timeliness to ensure appropriate high standards.
- Awareness in evaluation – Recognize limitations of existing research in the field and benefits of emerging or promising practices generated in community. Continually address contradiction, disagreement, possible risks of bias, and any unknowns throughout the decision-making process. Consider member positionality and reality of capacity throughout this work. Utilize opportunities and support where possible to ensure these biases are addressed and highlighted where needed. Strive for the highest level of consensus throughout the evaluation process, to further likelihood of plan’s success and potential impact.
- Strive for practicality of recommendations – Aim to address the reality of implementing recommendations throughout the development process and creation of the final comprehensive plan. Consider possible barriers (e.g., funding and regulatory needs) to ensure final recommendations are

feasible and capable of being adopted into existing infrastructure to ensure sustainable, long-term success.

- Social equity – Psychedelic medicine has a complex past rooted in culturally diverse histories, particularly within Indigenous communities. This, in conjunction with the impact of past drug policies, provides a need to continually consider the future impact of recommendations while acknowledging past mistakes. Prioritize health equity (including culturally appropriate treatment options) and identify possible unintended harms or injustices prior to submitting recommendations.
- Engage the public whenever possible – Continually engage in opportunities to center the voices of those most impacted by policy decisions.

Working Agreements

General individual expectations

- Come to meetings prepared. Review the agenda and read required materials sent ahead of the meeting.
- Seek to understand the opinions, viewpoints and lived experiences of others.
- When sharing information or expertise, use plain language and avoid unnecessary acronyms.
- Be present. Minimize the use of cell phones, email, and side conversations.
- Keep discussion focused on directly relevant topics.
- Step up/step back.
 - If you're more likely to remain quiet during meetings, step up a bit more and share your ideas and suggestions.
 - If you're more likely to do most of the talking in meetings, step back a bit and let others contribute as well.
- Refrain from writing letters or engaging in other kinds of communication **in the name of the task force** unless the chairperson specifically authorized such communication.
- Be mindful of the risks of a dominant culture's ways of thinking. Hold space for alternative ways of working together.

Expectations for participating in meetings remotely

- Participate with video on at all times so everyone feels your presence.
- Mute yourself when not speaking.
- Use the “raise hand feature” when you want to speak.
- Refrain from using chat as a means of making comment or participating in a conversation.
- Help facilitator encourage remote participation and check in with members to assure all are heard .
- Do your part to assure functioning technology by joining early to check connection and joining meeting from stable environment.

Expectations during challenging moments

- Sometimes words land on other ears or come out wrong. Offer or ask for “do-overs”.
- Lean into discomfort with respect and to seek understanding.
- Assume good intent but acknowledge harm.

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- Ask for a break or a few moments for quiet reflection if discussion becomes re-traumatizing or stress inducing.
- Focus on the issue, not the people.
- Be objective, respectful, and solution-driven when sharing amongst a group of passionate professionals.
- Be open-minded and curious about others' experiences.
- Seek to address issues *during* a meeting.

Public Communications and Comments

(TBD) The task force chairperson will act as spokesperson for the task force. The task force chair may appoint a task force member to serve as a spokesperson for the task force and may appoint task force members to speak for the task force, based on their area of expertise. Task force members may speak publicly or to the press as a representative of their seat on the task force but may not speak for the task force as a whole, unless authorized. MDH will provide communications support to the chair and task force members, as requested.

Members of the public are welcome to submit comments or questions to the task force via the task force email address, health.psychedellicmedicine@state.mn.us. This email address is also noted on the task force website: <https://www.health.state.mn.us/people/psychmed/index.html>, where members of the public can view the task force's meeting schedule, as well as meeting materials. The available meeting materials generally include agendas, meeting summaries, and materials distributed to task force members to be used as reference or working materials during meetings. Task force members can bring comments, questions, and concerns from the constituencies they represent on the task force to relevant task force work and discussions.

Although the task force has limited staff capacity and funding, members may determine alternative forms of public engagement. As work continues, task force members may determine a publicly distributed survey or qualitative interviews with subject matter experts (SMEs) and/or people with lived experience may be relevant or helpful to the development of recommendations. SMEs may also be asked to support subgroup work, present information during task force meetings, or contribute insights between meetings as considered helpful by members and/or chair. Members will receive monthly updates regarding public outreach via a document posted to Mural. Those who reach out to the task force email are encouraged to share anything they'd like members to note and are reminded to review the website for any updates regarding requests for information.

Decision Making Tools

A broad complement of decision making tools will be used by the task force with the goal of creating more nuanced understandings, building consensus where possible, and abiding with open meeting laws. Types of decision making tools are described on the task force working Mural. Before beginning deliberations on significant issues, the chair and/or whole task force will agree on the decision making tool(s) to be used.

Member Appointments and Selection

The following defines the 23 seats available on this task force:

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- governor or a designee
- two members of the house of representatives, one appointed by the speaker of the house and one appointed by the minority leader of the house of representatives, and two members of the senate, one appointed by the senate majority leader and one appointed by the senate minority leader
- commissioner of health or a designee
- commissioner of public safety or a designee
- commissioner of human services or a designee
- attorney general or a designee
- executive director of the Board of Pharmacy or a designee
- commissioner of commerce or a designee
- members of the public, appointed by the governor, who have relevant knowledge and expertise, including:
 - two members representing Indian Tribes within the boundaries of Minnesota, one representing the Ojibwe Tribes and one representing the Dakota Tribes;
 - one member with expertise in the treatment of substance use disorders;
 - one member with experience working in public health policy;
 - two veterans with treatment-resistant mental health conditions;
 - two patients with treatment-resistant mental health conditions;
 - one psychiatrist with experience treating treatment-resistant mental health conditions, including post-traumatic stress disorder;
 - one health care practitioner with experience in integrative medicine;
 - one psychologist with experience treating treatment-resistant mental health conditions, including post-traumatic stress disorder; and
 - one member with demonstrable experience in the medical use of psychedelic medicine.

Terms

Member terms will last for the duration of the task force's existence; on or around January 1, 2025. If a member resigns or is removed, staff will immediately reach out to the position's appointing authority seeking a replacement.

Removal

Members can be removed by the appointing authority (governor) at any time and may be removed for missing up to three consecutive meetings. See Minnesota [Statute 10.059 Subd. 4](#) for details.

Leadership

The task force will operate under the leadership of a chairperson responsible for working with staff to create a space in which the whole task force can be effective together and accomplish its delegated tasks.

Selection

The chairperson is selected by simple majority of the members at the first meeting.

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Terms

The chairperson's term will last for the duration of the task force's existence; on or around January 1, 2025. If the chairperson resigns, a new chair will be selected by a majority of the members at the next scheduled meeting opportunity.

Charter Ratification and Maintenance

The task force will ratify this charter when a two-thirds majority of the total membership of the task force approves of the content. The task force can reassess the charter if the need emerges.

Charter History

Established: (date)

Revised: (date)