

**ALASKA STATE LEGISLATURE**  
**HOUSE SPECIAL COMMITTEE ON MILITARY AND VETERANS' AFFAIRS**

February 13, 2024

12:49 p.m.

**MEMBERS PRESENT**

Representative Stanley Wright, Chair  
Representative Ben Carpenter  
Representative George Rauscher  
Representative Dan Saddler  
Representative Cliff Groh  
Representative Andrew Gray

**MEMBERS ABSENT**

Representative Laddie Shaw

**OTHER LEGISLATORS PRESENT**

Representative Jamie Allard

**COMMITTEE CALENDAR**

HOUSE BILL NO. 158

"An Act relating to the Joint Armed Services Committee; relating to judge advocates; relating to military facility zones; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 228

"An Act establishing the Alaska mental health and psychedelic medicine task force; and providing for an effective date."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 158

SHORT TITLE: MILITARY; UNITED STATES SPACE FORCE

SPONSOR(S): MILITARY & VETERANS' AFFAIRS

04/12/23	(H)	READ THE FIRST TIME - REFERRALS
04/12/23	(H)	MLV
04/27/23	(H)	MLV AT 1:00 PM GRUENBERG 120
04/27/23	(H)	<Bill Hearing Canceled>

05/02/23 (H) MLV AT 1:00 PM GRUENBERG 120  
05/02/23 (H) Heard & Held  
05/02/23 (H) MINUTE (MLV)  
02/13/24 (H) MLV AT 1:00 PM GRUENBERG 120

BILL: HB 228

SHORT TITLE: MENTAL HEALTH/PSYCHEDELIC MED. TASK FORCE  
SPONSOR(S): ARMSTRONG

01/16/24 (H) PREFILE RELEASED 1/8/24  
01/16/24 (H) READ THE FIRST TIME - REFERRALS  
01/16/24 (H) HSS, STA, FIN  
02/02/24 (H) MLV REPLACES HSS REFERRAL  
02/02/24 (H) BILL REPRINTED  
02/13/24 (H) MLV AT 1:00 PM GRUENBERG 120

**WITNESS REGISTER**

TAMMIE PERREAULT, Northwest Regional Liaison  
Defense State Liaison Office  
Department of Defense  
Joint Base Lewis-McChord, Washington

**POSITION STATEMENT:** Answered questions during the hearing on HB 158.

REPRESENTATIVE JENNIE ARMSTRONG  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented HB 228 as prime sponsor.

CALVIN ZUELOW, Staff  
Representative Jennie Armstrong  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Read the summary of changes from HB 228 Version R to Y on behalf of Representative Armstrong, prime sponsor.

MICHAELA FOWLER, Deputy Commissioner  
Office of the Commissioner  
Department of Commerce, Community, and Economic Development  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on HB 228.

BETH LAW  
Wasilla, Alaska

**POSITION STATEMENT:** Offered invited testimony during the hearing on HB 228.

MICHAEL DEMOLINA, PhD, LPCS, CDCS, MAC, President  
Wisdom Traditions Counseling  
Anchorage, Alaska

**POSITION STATEMENT:** Spoke as invited testifier during the hearing on HB 228.

SARA KOZUP-EVON, RN, President-Elect  
Advanced Practice Registered Nurses Alliance  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 228.

BAILEY STUART, Owner  
Stuart Consulting  
Wasilla, Alaska

**POSITION STATEMENT:** Testified in support of HB 228.

KATHLEEN WEDEMEYER, Deputy Director  
Citizens Commission on Human Rights  
Los Angeles, California

**POSITION STATEMENT:** Testified in opposition to HB 228.

#### **ACTION NARRATIVE**

[1:02:03 PM](#)

**CHAIR STANLEY WRIGHT** called the House Special Committee on Military and Veterans' Affairs meeting to order at 12:49 p.m. Representatives Groh, Saddler, Rauscher, Gray, and Wright were present at the call to order. Representative Carpenter arrived as the meeting was in progress.

#### **HB 158-MILITARY; UNITED STATES SPACE FORCE**

[1:02:46 PM](#)

CHAIR WRIGHT announced that the first order of business would be HOUSE BILL NO. 158, "An Act relating to the Joint Armed Services Committee; relating to judge advocates; relating to military facility zones; and providing for an effective date."

[1:03:07 PM](#)

CHAIR WRIGHT opened public testimony on HB 158. After ascertaining that no one wished to testify, he closed public testimony.

1:04:00 PM

REPRESENTATIVE SADDLER asked how prevalent the addition of U.S. Space Forces to the Air Force Association is.

1:04:28 PM

TAMMIE PERREAULT, Northwest Regional Liaison, Defense State Liaison Office, Department of Defense (DoD), offered her understanding that the Space Force Association is established as a separate group, like the Air Force Association and Army Association. She said these groups are currently working to establish such associations in each state.

REPRESENTATIVE SADDLER said that language on page 2, line 1, implies that the Air and Space Force Association is one organization. He suggested that language could be changed by splitting up Section 1(3)(B).

1:06:00 PM

REPRESENTATIVE SADDLER moved to adopt Conceptual Amendment 1, on page 2, line 1 to divide subparagraph (B) to two separate subparagraphs with one reading "the Air Force Association" and the other "the Space Force Association".

REPRESENTATIVE RAUSCHER objected for the purpose of discussion.

REPRESENTATIVE SADDLER said that the Air Force Association and the Army Association are support organizations and are similar. He suggested that since the integration of the Space Force into the Department of Defense (DoD) is happening now, there should be separate lines for each different military association.

REPRESENTATIVE RAUSCHER asked Ms. Perreault for her opinion of Conceptual Amendment 1.

1:07:20 PM

MS. PERREAULTY deferred the question to the State of Alaska.

REPRESENTATIVE RAUSCHER asked if there is someone from the state who could answer.

1:08:00 PM

The committee took an at-ease from 1:08 p.m. to 1:11 p.m.

1:11:45 PM

REPRESENTATIVE SADDLER [moved to] withdraw Conceptual Amendment 1. [There being no objection, it was so ordered.]

1:11:50 PM

CHAIR WRIGHT announced that HB 158 was held over.

**HB 228-MENTAL HEALTH/PSYCHEDELIC MED. TASK FORCE**

1:12:00 PM

CHAIR WRIGHT announced that the final order of business would be HOUSE BILL NO. 228, "An Act establishing the Alaska mental health and psychedelic medicine task force; and providing for an effective date."

1:12:33 PM

REPRESENTATIVE JENNIE ARMSTRONG, Alaska State Legislature, as prime sponsor, read the sponsor statement [included in committee packet], which read as follows [original punctuation provided]:

HB 228 seeks to create a task force to consider barriers to the implementation of and equitable access to certain psychedelic medicines ahead of the expected FDA authorization<sup>1</sup> of prescription drugs that would fall under this category.

The task force will report to the Legislature by December 31, 2024 what regulations or other changes are necessary in the state for Alaskans to safely benefit from these new treatments for mental health issues such as treatment-resistant depression, post-traumatic stress disorder, substance use disorder and other mental health issues common in Alaska.

Alaska has the highest share of veterans per capita<sup>2</sup> and one of the highest suicide rates in the nation.<sup>3</sup> Coupled with also being a state where 43.3% of women and 30.2% of men in Alaska experience domestic

violence and related crimes in their lifetimes and where 84% of American Indian/Alaska Native women experience violence,<sup>4</sup> there is a potential for these medicines to have a profoundly positive impact on the mental health crises we see statewide. This task force is an opportunity to ensure we are prepared for the potential federal medicalization of these life-saving and life-changing medicines.

[1:13:39 PM](#)

The committee took an at-ease from 1:13 p.m. to 1:15 p.m.

[1:15:55 PM](#)

REPRESENTATIVE RAUSCHER moved to adopt the proposed committee substitute (CS) for HB 228, Version 33-LS0976\Y, Bergerud, 2/9/24, as the working document.

REPRESENTATIVE CARPENTER objected for the purpose of discussion.

[1:16:32 PM](#)

CALVIN ZUELOW, Staff, Representative Jennie Armstrong, Alaska State Legislature, on behalf of Representative Armstrong, prime sponsor, read the summary changes from version R to Y [included in committee packet], which read as follows [original punctuation provided]:

1. In section 1 (a), after "The purpose of the task force is to," new language is added that reads "prepare for the potential medicalization of psychedelic medicines by the United States Food and Drug Administration; to make policy recommendations to the Alaska State Legislature concerning insurance and licensure, given the unique nature of the administration of psychedelic medicines; and to ensure the state is prepared if psychedelic medicines become available for prescription." This change clarifies the purpose of the task force is only to ensure the state is prepared if the federal government authorizes prescriptions of psychedelic medicines, and not to advocate for or against the medicalization of psychedelics.

2. In section 1 (a) (4), the existing language which reads "consider legal and regulatory pathways to the

legalization of psychedelic medicines in the state, and the potential effects of the medicines on public health" is replaced with language that reads "consider legal and regulatory changes that could be necessary in the state after federal medical approval of psychedelic medicines." This change is also made to clarify the purpose and work of the task force.

3. In section 1 (b) (5), the language "one of whom must be a recognized ethnoherbalist," is deleted. This change is made to give the Alaska Native Health Board more latitude to choose their representatives to the task force.

4. A new subsection is added as 1 (b) (8), and following subsections are renumbered. The new subsection 1 (b) (8) reads: "One member representing licensed therapists or counselors, appointed by the board of directors of the Alaska Addiction Professionals Association." This change recognizes that therapists or counselors would be involved in the administration of psychedelic medicines and adds a representative from the field to the task force.

5. In section 1 (e), the language "but are entitled to per diem and travel expenses authorized for boards and commissions under AS 39.20.180" is deleted. This change removes state funding for board travel.

6. Section 1 (f) (2) which instructs the task force to "ensure members are available for legislative hearings" is deleted, as the task force will terminate before the next legislative session.

7. Section 1 (g) is reworded to clarify the termination date of the task force is when the Thirty-Fourth Alaska Legislature convenes in January 2025, not when the Thirty-Fifth Alaska Legislature convenes in January 2027. This change aligns with the existing task force report due date of December 31, 2024.

[1:19:20 PM](#)

REPRESENTATIVE CARPENTER removed his objection. There being no further objection, Version Y was before the committee.

[1:19:55 PM](#)

REPRESENTATIVE ARMSTRONG began the PowerPoint presentation on HB 228 [hardcopy included in committee packet] on slide 2, which read as follows [original punctuation provided]:

This task force will not consider or take a position on the medicalization, decriminalization or legalization of psychedelic medicines.

REPRESENTATIVE ARMSTONG moved to slide 3, which read as follows [original punctuation provided]:

The purpose of the task force

This task force will craft a set of policy recommendations for the 34th legislature to consider in advance of the potential medicalization of certain psychedelic medicines by the FDA so that we can be prepared if and when that happens.

Assess the potential use of psychedelic medicine in addressing the state's ongoing mental health crisis

Consider barriers to implementation and equitable access

Consider and recommend licensing and insurance requirements for practitioners in the state

Consider legal and regulatory changes that could be necessary in the state after federal medical approval of psychedelic medicines.

REPRESENTATIVE ARMSTONG added that several states have already established such task forces, and some have already released reports, including Utah, Hawaii, Washington, Oregon, Connecticut, and Nevada. In 2021, Texas became the first state to enact a psychedelic research bill; the state itself is funding a trial that would administer psilocybin to veterans with post-traumatic stress disorder (PTSD).

[1:24:05 PM](#)

REPRESENTATIVE ARMSTRONG transitioned to slide 4, which read as follows [original punctuation provided]:

Why is this important?

The FDA approves about 43 novel drugs each year, but not all of them have the potential to make as big of an impact as psychedelic medicines.

"Popular media is inundated with overwhelmingly positive references to these drugs... The high degree of enthusiasm and anticipation is beyond anything we've ever seen with any unapproved psychiatric drug."

Dr. Javier Muniz, a senior official at the F.D.A. division that evaluates new drugs

[1:24:48 PM](#)

REPRESENTATIVE ARMSTRONG switched to slide 5, which read as follows [original punctuation provided]:

Alaska is suffering from an acute mental health and addiction crisis

MENTAL HEALTH

- 3rd highest suicide rate in the country

ADDICTION

- 35.6 drug overdose deaths per 100,000

VIOLENCE

- Highest rate of women killed by men for the 7th year in a row
- 58 out of every 100 women have experienced intimate partner violence, sexual violence or both

REPRESENTATIVE ARMSTRONG switched to slide 6, which read as follows [original punctuation provided]:

"If I hadn't gone through it, my son would have a folded flag, and instead, he has a father. I think we need more mothers and fathers and less folded flags."

-Jonathan Lubecky, Army Veteran who underwent psychedelic treatment

- Alaska has the largest share of Veterans per capita in the U.S.
- Veterans have a 57% higher suicide rate than nonveterans

- ~2 of 10 Veterans with PTSD also have substance (sic) use disorder
- In the wars in Iraq and Afghanistan, about 1 in 10 returning Veterans seen by the VA have a problem with alcohol or other drugs.
- In November 2023, the VA said it was committed to studying psychedelics for PTSD treatment
  - "There are several studies at VA facilities researching psychedelic-assisted therapy for mental health, and the department is closely monitoring outside research."

[1:26:22 PM](#)

REPRESENTATIVE ARMSTRONG moved to slide 7, which read as follows [original punctuation provided]:

We can make sure Alaska is ready

By bringing together a diverse group of folks who will offer policy recommendations to the Legislature, we can make sure that Alaska is able to safely maximize the benefits these new medicines can provide to our state.

CLINICAL TRIALS MAP:  
<https://psychedelics.berkeley.edu/clinical-trials-map/>

#### KEY DATES

- 2017: FDA designated MDMA-assisted therapy for PTSD a Breakthrough Therapy.
- 2021: MAPS PBC conducted two Phase 3 clinical trials for its MDMA therapy
  - Both showed that patients had "clinically significant improvements" in PTSD symptoms after receiving the treatment.
  - The results of the second Phase 3 trial, published in 2023 in Nature Medicine, showed that 71.2% of participant receiving the MDMA therapy no longer met diagnostic criteria for PTSD at the end of the study.
- December 13, 2023: MAPS PBC formally submitted a New Drug Application (NDA) to the FDA
  - If approved, would be the first new FDA-approved PTSD treatment in more than 20 years.

- February 9, 2024: FDA accepted the application and granted it Priority Review
- August 2024: FDA expected to announce its determination

[1:30:10 PM](#)

REPRESENTATIVE RAUSCHER asked about the 71.2 percent that received the trial MDMA therapy and what the total population was.

REPRESENTATIVE ARMSTRONG offered her understanding that MAPS has had about 1,700 people undergo trials, but said she can follow up with the exact figure.

[1:30:37 PM](#)

REPRESENTATIVE GRAY asked why a task force is needed for this psychiatric medication but not others.

REPRESENTATIVE ARMSTRONG explained that MDMA therapy is done in a prescribed setting; the person takes the MDMA three times over three different eight-hour therapy sessions with a therapist, as well as 12 drug-free therapy sessions. She said a task force is needed because licensing this medication, and ensuring it is affordable through insurance, is important.

REPRESENTATIVE GRAY offered that there are other treatments, like electro-convulsive therapy for depression, that didn't require a task force. He questioned the choice of assigning a task force instead of the medical facility itself making decisions around the drug.

REPRESENTATIVE ARMSTRONG pointed out that medical facilities cannot make licensing determinations. She said that a new licensing structure needs to be created in Alaska to determine who can be licensed and what qualifies them.

REPRESENTATIVE GRAY commented that veterans get care through the Department of Veterans Affairs and hospitals, which are federal institutions that follow federal guidelines. He said he is unsure that a state task force would have any authority over a federal facility and what it does with its patients.

REPRESENTATIVE ARMSTRONG answered that there are several insurance groups in the state, including Veterans Affairs,

Medicaid, and Medicare. She said the task force would examine the groups and determine what they are allowed to do.

[1:35:30 PM](#)

REPRESENTATIVE SADDLER said he is not sure if the House Special Committee on Military and Veterans' Affairs is the right place to argue the benefits of this medication. He stressed that the bill is totally contingent on the U.S. Food and Drug Administration (FDA) approving psychedelic drugs for treatment. He suggested that the state wait until the FDA approves the drug, before making the preparations.

REPRESENTATIVE ARMSTRONG responded that the FDA has given every indication that it would approve the drug in August. She said if the state were to wait until after FDA approval, it is unknown when the drug would go into production and distribution; if the drug were made immediately available and people in Alaska wanted it, they could not get it because no one in the state would be licensed to access it yet. She said the task force would meet this year and provide a report with policy recommendations at the end of the year.

REPRESENTATIVE SADDLER asked whether psychedelic drugs would be beneficial.

REPRESENTATIVE ARMSTRONG answered that she cannot speak to that but pointed to clinical trials with positive results. She said the state could benefit from this treatment due to its high rates of mental health issues.

REPRESENTATIVE SADDLER reiterated that it would be prudent to wait for the FDA to approve the drug.

[1:39:40 PM](#)

CHAIR WRIGHT asked why there is not a seat on the task force for pharmacy.

REPRESENTATIVE ARMSTRONG acknowledged that a pharmacist was not added to the task force; however, she noted that when the drug is scheduled, the prior pharmaceutical process would transfer over. She said she is open to changes.

[1:40:26 PM](#)

REPRESENTATIVE CARPENTER asked what agency reviews new drugs.

1:41:12 PM

MICAELA FOWLER, Deputy Commissioner, Office of the Commissioner, Department of Commerce, Community, and Economic Development, answered that the Board of Pharmacy reviews new drugs but does not approve drugs for distribution.

REPRESENTATIVE CARPENTER inquired whether board review is normal following FDA action.

MS. FOWLER responded that she anticipates, should the FDA approve the drugs, there would be communications to many boards.

1:42:50 PM

REPRESENTATIVE GROH asked the sponsor to elaborate about the benefits of the medication for veterans.

REPRESENTATIVE ARMSTRONG answered that the benefit is that the veteran goes into PTSD remission, thereby surviving. She reiterated the MDMA therapy process.

1:45:19 PM

REPRESENTATIVE GRAY asked for assurance that there would be a special license required for this medication that wouldn't be required for others.

REPRESENTATIVE ARMSTRONG responded that this medicine requires specialized care and training [for those administering it]. She stressed that there must be a task force so that the treatment process can be fine-tuned. She said there would be greater harm in allowing insurance companies to charge what they want, as well as allowing anyone to practice using this treatment.

REPRESENTATIVE GRAY asked if the task force would serve as a barrier from the drugs being rolled out immediately.

REPRESENTATIVE ARMSTRONG answered that the purpose of the task force is to answer questions such as whether the drug is easy to get or who should qualify. She said the task force would not be a barrier; it would speed the process up.

REPRESENTATIVE GRAY said that if special licenses aren't required and it does become a new prescription medication, then any one with a medical license who can prescribe medication

would prescribe it. He asked about the finding that not having a task force would slow down access when there are other drugs that are just approved.

REPRESENTATIVE ARMSTRONG explained that there are many anti-depressants that are not blanket prescribed and require referrals. She said the qualifying process for patients needs to be thoroughly vetted.

[1:49:48 PM](#)

REPRESENTATIVE CARPENTER asked if the appropriate boards could come together and jointly meet.

MS. FOWLER answered yes, the boards could come together to have cross-professional discussions.

REPRESENTATIVE CARPENTER inquired as to whether, if the intent is to apply subject matter experts to manage this drug, the task force requires FDA guidelines.

[1:51:55 PM](#)

REPRESENTATIVE ARMSTRONG answered that the FDA has provided non-binding guidelines, as well as 20 years of clinical data. Regarding whether the boards can meet jointly to discuss this, she said that the task force's membership includes representatives from the Alaska Native Health Board and a licensed therapist; there are different stakeholder groups that need to be represented. She noted that culturally informed care is an important aspect of care that the task force would need to discuss. She added that the fiscal note is from the original version of the bill, and that there will be an updated note once the department has reviewed the committee substitute.

REPRESENTATIVE CARPENTER questioned if there has been anyone that has shown interest in starting a business around this medicine.

REPRESENTATIVE ARMSTRONG responded that some of the companies are looking at the creation of new medicine. She said there are municipalities that have de-criminalized the medicine. She pointed to Oregon as the only state that legalized such medicines. She shared that she is already getting advertisements for Ketamine therapy in Anchorage, so as time goes on, there may be more places offering the treatment.

1:55:30 PM

BETH LAW shared that she is a retired colonel living in Wasilla, who spent 34 years in military service, 14 of which were spent as active duty in Alaska, and she was deployed during Operation Iraqi Freedom. She further shared that she survived alcoholic parents, sexual assaults, and rape. She said that in 2009, she was diagnosed with stage IV lung cancer and given two years to live. She was her sister's caregiver, who passed away in 2012; she was her father's until he passed in 2014; in 2015 she was a caregiver for a close friend, who also passed. She said she experienced years of being on anti-depressants and mood stabilizers for her combat experience as well as for her anxiety and depression.

MS. LAW stated that she has first-hand experience in psilocybin treatment through a retreat in Jamaica called Myco Meditations. There is an initial session with group therapy, followed by three different doses; the set and setting are important. She explained that the facility does not admit bi-polar individuals, nor narcissists, as the treatment has much to do with the person's subconscious and conscious mind. She said that during her one-week treatment, she did three different doses of psilocybin mushrooms, and a therapist was always present with her; each dosing lasts about six hours. Following each dose, she underwent an integration period which had her relay what she had experienced and make sense of it. She stressed that the treatment is not a vacation, it is structured with a doctor that administers the medicine. She shared that her fear of dying went away after her treatment in Jamaica, and though she knows she has cancer, it is not something she constantly thinks about. She said she cannot say enough good things about the treatment and how much it helped her. She added that she knows people who had experience with MDMA, Ketamine, and psilocybin, and said that MDMA and Ketamine far outweigh psilocybin in terms of therapeutic purposes.

2:02:44 PM

MICHAEL DEMOLINA, PhD, LPCS, CDCS, MAC, President, Wisdom Traditions Counseling, shared that he went to Fort Richardson from 1988 to 1992, and at the fort, he treated active-duty Vietnam soldiers as part of the drug and alcohol program. He commented that he is and has been the president and founder of an out-patient clinic in Anchorage for 35 years. He shared that he is a national trainer in trauma informed care using movement desensitization, brain spotting, and emotional freedom technique

(EFT) tapping; the success rate in treating veterans increased from 42 percent to 72 percent. He said he is open to questions as he has been taking notes.

[2:05:14 PM](#)

REPRESENTATIVE CARPENTER asked what the medication does.

DR. DEMOLINA answered that the American Psychiatric Association provides a trauma informed care rubric for exposure therapy, which rewires the brain. He explained that in comparison to the normal treatment process, psychedelic-assisted therapy shortens treatment times from two years to three months, as well as has a 10 percent higher level of success. He explained the part of the brain called the "default mode network," which is the narrative part of the brain; the dosage session neutralizes the network temporarily enough so that the person can come back to their own embodied experience of trauma and tell a different story. He said that much of the discussion thus far has highlighted the importance of the therapeutic aspect of the treatment, and that education will need to happen across the nation about the treatment. He explained that, in psychedelic-assisted therapy, the therapist must be involved in a preparation session with the patient to let them know what to expect, followed by an integration session. The last 20 years of research has been about determining what the right amount of dosage is and what the right pattern of therapy is. He said that the conditions that are excluded from this treatment, narcissism and bi-polar disorder, are the reason he is advocating for the bill; this is a different kind of medicine that needs medical clearance and has therapy sessions.

[2:09:20 PM](#)

CHAIR WRIGHT opened public testimony on HB 228.

[2:09:47 PM](#)

SARA KOZUP-EVON, RN, President-Elect, Advanced Practice Registered Nurses Alliance (APRN), said that APRN works on policy and regulation matters around advanced practice registered nurses, and works with the Board of Nursing. She explained that she is a psychiatric nurse practitioner and owner of a small group practice in Anchorage, where she has treated patients with tri-care and Veterans' Affairs insurance, but mainly works with adults that have mood and anxiety disorders.

She shared that she completed a year-long psychedelic-assisted therapy training program.

MS. KOZUP-EVON said that she is calling for passage of HB 228, as current mental health tools she has are inadequate, like individual therapy and Prozac; however, bringing in psychedelic framework has been a game changer for her patients. She explained that she works with Ketamine, which is the only federally legal psychedelic-adjacent medicine currently available in clinical practice, which she uses as an off-label treatment for PTSD and treatment-resistant depression. She said that veterans in Alaska have many unmet mental health needs, and the ongoing research on psychedelic medicines shows promise in meeting the need. The medicines make the patients very vulnerable, which is why thought must be put towards who can prescribe the medicines, as well as "holding space" for the patient. She explained that advanced practice nurses will play a role in both prescribing and administering the therapy for this medicine, and that collaboration among the task force members is the best chance for creating an accessible and ethical system of care for psychedelics.

[2:13:06 PM](#)

REPRESENTATIVE GRAY asked if a year-long drug course should be required in order to be licensed to use this medication.

DR. KOZUP-EVON answered that the training can be done in less than a year. She added that additional training is needed, as the psychedelic framework is so specific to address the increased vulnerability of patients. The medicine also requires ongoing ethical consultations in the community.

[2:14:53 PM](#)

BAILEY STUART, Owner, Stuart Consulting, said she is in support of HB 228, and said it is in the best interest of the state and veterans that conversations are about what takes place following FDA approval of psychedelics as medicine. She relayed that, in January, the Federal Department of Veterans' Affairs issued a request for proposals to study the use of certain psychedelic compounds in treating PTSD and depression. She stressed that there should be a regulatory framework in place before FDA approval. She said that the future of medicine, particularly for mental health, is going in the direction of assisted-psychedelic therapy.

2:17:45 PM

KATHLEEN WEDEMEYER, Deputy Director, Citizens Commission on Human Rights, said that while version Y of the bill clarifies that the state shall not make legal or deliver psychedelic drugs without full FDA approval, the Citizens Commission on Human Rights' position is "other." She cautioned members on setting up a system of mental health treatment that trades one brain resetting drug for another. She read the following quote from former United Nations Special Rapporteur on the Right to Health, Dainius Pūras:

"There is now unequivocal evidence of the failures of a system that relies too heavily on the biomedical model of mental health services, including the front-line and excessive use of psychotropic medicines, and yet these models persist."

MS. WEDEMEYER said psychedelics are unpredictable by nature, behave differently for each person, and can have long-term, harmful side effects. She read a quote from forensic psychiatrist Brian Holoyda:

"There remains insufficient evidence regarding the safety of psilocybin, however. In addition, clinical trials have been extremely exclusionary in selecting participants, so there is little data on the effects of psilocybin in real-world populations of patients with psychiatric disorders."

MS. WEDEMEYER urged members to examine other avenues, like ones detailed in the World Health Organization's guidance on community health services.

2:19:56 PM

REPRESENTATIVE CARPENTER stated that there is a problem with prescription drug abuse in the country, and that drugs used in psychedelic treatment are significantly different drugs. He asked whether there is evidence that show whether the drugs are not addictive, and how to prevent the drugs from being abused.

REPRESENTATIVE ARMSTRONG said she could follow up with a chart to show the addictiveness level of various drugs. She explained that in the psychedelic medicine trials, there has been nothing to show that the drugs are addictive. She explained that people would not be prescribed the medicine and then be able to take it

home; the medicine is ingested on-site with someone supervising. She said that psychedelic-assisted therapy is not something that people would want to do repeatedly and suggested that the task force investigate and prevent "doctor shopping."

[2:22:38 PM](#)

MS. WEDEMEYER added that in the diagnostic manual, there is now a hallucinogen persisting perception disorder listed as a condition that occurs as a result of using hallucinogenic drugs.

REPRESENTATIVE CARPENTER said that, since the legalization of marijuana, there are numerous ways in which to ingest the drug. He offered his concern about that the drug, which can put a person in physical care for 8 hours, could be abused by the public.

[2:24:03 PM](#)

REPRESENTATIVE ARMSTRONG responded that this is why it is important to have a task force on this matter as it could answer questions around the use of the drug. She said that medical professionals in the state are preparing for authorization and legalization of these prescription drugs.

[2:25:13 PM](#)

DR. DEMOLINA commented that he underwent mental and physical (MAP) training for about a year and had done the training because of the inevitability of "whatever our attitudes are to it." He shared that he already gets calls about people that are flying outside of the country to receive psychedelic-assisted therapy; clinics are having to respond to people who have gone but the practice did not have "wrap-around" service or quality control. He offered his full support in having standards on how the therapy is rolled out.

[2:26:39 PM](#)

REPRESENTATIVE GRAY asked Ms. Wedemeyer about the Citizens Commission on Human Rights' connection with the Church of Scientology.

MS. WEDEMEYER answered that they are sponsored by the Church of Scientology; in 1969, the church and Dr. Thomas Szasz founded the commission.

REPRESENTATIVE GRAY inquired as to what the commission's stance is on other traditional anti-depressants, like selective serotonin reuptake inhibitors (SSRIs).

MS. WEDEMEYER responded that they are not fans of the use of chemical drugs. She said that if people are prescribed an anti-depressant, they should also be given a physical examination to rule out physical causes of their depression.

[2:28:57 PM](#)

CHAIR WRIGHT, after ascertaining that no one else wished to testify, closed public testimony on HB 228.

[2:29:07 PM](#)

CHAIR WRIGHT announced that HB 228, Version Y, was held over.

[2:29:20 PM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House Special Committee on Military and Veterans' Affairs meeting was adjourned at 2:29 p.m.