

Assembly DHHS

AB378 Hearing

Mar 26, 2025 1:30 PM

Kate Cotter

Executive Director, Nevada Coalition for Psychedelic Medicines & Sierra Psychedelic Society

Good afternoon, Chair Brown-May, Vice Chair Nguyen, and members of the committee. For the record, my name is Kate Cotter [K-A-T-E C-O-T-T-E-R] and I serve as the executive director of Nevada Coalition for Psychedelic Medicines, a (501(c)(4) nonprofit, and Sierra Psychedelic Society, a (501(c)(3))--dedicated to educating and promoting risk management around psychedelics. I've devoted myself to this work because of the healing I've personally experienced through the therapeutic use of these medicines. I am extremely fortunate not to have endured the kind of trauma that many of our veterans and first responders have. Nevertheless, I came into this world with a genetic wiring for acute anxiety, depression, and addiction. I'm unspeakably grateful for the intervention of psychedelic medicine—it undoubtedly saved my life. The neuroplasticity induced by these compounds provided me the opportunity to rewire my neural pathways and to recalibrate my nervous system—something conventional treatments and pharmaceuticals were never able to do. I truly hope we can make these treatments safely accessible to those who are suffering—especially those who have served our country and communities selflessly and with great sacrifice.

And now I appreciate the opportunity to walk you through the key provisions of Assembly Bill 378.

Notably, Section 3 defines “alternative therapy” to mean any treatment of a mental health condition that involves the medically supervised administration of a psychedelic substance.

Section 7 defines “psychedelic substance” to include:

Psilocybin;

Psilocin;

Dimethyltryptamine

Ibogaine; and

Mescaline—as found in cacti such as San Pedro

Section 9 of the bill creates the Alternative Therapy Pilot Program to provide medically supervised administration of psychedelic substances for the purpose of treating mental health conditions among veterans and former first responders. This section requires the Division of Public and Behavioral Health to administer the Program.

Section 10 requires the Division to adopt regulations to carry out this Program

Section 11 authorizes the Division to contract with an organization for the purpose of research and education.

Section 12 requires the Division to authorize at least one person to cultivate, manufacture, or produce psychedelic substances to be used in the Pilot Program. While the bill leaves specifics of production oversight to regulation, it is understood that any investigational use of a Schedule I substance must comply with federal requirements—including FDA-approved Investigational New Drug applications (INDs), Drug Master Files, and Good Manufacturing Practices (GMPs).

Section 13 requires the Division to collect comprehensive data concerning all alternative therapies provided under any pilot program.

Section 14 provides that any person who has been approved to participate in the Program is immune from civil, criminal, and administrative liability.

Section 16 authorizes DPBH to pursue public or private funding and contract with institutions or organizations to support implementation and evaluation of the pilot. While legislation isn't required to conduct a private study, this section reflects our intent to collaborate with the State and to generate Nevada-specific data. The goal is to lay the foundation for a broader regulated access model in the future, based on the research. This could allow for DPBH to act like a regulatory and administrative steward, while allowing qualified external partners to do the day-to-day work of patient assessment and selection, treatment, data collection, etc.

In closing, I would like to express gratitude to Assemblyman Carter for his vision and leadership in bringing forth this legislation, and thank you all for your time and consideration. We welcome any questions from the committee at this time.