



ASSEMBLY STANDING COMMITTEE ON HEALTH

SUBJECT: Medicinal value of psilocybin

PURPOSE: The purpose of this hearing is to examine the potential medicinal value and risks of psilocybin.

**Tuesday, September 30th, 2025
11:00 a.m.
250 Broadway
Assembly Hearing Room, 19th Floor
New York City, NY**

ORAL TESTIMONY WILL BE BY INVITATION ONLY

Psilocybin is a naturally occurring psychedelic compound produced by fungi known for its hallucinogenic effects. Currently, psilocybin is classified as a Schedule I controlled substance, meaning that, like other illicit drugs, it has been determined to have no accepted medical use in the United States and/or there is a substantial risk associated with its use.

However, in October 2018 and November 2019, the Federal Food and Drug Administration designated psilocybin-assisted therapy as a “breakthrough therapy” for treatment-resistant depression and major depressive disorders, respectively, indicating that the therapy may offer improved results for such conditions over currently approved treatments. Furthermore, two studies were published in 2023 in the *Journal of Military, Veteran and Family Health* and *European Psychiatry* indicating psilocybin’s potential in treating headache disorders, such as cluster headaches.

Various localities have enacted measures regarding psilocybin, including the states of Colorado, Oregon, and New Mexico which allow for its supervised use, citing its potential as a treatment for some mental health conditions. However, more information is needed to better understand the medicinal value that psilocybin may have as a therapy in New York State. To this end, the Committee seeks to hear from researchers, medical experts, and other stakeholders on the potential medicinal value and risks of psilocybin.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes’ duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee’s interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Amy Paulin
Member of Assembly
Chair
Committee on Health

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the medicinal value of psilocybin are requested to complete this reply form as soon as possible and mail, email, or fax it to:

Calvin Giudici
Legislative Analyst
Assembly Standing Committee on Health
Room 442 - Capitol
Albany, New York 12248
Email: giudicic@nyassembly.gov
Phone: (518) 455-4371
Fax: (518) 455-4693

- ☐ I plan to attend the following public hearing on the medicinal value of psilocybin to be conducted by the Assembly Committee on Health on September 30th, 2025.
- ☐ I have been invited to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- ☐ I will address my remarks to the following subjects:

- ☐ I do not plan to attend the above hearing.
- ☐ I would like to be added to the Committee mailing list for notices and reports.
- ☐ I would like to be removed from the Committee mailing list.
- ☐ I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____
- _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____