SENATE JOINT RESOLUTION NO. 10–SENATORS NGUYEN, STONE; DALY, DOÑATE, FLORES, HANSEN, OHRENSCHALL AND SCHEIBLE

FEBRUARY 26, 2025

JOINT SPONSORS: ASSEMBLYMEMBERS GONZÁLEZ, MOORE, NGUYEN, CARTER, WATTS; ANDERSON, BROWN-MAY, CONSIDINE, DALIA, DICKMAN, D'SILVA, GALLANT, GRAY, HANSEN, HIBBETTS, JACKSON, KARRIS, ORENTLICHER AND ROTH

Referred to Committee on Legislative Operations and Elections

SUMMARY—Urges Congress to take certain actions relating to the therapeutic use of certain psychedelic compounds. (BDR R-801)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

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EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets [~~omitted material~~] is material to be omitted.

SENATE JOINT RESOLUTION—Urging Congress to take certain actions relating to the therapeutic use of certain psychedelic compounds.

WHEREAS, Mental health conditions, including post-traumatic stress disorder (PTSD), treatment-resistant depression, anxiety disorders and substance use disorders, affect millions of Americans, including veterans, first responders and other residents of Nevada; and

WHEREAS, Conventional treatments for these mental health conditions often prove inadequate for many patients, leaving such patients without effective therapeutic options; and

WHEREAS, Preliminary research has indicated that certain psychedelic compounds, including psilocybin, psilocin, N,N-dimethyltryptamine (DMT), ibogaine, mescaline and 3,4-methylenedioxymethamphetamine (MDMA), when administered in

controlled clinical settings, show promising therapeutic potential for treating various mental health conditions; and

WHEREAS, The United States Food and Drug Administration has granted, in 2017, 2018 and 2019, respectively, MDMA-assisted therapy for PTSD, psilocybin therapy for treatment-resistant depression and psilocybin therapy for major depressive disorder Breakthrough Therapy designation, thereby acknowledging the potential of those treatments to offer substantial improvement over existing treatments and expediting their development and review; and

WHEREAS, Multiple Phase 2 and Phase 3 clinical trials have demonstrated the safety and efficacy of certain psychedelic-assisted therapy, with trials showing that MDMA-assisted therapy led to 67 percent of patients with severe PTSD no longer meeting diagnostic criteria after treatment, and psilocybin-assisted therapy led to a 71-percent reduction in depressive symptoms at 1 week post-treatment for patients with treatment-resistant depression, with 58 percent of patients maintaining significant improvement at their 3-month follow-up; and

WHEREAS, Researchers at Stanford University demonstrated that ibogaine treatment led to significant improvements in veterans with traumatic brain injury and PTSD, with participants experiencing average reductions of 88 percent in symptoms of PTSD, of 87 percent in symptoms of depression and of 81 percent in symptoms of anxiety at their 1-month follow-up; and

WHEREAS, Multiple studies focused on veterans conducted at leading institutions have shown promising results for treating PTSD related to combat and traumatic brain injury with psychedelic compounds, including recent breakthrough findings published in *Nature Medicine* regarding magnesium-stabilized ibogaine for the treatment of traumatic brain injury; and

WHEREAS, Clinical research has demonstrated significant potential for psychedelic compounds to address chronic pain conditions, with studies showing that the pulse administration of psilocybin reduced the frequency of cluster headache attacks by approximately 50 percent from baseline, from an average of 18.4 attacks to 9.8 attacks per week, and MDMA-assisted therapy produced significant reductions in the pain intensity, disability and overall pain severity of patients with PTSD with high baseline pain levels; and

WHEREAS, The National Defense Authorization Act for Fiscal Year 2024, Public Law 118-31, directed the Department of Defense to establish a process for service members to participate in clinical trials studying psychedelic compounds, including psilocybin and MDMA, for treating PTSD and traumatic brain injury, allocated

$10,000,000 in funding and authorized partnerships with other agencies and academic institutions, thereby demonstrating growing federal recognition of the potential of these treatments; and

WHEREAS, The Department of Veterans Affairs has partnered with researchers at Brown University and Yale University to conduct a 5-year study, at the cost of $1,500,000, at the Providence VA Medical Center and West Haven VA Medical Center evaluating MDMA-assisted therapy for veterans with co-occurring PTSD and alcohol use disorder, representing the first research initiative involving psychedelic-assisted therapy funded by the Department since the 1960s, and which was part of a broader effort announced in January 2025 to investigate the safety and efficacy of psychedelic compounds for treating veterans with mental health conditions; and

WHEREAS, Extensive research has demonstrated that classic psychedelics have low abuse potential, with studies showing no physical dependence or withdrawal symptoms and clinical evidence indicating that psychedelic compounds can effectively treat substance use disorders; and

WHEREAS, Clinical research demonstrates that psychedelic compounds like psilocybin and MDMA have a favorable safety profile when administered in controlled clinical settings with appropriate medical screening and supervision, with studies showing no lasting neuropsychological deficits, organ damage or serious adverse reactions and a significantly lower rate of adverse medical events compared to many current standard treatments; and

WHEREAS, Schedule I classification under the Controlled Substances Act, 21 U.S.C. §§ 801 et seq., designates a substance as having no currently accepted medical use and a high potential for abuse; and

WHEREAS, Controlled substances classified in schedule I are subject to significant barriers to research, including more burdensome regulatory and bureaucratic hurdles than research of other controlled substances; and

WHEREAS, Physicians cannot access controlled substances classified in schedule I to treat patients who have terminal or life-threatening conditions under the Trickett Wendler, Frank Mongiello, Jordan McLinn, and Matthew Bellina Right to Try Act of 2017 (“Right to Try Act”), Public Law 115-176, even if the controlled substance is otherwise an eligible investigational drug under the Act; and

WHEREAS, The low potential for abuse of psychedelic compounds and evidence of their medical utility, particularly the designation of Breakthrough Therapies by the United States Food and Drug Administration, contradicts their classification as schedule I controlled substances; and

WHEREAS, Leading medical research institutions have established dedicated centers for psychedelic research, including the Johns Hopkins Center for Psychedelic and Consciousness Research, the Project on Psychedelics Law and Regulation at the Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School, the University of California Berkeley Center for the Science of Psychedelics, the New York University Langone Health's Center for Psychedelic Medicine, the Parsons Research Center for Psychedelic Healing at the Icahn School of Medicine at Mount Sinai, the Yale Program for Psychedelic Science, the University of Wisconsin-Madison Transdisciplinary Center for Research in Psychoactive Substances, the Stanford Psychedelic Science Group, the Massachusetts General Hospital Center for the Neuroscience of Psychedelics, the Charmaine and Gordon McGill Center for Psychedelic Research and Therapy at Dell Medical School at the University of Texas at Austin and the Washington University Program in Psychedelics Research; and

WHEREAS, The State of Nevada recognizes the urgent need to address the mental health crisis and expand treatment options for those in need; now, therefore, be it

RESOLVED BY THE SENATE AND ASSEMBLY OF THE STATE OF NEVADA, JOINTLY, That the Nevada Legislature hereby urges the Congress of the United States and the appropriate federal agencies to:

1. Increase federal funding for research into the therapeutic applications of psychedelic compounds, particularly for treating mental health conditions, substance use disorders and chronic pain;

2. Establish a streamlined process for approving and conducting research with psychedelic compounds, while maintaining appropriate safety protocols and oversight;

3. Establish a process to allow for compassionate medical use of psychedelic eligible investigational drugs under the Right to Try Act, while maintaining appropriate safety protocols and oversight;

4. Reschedule psilocybin, psilocin, DMT, ibogaine, mescaline and MDMA to a schedule that better reflects the therapeutic value, low potential for abuse and safety for use under medical supervision of those compounds, giving priority to the rescheduling of compounds that have received Breakthrough Therapy designation from the United States Food and Drug Administration; and

5. Establish legal protection against federal prosecution for individuals and entities complying with state law concerning the supervised adult use of psychedelic compounds and require states to enter research partnerships with the Attorney General under the Controlled Substances Act to study the public health outcomes of such state programs; and be it further

RESOLVED, That the Nevada Legislature supports expanded research into the therapeutic potential of psychedelic compounds at qualified research institutions within this State; and be it further

RESOLVED, That the Secretary of the Senate prepare and transmit a copy of this resolution to the President of the United States, the Vice President of the United States as the presiding officer of the Senate, the Speaker of the House of Representatives, each member of the Nevada Congressional Delegation, the Administrator of the United States Drug Enforcement Administration and the Director of the National Institutes of Health; and be it further

RESOLVED, That this resolution becomes effective upon passage.

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