



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1717</b>		DATE: <b>2/16/2026</b>	
COMMITTEE: <b>Emerging Issues</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ALINA VERA LOVE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/16/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ANNE BETHUNE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/16/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>BRITTANY FRAZIER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/16/2026 9:17 AM</b>
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I am writing to support psilocybin as a therapeutic intervention in Missouri. I am a Licensed Clinical Social Worker specializing in the care of trauma survivors, and have PTSD myself. Psilocybin has tremendous therapeutic potential when administered responsibly and safely, with maximum harm-reduction precautions in place. This includes safe medicine, administered by trained professionals who are experts in their respective fields. The main barrier to this much-needed treatment is the lack of legal pathways available for administration and use. I encourage legislators to create this legal venue for people, including veterans, to access the therapeutic benefits of this medicine in a way that is based in science and the best interests of those receiving the treatment.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>BYRON KEELIN</b>		PHONE NUMBER: <b>314-402-0655</b>	
BUSINESS/ORGANIZATION NAME: <b>FREEDOM PRINCIPLE</b>		TITLE: <b>PRESIDENT</b>	
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CITY: <b>BALLWIN</b>		STATE: <b>MO</b>	ZIP: <b>63011</b>
EMAIL: <b>freedomprinciplemo@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/16/2026 10:57 AM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

The Freedom Principle strongly supports the following bills to address the growing harms of artificially generated materials created or altered through artificial intelligence (AI): HB 2321, HB 2035, HB 2350, HB 2361, HB 1913, and HB 2862. (Note: HB 1187 does not appear directly related to AI-generated content based on available information, but I support any provisions that protect individuals from misuse of emerging technologies.)

These bills collectively tackle one of the most urgent emerging issues of our time: the proliferation of AI-generated or AI-altered images, videos, and audio that depict real people—often without their knowledge or consent. This includes non-consensual intimate/sexual depictions (deepfake pornography), synthetic child sexual abuse material, unauthorized use of a person’s likeness or voice, and deceptive digital impersonation.

**Key Common Themes Across These Bills**

- Consent and privacy protections — HB 2321 (AI-Generated Content Accountability and Privacy Protection Act) requires explicit consent for publishing AI-generated or altered content depicting an individual and imposes meaningful penalties for violations, with higher penalties for sexual/pornographic content.
- Criminalization of non-consensual altered sexual content — HB 2035, HB 2350, and HB 2361 close dangerous loopholes by treating AI-generated or altered explicit depictions (including of minors) as equivalent to traditional child pornography or sexual offenses, and by making the knowing creation, distribution, or promotion of non-consensual “altered sexual depictions” a felony.
- Disclosure and civil remedies — HB 1913 creates offenses and civil penalties for the unauthorized disclosure of intimate digital depictions. HB 2862 prohibits digital impersonation and provides for injunctive relief and civil actions.

These measures are narrowly tailored, include appropriate exemptions (artistic, parody, journalistic, research, etc., often with required disclosure), and focus on harm caused by lack of consent or malicious intent. They do not ban AI technology itself—only its abusive applications that violate privacy, dignity, and safety.

**Why These Bills Matter**

AI tools now allow anyone with a smartphone to create hyper-realistic fake videos or images of real people in explicit, violent, or humiliating situations within minutes. Victims—disproportionately women, minors, educators, public figures, and private citizens—suffer severe emotional trauma,

reputational damage, job loss, and increased risk of physical harm. Current Missouri law was written before these tools existed and leaves too many victims without recourse.

Missouri has a responsibility to act swiftly. These bills send a clear message: technological innovation is welcome, but it must not come at the expense of human dignity and consent. They align with similar protections already enacted or advancing in other states and provide Missourians with both criminal deterrence and civil remedies.

We urge the committee to give these bills a do-pass recommendation so they can move forward and provide timely protections before the harms become even more widespread.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>DALE MORGAN</b>		PHONE NUMBER: <b>816-719-5793</b>	
BUSINESS/ORGANIZATION NAME: <b>PSYCHEDELIC SOCIETY OF KANSAS CITY</b>		TITLE: <b>PRESIDENT</b>	
ADDRESS: <b>15809 E 44TH ST S</b>			
CITY: <b>INDEPENDENCE</b>		STATE: <b>MO</b>	ZIP: <b>64055</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>EDWARD RUSSO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/16/2026 12:52 PM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Good afternoon Chair Christ and members of the committee. My name is Edward Russo, I am a Missouri resident, and I am here in support of HB 1643, HB 1717, HB 2817, and HB 2961.

Left foot. Then the right.

That's one of the first things they teach you in basic training. When everything feels overwhelming, when you don't know how far you have to go, you reduce it to the fundamentals. You don't solve the whole march. Left foot. Then the right. Keep moving forward. Still almost 25 years later, my brain always resets here.

I grew up in the suburbs of St. Louis, the second oldest of seven children, in a great family. I'm now married, living in St. Peters, the proud father of three amazing kids. They are why I'm here.

I am here because after years of fighting battles I could not see and I almost broke, then, an organization called Veterans Exploring Treatment Solutions stepped in, and offered me a rope.

Because of that rope I have decided I can no longer sit back and do or say nothing. So I am here in support of HB 1643, HB 1717, HB 2817, and HB 2961 because Traditional treatments often fail many of us. Medications that don't work, years of talk therapy with no progress, or forward movement.

I am here because I served in Psychological Operations, part of Army Special Operations, for nearly ten years. I joined after 9/11, like many of us did, believing I was strong enough to do my part.

If you are looking for the highlight reel, I deployed multiple times to Iraq, and then to Afghanistan in 2010.

I left behind the normal life of someone in their 20's for ideas like loyalty, duty, respect, courage. Honor.

I left parts of myself in places most people will never see.

I left scenes behind that no human being should ever have to process — and I won't relive them here. Those memories belong to real people. It's not my place to use them for effect.

I left friends behind.

And I believed I left it all over there.

Before I deployed, my grandfather — a World War II artillery gunner — told me, “Get on the plane. Do the job. Get back on the plane and come home.”

Leave it over there.

That became my mantra.

I thought it had.

I left the military and thought I was fine.

I left the doctor’s office when they told me the chronic pain had no explanation.

I left conversations when other veterans talked about PTSD, because I told myself I didn’t have it.

I compared.

I measured.

I used a yardstick and said, “I did more. I’m okay.”

I carried the weight.

I was wrong.

The shift for me came when I heard something so simple: the worst thing that has ever happened to someone is the worst thing that has ever happened to them. There is no universal scale. Trauma is not a competition.

When I stopped comparing, I started recognizing what I had been carrying.

The worst thing that ever happened to me wasn’t just combat.

It was watching my father die.

It was not being able to be there for my mom when she went through cancer treatment because of covid protocol.

It was getting a call from my wife telling me she found a lump on her breast.

It was watching my children watch their mother go through two years of chemo, surgery, radiation, and reconstruction.

It was being told it was over — taking her out to celebrate — and learning the next day they were wrong and it had spread.

It was learning that after all of that, I had prostate cancer.

I was broken. It had become too heavy.

I had been stacking bricks my whole life — war, loss, identity, cancer. I just kept marching.

Until I couldn’t.

My brother and I joke that the most traumatic thing we ever saw was the horse sinking in The NeverEnding Story. If you’ve seen it, you know the scene.

What makes it hard isn’t just that the horse sinks. It’s that it stops fighting. It doesn’t know how to keep going forward.

When you’re sinking, it can feel easier to just go down.

Luckily for me, that was the moment I was thrown a rope.

I heard a former SEAL tell his story. I recognized myself in it. He mentioned Ibogaine — something I had never heard of.

Then I heard others I respect speak about it and psychedelic therapy helping vets. That was enough for me to look deeper.

I felt like I had nothing left to lose.

Thank God I took the chance.

For years my mind felt like a radio slightly off frequency — almost clear, but not quite. A constant low static underneath everything. I could function. But the signal was never clean.

Ibogaine didn't erase the things that made me who I am.

But it cleared the signal enough for me to see what I was carrying.

And that is why I am here today.

We do not have enough research. We do not have enough access. We do not have enough clinical guidance to understand how this works — or why.

There was a time when anesthesia was considered immoral. Now we'd consider surgery without it immoral. Medicine, often in history, has a phase where it sounds radical before it sounds routine.

If something is helping veterans that have been through the worst of what you can imagine, regain clarity and move forward, why wouldn't we study it? Why wouldn't we want protocols, safeguards, follow-up care, and data?

Why wouldn't we at least try?

You may want to see me as a broken soldier because that makes it easier to put me in a box.

But I'm not just a soldier.

I'm a husband.

A father.

A son.

A neighbor.

A coworker.

A friend.

I'm you.

Do it for the off chance your life ends up with just one thing that you don't know how to carry. And you hope and pray you have something to hold onto.

Sometimes it's not just war that brings someone to this edge. Sometimes it's the weight that comes at us in everyday life. It can happen fast.

It can happen to those you love, and let me tell you there is nothing harder than watching someone you love lose hope and wondering if you're going to be strong enough to pull them out this time.

Throw away the yardstick. Stop measuring how distant your life is from mine.

The worst thing that has ever happened to me is not the worst thing that has happened to you, and it doesn't matter.

It's time to have the strength to have the conversation. Let's move forward instead of standing still.

I've been able to start moving forward again because of VETS.

**I'm here for my brothers and sisters still stacking bricks and pretending they're fine. The ones who just need a rope before it's too much.**

**The World War II generation came home and helped build America into the strongest nation on earth.**

**After two decades of war, our generation of veterans has the desire, will, and ability to do the same.**

**But we can't do it if we're stuck.**

**And we can't do it if we stay silent.**

**We took the first step.**

**We were willing to take the hard step.**

**Left.**

**Right is up to you.**

**Thank you for the opportunity to testify.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELIZABETH WELLS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/14/2026 12:29 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

I am a Psychiatric Mental Health Nurse Practitioner with clinical experience working in research and clinical trial settings involving psychedelic compounds. I submit this testimony in strong support of House Bill 1717.

House Bill 1717 represents an important and responsible step toward addressing the significant mental health needs of Missourians, including veterans and individuals with treatment-resistant mental health conditions. Many patients suffering from PTSD, major depressive disorder, substance use disorders, and end-of-life distress do not achieve adequate relief through current treatment options alone.

Funding and supporting psilocybin research allows Missouri to participate in evidence-based, regulated clinical trials that prioritize patient safety, scientific rigor, and ethical oversight. These trials are essential to better understand efficacy, appropriate indications, and risk mitigation strategies, while ensuring that research remains within established medical and regulatory frameworks.

From a clinical and public health perspective, House Bill 1717 supports innovation while maintaining safety and accountability. It advances science, reduces stigma surrounding emerging mental health treatments, and provides data necessary to guide future policy decisions.

I respectfully urge the committee to support the passage of House Bill 1717.

Thank you for your consideration.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>GREGORY WILLIAMS</b>		PHONE NUMBER: <b>573-256-9084</b>	
BUSINESS/ORGANIZATION NAME: <b>MODERN HEALTH COALITION</b>		TITLE:	
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CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65203</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JOE PATTERON</b>		PHONE NUMBER: <b>314-520-1540</b>	
BUSINESS/ORGANIZATION NAME: <b>ST. LOUIS COUNTY POLICE ASSOCIATION</b>		TITLE: <b>EXECUTIVE DIRECTOR</b>	
ADDRESS: <b>115 BAXTER ROAD</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63011</b>
EMAIL: <b>JPatterson@slcpa.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/13/2026 9:24 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I am writing today as a former law-enforcement officer and public safety advocate to voice my strong support for House Bill 1717, which would introduce a structured, controlled framework allowing qualified veterans and First Responders to use psilocybin as a therapeutic intervention for conditions including Post-Traumatic Stress Disorder (PTSD), major depressive disorder, and substance use disorders under clinical and supervised conditions.

This legislation represents an important step forward in broadening our state’s mental-health toolkit for those who bear the psychological burdens of service to others.

Front-line public safety is inherently stressful and often traumatic. Whether responding to violence, fatal accidents, or life-and-death emergencies, first responders are repeatedly exposed to situations that can overwhelm the human psyche. This chronic cumulative stress— the lasting emotional and cognitive burden of experiencing or witnessing extreme trauma—can degrade resilience and lead to mental health breakdowns. The cumulative impact of such stress is not theoretical; it contributes to mental illness, PTSD, depression, and sadly, suicide.

National data suggests that first responders experience significantly elevated rates of suicide when compared with the general population. Reports indicate hundreds of first responders have ended their own lives in recent years, with annual documented figures exceeding 140 cases in a single recent year alone. What’s more, research highlights that conditions like PTSD, depression, and suicidal ideation are far more prevalent among firefighters, emergency medical personnel, and police officers—at times many times higher than civilian rates—driven by repeated occupational trauma.

Traditional mental health treatments—such as talk therapy and standard antidepressants—are valuable but not universally effective, and many first responders continue to struggle despite years of conventional care.

That is why expanding access to innovative, evidence-based treatments in a safe, supervised context is so critical.

Psilocybin-assisted clinical treatment has shown promising outcomes in early and emerging research.

While more rigorous trials are underway and must continue, existing studies have found that psilocybin can significantly reduce depressive symptoms and support lasting psychological healing

when administered with proper therapeutic support.

Further, organizations such as the Johns Hopkins Center for Psychedelic and Consciousness Research are currently investigating psilocybin specifically for PTSD. These results align with the biological and psychological premise that psilocybin may enhance neural flexibility, reduce fear conditioning, and facilitate emotional processing, helping patients confront and integrate traumatic experiences in ways traditional therapies often cannot.

HB 1717's framework—requiring participant enrollment in studies and supervised administration by qualified facilitators—ensures both scientific rigor and patient safety, while protecting healthcare professionals and ensuring valuable data is collected that can inform future practices.

As a former law-enforcement officer who has witnessed firsthand the toll trauma takes on colleagues and community members, I believe that compassion, research, and innovative healing pathways must be part of our public-health response.

For these reasons, I respectfully urge the Committee to support HB 1717, and to help provide our veterans and first responders suffering from the invisible wounds of trauma with greater access to potentially life-saving treatments.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JOSHUA FALLER</b>		PHONE NUMBER: <b>314-603-8802</b>	
BUSINESS/ORGANIZATION NAME: <b>MODERN HEALTH COALITION</b>		TITLE: <b>ADVISORY BOARD MEMBER</b>	
ADDRESS: <b>11 WHITE BIRCH CT</b>			
CITY: <b>FENTON</b>		STATE: <b>MO</b>	ZIP: <b>63026</b>
EMAIL: <b>jfaller92@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/16/2026 8:31 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Dear Chairman Christ and Members of the Committee,

My name is Josh Faller. I am a United States Marine Corps veteran, a former law enforcement officer, a member of the Modern Health Coalition advisory board, a provisionally licensed professional counselor in the state of Missouri providing clinical therapy, and in a separate role I work as a mental health professional in crisis intervention. The Modern Health Coalition’s mission is to develop and support legislative and regulatory policies that encourage psychedelic research, education, and clinical trials in Missouri so that effective treatments can become available to veterans and first responders.

I appreciate the opportunity to submit testimony in support of House Bill 1717.

I come to this issue from multiple perspectives. I have served in the military. I have worked in public safety. And today I work both in ongoing clinical therapy and in crisis response, sitting across from individuals who are struggling with trauma, depression, addiction, and suicidal thoughts. I see firsthand how our current system is helping some people, but failing many others.

In my clinical work, I primarily focus on veterans and first responders who are struggling with trauma, depression, addiction, and suicidal thoughts. Many have spent years cycling through the same treatments. They have tried multiple medications, attended therapy for long periods of time, and still feel stuck. Some feel emotionally numb. Others feel overwhelmed by memories they cannot escape. Many are simply exhausted from trying treatment after treatment without meaningful relief.

As a clinician, I am not against traditional therapy or medication. I use those tools every day. But I also see, week after week, that for some veterans and first responders, our current approaches are simply not enough.

This is not a theoretical issue. It is something we see in real time in our communities. We are asking people to keep trying the same tools, even when those tools are not working for them.

HB1717 offers a different approach. It does not legalize psilocybin. It does not create a recreational system. Instead, it establishes a tightly controlled, veteran-focused research framework under medical supervision.

The bill is designed to be conservative, research-driven, and accountable. It limits access to veterans with serious, treatment-resistant conditions and places use inside a structured study model with oversight and reporting requirements.

From both a clinical and public safety perspective, that matters. It ensures that any use is medically supervised, lab-tested, data-driven, and limited to appropriate populations. It is not a free-for-all. It is a controlled, research-based pathway. The bill also provides legal protections for both patients and participating healthcare professionals, which is essential if we want responsible clinicians to be involved in this work.

We also have to be honest about the scope of the problem. Veterans continue to experience high rates of suicide, and these numbers reflect a crisis that traditional treatments have not fully resolved.

First responders face similar realities. Repeated exposure to trauma leads to high rates of PTSD, depression, and suicide across law enforcement, fire, and EMS professions. In both of these populations, cumulative trauma is not an exception. It is the norm.

As someone who works in crisis settings, I see the consequences of that trauma up close. I see the effects of chronic stress, untreated PTSD, substance misuse, and emotional isolation. I also see how limited our treatment toolbox can be when someone has already tried everything we currently offer.

Psychedelic-assisted therapies are not a magic solution, but emerging research suggests they may offer meaningful relief for conditions like PTSD, major depression, and substance use disorders. That is why these therapies are being studied in controlled clinical trials, and why federal regulators have shown increasing interest in them as potential breakthrough treatments.

Right now, some veterans are traveling to other countries to access these therapies legally because they have exhausted every option available here. No veteran should have to leave the United States to seek treatment that is already being studied under medical supervision.

HB1717 is a measured step forward. It allows Missouri to participate in responsible, regulated research. It creates a pathway for supervised treatment while collecting outcome data. And it positions our state to be prepared if these therapies receive federal approval in the coming years.

I have worn the uniform, I have worn the badge, and today I sit in the counseling chair. From all three perspectives, I can tell you that we need more tools, not fewer, to address the mental health crisis facing our veterans and first responders.

We ask our service members and first responders to face extraordinary stress and trauma. In return, we owe them access to the best possible care, especially when traditional treatments have failed.

HB1717 does not promise miracles. It does something more important. It creates a safe, research-based path to explore treatments that may save lives.

Thank you for your time and your consideration of this legislation.

Respectfully,  
Josh Faller  
USMC Veteran  
Former Law Enforcement Officer  
Provisionally Licensed Professional Counselor, Missouri  
Modern Health Coalition Advisory Board Member



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOY MILLNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/13/2026 8:19 PM</b>
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I am a member of the Modern Health Coalition, a Missouri-based organization dedicated to advancing legislative and regulatory policies that support responsible psychedelic research, education, and clinical trials. Our mission is to expand safe, evidence-based treatment options for veterans and first responders, particularly those facing mental health challenges. We strongly support efforts that position Missouri to lead in developing innovative, research-backed solutions for those who have served our country and communities. I am testifying in support of this measure.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JOY MILLNER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/13/2026 8:07 PM</b>	
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I am Joy Millner, a member of the Modern Health Coalition, a Missouri-based organization dedicated to advancing legislative and regulatory policies that support responsible psychedelic research, education, and clinical trials. Our mission is to expand safe, evidence-based treatment options for veterans and first responders, particularly those facing mental health challenges. We strongly support efforts that position Missouri to lead in developing innovative, research-backed solutions for those who have served our country and communities. I am testifying in support of this measure.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1717</b>		DATE: <b>2/16/2026</b>	
COMMITTEE: <b>Emerging Issues</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LARRY SHAPIRO, PHD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/14/2026 9:41 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Missouri House of Representatives  
 Emerging Issues Committee  
 Missouri State Capitol

RE: Written Support for HB 1717 and HB 2961 – Psychedelic-Assisted Therapy Research  
 Dear Members of the Emerging Issues Committee,

I am submitting this letter in support of HB 1717 and HB 2961, which would advance responsible, regulated research into psychedelic-assisted therapies. I am unable to attend the committee meeting in person, but I appreciate the opportunity to share my professional perspective for the legislative record.

I am a licensed clinical psychologist with over fifteen years of experience treating combat veterans, first responders, and individuals with extensive histories of abuse and neglect. I maintain a private practice in Missouri, serve as adjunct faculty at Washington University in St. Louis, and am affiliated with the Center for Holistic Integrative Research in Psychedelics (CHIRP) and the Health Minds Lab. Through PSYPACT, I also treat individuals across the 43 member states.

A significant portion of my clinical work has involved individuals with chronic PTSD, treatment-resistant depression, obsessive-compulsive disorder, and complex trauma—many of whom have not experienced meaningful relief from standard psychiatric medications or have discontinued them due to intolerable side effects.

I want to be explicit: I do not recommend, condone, or endorse the use of illegal substances, nor am I advocating for recreational use. However, since approximately 2022, nearly all veterans I have treated have reported specific use of or exposure to psychedelic substances as part of their own efforts to improve their mental health. This has occurred largely outside of research settings.

As a treating clinician, I have observed the downstream clinical effects of these experiences when followed by structured psychotherapy. In that context, I have seen a marked increase in the speed and durability of therapeutic change, particularly among veterans, first responders, and individuals with histories of severe trauma. The most commonly reported substance has been psilocybin, primarily due to accessibility. I have also worked with veterans who have participated in ibogaine experiences.

My PTSD treatment protocols require substantial between-session work to address fears related to hypervigilance, danger, and loss of control—work that is emotionally demanding and often leads to premature dropout. Following psychedelic experiences or the use of small, non-psychedelic amounts

of psychedelics, I have had patients spontaneously report behaviors that had previously seemed unattainable, including safely storing or selling firearms, entering public spaces alone, sleeping without nightmares, discontinuing alcohol use, reconnecting with family, and resuming social and recreational activities. These actions were not prescribed or directed; they emerged independently.

I have observed similar spontaneous improvements in individuals with long-standing treatment-resistant depression, including reductions in negative self-talk, suicidal ideation, and substance use, alongside increased engagement with family and community. In cases of severe obsessive-compulsive disorder where traditional treatments had failed, patients have returned to therapy reporting behavioral changes—such as touching public surfaces or refraining from compulsive checking—that had previously felt impossible.

I completed training in Psychedelic-Assisted Psychotherapy at Integrative Psychiatry Institute in 2022 and have continued to study and learn more about how psychedelic medicines can enhance psychotherapy. I am among a small number of doctoral-level clinicians in Missouri with this training. Based on both clinical experience and formal education, I view psychedelic-assisted therapy as a new mental health technology, not merely a novel therapeutic technique.

As with any emerging technology, rigorous research is necessary to answer critical questions regarding safety, effectiveness, indications, and long-term outcomes. In the absence of sufficient federal leadership and funding, I believe states have an important role to play. Several states have already passed legislation supporting structured research into psychedelic-assisted therapies. Missouri has the opportunity to be a leader in this area—advancing science, attracting research talent, and contributing to evidence-based policy rather than allowing this area to develop without oversight. For these reasons, I respectfully urge the Committee to support HB 1717 and HB 2961. Thoughtful, well-regulated research is the most responsible path forward for patients, clinicians, and policymakers alike.

Thank you for your time and consideration.

Respectfully submitted,

Larry Shapiro, Ph.D.

Licensed Clinical Psychologist



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURA BURKHARDT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/16/2026 9:29 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Emerging Issues</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>LOGAN DAVIDSON</b>		PHONE NUMBER: <b>940-231-3833</b>	
BUSINESS/ORGANIZATION NAME: <b>VETERANS EXPLORING TREATMENT SOLUTIONS (VETS)</b>		TITLE: <b>LEGISLATIVE DIRECTOR</b>	
ADDRESS: <b>300 STATES STREET, UNIT 92040</b>			
CITY: <b>SOUTHLAKE</b>		STATE: <b>TX</b>	ZIP: <b>76092</b>
EMAIL: <b>logan@vetsolutions.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/16/2026 12:24 PM</b>	
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February 16, 2026

The Honorable Brad Chirst  
 Chair, House Committee on Emerging Issues  
 201 W Capitol Ave  
 Jefferson City, MO 65101

Dear Chair Christ,

We write to you to express our strong support for HB 1717 establishing a tightly regulated, veteran-focused framework for psilocybin clinical research in Missouri, and HB 2817 and HB 2961 establishing a strictly FDA-compliant clinical research framework for investigating ibogaine as a treatment of opioid use disorder, co-occurring substance use disorders, and other serious neurological or mental health conditions, with a clear emphasis on veteran populations. These critical pieces of legislation are an important step toward addressing the alarming mental health crisis affecting our nation's veterans and ensuring they have access to innovative, evidence-based treatments.

Veterans are one of the most vulnerable populations when it comes to mental health. Since 2001, over 125,000 veterans have died by suicide, and 29% of Global War on Terrorism veterans are known to suffer from post-traumatic stress disorder (PTSD). The disproportionate incidence of PTSD among veterans is also a driver of the disproportionate incidence of suicide among them. We lose no less than 17 and by some estimates as many as 44 U.S. veterans to suicide every day, at nearly double the rate of non-veteran Americans lost to suicide each year.

Clearly, current mental health treatment options available to our veterans through VA healthcare facilities have been far from universally effective. Our veterans and their families need access to alternative therapies that address the complexity of the challenges they face following service to our nation. As demonstrated by ongoing medical and scientific research, psychedelic therapies are rapidly emerging as an effective tool in treating PTSD, traumatic brain injury (TBI), treatment-resistant depression, substance use disorder, anxiety, and other mental health indications that fuel disproportionate rates of suicide among the veteran population.

Founded in 2019, Veterans Exploring Treatment Solutions (VETS) is a 501(c)(3) non-profit organization working to end the veteran suicide epidemic by providing resources, research, and advocacy for U.S.

**military veterans seeking psychedelic-assisted therapies for TBI, PTSD, addiction, and other health conditions. VETS envisions a world where our veterans have access to the most advanced healthcare options to heal from the mental and physical wounds of war. VETS has supported over 1,000 U.S. Special Operations Forces (SOF) veterans and veteran spouses to access psychedelic-assisted therapy (PAT) treatment abroad, paired with preparation and integration coaching, through our “Foundational Healing Grants” Program.**

**HB 1717 and HB 2817 and HB 2961 are pragmatic steps forward in ensuring Missourians, including the state’s veteran community, have access to breakthrough mental health treatments as they become available. By prioritizing rigorous science, professional oversight, and data-driven outcomes, HB 1717 creates a narrow, veteran-specific pathway for clinical research for psilocybin in Missouri, paired with a state-run oversight and reporting framework. By prioritizing rigorous science, professional oversight, and data-driven outcomes, HB 2817 and HB 2961 accelerate the research and development of ibogaine as a breakthrough therapeutic in Missouri, joining states like Texas and Arizona. Veterans, who face disproportionate rates of PTSD, depression, and suicide, critically need new treatment solutions available in the United States. HB 1717 and HB 2817 and HB 2961 constitute responsible steps to making that a reality.**

**Neither HB 1717 nor HB 2817 or HB 2961 legalize or decriminalize these psilocybin or ibogaine; rather, they take responsible, evidence-based approaches that many states are adopting by advancing research in controlled clinical settings. This research will strengthen the body of evidence supporting potential FDA approval, provide carefully supervised care to patients participating in the trials today, and position the state as a leader—setting a model for other states and the federal government in how to responsibly support veterans’ mental health.**

**Both bills are a crucial first step in positioning Missouri as a leader in mental health treatment access and innovation. With bipartisan support, states across the nation are recognizing the need to act urgently, and Missouri has a unique opportunity to lead by example with a comprehensive, forward-thinking approach. By enacting this legislation, Missouri will not only honor its commitment to those who have served but also set a precedent for responsible, research-driven policymaking that could save countless lives.**

**Thank you for your leadership and commitment to our nation’s heroes. VETS stands ready to assist in any way possible to support the successful implementation of this vital initiative.**

**Respectfully,  
Logan Davidson**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1717</b>		DATE: <b>2/16/2026</b>	
COMMITTEE: <b>Emerging Issues</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MARK E QUINN</b>		PHONE NUMBER: <b>314-422-8124</b>	
BUSINESS/ORGANIZATION NAME: <b>SPECIAL OPERATIONS CHARITY NETWORK</b>		TITLE: <b>CSM, US ARMY (RET); EVP-SOCN PROGRAMS</b>	
ADDRESS: <b>9532 YAFFBURY LANE</b>			
CITY: <b>SAINT LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63123</b>
EMAIL: <b>mark@specopscharity.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/13/2026 1:02 PM</b>	
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**As a Command Sgt Major, US Army (ret) and the Exec. Vice President of Special Operations Charity Network (SOCN) our team at SOCN fully support the passage of this legislation allowing the use of these break-through treatments for service-related Trauma, PTS/PTSD, and possible Opioid addiction. We have witnessed the success of these treatments during previous trials and fully support the ongoing use of these alternative therapies.**

**Best Regards,  
CSM Mark E Quinn  
US Army (ret)  
EVP- SOCN Programs**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MATTHEW TAYLOR</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/13/2026 2:06 PM</b>

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Psilocybin has only positively benefitted my life. It helped me quit drinking alcohol and smoking cigarettes. It helped me feel better when I was depressed without creating a new chemical dependency. Prescription SSRI's share a mechanism of action with Cocaine & Methamphetamine. Psilocin is a very weak reuptake inhibitor of SERT but it's not out there causing chemical dependency because it has such a low binding affinity. Psilocybin mushrooms gave me guidance and direction in my life. They put me in an introspective state where I was able to understand behaviors that stemmed from trauma and find healing without the very high cost of therapy. People deserve real, affordable access to these things that can actually help them and after spending a lot of time studying the mechanisms of action behind these compounds, the value they have is obvious when it comes to treating addiction, depression, PTSD, acute migraine episodes, and more.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MONIQUE GUERRERO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/16/2026 12:42 PM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**My name is Monique Guerrero. I am a 25+ year veteran with a total of over 30 years of service under the Department of the Army. I received a grant in 2024 from Veterans Exploring Treatment Solutions (VETS)**

**I am writing today to strongly advocate for your support for allowing Missouri to advance a responsible, research-driven approach to psychedelic-assisted therapy.**

**I am not in support of recreational use of these psychedelic products. I am writing because this protocol was a pivotal moment on my long, hard, and very dark mental health journey.**

**Studies show that the state of Missouri has one of the highest Veteran Suicide rates, with the number of female veteran suicides increasing exponentially.**

**PTSD and all the nasty mental and physical health issues that come with it continue to devastate our community. PTSD and traumatic brain injuries (TBIs) can bring substance abuse issues to people that never had a problem with them before. Depression, anxiety, guilt, grief and moral injury destroy not only the life of the veteran, but the lives of those they love.**

**Traditional treatments do not target root causes. They do not help people escape from their FIGHT, FLIGHT, FREEZE amygdala (FFFA). The pharmaceuticals that are thrust upon us are just another poison being introduced to our already damaged systems. The brain becomes locked in this state, blocking rational thought and reactions by overriding the frontal cortex.**

**I am one of those veterans that failed mainstream treatments. They were ineffective. The answer was always to increase dosages and/or add ANOTHER pill. If the PTS did not kill me- the damage to my organs from these medications would have.**

**Over the course of my career, like so many others, I accepted horrific acts as “occupational hazards.” These included, but were not limited to, violent sexual assaults and atrocities of war. Friends committing suicide or overdosed on the medications. Some found illegal and non-regulated drugs in desperation for help.**

**I am one of the lucky ones. Through VETS, I received support to pursue a legal, medically supervised psychedelic-assisted therapy program outside the United States.**

**For me this treatment was transformational:**

- Major reductions in PTSD, depression, and anxiety
- Restoration of cognitive functioning
- Freedom from substances or medications
- Renewed relationships, purpose, and stability

This treatment and travel is costly. Out of reach for so many veterans. There is a stigma that comes with PTS and myself included thought I could handle this on my own. I absolutely **COULD NOT**. I took traditional treatments and therapies very seriously. They failed, which meant I **FAILED**. The trauma continued to grow and I became increasingly trapped in my FFFA.

This treatment should be made available to veterans. We should not have to travel outside of our home state to receive it. We should not be relegated to a life of deadly pharmaceuticals. We wrote a blank check to defend and protect the constitution of the United States of America. Both foreign and domestic. The war at home wages on when these innovative and lifesaving therapies are denied. The domestic fight is happening in our legislative branches. I am asking for your support. I am simply asking that our veterans have access to treatments that can give us our lives back. The very lives that we willingly sacrificed for everyone in this room.

Please move this legislation forward. Please put Missouri on the map to address veteran suicide head on. Give Missouri a chance to be known as the **STATE THAT IS FIGHTING VETERAN SUICIDE**, in word and **DEED**.

Thank you for listening to my testimony today. Unfortunately, I cannot testify in person. I am a neuro-technician for eTMS Missouri. We administer another “non-mainstream,” FDA cleared, non-pharmaceutical life changing brain therapy to veterans and first responders of all kinds.

I am available for any questions. I can be reached at [mguerrero@etmsmo.com](mailto:mguerrero@etmsmo.com).

Sincerely,  
LTC-R Monique Guerrero



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>SHAUN BROEKER</b>		PHONE NUMBER: <b>314-602-0574</b>	
BUSINESS/ORGANIZATION NAME: <b>MODERN HEALTH COALITION</b>		TITLE: <b>ATTORNEY</b>	
ADDRESS: <b>1818 HICKORY STREET</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63104</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>WALTER D. DISNEY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/16/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>WILLIAM "TREY" WARREN III, PHD</b>		PHONE NUMBER: <b>757-773-7200</b>	
BUSINESS/ORGANIZATION NAME: <b>VETERANS EXPLORING TREATMENT SOLUTIONS; AMERICANS FOR IBOGAINE, MODERN HEALTH COALITION</b>		TITLE:	
ADDRESS: <b>16446 HICKORY PINE LN APT. C</b>			
CITY: <b>WILDWOOD</b>		STATE: <b>MO</b>	ZIP: <b>63011</b>
EMAIL: <b>trey_warren4@hotmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/15/2026 10:51 PM</b>	
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My name is William "Trey" Warren and I represent Veterans Exploring Treatment Solutions (VETS) and the Modern Health Coalition. I am testifying in support of HB 1717. Every day we lose 17-44 veterans by suicide. Think about that, that is on average one veteran every hour. I feel strongly about this issue because I have fought not to join that statistic.

I served in the Navy for 13 years. I flew F-14 Tomcats and FA-18 Super Hornets. I have 460 take-offs and landings on aircraft carriers. I graduated from Topgun and I conducted 4 combat deployments to Iraq and Afghanistan, 3 flying off aircraft carriers and one on the ground with Special Forces. From these combat deployments, I have been diagnosed, by the VA, with severe PTS, anxiety, depression, and alcohol use disorder. I also suffered a TBI in 2002 and hundreds of concussive episodes that damaged my brain and impaired my cognitive functions.

I started treatment at the VA in 2019 for my above diagnosis. My treatment included multiple pills and talking to someone once a week in their office. This didn't work well for me. The first time I almost committed suicide was in Jan 2022. I decided to come off my long list of medications with the help of my VA psychiatrist, and it was done too fast, which led to the second time I almost committed suicide in August 2022. In fall of 2024, my drinking peaked at 3 bottles of wine a day and my symptoms were awful. I couldn't remember how to get to the grocery store without help. I yelled at my wife and kids all the time, my hands shook, I had nightmares, I slept in my closet and cried every night because of my state. I had my 3rd period of suicidality from Nov 2024 to Feb 2025. Not a day went by I didn't think about killing myself. I will spare you the details, but I was on the edge of the abyss and the love for my kids kept me from taking the plunge.

Psychedelics helped me get through all of this when western medicine failed. Psilocybin coupled with talk therapy, meditation, and some other natural and alternative therapies helped me understand my trauma and has provided me tools to cope with my PTS, anxiety and depression. Recently, I earned my PhD and I teach at Lindenwood University. I am also helping other veterans who are struggling with their combat trauma. I am putting my life back together and rebuilding my relationship with my kids, after subjecting them and their mom to years of trauma from living with me during my years of struggle.

Missouri has a chance to lead the nation in advancing natural and effective treatments that can prevent suicides and restore lives. I urge you to pass HB 1717 to help save the lives of veterans and further research to help the FDA reschedule psilocybin. Approximately 5400 of my brothers and sisters died by enemy fire in Iraq and Afghanistan. Over 125,000 veterans have died by their own hands since 2001. We served our nation and protected this country after 9/11, now I am asking you to help us by passing HB 1717 and giving veterans suffering from trauma, brain injuries, and substance use disorder

**a fighting chance through scientific research that will be closely monitored by the state of Missouri through transparent reporting.**

**Thank you very much for the opportunity to share my story. I am happy to answer any questions about my treatment or my experiences.**

**VR,  
William "Trey" Warren, PhD**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>WILLIAM WISNER</b>		PHONE NUMBER: <b>314-358-5088</b>	
BUSINESS/ORGANIZATION NAME: <b>GRUNT STYLE FOUNDATION</b>		TITLE:	
ADDRESS: <b>7003 SPAVALE DR</b>			
CITY: <b>HIGH RIDGE</b>		STATE: <b>MO</b>	ZIP: <b>63049</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JACOB SCOTT</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE: <b>DIRECTOR OF LEGISLATIVE AFFAIRS</b>	
ADDRESS: <b>113 MADISON ST., 65102</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL: <b>jscott@msma.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/16/2026 3:36 PM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RACHEL BAUER</b>		PHONE NUMBER: <b>573-691-5707</b>	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON ST.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>	
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BILL NUMBER: <b>HB 1717</b>		DATE: <b>2/16/2026</b>	
COMMITTEE: <b>Emerging Issues</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SARAH BERRY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/12/2026 3:44 PM</b>	
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**Chair and Members of the Committee:**

There is a scene in Terminator 2 where Sarah Connor says:  
 “The future is not set.”

HB 1717 tries to make that true for veterans suffering from PTSD, depression, substance use disorders, and end-of-life trauma.

The intent is compassionate.  
 But the structure is combustible.

And if we are not precise, federal preemption will not negotiate.  
 It will terminate.

**I. Federal Controlled Substances Conflict — Skynet Is the CSA**

Psilocybin is a Schedule I substance under the federal Controlled Substances Act (21 U.S.C. § 812).

Schedule I classification means:

- No currently accepted medical use under federal law
- High potential for abuse
- Prohibited manufacture, distribution, and possession except under federal authorization

HB 1717 repeatedly states:  
 “Notwithstanding the provisions of chapter 195 or 579 or any other provision of law to the contrary...”

But federal law is not chapter 195.  
 Federal law is supreme.

U.S. Const. art. VI, cl. 2.

Missouri can decline to criminalize conduct under state law. That is anti-commandeering doctrine (see *Printz v. United States*, 521 U.S. 898 (1997)).

**But Missouri cannot immunize conduct from federal enforcement.**

**Section 9 of this bill attempts to prohibit state agencies from disclosing information to the federal government.**

**That is where we cross from decriminalization into obstruction risk.**

**Courts will examine whether this provision conflicts with federal law enforcement prerogatives.**

**This is not theoretical.**

**States that legalized cannabis navigated this tension carefully.  
HB 1717 moves faster.**

## **II. Liability Shields — Broad Immunity Layer**

**The bill provides sweeping immunity from criminal and civil liability under state law for:**

**Patients**

**Facilitators**

**Physicians**

**State agencies**

**Researchers**

**Referring providers**

**Except in cases of gross negligence or willful misconduct.**

**That is a massive liability shield layered onto a Schedule I substance framework.**

**Courts scrutinize broad immunity grants when they intersect with:**

**Professional licensing**

**Federal Medicare/Medicaid certification**

**Controlled substance enforcement**

**Missouri can limit state licensure discipline.**

**It cannot control federal DEA registration consequences.**

**The bill suggests insulation.**

**Federal law says otherwise.**

## **III. Right-to-Try Expansion — Removing Schedule I Exclusion**

**Current Missouri right-to-try law explicitly excludes Schedule I substances.**

**HB 1717 removes that exclusion.**

**That is a direct policy collision with federal classification.**

**Right-to-try statutes traditionally operate in parallel with FDA investigational processes.**

**Psilocybin studies do exist at the federal level — but under tightly controlled federal approval frameworks.**

**This bill allows therapeutic use outside standard federal investigational drug protocols, so long as certain state conditions are met.**

**That is not incremental reform.**

**That is a state-level alternative pathway.**

**And federal supremacy will be tested.**

## **IV. Information Non-Disclosure to Federal Government**

**Section 9 prohibits state agencies from disclosing identifying information to federal authorities.**

**This is the most vulnerable provision in the bill.  
States are not required to enforce federal law.**

**But affirmatively restricting disclosure in ways that interfere with federal enforcement raises  
preemption and Supremacy Clause scrutiny.**

**This is the Skynet moment.**

**Once federal interests are implicated, the conflict analysis begins.**

#### **V. Severability Clause — Acknowledgment of Structural Risk**

**The bill includes a severability clause.**

**That tells us the drafters understand litigation is foreseeable.**

**Severability protects the surviving provisions.  
It does not prevent constitutional challenge.**

#### **VI. Compassion vs. Collision**

**The policy aim — therapeutic access for veterans — is serious and humane.**

**But this bill attempts to:**

**Decriminalize**

**Immunize**

**Shield licensure**

**Block information sharing**

**Expand right-to-try**

**Fund research**

**All within a single statutory framework.**

**That scale increases legal friction.**

**This is not incremental.**

**This is structural.**

#### **Legislative Notice:**

**The General Assembly is on notice that HB 1717 implicates federal preemption under the Controlled Substances Act and Supremacy Clause jurisprudence. While Missouri may decline to enforce state-level prohibitions, provisions restricting disclosure to federal authorities and granting broad immunity intersect with federal regulatory authority and may be subject to constitutional challenge. Narrowing the bill to research collaboration within federally authorized frameworks would reduce litigation exposure.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Emerging Issues</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DR. DANIELLE ADAMS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/16/2026 12:00 AM</b>
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