



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2817		DATE: 2/16/2026	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ALINA VERA LOVE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/16/2026 12:00 AM
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WITNESS NAME			
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WITNESS NAME: ANTWAN DANIELS		PHONE NUMBER: 816-775-1151	
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Greetings,

I am a master 's-level degree Medicinal Chemist with a background in Tuberculosis novel agents and drug addiction preventative therapies. From my 15 years of experience in fighting addiction through "Stomp Out Meth" in the Boothill, supporting a registry for Cough Syrup, NARCAN for All, and Fentanyl strips to save lives and reduce deaths for our people. Too many young men and women's lives have been ravaged and destroyed due to the overprescribing of Hydrocodone and Oxycodone.

We have a chance to use a natural root or empower chemists across Missouri to synthesize Ibogaine. We can use that as the treatment source. We can also create "biostearic" replacements by removing a Nitrogen group and replacing it with an oxygen group, which reduces the risk of arrhythmias. We have a long road to go, but if we want to get our most precious citizens back into the workforce and become a lifeline for their families, we need this. If you want more GDP, gross domestic product, you need GDP, Good Dedicated People. Thank you. Please email to follow up. kcsciguy@gmail.com

We should not be behind Mississippi on this, really, really!!!

Scientifically Yours,

Professor Daniels



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WITNESS NAME: BRIAN WOHLMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/16/2026 11:24 AM	

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My name is Brian Wohlman; I’ve been formally educated in psychedelic science at Missouri Western State University under Dr. Christine Ziemer, and I volunteer for the Psychedelic Society of Kansas City. Earlier this month, I gave in-person testimony to Mayor Lucas and the Kansas City, Missouri, city council, which, combined with the testimonies of my colleagues, helped amend an ordinance that would have banned all novel psychoactive substances. One such substance, RE104, has passed phase II clinical trials for postpartum depression. These substances will be instrumental tools for our mental health professionals on the front lines of what has become a mental health crisis in our country, as documented by recent US Census Bureau data.

Today, I would like to give testimony on the utility of ibogaine when used in a clinical setting and the importance this substance holds for the future health of Missourians.

Last December, on a flight to Los Angeles to visit family, I sat next to a young gentleman and military veteran from the Midwest who told me he was traveling to Tijuana, Mexico, to visit an ibogaine clinic. Because this is a substance I study, we chatted for quite some time. While I won’t disclose his personal information, his symptoms met the criteria for PTSD. He had tried multiple talk therapies and medications with minimal relief, and in his own words, he considered this trip his “hail Mary”—language you never want to hear a patient use. I ask you, honorable members of the House, why are our military veterans forced to travel to foreign nations to access the effective therapies they so desperately need? He also said the trip cost approximately seven thousand dollars. Most veterans in need cannot afford this treatment and continue to suffer—and even die—from a disorder that psychedelic-assisted therapies have been shown to reduce and, in some cases, put into remission.

Ibogaine was the unfortunate victim, as were many substances in the psychedelic umbrella, of the politicization of psychedelics during Nixon’s war on drugs. Psychologists knew, even before the blanket ban, that ibogaine could treat opioid and other addictions, and it has taken decades for the conversation to return. Ibogaine is unique in the world of addiction therapies, as it has innate drug and experience efficacy. Noribogaine, the ibogaine metabolite, binds to opioid receptors, among others, to reduce opioid cravings and create a window in which withdrawal symptoms are mitigated. At the same time, it allows the patient to enter a unique dreamlike state, called a “oneiric state,” where, through intense introspection, they may find the source or reason they turned to harmful addictive drugs and reframe or reprocess those adverse events in what is commonly called a “life review.” In scientific terms, this is called the holotropic state—moving toward wholeness; it is potent and reliably occurs.

From a neuroscience perspective, and as research in this field continues, these experiences may be

associated with decreased activity in the default mode network (DMN), which is involved in self-referential processing, as well as altered activity in the insula, a region involved in emotional processing and bodily awareness.

To conclude, I would like to speak briefly about my younger brother, who was very dear to me. He struggled with addiction and lost his battle to the soul-destroying fentanyl that plagues our nation. I can't help but wonder if, had ibogaine treatments been available to him, he would still be here. He was a well-respected professional boxer, husband, TV show host, and boxing coach. He is missed very much by many. There are countless Zachary Wohlmans across this great nation—valuable citizens who struggle with opioid addiction—and as a student of psychedelic science and a citizen affected by both the mental health crisis and the fentanyl epidemic, I urge you, by the weight of evidence and your proven benevolence, to pass HB2817. Thank you for your time.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BYRON KEELIN		PHONE NUMBER: 314-402-0655	
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Thank you for the opportunity to submit this testimony in support of HB 2961 and HB 2817, both titled the “Veterans Mental Health Innovation Act.” These companion bills establish a thoughtful, responsible framework to fund FDA-overseen clinical trials of ibogaine for opioid use disorder, co-occurring substance use disorders, and other neurological and mental health conditions—conditions that disproportionately affect Missouri’s veterans, including post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

Missouri has a proud history of supporting those who have served. Yet far too many veterans return home battling invisible wounds that conventional treatments have not fully addressed. PTSD and TBI remain leading causes of chronic disability, depression, anxiety, and suicide among our service members. Current therapies help many, but for a significant number—especially those with treatment-resistant symptoms—relief remains elusive.

Emerging research offers real hope. A landmark observational study conducted with Special Operations veterans (published in *Nature Medicine*, 2023) found that a single medically supervised administration of ibogaine (combined with magnesium for cardiac safety) produced dramatic, rapid, and lasting improvements:

- 88% average reduction in PTSD symptoms
- 87% average reduction in depression symptoms
- 81% average reduction in anxiety symptoms
- Significant gains in daily functioning and cognitive performance that persisted at one-month follow-up

No serious adverse events were reported when cardiac safeguards were in place. Additional peer-reviewed studies of U.S. Special Operations Forces veterans have shown large reductions in suicidal ideation, cognitive impairment, and trauma-related symptoms after ibogaine-assisted therapy.

These findings are not anecdotal; they come from rigorous, prospective data collected on veterans who had exhausted other options. Thousands of American veterans are already traveling to clinics abroad each year to access ibogaine because the potential benefits are so compelling. HB 2961 and HB 2817 would bring that research home to Missouri—under strict FDA oversight, with Missouri-based institutions, matching private funds, and clear requirements for safety and reporting.

Both bills create two dedicated, non-reverting funds: the Ibogaine Study Fund to support the trials and

the Ibogaine Intellectual Property Fund to ensure any future revenues are reinvested in programs serving veterans and at-risk Missourians. They require physician supervision in licensed facilities if ibogaine ever receives FDA approval, and they include robust quarterly and annual reporting to the General Assembly. This is not legalization for recreational use; it is a targeted, evidence-based investment in veteran mental health innovation.

Missouri veterans deserve every safe, effective tool available. By passing HB 2961 and HB 2817, this legislature can position our state as a leader in responsible psychedelic research while delivering hope to the men and women who have sacrificed so much for our freedom.

I urge the committee to give these bills a “do pass” recommendation. Our veterans cannot afford to wait.



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WITNESS NAME: DALE MORGAN		PHONE NUMBER: 816-719-5793	
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WITNESS NAME: DR. CHRISTINE ZIEMER		PHONE NUMBER: 319-594-2829	
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WITNESS NAME			
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WITNESS NAME: DR. HALEY FOX		PHONE NUMBER: 612-396-6905	
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WITNESS NAME			
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WITNESS NAME: EDWARD RUSSO		PHONE NUMBER:	
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CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person	SUBMIT DATE: 2/16/2026 12:52 PM	

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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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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HALEY FOX		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
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CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: In-Person	SUBMIT DATE: 2/15/2026 10:16 AM
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Thank you for the privilege of providing testimony in support of HB 1643, 2817 and 2961, to improve the mental health and wellness of Missouri citizens, in particular those who suffer with trauma and opioid addiction.

I'm Dr. Haley Fox. I live in Forsyth, Missouri, where I have a solo practice as a psychotherapist, clinical supervisor and professor. My credentials include a Ph.D. in Clinical Psychology, a Missouri license in professional counseling, and board certifications in art therapy, music therapy and psychedelic assisted therapy. Recently I have been involved in developing curriculum for Midwest Psychedelics, whose first cohort just launched last month. Midwest Psychedelics is a new training program, endorsed by the American Psychological Association, designed for master's level clinicians seeking to improve their knowledge and skills in supporting and integrating the experiences of people engaged in psychedelic assisted therapy. We are readying ourselves for working effectively with cutting-edge medicines as they are approved in this state.

Evidence supporting the efficacy of plant medicines and synthesized psychedelic compounds in treating mental illness is growing – especially when combined with psychotherapy where set and setting are considered. The existing evidence includes studies regarding the efficacy of treating substance use disorders. While it may seem counterintuitive to some to treat a drug use problem with a drug, it is important to note how frequently other mental health challenges underly and are comorbid with substance use disorders. Many times, substance use functions as an attempt to soothe mental health distress, often secondary to traumatic experiences, and psychedelic medicines are well-equipped to address those underlying issues, thereby eliminating the desire or compulsion to use. The more we understand and respect plant medicines and synthesized psychedelic compounds, the better equipped we will be to apply them responsibly to this end.

My own personal reading and study of the literature and my direct experiences have led me to appreciate how Iboga and its synthesized version ibogaine show particular promise in treating opioid addiction. Ample anecdotal evidence already exists; I suspect you'll hear some compelling personal testimony in this regard today. Individuals who have benefitted from these medicines know how profound the impact has been on their sobriety and on their lives. They don't require any further proof. But we need carefully curated clinical studies to responsibly, safely (and legally) bring these medicines into wider use. I do not need to tell you the enormity of need in our state or the economic impact opioid addiction has had upon our communities. Let's get people healed, let's get their relationships repaired, let's get them back to good jobs and the fulfilling lives they deserve. Let's get this law passed. Thank you.

Cavarra M. et al. (2022, June 10). Psychedelic-assisted psychotherapy: A systematic review of associated psychological interventions. *Frontiers in Psychology* 13:887255.

Davis, A. et al. (2017, Nov). Subjective effectiveness of ibogaine treatment for problematic opioid consumption: Short- and long-term outcomes and current psychological functioning. Journal of Psychedelic Studies 1(2):65-73.

Mash, D. (2023, April). Ibogaine: A legacy within the current renaissance of psychedelic therapy (IUPHAR – invited review). Pharmacological Research 190: 106620.

Mash D. et al. (2018, June 5). Ibogaine detoxification transitions opioid and cocaine abusers between dependence and abstinence: Clinical observations and treatment outcomes. Frontiers in Pharmacology 9:529.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LARRY SHAPIRO, PHD		PHONE NUMBER:	
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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



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WITNESS NAME			
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WITNESS NAME: LAURA BURKHARDT		PHONE NUMBER:	
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WITNESS NAME			
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WITNESS NAME: LOGAN DAVIDSON		PHONE NUMBER: 940-231-3833	
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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: HB 2817		DATE: 2/16/2026	
COMMITTEE: Emerging Issues			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MARK E QUINN		PHONE NUMBER: 314-422-8124	
BUSINESS/ORGANIZATION NAME: SPECIAL OPERATIONS CHARITY NETWORK		TITLE: CSM, US ARMY (RET); EVP-SOCN PROGRAMS	
ADDRESS: 9532 YAFFBURY LANE			
CITY: SAINT LOUIS		STATE: MO	ZIP: 63123
EMAIL: mark@specopscharity.com	ATTENDANCE: Written	SUBMIT DATE: 2/13/2026 1:02 PM	
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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 Ibogaine, a break-through treatment for service-related Trauma, PTS/PTSD, and possible Opioid addiction. We have witnessed the successful use 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



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RON HICKS		PHONE NUMBER: 636-328-7050	
REPRESENTING: TRANSCEND IBOGAIN CLINIC		TITLE: VETERAN COORDINATOR	
ADDRESS: 125 BRIDGTON AVE			
CITY: WENTZVILLE		STATE: MO	ZIP: 63385
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/16/2026 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WALTER D. DISNEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/16/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: WILLIAM "TREY" WARREN III, PHD		PHONE NUMBER: 757-773-7200	
BUSINESS/ORGANIZATION NAME: VETERANS EXPLORING TREATMENT SOLUTIONS; AMERICANS FOR IBOGAINE, MODERN HEALTH COALITION		TITLE:	
ADDRESS: 16446 HICKORY PINE LN APT. C			
CITY: WILDWOOD		STATE: MO	ZIP: 63011
EMAIL: trey_warren4@hotmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/15/2026 10:51 PM	

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My name is William "Trey" Warren and I represent Americans For Ibogaine, Veterans Exploring Treatment Solutions (VETS) and the Modern Health Coalition. I am testifying in support of HB 2817/HB 2961. 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. Ibogaine 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 join the multi-state consortium started by Texas, who committed \$50 million, and Arizona to pass HB 2817/HB 2961 to help save the lives of veterans and further research to help the FDA eventually reschedule Ibogaine. 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 2817/HB 2961 and giving veterans suffering from trauma, brain injuries, and substance use disorder a fighting chance through scientific research that will be closely monitored by Missouri research institutions and the FDA.

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



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: WILLIAM WISNER		PHONE NUMBER: 314-358-5088	
BUSINESS/ORGANIZATION NAME: GRUNT STYLE FOUNDATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 7003 SPAVALE DR			
CITY: HIGH RIDGE		STATE: MO	ZIP: 65049
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/16/2026 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JACOB SCOTT		PHONE NUMBER:	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION		TITLE: DIRECTOR OF LEGISLATIVE AFFAIRS	
ADDRESS: 113 MADISON ST., 65102			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: jscott@msma.org	ATTENDANCE: Written	SUBMIT DATE: 2/16/2026 3:36 PM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RACHEL BAUER		PHONE NUMBER: 573-691-5707	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION		TITLE:	
ADDRESS: 113 MADISON ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/16/2026 12:00 AM	
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SARAH BERRY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/12/2026 9:45 PM	
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Chair and Members:

This bill is more disciplined than prior psychedelic proposals. It stays inside FDA clinical trial pathways. That matters.

But it is not clean.

1. Federal Fragility

Ibogaine is Schedule I.

This bill survives only so long as every funded action remains strictly compliant with an active FDA IND.

If that IND collapses, Missouri’s appropriations become legally exposed.

You are tying state funds to a federal regulatory posture you do not control.

2. Out-of-State Dependency

Grant eligibility requires partnership with a consortium created in another state.

Missouri has no operational control over that entity.

If that consortium loses status, changes strategy, or fails compliance, Missouri’s structure destabilizes.

That is a governance risk.

3. Intellectual Property Capture

The bill creates an “Ibogaine Intellectual Property Fund” to collect revenue from patents, protocols, trade secrets, and commercialization.

**The state is not just regulating.
It is positioning itself to profit.**

When the regulator becomes a revenue participant, conflict optics and contract litigation follow.

That risk is foreseeable.

4. Liability Gaps

Ibogaine carries serious cardiac risk.

The bill requires ICU-level capacity — good.

But it does not clearly define:

Indemnification

Institutional liability exposure

Insurance frameworks

You are inviting high-risk administration without building the full civil shield.

Bottom Line

This is not reckless.

But it is structurally ambitious without fully hardening:

Federal compliance contingencies

IP ownership clarity

Commercial conflict safeguards

Liability architecture

Innovation without legal armor becomes litigation.

Legislative Notice:

The General Assembly is hereby placed on notice that:

State funding tied to out-of-state regulatory actors introduces compliance vulnerability.

State capture of commercialization rights creates foreseeable contract disputes.

Absence of explicit liability protections exposes institutions and practitioners to elevated risk.

These structural risks are identifiable now.

And once identified in the record, they are no longer unforeseeable