Public Health Committee
JOINT FAVORABLE REPORT

Bill No: SB-191
Title: AN ACT CONCERNING THE PSYCHEDELIC-ASSISTED THERAPY PILOT PROGRAM.
Vote Date: 3/2/2026
Vote Action: Joint Favorable
PH Date: 2/18/2026
File No.:

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

SB-191 enacts critical technical updates to Connecticut's Psychedelic-Assisted Therapy Pilot Program, ensuring the program continues to serve Veterans, first responders, and health care workers despite federal regulatory changes.

In 2022, the Psychedelic-Assisted Therapy Pilot Program began through a partnership between DMHAS and the Yale School of Medicine, to provide MDMA or psilocybin-assisted therapies to "qualified patients" as part of FDA-approved research. Since its inception, roughly $2,000,000 of appropriated funds have been invested into evidence-based therapies for patients disproportionately affected by trauma-related and treatment-resistant conditions.

As currently written, the pilot program will end when MDMA and psilocybin are rescheduled by the DEA, regardless of whether the existing medical system is prepared to assume responsibility for providing these life-saving therapies. SB-191 removes the sunset clause, safeguarding continuity and infrastructure at the precise time when these therapies are moving into the mainstream medical system.

SB-191 expands patient eligibility by providing the Institutional Review Board overseeing the pilot program the ability to broaden the definition of a "qualified patient" to someone who is eighteen years of age or older and meets the clinical eligibility criteria for the program.

RESPONSE FROM ADMINISTRATION/AGENCY:

None expressed.

NATURE AND SOURCES OF SUPPORT:

Drs. Chris Pittenger & Ben Kelmendi, Department of Psychiatry, Yale School of Medicine, Support:

As the lead clinical researchers overseeing the implementation of CT's psychedelic-assisted therapy pilot program, Drs. Pittenger and Kelmendi emphasize that passage of SB-191 will ensure CT remains "a national leader in responsibly studying psychedelic-assisted therapies within a carefully regulated medical and research framework." Patient safety and scientific rigor are paramount when addressing behavioral health needs within the strict parameters of a clinical setting. Their partnership with CT's Department of Mental Health and Addiction Services (DMHAS) exemplifies a successful state-academic collaboration wherein CT "produces real-world evidence directly relevant to future clinical standards, reimbursement policy, and long-term behavioral health system planning."

Veterans, first responders, and health care workers disproportionately suffer trauma-related and treatment-resistant conditions. The FDA approved research into MDMA-assisted and psilocybin-assisted therapies subject to rigorous federal oversight and overseen by an institutional review board. The pilot program has progressed under strict safety protocols, with no serious adverse events to date. The growing body of national evidence establishes these therapies as powerful transdiagnostic treatment models to address patients suffering from real world functional impairment due to treatment resistance and the inability to find relief in standard medical treatment modalities.

SB-191 addresses the current law's sunset clause, allowing the clinical work and research to continue once the DEA reschedules MDMA and psilocybin. No additional state funding is required. Lastly, SB-191 expands the definition of "qualified patient" to someone that meets the eligibility criteria established by the Institutional Review Board and is at least 18 years old. This permits the program to fulfill the legislative intent by reaching the priority populations most affected by trauma-related and treatment-resistant conditions.

Gary P. Hess, Director of Advocacy and Peer Support, Veteran Mental Health Leadership Coalition (VMHLC), Supports:

As a combat Veteran and former Infantry Officer in the United States Marine Corps, Mr. Hess complied with post-combat treatment directives. He experienced symptom management, leaving his underlying trauma untreated – an experience shared by many Veterans. VMHLC helps Veterans connect with the CT pilot program administered through Yale's School of Medicine.

CT's psychedelic-assisted therapy pilot program "represents a rare opportunity to receive carefully regulated, no-cost care while contributing to meaningful research." Veterans experiencing significant functional impairment benefit from the program's transdiagnostic approach, allowing clinicians to treat patients suffering from a variety of mental health conditions that do not fit neatly within a single DSM diagnostic label. Veterans live with complex trauma, often including traumatic brain injury, depression, anxiety, substance use, and morality injuries to their sense of meaning, identity, and belonging. This complexity often prevents their participation in traditional trials and treatment modalities.

SB-191 ensures continuity of the pilot program as current law requires “the pilot program must end when MDMA and psilocybin are rescheduled by the DEA.” Rescheduling, however, does not guarantee the medical system’s readiness to assume responsibility for training and clinical availability. SB-191 “preserves legislative intent, protects scientific integrity, and ensures Veterans already waiting for care are not left behind because the calendar runs out.”

Thomas Burr, Public Policy Manager, National Alliance on Mental Illness CT Chapter, Supports:

Research into Psilocybin, MDMA, and Ketamine demonstrates great promise in helping those with treatment-resistant depression. Yale’s University’s research into Ketamine led to the FDA-approved Esketamine. SB-191’s pilot program is important to continuing existing research.

Evidence has already shown:

(1) Psilocybin treatment delivers rapid, significant, and sustained reductions (several weeks to a year) in depressive symptoms;
(2) Psilocybin treatment significantly reduces symptoms in patients suffering from treatment-resistant depression and for whom conventional antidepressants have failed; and,
(3) MDMA treatment shows significant promise in treatment for post-traumatic stress disorder (PTSD) when combined with talk therapy.

Jesse MacLachlan, State Policy & Advocacy Director, Reason for Hope, Supports:

CT’s Psychedelic-Assisted Therapy Pilot Program was established in 2022, and SB-191 will protect this financial investment and ensure continuity in treatment and progress. The federal regulatory landscape includes the “FDA [granting] Breakthrough Therapy Designation to multiple neuroplastogens, including psilocybin and MDMA, signaling that early clinical evidence suggests these treatments may offer substantial improvement over currently available options for serious mental health conditions such as PTSD and treatment-resistant depression.”

SB-191 removes the sunset clause, which is triggered by DEA rescheduling. These therapies “are labor-intensive, in-clinic treatments.” Rescheduling does not equate to our existing medical framework’s preparedness to take over psychedelic-assisted therapies, especially workforce training, insurer readiness, certification of providers, and access for rural communities. Absent this change, CT could lose this program precisely when “its infrastructure and data become most valuable.”

SB-191 prioritizes Veterans, first responders, and healthcare workers while simultaneously allowing a “qualified patient” to be defined by the Institutional Review Board’s clinical criteria. This expansion provides flexibility in enrollment, thereby maximizing appropriated funds and maintaining scientific integrity.

The pilot program will still be tightly regulated under state and federal law. SB-191 simply ensures patients and progress are not left behind by statutory timing issues and overly restrictive statutory definitions of eligibility.

Brett Waters, Esq., Executive Director, Reason for Hope, Supports:

Since 2022, DMHAS and the Yale School of Medicine have partnered to "launch [] a groundbreaking transdiagnostic clinical study examining psilocybin-assisted therapy for individuals experiencing significant functional impairment across multiple conditions, including depression, anxiety, PTSD, OCD, and substance-use disorders." Many patients suffer overlapping conditions leading to profound disability and elevated suicide risk.

SB-191 rectifies the program's automatic sunset when MDMA and psilocybin are FDA approved for medical use and rescheduled by the DEA. This protects CT's $2 million+ investment and allows: (1) expanded enrollment to adults over 18 who also meet Institutional Review Board (IRB) approved criteria, (2) specialized clinician training, and (3) implementation-focused research addressing accessibility for rural and underserved populations. This evidence also informs future insurance, regulatory, coverage and implementation decisions.

Following FDA approval and DEA rescheduling, continuity in the program is critical, more cost effective, and more valuable: "SB 191 ensures Connecticut does not cut short a significant and forward-looking mental-health initiative just as it becomes most needed and begins to deliver its greatest public-health returns."

Reason for Hope "firmly believe[s] that the research being conducted within the pilot program is some of the most important and consequential in psilocybin assisted therapy, nationwide."

NATURE AND SOURCES OF OPPOSITION:

Michelle Trubey, Holistic Health Advocate, Opposes:

Michelle Trubey is concerned passage of this bill will infringe on her medical freedoms. As the 250th anniversary of the United States approaches, this bill will disrespect the history and heritage of the U.S. as it regulates psychedelics. The use of psychedelics is a freedom that has existed for centuries and was used medically by the original inhabitants of this land.

Reported by: Rebecca Hyland **Date: March 9, 2026**