

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

PSILOCYBIN: SUMMARY OF STATE LAWS

NOVEMBER 2025



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PSILOCYBIN: SUMMARY OF STATE LAWS

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SUMMARY

Psilocybin is a chemical compound produced by more than 100 species of mushrooms found growing around the world.¹ Because of the psychedelic effects that these mushrooms produce when consumed, psilocybin-containing mushrooms have been colloquially referred to as “magic mushrooms” or “shrooms.”² Psilocybin is classified as a classic psychedelic, along with lysergic acid diethylamide (LSD), mescaline, and dimethyltryptamine (DMT).³ Classic psychedelics all interact with serotonin receptors in the brain and central nervous system.⁴ When consumed, classic psychedelics produce visual and auditory distortions; hypersensitivity to touch, light, and sound; an altered or slowed perception of time; synesthesia;⁵ and, in rare cases, hallucinations.⁶ Classic psychedelics are also associated with mystical or spiritual experiences.⁷ Psilocybin works by metabolizing into psilocin when consumed; this metabolite is the psychoactive form of psilocybin and closely resembles the structure of the neurotransmitter serotonin, which allows it to bind to serotonin receptors in the body.⁸

Various indigenous cultures have been consuming psilocybin-containing mushrooms for medical purposes and as part of spiritual ceremonies for thousands of years.⁹ During the 1950s and 1960s, psychiatrists in the U.S. investigated the therapeutic potential of certain psychedelic substances, including psilocybin.¹⁰ With the rise of the emerging counterculture in the U.S. during the late 1960s, there was an increase in the recreational use of psilocybin-containing mushrooms, which resulted in political pushback against psychedelic drugs.¹¹ In 1970, Congress enacted the Controlled Substances Act (CSA) and categorized psilocybin and other psychedelic substances as Schedule I controlled substances, which effectively stopped the research into the therapeutic effects of psilocybin for several decades.¹²

Despite the continued challenges of researching Schedule I controlled substances, the 21st century has brought forth a renewed interest in investigating the therapeutic potential of psilocybin. Recently conducted research studies and clinical trials have found that psilocybin may be a potential treatment for various mental and physical health conditions, including depression, post-traumatic stress disorder (PTSD), substance use disorder, anorexia nervosa,

¹ *Psilocybin*, UC BERKELEY CENTER FOR THE SCIENCE OF PSYCHEDELICS (last accessed Oct. 31, 2025), <https://psychedelics.berkeley.edu/substance/psilocybin/>.

² *Id.*

³ *Substances*, UC BERKELEY CENTER FOR THE SCIENCE OF PSYCHEDELICS (last accessed Oct. 31, 2025), <https://psychedelics.berkeley.edu/substances/>.

⁴ *Id.*

⁵ Synesthesia is when the brain routes sensory information through multiple unrelated senses, causing an individual to experience more than one sense simultaneously. Examples include hearing colors and feeling sounds. *Synesthesia*, CLEVELAND CLINIC (May 3, 2023), <https://my.clevelandclinic.org/health/symptoms/24995-synesthesia>.

⁶ *Substances*, *supra* note 3.

⁷ *Id.*

⁸ Shawn Ziff, et al., *Analysis of Psilocybin-assisted Therapy in Medicine: A Narrative Review*, 14 CUREUS e21944, (Feb. 5, 2024), <https://doi.org/10.7759/cureus.21944>.

⁹ *Id.*

¹⁰ *Id.*

¹¹ Matthew W. Johnson and Roland R. Griffiths, *Potential Therapeutic Effects of Psilocybin*, 14 NEUROTHERAPEUTICS 734, 734 (2017), <https://doi.org/10.1007/s13311-017-0542-y>.

¹² 21 U.S.C. § 812.

certain types of chronic pain, and end-of-life anxiety and distress in individuals with terminal illness.¹³ Psilocybin has become the most researched of the classic psychedelics and the most advanced in terms of progress through the U.S. Food and Drug Administration's (FDA) clinical development and drug approval process.¹⁴ To date, the FDA has granted two breakthrough therapy designations for psilocybin, one in 2018 for treatment-resistant depression and another in 2019 for major depressive disorder. The FDA's breakthrough therapy designation is a process designed to expedite the development and review of drugs that have the potential to be a substantial improvement in comparison to existing therapies in treating a severe or life-threatening condition.¹⁵ The biotechnology company, Compass Pathways, is in the final stages of clinical trials investigating a synthetic form of psilocybin, which is called crystalline polymorph psilocybin and referred to by the company as COMP360, for the treatment of treatment-resistant depression.¹⁶ The company is expected to present its new drug application for its synthetic psilocybin treatment sometime between late 2026 and 2027.¹⁷

With the FDA approval of psilocybin therapy within the realm of possibility by the end of this decade and societal attitudes toward psychedelics evolving, numerous states have proposed and enacted various laws in an effort to increase access to psilocybin. In 2021, Oregon became the first state to enact psilocybin-specific legislation with the purpose of making the substance more accessible.¹⁸ Laws related to psilocybin typically fall into one or more of the following categories: (1) decriminalization; (2) supported adult use; (3) medical use; (4) clinical research; and (5) policy analysis.¹⁹

LAPPA conducted a research project to identify both currently-in-force statutes/regulations and recently proposed legislation related to psilocybin throughout all 50 states, the District of Columbia, and the U.S. territories. LAPPA is aware that city and county ordinances related to psilocybin exist, however, keeping track of new and amended local laws is difficult due to the fact that no legal database containing the municipal code for all U.S. counties and incorporated places exists. Starting on page 12, LAPPA provides jurisdiction-by-jurisdiction tables describing aspects of each law currently in effect as of November 2025, including:

- Statutory and/or regulatory citation(s), if any;
- Dates of substantive amendments to the cited statutes or regulations, if any;
- Defined terms;

¹³ See Johnson, *supra* note 10, at 735-738; see also Ziff, et al., *supra* note 8.

¹⁴ David J. Heal, et al., *Psychedelics: Threshold of a Therapeutic Revolution*, 236 NEUROPHARMACOLOGY 109610 (Sept. 15, 2023), <https://doi.org/10.1016/j.neuropharm.2023.109610>.

¹⁵ *Breakthrough Therapy*, FOOD & DRUG ADMIN. (Jan. 1, 2018), <https://www.fda.gov/patients/fast-track-breakthrough-therapy-accelerated-approval-priority-review/breakthrough-therapy>.

¹⁶ Haylee May, *Synthetic Psilocybin Nears FDA Review, Signaling a Potential Shift in American Mental Healthcare*, CPR NEWS (July 20, 2025), <https://www.cpr.org/2025/07/20/synthetic-psilocybin-nears-fda-review/>; see also Treatment-resistant Depression, Compass (last accessed Nov. 3, 2025), <https://compasspathways.com/our-work/treatment-resistant-depression/>.

¹⁷ May, *supra* note 15.

¹⁸ See OR. REV. STAT. ANN. §§ 745A.210 to 475A.722 (West 2025).

¹⁹ See Mason Marks, *The Varieties of Psychedelic Law*, 266 NEUROPHARMACOLOGY 109399 (Mar. 15, 2023), <https://doi.org/10.1016/j.neuropharm.2022.109399>.

- Whether psilocybin is a controlled substance in the jurisdiction;
- Whether the personal, private use of psilocybin is decriminalized in the jurisdiction;
- Whether regulated supported adult use or medical use of psilocybin is permitted in the jurisdiction;
- Other psilocybin related provisions of note; and
- Recently proposed, but not enacted, legislation.

LAPPA designed this document to: (1) provide a singular resource for each jurisdiction's laws; (2) allow for a comparison of these laws between jurisdictions; and (3) identify and highlight interesting provisions. The primary conclusions from the research and analysis are set forth below accompanied by several maps depicting many of the results in graphic form.²⁰

- In addition to being a Schedule I controlled substance on the federal level, psilocybin is also classified as a Schedule I controlled substance in 47 states, the District of Columbia, and the five U.S. territories. In Alaska, all psychedelics, including psilocybin, are classified as Schedule II controlled substances. In Maine, psilocybin is scheduled as a Schedule X controlled substance.²¹ Vermont regulations list psilocybin in the state's regulated drug rule.²² New Mexico law specifically states that psilocybin used for medical use under the Medical Psilocybin Act is exempt from Schedule I. Oregon law exempts psilocybin that is manufactured, delivered, or possessed in compliance with the Oregon Psilocybin Services Act from Schedule I. Note that in every jurisdiction where psilocybin is scheduled, its metabolite, psilocin, is also scheduled within the same scheduling class.
- The U.S. Drug and Enforcement Administration (DEA) does not consider the spores²³ of psilocybin-containing mushrooms to be Schedule I controlled substances because the spores themselves do not contain psilocybin or psilocin.²⁴ However, if the spores are allowed to germinate and grow into psilocybin-containing mushrooms, any psilocybin-containing material of the fungi would be considered a controlled substance under the federal CSA. While the spores of psilocybin-containing mushrooms are not on their own federally prohibited, there are four states (California, Florida, Georgia, and Idaho) that criminalize such spores. In Idaho, the spores of psilocybin-containing mushrooms are

²⁰ The goal of this research document is to provide accurate and complete information that is free of omissions or errors. If you believe that this document contains misinformation, omissions, or errors, please email LAPPA at info@thelappa.org.

²¹ In Maine, Schedule X includes other hallucinogenic drugs, including mescaline, peyote, and ibogaine, as well as methaqualone, gamma hydroxybutyrate (GHB), and ketamine.

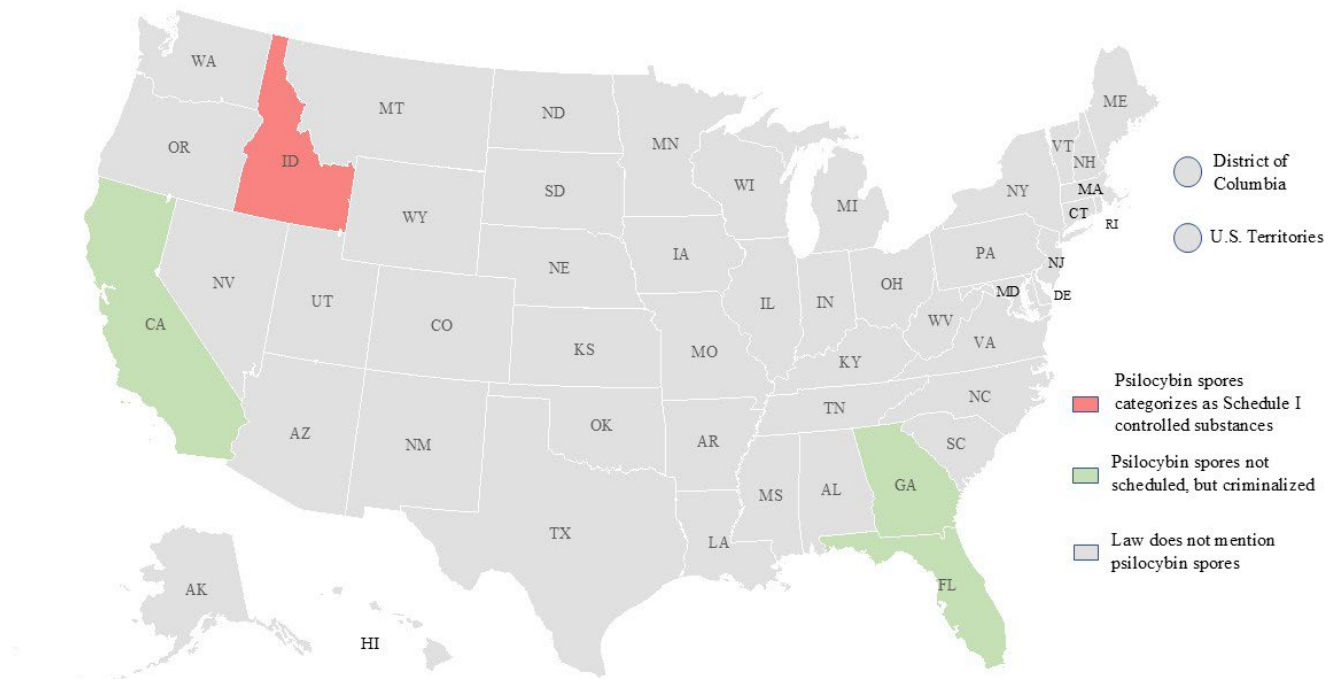
²² Vermont's regulated drug rule designates drugs and other chemical substances that are illegal or judged to be potentially fatal or harmful for human consumption unless prescribed and dispensed by a professional licensed to prescribe or dispense them and used in accordance with the prescription.

²³ Mushroom spores are microscopic reproductive units that serve as the starting point for a new mushroom; they are analogous to the seeds of plants. *What are Mushroom Spores? Key Things to Know About*, SPORE GENETICS (Oct. 12, 2023), <https://sporegenetics.com/what-are-mushroom-spores-key-things-to-know-about>.

²⁴ Letter from Terrence L. Boos, Drug & Chemical Evaluation Section, Drug Enforcement Administration, to Micheal McGuire, New York Cultivation Law (Oct. 1, 2014), <https://www.documentcloud.org/documents/24253679-dea-psilocybin-spores-letter/>.

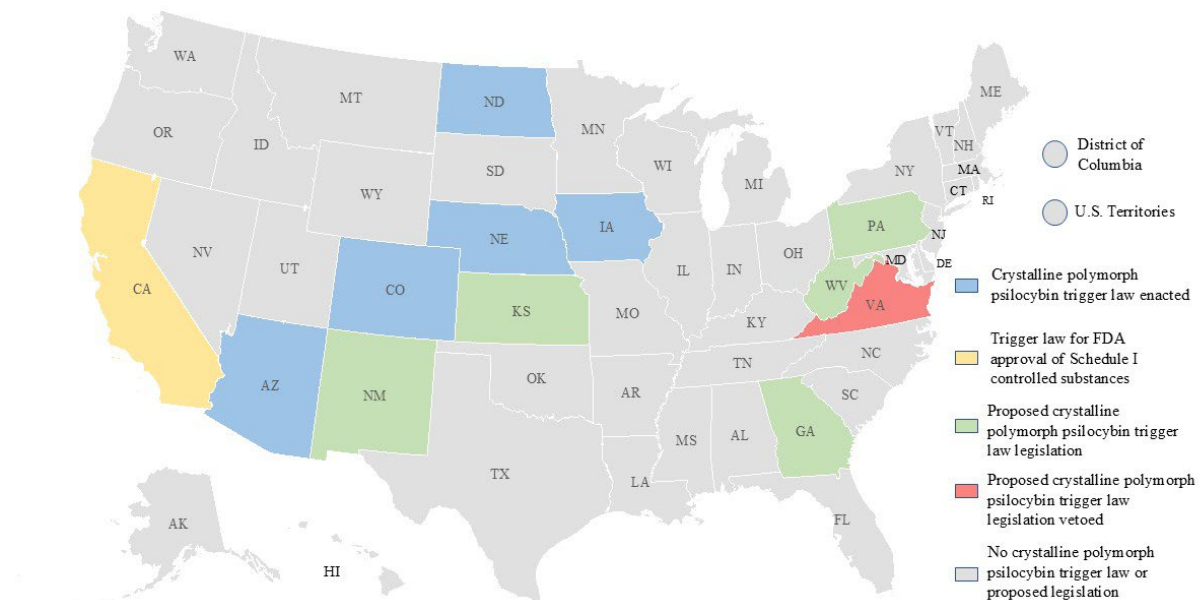
considered Schedule I controlled substances. In California and Florida, while the spores of psilocybin-containing mushrooms are not considered controlled substances, it is illegal for an individual to transport, import, sell, furnish, or give away such spores. However, California law explicitly allows the spores of psilocybin-containing mushrooms to be used for bona fide research, instruction, or analysis if such use is approved by the state's Research Advisory Panel. In Georgia, the spores of psilocybin-containing mushrooms are not considered controlled substances, but they are classified as a dangerous drug, and under state law, it is illegal to sell, give away, barter, exchange, distribute, or possess dangerous drugs except under certain designated conditions.

Legality of Psilocybin Spores



➤ In anticipation of the FDA’s potential approval of crystalline polymorph psilocybin for the treatment of treatment-resistant depression, five states (Arizona, Colorado, Iowa, Nebraska, and North Dakota) have enacted trigger laws²⁵ that will distinguish FDA-approved crystalline polymorph psilocybin from natural psilocybin in order to exempt the approved drug from Schedule I and immediately reschedule crystalline polymorph psilocybin based on the recommendations and guidelines from the FDA and DEA upon the substance’s approval. California does not have a trigger law specifically related to crystalline polymorph psilocybin, but it does have a trigger law related to the FDA approval and/or rescheduling of Schedule I controlled substances. In 2025, an additional seven states (Georgia, Kansas, New Mexico, Pennsylvania, Utah, Virginia, and West Virginia) introduced trigger law legislation related to crystalline polymorph psilocybin. In Virginia, the governor vetoed the trigger law, stating that the proposal was “premature” and that the state should wait until the FDA acts on crystalline polymorph psilocybin before it enacts any legislation related to the drug.²⁶ Trigger laws are not a necessity for states because most, if not all, jurisdictions often update their controlled substance laws and regulations after the FDA approval of a new drug, but they can speed up state availability of the new drug.²⁷

Crystalline Polymorph Psilocybin Trigger Laws

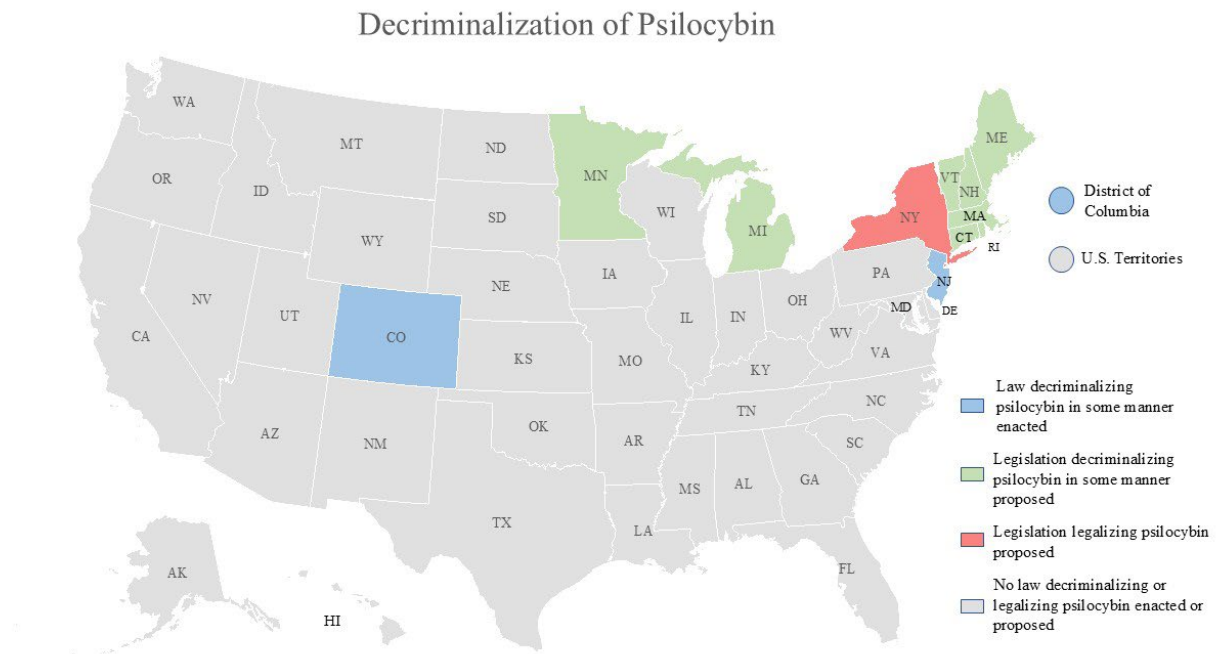


²⁵ A trigger law is a statute designed to take effect automatically or quickly once a specific condition is met. Megan Thorsfeldt and Gali Racabi, *What are Trigger Laws?*, ILR CAROW CORNELL UNIVERSITY (Mar. 12, 2025), <https://www.ilr.cornell.edu/carow/carow-policy/what-are-trigger-laws>.

²⁶ Ben Adlin, *Legislation to Let Doctors Prescribe a Form of Psilocybin After Federal Approval Becomes Law in Colorado, But is Vetoed in Virginia*, MARIJUANA MOMENT (Apr. 7, 2025), <https://www.marijuanamoment.net/legislation-to-let-doctors-prescribe-a-form-of-psilocybin-after-federal-approval-becomes-law-in-colorado-but-is-vetoed-in-virginia/>.

²⁷ Mason Marks, *State Drug Laws*, 93 FORDHAM L. REV. 439, 468-69 (2024), https://fordhamlawreview.org/wp-content/uploads/2024/10/Vol.-93_Nov_03_Marks-439-472.pdf.

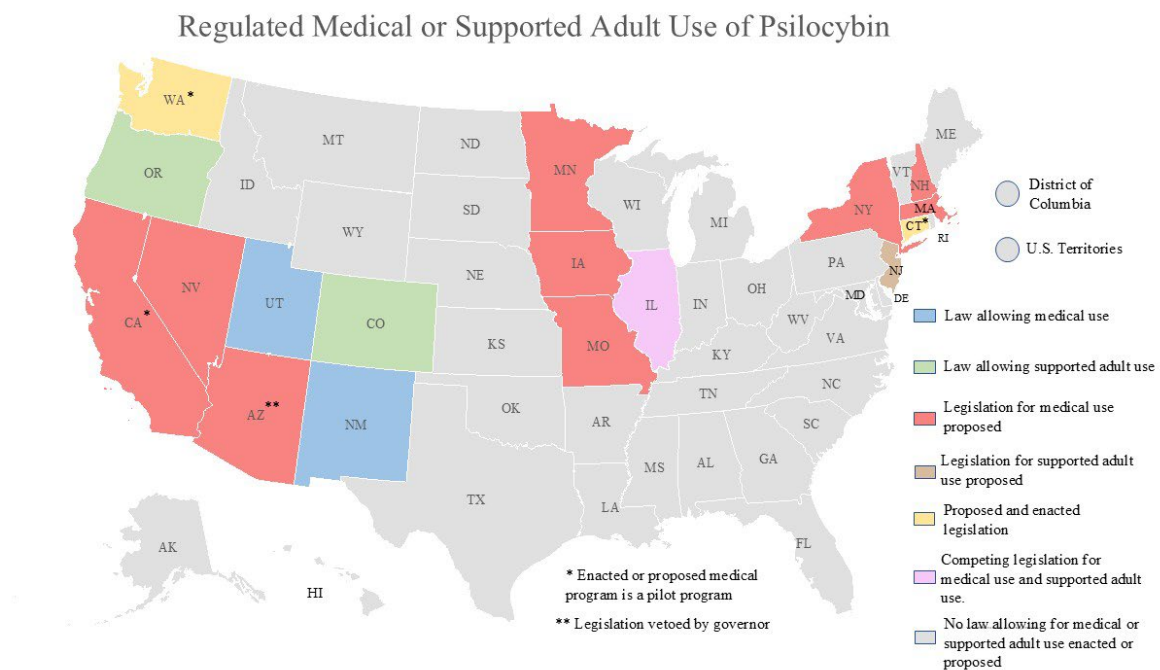
- While no state has legalized the personal, private possession and use of psilocybin, two states (Colorado and New Jersey) and the District of Columbia have enacted laws to decriminalize such behavior for certain individuals. Decriminalization is the act of removing criminal sanctions against certain activities and replacing them with civil penalties or other non-criminal punishment, such as fines.²⁸ The umbrella of decriminalization efforts also includes deprioritization, which is a policy instructing law enforcement to treat certain crimes with the lowest level of enforcement priority.²⁹ In 2023, Colorado decriminalized the personal use, possession, and cultivation of psilocybin for individuals aged 21 or older. In the District of Columbia, the Metropolitan Police Department is required to make the investigation and arrest of individuals 18 years of age or older for non-commercial planting, cultivating, purchasing, transporting, distributing, engaging in practices with, and/or possessing of psilocybin among its lowest enforcement priorities. In 2021, New Jersey reduced the offense level associated with the possession of one ounce or less of psilocybin to a disorderly persons offense, which is the lowest category of criminal offenses in the state and only constitutes a minor infraction. In 2025, eight states (Connecticut, Maine, Massachusetts, Michigan, Minnesota, New Hampshire, Rhode Island, and Vermont) introduced legislation to decriminalize the personal, private use of psilocybin in some manner. Additionally, in 2025, New York introduced legislation that would legalize the possession, use, cultivation, production, creation, analysis, gifting, exchange, or sharing of psilocybin by individuals 21 years of age or older and remove psilocybin from the list of Schedule I controlled substances.



²⁸ *The Difference Between the Decriminalization of Legalization of Substances*, ACLU OF WASHINGTON (Feb. 3, 2023), <https://www.aclu-wa.org/news/difference-between-decriminalization-and-legalization-substances>.

²⁹ Marks, *supra* note 19.

- In jurisdictions where psilocybin is not decriminalized for personal, private use, individuals may still be able to access psilocybin through regulated supported adult use programs or medical use programs. Laws that allow for the medical use of psilocybin grant certain licensed healthcare practitioners in the jurisdiction the ability to be providers of psilocybin therapy and may limit access to only certain patient populations or certain qualifying medical conditions.³⁰ In comparison, supported adult use laws establish non-medical psilocybin service centers where participating individuals are guided by a facilitator who is not required to be a healthcare practitioner.³¹ The supported adult use model allows individuals who meet a service center's requirements to access psilocybin for any reason, including for personal or spiritual growth and wellbeing.³² Four states (Connecticut, New Mexico, Utah, and Washington) have enacted laws to establish psilocybin medical use programs. The medical use laws in Connecticut and Washington are only for pilot programs, however. Two states (Colorado and Oregon) have enacted laws to allow for the supported adult use of psilocybin. During 2024 and 2025, 10 states (Arizona, California, Connecticut, Iowa, Massachusetts, Minnesota, Missouri, Nevada, New Hampshire, and New York) introduced legislation to allow for the medical use of psilocybin. California's medical use legislation would establish a pilot program, and Connecticut's legislation would establish a permanent medical use program. Arizona's governor vetoed the state's 2024 bill that would have created a licensing scheme for psilocybin medical use centers. Two states (New Jersey and Washington) introduced legislation that would allow for the supported adult use of psilocybin. Illinois introduced two competing bills, one which would allow for the medical use of psilocybin and one which would allow for supported adult use of psilocybin.



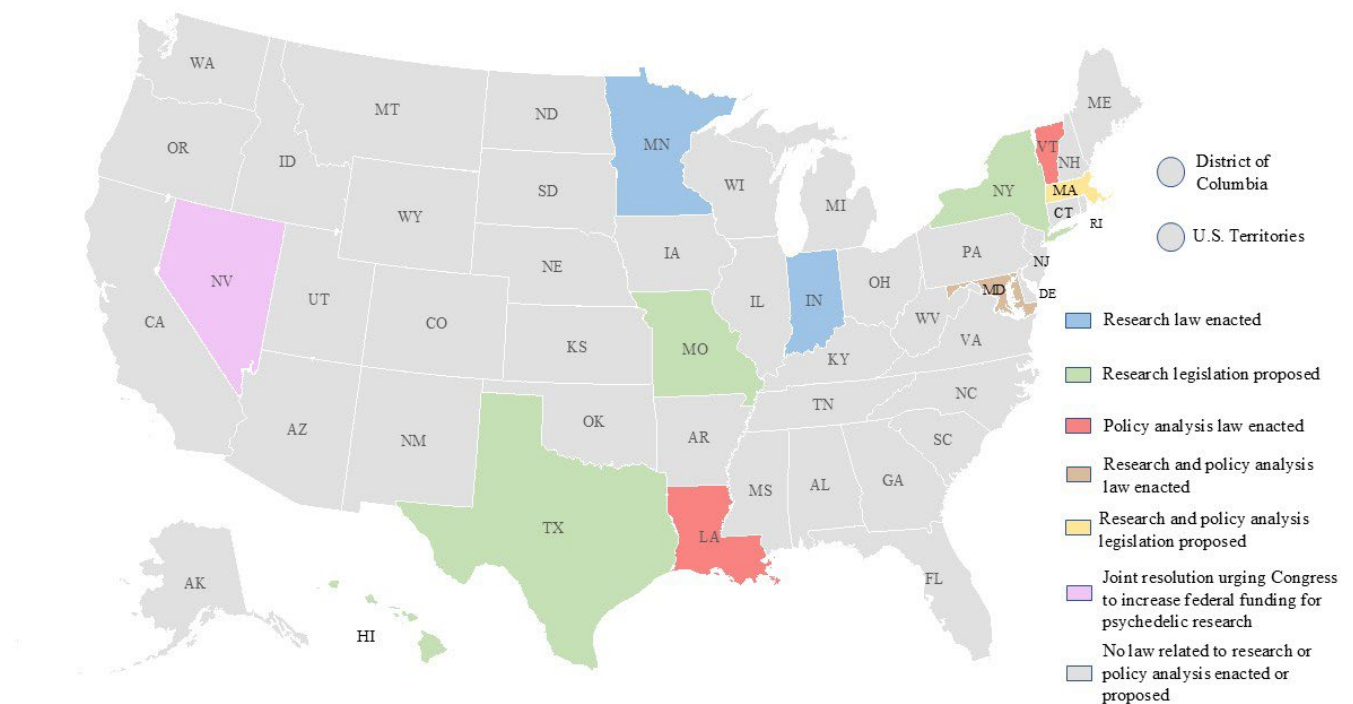
³⁰ *Id.*

³¹ *Id.*

³² *Id.*

- Two states (Indiana and New Mexico) have established research funds to provide financial assistance to state research institutions that are conducting research and clinical trials on the use of psilocybin to treat certain mental health conditions. In 2025, four states (Hawaii, Missouri, New York, and Texas) introduced legislation related to psilocybin research. Two states (Louisiana and Vermont) have established task forces to study the feasibility of decriminalizing or regulating psilocybin. This type of policy analysis performed by a task force can be viewed as a first step toward more substantive psilocybin reform.³³ Maryland has both a research fund for the study of alternative therapies, including psilocybin, for PTSD and traumatic brain injuries in veterans and a task force to make recommendations related to the use of natural psychedelic substances to the general assembly and governor. During the 2025 legislative session, Massachusetts introduced legislation related to both psilocybin research and policy analysis. Finally, in 2025, Nevada passed a joint resolution urging Congress to increase federal funding for psychedelic research.

Research and Policy Analysis of Psilocybin



³³ *Id.*

- ## Psilocybin-related Legislation Introduced in 2024 and 2025



<u>ALABAMA</u>	
Statute(s) and/or regulation(s)	ALA. CODE § 20-2-23 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>ALASKA</u>	
Statute(s) and/or regulation(s)	ALASKA STAT. ANN. § 11.71.750 (West 2025) (Schedule IIA)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule IIA controlled substance. ³⁴
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

³⁴ Alaska places all psychedelic substances in Schedule IIA. Unlike the federal scheduling system which often classifies by medical use, Alaska schedules substances based on their degree of danger or probable danger to a person or the public.

<u>ARIZONA</u>	
Statute(s) and/or regulation(s)	• ARIZ. REV. STAT. ANN. § 36-2512 (West 2025) (Schedule I) • ARIZ. REV. STAT. ANN. § 36-2517.02 (West 2025) (crystalline polymorph psilocybin trigger provision) • ARIZ. REV. STAT. ANN. § 13-3401 (West 2025) (definition of dangerous drug)
Relevant substantive amendment(s)	September 26, 2025- § 36-2517.02 enacted
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance. Psilocybin is also included in the definition of “dangerous drug” in the state’s criminal code.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	Any pharmaceutical composition of crystalline polymorph psilocybin that is approved by the U.S. FDA and rescheduled by the DEA to a schedule other than Schedule I of the Controlled Substances Act may be prescribed in the state.
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>ARKANSAS</u>	
Statute(s) and/or regulation(s)	ARK. ADMIN. CODE 007.07.2 (West 2025) (list of controlled substances)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>CALIFORNIA</u>	
Statute(s) and/or regulation(s)	• CAL. HEALTH & SAFETY CODE § 11054 (West 2025) (Schedule I) • CAL. HEALTH & SAFETY CODE §§ 11390 through 11392 (West 2025) (mushrooms containing controlled substances) • Cal. Health & Safety Code § 11150.3 (West 2025) (rescheduling of certain federally controlled substances)
Relevant substantive amendment(s)	January 1, 2024- § 11150.3 enacted
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	• Psilocybin is excluded from the definition of “hard drug” in CAL. HEALTH & SAFETY CODE § 11395 (individuals in possession of hard drugs with two or more convictions) and § 11369 (advisory statement to individuals convicted of or pleading guilty to specified hard drug-related offenses). • Every individual who, with intent to produce a controlled substance, cultivates any spores or mycelium capable of producing mushrooms or other material which contains such controlled substance shall be punished by imprisonment in the county jail for a period of not more than one year. • Every individual who transports, imports into the state, sells, furnishes, gives away, or offers to transport, import into the state, sell, furnish, or give away any spores or mycelium capable of producing mushrooms or other material which contain a controlled substance for the purpose of facilitating a violation of § 11390 shall be punished by imprisonment in the county jail for a period of not more than one year.

<u>CALIFORNIA</u>	
Other statewide provisions of note (continued)	• Spores or mycelium capable of producing mushrooms or other materials which contain psilocybin may be lawfully obtained and used for bona fide research, instruction, or analysis, if not in violation of federal law, and if the state Research Advisory Panel approves the research, instruction, or analysis. • If a substance listed in Schedule I of § 11054 is excluded from Schedule I for the federal CSA and placed on a schedule other than Schedule I, or if a product composed of one of these substances is approved by the federal FDA and either placed on a schedule other than Schedule I, or exempted from one or more provisions of the CSA, so as to permit a physician, pharmacist, or other authorized healing arts licensee acting within his or her scope of practice, to prescribe, furnish, or dispense that product, then the physician, pharmacist, or other authorized healing arts licensee who prescribes, furnishes, or dispenses that product in accordance with federal law shall be deemed to be in compliance with state law governing those acts.
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>COLORADO</u>	
Statute(s) and/or regulation(s)	• COLO. REV. STAT. ANN. § 18-18-203 (West 2025) (Schedule I) • COLO. REV. STAT. ANN. § 18-18-434 (West 2025) (offenses relating to natural medicine) • COLO. REV. STAT. ANN. § 10-16-162 (West 2025) (insurance discrimination) • COLO. REV. STAT. ANN. § 44-50-101, <i>et seq.</i> (West 2025) (Natural Medicine Code) • COLO. CODE REGS. § 213-1:8-8005, <i>et seq.</i> (West 2025) (healing centers)
Relevant substantive amendment(s)	• July 1, 2023- Natural Medicine Code, § 18-18-434, and § 10-16-162 enacted • October 1, 2024- healing centers regulations enacted • August 6, 2025- Trigger provision added to §18-18-203 to exempt synthetic psilocybin from Schedule I should the FDA approve a medication containing crystalline polymorph psilocybin in the future.
Defined term(s)	• Psilocybin is one of the substances included within the definition of “natural medicine.” • “Healing center” means a facility licensed by the state licensing authority that permits a facilitator to provide and supervise natural medicine services for a participant. • “Natural medicine product” means a product infused with natural medicine that is intended for consumption. • “Personal use” means the consumption or use of natural medicine or natural medicine product; or the amount of natural medicine or natural medicine product a person may lawfully possess, cultivate, or manufacture that is necessary to share with another person who is 21 years of age or older within the context of counseling, spiritual guidance, beneficial community-based use and healing, supported use, or related services. “Personal use” does not mean the sale of natural medicine or natural medicine product for remuneration; the possession, cultivation, or manufacture of natural medicine or natural medicine product with intent to sell the natural medicine or natural medicine product for remuneration; or the possession, cultivation, manufacture, or distribution of natural medicine or natural medicine product for business or commercial purposes.

<u>COLORADO</u>	
Defined term(s) (continued)	• “Private property” means a dwelling, its curtilage, and a structure within the curtilage that is being used by a natural person or natural persons for habitation and that is not open to the public. • “Remuneration” means anything of value, including money, real property, tangible and intangible personal property, contract right, chose in action, service, any right of use or employment or promise or agreement connected therewith, business promotion, or commercial activity.
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance, but there is an exception for prescription drugs products containing crystalline polymorph psilocybin approved by the federal FDA and placed on a schedule of the federal Controlled Substance Act other than Schedule I.
Is personal, private use of psilocybin decriminalized?	Yes, the personal use, possession, and cultivation of psilocybin is decriminalized for individuals aged 21 or older notwithstanding certain exceptions. An individual who, for the purpose of personal use and without remuneration, shares natural medicine or a natural medicine product, with another individual aged 21 or older does not violate state law. A peace officer shall not arrest an individual, and a district attorney shall not charge or prosecute an individual, for a criminal offense involving natural medicine or a natural medicine product except as expressly provided. • An individual under the age of 21 who knowingly possesses or consumes natural medicine, or a natural medicine product commits a petty drug offense and, upon conviction thereof, is subject to a fine of not more than \$100 or not more than four hours of substance use education and counseling. Second or subsequent convictions are subject to a fine of not more than \$100, not more than four hours of substance use education or counseling, and not more than 24 hours of useful public service. • An individual who openly and publicly displays or consumes natural medicine or a natural medicine product commits a petty drug offense and, upon conviction thereof, is subject to a fine of not more than \$100 and not more than 24 hours of useful public service.

<u>COLORADO</u>	
Is personal, private use of psilocybin decriminalized? (continued)	• An individual who knowingly cultivates natural medicine that cumulatively exceeds an area of more than 12 feet wide by 12 feet long in one or more cultivation areas on the private property, or knowingly allows such cultivation on private property that the individual owns, occupies, or controls, commits a petty drug offense, and upon conviction thereof, is subject to a fine of not more than \$1,000. • An individual who knowingly cultivates natural medicine on the private property outside of an enclosed and locked space, or knowingly allows such cultivation on the private property outside of an enclosed and locked space, that the individual owns, occupies, or controls, commits a petty drug offense, and upon conviction thereof, is subject to a fine of not more than \$1,000. • An action that is lawful pursuant to § 18-18-434 does not constitute a defense against any charge for violation of an offense related to the operation of a vehicle, aircraft, boat, machinery, or other device.
Is regulated supported adult use or medical use permitted?	Yes, individuals aged 21 or older can receive natural medicine services at licensed natural medicine healing centers. At a healing center, a participant consumes and experiences the effects of natural medicine under the supervision of a facilitator.
Other statewide provisions of note	• A county, municipality, or city and county shall not adopt, enact, or enforce any ordinance, rule, or resolution imposing any greater criminal or civil penalty than provided by § 18-18-434 or that is otherwise in conflict with § 18-18-434. • Nothing in § 18-18-434 prohibits an individual or entity who occupies, owns, or controls a property from prohibiting or otherwise regulating the cultivation or manufacture of natural medicine or natural medicine product on or in that property. • The state may through a state licensing authority issue and grant the following natural medicine business licenses: (1) natural medicine healing center license; (2) natural medicine cultivation facility license; (3) natural medicine product manufacturer license; and (4) natural medicine testing facility licenses. • An insurance carrier that offers, issues, or renews a health benefit plan shall not solely on the basis of an individual's consumption of natural medicine or a natural medicine product: (1) decline or limit coverage of an individual; or (2) penalize a covered individual or reduce or limit coverage for an individual.

<u>COLORADO</u>	
Recently proposed legislation	None, other than legislation enacted in 2025.

<u>CONNECTICUT</u>	
Statute(s) and/or regulation(s)	- CONN. AGENCIES REGS. § 21a-243-7 (West 2025) (Schedule I) - CONN. GEN. STAT. ANN. § 17a-484g (West 2025) (psychedelic-assisted therapy pilot program)
Relevant substantive amendment(s)	July 1, 2022- § 17a-484g enacted
Defined term(s)	“Qualified patient” means a resident of the state who is a (1) veteran; (2) retired first responder, or (3) a direct care health care worker.
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	Yes, the Department of Mental Health and Addiction Services (Department) shall establish a psychedelic-assisted therapy pilot program to be administered by a medical school in the state. The pilot program shall provide qualified patients with psilocybin-assisted therapy as part of a research program approved by the federal FDA. The Department shall cease to operate the pilot program when psilocybin has been approved to have a medical use by the DEA.
Other statewide provisions of note	An individual who is aged 18 or older is still eligible to receive a long gun eligibility certificate (CONN. GEN. STAT. ANN. § 29-37p West 2025)) or an eligibility certificate for a pistol or revolver (CONN. GEN. STAT. ANN. § 29-36f (West 2025)) if he or she has been convicted of possession of a controlled substance involving less than one-half ounce of psilocybin.
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>DELAWARE</u>	
Statute(s) and/or regulation(s)	DEL. CODE ANN. tit. 16, § 4714 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>DISTRICT OF COLUMBIA</u>	
Statute(s) and/or regulation(s)	• D.C. CODE ANN. § 48-902.04 (West 2025) (Schedule I) • D.C. CODE ANN. § 48-921.52 (West 2025) (investigation and arrest for offenses involving entheogenic plants and fungi)
	March 21, 2021- § 48-921.52 enacted
Defined term(s)	“Entheogenic plant and fungus” means any plant or fungus of any species in which there is naturally occurring any of the following substances in any form: ibogaine, dimethyltryptamine, mescaline, psilocybin, or psilocyn.
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled Substance.
Is personal, private use of psilocybin decriminalized?	While not necessarily decriminalized, the law requires the Metropolitan Police Department to make the investigation and arrest of individuals 18 years of age or older for non-commercial planting, cultivating, purchasing, transporting, distributing, engaging in practices with, and/or possessing entheogenic plants and fungi among its lowest enforcement priorities.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>FLORIDA</u>	
Statute(s) and/or regulation(s)	- FLA. STAT. ANN. § 500.75 (West 2025) (mushroom spores and mycelium) - FLA. STAT. ANN. § 893.03 (West 2025) (Scheduled drugs)
Relevant substantive amendment(s)	July 1, 2025- § 500.75 enacted
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	It is unlawful to transport or offer to transport, import into the state, sell or offer for sale, furnish, or give away spores or mycelium capable of producing mushrooms or other material which will contain a controlled substance, including psilocybin, during its lifecycle. An individual who violates this provision commits a misdemeanor of the first degree.
Recently proposed legislation	None

<u>GEORGIA</u>	
Statute(s) and/or regulation(s)	- GA. CODE ANN. § 16-13-25 (West 2025) (Schedule I) - GA. CODE ANN. § 16-13-71 (West 2025) (definition of dangerous drug)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	Mushroom spores which, when mature, contain psilocybin are included on the list of dangerous drugs. Under GA. CODE ANN. § 16-13-72 (West 2025), it is illegal for an individual to sell, give away, barter, exchange, distribute, or possess dangerous except under certain conditions.
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>HAWAII</u>	
Statute(s) and/or regulation(s)	HAW. REV. STAT. ANN. § 329-14 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>IDAHO</u>	
Statute(s) and/or regulation(s)	IDAHO CODE ANN. § 37-2705 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance. Spores or mycelium capable of producing mushrooms that contain psilocybin are also considered Schedule I controlled substances.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>ILLINOIS</u>	
Statute(s) and/or regulation(s)	720 ILL. COMP. STAT. ANN. 570/204 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

INDIANA	
Statute(s) and/or regulation(s)	• IND. CODE ANN. § 35-48-2-4 (West 2025) (Schedule I) • IND. CODE ANN. § 12-21-9-1 through 12-21-9-9 (West 2025) (Therapeutic psilocybin research)
Relevant substantive amendment(s)	March 13, 2024- § 12-21-9-1 through 12-21-9-9 enacted
Defined term(s)	“Research institution” refers to an organization that meets all of the following: (1) has an academic institution that operates an institutional review board that oversees research; (2) publishes the results of previous clinical trials in peer reviewed publications; and (3) has access to a clinical research center and the center’s resources, including research dedicated medical staff.
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	The therapeutic psilocybin and ibogaine research fund provides financial assistance to research institutions in the state to study the use of psilocybin and ibogaine to treat mental health and other medical conditions. The Division of Mental Health and Addiction (Division) administers the fund. The fund consists of: (1) money received from state or federal grants or programs; and (2) gifts, money, and donations received from any other source, including transfers from other funds or accounts. A research institution in the state may apply to the Division to receive financial assistance from the fund to conduct one or more clinical studies to evaluate the efficacy of psilocybin and ibogaine as an alternative treatment for mental health and other medical conditions.

<u>INDIANA</u>	
Other statewide provisions of note (continued)	A research institution that receives a grant from the therapeutic psilocybin and ibogaine research fund shall do the following: (1) include veterans and first responders in the study sample; (2) evaluate and determine whether psilocybin is an effective treatment for mental health and other medical conditions; (3) compare the efficacy of psilocybin as a treatment for mental health and other medical conditions with the efficacy of other current treatment options for mental health and other medical conditions; and (4) before entering the study, require each participant to undergo a mental health evaluation. After a research institution that receives a grant completes and finalizes a study, it shall prepare and submit a report summarizing the results of the study and any recommendations for legislation to the following: (1) the interim study committee on public health, behavioral health, and human services; (2) the Indiana Department of Health; and (3) the Division.
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>IOWA</u>	
Statute(s) and/or regulation(s)	• IOWA CODE ANN. § 124.204 (West 2025) (Schedule I) • IOWA CODE ANN. § 124.201 (West 2025) (crystalline polymorph psilocybin trigger provision)
Relevant substantive amendment(s)	July 1, 2025- crystalline polymorph psilocybin trigger provision enacted
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	A drug that contains the pharmaceutical composition of crystalline polymorph psilocybin shall be immediately removed from Schedule I upon its approval by the U.S. FDA and rescheduled based upon the recommendation of the FDA.
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>KANSAS</u>	
Statute(s) and/or regulation(s)	KAN. STAT. ANN. § 65-4105 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>KENTUCKY</u>	
Statute(s) and/or regulation(s)	902 KY. ADMIN. REGS. 55:015 (West 2025) (Schedules of controlled substances)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>LOUISIANA</u>	
Statute(s) and/or regulation(s)	LA. STAT. ANN. § 40:964 (West 2025) (composition of schedules)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	The Senate passed a resolution (S.R. 186) in 2025 to establish the Task Force on Alternative Therapies for Veterans to study whether certain psychedelic therapies may be beneficial to veterans in the state and to propose recommendations and specific proposal for legislation no later than February 1, 2026.
Recently proposed legislation	None

<u>MAINE</u>	
Statute(s) and/or regulation(s)	ME. REV. STAT. ANN. tit. 17, § 1102 (West 2025) (Schedules W, X, Y, and Z)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule X controlled substance. ³⁵
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

³⁵ In Maine, Schedule X includes other hallucinogenic drugs, including mescaline, peyote, and ibogaine, as well as methaqualone, gamma hydroxybutyrate (GHB), and ketamine.

<u>MARYLAND</u>	
Statute(s) and/or regulation(s)	- MD. CODE ANN., CRIM. LAW § 5-402 (West 2025) (Schedule I) - MD. CODE ANN., HEALTH-GEN. §§ 21-2101 through 2102 (West 20205) (alternative therapies fund)
Relevant substantive amendment(s)	July 1, 2022- MD. CODE ANN., HEALTH-GEN. §§ 21-2101 through 2102 enacted
Defined term(s)	“Alternative therapies” includes hyperbaric oxygen therapy and psychedelics including 3,4-Methylenedioxymethamphetamine (MDMA), psilocybin, and ketamine.
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	The Post-Traumatic Stress Disorder and Traumatic Brain Injury Alternative Therapies Fund supports the Maryland Department of Health (Department) in studying the effectiveness of improving access to alternative therapies for PTSD and traumatic brain injuries in veterans. The fund may be used only for (1) studying the use of alternative therapies for veterans with PTSD and traumatic brain injuries; (2) providing cost-free access to alternative therapies for veterans with PTSD and traumatic brain injuries; (3) any uses determined by the Department; and (4) administrative expenses of the Department in administering the fund. The Department periodically shall consult with the Department of Veterans and Military Families, The Johns Hopkins University, the University of Maryland, Sheppard Pratt, Walter Reed National Military Medical Center, and BrainFutures to determine: (1) the effectiveness of and a method for improving access to alternative therapies for treating PTSD and traumatic brain injuries in veterans; and (2) appropriate uses of the fund that further the funds purpose. On or before December 1 each year, the Department shall submit to the Governor and the General Assembly a report on the use of the fund during the immediately preceding fiscal year.

<u>MARYLAND</u>	
Other statewide provisions of note (continued)	In 2024, the General Assembly enacted non-codified legislation (S.B. 1009) establishing the Task Force on Responsible Use of Natural Psychedelic Substances to study and make recommendations related to the use of natural psychedelic substances; and requiring the Task Force to submit a report of its findings and recommendations to the Governor and the General Assembly on or before July 31, 2025.
Recently proposed legislation	None

<u>MASSACHUSETTS</u>	
Statute(s) and/or regulation(s)	105 MASS. CODE REGS. 700.002 (West 2025) (schedules of controlled substances) - MASS. GEN. LAWS ANN. ch. 94C, § 31 (West 2025) (classes of controlled substances).
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	For the purposes of establishing criminal penalties for a violation of the Massachusetts Controlled Substances Act, psilocybin is classified as a Class C controlled substance. ³⁶
Recently proposed legislation	Yes, see Recently Proposed Legislation .

³⁶ Other Class C controlled substances include certain benzodiazepines, other psychedelics, and tetrahydrocannabinols.

<u>MICHIGAN</u>	
Statute(s) and/or regulation(s)	MICH. COMP. LAWS ANN. § 333.7212 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>MINNESOTA</u>	
Statute(s) and/or regulation(s)	MINN. STAT. ANN. § 152.02 (West 2025) (Schedules of controlled substances)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>MISSISSIPPI</u>	
Statute(s) and/or regulation(s)	MISS. CODE ANN. § 41-29-113 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>MISSOURI</u>	
Statute(s) and/or regulation(s)	MO. ANN. STAT. § 195.017 (West 2025) (list of scheduled substances)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>MONTANA</u>	
Statute(s) and/or regulation(s)	MONT. CODE ANN. § 50-32-222 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>NEBRASKA</u>	
Statute(s) and/or regulation(s)	NEB. REV. STAT. ANN. § 28-405 (West 2025) (schedules of controlled substances)
Relevant substantive amendment(s)	September 3, 2025- exemption for crystalline polymorph psilocybin added
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance. However, psilocybin does not include any pharmaceutical composition of crystalline polymorph psilocybin approved by the federal FDA.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None, other than legislation enacted in 2025.

<u>NEVADA</u>	
Statute(s) and/or regulation(s)	NEV. ADMIN. CODE § 453.510 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	In 2025, the Nevada Legislature passed a joint resolution (S.J.R. 10) urging Congress and the appropriate federal agencies to: (1) increase federal funding for research into the therapeutic applications of psychedelic compounds, particularly for treating mental health conditions, substance use disorders, and chronic pain; (2) establish a streamlined process for approving and conducting research with psychedelic compounds, while maintaining appropriate safety protocols and oversight; (3) establish a process to allow for compassionate medical use of psychedelic eligible investigational drugs under the Right to Try Act, while maintaining appropriate safety protocols and oversight; (4) reschedule psilocybin, psilocin, DMT, ibogaine, mescaline and MDMA to a schedule that better reflects the therapeutic value, low potential for abuse and safety for use under medical supervision of those compounds, giving priority to the rescheduling of compounds that have received Breakthrough Therapy designation from the FDA; and (5) establish legal protection against federal prosecution for individuals and entities complying with state and local law concerning the supervised adult use of psychedelic compounds and require states to enter research partnerships with the Attorney General under the Controlled Substances Act to study the public health outcomes of such state programs.
Recently proposed legislation	Yes, see Recently Proposed Legislation

<u>NEW HAMPSHIRE</u>	
Statute(s) and/or regulation(s)	• N.H. REV. STAT. ANN. § 318-B:1 (West 2025) (definition of hallucinogenic drugs) • N.H. REV. STAT. ANN. § 318-B:1-b (West 2025) (schedule tests) • N.H. REV. STAT. ANN. § 259:13-b (West 2025) (definition of controlled substance)
Relevant substantive amendment(s)	None
Defined term(s)	“Hallucinogenic drugs” are defined as psychodysleptic drugs which assert a confusional or disorganizing effect upon mental processes or behavior and mimic acute psychotic disturbances. Exemplary of such drugs are mescaline, peyote, psilocybin and d-lysergic acid diethylamide.
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>NEW JERSEY</u>	
Statute(s) and/or regulation(s)	• N.J. STAT. ANN. § 24:21-5 (West 2025) (Schedule I) • N.J. STAT. ANN. § 2C:35-10 (West 2025) (possession, use, or being under the influence)
Relevant substantive amendment(s)	February 4, 2021- Possession of small amounts of psilocybin reclassified from a crime of the third degree to a disorderly persons offense.
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	Yes, New Jersey classifies the possession of one ounce or less of psilocybin as a disorderly persons offense, which is the lowest level of criminal offense in the state. Per N.J. STAT. ANN. § 2C:1-4 (West 2025), disorderly persons offenses are petty offenses and are not crimes within the meaning of the New Jersey Constitution.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>NEW MEXICO</u>	
Statute(s) and/or regulation(s)	• N.M. STAT. ANN. § 30-31-6 (West 2025) (Schedule I) • N.M. STAT. ANN. § 7-9-73.2 (West 2025) (gross receipts tax) • N.M. STAT. ANN. §§ 26-2D-1 through 11 (West 2025) (Medical Psilocybin Act)
Relevant substantive amendment(s)	June 20, 2025- Medical Psilocybin Act enacted
Defined term(s)	• “Clinician” means an approved health care provider licensed in New Mexico who holds a permit from the Department of Health to provide medical services to qualified patients. • “Medical services” means services proved to a patient in an approved setting before, during, and after the ingestion of psilocybin. • “Producer” means an individual who has a permit from the Department of Health to grow and harvest or prepare psilocybin from psilocybin-producing mushrooms, including to compound, convert, process, or manufacture psilocybin products directly or indirectly from psilocybin mushrooms and to package or repackage or label or relabel the products. • “Psilocybin” means the naturally occurring psychedelic compound 4-phosphoryloxy-N,N-dimethyltryptamine, also known as 4-PO-DMT, and its pharmacologically active metabolite psilocin, 4-hydroxy-N,N-dimethyltryptamine, found in certain mushrooms, but does not include synthetic or synthetic analogs of psilocybin; • “Qualified patient” means a patient whose clinician has judged the patient to be a medically appropriate candidate for the use of medical psilocybin based on being diagnosed with a qualified condition. • “Qualifying condition” includes: (1) major treatment-resistant depression; (2) PTSD; (3) substance use disorder; (4) end-of-life care; and (5) other conditions approved by the Department of Health.
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance, however, the enumeration of psilocybin in Schedule I does not apply to its medical use as provided in the Medical Psilocybin Act.
Is personal, private use of psilocybin decriminalized?	No.

<u>NEW MEXICO</u>	
Is regulated supported adult use or medical use permitted?	• Yes, the medical use of psilocybin program is created within the Department of Health (Department). The Department shall establish: (1) appropriate qualifying conditions for qualified patients; (2) necessary initial and ongoing training for producers and clinicians; (3) treatment protocols, including patient selection criteria, medical service standards, dosage standards and approved settings for administration of psilocybin to patients; (4) safety protocols for producing psilocybin from mushrooms, transporting, storing and handling psilocybin and treating patients; (5) other best practices for producers and clinicians; (6) requirements for data collection to evaluate the program and the use of best practices by producers and clinicians; and (7) other requirements, restrictions and limitations promulgated by the department to ensure an efficacious program. The Department shall collaborate with the medical psilocybin advisory board, stat higher education institutions, and health care providers to collect and analyze data to develop best practices, including best settings for administration of psilocybin, and, by December 21, 2027, implement the program. • A producer, clinician, or qualified patient shall not be subject to arrest, prosecution, or penalty for participating in the program. The following conduct is lawful and shall not constitute grounds for detention, search, or arrest of an individual or for a violation of probation or parole, and psilocybin that related to the conduct is not contraband or subject to seizure or forfeiture: (1) a producers or clinician possessing or transporting not more than an adequate supply of psilocybin for medical purposes as defined by Department rule; and (2) a clinician administering or a qualified patient taking psilocybin in an approved setting in accordance with the Medical Psilocybin Act. A clinician shall not be subject to arrest or prosecution or denied any right or privilege for recommending the medical use of psilocybin program or providing medical services authorized in the Medical Psilocybin Act. • An individual who is serving a period of probation or parole or who is in the custody or under the supervision of the state or local government pending trial as part of a community supervision program shall not be penalized for participation in the medical use of psilocybin program.

<u>NEW MEXICO</u>	
Other statewide provisions of note	• Receipts from the sale of psilocybin products and medical care that are sole in accordance with the Medical Psilocybin Act may be deducted from gross receipts and governmental gross receipts. • Federal FDA-approved products that contain psilocybin shall be exempt from the Medical Psilocybin Act, with the exception that such products shall be authorized for use: (1) in an research conducted by state research universities or health care providers pursuant to grants awarded through the medical psilocybin research fund; and (2) by qualified patients whose treatments may be funded through the medical psilocybin treatment equity fund. • The medical psilocybin treatment equity fund is a non-reverting fund in the state treasury that is to be used to fund treatments of qualified patients who meet income requirements determined by rule of the Department. • The medical psilocybin research fund is a non-reverting fund in the state treasury that is to be used to provide grants to state research universities and health care providers that are studying any facet of the medical use of psilocybin.
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>NEW YORK</u>	
Statute(s) and/or regulation(s)	• N.Y. PUB. HEALTH LAW § 3306 (McKinney 2025) (Schedules of controlled substances) • N.Y. PENAL LAW § 220.00 (McKinney 2025) (controlled substances definitions)
Relevant substantive amendment(s)	None
Defined term(s)	• “Hallucinogen” means any controlled substance listed in paragraphs (5), (17), (18), (19), (20), and (21) of subdivision (d) of Schedule I of N.Y. PUB. HEALTH LAW § 3306. This includes psilocybin. • “Hallucinogenic substance” means any controlled substance listed in subdivision (d) of Schedule I of N.Y. PUB. HEALTH LAW § 3306 other than concentrated cannabis, lysergic acid diethylamide, or a hallucinogen.
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>NORTH CAROLINA</u>	
Statute(s) and/or regulation(s)	N.C. GEN. STAT. ANN. § 90-89 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>NORTH DAKOTA</u>	
Statute(s) and/or regulation(s)	• N.D. CENT. CODE ANN. § 19-03.1-05 (West 2025) (Schedule I) • N.D. CENT. CODE ANN. § 19-03.1-11 (West 2025) (Schedule IV)
Relevant substantive amendment(s)	March 26, 2025- Crystalline polymorph psilocybin added to Schedule IV.
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance, but crystalline polymorph psilocybin approved by the U.S. FDA is a Schedule IV controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None, other than legislation enacted in 2025.

<u>OHIO</u>	
Statute(s) and/or regulation(s)	OHIO ADMIN. CODE 4729:9-1-01 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>OKLAHOMA</u>	
Statute(s) and/or regulation(s)	OKLA. STAT. ANN. tit. 63, § 2-204 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>OREGON</u>	
Statute(s) and/or regulation(s)	• OR. REV. STAT. ANN. § 475.005(6)(b) (West 2025) (definition of controlled substance) • OR. REV. STAT. ANN. §§ 745A.210 to 475A.722 (West 2025) (Oregon Psilocybin Services Act) • OR. REV. STAT. ANN. § 475.752 (West 2025) (controlled substance penalties)
Relevant substantive amendment(s)	January 1, 2021- Oregon Psilocybin Services Act enacted
Defined term(s)	• “Manufacture” means the manufacture, planting, cultivation, growing, harvesting, production, preparation, propagation, compounding, conversion or processing of a psilocybin product, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the psilocybin product or labeling or relabeling of its container. • “Psilocybin products” means: (1) psilocybin producing fungi; and (2) mixtures or substances containing a detectable amount of psilocybin. • “Psilocybin service center” means an establishment: (1) at which administration sessions are held; and (2) at which other psilocybin services may be provided. • “Psilocybin services” means services provided to a client before, during, and after the client’s consumption of a psilocybin product.
Is psilocybin a controlled substance?	Psilocybin is exempt from the definition of a controlled substance, but only if and to the extent that an individual manufacturers, delivers, or possesses psilocybin or psilocybin products in accordance with the provisions of the Oregon Psilocybin Services Act (OR. REV. STAT. ANN. §§ 745A.210 to 475A.722 (West 2025)) and rules adopted under those provisions, otherwise psilocybin is classified as a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No, an individual may only purchase, possess, and consume a psilocybin product: (1) at a psilocybin services center; and (2) under the supervision of a psilocybin service facilitator. The unlawful possession of a Schedule I controlled substance is a drug enforcement misdemeanor. The unlawful possession of 12 grams or more of a mixture or substance containing a detectable amount of psilocybin is a Class A misdemeanor.

<u>OREGON</u>	
Is regulated supported adult use or medical use permitted?	Yes, individuals aged 21 or older may receive psilocybin services at a licensed psilocybin service center facilitated by a licensed psilocybin services facilitator.
Other statewide provisions of note	• The Oregon Health Authority may issue the following licenses: (1) license to manufacture psilocybin products; (2) license to operate a psilocybin service center; and (3) license to facilitate psilocybin services. The licensees must be over the age of 21. • A psilocybin service center should not be located within 1,000 feet of a public or private elementary or secondary school. However, a psilocybin service center may be located within 1,000 feet of a school if (1) the psilocybin service center is not located within 500 feet of a school and (2) the Oregon Health Authority determines that there is a physical geographic barrier capable of preventing children from traversing to the premises of the psilocybin service center. • The governing body of a city or county may adopt ordinances that impose reasonable regulations on the operation of psilocybin businesses for which a license has been issued if the premises are located in the area subject to the city or county. “Reasonable regulations” include (1) conditions on the manner in which a licensed psilocybin product manufacturer may manufacture psilocybin products; (2) conditions on the manner in which a licensed psilocybin service center operate may provide psilocybin services; (3) limitations on the hours during which a licensed psilocybin premise may operate; (4) requirements related to the public’s access to a licensed psilocybin premise; and (5) limitations on where a licensed psilocybin premise may be located. A governing body of a city or county may not adopt an ordinance that prohibits a licensed psilocybin premise from being located within a distance that is greater than 1,000 feet from another premises. • The authority to impose a tax or fee on the manufacturing or sale of psilocybin products in the state, or on the provision of psilocybin services in the state, is vested solely in the Legislative Assembly. A county, city, or other municipal corporation or district may not adopt or enact ordinances imposing a tax or fee on the manufacturing or sale of psilocybin products or on the provision of psilocybin services.
Recently proposed legislation	None

<u>PENNSYLVANIA</u>	
Statute(s) and/or regulation(s)	35 PA. STAT. AND CONS. STAT. ANN. § 780-104 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>RHODE ISLAND</u>	
Statute(s) and/or regulation(s)	21 R.I. GEN. LAWS ANN. § 21-28-2.01 (West 2025) (authority to control substances)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>SOUTH CAROLINA</u>	
Statute(s) and/or regulation(s)	S.C. CODE ANN. § 44-53-190 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>SOUTH DAKOTA</u>	
Statute(s) and/or regulation(s)	S.D. CODIFIED LAWS § 34-20B-14 (West 2025) (hallucinogenic substances included in Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>TENNESSEE</u>	
Statute(s) and/or regulation(s)	TENN. CODE ANN. § 39-17-406 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>TEXAS</u>	
Statute(s) and/or regulation(s)	• TEX. HEALTH & SAFETY CODE Ch. 481, Subch. B App. A (West 2025) (Schedule of Controlled Substances) • TEX. HEALTH & SAFETY CODE § 481.103 (West 2025) (Penalty Group 2)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	Any quantity of psilocybin is included in Penalty Group 2.
Recently proposed legislation	Yes, see Recently Proposed Legislation .

UTAH	
Statute(s) and/or regulation(s)	• UTAH CODE ANN. § 58-37-4 (West 2025) (schedules of controlled substances) • UTAH CODE ANN. § 58-37-3.5 (West 2025) (drugs for behavioral health treatment)
Relevant substantive amendment(s)	May 1, 2024- § 58-37-3.5 enacted
Defined term(s)	• “Drug” as defined by § 58-37-3.5 means any form of psilocybin or methylenedioxymethamphetamine that is in federal FDA Phase 3 testing for an investigational drug described in 21 C.F.R. Part 312. • “Healthcare system” means (1) a privately-owned, non-profit, vertically integrated healthcare system that operates at least 15 licensed hospitals in the state; or (2) a healthcare system closely affiliated with an institution of higher education.
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	Yes, a healthcare system may develop a behavioral health treatment program that includes a treatment based on a drug that the healthcare system determines is supported by a broad collection of scientific and medical research. A healthcare system shall ensure that a drug used under the exclusive authority of § 58-37-3.5 is used by a patient only under the direct supervision and control of the healthcare system and the healthcare system’s healthcare providers and may not provide treatments that are authorized exclusively under § 58-37-3.5 to an individual who is not at least 18 years old. A healthcare system that creates a behavioral health treatment program under § 58-37-3.5 shall provide a written report to the state Health and Human Services Interim Committee regarding: (1) drugs used: (2) health outcomes of patients; (3) side effects of any drugs used: and (4) any other information necessary for the Legislature to evaluate the medicinal value of any drugs. An individual or entity that complies with § 58-37-3.5 when using, distributing, possessing, administering, or supervising the use of, a drug is not guilty of a violation of the Utah Controlled Substances Act.
Other statewide provisions of note	None

<u>UTAH</u>	
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>VERMONT</u>	
Statute(s) and/or regulation(s)	12-5 VT. CODE R. § 12-5-23:7.0 (West 2025) (hallucinogenic drugs) - VT. STAT. ANN. tit 18, § 4201 (West 2025) (regulated drug definitions)
Relevant substantive amendment(s)	None
Defined term(s)	“Hallucinogenic drugs” means stramonium, mescaline or peyote, lysergic acid diethylamide, and psilocybin, and all synthetic equivalents of chemicals contained in resinous extractives of Cannabis sativa, or any salts or derivatives or compounds of any preparations or mixtures thereof, and any other substance that is designated as habit-forming or as having a serious potential for abuse arising out of its effect on the central nervous system or its hallucinogenic effect.
Is psilocybin a controlled substance?	Yes, Vermont regulations list psilocybin in the state’s Regulated Drug Rule. This rule designates drugs and other chemical substances that are illegal or judged to be potentially fatal or harmful for human consumption unless prescribed and dispensed by a professional licensed to prescribe or dispense them and used in accordance with the prescription.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.

<u>VERMONT</u>	
Other statewide provisions of note	In 2024, the General Assembly established the Psychedelic Therapy Advisory Working Group for the purpose of reviewing existing research on the cost-benefit profile of the use of psychedelics to improve mental health and to make findings and recommendations regarding the advisability of the establishment of a state program to permit healthcare providers to administer psychedelics in a therapeutic setting and the impact on public health of allowing individuals to legally access psychedelics under state law. In a November 2024 report, the Working Group demonstrated a general consensus regarding the potential for psilocybin assisted therapy for depression and anxiety in the context of serious illness and end-of-life care. The report also requested that the current working group be extended to continue to monitor the evolution of research and programs across the country and to facilitate the ability to research psychedelic therapies in the state. ³⁷
Recently proposed legislation	Yes, see Recently Proposed Legislation .

³⁷ STATE OF VERMONT, DEPARTMENT OF MENTAL HEALTH, FINAL REPORT OF THE PSYCHEDELIC THERAPY ADVISORY GROUP (Nov. 12, 2024), https://legislature.vermont.gov/assets/Legislative-Reports/The-Psychedelic-Therapy-Advisory-Working-Group_Final-Report.pdf.

<u>VIRGINIA</u>	
Statute(s) and/or regulation(s)	VA. CODE ANN. § 54.1-3446 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>WASHINGTON</u>	
Statute(s) and/or regulation(s)	- WASH. REV. CODE ANN. § 69.50.204 (West 2025) (Schedule I) - WASH. REV. CODE ANN. § 19.410.010 through 020 (West 2025) (psilocybin therapy services)
Relevant substantive amendment(s)	July 23, 2023- § 19.410.010 through 020 enacted
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	There is a psilocybin therapy services pilot program established within, and administered by, the University of Washington Department of Psychiatry and Behavioral Sciences. The pilot must offer psilocybin therapy services through pathways approved by the federal FDA, to populations including first responders and veterans who are: (1) 21 years of age or older; and (2) experiencing PTSD, mood disorders, or substance use disorder. The psilocybin therapy services are to be facilitated by: (1) an advanced social worker, independent clinical social worker, or mental health counselor; (2) a physician; or (3) a psychiatric advanced registered nurse practitioner. The pilot program is required to perform an initial assessment to understand participant goals and expectations and assess the participant's history for any concerns that require further intervention or information before receiving psilocybin therapy services, and an integration session after receiving psilocybin therapy services. Additionally, the pilot program should use outreach and engagement strategies to include participants from communities or demographic groups that are more likely to be historically marginalized and less likely to be included in research and clinical trials. Medical professionals licensed in the state shall not be subject to an adverse licensing action for recommending psilocybin therapy services.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>WEST VIRGINIA</u>	
Statute(s) and/or regulation(s)	W. VA. CODE ANN. § 60a-2-204 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	Yes, see Recently Proposed Legislation .

<u>WISCONSIN</u>	
Statute(s) and/or regulation(s)	Wis. STAT. ANN. § 961.14 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>WYOMING</u>	
Statute(s) and/or regulation(s)	WYO. STAT. ANN. § 35-7-1014 (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>AMERICAN SAMOA</u>	
Statute(s) and/or regulation(s)	AM. SAMOA CODE ANN. § 13.1006 (2025) (hallucinogens)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>GUAM</u>	
Statute(s) and/or regulation(s)	9 GAUM CODE ANN. Appendix A (West 2025) (Schedule I)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>NORTHERN MARIANA ISLANDS</u>	
Statute(s) and/or regulation(s)	6 N. MAR. I. CODE § 2114 (2025) (Schedule 1)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No..
Other statewide provisions of note	None
Recently proposed legislation	None

<u>PUERTO RICO</u>	
Statute(s) and/or regulation(s)	P.R. LAWS ANN. tit. 24, § 2202 (West 2025) (schedules of controlled substances)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>U.S. VIRGIN ISLANDS</u>	
Statute(s) and/or regulation(s)	V.I. CODE ANN. tit. 19, § 595 (West 2025) (schedules of controlled substances)
Relevant substantive amendment(s)	None
Defined term(s)	None
Is psilocybin a controlled substance?	Yes, psilocybin is a Schedule I controlled substance.
Is personal, private use of psilocybin decriminalized?	No.
Is regulated supported adult use or medical use permitted?	No.
Other statewide provisions of note	None
Recently proposed legislation	None

<u>RECENTLY PROPOSED LEGISLATION</u>	
<u>Arizona</u> S.B. 1570, 56th Leg., 2nd Reg. Sess. (Ariz. 2024) (Vetoed)	This bill would have regulated the use of psilocybin for therapeutic purposes by establishing a system to license psilocybin-assisted therapy centers and creating the Arizona Psilocybin Advisory Board.
<u>California</u> S.B. 751, 2025-2026 Reg. Sess. (Cal. 2025)	This bill would request the University of California to establish local pilots in up to five counties to allow for the research and development of psilocybin services for veterans and former first responders as part of the Veterans and Former First Responders Research Pilot Program. The bill would require psilocybin to be provided by or under the supervision of a practitioner who has experience in providing or overseeing psilocybin or other psychedelic therapy services.
<u>Connecticut</u> H.B. 6380, 2025 Gen. Assemb., Jan. Sess. (Conn. 2025)	This bill would decriminalize the possession of psilocybin.
<u>Connecticut</u> H.B. 5456, 2025 Gen. Assemb., Jan. Sess. (Conn. 2025)	This bill would allow the use of psilocybin for medicinal and therapeutic purposes, including, but not limited to, the provision of physical, mental, or behavioral health care.
<u>Connecticut</u> H.B. 7065, 2025 Gen. Assemb., Jan. Sess. (Conn. 2025)	This bill would decriminalize psilocybin in an amount less than one-half ounce. Under the bill, any individual who possesses less than one-half ounce of psilocybin will be: (1) for the first offense, fined \$150, and (2) for subsequent offenses, fined no less than \$200 or more than \$500.
<u>Connecticut</u> H.B. 7258, 2025 Gen. Assemb., Jan. Sess. (Conn. 2025)	This bill would require the Department of Emergency Services and Public Protection to study and report the feasibility of instituting a blood THC level and psilocybin level at which point a driver is per se driving while intoxicated.
<u>Georgia</u> H.B. 382, 2025-2026 Reg. Sess. (Ga. 2025)	This bill would exempt drugs containing crystalline polymorph psilocybin that are approved by the federal FDA from Schedule I.
<u>Hawaii</u> S.B. 1042, 33rd Leg., 2025-2026 Reg. Sess. (Haw. 2025)	This bill would establish a two-year mental health emerging therapies pilot program within the Office of Wellness and Resilience to support clinical research and the development of emerging therapies for the treatment of mental health and behavioral health disorders, including psilocybin therapy.
<u>Illinois</u> H.B. 2992, 104th Gen. Assemb., Reg. Sess. (Ill. 2025).	This bill would establish the Healing Opportunities Through Psilocybin pilot program to allow for the use of psilocybin for therapeutic purposes.

<u>RECENTLY PROPOSED LEGISLATION</u>	
<u>Illinois</u> H.B. 1143/S.B. 2184, 104th Gen. Assemb., Reg. Sess. (Ill. 2025).	This bill, entitled the Compassionate Use and Research of Entheogens Act, would create a regulatory system to facilitate the supported adult use of entheogens, starting with psilocybin, by those who are 21 years of age or older.
<u>Indiana</u> H.B. 1166, 124th Gen. Assemb., 1st Reg. Sess. (Ind. 2025).	This bill would make an appropriation from the state general fund to the therapeutic psilocybin research fund for fiscal years 2025 and 2026.
<u>Iowa</u> H.F. 978, 91st Gen. Assemb., Reg. Sess. (Iowa 2025)	This bill would establish a regulatory scheme for the therapeutic administration of psilocybin.
<u>Iowa</u> H.F. 351, 91st Gen. Assemb., Reg. Sess. (Iowa 2025)	This bill would remove psilocybin from the list of Schedule I controlled substances.
<u>Iowa</u> H.F. 609, 91st Gen. Assemb., Reg. Sess. (Iowa 2025)	This bill would expand the definition of “exercise of religion” to include the use of psychoactive substances, including but not limited to psilocybin and peyote, in religious or spiritual ceremonies.
<u>Kansas</u> H.B. 2218, 2025-2026 Leg., Reg. Sess. (Kan. 2025)	This bill would amend the definition of psilocybin in the Uniform Controlled Substances Act to exclude the pharmaceutical composition of crystalline polymorph psilocybin approved by the U.S. FDA.
<u>Maine</u> H.P. 663, 132nd Leg., Reg. Sess. (Me. 2025)	This bill would decriminalize the possession of one ounce or less of psilocybin for individuals 21 years of age or older.
<u>Massachusetts</u> H.B. 2532, 194th Leg., Reg. Sess. (Mass. 2025)	This bill would establish a non-profit therapeutic center pilot program offering psilocybin treatment for mental and physical health needs.
<u>Massachusetts</u> H.B. 2506, 194th Leg., Reg. Sess. (Mass. 2025)	This bill would decriminalize the possession, ingestion, obtaining, growing, and transportation of no more than two grams of psilocybin for individuals 21 years of age or older who are U.S. veterans, current or former U.S. law enforcement, or someone professionally, medically diagnosed with a qualifying condition. “Qualifying condition” is defined as a medical condition for which at least two and a majority of relevant clinical studies suggest psilocybin therapy in a clinical environment is safe and tolerable.
<u>Massachusetts</u> H.B. 1858/S. 1113, 194th Leg., Reg. Sess. (Mass. 2025)	This bill would limit the penalty for the possession of one gram or less of psilocybin only to: (1) a civil penalty of \$100; and (2) forfeiture of said substance. The bill also exempts certain individuals from civil penalties and forfeiture, including veterans, first responders, and individuals with certain documented mental or physical conditions.

<u>RECENTLY PROPOSED LEGISLATION</u>	
<u>Massachusetts</u> H.B. 2203, 194th Leg., Reg. Sess. (Mass. 2025)	This bill would require the Department of Public Health to develop a pilot program to allow for the research and development of psilocybin services for adults with PTSD, end-of-life-distress, depression, or other specified conditions.
<u>Massachusetts</u> H.B. 1726, 194th Leg., Reg. Sess. (Mass. 2025)	This bill would allow any complaint for simple possession of psilocybin to be dismissed upon a finding by the court that at the time of the alleged offense the defendant: (1) was over 21 years of age, (2) was not operating a motor vehicle, and (3) endangered no children.
<u>Massachusetts</u> H.B. 1624, 194th Leg., Reg. Sess. (Mass. 2025)	This bill would establish an interagency task force to study the public health and social justice implications of legalizing the possession, consumption, transportation, and distribution of psilocybin and other naturally cultivated entheogenic plants and fungi.
<u>Massachusetts</u> H.B. 4050, 194th Leg., Reg. Sess. (Mass. 2025)	This bill would establish a framework to support public health and safety through regulated medical use program, support services, cultivation, and taxation of psilocybin containing fungi.
<u>Michigan</u> H.B. 4686, 2025-2026 Leg., Reg. Sess.	This bill would exempt certain manufacturing, possession, or use of psilocybin from criminal violations if the individual meets all of the following requirements: (1) 18 years of age or older; (2) possesses no more than two ounces of a substance that contains psilocybin; (3) possesses the substance containing psilocybin only for personal use; and (4) possesses a medical record that demonstrates the individual has a diagnosis of PTSD.
<u>Minnesota</u> H.F. 2906, 94th Leg., Reg. Sess. (Minn. 2025)	This bill would establish a regulated framework for the therapeutic use of psilocybin by individuals who are 21 years of age or older, have been diagnosed with a qualifying medical condition, and meet the other requirements for enrollment in the program.
<u>Minnesota</u> H.F. 2699, 94th Leg., Reg. Sess. (Minn. 2025)	This bill would eliminate criminal and civil penalties for the personal use and possession of psilocybin by adults age 21 and older.
<u>Missouri</u> S.B. 90/H.B. 829, 2025 Leg., Reg. Sess. (Mo. 2025)	This bill would require the Department of Mental Health, in collaboration with a hospital operated by an institution of higher education in the state or contract research organizations conducting trials approved by the FDA, to study the efficacy of using alternative medicine and therapies, including the use of psilocybin, in the treatment of patients who suffer from PTSD, major depressive disorder, or substance use disorder, or who require end-of-life care.

<u>RECENTLY PROPOSED LEGISLATION</u>	
<u>Missouri</u> H.B. 951, 2025 Leg., Reg. Sess. (Mo. 2025)	This bill would exempt certain individuals who acquire, use, produce, possess, transfers, or administer psilocybin for their own therapeutic use from being subject to a civil fine, penalty, or sanction so long as the following conditions are met: (1) the individual is 21 years of age or older; (2) the individual requires end-of-life care or suffers from PTSD, major depressive disorder, a substance use disorder, or any other condition for which treatment with psilocybin has shown efficacy in clinical trials registered with the FDA; and (3) the individual provides the Department of Mental Health with: (a) documentation from a physician or a certified nurse practitioner with whom the patient has a bona fide prescriber-patient relationship that the individual requires end-of-life care, or suffers from a qualifying disorder or condition; (b) the name of the facilitator who will be present with the individual when he or she uses psilocybin; (c) the address of the location where the use of psilocybin will take place; and (d) the time period, not to exceed 12 months, during which the individual will use psilocybin.
<u>Nevada</u> A.B. 378, 83rd Leg., Reg. Sess. (Nev. 2025)	This bill would create the Alternative Therapy Pilot Program for the purpose of providing certain patients who have been diagnosed with a mental health condition access to treatment involving the administration, under medical supervision and control, of psychedelic substances through the development and implementation of experimental and investigational pilot clinic programs. This bill defines “psychedelic substance” to mean psilocybin, psilocin, dimethyltryptamine, ibogaine, or mescaline.
<u>New Hampshire</u> S.B. 14, 2025 Leg., Reg. Sess. (N.H. 2025)	This bill would modify the penalties for an individual 18 years of age or older to obtain, purchase, transport, possess, or use $\frac{3}{4}$ of an ounce or less of psilocybin. A first offense would be a misdemeanor and a second or subsequent offense would be subject to the penalties in N.H. REV. STAT. ANN. § 318-B:26 (West 2025).

<u>RECENTLY PROPOSED LEGISLATION</u>	
<u>New Hampshire</u> H.B. 528, 2025 Leg., Reg. Sess. (N.H. 2025)	This bill would amend the penalties for the possession and use of psilocybin for individuals 18 years of age or older. Under the bill the obtaining, purchasing, transporting, possessing, or using of psilocybin would be subject to the following penalties: (1) for a first offense, a violation and a fine of no more than \$100; (2) for a second offense, a class B misdemeanor and a fine of no more than \$500; (3) for a third offense, a class B misdemeanor and a fine of no more than \$1,000; and (4) for a fourth or subsequent offense, the individual will be subject to the penalties in N.H. REV. STAT. ANN. § 318-B:26 (West 2025).
<u>New Hampshire</u> H.B. 1693, 2024 Leg., Reg. Sess. (N.H. 2024)	This bill would allow for and regulate the use of psychedelics for certain qualifying medical conditions.
<u>New Jersey</u> S. 2283/A. 3852, 221st Leg., 2024-2025 Reg. Sess. (N.J. 2024)	This bill would facilitate the establishment of psilocybin service centers to provide individuals who are 21 years of age or older with opportunities for supported psilocybin experiences.
<u>New Mexico</u> S.B. 410, 57th Leg., 1st Sess. (N.M. 2025)	This bill would immediately reschedule crystalline polymorph psilocybin in a manner to coincide with federal law upon the FDA’s rescheduling of the drug.
<u>New York</u> A. 3775/S. 495, 2025-2026 Reg. Sess. (N.Y. 2025)	This bill would establish the psilocybin and MDMA assisted therapy grant program fund and appropriates five million dollars to the fund.
<u>New York</u> A. 3845/S. 1801, 2025-2026 Reg. Sess. (N.Y. 2025)	This bill would establish a psilocybin assisted therapy pilot program for veterans and first responders.
<u>New York</u> A. 2142/S. 5303, 2025-2026 Reg. Sess. (N.Y. 2025)	This bill would allow for the growth, cultivation, and regulated adult use of psilocybin for the treatment of certain health conditions and provides for the taxation of psilocybin regulated activities.
<u>New York</u> A. 628, 2025-2026 Reg. Sess. (N.Y. 2025)	This bill would legalize adult possession and use of certain natural plant or fungus-based hallucinogens and removes such hallucinogens from the list of Schedule I controlled substances.
<u>Pennsylvania</u> H.B. 1439, 2025-2056 Gen. Assemb., Reg. Sess. (Pa. 2025).	This bill would reschedule crystalline polymorph psilocybin immediately upon approval by the U.S. FDA.

<u>RECENTLY PROPOSED LEGISLATION</u>	
<u>Rhode Island</u> H.B. 5186, 2025 Gen. Assemb., Jan. Sess. (R.I. 2025)	This bill would allow less than one ounce of psilocybin to be: (1) in the possession of one individual or shared by one individual to another; or (2) be securely cultivated within an individual's residence for personal use. The bill would also require the Rhode Island Department of Health, contingent upon the FDA's rescheduling of psilocybin, to establish rules and regulations pertaining to the cultivation, distribution, and medical prescription of psilocybin.
<u>Texas</u> S.B. 3005/H.B. 4014, 89th Leg., Reg. Sess. (Tex. 2025)	This bill would require the Department of State Health Services, in consultation with Baylor College of Medicine and the Center for Psychedelic Research and Therapy at Dell Medical School at the University of Texas at Austin, to conduct a study on the use of psychedelic therapies for the treatment of PTSD, depression, and other co-occurring conditions. "Psychedelic therapies" means the use of 3,4-methylenedioxymethamphetamine (MDMA), psilocybin, or ketamine to treat mental health or other medical conditions.
<u>Utah</u> S.B. 248, 2025 Leg., Gen. Sess. (Utah 2025)	This bill would amend § 58-37-3.5 to remove the definition of "healthcare system" and replace it with "healthcare provider," which would be defined to mean: (1) a cancer treatment center with a palliative care provider licensed under Utah law who has been living in the state for at least five years; or (2) a licensed psychiatrist who has experience administering a drug in a legal clinical trial.
<u>Utah</u> H.B. 500, 2025 Leg., Gen. Sess. (Utah 2025)	This bill would reschedule crystalline polymorph psilocybin, if the federal government reschedules the substance.
<u>Vermont</u> H.B. 452, 2025-2026 Gen. Assemb., Reg. Sess. (Vt. 2025)	This bill would decriminalize the possession, cultivation, and non-commercial personal use of psilocybin containing mushrooms by adults 21 years of age and older. This bill also establishes the Psilocybin Therapeutic Consultation Program, which would be tasked with developing an education, training, and consultation model for the safe use of psilocybin containing mushrooms designed and overseen by health providers.
<u>Vermont</u> S.B. 106, 2025-2026 Gen. Assemb., Reg. Sess. (Vt. 2025)	This bill would extend the Psychedelic Therapy Advisory Working Group for an additional year for the purpose of reviewing existing research on the cost-benefit profile of the use of psychedelics to improve mental health and to make findings and recommendations regarding the advisability of the establishment of a state program to permit healthcare providers to administer psychedelics in a therapeutic setting and the impact on public health of allowing individuals to legally access psychedelics under state law.

<u>RECENTLY PROPOSED LEGISLATION</u>	
<u>Virginia</u> S.B. 1135, 2025 Gen. Assemb., Reg. Sess. (Va. 2025) (vetoed)	This bill would have directed the Board of Pharmacy to promulgate regulations that allow for prescribing, dispensing, possessing, and using the pharmaceutical composition of crystalline polymorph psilocybin upon approval by the U.S. FDA and following rescheduling by the U.S. DEA.
<u>Washington</u> S.B. 5201/H.B. 1433, 69th Leg., 2025 Reg. Sess. (Wash. 2025)	This bill would create a regulated psilocybin program in the department of health that would allow individuals who are least 21 years of age to consume psilocybin under the supervision of facilitators in licensed or permitted locations.
<u>West Virginia</u> H.B. 3343, 87th Leg., 2025 Reg. Sess. (W. Va. 2025)	This bill would make it lawful to prescribe, distribute, and market crystalline polymorph psilocybin upon its approval by the U.S. FDA.

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The Legislative Analysis and Public Policy Association (LAPPA) is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

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