Oregon's Psilocybin Services: A Summary and Public Health Commentary

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Abstract

Psilocybin is a federally illegal psychedelic substance that carries positive (e.g., treatment for mood disorders) and negative (e.g., emotional distress) consequences. In 2020, Oregon legalized psilocybin for adult use (21+) at the state level, restricted to designated service centers. In Fall 2024 and Spring 2026, we summarized and compared Oregon's legal/regulatory psilocybin context and highlighted public health considerations. We found there are no limits on the number of licenses that can be issued, and there are mandated trainings to obtain facilitator licensure (e.g., 120/128 hours of instruction in 2024/2026, requiring a test score of 75% [unlimited number of testing attempts]). Regulations specify manufacturing rules, including allowable ingredients and testing for contaminants and concentration. One serving includes 25mg of psilocybin analyte; two servings per person are allowed. Labeling guidelines are provided (e.g., safety warnings and no youth-oriented wording). We identified the presence of psilocybin-related websites that were not age-gated. We found pricing information related to administration ($15-$3,500/person) and facilitator training ($3,000-$14,175). Given the inability to limit the number of psilocybin licensees, the number of service centers is likely to increase. Since Oregon psilocybin services do not license training programs, and given the unlimited number of testing attempts allowed, there may be issues ensuring individuals have adequately acquired the necessary knowledge. Longitudinal research is needed to assess the health impact of these programs and the long-term impacts of psilocybin use.

Keywords: psilocybin, policy, drug, psychedelic

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Introduction

Psilocybin is a naturally occurring psychedelic substance found in several hundred species of mushrooms (Stamets, 2023). Psilocybin was made federally illegal (Schedule I) via the Controlled Substance Act in 1970 (US Drug Enforcement Administration, n.d.), citing a high potential for abuse (Drug Enforcement Administration [DEA], n.d.). Although preliminary research indicates psilocybin use in therapeutic/clinical settings has few long-term adverse effects (Nordin et al., 2024; Studerus et al., 2011), it does pose potential negative consequences, including physical symptoms (e.g., injury, nausea, headache, increased heart rate/cardiovascular issues, and blood pressure) (Dahmane et al., 2021; Santos & Marques, 2021), emotional distress (e.g., depression, anxiety, fear, and preoccupation with death) (Carbonaro et al., 2016; Davis et al., 2021; Santos & Marques, 2021), and potential psychological implications (e.g., transient thought disorder and transient paranoia) (Carhart-Harris et al., 2016; Carhart-Harris et al., 2017; Johnson et al., 2014; Ross et al., 2016).

Research on psilocybin as a method of treatment for mood disorders and drug

dependence has been conducted since the 1960s (Carhart-Harris & Goodwin, 2017). A 2022 systematic review indicated that, across clinical trials and population-based surveys, psilocybin holds promise in treating mental health issues (e.g., anxiety, depression, obsessive-compulsive disorder, trauma-related disorders), reducing problematic alcohol and tobacco use, and assisting with palliative care and spirituality (Abbas, 2025); however, sample sizes for included studies are small. Notably, the Food and Drug Administration designated psilocybin-assisted psychotherapy as a "breakthrough therapy" for treatment-resistant depression in 2018 and for major depressive disorder in 2019 (National Center for Complimentary and Integrative Health, 2024). This classification means that, based on preliminary research, psilocybin might be a good treatment option for depression, but more rigorous research is needed for definitive approval (National Center for Complimentary and Integrative Health, 2024). Additionally, study participants have largely been limited to White, college-educated, cisgender males in Western cultures (Abbas, 2025).

While psilocybin remains listed as a Schedule I substance federally (i.e., federally illegal due to high potential for abuse, no currently accepted medical use, and a lack of accepted safety for use under medical supervision), accumulating clinical evidence has led to new interest in legalizing psilocybin at the state level for therapeutic purposes. In 2020, Oregon was the first state to legalize psilocybin in treatment centers; Colorado followed by legalizing use in treatment centers in 2022 (Proposition 122, implemented in 2023 as SB23-290). New Mexico is also currently developing a medical psilocybin program (NM SB 219). The current paper summarizes Oregon's Psilocybin Services for public health practitioners, researchers, and the general population. Findings provide a more in-depth commentary than previous studies (Abbas, 2025; Tucker et al., 2022), including characterizing training and administrative centers (e.g., cost and services).

Methods

This study summarizes: 1) Oregon's legal and regulatory psilocybin context, 2) some indicators regarding the number and nature of licensed manufacturers and service centers (including presence of age-gated websites and psilocybin/administrative session pricing for the first page of licensees listed), 3) characteristics of available facilitator training programs (e.g., course length, price, and discounts), and 4) considerations for policy makers and researchers. We extracted data across Oregon's governmental websites and legal statutes from September – October 2024 and again in March 2026. Specifically, all of Oregon's .gov websites relating to psilocybin services were reviewed.

Oregon's Policy and Regulatory Context

The push to change psilocybin policies in Oregon can be traced back to the grassroots efforts of Thomas and Sheri Eckert and their non-profit foundation (Eckert, n.d.) In November 2020, Oregon implemented Ballot Measure 109 (codified as ORS 475A), allowing the Oregon Health Authority to license and regulate psilocybin manufacturing and administration, which is restricted to licensed facilitators at designated service centers. Use outside of this context was not legalized. The legislation established Oregon Psilocybin Services (OPS) to oversee these services, the Psilocybin Control and Regulation Fund in the State Treasury (ORS 475A.492), and the Oregon Psilocybin Advisory Board (ORS 475A.225). Local governments may enact ordinances that prohibit a service center or manufacturer

within their jurisdiction (Oregon Local Ordinances, n.d.).

Licensure Requirements

There are four different license types available: manufacturer, testing labs, service centers, and facilitators. Notably, the legislation did not include limits on the number of licenses that can be issued. Applicants for licensure must: 1) be 21 years old, 2) have lived in Oregon for at least two years (residency requirement expired in 2025), 3) have a high school diploma or equivalent, 4) complete the required training and exams, 5) undergo fingerprinting and background checks, and 6) pay application and licensure fees (see Table 1) (ORS 475A.325). Licenses can be refused due to applicants' habitual use of alcohol or drugs, violation of federal law within the last two years (excluding cannabis and psilocybin-related offenses), or lack of demonstrated financial responsibility or "good repute and moral character" (ORS 475A.250). All licensees are required to have a social equity plan documenting the application of diversity, equity, justice, and inclusion principles, and must document the evaluation of the plan upon license renewal (OAR 333-333-4020).

Manufacturing and Testing Requirements

Manufacturers of psilocybin are restricted to only manufacturing and possessing *Psilocybe cubensis* (OAR 333-333-2015). Regulations specify manufacturing rules (e.g., types of compost and allowable ingredients/pathogens) and requirements, including testing for contaminants and psilocybin concentration. Laboratories that test psilocybin products must be accredited by the Oregon Health Authority (Oregon Environmental Laboratory Accreditation Program [ORELAP]). Licensees are disallowed from adding anything that could alter product potency, intoxication, toxicity, or the duration of effect, including but not limited to monoamine oxidase inhibitors (MAOIs), alcohol, or cannabis (OAR 333-333-2050).

Packaging/Labeling Requirements and Marketing Restrictions

Products are restricted to one serving (maximum of 25 mg of psilocybin analyte; OAR 333-333-2310) and must have unobstructed, clearly visible labels containing the manufacturer's name and license number, a unique identification number, product type, quantity of psilocybin analyte in milligrams, serving size, number of servings, activation time, the "best by" date, and health and safety warnings in English using at least eight-point font (OAR 333-333-2400). Labels must also include: 1) "Activation times for psilocybin products are variable and cannot be accurately predicted," and 2) "The risks, benefits, and drug interactions of psilocybin are not fully understood, and individual results may vary" (OAR 333-333-2400).

Product labeling and advertising may not contain any information that is false or misleading, including claims that psilocybin products are safe because they are tested and regulated, or indications that products are "organic" (OAR 333-333-2400). Product advertising and labels must not target individuals younger than 21 (OAR 333-333-6100). Advertisements on television/radio/billboards/print/internet are not allowed unless there is reliable evidence that no more than 30% of the audience is reasonably expected to be under 21 years old (OAR 333-333-6110). To advertise online, reasonable efforts must be made to prevent individuals <21 years old from visiting the website (OAR 333-333-6110). Psilocybin cannot be given as a prize, lottery, contest, game, etc.; psilocybin products cannot be discounted or offered for free in conjunction with the sale of another item or service (OAR 333-333-4500).

Facilitator Training Requirements

ORS requires facilitator training and a facilitator license exam (free of charge), specifying a passing score of 75%; applicants may retake it as many times as they need to pass (OAR 333-333-3200). Training programs must be approved by the Oregon Health Authority and licensed by the Higher Education Coordinating Commission (OAR 333-333-3010). Obtaining this approval requires training programs to provide a description of the curriculum and demonstrate that each instructor has sufficient experience, knowledge, skills, and ability to train students. Refer to Table 2 for a breakdown of the 120 hours (128 hours after 2025) of required instruction (OAR 333-333-3050). Additionally, students must complete a 40-hour, in-person practicum that includes at least 30 hours of directly observing psilocybin service delivery and at least 10 hours of consultation training (OAR 333-333-3070). Training programs must administer a skills-based exam and require passing scores (established by the training program), which is separate from the required ORS exam (OAR 333-333-3090).

Facility Requirements

Any licensed facilities cannot be located: 1) on state- or federally-owned land, 2) in areas overlapping with licensed cannabis or liquor facilities; health care facilities; locations operating as restaurants, commissaries, mobile units, bed and breakfasts, or warehouses; or residences, or 3) within 1,000 feet of elementary or secondary schools or 500 feet if there is a physical (e.g., highway) or geographic (e.g., river) barrier (OAR 333-333-4130).

Service centers may only sell psilocybin and provide services between 6:00 AM and 11:59 PM (OAR 333-333-4480). The total amount of psilocybin analyte consumed in sessions must not exceed 50 mg (two doses; OAR 333-333-5240). Products can be in various forms (i.e., whole dried mushrooms, ground homogenized fungi, extracts, and edible products), but must be manufactured and tested by state-licensed entities and cannot be brought to or taken off the licensed premises. Refer to Table 3 for the minimum facilitator-to-client ratio and the required waiting times per psilocybin amount used.

Service centers are required to set their own costs, manage their own operations, and maintain records regarding the number of clients served, specific client information (e.g., race, ethnicity, disability status, sexual orientation, gender, income, age, country of residence, and reason for psilocybin services), average number of services/visits per client, number of individual and group administration sessions, average dose of psilocybin per session, number of individuals denied services and reasons for denial, and adverse behavioral reactions (number and severity) (OAR 333-333-4910).

Client Requirements

Eligibility requirements to undergo a session include: 21 years of age or older, no past-month lithium use (self-reported), and no lifetime diagnoses or treatment for psychosis (self-reported) (OAR 333-333-5050). There are no prescription, referral, or residency requirements; however, administration sessions cannot occur if a person is visibly intoxicated (OAR 333-333-4500).

Administration Sessions

Prior to a session, at least 24 hours, but no more than 90 days prior, individuals must participate in a preparation session with a licensed facilitator, in which they are provided with a Bill of Rights and Client Information Form, and complete specific forms (e.g., consent to receive a second dose) (OAR 333-333-4520; OAR 333-333-5000). Clients must remain at the service center for the duration of the session. If clients receive

Table 1
Application and Licensure Fees

Type	Fee ($)
Facilitator application	150
Facilitator license	2,000 (annually)
Service center, manufacturer, and laboratory application	500
Service center, manufacturer, and laboratory license	10,000 (annual)

Note. Non-profit entities, veterans, those receiving social security income or food stamp benefits in the past 12 months, or are enrolled in the Oregon Health plan may qualify for a reduced annual license fee of $5,000 for manufacturer or service center licenses or $1,000 for a facilitator license. Manufacturer license type is specific to the type of psilocybin product (i.e., fungi cultivation, psilocybin extraction, and edible production).

Table 2
Facilitator Training Breakdown (120 hours in 2024; 128 hours after 2025)

Training Category	Hours of Instruction	Content
Administration	20	- Dosing strategies and considerations, including experiential differences, physiological considerations, delivery mechanisms, and secondary doses - Effectively working with challenging behaviors during an administration session, including unexpected client disclosures, substance-induced psychosis, and suicidality - Traumatic stress and its manifestation during a psilocybin experience and appropriate facilitator response - "Set and Setting" including environmental considerations for administration sessions such as lighting, sound, and temperature - Completion of administration session
Preparation and orientation	16	- Informed consent - Client information form and intake interview, including discussion of reasons for seeking psilocybin services - Facilitator role and limits - Trauma-informed communication skills - Identification of client safety concerns, including medical history, contra-indicated medication, and psychological instability - Appropriate strategies to discuss client safety concerns - Determination of whether a client should participate in an administration session - Client-directed safety planning - Boundaries between the facilitator and the client including the use of touch - Understanding of how racial and cultural dynamics affect interactions between client and facilitator - Historical and Indigenous modalities of preparation
Core facilitation skills	16	- Client communication, empathy, and rapport - Response to psychological distress and creating a safe space for difficult emotional experiences - Physical reactions and side effects of psilocybin - Trauma-informed care - Active monitoring of client-facilitator boundaries specifically related to consent and touch - Identification and facilitation of a variety of subjective psilocybin experiences - Appropriate modes of intervention, understanding when intervention is necessary, and when a client may need a higher level of care

		- Recognizing and addressing adverse behavioral and medical reactions - Appropriate knowledge, skills, and approach needed to provide safe facilitation in a manner consistent with client goals, values, heritage, and spiritual practices
Group facilitation	16	- Skills required to facilitate psilocybin group sessions, including client's compatibility with group format, set and setting for group facilitation, facilitating group communications and dynamics, confidentiality and safety, and identifying when a client within a group requires individual support, removal from a group, or additional intervention - Group preparation and integration sessions - Regulatory requirements for group facilitation
Historical, traditional, and contemporary practices and applications	12	- Current and historical use of plant and fungal medicines in indigenous and western cultures - The Controlled Substances Act and its effect on psilocybin research and drug policy - Overview of historical and recent academic research
Cultural equity in relation to psilocybin services	12	- Cultural equity, health equity, and social determinants of health - Racial justice and systemic racism, including the impact on health outcomes - The impact of drug policy - History of systemic inequity, including in delivery of healthcare, mental health and behavioral health services - Intergenerational trauma - Responsible Referral and Support
Safety, ethics, and responsibilities	12	- Awareness of the facilitator's personal bias - Training on the Oregon Psilocybin Services Act and related laws, regulations, and professional standards - Training in ethical issues related to psilocybin facilitation, including considerations relating to equity, privilege, bias, and power; awareness of increased vulnerability associated with altered states of consciousness; appropriate use of touch; appropriate emotional and sexual boundaries between facilitators and clients; historical and contemporary abuse of power associated with psychedelics; financial conflicts of interest; and reasonable expectations regarding client outcomes - Accurate record-keeping and client confidentiality - Awareness of new research related to the safety and ethics of psilocybin - Appropriate measures to mitigate risks associated with psilocybin services
Integration	12	- Identification of appropriate resources that may assist client with integration, including resources for interpreting feelings

		and emotions experienced during administration session; facilitation of positive internal and external changes; enhancement of existing supportive relationship - Identification of client safety concerns - Facilitator scope of practice - Discussion of appropriate intervals between administration sessions and related safety concerns
Psilocybin pharmacology, neuroscience, and clinical research	4 (12 after 2025)	- Pharmacodynamics and pharmacokinetics of psilocybin - Drug and supplement interaction - The metabolism of psilocybin - The primary effects and mechanisms of action of psilocybin on the brain - Key areas of psilocybin research - Models of substance use, addiction, and recovery
Note. If trainings are not in person, at least 50% of the training must occur via online synchronous learning. Qualified students (based on professional credentials, prior training and education, or relevant experiences) can be granted accelerated training hours not to exceed 40% of the total number of core training hours required, and are not allowed for practicum or specific modules (i.e., cultural equity; safety, ethics and responsibilities; preparation and orientation; administration; or integration).		

Table 3

Facilitator-to-Client Ratio and Waiting Time, per mg of Psilocybin Analyte

Amount of psilocybin analyte consumed (mg)	Facilitator : client ratio	Required minimum waiting time (in hours)
<2.5	1:25	1
2.5 - <5	1:25	1
5 - <10	1:15	2
10 - <15	1:8	4
15 - <25	1:6	4
25 - <35	1:4	5
35 – 50	1:2	6

Note. The minimum duration shall be 30 minutes when the client participates in any subsequent administration session. Administration sessions must begin at a time that allows for the minimum duration to elapse prior to 11:59 PM. Service centers must have client administration areas that are at least 25 square feet of area for each person and may not possess any more than 100 grams of psilocybin analyte at any given time or host administrative sessions for more than 100 clients at a time.

Table 4
Information Listed on the First Page of OPS Licensee Websites

#	License type	Website age gating	Price	Discounts or promotions
October 2024				
1	Manufacturer	Yes	-	-
2	Manufacturer	Yes	-	-
3	Manufacturer	Yes	-	Complimentary psilocybin products for veterans at any partnered service center.
4	Manufacturer	No	-	-
5	Manufacturer	Yes	$3/mg	-
6	Manufacturer	Yes	-	Donating all products at no cost to service centers for the Psilocybin Access Fund through the Sheri Eckert Foundation.
7	Manufacturer	Yes	All-inclusive psilocybin therapy options for $1,250	Veterans, first responders, and disadvantaged people receive discounts.
8	Manufacturer	No	-	Offering free sample sets to newly licensed service centers. Those undergoing facilitator training practicum or other industry workworn can receive a supply of psilocybin at no or reduced cost. Limited number of free doses to those in need of financial assistance, provided via partnered service centers.
9	Manufacturer	No	$3/mg	Free samples available, but no other information is provided.
10	Service center	No	Hero dose session, $695	-

			Star Healing Retreat (combined microdosing and hero dosing; psilocybin sold separately), $3,295 Friends healing retreat – 5 friend package (combines individual hero dosing, microdosing; psilocybin sold separately), $4,995	
11	Service center	No	-	-
12	Service center	No	All-inclusive pricing ranging from $1,275 to $3,500+	$100 off with coupon code
13	Service center	No	$900	-
14	Service center	Yes	1 hour microdose, $300 1-4 hour small dose, $500+ 4-5 hour medium dose, $800+ 6 hour hero dose, $1,500	First-time clients receive discounted rates
15	Service center	Yes	$1,500-$3,000	Provides several no- or reduced-cost rooms each month in partnership with facilitators who may offer discounted rates. The Psilocybin Access Fund provides financial assistance to help individuals from underserved communities access psilocybin therapy
16	Service center	No	2-person journey, $1,500-$2,250 per person + cost of psilocybin Individual journey, $1,600-$2,400 + cost of psilocybin	Discounted social equity rates available for those with financial need. -
17	Service center	Yes	Group ceremony, $1,200-$2,000 + $4/mg for psilocybin + $15 Oregon state tax Cash only	Income-based sliding scale Discount code, 15% off
18	Service center	No	-	-

19	Service center	No	$250 day pass with private room Psilocybin cost is $100-$240 for a 20mg-48mg dose. Cash only.	-
20	Service center	No	Individual session (including preparation and integration session) is $2,900. Groups of 2 people: $1,900 per person.	Psilocybin Access Fund via Sheri Eckert Foundation for helping underserved communities.
21	Service center	Yes	$1,900-$2,300 Psilocybin is $6 per mg; other places of the website says $5-$10. Microdosing membership: 12-punch card membership; 2 session punch card is $600	If price is an issue, reach out to them directly to help make psilocybin accessible to you.
22	Service Center	Yes	$1,200-$3,200, depending on the facilitator, dosage, and sliding scale pricing. 2-week microdosing intensive: 8-session program, $2,000	Flexible pricing model If you qualify for financial assistance via the equity program, 'journeys' can be as low as $600.
March 2026				
1	Manufacturer	Yes	-	Partner with facilities that offer discounts for veterans, hospice workers, and patients experiencing anxiety, depression, and end-of-life situations. Free services for 5 patients facing financial hardships and 5 patients in hospice care.
2	Manufacturer	Yes	-	Donating all products at no cost to service centers through the Sheri Eckert Foundation.
3	Manufacturer	No	<u>Individual sessions</u> $15 microdoses (1.2mg) $25-$100 low doses (2.5mg) $150 5mg $250 (10mg)	Connect membership: 20% off room rates; 10% off private dosing sessions. Golden teacher membership (for local healers, practitioners, creative, educators, and community leaders): 50% off

			$350 (15mg) $700 (25mg-50mg) <u>Group sessions</u> $200 (2.5mg, 6 people) $400 (5mg, 4 people) $600 (10mg, 4 people)	room rates; priority access to reserve rooms; 10% off on private dosing sessions. 30% off sessions for: LGBTQ+, senior citizens, BIPOC, veterans, low income, those with disabilities, immigrants, and refugees.
4	Manufacturer	No	-	Free doses to those in need of financial assistance.
5	Manufacturer	No	All inclusive sessions: $800-$2,100	Some facilitators have 'sliding scale' options or discounts for veterans.
6	Manufacturer	Yes	-	-
7	Manufacturer	No	-	-
8	Service Center	Yes	All-inclusive retreat ($4,250)	-
9	Service Center	No	Private individual journey: $1,800-$2,900 + psilocybin cost (~$5/mg) Private couple or small group journey: $50 first session, $40 subsequent sessions, $290 package of 8 sessions	10% off for first responders, healthcare workers, military, and veterans.
10	Service Center	No	Individual experience: $2,500-$2,800 + price of psilocybin 'Tester' low-dose package: $2,400-$2,700 + price of psilocybin 2 low-dose session package: $4,100-$4,700 + price of psilocybin Low dose + high dose 2 session package: $4,200-$4,800 + price of psilocybin 2 high-dose session package: $4,300-$4,900 + price of psilocybin	Sliding scale scholarships for clients in financial need.

			1 low-dose and 2 high-dose session package: $8,500 + price of psilocybin Group sessions: $1,750-$2,00 (per person)	
11	Service Center	Yes	Individual journeys range from $1,200-$3,200	Reduced rate of $500 for those facing financial hardship. Trade-commerce options (share skills such as photography, housekeeping, etc.) for up to $500 in credit.
12	Service Center	No	Individual session: $3,200 Group/couple session: $5,000	Apply to grant via Sheri Eckert Foundation.
13	Service Center	Yes	Mushrooms ($100-$250) + facilitation services ($1,000-$2,200) + facility ($995)	Sheri Eckert Foundation may provide up to $1,500 in support. If you are on Food Stamps or Public Assistance, you may qualify for a limited number of low-cost journeys ($60-$250).
14	Service Center	No	-	-
15	Service Center	Yes	Microdosing (2mg): $50-$60 Private sessions: >$2,000	-
16	Service Center	No	All inclusive sessions: $800-$2,100	Some facilitators have 'sliding scale' options or discounts for veterans.
17	Service Center	Yes	Individual sessions: $2,500-$3,500 Retreats: $6,200-$6,750	-
18	Service Center	Yes	Individual session: room ($550-$850) + facilitation ($500-$2,000) + psilocybin ($115)	Sliding scale pricing and scholarships via Eden Sage Fund
19	Service Center	No	Individual session: $1,500-$2,500	-
20	Service Center	No	Individual session: $2,400 Couples session: $3,800	Sliding scale option for those with financial need
21	Service Center	Yes	-	-

22	Service Center	No	Individual session (20-50mg): $1,250 Adding a low-dose session (10-15mg): $250	-
Note. We used the default listing order and page view. There were 25 licenses listed on the first page of results (2024: 12 manufacturers and 13 service centers; 2026: nine manufacturers and 16 service centers). Of these, 22 (in 2024 and 2026) listed working websites. The retail sales tax rate for psilocybin products is 15%; additional local taxes and fees are prohibited.				

Table 5
Detailed Information on Approved Psilocybin Training Programs

Number	Course Length	Price	Discounts	Year
1	12 months	$12,500	Scholarships are available for those demonstrating financial need, and for BIPOC, LGBTQ+, disabled individuals, military service members, or those serving marginalized communities.	2024
2	2024: 8 months (129.5 class hours + 40-hour practicum) 2026: 4 months (129.5 class hours + 40-hour practicum)	2024: $25 application fee + $150 enrollment fee + $9,000 tuition Total: $9,175 2026: $25 application fee + $150 enrollment fee + $8,000 tuition Total: $8,175	2024 and 2026: Discount/sliding scale program that may forgive 25% or 50% of the student's tuition cost, depending upon each student's income level.	2024 & 2026
3	5 months	$12,800	-	2024
4	2024: 256 hours 2026: 140 hours over 4 months	2024: $7,000 (early registration) or $10,000 tuition + $3,000 practicum Total: $10,000 - $13,000 2026: $6,000 (or $3,000 for early registration)	2024: 25 scholarships for a 50% discount to qualified applicants who demonstrate financial need. Scholarships are awarded on a first-come, first-served basis. 2024: 30% discount for veterans 2026: None	2024 & 2026
5	8 months (150 hours)	$35 non-refundable application fee + $10,000 tuition + $1,500 practicum Total: $11,535	Justice, Equity, Diversity and Inclusion Scholarships and support for specific program aspects, such as select Apprenticeship Training Retreats	2024

6	2024: 8 months (150+ class hours + 40-hour practicum) 2026: 7 months (150+ class hours + 40-hour practicum)	2024: Virtual: $6,500 In-person: $10,500 + $2,200 for practicum Total: $8,700 - $12,700 2026: $10,900	2024: None 2026: Sliding scale	2024 & 2026
7	Up to 1 year (most complete within 3-4 months) Accelerated Test Track allows individuals to 'test out' of up to 40% of the program if you have life experience or education that qualifies, reducing tuition by almost $2,000.	$150 application fee + $6,315 Total: $6,465	Tuition support for veterans or their families who choose to train as facilitators through our non-profit organization.	2024
8	2024: 10 months (150 hours) 2026: 12 months (140-150 hours)	2024: $150 non-refundable application fee + $8,300 Total: $8,450 2026: $150 non-refundable application fee + $9,400 (hybrid) or $8,900 (online) Total: $9,050-$9,550	2024: Applicants for scholarships must write a 1-page letter which demonstrates financial need as well as membership in 1 or more of these groups: BIPOC (Black, Indigenous, and People of Color), LGBTQIA+ (Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual), military service members/veterans, clergy or chaplains, and those who are serving under-resourced communities. 2026: Applicants must write a 1-page letter which describes financial need.	2024 & 2026
9	2024: 5 months (120 hours) 2026: 4.5 months (150 hours)	2024: $6,599 2026: $6,899	-	2024 & 2026
10	2024 and 2026: 17 weeks across 4 months (124 hours of coursework)	2024: $6,500 + $2,00 for practicum Total: $8,500	-	2024 & 2026

		2026: $4,000 + $1,000 for practicum Total: $5,000		
11	2024 and 2026: Standard: 11 weeks (162 hours) 2026: Accelerated: 7 weeks (114 hours) 2026: Distance learning: 11 weeks (162 hours)	2024: $3,995 (standard) 2026: $5,745 (standard, accelerated) 2026: $3,995 + $1,750 (distance learning + practicum)	-	2024 & 2026
12	2024 and 2026: 9 months (200 hours)	2024: $175 application fee + $14,000 tuition Total: $14,175 2026: $175 application fee + $10,000-$14,000 tuition Total: $10,175-$14,175	2024 and 2026: Financial aid available as well as Justice, Equity, Diversity, and Inclusion Scholarships and need-based assistance. Monthly, quarterly, or semi-annual installments can be arranged.	2024 & 2026
13	2024 and 2026: ~18 weeks	2024: $4,198 + $3,999 for practicum Total: $8,197 2026: $4,798 + $2,500 for practicum Total: $7,298	-	2024 & 2026
14	160 hours	$3,500 + $4,000 for practicum Total: $7,500	Sliding fee scholarships and payment plans for those who qualify	2024
15	2024: 10 months (200 hours) 2026: 9 months (205 hours)	2024: $150 non-refundable application fee + $10,500 Total: $10,650 2026: $50 non-refundable	2024: Limited number of scholarships to support underprivileged and Indigenous communities. 2026: Scholarships are 'possible'	2024 & 2026

		application fee + $8,500 Total: $8,550		
16	Standard: 160 hours (2024) / 168 hours (2026) Accelerated (qualified practitioners can receive up to 40% of core training hours): 10-week program Distance education: 10-week program (120 hours in 2024; 124 hours in 2026)	Standard: $3,995 Accelerated: $4,295 (2024) / $3,995 (2026) Distance education: $2,995	2024: None 2026: Tuition reductions on a case-by-case basis; matched tuition/scholarships to other licensed training programs; free tuition for Oregon veterans.	2024 & 2026
17	2 months (160 hours)	$4,500	-	2024
18	2024: 10-weeks (160 hours) 2026: 8 weeks	2024 and 2026: $9,300	-	2024 & 2026
19	2024: 12-week accelerated program or 6 months (180 hours) 2026: 15-week program (150 hours + 40 hour practicum)	2024: $8,800 2026: $8,800 + $2,000 practicum Total: $10,800	2024: None 2026: Limited number of partial scholarships based on need.	2024 & 2026
20	2024: 12 weeks (120 hours) 2026: 12-14 weeks (150 hours) + 40 hour practicum	2024: $5,500 2026: $6,900	-	2024 & 2026
Note. Trainings were online (synchronous and asynchronous) with an in-person practicum.				

a second dose during the session, they must purchase the second dose prior to administration of the first dose and wait 30 minutes after the required minimum wait time for the first dose (OAR 333-333-5240). Within 72 hours after session completion, the licensed facilitator checks in on clients and offers the optional "integration" session, during which they review their safety and support plan or request referrals for community resources, peer support networks, etc. (OAR 333-333-5260).

Current State of Psilocybin Licensees and Related Trainings in Oregon

OPS began accepting applications for licensure in January 2023, issued the first license in March 2023, and began psilocybin services in summer 2023. As of September 11, 2024, 673 worker, 356 facilitator, 31 service center, 13 manufacturer, and 1 testing lab permits had been issued (Power Big Gov, 2024). As of March 3rd, 2026, these numbers changed to: 724 worker, 345 facilitator, 31 service center, 11 manufacturer, and 1 testing lab (Power Big Gov, 2024).

The OPS Licensee Directory is not a comprehensive list of all licenses, as it requires licensees to "opt in" to sharing their information (Oregon Psilocybin Services Licensee Directory, n.d.). Per the OPS License Directory, there were 372 licenses listed as of October 1, 2024, and 383 as of March 3, 2026. For the first page of licensees, around half of the websites were age-gated, and prices for individual sessions ranged from $15 (microdose) to $3,500 per person. Several locations provided income-based sliding scales or discounts and/or free products for underserved communities, first-time clients, veterans, and first responders, and one location offered a microdose member punch card. Refer to Table 4 for detailed results.

Several local governments (n=~150) have exercised their authority to enact ordinances prohibiting service centers and/or manufacturers (Oregon Local Ordinances, n.d.).

In October 2024, there were 24 training programs with approved curricula (20 with valid websites); this number was reduced to 16 (14 with valid websites) in March 2026 (see Table 5) (Oregon Psilocybin Training, n.d.). The ones that no longer remained tended to have higher training costs (>$10,000). In 2026, course length varied from eight weeks to 12 months, and hours of instructional content varied from 124 to 200 hours. Training prices ranged from $3,000 to $14,175; seven programs offered some form of discounts or scholarships. Between 2024 and 2026, most programs decreased completion time (n=7), while a few increased (n=4). Most programs decreased overall training cost (n=8), while some increased (n=5).

Discussion

This study provides a summary of key psilocybin regulations and insights regarding current licensees in Oregon. One concern is that OPS does not have the authority to limit the number of psilocybin licenses that can be issued (Oregon Health Authority, n.d.). This is concerning given the high interest in psilocybin services (Oregon Health Authority, n.d.) and Oregon's oversaturation of the cannabis market (resulting in a new law creating a cap on cannabis licenses) and alcohol market (only certain jurisdictions have license limits). Prior literature shows that higher outlet densities (e.g., alcohol and cannabis) are associated with increased use and more positive perceptions (Campbell et al., 2009; Gmel et al., 2016; Mair et al., 2015). Thus, research should further examine the number and density of psilocybin service centers.

Exploring a subset of licensees and their websites raised a few additional areas of

concern. First, certain licensee names, such as "Mystic Mushrooms," "Tripz," and "Space Clinic," evoke imagery and concepts that may resonate with youth and curiosity about psychedelic experiences. Many websites were not age-gated, allowing easy online access among youth. Additionally, prior research indicates that most age-gating mechanisms are easily bypassed (Apthorpe et al., 2024; Miller, 2025). More robust age-gating approaches (e.g., government-issued identify verification) may reduce access, but these approaches also carry inherent risk (e.g., privacy and data security) (Apthorpe et al., 2024; Plaksij, 2025; Sakasegawa, 2026; Miller, 2025). Thus, a balance of age-gating approaches is needed.

Prices for administration sessions were relatively high – often exceeding $1,000, reducing access among communities that may need treatment. Some service centers' sliding fee schedules attempted to address this, but sliding scales may not lower rates sufficiently to facilitate access among lower-income populations, and ORS/OPS cannot regulate the cost (Oregon Health Authority, n.d.). Additionally, the use of certain price promotion strategies (e.g., punch cards) may conflict with current laws.

While it is required to submit information regarding adverse behavioral/medical reactions to the Oregon Health Authority, it is unclear how these events are handled and how they inform future iterations of the program's policy. There is new legislation (HB 2387; effective as of May 2025) that provides recommendations to agencies responsible for overseeing the program and allows health care providers to discuss psilocybin services. However, given psilocybin's federal illegality, many providers who are technically trained in related fields likely will not participate in such programs, given their federal credentials.

Another concern is that OPS does not license psilocybin training programs or have the authority to control the cost of the training programs (Oregon Health Authority, n.d.). Relatedly, allowing multiple attempts to take exams and only requiring a passing score of 75% is problematic for ensuring individuals have adequately acquired the necessary knowledge. It may be beneficial for individuals who do not pass to be required to complete additional training to ensure skill and knowledge acquisition, and to offer this remedial training at low- or no-cost. The potentially high costs of training could reduce participation in this industry among low-income individuals, and this could be compounded by the ambiguity and subjectivity of certain eligibility criteria for licensure (i.e., demonstrated financial responsibility or "good repute and moral character"), which could result in inequitable opportunities or discrimination (Oregon Legislature, 2023). Ideally, OPS would have authority over pricing to ensure low and consistent prices, thereby increasing participation in the industry among groups for whom high training costs are untenable.

Other concerns were also noted. For example, while prohibiting administration sessions among visibly intoxicated individuals is important (Oregon Legislature, 2023), it is equally important to clarify how this should be determined and to consider whether individuals should be drug/alcohol tested prior to administration.

Limitations

This study summarizes findings for Oregon's psilocybin services and not other states. While Colorado also has legalized similar services, and New Mexico is currently developing a similar program, Oregon was the first to do so and thus has the most established program. Future research should compare these programs across states. Further, findings only represent legal

requirements and expectations – actual behaviors were not observed, and some services may not comply with these legal requirements.

Implications for Health Behavior Research

Public health research indicates that setting caps on the number of retailers/licenses for substances (e.g., alcohol and tobacco) is highly effective at reducing use and associated harm (Ackerman et al., 2017; Alebshehy et al., 2023; Anderson et al., 2009; Campbell et al., 2009). Thus, similar policies should be implemented to allow OPS to limit the number of psilocybin licenses that can be issued. Additionally, given the observed youth-oriented license names and lack of age-gated websites, efforts should be undertaken to minimize exposure of psilocybin content to youth. However, the restriction of advertisements to be only among audiences that are >70% adults has been demonstrated as ineffective at reducing youth exposure in other substance markets (Giesbrecht et al., 2024; Noel et al., 2017). As such, stronger measures need to be taken (i.e., not allowing advertising, rules on naming/branding, and stronger age verification measures). Furthermore, inequities regarding high prices for administration sessions should be addressed (e.g., setting a maximum cap). More research is needed to better understand the utility of these programs, including information on those participating in administration sessions and their long-term outcomes.

Conclusions

In sum, Oregon is the first state to legalize psilocybin and has established related regulations. While these services may indeed be beneficial for some people with mental health issues, the implementation of these services raises concerns. Primarily, the high cost of these services limits access, particularly among those with lower socioeconomic status. Rigorous longitudinal research is needed to better understand the health impact of these programs, particularly because other states are likely to model and adapt Oregon's pioneering psilocybin program. Moreover, more research is needed to better understand the long-term impacts of psilocybin use.

Discussion Questions

How can public health practitioners help minimize harm while maximizing benefits in Oregon? What measurements and outcomes should be tracked, and by whom?

What are the potential benefits and risks of implementing such programs before broader clinical evidence, federal regulatory alignment, and standardized medical oversight are established?

Conflicts: The authors report no conflicts of interest.

Funding: Dr. LoParco is supported by the National Institute on Drug Abuse (F32DA060612; K01DA061973). The funder had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.

Author Contributions: C.R.L.: Conceptualization, Investigation, Methodology, Writing – Original Draft. C.B.; A.M.G.; M.E.R.; C.J.B.: Writing - Review & Editing.

Ethical Approvals. This study does not use human subject data.

Data Availability: Data are publicly available.

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