

DEPARTMENT OF REGULATORY AGENCIES

Office of Natural Medicine Licensure

NATURAL MEDICINE LICENSURE RULES AND REGULATIONS

4 CCR 755-1

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

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1: GENERAL

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1.4 Definitions

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"Adverse Health Event" means any untoward and unexpected health condition or medical occurrence associated with the use of natural medicine or natural medicine product-this could include any unfavorable and unintended sign (including a hospitalization, emergency department visit, medical visit, abnormal laboratory finding, outbreak, death [non-motor vehicle]), symptom, or disease temporally associated with the use of a natural medicine product, and may include concerns or reports on the quality, labeling, or possible adverse reactions to natural medicine or natural medicine product transferred by or manufactured at a Natural Medicine Business. An adverse health event may also include any of the previous signs, symptoms, or disease temporally associated with the use of a natural medicine product that is administered to a participant by a licensed facilitator. An adverse event or suspected adverse reaction is considered "life-threatening" if its occurrence places the participant at immediate risk of death. It does not include an adverse event or suspected adverse reaction that, had it occurred in a more severe form, might have caused death. An adverse event or suspected adverse reaction is considered "serious" if it results in any of the following outcomes: Death, a life-threatening adverse event, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions, or a congenital anomaly/birth defect. Important medical events that may not result in death, be life-threatening, or require hospitalization may be considered serious when, based upon appropriate medical judgment, they may jeopardize the patient or subject and may require medical or surgical intervention to prevent one of the outcomes listed in this definition. Examples of such medical events include allergic bronchospasm requiring intensive treatment in an emergency room or at home, blood dyscrasias or convulsions that do not result in inpatient hospitalization, or the development of drug dependency or drug abuse.

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2: LICENSURE

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2.1 General Requirements for All Applicants

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5. Healing Center Affiliation

- a. Healing centers are licensed by the Department of Revenue and are governed by the provisions of section 44-50-101 *et seq.*, C.R.S. and the implementing rules adopted by the Department of Revenue.
- b. The license types of Facilitator and Clinical Facilitator are both considered to be full-scope license types and may practice facilitation in Colorado independently.
- c. Distinguished Educator licensees and Student Facilitator licensees do not possess full-scope licensure, and cannot practice independently.

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2.2 Facilitator: Original Licensure

A. Scope of Practice

1. An individual holding a Facilitator license is authorized independently to provide natural medicine services to those participants for whom a safety screen demonstrating generally accepted standards of practice does not identify risk factors suggesting a need for involvement of a medical or behavioral health provider.

2. Individuals holding licensure or authorization to practice a profession that does not diagnose and treat medical or behavioral health conditions may become licensed as a Facilitator licensee. If an individual holds licensure or authorization to practice a profession which is otherwise inconsistent with the practice limitations of facilitation, may not practice both professions simultaneously, and therefore may become licensed as a Facilitator licensee. Inconsistencies could arise regarding, for example, limitations on supportive touch which would prohibit certain simultaneous secondary practice. Indigenous and religious practitioners who choose to engage in the regulated practice of facilitation and who do not otherwise qualify for licensure as a Clinical Facilitator, may apply for a Facilitator license.

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6. A Facilitator shall utilize a safety screen meeting generally accepted standards of practice. Without further action as outlined in this Section 2.2, a facilitator may not independently provide natural medicine services to participants if the safety screen identifies risk factors that suggest the need for involvement of a medical or behavioral health provider. This limitation does not apply to participants whose conditions are in remission.

7. Facilitator licensees may not provide natural medicine services to participants who are taking lithium or antipsychotic medications.
8. A Facilitator licensee may provide natural medicine services to participants with risk factors as referred to in paragraphs 2.2(A)(6) or the medications identified in paragraph 2.2(A)(7) , if the

participant has received a referral for natural medicine services,

has been provided medical clearance by the participant's medical or behavioral health provider, or

has engaged in consultation and risk review with a medical or behavioral health provider. The provider may be licensed in Colorado or in the participant's state of residence, but must be licensed to diagnose and treat the participant's physical or behavioral health condition(s) identified as a risk factor(s) by the safety screening. If applicable, the Facilitator must document and maintain reasonable evidence of such consultation and risk review, and if the consultation and risk review identifies heightened risk associated with a specific condition, the participant must work with the Facilitator to develop a safety plan, informed by the consultation and risk review, and provide written informed consent to work with the Facilitator.

A Facilitator may decline to provide Natural Medicine Services to a participant for any health or safety reason.

9. A Facilitator licensee must recommend in writing that any prospective participant who is taking a psychotropic medication identified as a risk factor on the safety screen should obtain applicable medical and behavioral health clearance from a physician (MD) or (DO), an Advanced Nurse Practitioner (APN), a Physician Assistant (PA), or a Clinical Facilitator with prescribing authority prior to administering natural medicine services. If the consultation and risk review identify heightened risk associated with a specific medication, the participant must work with the Facilitator to develop a safety plan, informed by the medical consultation and review, and provide written informed consent to work with the Facilitator. A Facilitator may decline to provide Natural Medicine Services to a participant for any health and safety reasons.

B. License Requirements and Qualifications

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- c. 50 hours of consultation.

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2.5 Clinical Facilitator: Original Licensure

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2. A Clinical Facilitator licensee shall utilize a safety screen meeting generally accepted standards of practice. A Clinical Facilitator may only treat medical or behavioral health conditions that are appropriately treated within the scope of their secondary (non-facilitation) license. No licensee is authorized to practice outside of or beyond their area of training, experience, competence, or secondary (non-facilitation) licensure. A Clinical Facilitator who does not manage or treat a participant's physical or mental

condition (including conditions such as cardiovascular disease, uncontrolled hypertension, diseases of the liver, seizure disorders, severe chronic medical illness, or terminal illness) must contact the participant's treating provider prior to providing natural medicine services unless good cause exists. For example, good cause exists if there is no treating provider or if the participant's treating provider is employed by or contracted with a government or private entity that prohibits the treating provider from providing clearance. Clinical Facilitator Licensees who do not prescribe lithium or antipsychotic medications within the scope of their secondary license may not independently provide natural medicine services to participants who are taking such medications, without clearance from, or a consultation and risk review with a medical or behavioral health provider practicing within their scope of practice.

3. Nothing in this rule prevents a Clinical Facilitator from providing natural medicine services to a participant with risk factors identified in the safety screen required by Rule 2.2(A)(6) that fall outside of the Clinical Facilitator's scope of practice for their secondary license, provided the participant has received a referral for natural medicine services by the participant's treating medical or behavioral health provider, or has engaged in consultation and risk review with a medical or behavioral health provider. The participant's provider may be licensed in Colorado or in the participant's state of residence, but must be licensed to diagnose and treat the participant's physical or behavioral health condition(s) identified as risk factor(s) by a safety screen. If applicable, the Clinical Facilitator must document and maintain reasonable evidence of such consultation and risk review, and if the consultation and risk review identifies heightened risk associated with a specific condition, the participant must work with the Clinical Facilitator to develop a safety plan, informed by the consultation and risk review, and provide written informed consent to work with the Clinical Facilitator. A Clinical Facilitator may decline to provide Natural Medicine Services to a participant for any health or safety reason.

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C. Applications

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- (1) (PSY) Psychologist, (LSW) Licensed Social Worker, (LCSW) Licensed Clinical Social Worker, (MFT) Marriage and Family Therapist, (LPC) Licensed Professional Counselor, or (LAC) Licensed Addiction Counselor; or

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- D. These requirements may be modified if an applicant meets the criteria for accelerated training set forth in Rule 2.4.
- E. Applicants must apply for renewal of license prior to expiration.
- F. Alternative Educational Programs.

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2.6 Clinical Facilitator: Accelerated Licensure

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D. An applicant's complete application must include:

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4. 50 hours of consultation; and

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- e. Appropriate emotional and sexual boundaries between facilitators and participants both during the provision of natural medicine services and at other times, potential harm to participants, and consequences for facilitators of breaching those boundaries;
- f. Historical and contemporary abuse of power associated with natural medicine, including sexual, emotional, and physical abuse and implications for facilitators;
- g. Financial conflicts of interest and duties to participants;
- h. Ethical advertising practices;
- i. Providing accurate information about current research on efficacy of natural medicines and facilitator scope of practice;
- j. Reasonable expectations regarding client outcomes; and
- k. Training in Colorado Natural Medicine rules and regulation.

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2.7 Distinguished Educator License

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C. The Director recognizes that certain individuals have gained extensive experience or have otherwise gained noteworthy and recognized professional attainment in the field of natural medicine services. Individuals who are licensed in other jurisdictions, if such jurisdiction has a licensing procedure, or who are recognized as demonstrating significant professional achievement in another jurisdiction, may be granted a Distinguished Educator License to practice natural medicine services in Colorado, upon application to the Director in a manner determined by the Director, if the following conditions are met:

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D. Qualification Standards: The Director may consider the following qualification standards in their evaluation of an applicant for a Distinguished Educator License:

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- 2. The applicant's facilitator education and training meets or exceeds the minimum educational requirements for Facilitator licensure in Colorado.
- 3. The applicant holds a national or professional certification conferred by a national professional organization in the field of psychedelic medicine OR holds certification outside of the United States.

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4. The applicant has undergone extensive clinical post-graduate training in facilitation.
 5. The applicant has demonstrated recent clinical experience by being actively and continuously involved in the practice of facilitation for at least a two year period immediately preceding the filing of the application and has demonstrated expertise that meets or exceeds the clinical skills required by the faculty position.
 6. The applicant has demonstrated teaching ability to include prior experience in an academic position, including other visiting professorships or professorships.
 7. The applicant has published peer-reviewed articles or noteworthy research in respected medical or scientific publications.
 8. The applicant's training, skills, talents or demonstrated experience as a teacher or mentor in natural medicines or in traditional or spiritual practices related to natural medicine facilitation will contribute uniquely to facilitator education in Colorado.
 9. The applicant demonstrates that they will continue to contribute uniquely to facilitator education in Colorado during the ensuing period of licensure.
 10. The applicant's other facilitator licenses and privileges are unrestricted and have not been subject to discipline by any licensing body or health care entity and the applicant is not under investigation by any licensing body or health care entity.
 11. The applicant is free from prior malpractice judgments, settlements, or their equivalent.
 12. The applicant should not have been convicted of any felony offenses against persons or property, or those involving fraud, dishonesty, moral turpitude, domestic violence, child/elder abuse, or drug diversion. Examples of such felony crimes include, but are not limited to, those felonies identified in Articles 3, 3.5, 4, 5, 6, 6.5, and 7 of Title 18 of the Colorado Revised Statutes and section 18-18-405, C.R.S. An applicant should not have been convicted of any corresponding felony offense in another state or jurisdiction. In considering applications from individuals with any of the identified felony convictions, the Director will apply rehabilitation principles identified in sections 12-20-205 and 24-5-101, C.R.S.
- E. Application Requirements: An applicant for licensure as a Distinguished Educator should submit, in addition to the requirements in Rule 2.1:
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- a. The applicant's proposed position, title, and term of appointment; and
 - b. What role the applicant will serve in.
 - c. The reasons recruitment outside Colorado for this position was or continues to be necessary, to include if salary was a motivating factor;
 - d. How the applicant will uniquely enhance or has uniquely enhanced Facilitator education in this state;
 - e. How the applicant meets or continues to meet the Qualification Standards defined in this Rule to be eligible for this license type; and
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- f. Additional information which would assist the Director in understanding the reason for this appointment.

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2.8 Training License

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C Practicum Requirement

- 1. Following completion of didactic educational requirements, Training licensees must complete 40 hours of supervised practicum.

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D. Consultation Requirement

- 1. Following successful completion of all didactic and practicum requirements, Training licensees must engage in consultation with an individual experienced in the provision of natural medicine services for a minimum of 50 hours, over a six (6) month period.
- 2. Consultation may be provided virtually.
- 3. Consultation may be provided in groups of up to 10 Training licensees.
- 4. Consultants must maintain documentation contemporaneously within the consultation period to reflect expectations of the period. Training licensees must maintain documentation of supervision hours. Consultants must verify documentation of hours associated with consultation activities.
- 5. Consultation must include 10 hours of ethical discussion focused on ethical issues that arise in the licensee's work as facilitators.
- 6. Training licensees may charge for services they provide to participants during this 6-month consultation period.
- 7. Consultants should undertake case review of the training licensee's provision of natural medicine services.
- 8. Consultants must provide a structured evaluation addressing the following competencies assessed during the consultation period:
 - a. Non-directive approach: Training licensees use a largely non-directive approach, being guided by the participant's experience, offering support in service of an unfolding inner-directed process. If the participant has a largely inward process, the training licensee does not interrupt this process to discuss traumatic material. A participant is allowed to have a largely inward process.

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- E. A Training license will expire after two years of receipt, if the Training licensee fails to complete their training program.

2.9 Renewal, Reinstatement, Inactivation, Reactivation

- A. Renewal

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- c. A licensee will be required on renewal to attest to completion of continuing education requirements set forth in Rule 5.4.

- d. A licensee will be required on renewal to attest that they are free from prior malpractice judgments, civil settlements, or their equivalent.

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3: EXPERIENCE AND EDUCATION REQUIREMENTS FOR FACILITATOR AND CLINICAL FACILITATOR LICENSEES

3.1 Education and Experience Requirements for Facilitator and Clinical Facilitator Licensees

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- 1. Except as specifically authorized in alternative pathways to licensure in Rules 2.3 (Facilitator: Endorsement via Occupational Credential Portability Program), 2.4 (Facilitator: Licensure via Accelerated Training (for Legacy Healers)), and 2.6 (Clinical Facilitator: Accelerated Licensure), applicants for licensure as a Facilitator or Clinical Facilitator must complete at least 150 hours of didactic instruction, at least 40 hours of supervised practicum experience, and at least 50 hours of consultation.

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3.2 Required Education and Training for Facilitator and Clinical Facilitator

- A. Didactic Education - Curriculum Requirements

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- 2. Applicants for Facilitator and Clinical Facilitator licenses must demonstrate completion of didactic education consisting of a minimum of 150 hours of instruction, on the following topics:
 - a. Facilitator Best Practices (5 hours)
 - (1) Awareness of the facilitator's personal bias, including examination of the facilitator's motives and the potential issues surrounding transference and countertransference;
 - (2) Awareness of the "state of the field" in terms of research on natural medicines and how to present this information to participants in a way that is accurate and unbiased;

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- (3) Awareness of new research related to safety and ethics of providing psilocybin services and resources for professional development following program completion; and
 - (4) Appropriate measures to mitigate risks associated with psilocybin services, including harm reduction, de-escalation, and conflict resolution.
 - b. Ethics and Colorado Natural Medicine Rules and Regulations (25 hours)
 - (1) Colorado's Facilitator Code of Ethics;
 - (2) Ethical considerations relating to equity, privilege, bias, and power;
 - (3) Awareness of increased vulnerability associated with altered states of consciousness;
 - (4) Appropriate use of touch and participant consent to physical contact, including the development of a Touch Contract in preparation session;
 - (5) Financial conflicts of interest and duties to participants;
 - (6) Ethical advertising practices;
 - (7) Providing accurate information about current research on the efficacy of natural medicines and facilitator scope of practice;
 - (8) Reasonable expectations regarding client outcomes; and
 - (9) Training in Colorado Natural Medicine rules and regulations.
 - c. Relation Boundaries and Introduction to Physical Touch (10 hours)
 - (1) Defining and holding boundaries in the facilitation of natural medicines;
 - (2) Historical and contemporary abuse of power and boundary violations associated with natural medicine, including sexual, emotional, and physical abuse, and implications for facilitators;
 - (3) Appropriate emotional and sexual boundaries between facilitators and participants both during the provision of natural medicine services and at other times;
 - (4) Potential harm to participants for boundary and touch violations;
 - (5) Consequences for facilitators for breaching relation boundaries;
 - (6) Consequence for facilitators for breaching the touch contract;
 - (7) Active monitoring of client-facilitator boundaries, specifically boundaries related to consent and touch;
 - (8) Participant directed discussion of touch contract to address personalized boundaries around touch, limitations of capacity to request additional

touch once natural medicine has been ingested, and the possibility of requesting a co-facilitator and/or videotaping of administration session; and

- (9) Practical training and experience in an introduction to the appropriate use of touch during the facilitation of natural medicine.

d. Physical and Mental Health and State (25 hours)

- (1) Training in therapeutic presence, including compassionate presence, client communication, openness, receptivity, groundedness, self-awareness, empathy, and rapport, including a non-directive facilitation approach, cultural attunement, and a nonjudgmental disposition;
- (2) Response to psychological distress and creating a safe space for difficult emotional experiences;
- (3) Training on how facilitators manage self-care;
- (4) Identification and facilitation of a variety of subjective natural medicine experiences, including experiences related to physiological sensations, cognitive, emotional, and mystical states, and traumatic memories;
- (5) Appropriate modes of intervention for mental health concerns, understanding when intervention is necessary, and when a client may need a higher level of care;
- (6) Appropriate modes of intervention for physical health concerns, understanding when intervention is necessary, and when a client may need a higher level of care;
- (7) Training in the use of Natural Medicines for chronic pain;
- (8) Recognizing and addressing adverse medical and/or behavioral reactions and implementation of a safety plan when necessary;
- (9) Scenario training for navigating challenging and unusual situations; and
- (10) Models of substance abuse, addiction, and recovery.

e. Drug Effects, Contraindications, and Interactions (5 hours)

- (1) Pharmacodynamics and pharmacokinetics of natural medicine;
- (2) Physical reactions and side effects of natural medicine;
- (3) Drug and supplement interaction;
- (4) The metabolism of natural medicine;

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- (5) The primary effects and mechanisms of action of natural medicines on the brain; including connectivity in the brain and activation of serotonin receptors; and
 - (6) Awareness of medical, mental health, and pharmaceutical contraindications for natural medicine services.
 - f. Introduction to Trauma Informed Care (10 hours)
 - (1) Trauma-informed care, including the physiology of trauma, vicarious trauma, empathic stress, and compassion fatigue;
 - (2) Trauma-informed communication skills;
 - (3) Training in how to recognize when someone may be dissociation or going into a trauma response;
 - (4) Training in understanding sympathetic and parasympathetic nervous system response; and
 - (5) Role play scenarios focused on helping regulate when participants are in a traumatic stress response.
 - g. Introduction to Suicide Risk (5 hours)
 - (1) Understanding suicidality, suicidal ideation, self-injury, and models of assessing risk;
 - (2) Basics of suicide risk assessment;
 - (3) How to refer and/or seek emergency mental health services when suicide risk is severe; and
 - (4) Basics of creating a Mental Health Safety Plan.
 - h. Indigenous, Social, and Cultural Considerations (10 hours)
 - (1) Historical and indigenous modalities of preparation and use of natural medicines;
 - (2) Current and historical use of plant and fungal medicines in indigenous and Western cultures;
 - (3) Information about the practice of Curanderismo and traditional training for the use of natural medicines;
 - (4) The Controlled Substance Act and its effect on natural medicine services in indigenous and Western cultures and implications for facilitators;
 - (5) Cultural equity, its relationship to health equity, and social determinants of health;

- (6) Racial justice, including the impact of race and privilege on health outcomes and the impact of systemic racism on individuals and communities;
- (7) The impact of drug policy on individuals and communities, especially underrepresented, marginalized, and under-resourced communities;
- (8) History of systemic inequity, including systemic inequity in the delivery of healthcare, mental health, and behavioral health services;

Intergenerational trauma;

- (9) Understanding of how racial and cultural dynamics affect interactions between facilitator and participant; and
- (10) Identification of the unique psychological, physical, and socio-cultural needs presented by persons with terminal illness and awareness of the appropriate knowledge, skills, and approach needed to provide safe facilitation to such persons in a manner consistent with client goals, values, heritage, and spiritual practices.

i. Screening (5 hours)

- (1) Discussion of participant's reasons for seeking natural medicine services;
- (2) Completion of the mandated screening form;
- (3) How to conduct screening for pertinent physical and mental health concerns;
- (4) Helping participants connect with different facilitators if needed; and
- (5) Role play scenarios of screening sessions.

j. Preparation (10 hours)

- (1) How to obtain informed consent;
- (2) How to complete and collect participant information forms and intake interviews;
- (3) Providing accurate information about current research on the efficacy of natural medicines and facilitator scope of practice;
- (4) Discussion of the concept of trusting inner guidance, which may include discussion of topics such as Inner Healing Intelligence, Inner Genius, The Self, Wise Mind, Soul, or Spirit;
- (5) Using intake and screening information to assist participants in identifying the benefits of referral to specialized treatment services;
- (6) Discussion of the facilitator's role and the limits of the facilitator's scope of practice;

- (7) Discussion of the state of scientific research for natural medicines and limitations of this research;
- (8) Discussion of “set and setting,” including environmental considerations for administration sessions such as lighting, sound, and temperature;
- (9) Discussion of the reasonable expectations regarding client outcomes;
- (10) Identification of participant safety concerns, including medical history, contraindicated medication, and psychological instability;
- (11) Appropriate strategies to discuss facilitator safety concerns, including but not limited to identification of participant’s support system;
- (12) Determination of whether the participant should participate in the administration session;
- (13) Participant directed discussion of a safety plan to address identified safety concerns and transportation plan for the administration session; and
- (14) Historical and indigenous modalities of preparation for facilitation and administration of natural medicines.

k. Administration (10 hours)

- (1) Dosing strategies and considerations, including the following:
 - (a) Experiential differences relating to differing dosages;
 - (b) Physiological considerations in relation to dosage;
 - (c) Delivery mechanisms of natural medicine; and
 - (d) Use of secondary doses.
- (2) Skills to help facilitators handle natural medicine material effectively, Including the following:
 - (a) Hygiene while handling material; and
 - (b) Assessing material for potential spoilage, contamination, and other concerns.
- (3) Effectively working with challenging behaviors during administration sessions, including the following:
 - (a) Unexpected client disclosures;
 - (b) Substance-induced psychosis; and
 - (c) Suicidality.

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- (4) Traumatic stress and its manifestation during natural medicine experiences and appropriate facilitator response, including the following:
 - (a) Trauma's relationship to the body;
 - (b) Repressed trauma emerging during natural medicine experience;
 - (c) Trauma and traumatic stress resulting from systemic oppression;
 - (d) Safety for trauma resolution and risks associated with re-traumatization; and
 - (e) Protocols ensuring facilitator safety and responding to emergencies.
 - (5) "Set and setting" environmental considerations for administration sessions, such as lighting, sound, and temperature.
 - (6) Completion of administration session, including implementation of transportation plan
- I. Integration (10 hours)
- (1) Training on how to conduct an integration session;
 - (2) Identification of appropriate resources that may assist participants with integration, including resources for:
 - (a) Interpreting feelings and emotions experienced during administration sessions;
 - (b) Facilitation of positive internal and external changes; and
 - (c) Enhancement of existing supportive relationships;
 - (3) Identification of participant client safety concerns;
 - (4) Facilitator scope of practice; and
 - (5) Discussion of appropriate intervals between administration sessions and related safety concerns.
- m. Group Facilitation (10 hours)
- (1) Training in how to conduct groups, including proper ratios for participants and group facilitators;
 - (2) Special considerations regarding group administration of natural medicine, including understanding boundaries and touch between group members and between group members and facilitators;
 - (3) Skills required to facilitate natural medicine group sessions, including, but not limited to:

- (a) Group preparation sessions;
 - (b) Group integration sessions; and
 - (c) Regulatory requirements for group facilitation;
 - I. Role play scenarios regarding navigation of challenging and unusual situations when facilitating groups.
- n. Facilitator Development and Self-Care (10 hours)
 - (1) Facilitator self-care as a participant safety concern and facilitator ethical requirements;
 - (2) How to identify when a facilitator is not in a space to facilitate and what to do about it (including discussion of countertransference);
 - (3) How facilitators keep themselves safe while working with participants;
 - (4) How a facilitator can prepare themselves for facilitation; and
 - (5) How a facilitator can decompress after facilitation.

3.3 Facilitator Supervised Practice Requirements

A. Who may serve as a Supervisor

Until March 31, 2025, a supervisor must be affiliated with an Approved Training Program and may be licensed as a Facilitator, Clinical Facilitator, or Distinguished Educator. Individuals who are serving as supervisors prior to the Office of Natural Medicine's issuance of licenses must be eligible and qualified to seek licensure. The affiliation between an Approved Training Program and a supervisor may occur through an established relationship with a Healing Center or other affiliation, as determined by the Approved Training Program. As of March 31, 2025, all supervisors must hold licensure as a Facilitator, Clinical Facilitator, or Distinguished Educator.

B. Experience with non-ordinary states of consciousness

Programs must require students to complete supervised practice training that provides an opportunity to experience, facilitate, and observe the facilitation of non-ordinary states of consciousness.

C. Supervised in-person training – observers and assistants

Supervised practice may include in-person training where students can experience, observe, and assist in facilitating natural medicine services under the supervision of qualified training faculty. Supervised practice may also include placement at a practicum site where students can observe and assist in facilitation of natural medicine services under the supervision of a practicum site supervisor.

D. Practicum sites allowed

1. Any licensed Healing Center can serve as a practicum site. If a training program uses a Healing Center as a practicum site to satisfy the requirements of this rule, the training program shall notify the Program Director in a form and manner prescribed by the Program Director
2. A practicum site must obtain written participant consent prior to allowing a participant to be observed by practicum students and prior to sharing any participant information with practicum students or a training program. A practicum site must notify participants of the identity of the supervising facilitator.
3. The practicum site supervisor is primarily responsible for developing students' practicum skills and evaluating students' practicum performance, focusing on services with participants.

E. Substitutes for in-person training

Where supervised in-person training during natural medicine services is not available or accessible, supervised practice training may additionally include but is not limited to observation of taped facilitation sessions that were recorded with participants' consent, apprenticeship in a psychedelic peer support organization, role playing, and experience with altered states of consciousness that are not drug-induced, for example breath work, meditation or spiritual journeys.

F. Minimum Practicum Hours Required. Supervised practice training, otherwise referred to as a practicum, must include a minimum of 40 hours of supervised practice training, at least 30 hours of which is comprised of time spent in administration sessions.

Supervised practicum hours spent during administration sessions should be comprised of at least 30 hours of direct practice experience, in which students directly experience, co-facilitate, or observe participants or other trainees receiving natural medicine services or directly participate in alternative supervised practice activity as described in Rule 3.3(C). The remaining ten hours (minimum) may consist of consultation regarding the student's provision of natural medicine services in administration sessions.

G. Except as authorized by subparagraph (E) of this Rule, all supervised practice training must be conducted in person.

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4: APPROVED FACILITATOR TRAINING PROGRAMS

4.1 Requirements for Approval of Facilitator Training Programs

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F. Curriculum Requirements

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c. Relation Boundaries and Introduction to Physical Touch (10 hours)

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G. Approved Facilitator Training Program Documentation

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H. Enrollment Limits

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I. Continued Approval of Approved Facilitator Training Programs

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J. Withdrawal of Full Approval of an Approved Facilitator Training Program

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K. Restoration of Full Approval to an Approved Facilitator Training Program

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L. Denial or Withdrawal of Approval of an Approved Facilitator Training Program

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M. Voluntary Closures of an Approved Facilitator Training Program

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5: REQUIREMENTS FOR ALL LICENSEES

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5.3 Records Retention

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B. All licensed facilitators must complete and retain records for every participant to whom they provide natural medicine services. Records must be retained for three years after natural medicine services are rendered. If a facilitator is affiliated with a healing center, and the healing center retains a copy of the participants records, then the facilitator need not keep a copy.

5.4 Continuing Education Requirements

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B. Facilitators must maintain active certification in Basic Life Support training.

C. Every year a Facilitator and Clinical Facilitator licensees must complete a minimum of twenty (20) hours of continuing professional education related to the delivery of natural medicine services, including at least five (5) hours of ethics education.

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6: STANDARDS OF PRACTICE

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6.2 Statement of Basis and Purpose

Section 6 of these rules and regulations shall govern the process for the safe provision of regulated natural medicine services.

6.3 Documentation and Disclosure Requirements

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B. A facilitator must maintain the following records:

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2. Completed informed consent document;

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11. Any adverse reactions that required medical attention or emergency services;

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13. Outcome information, to the extent provided by the participant; and

14. For any facilitation that occurs outside of a healing center, disclosures regarding the differences between a licensed healing center and a private residence and the participant's consent to an additional representative or a video recording.

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D. Participant records must be stored and maintained for a minimum of 3 years.

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6.4 Confidentiality of Participant Records

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D. Records required by this rule must be stored in a secure fashion so that only the facilitator or any authorized persons at healing centers, including those with participant approval, may access them.

E. When facilitators are required to release information about participants, they must follow all pertinent laws and regulations and provide the minimum amount of information necessary to respond. Facilitators should also inform participants about the release of protected information when possible and permissible.

- F. To the extent that records may be disclosed, for example, in response to a request for disclosure to a participant's treating health care or behavioral health provider, facilitators, and any other individual authorized to be in possession of participant records should treat all records associated with the provision of Natural Medicine Services to a participant as protected by the federal law, Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. 104-191 (1996).
- G. Upon request, facilitators and other individuals authorized to possess participant records must provide a copy of all records to the participant. Facilitators and other authorized individuals may require a participant to make the request for records in writing. If requested records contain protected health information (PHI) of other participants, the facilitator or other individual who possesses the records must redact the PHI of all additional participants.
- H. A facilitator must not disclose personally-identifiable confidential participant information when consulting with colleagues or with other participants.
- I. Limits of confidentiality must be discussed with participants, including under what conditions confidential information is legally required to be released.
- J. To the extent that a clinical facilitator has more stringent requirements for recordkeeping as a part of their secondary license, the clinical facilitator should maintain facilitation records consistent with the more stringent requirements of their secondary license.

6.5 Informed Consent

...

If a clinical facilitator holds a secondary license that requires the licensee to be a mandatory reporter, or if a facilitator is otherwise a mandatory reporter according to Colorado law, the facilitator or clinical facilitator must disclose to a prospective participant that they are a mandatory reporter, together with a description of their scope of required reporting.

...

6.6 Use of Physical Touch

...

- D. Participants participating in a group administration session may provide prior written consent to authorize supportive touch from other participants participating in the group administration session. A facilitator shall not permit another person to use any other form of touch during an administration session. A facilitator may decide not to allow participants to provide any form of supportive touch to other participants during group sessions, which must be documented on the physical touch contract.
- E. Aside from protecting a participant's body from imminent harm, including but not limited to catching them from falling, or to perform life-saving procedures, the use of touch is always optional, must be according to the consent of the participant, and must be limited to the administration session. If requested by the participant, a facilitator may demonstrate the scope of what may constitute supportive touch during a preparation session. A facilitator must inform a participant that there may be times a facilitator may need to make physical contact to ensure participant safety or the safety of other persons present, including but not limited to taking the participant's vital signs, walking a participant to the restroom, or preventing a fall while the participant is under the influence of natural medicine.

- F. A facilitator must discuss with the participant in advance of the administration session simple and specific words and gestures the participant is willing to use to communicate about touch during administration sessions. For example, a participant may use the word “stop” or a hand gesture indicating stop, and the facilitator must stop touch.
- G. A facilitator must practice discernment with physical touch, using their professional or clinical judgment and assessing their own motivation for physical touch when evaluating whether touching a participant is appropriate and consistent with the touch contract established between the facilitator and the participant through the informed consent process.
- H. The use of physical touch that is outside the bounds of a facilitator’s competence or that is used solely for the purpose of a facilitator’s or participant’s pleasure is never permitted.
- I. The facilitator must document the scope of physical touch in a contract with the participant. The contract must include, but is not limited to:
 - ...
- J. Notwithstanding the terms and conditions enumerated in the physical touch contact, a participant may refuse or revoke consent to physical contact at any time during the course of Natural Medicine Services.
 - ...

6.9 Provision of Natural Medicine Services to Subordinates Prohibited

- ...

- 1. Notwithstanding this prohibition, a training licensee who is engaged in practicum hours through an educational institution may receive natural medicine services from their practicum’s supervising facilitator.
 - ...

6.14 Establishing and Maintaining Continued Competency in Facilitation

- ...

- C. When indicated and professionally appropriate, a facilitator may collaborate with other professionals in order to serve their participants effectively and appropriately. At no time is a facilitator permitted to consult or collaborate with others on services that require licensure unless that individual possesses an active license for the services being consulted for or provided to participants.
 - ...

6.15 Initial Consultation or Informal Inquiry

- A. Prior to the provision of Natural Medicine Services, a facilitator should undertake an initial consultation or informal inquiry with all prospective participants. The initial consultation should serve to identify whether a prospective participant is a potential candidate to receive Natural Medicine Services from the facilitator, as well as whether the prospective participant wishes to retain the selected facilitator to provide Natural Medicine Services. Nothing in this Rule 6.15 is intended to prevent individuals who are not licensed as facilitators, but who are affiliated with a facilitator or a healing center, from answering general questions from prospective participants.

...

- (i) A facilitator may not charge a separate fee for the first integration session.

...

6.16 Requirements for Preparation Sessions

...

- B. Safety and Screening Assessment: If a facilitator has not conducted a thorough and comprehensive screening and assessment with every participant prior to the preparation session, the facilitator must do so during the preparation session.

...

- 1. A full and accurate description of the range of possible effects of natural medicines, how natural medicines alter the human state of consciousness, and how natural medicines may disrupt a participant's ability to make decisions or give or revoke consent;

...

6.17 Requirements for Administration Sessions

...

- E. A facilitator must restrict the movements of a participant during an administration session if such movements would endanger the physical or mental safety of the participant or any other individual present during the administration session, including the facilitator or other participant.

...

6.18 Additional Requirements for Administration Sessions Outside of a Healing Center

...

- H. The participant must consent to the facilitator's proposed election for compliance with this requirement as part of the informed consent process during the preparation session.

...

8: DISCIPLINARY VIOLATIONS and UNLICENSED PRACTICE

8.1 Grounds for Discipline

...

- 15. Fails to report an adverse event to the Director within 24 hours, as required by Rule 6.23.

...

8.2 Duty to Report Criminal Convictions and Unprofessional or Dishonest Conduct

...

- B. Any licensee, Facilitator licensee, Clinical Facilitator licensee, Distinguished Educator licensee, or Training licensee, must inform the Director, in writing or in another manner set forth by the Director, within forty-five days of any criminal conviction or other action meeting the definition of unprofessional or dishonest conduct.

...

3. If the event concerns a civil action or arbitration proceeding: the court or arbiter, the jurisdiction, the case name, the case number, a description of the matter or a copy of the complaint, and a copy of the verdict, the court or arbitrational decision, or, if settled, the settlement agreement and court's order of dismissal.
- C. The facilitator may submit a written statement with any notice under these Rules to be included in the facilitator's records.
- D. These Rules apply to all criminal convictions and unprofessional or dishonest conduct events that occur on or after the effective date of this Rule.

...

Editor's Notes

History

Annotations