

**RISK MANAGEMENT HOT TOPICS:
PSYCHEDELICS, AI, & MORE**



Justin Pope, JD
Associate Director of Risk Management
Professional Risk Management Services (PRMS)

FPS Fall Meeting
September 27, 2026

1

DISCLOSURES

I have no financial relationships with ineligible companies to disclose.

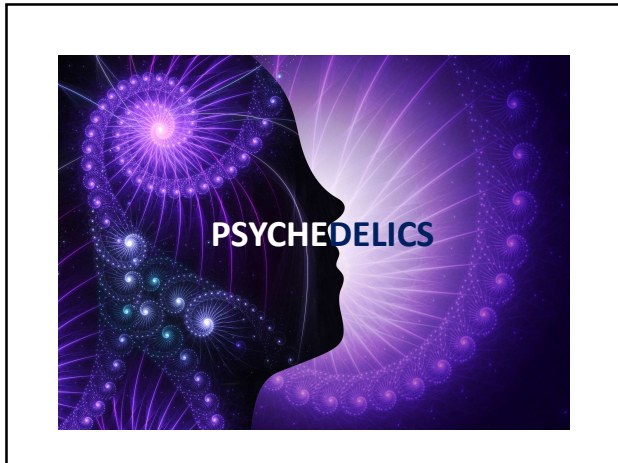
Nothing I say today is legal advice.

2

AGENDA

- Psychedelics
- AI
- Risk Management Updates

3



4

PSYCHEDELICS

- Compounds creating non-ordinary states of consciousness
- Subgroups:
 - › Classic psychedelics
 - LSD
 - Psilocybin
 - Mescaline
 - DMT
 - › Empathogens
 - MDMA
 - › Dissociative anesthetics
 - Ketamine

5

PSYCHEDELICS - RISKS

- Increased heart rate
- Increased blood pressure
- Headache
- Nausea
- Fatigue
- Loss of appetite
- Insomnia
- Psychosis could be triggered
- Schizophrenia could be triggered
- Not tested on bipolar patients
- Illegality

6

PSYCHEDELIC-ASSISTED PSYCHOTHERAPY

- Psychedelic used to put patient into altered state of consciousness
 - › Encourages and enables patients to explore underlying roots of mental health issues
 - › Additional risk: allegation of boundary violation
- 3 types of sessions:
 - › Preparation
 - › Medication
 - › Integration

7

WHERE DO WE STAND ON PSYCHEDELICS?

- Schedule I = Illegal
 - › Exception: Ketamine
- Attempts to change:
 - › White House Executive Order
 - › Companies Seeking FDA Approval
 - › State Action

8

EXECUTIVE ORDER - "ACCELERATING MEDICAL TREATMENT FOR SERIOUS MENTAL ILLNESS"

- National Priority Voucher
- Rescheduling reviews upon successful completion of Phase 3 research
- Etc.

9

COMPANIES SEEKING FDA APPROVAL OF PSYCHEDELICS

MAPS

- Research subsidiary - MAPS PBC
 - › Renamed Lykos in 2024, then Resilient Pharmaceuticals in 2025
- 2023: sought FDA approval of MDMA-assisted psychotherapy for PTSD
- 2024: FDA declined approval and requested additional Phase 3 research
- 2026: Resilient resubmitted the original request for FDA approval without the recommended additional Phase 3 study

10

COMPANIES SEEKING FDA APPROVAL OF PSYCHEDELICS

Compass

- Psilocybin for treatment-resistant depression (COMP360)
 - › Not psilocybin-assisted psychotherapy
 - › Rolling review
 - › National Priority Voucher
- If approved:
 - › Would likely have a federal REMS
 - › Only the approved psilocybin drug COMP360 would be rescheduled; non-approved psilocybin would stay at Schedule I

Many other clinical trials underway.

11

STATE PSILOCYBIN PROGRAMS

- Psilocybin is illegal under federal law
 - › Risk to prescribers' DEA registrations
- How are states administering their own psilocybin programs?

12

OREGON

- First state to offer psilocybin
- Started in 2023 as purely recreational, non-medical.
 - › “Supported Adult Use”
- Facilitators for trips in state psilocybin centers just needed HS diploma / GED
 - › Prior incarceration was not an automatic bar

13

OREGON

- Service centers are closing
- 2026: “Dual licensing” for facilitators also holding professional licenses such as from the Medical Board
 - › But treatment is still explicitly prohibited

14

Dual Licensure and Psilocybin Facilitators under ORS 475A

Beginning January 1, 2026, a facilitator licensed under ORS 475A.325 who is also licensed by one of the seven boards may conduct preparation and integration sessions under both licenses. This may be referred to as “dual licensure”. A facilitator must notify OHA in a form and manner prescribed by the Authority if licensed under these specific boards. After notifying OHA, psilocybin facilitators with “dual licensure” may:



1. Conduct preparation sessions with clients in addition to and while providing health care or behavioral health care services.



2. Conduct administration sessions with clients, so long as the person does not provide health care or behavioral health care services during the administration session.



3. Conduct integration sessions with clients in addition to and while providing health care or behavioral health care services.

<https://www.oregon.gov/oha/PH/PPREVENTIONWELLNESS/Documents/Dual-Licensure-HB2387-Fact-Sheet.pdf>

15

FROM THE OREGON MEDICAL BOARD

“The Oregon Medical Board has no statutes or regulations that prohibit licensees from serving as psilocybin facilitators; however, OMB licensees will not be considered to be practicing medicine or practicing acupuncture while acting as a facilitator. OMB licensees should not advertise psilocybin as a medical or acupuncture service offered within the scope of their OMB license.”

16

REVIEW OF 2025 DATA FROM OREGON

“Balancing safety and access on Oregon’s psilocybin services” in International Journal of Drug Policy (Sept. 2026):

- Reported adverse reactions were relatively uncommon
- But high threshold for reportable events
- Access is limited
- High income and out-of-state users
- Hopkins authors “argue that Oregon’s broad eligibility criteria and supervision requirements may raise safety concerns, particularly when clients with clinical symptoms seek such services.”

17

COLORADO

- Second state to offer psilocybin
- First session was in June 2025
- Medical + non-medical options
 - › Healing centers with facilitators
 - Clinical Facilitator Licensees
 - Original Facilitator Licensees
 - › Purely Recreational – not in healing centers
 - Cannot charge for drug, but can charge for services, such as “harm reduction”
- Currently starting to look at Ibogaine

18

**FROM THE COLORADO DEPARTMENT OF
REGULATORY AGENCIES:**

“Clinical facilitators are able to practice their secondary profession simultaneously while providing natural medical services.”

19

NEW MEXICO

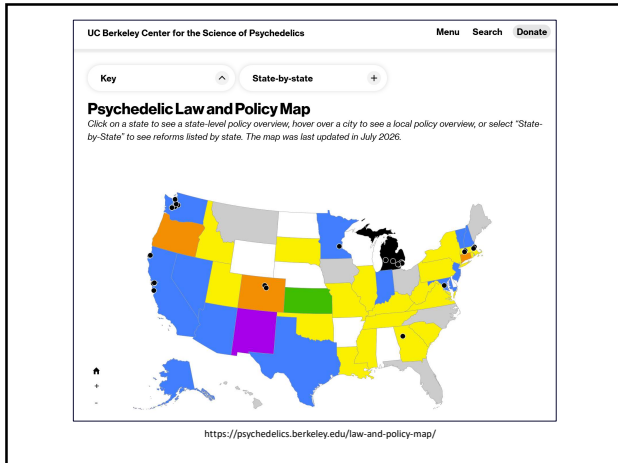
- Medical use only – “Medical Psilocybin Program”
- Users must have a qualifying condition
 - › Treatment-resistant depression
 - › PTSD
 - › Substance use disorder
 - › End-of-life
- Only in approved facilities
- Clinician must be present during sessions

20

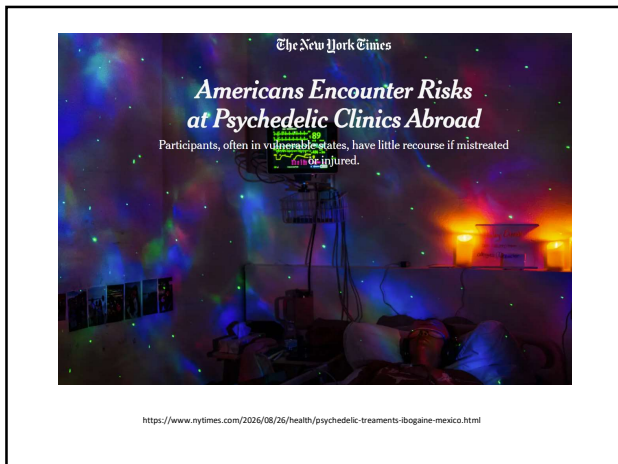
NEW MEXICO

- Standard three sessions:
 - › Preparation
 - › Dosing
 - › Integration
- Must be implemented by end of 2027
 - › State is hoping to have running by end of this year
 - › But specifics on training, licensure, etc. are not yet available

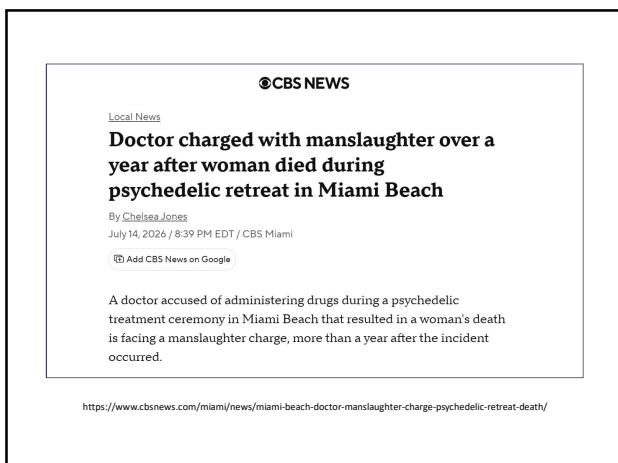
21



22



23



24

APA Resource Document

Resource Document on Ethical and Practical Implications of Psychedelics in Psychiatry

Approved by the Joint Reference Committee, June 2022

"The findings, opinions, and conclusions of this report do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association. Views expressed are those of the authors." -- APA Operations Manual.

Prepared by the APA Ethics Committee

Gregory S. Barber, M.D.; Charles C. Dike, M.D., MPH, FRCPsych

The Ethics Committee appreciates and acknowledges the input for this Resource Document provided by the following APA components: Council on Addiction Psychiatry; Council on International Psychiatry and Global Health; Council on Minority Mental Health and Health Disparities; Council on Research; American Indian/Alaska Native/Native Hawaiian Caucus; and Caucus on Global Mental Health and Psychiatry.

Background and History

Psychedelic substances have been used for thousands of years by Indigenous communities in healing and religious ceremonies. In the mid-20th century, the United States (US) Federal Government became interested in using psychedelics to treat a variety of mental illnesses, funding over 100 clinical trials between the 1950s and 1970s (Sessa, 2016). At that time, the medical community, including the American Psychiatric Association (APA), was enthusiastic about the potential of compounds like lysergic acid diethylamide (LSD) to treat mental illness (Freedman, 1957). Psychedelics were studied on a range of psychiatric conditions, including alcoholism, obsessive compulsive disorder, depression, autism, and for cancer patients experiencing end-of-life anxiety.

<https://www.psychiatry.org/getattachment/998071b6-138e-40d1-a482-e7b8e85d4f90/Resource-Documents-Psychedelics-in-Psychiatry.pdf>

25

APA'S 7 ETHICAL PRINCIPLES

1. Research equipoise

2. Challenges in psychiatric research

3. Informed consent

4. Patient vulnerability

5. Off-label psychedelic use and psychedelic self-improvement

6. Conversations with patients re: self-directed psychedelic experience

7. Equity and access

26

JAMA Network

April 10, 2024

Informed Consent to Psychedelic Treatment—A Work in Progress

Paul S. Appelbaum, MD¹

[Author Affiliations](#)

JAMA Psychiatry. 2024;81(6):543-544. doi:10.1001/jamapsychiatry.2024.0124

Related Articles

Psychedelic compounds appear to be moving toward approval for clinical use, with early studies suggesting therapeutic efficacy for conditions ranging from depression to alcohol use disorder to traumatic brain injury. However, obtaining meaningful informed consent to psychedelic treatment will be challenging, given the unique effects of the drugs—including what are often described as the ineffable elements of the psychedelic experience, such as ego dissolution.¹ Although some commentators have suggested that informed consent to psychedelic treatment, in the usual sense of that term, is simply unattainable,² a growing consensus has coalesced around the notion that with proper attention to content and presentation, clinicians will be able to obtain meaningful and valid consent from patients.³

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2817598>

27

7 ESSENTIAL ELEMENTS OF INFORMED CONSENT TO PSYCHEDELIC MEDICINE

- Acute and chronic perceptual changes
- Personality changes and altered metaphysical beliefs
- Role of limited physical touch
- Potential for patient exploitation and abuse
- Data collection and research
- Practitioner disclosures
- Interactive patient education

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2817593>

28



29

DEFINING AI

- The use of computers to perform tasks that usually require human intelligence.
- Commonly known as artificial intelligence
 - › Referred to as “Augmented Intelligence” by AMA/APA

30

AI USES IN MEDICINE

- Automation of documentation in EHRs
- Billing
- Basic patient communications
- Provide indicators of potential diagnosis
- Summarize medical research
- Prior authorizations
- Chatbots for patient education and scheduling
- Clinical decision-making and prescription refills

31

GENERAL RISKS OF AI IN PRACTICE

- Fabrications/Confabulations (“Hallucinations”)
 - › <https://psychiatryonline.org/doi/10.1176/appi.pn.2025.03.3.5>
- Lack of transparency with patients
- Bias or discrimination
- Impact on patient confidentiality/data privacy
- Early adoption
- Lack of regulation/inconsistency between states
- Lack of evidence/clear guidelines
- Physician liability

32

FROM THE FEDERATION OF STATE MEDICAL BOARDS (FSMB)

Section III. Accountability

State medical boards do not regulate tools or technologies, only the licensed physicians that use those tools. Consistent with the prevailing standards for any tool used in the delivery of healthcare, the physician is ultimately responsible for the use of AI and should be held accountable for any harms that occur. The extent to which a physician will be held accountable by the state medical board will depend on the relationship between the AI being used and risk that the tool may either create patient harm or otherwise impact the professional obligations of the physician. As Figure 1 illustrates, as AI tools perform functions that more closely model the practice of medicine, the risk to patients of their application generally increases. The appropriate level of regulatory scrutiny and accountability to the regulator by the licensee using the tool should increase commensurately.

<https://www.fsmb.org/siteassets/advocacy/policies/incorporation-of-ai-into-practice.pdf>

33

HOW DO AI SCRIBES WORK?

- Ambient AI listens to the patient treatment sessions
- A transcription of the session is usually created
- A recording of the session may or may not be created
- A note for the record is created
- The physician reviews the note
- It is either automatically incorporated into the record or physicians copy and paste the note into their EHR
- Billing codes may be suggested based on the AI-generated visit note

34

AI SCRIBES – PROCEED WITH CAUTION!

- Do not sign off on AI-generated notes without carefully reviewing
- Obtain business associate agreement from vendor
- AI can only supplement (not replace) your clinical judgment
- Your note should indicate it was prepared with the assistance of AI
- Discuss recording/transcript retention with liability carrier
- Patient consent must be obtained

35

Patients Sue Two More Health Systems Over AI Scribe Use, Lack of Consent

Steph Weber
April 16, 2026

10 1248

Add to Email Alerts

Jump to Key Points

Two more California health systems have been accused of violating patient privacy and disclosure laws by allegedly using an AI scribe tool to record patient-clinician conversations during medical visits without consent.

In a lawsuit filed April 8 in federal court in Northern California, patients seeking class action status allege that clinicians at Sutter Health and MemorialCare "intercepted, recorded, and processed" audio during their visits without informed consent.

<https://www.medscape.com/viewarticle/patients-sue-two-more-health-systems-over-ai-scribe-use-lack-2026a1000bwq>

36

AI Scribe Tools

APA's Committee on Mental Health IT developed a list of some questions that it believes relevant to gather information that may be useful in assessing an AI scribe tool. In July, 2025, the identified questions were sent to 31 AI scribe tool developers and the answers received from those entities have been published below. Note that not all entities which received the inquiry provided a response. This page will be updated as more responses are received.

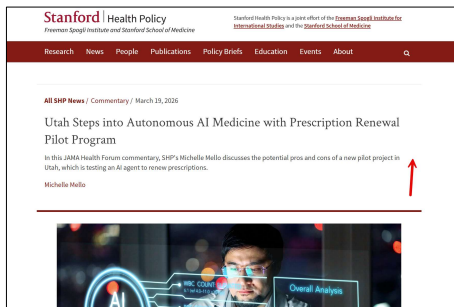
These sample questions are intended to provide suggestions of information to consider when evaluating an AI scribe tool for potential use in a psychiatric practice. The sample answer responses reflect the information provided by the tool developer on a specific date; they have not been independently verified as accurate by APA and do not necessarily reflect the most current information for the tool. APA encourages each individual to conduct their own assessment before using any tool. APA does not endorse and has not investigated the quality of any particular AI scribe tool mentioned and assumes no responsibility for any result or outcome related to the use of the information or any tool.

- [MedWriter April 2024 Response \(.pdf\)](#)
- [Barries July 2025 Response \(.pdf\)](#)
- [DeepCura July 2025 Response \(.pdf\)](#)
- [Heidi July 2025 Response \(.pdf\)](#)
- [PMHScribe July 2025 Response \(.pdf\)](#)
- [Suki July 2025 Response \(.pdf\)](#)

<https://www.psychiatry.org/psychiatrists/practice/artificial-intelligence/ai-scribe-tools>

37

AI PRESCRIBING



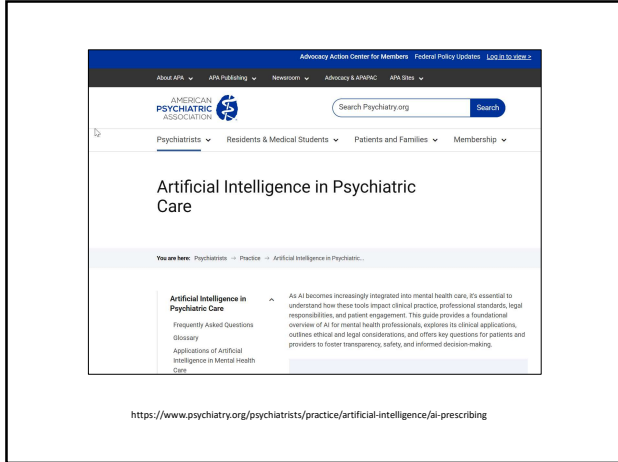
<https://healthpolicyfsl.stanford.edu/news/utah-steps-autonomous-ai-medicine-prescription-renewal-pilot-program>

38

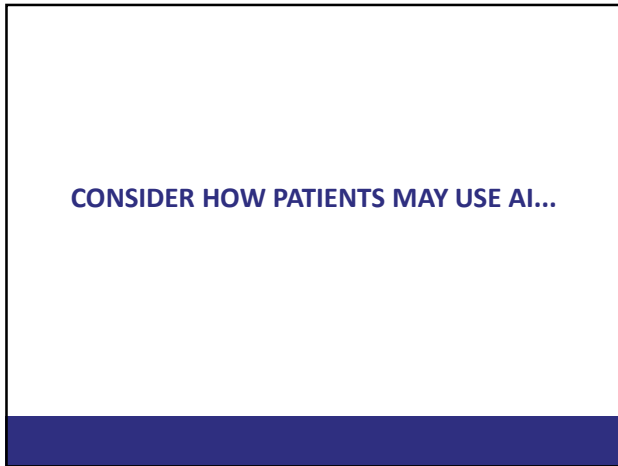
AI PRESCRIBING

- Being considered by other states
- Likely runs afoul of state licensure laws unless explicitly granted by the relevant licensing board
- If considered a medical device, AI tool would likely need to be approved by FDA
- Initial prescriber probably has most of the liability
- APA's position: "...allowing automated systems to make medication decisions raises serious safety concerns."

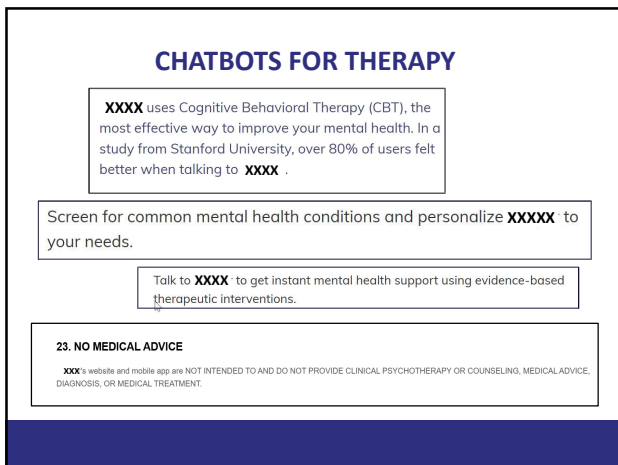
39



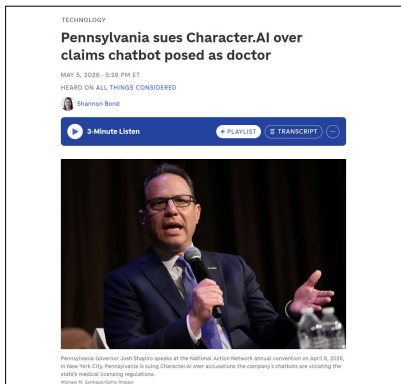
40



41



42



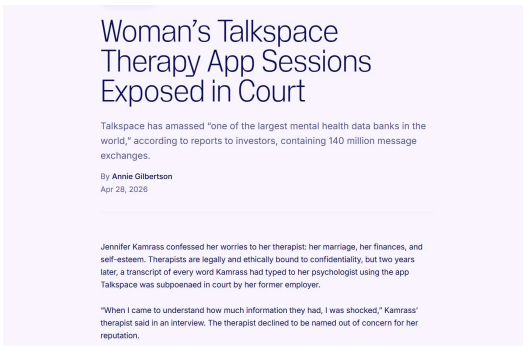
<https://www.npr.org/2024/05/05/nx-s1-5812861/characterai-chatbot-medical-advice-pennsylvania-lawsuit>

43



<https://www.texmed.org/TexasMedicineDetail.aspx?id=68099>

44



<https://www.propublica.org/womans-talkspace-therapy-app-sessions-exposed-in-court/>

45

COMPANIONSHIP APPS

The New York Times

THE SHIFT

Can A.I. Be Blamed for a Teen's Suicide?

The mother of a 14-year-old Florida boy says he became obsessed with a chatbot on Character.AI before his death.

<https://www.nytimes.com/2024/10/23/technology/characterai-lawsuit-suicide.html>

46

Florida Sues OpenAI Over Chatbot Safety Concerns

The state became the first to sue the ChatGPT maker over claims that its technology posed a risk to children and that the company had failed to warn the public of dangers.

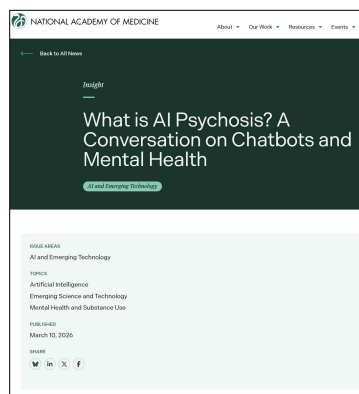


Florida Governor Ron DeSantis, center, during a news conference in Miami. Credit: AP Photo/Chris Wedel

By David Hogue
Reporting from Washington
June 1, 2024

<https://www.nytimes.com/2024/06/01/technology/florida-sues-openai-chatgpt-safety.html?searchResultPosition=3>

47



<https://nam.edu/news-and-insights/what-is-ai-psychosis/>

48

ICNS

INNOVATIONS
IN CLINICAL
NEUROSCIENCE

Home | Topics | Digital Programs | About | Contact Us

"You're Not Crazy": A Case of New-onset AI-associated Psychosis

Watch Journal Review

Innov Clin Neurosci. 2025;22(10-12):11-15.

by Joseph M. Pierre, MD; Ben Gaeta, MD; Govind Raghavan, MD; and Karthik V. Sarma, MD, PhD

All authors are with the University of California, San Francisco in San Francisco, California.

FUNDING: No funding was provided for this article.

DISCLOSURES: The author has no conflicts of interest to report regarding the content of this manuscript.

To access the journal review of this article

ABSTRACT: Background: Anecdotal reports of psychosis emerging in the context of artificial intelligence (AI) chatbot use have been increasingly reported in the media. However, it remains unclear to what extent these cases represent the induction of new-onset psychosis versus the exacerbation of pre-existing psychopathology. We report a case of new-onset psychosis in the setting of AI chatbot use. **Case Presentation:** A 26-year-old woman with no previous history of psychosis or mania developed delusional beliefs about establishing communication with her deceased brother through an AI chatbot. This occurred in the setting of prescription stimulant use for the treatment of attention-deficit hyperactivity disorder (ADHD), recent sleep deprivation, and immersive use of an AI chatbot.

<https://innovationscns.com/youre-not-crazy-a-case-of-new-onset-ai-associated-psychosis/>

49

ASIA

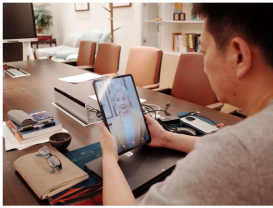
Chinese companies offer to 'resurrect' deceased loved ones with AI avatars

JULY 25, 2024 - 8:00 AM ET

 Emily Peng

5-Minute Listen

PLAYLIST TRANSCRIPT



Sun Ray, the co-founder of Silicon Intelligence, speaks with an AI avatar of his late mother whenever he feels missed or lonely.

—Andrew C. Cappare

<https://www.npr.org/2024/07/18/nx-s1-5040583/china-ai-artificial-intelligence-dead-avatars>

50

APA Resource Document

Resource Document on Artificial Intelligence in Psychiatric Practice

Approved by the Joint Reference Committee, July 2025

© Copyright 2025, American Psychiatric Association. All rights, including for text and data mining (TDM), Artificial Intelligence (AI) training, and similar technologies, are reserved.

Ask Patients About Their AI Use

Some patients are already using AI in their daily lives; for some, it serves as a helpful tool that might aid in meal planning or tasks at work; for others, they may be using a general LLM as a therapist-like chatbot, either as an adjunct to, or replacement for, work with a trained professional. AI psychosis, as a phenomenon, is still early in being understood, but does appear to be a concern from intense interactions that some users have with AI systems. AI psychosis is not an established condition, rather currently an emerging observation that psychiatrists need to be aware of. Some questions to ask patients include:

- AI platforms used
- Frequency and duration of use
- Purpose of use (productivity, companionship, therapy-like support, spiritual guidance, etc.)
- Patient beliefs about the AI's capabilities, authority, or significance
- Any temporal relationship between AI interactions and symptom onset or worsening
- Associated functional impairment, distress, or behavioral changes

<https://www.psychiatry.org/getattachment/162a6743-6035-4f44-8f41-18f03004a99/RD-AI-in-Psychiatric-Care.pdf>

51

APA Resource Document

Social Media Use in Youth

Approved by the Joint Reference Committee, June 2026

© Copyright 2026, American Psychiatric Association. All rights, including for text and data mining (TDM), Artificial Intelligence (AI) training, and similar technologies, are reserved.

"The findings, opinions, and conclusions of this report do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association. Views expressed are those of the authors." — APA Operations Manual

This resource document provides general information for psychiatrists, trainees, and other mental health care workers and does not constitute legal, medical or regulatory advice. This document does not establish a standard of care and is not intended to be comprehensive or completely systematic in nature, nor is it a practice guideline. Examples are discussed for informational purposes only; the American Psychiatric Association does not endorse or recommend any specific tools, platforms or interventions which may be referenced herein. Laws and regulations discussed in this document are subject to change and may vary by jurisdiction.

<https://www.psychiatry.org/getattachment/fcf1c911-58d9-4905-8d4c-26f6b00d4a83/RD-Social-Media-Youth.pdf>

52

RISK MANAGEMENT TAKEAWAYS

- Do not RELY on AI.
 - › Should only supplement physician's clinical decision-making, not replace it.
- Remember that AI fabricates.
- Be transparent when using AI to ensure AI's role is clear.
 - › AI-created documentation needs to indicate it was created by AI but reviewed by the physician.
- Patients need to consent to the use of AI in their treatment
- Stay up to date on new guidelines and emerging state-specific laws/position statements related to AI
- Consider asking patients about AI use
 - › APA Resource Document on Artificial Intelligence in Psychiatric Practice, pg. 66.

53

RISK MANAGEMENT UPDATES

54

TOP 5 RMCS TOPICS IN FLORIDA

1. Information Requests (33%) – Risk Management continues to see more information requests for purposes other than treatment or attorney requests, such as for reasonable accommodations, firearm ownership, disability insurance, emotional support animals, etc.
2. Termination (13%)
3. Telepsychiatry (excludes prescribing) (12%)
4. Treatment (includes prescribing) (10%)
5. Forensic (5%)

55



The screenshot shows the Florida Board of Medicine website. At the top, there is a navigation bar with links: Home, Licensing, Renewals, Resources, Meetings, The Board, and a 'PROCESSING TIMES' button. Below the navigation bar is a 'Fraud Alert: Protect Your License' section. The text in the alert reads: 'We have seen a recent surge in fraudulent emails and phone calls targeting Florida health care practitioners by impersonating the Department of Health or Division of Medical Quality Assurance (MQA). These scams leverage information about the licensure and enforcement processes to attempt to steal your personal or financial information. If you have accidentally entered your credentials into any prompt or website that seems suspicious, or if you have been contacted by a suspicious caller or email, change your password immediately, gather the following information about the incident, and report it by calling the MQA Customer Contact Call Center at 850-488-0595 or emailing MedicalQualityAssurance@flhealth.gov.' Below this text is a bulleted list of information to gather: 'A description of the scam and how you were contacted.', 'Screenshots of the phone call (with the timestamp and number).', 'Photos of any documents or emails received (including the sender's email or fax number).', and 'A copy of the envelope or bank charges, if applicable.' At the bottom of the alert, it says 'Thank you for helping us protect the integrity of Florida's health care workforce.'

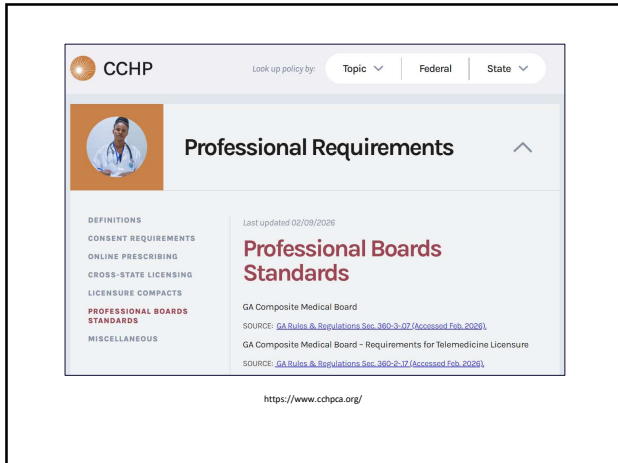
<https://flboardofmedicine.gov/fraud-alert-protect-your-license/>

56

TELEPSYCHIATRY

- Watch for DEA's final rule on prescribing controlled substances
 - Foley and Lardner: <https://www.foley.com/insights/category/blogs/health-care-law-today/>
- Stay on top of state-specific requirements where you treat patients such as:
 - Licensure
 - Prescribing controlled substances
 - In-person visits
- Many licenses = investigations in all states when disciplined in one of those states.

57



58



59
