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Testimony **in support** of HB 5396:  
An Act Increasing Access to Mental Health Medication Connecticut Public Health Committee

Dear Senator Abrams, Representative Steinberg, Senator Hwang, Senator Somers, Representative Petit and distinguished members of the Public Health Committee, thank you for the opportunity to provide written testimony in support of HB 5396, an act increasing access to urgently needed mental health medication.

I am an Associate Professor, a clinical research psychologist, a practicing psychologist, and the daughter of a Marine Corp Veteran who died by suicide, after a long struggle with PTSD and ineffective treatments, over 30 years ago. I maintain a faculty appointment at Yale School of Medicine and the VA Connecticut National Center for PTSD, though my primary appointment is now at Baylor College of Medicine in Houston, TX. I had the opportunity to be a Connecticut resident for ~8 years, providing mental health care and focused research on novel treatments for stress- and trauma-related concerns. Last year, I had the opportunity to serve as a subject matter expert on the Connecticut Psilocybin Study Working Group. I also am a Co-Founder of Reason for Hope, a non-profit that supports the development of thoughtful legislation in psychedelic medicine and mental health care reform. I write to provide my strong support for CT HB 5396. *This is not simply a bill requesting landmark support for an expanded access program for two psychedelic assisted therapies. This bill is really a request for your help as the Public Health Committee for your support in a lifesaving mission for the citizens of Connecticut.*

We are at a point in history with a mental health crisis unlike anything we have known before. We have recently observed the 20-year anniversary of 9/11 and 20 years of sustained combat, the longest in US history, with far reaching global involvement/impact. Approximately 20 US Veterans die by suicide each day and a recent report suggests military suicides are four times higher than deaths in war operations post-9/11 [1]. Globally, a suicide epidemic and opioid crisis rage on relatively unabated. Political, social and civil unrest and related acts of violence and hate crimes are significantly heightened. Across the world, there are many pockets of refugees and asylum seekers who are suffering significant stress and trauma, and many more who continue to suffer inside their home countries. These startling realities are only further compounded by being ~ 2 years into a globally shared traumatic stressor, the COVID-19 pandemic and related mental health implications. The recent withdrawal from Afghanistan even further exacerbate these conditions and the current Russian invasion of Ukraine heightens the stress and trauma burden further. As individuals, and as a country, we are desperate for effective ways of managing stress and trauma.

The unfortunate reality of the mental health crisis highlights the limited effective pharmacologic treatments in our toolbox for stress and trauma-related concerns such as PTSD, depression, and suicidality. There are only two FDA-approved medications indicated for PTSD, both selective serotonin reuptake inhibitors (SSRIs) and the landscape of effective treatment is even bleaker for suicidal thoughts and behaviors. Though these traditional medications work very well for a restricted population, they have significant limitations [2]. In civilian treatment seeking populations, fewer than half of the patients achieve full remission on SSRIs. The rates of non-response or partial response to these medications among combat-exposed individuals, particularly those with chronic PTSD, are comparable or worse to those of civilian patient populations [2]. Further, even when traditionally available SSRIs are effective, they are slow-acting antidepressants with a delayed onset of action, meaning it can take weeks to months before patients experience clinical benefit. This latency period is quite troubling as it significantly increases the risk for suicide and self-harm as well as other destructive behaviors. Treatment guidelines for PTSD have designated psychotherapy as the first line of intervention given the limited efficacy of SAADS; however, after psychotherapy (sometimes multiple rounds), PTSD often remains

a chronic illness, with high rates of psychiatric and medical comorbidity [3] and significantly impacted quality of life. There is no doubt that SSRIs are critical, yet, they are not enough. There is urgent need to investigate novel therapeutics with potential to offer relief and healing to individuals who have been failed by current treatments, especially that can offer rapid and robust improvements. Mounting evidence suggests psychoplastogens [4], fast-acting therapeutics like MDMA and psilocybin (and FDA approved ketamine), that rapidly promote structural and functional neural plasticity have great potential to provide fast-tracked, robust improvements [3-7]. Research, being conducted at premier academic institutions in the US and across the world suggests psychedelic medicines work more rapidly than traditionally available treatments, more robustly – targeting the full spectrum of symptoms and many associated factors, they are safe, have few side effects. There are concerns about abuse potential; however, neither empirical research nor clinical anecdotes support this as a major concern and certainly when we consider cost benefit analysis comparing the low potential for abuse relative to the risk for continuing on this path of ineffective treatments, the incredible distress experienced by those struggling with ineffectively treated symptoms, the day-to-day life lost, and ultimately the lives lost – there is no comparison.

The potential here is not only to effectively reduce symptoms of PTSD and suicidality, to not only save lives, but though safe administration of these psychedelic medicines in an appropriate and safe setting, supports the responsible and ethical use, appropriate dosing with clear knowledge of purity and potency of these drugs, with trained mental health professionals to walk people through the experience and provide psychedelic-assisted therapy, we will not only be saving lives, but help people to build a foundation to create lives they truly want to live. An expanded access program is beneficial for a myriad of reasons including: (1) it allows CT to jump start their infrastructure building as MDMA and psilocybin both have a breakthrough therapy indication from the FDA and are expected to obtain approval within the next 2 years. Beginning to train therapists and prescribers, build out spaces, learn the process, and actually support patients in receiving these interventions is a great opportunity; (2) this program allows for CT residents to perhaps receive urgently needed care who would otherwise be excluded. For example, many clinical trials exclude “complex” patients as the psychiatric and medical comorbidities, the medications, the chaotic lifestyles, etc. can “muddy” the data some. However, these people are in desperate need of effective interventions and this program would support these individuals in receiving care (of course, when screened and determined to be safe and appropriate to engage in the treatment); (3) this program would support robust data collection and research efforts as the access sites could collect rich data on patient characteristics and treatment outcomes, including safety, effectiveness, tolerability, durability of effects – as well as program evaluation sort of data to build and improve upon as these interventions become more mainstream following FDA approval. For these reasons, and many more, this is a unique opportunity to support a bill that really has great potential to do something very meaningful and important.

It is very important to note that psychedelic medicines and assisted therapies are not a “one size fits all,” not a panacea, not a miracle cure. There are some individuals that will not be appropriate nor safe to engage in these interventions. These medicines and related therapies, when used responsibly, provide a powerful foundation to build upon. The new frontier of psychedelic medicine not only provides Hope for Connecticut citizens, but in supporting this expanded access program, Connecticut really leads the country in providing urgently needed care and advocating for its citizens, perhaps providing hope of good things to come for millions struggling across the country.

Thank you for your kind consideration of this important bill. Please do not hesitate to connect me if I can provide any further information.

Sincerely,



Lynnette A. Averill, Ph.D.

\*\*All opinions are my own and do not necessarily reflect those of Baylor College of Medicine, Yale School of Medicine, or the US Department of Veterans Affairs.

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