

DOR – Fiscal / Structural Amendments

1. Funding-Contingent Implementation (New §44-50-202(1)(a)(i)-(ii))

Conditions NMHA expansion (including ibogaine) on available funding and relieves DOR from implementation obligations unless sufficient funds are secured; once funded, directs coordinated scope-setting across agencies. This is necessary to make the full regulatory program is adequately regulated.

DOR – Technical / Conforming Fixes

2. Replace “regulated programs” language

Clarifies that ibogaine activities occur specifically within Article 12-170 and Title 44 administration sessions, eliminating ambiguity in program scope.

3. Manufacturing & Testing Standards Clarification

Requires licensees to maintain detailed records on source material, additives, and testing results, and ensures products provided to healing centers are labeled with this information.

4. Expand Activity Scope (Cultivate/Manufacture/Test/Dispense)

Aligns statutory language with the full supply chain by replacing “administer or dispense” with broader regulated activities.

5. Fix Internal Definition Inconsistency

Corrects a drafting error by ensuring the definition of “natural medicine” is updated consistently across all relevant statutory sections.

6. Applicant Eligibility Clarification (MOU Requirement)

Clarifies that pilot participants eligible for prioritization only needed to be selected as a pilot site.

7. Outside-Pilot Use Clarification

Confirms that ibogaine use outside the pilot is not prohibited if otherwise compliant with federal law or authorized under Titles 12 and 44.

8. Remove DOR Executive Director from Advisory Board Requirement

Eliminates the requirement that the DOR Executive Director (or delegate) serve on the Advisory Board to reduce administrative burden and increase agency flexibility.

BHA Amendment

9. Change “enter into” → “require”

Strengthens BHA authority by converting discretionary agreements into mandatory program requirements. Technical clean up.

Substantive Policy Amendments (Agreed Upon)

10. Semi-Synthetic Ibogaine Inclusion in Definition

Clarifies that ibogaine derived through semi-synthetic processes from specified plant genera is included within “natural medicine,” while still excluding fully synthetic analogs. Allows Advisory Board to add other species of plants.

12. Multi-State Consortium Authorization

Explicitly authorizes BHA to collaborate with other states, tribes, and entities on multi-state ibogaine research efforts, including sharing data, funding, and protocols.

13. Replace Ibogaine Safety Framework (Prescreening + Monitoring)

Replaces existing language with a comprehensive medical safety framework requiring prescreening, continuous monitoring, trained oversight, and post-treatment integration. This is limited to a future NMHA program.

Liability Framework Amendments

15. Clarifies liability protections do not protect against disciplinary actions.

Indigenous Benefit-Sharing Amendments

17. Strengthen Benefit-Sharing Requirement (Program Level)

Requires development of benefit-sharing plans with Indigenous communities connected to iboga, including documentation of sourcing and types of benefits.

18. Define “Benefit-Sharing” in Statute

Adds a formal definition outlining acceptable forms of benefit-sharing (financial, research, conservation, cultural exchange, etc.).

19. Clarify Licensee Obligation + Allow Third-Party Consultation

Allows licensees to rely on third parties or recognized representatives when developing benefit-sharing plans, while ensuring plans directly benefit relevant communities.

