



Maryland Alliance for Sensible Drug Policy

LIVED EXPERIENCE. REAL SOLUTIONS.

February 24, 2026

The Honorable Pamela Beidle, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 527 – Public Health – Ibogaine Clinical Research Grant Program – Establishment (Veterans Mental Health Innovations Act) – FAVORABLE

Chair Beidle, Vice Chair Hayes, and Members of the Committee:

I am submitting this testimony on behalf of the Maryland Alliance for Sensible Drug Policy (MASDP) in strong support of Senate Bill 527. MASDP is a state-wide advocacy group led by people with lived or living experience with substance use.

From Lived Experience: Why This Bill Matters

For many of us, "treatment" is not just about walking into a program and being cured; it's often a long time of experiencing small amounts of improvement, followed by significant setbacks and feeling as though the system demands perfection to receive quality care. Many individuals seeking alternatives to traditional approaches either find themselves traveling across state lines to obtain services, spending money they cannot afford, taking unnecessary risks to seek relief, or attempting to create new treatments for themselves outside of established systems. These actions are not taken out of recklessness but rather out of desperation. SB 527 provides the first steps towards replacing that desperation with evidence.

Evidence Supporting Treatment Options

Early clinical and observational findings show ibogaine-assisted protocols are associated with reductions in opioid use, including complete abstinence, and produce rapid improvements in PTSD, depression, anxiety, and functioning in certain populations, including veterans and people with traumatic brain injury.¹ While these results are promising, additional research is needed to further understand this potential new treatment option and SB 527 creates a mechanism for that to occur.

How SB 527 Works and Why It Is Designed Responsibly

SB 527 will establish an Ibogaine Clinical Research Grant Program within the Maryland Department of Health to fund clinical research trials on the use of ibogaine for the treatment of opioid use disorders and other neurological conditions. In addition to providing a source of funding, SB 527 includes some very strong accountability provisions:

- **Limits the number of grants** provided annually to 3.
- Mandates **dollar-for-dollar matching funding** from the research institution, thus leveraging Maryland's investment.
- Mandates **quarterly progress and financial reports** in addition to annual reports to the General Assembly commencing in 2028.
- Specifies a **method for funding** the program: \$500,000 appropriations from the Opioid Restitution Fund in FY 2028-2030.
- Includes a "**sunset**" **provision** terminating the program on September 30, 2031, allowing the State to review the results of its efforts and determine the effectiveness of the program.

This is not a bill declaring ibogaine a cure; it is a bill stating if there is evidence that something works, Maryland should evaluate it in a safe manner using the highest possible clinical standards.

Request

To Maryland residents currently living with opioid use disorder, to veterans, and to trauma survivors that have exhausted all of the standard treatment options available, SB 527 represents hope. For these reasons, we respectfully request a **favorable report on SB 527**.

Sincerely,

Thomas Higdon
Executive Director
Maryland Alliance for Sensible Drug Policy

ⁱ Davis, A. K., Barsuglia, J. P., Windham-Herman, A. M., Lynch, M., & Polanco, M. (2017). Subjective effectiveness of ibogaine treatment for problematic opioid consumption: Short- and long-term outcomes and current psychological functioning. *Journal of Psychoactive Drugs*, 49(3), 201–208. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6157925/>; Köck, P., Froelich, J., Walter, M., & Scherbaum, N. (2022). A systematic literature review of clinical trials and therapeutic applications of ibogaine. *Pharmacology & Therapeutics*, 234, 108047. PubMed: <https://pubmed.ncbi.nlm.nih.gov/35012793/>; Mash, D. C., Kovera, C. A., Pablo, J., et al. (2018). Ibogaine detoxification transitions opioid and cocaine users between dependence and abstinence: Clinical observations and treatment outcomes. *Frontiers in Pharmacology*, 9, 529. <https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2018.00529/full>; Noller, G. E., Frampton, C. M., & Yazar-Klosinski, B. (2018). Ibogaine treatment outcomes for opioid dependence from a twelve-month follow-up observational study. *The American Journal of Drug and Alcohol Abuse*, 44(1), 37–46. <https://www.tandfonline.com/doi/full/10.1080/00952990.2017.1310218>; Alper, K. R., Lotsof, H. S., Frenken, G. M., Luciano, D. J., & Bastiaans, J. (1999). Treatment of acute opioid withdrawal with ibogaine. *The American Journal of Addictions*, 8(3), 234–242. <https://onlinelibrary.wiley.com/doi/10.1080/105504999305848>.