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Legislative pathways as dissemination strategies: A protocol for examining psychedelics reform speed, content, and cross-state diffusion

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Abstract

Background

U.S. states are pursuing psychedelics reform through three structurally distinct legislative pathways that differ in how scientific evidence is gathered, deliberated, and communicated prior to legislative action. Research evidence on how legislative pathways shape the speed, content, and adoption of legislative reform remains limited. This study systematically documents the national reform landscape, compares how pathway type shapes the speed, content, and adoption of legislative reform, and examines determinants and cross-state diffusion of task force-supported reform.

Methods

Guided by the Exploration, Preparation, Implementation, Sustainment (EPIS) framework, this qualitative multiple case study uses legal mapping to pursue three sequential aims. Aim 1 updates and extends a national legal mapping of U.S. state psychedelic legislative reform from Feb 2019 to May 2025 and classifies each initiative by pathway type and key legislative milestones. Aim 2 compares the speed and content of legislative reform across pathway types by measuring elapsed time between key milestones and assessing the degree to which enacted legislation aligns with task force recommendations across nine dimensions. Aim 3 examines determinants and cross-state diffusion of task force-supported reform by identifying determinants of reform adoption across EPIS phases and tracing how reform content diffuses across states.

Discussion

This protocol produces the first systematic cross-state dataset of psychedelics reform pathway classification and milestone timing, and advances methods for measuring the speed of state legislations on health innovation reforms by operationalizing legislative pathways as time-stamped phase-specific processes. It is among the first studies to empirically compare legislative pathways as dissemination strategies and to examine legislatively mandated task forces as policy learning mechanisms to facilitate adoption. Findings will inform future state decisions about which legislative pathway to pursue and whether to establish task forces, based on political contexts, in emerging health policy domains.

Contributions to the Literature

- This protocol introduces a typology of three legislative pathways, including ballot initiative, direct legislation, and task force-supported legislation, as distinct strategies with clear milestones for evidence gathering, synthesis, and dissemination prior to legislative action in emerging health policy domains, that is, psychedelic medicine reforms.

- This study will produce a systematic cross-state dataset of psychedelics reform pathway classification and milestone timing, applying the Framework to Assess Speed of Translation (FAST) to operationalize speed metrics across legislative pathway types.
- This is the first study to empirically compare legislative pathways as dissemination strategies, describing how pathway type shapes reform speed, adoption, and the degree to which subsequent substantive legislations are aligned with task force recommendations across cases.
- This study will document legislatively mandated task forces as policy learning mechanisms, tracing how reform content diffuses across states and identifying determinants of reform adoption across the Exploration, Preparation, Implementation, Sustainment (EPIS) phases.

Introduction

Since 2019, U.S. states have pursued psychedelic medicine reform at an accelerating speed. The FDA has granted Breakthrough Therapy designations to psilocybin for treatment-resistant depression and to MDMA for post-traumatic stress disorder (PTSD), although both substances remain classified as Schedule I under the Controlled Substances Act (1, 2). Despite this regulatory contradiction, at least 25 states considered over 70 bills between 2019 and 2022 (3). Three states have passed regulated access of psychedelics. Oregon enacted two ballot initiatives: Measure 109 established a wellness access program for psilocybin, and Measure 110 reduced criminal penalties for personal possession of controlled substances (4). Colorado similarly pursued ballot initiative, establishing both a wellness access program for psilocybin and decriminalization of multiple natural medicines (5). New Mexico enacted reform through direct state legislation, establishing a medical access framework for psilocybin requiring a qualified diagnosis (6). More broadly, U.S. psychedelic legislation to date has produced four distinct regulatory access models, including religious, decriminalization, wellness, and medical frameworks. Since 2022, at least ten states, including Connecticut, Hawaii, Minnesota, Maryland, Massachusetts, Washington, Nevada, Vermont, Alaska, and Utah, have created legislative task forces or advisory bodies to guide reform deliberations and issue formal recommendations. Using modeling approaches informed by cannabis legalization trajectories, a prior study projected that the majority of states may legalize psychedelics between 2034 and 2037 (3). Understanding how state-level psychedelic medicine reform unfolds can provide timely insights for future legislation design.

This study examines state legislative pathways as dissemination strategies that shape the speed, content, and adoption of psychedelic reform. We conceptualize these pathways as strategies through which scientific evidence is gathered, synthesized, and communicated to legislators. In dissemination science, dissemination strategies are deliberate efforts to move evidence to target audiences and influence action (7, 8). Passive dissemination, such as publications alone, is insufficient to change legislative behavior (9). Evidence-to-policy translation usually requires targeted communication, trusted intermediaries, and alignment with policy processes (9–11). Legislative pathways extend this logic to the structural level by embedding evidence use within the lawmaking process. In psychedelic medicine reform, states have used at least three pathways: ballot initiatives, direct legislation, and task force-

supported legislation (3). Each creates different conditions for evidence use before enactment. We are not aware of prior empirical work comparing these pathways as dissemination strategies, their timelines, or how policy content within and between these pathways diffuses across states.

In policy domains marked by evolving evidence, institutional conflict, and ethical complexity, legislatures often lack the capacity to independently evaluate emerging research (12). Under these conditions, task forces, advisory commissions, and other public working groups can help translate evidence into policy by supplying expertise, broadening stakeholder input, and building political legitimacy for reform (12, 13). Prior research suggests that deliberative bodies can improve shared understanding, organizational alignment, and evidence-informed decision making in health policy (14, 15).

Psychedelics reform is a policy domain reflecting the aforementioned challenges. The clinical evidence base dates back to mid-twentieth century research, which was suspended for decades following the Controlled Substances Act of 1970, before re-emerging in recent decades (16). While evidence is still emerging, randomized clinical trials of psychedelic-assisted psychotherapy (PAT) have shown promising results for PTSD (17, 18), depression (19, 20), anxiety (21, 22), and substance use disorders (23, 24), marking PAT as an important innovation to understand its policy diffusion. Schedule I status creates legal uncertainty for states (25, 26). Reform debates surrounding psychedelics also intersect with complex questions including Indigenous practices, racial equity, and professional training and scope of work (3).

This study builds on policy-focused implementation science, which examines policy as a dissemination object, implementation object, determinant, or strategy (27, 28). The Exploration, Preparation, Implementation, Sustainment (EPIS) framework is used to organize reform trajectories across phases and to structure the analysis of contextual factors shaping reform adoption (29–31). Multiple legislative pathways are unfolding simultaneously across U.S. states, enabling us to systematically document the national reform landscape and compare how pathway type shapes speed and content of legislative reform. This study also examines how task force-supported pathways function as policy learning mechanisms and how reform content diffuses across states (e.g., how task force reports translate into subsequent legislation, or how early-adopting states' regulatory access model may have informed later state reform efforts).

Methods

Study Aims

This study uses three sequential aims to document state-level psychedelics reform landscape in the US, compare reform pathway types, speed, and content across states, and examine cross-state diffusion patterns.

Aim 1 is to update and extend a national legal mapping of U.S. state psychedelics reform from 2019 to 2025 by identifying bills, ballot measures, and task force initiatives, and classifying each case by

legislative pathway type, content of legislation, and key legislative milestones.

Aim 2 is to compare state-level speed and content of legislative reform across pathway types. Based on the milestones identified in Aim 1, we will reconstruct EPIS phase-specific milestones and trajectories, measuring elapsed time between key milestones until enactment, and assessing the degree to which proposed substantive legislation aligns with preceding task force recommendations in terms of nine dimensions of policy content including regulatory access model, strategic framing, the psychedelic substance scope, the degree of medical involvement as reflected in setting, training, supervision, and certification requirements, population targeting, service model, insurance and reimbursement structure, public funding authorization, clinical research authorization.

Aim 3 is to examine determinants and cross-state diffusion of task force-supported psychedelics reform. Using the policy reform trajectory and reform content established in Aim 2 as the chronological structure, this aim identifies determinants of reform adoption across EPIS phases and traces how reform content diffuses across states.

Study Design

This is a qualitative multiple case study of U.S. state psychedelics reform (32). States serve as the primary unit of analysis, with individual bills, ballot initiatives, and task force actions, treated as nested policy events within each case (i.e., multiple policy events may occur within a single state, each representing a distinct legislative action). The study uses legal mapping to identify, extract, and code policy events, and their policy content, temporal milestones, and cross-state diffusion patterns (33–35). Legal mapping is a scientific method that systematically transforms legal text into numeric data, measuring the presence, absence, or specific features of laws in a manner that satisfies basic scientific standards of transparency and replicability (36). Legal mapping methods have been recommended to use in specifying a policy's goals and dynamism (30). This study represents one of the first efforts to formally integrate legal mapping into D&I research.

The study will map all psychedelic reform legislation introduced across U.S. states between February 2019 and May 2025. Based on preliminary scoping, the sample is expected to include approximately 277 bills across 36 states, three states with enacted regulated access, and approximately ten states with legislatively mandated task forces. The study relies exclusively on publicly available materials and does not interact or intervene with individuals; the Washington University in St. Louis Human Research Protection Office determined that it does not constitute human subjects research (IRB determination ID: 202605190).

Conceptual Frameworks

This study is guided by the Exploration, Preparation, Implementation, Sustainment (EPIS) framework, which provides both a process and determinant structure for examining how outer-context conditions,

inner-context characteristics, bridging factors, and policy factors shape policy adoption across phases (30). EPIS was selected because it is well suited for examining the dissemination and implementation of public programs and policies and has been widely utilized in mental health and substance use policy contexts (29, 31). This study adapts EPIS heuristically for policy-level analysis in psychedelics reform (Fig. 1).

Applied to psychedelics reform, EPIS phases map onto the legislative lifecycle as follows. The *exploration phase* includes early legislative actions signaling reform intent, such as bill drafting, ballot initiative qualification, enabling legislation establishing a task force, or considering task force recommendations, during which actors are assessing political feasibility without committing to specific regulatory designs. The *preparation phase* involves the deliberative activities that precede legislator decision-making, including a review within the committee of which the bill sponsor appointed, evidence synthesis, and stakeholder engagement. The *implementation phase* encompasses chamber passage through executive signature and enactment of substantive reform legislation. The *sustainment phase* encompasses post-enactment regulatory development, program launch, and ongoing implementation of the authorized access framework. Figure 2 illustrates how these phases map onto the milestone sequences of each pathway type examined in this study. Specifically, for ballot initiative, milestones include drafting and review of ballot measure, signatures collection and verification, ballot placement, public vote, approval and law enactment, and finally law taking effect. For direct legislative pathways, milestones include drafting substantive bill (i.e., the bill for psychedelics reform), introducing by a bill sponsor to the committee of a chamber (i.e., the house or senate) for review, chamber passage, governor signature, law enactment, and finally law taking effect. For task force pathways, milestones will build on the direct legislation pathway by additionally including the task force enabling legislative processes, task force activities, and task force recommendations preceding the subsequent substantive bill from introduction to law enactment and taking effect. For all pathway types, two sustainment milestones are additionally assessed: program launch date (i.e., the date on which regulated services first became available to the public) and program termination date where applicable (i.e., the date on which the program was repealed, suspended, or otherwise discontinued through subsequent legislative action). Once a legislative effort ceases at a given milestone, lessons learned may inform future legislation attempts as indicated by the arrows at the top of the Fig. 2.

The *outer context* consists of two levels. At the federal level, major determinants consist of the regulatory environment of psychedelic drugs, including federal scheduling status, research authorization status, and political-administrative signals which altogether shape the legal framework in which states reform efforts take place. At the state level, outer-context determinants include the political and public health environment of proposed reform, including cross-partisan crisis mandates, public safety considerations, structural equity imperatives, and the state legislative bodies through which reforms are initiated and deliberated.

Similarly, the *inner context* includes two levels. At the level of the lead state agency responsible for reform implementation, typically the Department of Health or an equivalent executive body, major

determinants include evidence-use capacity to operationalize legislation (i.e., the agency's capacity to interpret legislative mandates using available scientific evidence in the absence of federal clinical guidelines) (25), legitimacy building among stakeholders, and managing legal tensions between the federal and state jurisdictions. At the level of program implementation, determinants include the workforce and operational requirements that shape how authorized programs are structured and delivered, including facilitator training and licensure provisions, the complexity of multicomponent psychedelic-assisted intervention design, data governance, and compliance infrastructure, such as a Risk Evaluation and Mitigation Strategy (REMS) system (37).

Bridging factors link outer and inner contexts and serve as the mechanism triggers through which evidence and policy learning are relayed across organizational and legislative boundaries (38). In psychedelics reform, bridging factors include legislative pathways, task-force reports, consultation activities between legislatures and agencies, open access platform and references to Oregon’s programs, and intermediaries including academic, industry, and non-profit entities (e.g., Healing Advocacy Fund) that circulate research findings and implementation lessons among policy actors across states (39).

Policy factors include policy speed (i.e., speed of legislative reform), policy specificity (i.e., the degree of regulatory specificity embedded in proposed legislation), and policy content. Policy content is assessed across nine dimensions, including regulatory access model, strategic framing, substance scope, facilitator and setting requirements, population targeting, service model, insurance and reimbursement structure, public funding authorization, and clinical research authorization (see Table 1).

Table 1
Policy Content Coding Dimensions and Operational Indicators

Dimension	Operational Indicator	Oregon Measure 109 example
Regulatory access model		
Religious	Legislative text authorizes psychedelic use exclusively through a religious freedom exemption mechanism (e.g., RFRA)	Not applicable
Decriminalization	Removal or deprioritization of criminal penalties for personal possession or use of plant-based psychedelic substances	Not applicable
Wellness	State-level authorization of supervised psychedelic access for adults without requiring a medical diagnosis	Measure 109 (2020) — wellness model, no diagnosis required
Medical	Authorization of psychedelic-assisted treatment for clinically diagnosed conditions	Not applicable
Strategic framing		
Religious freedom	Explicit reference to religious freedom protections (e.g., RFRA), or sacramental use by formally recognized religious organizations (e.g., Native American Church, União do Vegetal, Santo Daime)	Not a primary framing
Criminal justice reform	Emphasis on decriminalization or reducing incarceration	Not a primary framing
Public health justification	Explicit reference to mental health crisis, harm reduction, morbidity/mortality, or comparable public health issues	Measure 109 preamble references depression, anxiety, and addiction as public health rationales
Economic development	References to industry development or economic growth	Licensing fees and service center industry framed as economic opportunity
Veteran and first responder mental health	Explicit targeting of veterans or first responders as a patient population	Not explicitly targeted
Equity and diversity	References to racial justice, access disparities, marginalized communities, or Medicaid	OHA equity advisory group established during rulemaking

Note: regulatory access model categories are not mutually exclusive. One legislative measure can belong to several categories. For example, Colorado's Natural Medicine Health Act contains both decriminalization and wellness access models. Likewise, strategic framing subcategories are also not mutually exclusive. The Oregon Measure 109 column illustrates how each dimension is operationalized in practice, drawing on Measure 109 and associated implementation regulations.

Dimension	Operational Indicator	Oregon Measure 109 example
Regulatory access model		
Indigenous community recognition	Explicit acknowledgment of Indigenous traditions or consultation with Tribal governments	OHA conducted outreach to tribal governments during rulemaking
Scientific evidence and workforce training	References to FDA trials, peer-reviewed evidence, or clinical practice standards	OHA rules require facilitators to complete approved training programs grounded in clinical research
Deference to federal regulation	Explicit reference to federal Schedule I status, FDA approval processes, or conditional implementation pending federal action	No federal trigger; Oregon proceeded independently of FDA approval
Substance scope		
Substances authorized	psilocybin, psilocin, MDMA, peyote, mescaline, ibogaine, LSD, ayahuasca, DMT, other	Psilocybin only
Facilitator and setting requirements		
Facilitator licensure	Licensed mental health professional required, non-licensed pathway (e.g., facilitator training and certificate) permitted, Indigenous facilitator pathway, other	Non-licensed pathway permitted with OHA-approved training certificate; no clinical license required
Training requirements	Hour requirements specified, unspecified, other	160 hours required (120h online + 40h in-person practicum)
Setting specifications	Service center only, home use permitted, clinical setting, other	Licensed service centers only; no home use
Population targeting		
Target population	Veterans/first responders, patients with terminal diseases, general public, other	General adult public 21+; no diagnosis required
Service model		
Service delivery structure	Service center only, home use permitted, partially digitalized/telehealth, other	In-person service center only
Insurance and reimbursement structure		

Note: regulatory access model categories are not mutually exclusive. One legislative measure can belong to several categories. For example, Colorado's Natural Medicine Health Act contains both decriminalization and wellness access models. Likewise, strategic framing subcategories are also not mutually exclusive. The Oregon Measure 109 column illustrates how each dimension is operationalized in practice, drawing on Measure 109 and associated implementation regulations.

Dimension	Operational Indicator	Oregon Measure 109 example
Regulatory access model		
Insurance coverage and reimbursement type	Private insurance coverage, Medicaid coverage, out-of-pocket only, other	Out-of-pocket only; no insurance coverage as of 2026
Public funding authorization		
Funding scope	Explicit funding amount authorized, funding authorized without specified amount, no funding provision, other	No explicit state funding; licensing fee revenue only
Clinical research authorization		
Research scope	Laboratory or clinical research explicitly authorized, no research provision, other	No explicit research authorization in Measure 109
Note: regulatory access model categories are not mutually exclusive. One legislative measure can belong to several categories. For example, Colorado's Natural Medicine Health Act contains both decriminalization and wellness access models. Likewise, strategic framing subcategories are also not mutually exclusive. The Oregon Measure 109 column illustrates how each dimension is operationalized in practice, drawing on Measure 109 and associated implementation regulations.		

Methods of Aim 1: National Legal Mapping

Bill and ballot measure identification

Aim 1 builds on our earlier analysis of national psychedelics reform landscape from Feb 2019 to 2022 (Siegel et al., 2023) and extends it through May 2025. State-level bills and ballot measures related to psychedelics reform will be systematically identified using publicly available searches of BillTrack50, LexisNexis, and Ballotpedia (40–42). Relevant keyword searches include psilocybin, psilocin, MDMA, peyote, mescaline, ibogaine, LSD, ayahuasca, DMT, psychedelic, and hallucinogen. Legislation will be included in the sample if it substantively addresses one or more psychedelic reform in the context of decriminalization, legalization, re-criminalization, right-to-try provisions, research authorization, or conditional implementation tied to federal approval (i.e. “federal trigger” laws). Bills mentioning psychedelic substances only incidentally will be excluded.

Data extraction, coding, and analysis

Data will be collected through an Excel-based coding instrument. Variables will include source, bill identification code, session year, URL link, dates of introduction and actions, state name, bill number and name, summary of bill, and enactment status. Substantive variables consist of policy type, medical involvement requirements, training and licensure regulations, right-to-try, public funding authorization and amount, research authorization, substance categories, federal trigger, and targeted population. Two

analyses will be conducted. The first analysis aims to evaluate the earlier predictions about psychedelic legalization through comparing observed adoption patterns with cannabis-based diffusion models (Siegel et al., 2023). The second analysis will examine associations between legislative activity and political setting of each state using bill data linked to presidential vote margins as a proxy for partisanship.

Methods of Aim 2: Comparing Speed and Content of Legislative Reform Across Pathway Types

Pathway classification

Aim 2 differentiates legislative actions by pathway type and reconstructs their milestones and trajectories across EPIS phases over time. Pathway classification categorizes state reform efforts as ballot initiative, direct legislative pathway (one-bill model), or task force pathway (two-bill model) (Fig. 2).

Data extraction and coding

Building on the bill dataset established in Aim 1, Aim 2 extends data extraction and coding to capture pathway-specific milestone sequences via the EPIS framework. Milestones are defined and coded distinctly for each pathway as showed in Fig. 2. To operationalize legislative reform speed, this study applies the Framework to Assess Speed of Translation (FAST; Proctor et al., 2022), which measures the elapsed time between predefined milestones in the translation of health innovations into policy or practice. FAST requires explicit a priori specification of referent points (i.e., the milestone marking the start of each measured interval) and endpoints (i.e., the milestone marking the close of each interval). For example, for the direct legislative pathway, one FAST interval measures elapsed time from bill introduction (referent point) to committee review (endpoint); another interval measures elapsed time from committee review (referent point) to first chamber passage (endpoint).

For states employing the task force pathway, additional sources of evidence will be compiled and coded, including enabling statutes, membership rosters, publicly released reports, appendices, and related official documentation (44–53). Task force–specific variables include timing of task force establishment, meeting events and completion, and patterns of evidence dissemination. Additional actor coding includes task force membership composition, including member types such as government officials, clinical experts across specialties, patient advocates, tribal representatives, law enforcement, and researchers, and their roles in evidence dissemination. These materials are further analyzed in Aim 3.

Reconstruction of reform trajectories

Legislative milestones are mapped to EPIS phases as illustrated in Fig. 2. Reform trajectories will be synthesized into a cross-state timeline diagram illustrating pathway-specific milestone sequencing and phase durations.

Alignment analysis

For task force pathway cases, two members of the research team will independently assess the degree to which the subsequently proposed substantive bill aligns with the preceding task force's recommendations. The rating process is conducted on a predefined 5-point scale, ranging from a total mismatch (1) to a total alignment (5). The ratings are applied to the nine dimensions. Coding criteria for all nine policy content dimensions of the task force–legislation alignment analysis are detailed in Table 1.

Inter-rater reliability will be determined using weighted Cohen's kappa (54). Its interpretation will be based on a traditional standard of agreement, which considers values of $\kappa \geq 0.70$ to be generally indicative of substantial agreement (55, 56). Discrepancies will be resolved via discussions among the research team members. Alignment coding criteria will be predefined and refined during pilot coding of three early-adopting task force states (Minnesota, Connecticut, Washington). A subset of selected cases will be double coded to detect coding drift. All task force–legislation alignment ratings will be documented in maintained decision logs by state.

Aim 3 Methods: Cross-State Diffusion of Task Force-Supported Psychedelics reform

Data sources

Aim 3 analyzes implementation determinants and cross-state diffusion patterns using the task force-related materials identified in Aim 2, including publicly released task force reports, enabling bills, membership rosters, appendices, and related official documentation.

Cross-state policy learning

Using the reform trajectories established in Aim 2 as the chronological structure, multiple sources of evidence are analyzed to identify the cross-state policy learning network. Policy learning is a core mechanism through which policy diffusion occurs, referring to the process by which later-adopting states draw on the experiences and policy designs of earlier adopters (57). Four indicators of policy learning are assessed: 1) explicit citation of another state's legislation, program, or task force recommendations; 2) adoption of structurally similar regulatory frameworks following prior enactment in another state; 3) convergence in strategic framing or justificatory rationales; and 4) overlapping expert participation across task forces. Cases meeting the first indicator are classified as confirmed policy influence (e.g., if a later-adopting state's legislation explicitly cited an earlier-adoption state's task force report, introduced or enacted bill content, or operational program details, this would qualify as confirmed policy influence); cases meeting the remaining criteria without explicit citation are classified as inferred policy influence. Policy influence will be assessed directionally based on chronological sequencing. Findings will be synthesized into a diffusion network visualization in which nodes represent states and directed edges represent confirmed or inferred influence.

Determinants analysis

Whereas Aim 2 operationalizes EPIS as a phase-based process framework to document reform trajectories and map policy content across pathway types, Aim 3 operationalizes EPIS as a determinant framework to examine the contextual factors driving task force-supported reform adoption and to trace how policy content from early-adopting states diffuses into subsequent legislation across states.

Task force reports will be coded to identify determinants of reform adoption across outer context, inner context, bridging factors, and policy factors. Outer context, inner context, and bridging factor determinants are identified inductively from report text. Policy factors are coded using the nine dimensions of policy content established in Table 1, as well as reform speed and policy specificity defined earlier. For example, a task force report that cites veterans' mental health crisis as a rationale for reform would be coded as an outer-context determinant (state-level public health and safety mandate), a strategic framing dimension (veteran and first responder mental health), and potentially as a population targeting dimension (veterans as a target population). Findings will be organized into a 4×4 matrix across Exploration, Preparation, Implementation, and Sustainment phases, in which each cell identifies the determinants most salient at that phase. For instance, federal scheduling status may be a dominant federal-level outer-context determinant during Exploration, while facilitator licensure infrastructure becomes more salient for inner context during Implementation. Coding categories will be developed inductively through pilot coding of three early-adopting task force states (MN, CT, WA) and refined iteratively as coding proceeds. Inter-rater reliability will be assessed using weighted Cohen's kappa (54). Kappa values will be interpreted using established benchmarks for agreement (55, 56). Discrepancies are resolved through discussion within the research team.

Discussion

Innovation and Impact

This study will make three contributions.

First, this study will produce a systematic cross-state dataset of psychedelics reform pathway classification and milestone timing. Prior legal mapping documented the content and distribution of legislative activity by state but did not classify states by pathway structure or measure reform speed (3). This study addresses that gap and provides a replicable method for measuring how fast reform progresses and through what structural pathways. This method is transferable to any contested policy domain in which multiple legislative pathways operate simultaneously.

Second, we will make the first empirical comparison of legislative pathways as dissemination strategies, examining how pathway structure relates to evidence use and legislative outcomes. Prior empirical dissemination study has focused predominantly on individual-level strategies, such as segmenting audience and tailoring messages, to improve policymakers' use of evidence (10, 58). This study shifts

the focus to structural-level dissemination, examining how the design of the legislative process itself shapes the content and speed of enacted law. Findings will provide practical guidance for states and policymakers deciding which legislative pathway to pursue in emerging health policy domains.

Third, we will provide a systematic empirical examination of legislatively mandated task forces as policy learning mechanisms in state health policy. By tracing how psychedelics reform content diffuses across states and examining whether task force recommendations shape enacted legislation, findings will help states make evidence-informed decisions on not only whether to establish a legislative task force, but how to structure membership, mandate scope, and timeline to maximize influence on subsequent legislation.

Limitations

The analysis relies exclusively on publicly available materials and cannot capture processes that occur outside the public record. Findings should therefore be interpreted as hypothesis-generating rather than confirmatory. Further qualitative interviews and surve

y-based research are necessary to capture detailed perspectives and experiences of diverse stakeholders, including, for example, task force members across states. Additionally, this study examines a rapidly evolving policy domain in which federal regulatory developments could substantially alter state-level reform incentives during the study period. The dataset should be treated as an evolving resource, updated on an ongoing basis.

Dissemination Plans

Findings from each aim will be published as a standalone peer-reviewed paper targeting implementation science and health policy journals. Results will also be shared with state legislators, health agencies, and task force members through policy briefs and short summaries, consistent with evidence on policymakers' preferences for research dissemination

(11, 58).

Declarations

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Consent for publication: Not applicable.

Conflict of interest disclosure: The authors declare no conflicts of interest.

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Figures

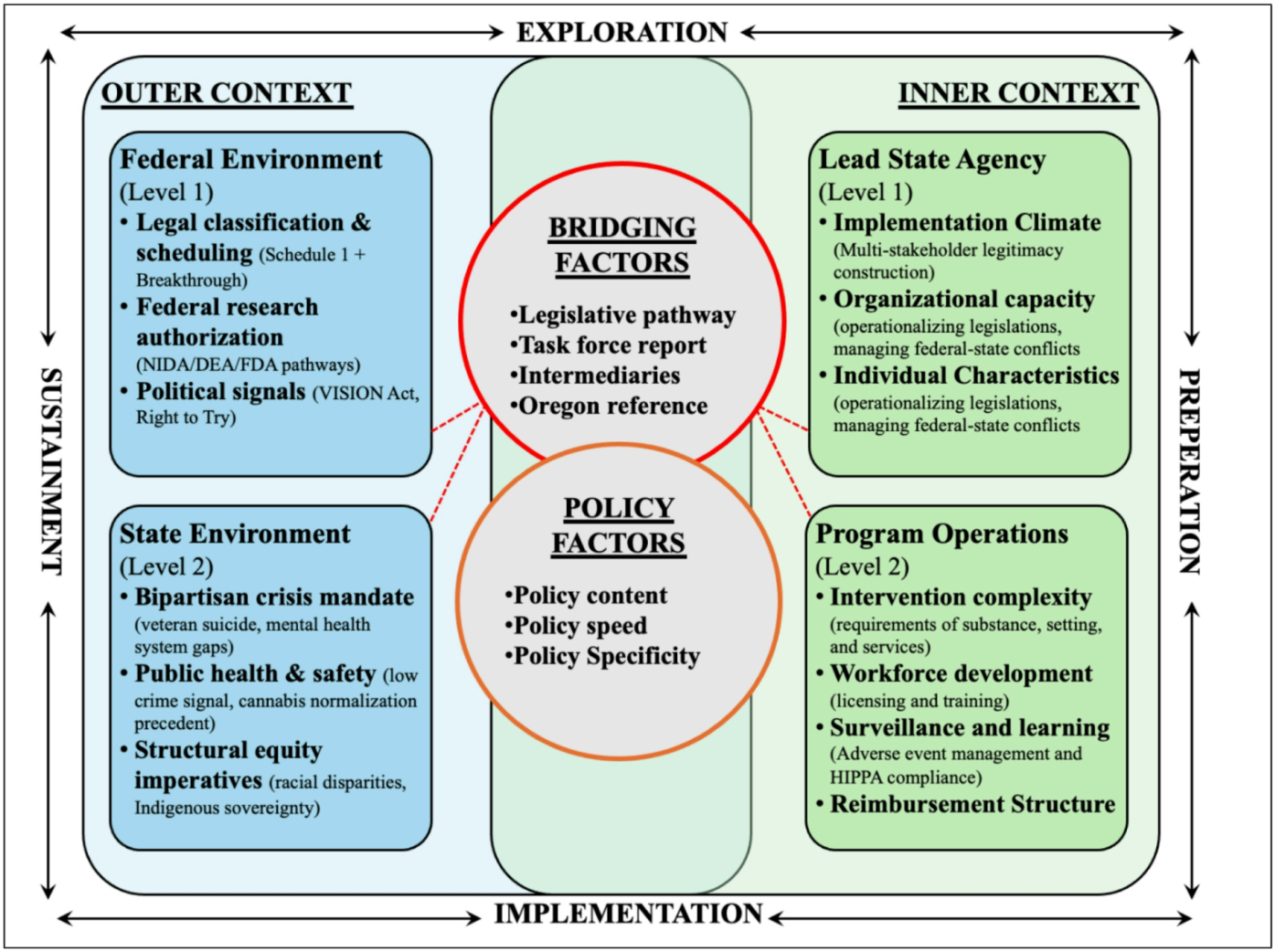


Figure 1

Adapted EPIS framework for the state-level psychedelics reform in the US. Policy content is characterized across nine dimensions: regulatory access model, strategic framing, substance scope, facilitator and setting requirements, population targeting, service model, insurance and reimbursement structure, public funding authorization, and clinical research authorization.

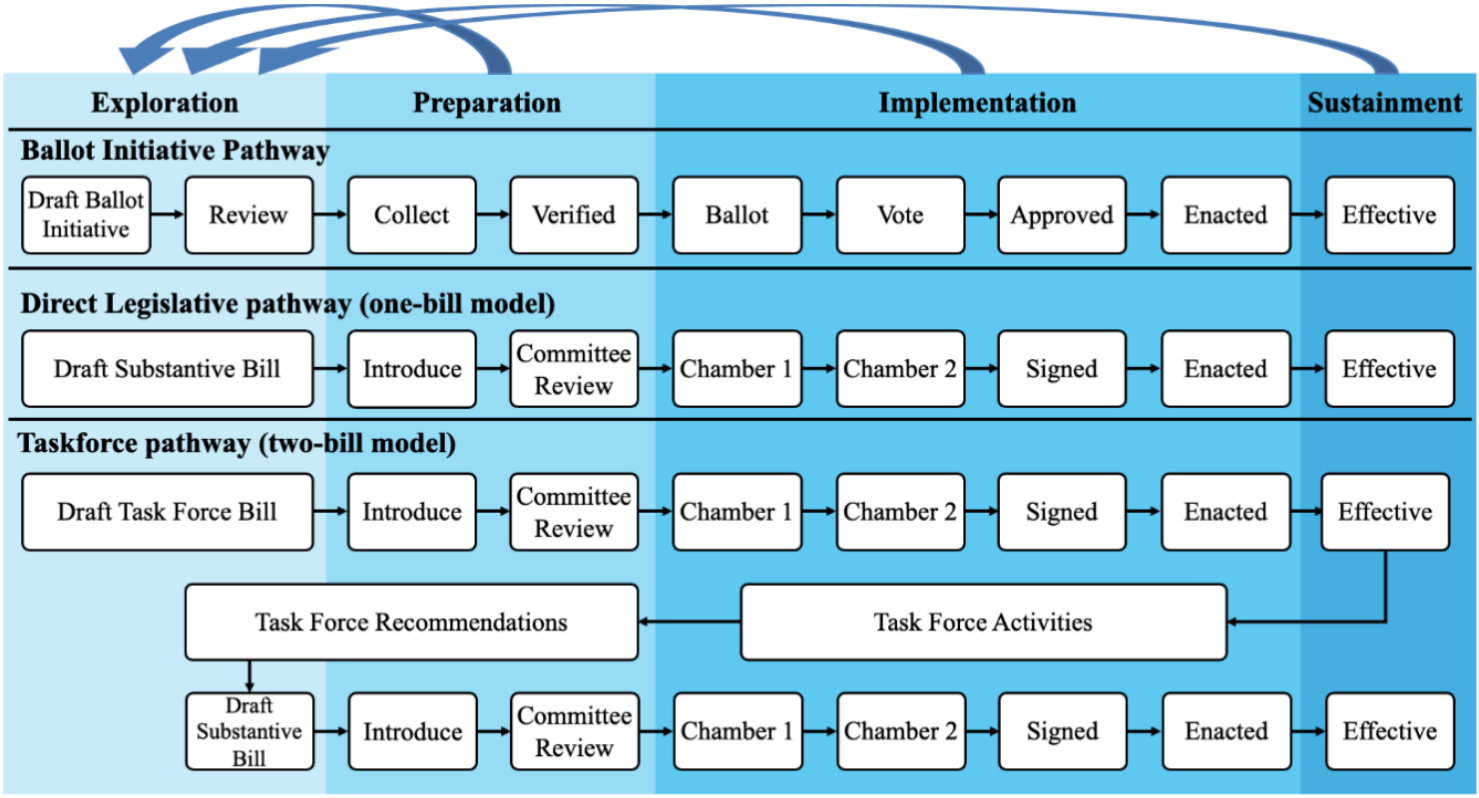


Figure 2

Conceptual model of legislative pathways on Exploration, Preparation, Implementation, and Sustainment phases for US psychedelic reform. Note: Boxes represent discrete milestones within each pathway. "Effective" marks the date on which the enacted law takes legal effect and the first authorized program begins operating. Feedback arrows indicate that a reform effort may stall at any milestone and re-enter at the Exploration phase in a subsequent attempt.