July 13, 2026

Dr. Alicia Jackson
Director of the Advanced Research Projects Agency for Health
Advanced Research Projects Agency for Health
1301 K Street NW, Suite 1200 West
Washington, DC 20005

Dear Dr. Jackson,

On behalf of BrainFutures, Healing Breakthrough, Heroic Hearts Project, Reason for Hope, and Veterans Exploring Treatment Solutions, thank you for your leadership of ARPA-H, and particularly for your work advancing behavioral health through the EVIDENT initiative.

We believe ARPA-H is uniquely positioned to catalyze a new era of mental health treatment, especially following President Trump's recent Executive Order, "Accelerating Medical Treatments for Serious Mental Illness," which directs ARPA-H to allocate at least $50 million to support and partner with state governments advancing psychedelic treatments for serious mental illness.

As organizations that have both helped fund psychedelic research and shape state research-funding initiatives, we write to encourage ARPA-H to implement this mandate through a thoughtful, balanced funding strategy – one that amplifies near-term patient impact while also advancing the longer-term research and development work needed to bring new treatments to market.

Psychedelic therapies show unique transdiagnostic potential, particularly for difficult-to-treat conditions that disproportionately affect Veterans and first responders. After years of minimal federal investment, a rapidly growing number of states have stepped in to fill the gap, setting a direction ARPA-H can now build on. Some states have concentrated on ibogaine drug development – led by a historic $50 million investment from Texas – while others have funded research into FDA-designated breakthrough therapies closer to regulatory approval, including psilocybin, MDMA, and 5-MeO-DMT.

Below is a current snapshot of the state landscape, in alphabetical order:

- **Arizona** – funded natural psilocybin mushroom research for Veterans and first responders ($3 million)
- **Colorado** – authorized ibogaine research (HB 26-1305)
- **Connecticut** – funded transdiagnostic psilocybin research through its Psychedelic-Assisted Therapy Pilot Program ($2 million, recently expanded by SB 191)
- **Georgia** – funded MDMA and psilocybin with prolonged exposure therapy research for Veterans ($2 million total through FY26 and FY27 budget)

- **Illinois** – authorized psilocybin therapy research and clinician training through its Breakthrough Therapies for Veteran Suicide Prevention Program (up to $12 million in FY27 budget)
- **Louisiana** – established a psilocybin, MDMA, and ibogaine research program (SB 43)
- **Maryland** – established a fund to study alternative therapies (including psychedelics) for Veterans with PTSD and TBI (initial $1 million awarded for MDMA group vs individual therapy study)
- **Mississippi** – established an ibogaine research program (HB 314)
- **New Jersey** – authorized psilocybin research funding for hospitals ($6 million, S. 2283)
- **New Mexico** – established a psilocybin research program (SB 219)
- **Oklahoma** – established an ibogaine research program (HB 3834)
- **Texas** – funded psilocybin research for Veterans with PTSD ($2 million, HB 1802); funding an ibogaine drug development research consortium ($50 million)
- **Utah** – funded 5-MeO-DMT research for Veterans with treatment-resistant PTSD ($1 million, HB 390)

This state momentum is significant, but it remains fragmented, underfunded, and largely uncoordinated. ARPA-H can address that gap by aligning state efforts around rigorous, high-impact research priorities that accelerate both scientific progress and patient access.

We urge ARPA-H to pursue a diversified funding approach that balances longer-term drug development with research capable of more immediately improving patient care. For example, the Agency can support earlier-stage work to de-risk ibogaine – where commercial capital has lagged despite promising findings for opioid use disorder and traumatic brain injury – while also investing in trials that inform scalability, affordability, and accessibility of breakthrough therapies nearing potential approval. Because psychedelic treatments are resource-intensive, trials that test group therapy and other delivery innovations, along with research to inform reimbursement policies such as Medicaid pilots, could have a significant, near-term impact on access while helping states determine how to offer these therapies responsibly and sustainably.

ARPA-H can also make an outsized difference by funding trials for under-studied conditions that disproportionately affect Veterans and other vulnerable populations, including substance use disorders, behavioral addictions, and eating disorders. The stakes are high: alcohol causes 178,000 deaths a year (CDC), one person dies every 52 minutes from an eating disorder (NEDA), and up to 18.5% of women Veterans and 8.5% of men Veterans screen positive for eating disorders (VA, 2025). Psilocybin-assisted therapy has shown early promise across several of these conditions, with randomized controlled trials reporting benefit for alcohol, tobacco, and, most recently, cocaine use disorders (Bogenschutz et al., 2022; Johnson et al., 2026; Hendricks et al., 2026). Pilot studies also indicate potential benefits for anorexia nervosa and other eating disorders (Douglass et al., 2026, Koning et al., 2026). Yet these indications have struggled to attract commercial investment – precisely where federal funding can close the gap and accelerate larger-scale trials.

Finally, we encourage ARPA-H to incentivize multi-state collaborations and fund trials capable of withstanding scientific, regulatory, and payer scrutiny. Multi-site studies across diverse geographies can enroll more representative populations, generate more generalizable evidence, and create a stronger foundation for eventual approval, expanded product labeling, coverage, and implementation. Executed well, these investments could help transform the standard of care for millions of Americans, including the Veterans our organizations represent.

Ultimately, the success of these investments will not be measured by publications, conference presentations, or the mere approval of new treatments. Rather, it will be measured by whether individuals living with serious mental illness, and the families who love them, gain access to safer, more effective, more durable treatments that help restore health, function and hope.

We respectfully request the opportunity to discuss these priorities further and serve as a resource as ARPA-H advances this important work. Collectively, our organizations have supported scientific research, informed state funding initiatives and broader policy, and have worked closely with clinicians, investigators, and the communities these efforts are intended to serve throughout the country. We would welcome the opportunity to contribute that experience as ARPA-H shapes this next chapter of mental health innovation.

We have submitted an official scheduling request and hope to meet with you and your team soon.

Thank you for your leadership and commitment to advancing bold, evidence-driven solutions for one of our nation's most pressing public health crises.

Sincerely,

BrainFutures

Heroic Hearts Project

Healing Breakthrough

Reason for Hope

Veterans Exploring Treatment Solutions