Kentucky General Assembly Overrides Veto on Psychedelic Drug Research Bill

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Ibogaine is a psychoactive compound derived from the Tabernanthe iboga, an African shrub. Traditionally, it was used in West African cultures for initiation rites and spiritual discovery.

During its 2026 Regular Session, the Kentucky General Assembly passed multiple bills and several resolutions related to healthcare issues. Notably, it passed SB 77, "An Act relating to ibogaine research in the Commonwealth," on April 1, 2026. After Governor Beshear's subsequent veto, the General Assembly overrode the veto the next day. Four days later, President Trump signed Executive Order 14401 titled "Accelerating Medical Treatments For Serious Mental Illness" to facilitate access to psychedelic drugs like ibogaine through clinical trials.

What is Ibogaine?

Ibogaine is a psychoactive compound derived from the Tabernanthe iboga, an African shrub. Traditionally, it was used in West African cultures for initiation rites and spiritual discovery. It is classified by the DEA as Schedule I controlled substance, meaning it has no accepted medical use, has a high potential for abuse and is not safe for use even under medical supervision. Ibogaine is legal in Canada and Mexico where clinics offer treatments. The drug has been touted by podcasters, veterans suffering from PTSD and people struggling with substance use disorder as a miracle drug with little to no adverse side effects. Proponents of the drug claim that it requires only one treatment to see significant improvement in symptoms of PTSD and substance use disorder. Opponents point to the significant risks associated with its use including sudden cardiac death.

Ibogaine, like other psychedelic drugs, has hallucinogenic and oneirogenic effects that can last anywhere from 18 to 36 hours. Sudden cardiac death, suicidal ideation and mania are some of the more severe adverse reactions associated with ibogaine use. It also can cause ataxia, arrhythmias, respiratory insufficiency, seizures and paralysis. There is an increased risk of sudden cardiac death in individuals using ibogaine who have epilepsy, depression, PTSD, cardiovascular disease and schizophrenia.

A study by Stanford Medical researchers where ibogaine was administered to veterans with traumatic brain injuries found that it "reduces PTSD, anxiety and depression and improves functioning." *https://med.stanford.edu/news/all-news/2024/01/ibogaine-ptsd.html*. In the study, the drug was given with magnesium to reduce the risk of cardiovascular complications. *Id*. Other medical literature shows some efficacy in using ibogaine for treatment of substance use disorder, but significant risks of cardiotoxicity and mortality remain. *See https://pmc.ncbi.nlm.nih.gov/articles/PMC10556383/*. Cardiotoxicity and mortality have been barriers to research into ibogaine.

The Purpose of SB 77

SB 77 establishes the ibogaine research and intellectual property fund. Oddly, the fund is to be administered by the Department of Agriculture. The Department of Agriculture is authorized "to enter into a public-private partnership with a drug developer to conduct a clinical drug development trial or trials related to the use of ibogaine for the treatment of opioid use disorder, co-occurring substance use disorder, or any other neurological or mental health condition for which ibogaine demonstrates efficacy." KRS 218A (Acts Ch. 158, 2026 Ky. Acts ch. 158). The drug developer must be engaged in drug development and manufacturing and have at least one agreement with another state for ibogaine research to conduct clinical trials for the purpose of obtaining FDA approval for ibogaine use. *Id*. SB 77 also sets forth specific requirements for the Department of Agriculture's contractual dealings with drug developers and requires quarterly reports from the drug developer to the Department of Agriculture and annual reports from the Department of Agriculture to the LRC on the progress and financial status of the ibogaine clinical trials. *Id*.

With the passage of SB 77, Kentucky joins Texas, California, Arizona, Indiana, Oklahoma, Colorado, Tennessee and Mississippi in passing legislation authorizing clinical research into ibogaine and other psychedelic drugs. This legislation creates frameworks for research into ibogaine but does not approve or authorize its use for any condition because it is still illegal under federal law. Some of this legislation appropriated significant funding for ibogaine research, such as Texas' bill that appropriated $50 million.

SB 77 originally contained a $21 million appropriation for each fiscal year from the 2026-2028 fiscal biennium to be taken from the opioid abatement trust fund established by KRS 15.293. However, this appropriation was removed from the final version of the bill, and no appropriation of funds was made for the research. It is unclear at this time how the ibogaine research will be funded, but SB 77 allows for "state appropriations, gifts, grants, federal funds, and any other funds, both public and private." KRS 218A (Acts Ch. 158, 2026 Ky. Acts ch. 158).

Governor Beshear vetoed SB 77 on April 13, 2026, expressing his concerns that taxpayer funds would be sent to private companies conducting research on ibogaine; that the Department of Agriculture, and not the Office of Drug Control Policy, was in charge of the funds; and that the Kentucky Constitution prohibits the direct investment in private companies that the bill allows. The General Assembly overrode Governor Beshear's veto the following day, and SB 77 became law.

Executive Order 14401 and the Right to Try Act

Executive Order 14401 titled "Accelerating Medical Treatments For Serious Mental Illness" was signed on April 18, 2026. The Executive Order expedites research into psychedelic drugs, including ibogaine, because they have shown potential in clinical studies as effective treatment for PTSD, substance use disorder and other mental health conditions. Exec. Order No. 14401, 91 Fed. Reg. 21709 (April 18, 2026). It requires the FDA to "facilitate and establish a pathway for eligible patients to access psychedelic drugs, including ibogaine compounds, under the Right to Try Act (21 U.S.C. 360bbb-0a), including any necessary Schedule I handling authorizations for treating physicians and researchers, consistent with 21 U.S.C. 823, and any applicable waiver authority under the Controlled Substances Act." *Id*. HHS is directed to allocate "at least $50 million"

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from existing funds to "support and partner" with state governments that have enacted or are developing psychedelic drug research programs for mental illnesses. *Id*.

The Right to Try Act gives patients with life-threatening illnesses access to unapproved, investigational treatments if they meet certain criteria. The Right to Try Act of 2017, Pub. L. No. 115-176, 132 Stat. 1372 (2018) (codified at 21 U.S.C. § 360bbb). To qualify, patients with life-threatening illnesses must have exhausted all approved treatment options, be unable to participate in a clinical trial and provide informed consent for participation. *See https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/right-try*. Further, the investigational treatment must have completed an FDA-approved phase 1 clinical trial, be currently investigated in an ongoing clinical trial, not discontinued or put on hold by the manufacturer and "not been approved or licensed by the FDA *for any use*." *Id*. (emphasis added). The FDA's Expanded Access program has almost identical qualification criteria to the Right to Try Act, except it also requires that the benefits justify the risks to the patient and the patient's use of the investigational product must not interfere with any investigational trials of the product. *See https://www.fda.gov/news-events/public-health-focus/expanded-access*. The difference between the two is governmental oversight: the FDA authorizes and oversees the use of the investigational treatment under its Expanded Access program, while no such governmental oversight is required under the Right to Try Act.

The Kentucky General Assembly passed The Kentucky Right to Try Act in March of 2017, which allows a manufacturer to make an investigational treatment available to a terminally ill patient upon recommendation of the patient's healthcare provider. *See* KRS 217.5401-217.5408. While Kentucky's statute is similar to its federal counterpart, it is not as comprehensive. One of the most notable differences is that the federal statute, unlike the Kentucky statute, eliminates liability for a swath of individuals and entities, including a sponsor, manufacturer, prescriber, dispenser "or other individual entity." *See* The Right to Try Act of 2017, *supra*, § 3, *cf*. KRS 217.5401-217.5408.

FDA Seeks Public Input on Clinical Trials of Ibogaine

On October 6, 2026, the FDA published a request for information seeking public comment on the development of ibogaine clinical trials. According to the RFI, HHS "is funding clinical development of ibogaine, and the first federally supported trials are expected to study ibogaine in adults with opioid use disorder (OUD) and adults with post-traumatic stress disorder (PTSD)." As a result, the FDA is compiling guidance for clinical trials of ibogaine. The 40-day public comment period closes on November 20, 2026.

Conclusion

The reason behind the state legislation on ibogaine research and Executive Order 14401 is the need to complete an FDA-approved phase 1 clinical trial of ibogaine. Once a phase 1 clinical trial is completed, then ibogaine can be made available under the federal Right to Try Act to individuals suffering from PTSD, substance use disorder and other mental health illnesses, all of which are arguably life-threatening illnesses because they can result in suicide and overdose. It is unlikely ibogaine will be available under Kentucky's Right to Try Act because it requires that the individual be terminally ill. Given its hallucinogenic effects and high risk for cardiovascular complications and mortality, it is likely the only legalized use of ibogaine, if phase 1 clinical trials are completed, will be in a clinical setting with monitoring during treatment and for a very limited patient population, i.e., those who have failed conventional treatments for PTSD, substance use disorder and other mental health conditions.

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