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Executive Summary

States across the Southern region are exploring policy frameworks to support the research, development, and potential therapeutic use of investigational drugs, particularly ibogaine, a Schedule I substance being studied for its possible benefits in treating post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). While federal approval through the U.S. Food and Drug Administration (FDA) remains pending, several states have pursued legislative strategies to enable clinical trials, establish regulatory pathways, and incentivize innovation through public-private partnerships (PPPs) and targeted funding mechanisms.

Texas and Kentucky have emerged as early leaders, implementing structured frameworks that support FDA-aligned clinical trials through state-backed consortia, funding requirements, and intellectual property-sharing provisions. Other states—including Georgia, Louisiana, Mississippi, Missouri, Oklahoma, and West Virginia—have introduced or enacted similar legislation, often emphasizing pilot programs, grant funding, and oversight structures to ensure safety and accountability. These efforts frequently prioritize veterans and other high-need populations.

In addition to direct research frameworks, many states leverage research and development (R&D) tax credits to incentivize private-sector participation. These credits, which generally conform to federal definitions of qualified research expenditures, vary in scale across the region but represent a key tool in fostering biomedical innovation ecosystems.

Research Methods

This author preformed a legislative review via Quorum

Findings and Analysis

Ibogaine is a naturally occurring, psychoactive drug derived from the root of a native African plant, *Tabernanthe iboga*.[i] A recent study found evidence to support the use of ibogaine as a therapeutic treatment for veterans with traumatic brain injuries.[ii] Another study saw symptoms for veterans with post-traumatic stress disorder (PTSD) improve following ibogaine intervention.[iii]

At present, research on ibogaine remains limited, and its safety, efficacy, and long-term effects continue to be evaluated. Because ibogaine is classified as a Schedule I substance, it is not approved for general medical use, and research is subject to federal restrictions.

Despite these limitations, several states have pursued legislative strategies to support research and development. In the Southern region, Texas and Kentucky have established frameworks to facilitate clinical trials, including provisions related to funding, oversight, and collaboration with private entities. Other states, including Georgia, Louisiana, Mississippi, Missouri, Oklahoma, and West Virginia, have introduced or enacted legislation to create pilot programs, grant opportunities, or regulatory structures for investigational drug research.

These state-level approaches commonly include:

- Authorization of clinical trials contingent on federal approval

- Establishment of state-administered funds or grant programs
- Requirements for reporting, oversight, and safety protocols
- Provisions for public-private collaboration and, in some cases, intellectual property considerations

Table 1 summarizes relevant legislation from CSG South member states during the 2025–2026 legislative cycles.

Table 1. Legislation on Ibogaine Research and Testing from CSG South Member States (2025-2026)

State	Legislation	Summary	Status
Georgia	Senate Bill 631 (2026)	Senate Bill 631 authorizes the Georgia Department of Public Health to fund FDA-approved clinical trials of ibogaine for veterans' mental health and substance use disorders, contingent on state appropriations and strict eligibility, reporting, and revenue provisions.	Introduced or Prefiled
	House Bill 1296 (2026)	House Bill 1296 creates a three-year pilot program to research and provide innovative mental health treatments to Georgia veterans and retired first responders, contingent on state funding, with annual reporting and automatic termination in 2030.	Passed Original Chamber
Kentucky	Senate Bill 77 (2026)	The act establishes a state-administered fund and public-private partnership framework to support ibogaine clinical trials in Kentucky, ensuring matched investment, local participation, intellectual property sharing, and expanded treatment access for at-risk populations.	Sent to Executive
	Senate Bill 2149 (2026)	This act establishes a regulated framework for state-supported clinical trials of ibogaine in Tennessee, contingent on FDA approval, with provisions for funding, intellectual property sharing, and the creation of a mental health innovation fund to support provider training and patient care.	Passed Original Chamber
	Senate Bill 240 (2025)	The legislation promotes Ibogaine research for treating opioid dependence in Kentucky, establishes a dedicated research fund, and outlines requirements for private entities to conduct and fund research, including securing necessary federal approvals.	Introduced or Prefiled
Louisiana	Senate Bill 43 (2026)	Senate Bill No. 43 establishes a state initiative to support and regulate clinical research and drug development for psychedelic-assisted therapies targeting opioid and mental health disorders, with structured oversight, funding provisions, and collaborative frameworks, effective August 1, 2026.	Passed Original Chamber
Mississippi	Senate Bill 2561 (2026)	The Ibogaine Drug Development Clinical Trial Act enables Mississippi to fund and oversee a consortium conducting FDA-aligned clinical trials for ibogaine as a treatment for substance use and mental health disorders, with requirements for matching funds, inter-state collaboration, and state revenue sharing from resulting intellectual property.	Introduced or Prefiled

	Senate Bill 2562 (2026)	Senate Bill No. 2562 creates a time-limited, state-supported pilot program to research ibogaine as a treatment for PTSD in Mississippi veterans, reschedules ibogaine to allow lawful clinical use within the program, and establishes strict oversight and reporting requirements.	Introduced or Prefiled
	Senate Bill 3061 (2026)	Senate Bill No. 3061 appropriates over $2.4 billion in combined state and special funds to support the University of Mississippi Medical Center's operations, scholarships, research, infrastructure, and specific health programs for fiscal year 2027, with detailed allocations and compliance requirements.	Enacted
	House Bill 314 (2026)	The Ibogaine Drug Development Clinical Trial Act authorizes Mississippi's Department of Health to select and fund a consortium to conduct FDA-coordinated clinical trials of ibogaine for opioid and related disorders, with state oversight, revenue sharing, and strict safety and reporting requirements.	Enacted
Missouri	Senate Bill 1581 (2026)	Senate Bill No. 1581 establishes a grant program and regulatory framework to support clinical trials and potential medical use of ibogaine for treating substance use and mental health disorders in Missouri, with a focus on benefiting veterans and at-risk populations.	Out of Committee
	House Bill 1717 (2026)	This bill legalizes and funds research and supervised therapeutic use of psilocybin and ibogaine for veterans and first responders with certain mental health conditions in Missouri, establishes grant programs and legal protections for participants and providers, and mandates state-supported studies and reporting on these alternative therapies.	Passed Original Chamber
	House Bill 2817 (2026)	Senate Bill No. 1581 establishes a grant program and regulatory framework to support clinical trials and potential medical use of ibogaine for treating substance use and mental health disorders in Missouri, with a focus on benefiting veterans and at-risk populations.	Out of Committee
	House Bill 2961 (2026)	House Bill No. 2961 establishes a grant program and dedicated funds to support and oversee clinical trials of ibogaine for mental health and substance use disorders in Missouri, prioritizing veterans and at-risk populations, with implementation to begin before November 1, 2026.	Introduced or Prefiled
Oklahoma	House Bill 3834 (2026)	The Oklahoma Breakthrough Therapy Act creates a regulatory and funding framework for state-supported ibogaine clinical trials, ensures state participation in intellectual property, protects medical professionals, and directs proceeds to benefit at-risk populations, with implementation beginning November 1, 2026.	Passed Original Chamber
	House Bill 4293 (2026)	House Bill 4293 establishes a regulated framework for Oklahoma universities and research facilities to conduct clinical trials and research on ibogaine for various serious medical conditions, with	Introduced or Prefiled

		specific registration, reporting, and confidentiality requirements, and legal protections for participants, effective November 1, 2026.	
Texas	Senate Bill 2308 (2025)	Senate Bill 2308 creates a process for Texas to support and oversee FDA clinical trials of ibogaine for opioid and related disorders, establishing a consortium model, funding requirements, state revenue sharing, and strict oversight, with treatment only allowed upon federal approval.	Effective
West Virginia	House Bill 4626 (2026)	House Bill 4626 establishes a new grant program under Article 67 of the state code to support public-private partnerships in conducting FDA drug development trials for ibogaine.	Sent to Executive
	House Bill 4640 (2026)	The bill amends West Virginia's Schedule I drug law to allow the prescription, distribution, and marketing of FDA- and DEA-approved psilocybin-based drugs, such as crystalline polymorph psilocybin, while maintaining all other existing Schedule I classifications.	Out of Committee

SOURCE: Author utilizing data from Quorum[iv]

In addition to direct legislative frameworks, states may use tax policy to support research activity. Many states in the region offer R&D tax credits designed to incentivize private-sector investment in research. These incentives tend to follow federal guidelines when determining what constitutes a Qualified Research Expenditure (QRE) and, therefore, what is eligible for the tax credit.[v] Figure 1 shows which states currently have tax credits for research and development. Table 2 details the tax credits offered by CSG South member states.

Figure 1. States with Research and Development Tax Credits

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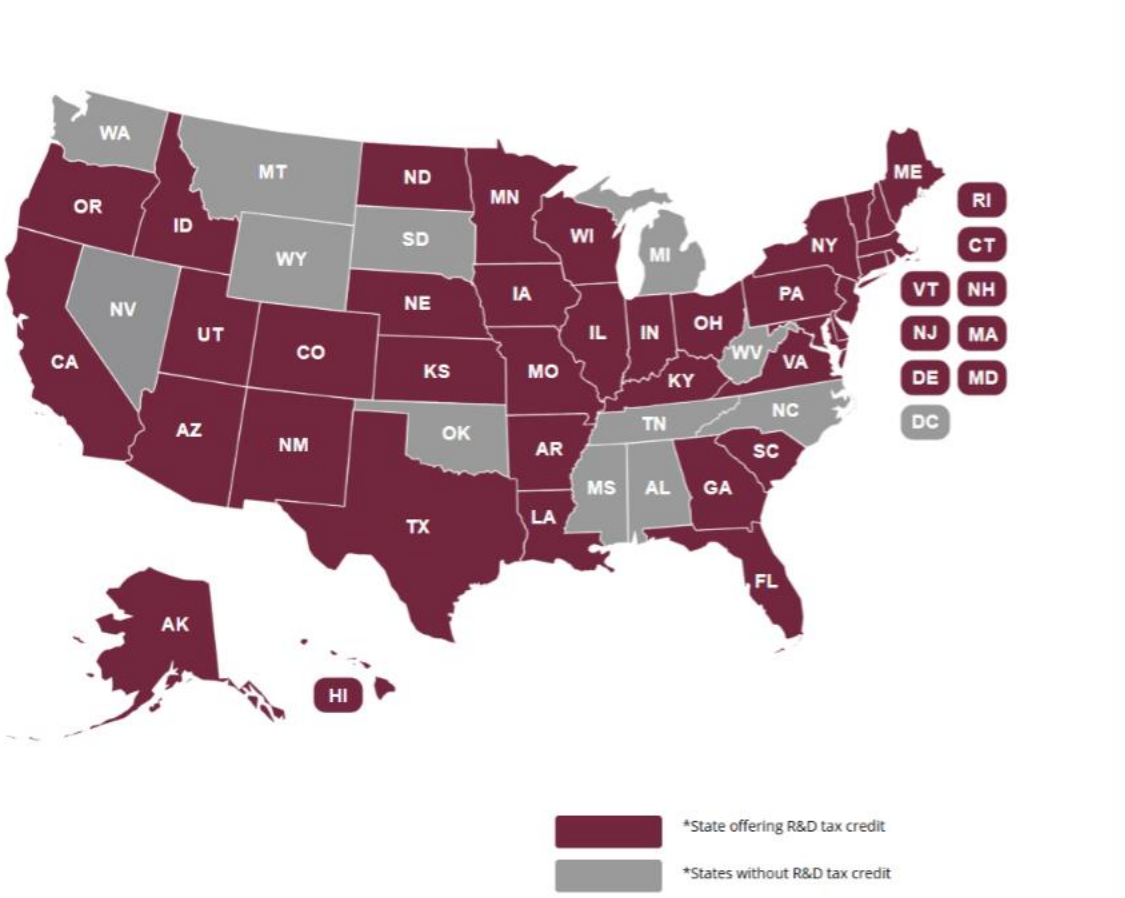

SOURCE: KBKG[vi]

Table 2. Tax Credits Offered by CSG South Member States

State	Tax Credit	Citation
Arkansas	Up to 33 percent	AR Code § 15-4-2708
Florida	10 percent	FL Code § 220.196
Georgia	10 percent	GA Code § 48-7-40.12
Kentucky	5 percent	KRS 141.395
Louisiana	5 to 30 percent	LA RS 47:6015
Missouri	15 to 20 percent	MO Rev Stat § 620.1039
South Carolina	5 percent	SC Code Section 12-6-3415
Texas	8.722 to 10.903 percent	TX Tax Code § 171.9204
Virginia	15 to 20 percent	VA Code § 58.1-439.12:08

SOURCE: Author's visualization of State Statutes

Additionally, the federal government permits "Right-to-Try" (RTT), meaning individuals who are determined to be terminally ill and unresponsive to approved treatments have the right to try drugs and treatments that are under

investigation.[vii] Most states, including all CSG South member states, have codified "RTT in their statutes. Table 3 shows the enacting legislation for this from the region.

Table 3. Right-to-Try Enacting Legislation from the CSG South Region

State	Measure (Year)
Alabama	Senate Bill 357 (2015)
Arkansas	Senate Bill 4 (2015)
Florida	House Bill 269 (2015)
Georgia	House Bill 34 (2016)
Kentucky	Senate Bill 21 (2017)
Louisiana	House Bill 891 (2014)
Mississippi	Senate Bill 2527 (2016)
Missouri	House Bill 1685 (2014)
North Carolina	House Bill 652 (2015-2016)
Oklahoma	House Bill 1074 (2016)
South Carolina	House Bill 4542 (2016)
Tennessee	House Bill 143 (2009-2010)
Texas	House Bill 21 (2015)
Virginia	House Bill 1750 (2015)
West Virginia	House Bill 4610 (2026)

SOURCE: Author, utilizing data from Quorum[viii]

Recently, some states have begun revisiting and expanding RTT to include patients with "severely debilitating illness[es]" as defined by federal regulations.[ix] Known as "Right-to-Try 2.0" (RTT 2.0), this version expands patient eligibility and the scope of conditions to include "individualized genetic treatments with specific, gene-based targets."[x] Texas Senate Bill 984 (2025) and Georgia's Senate Bill 72 (2025) of this from the CSG South region.

While RTT policies are distinct from formal clinical trial frameworks, they provide an additional pathway for access to investigational treatments and may inform broader state policy discussions related to emerging therapies.

Conclusion

Collectively, these approaches illustrate a growing trend among states to proactively engage in the development and oversight of emerging therapies, even in the absence of full federal approval. Policymakers may consider how varying models, ranging from PPP-driven clinical trial frameworks to tax incentives and expanded access laws, can be adapted to balance innovation, patient safety, and long-term fiscal and public health outcomes.

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[i] Foglesong, Jillian. 2025. "Ibogaine." Addiction Center. November 24, 2025. https://www.addictioncenter.com/drugs/ibogaine/.
[ii] Lissemore, Jennifer I, Anna Chaiken, Kirsten N Cherian, Derrick Buchanan, Flint Espil, Keynan, Jackob N, Malvika Sridhar, et al. 2025. "Magnesium–Ibogaine Therapy Effects on Cortical Oscillations and Neural Complexity in Veterans with Traumatic Brain Injury." Nature Mental Health, July, 1–14. https://doi.org/10.1038/s44220-025-00463-x.

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[ix] 21 C.F.R. § 312.81(b)

[x] "AHLA - New Developments in Right to Try Legislation." 2025. Americanhealthlaw.org. 2025. https://www.americanhealthlaw.org/content-library/health-law-weekly/article/7ced87be-c074-42c9-bbe4-1080bbb0a7f0/New-Developments-in-Right-to-Try-Legislation?utm_source=Email&utm_medium=MarketingEmails&utm_campaign=Informz&_zs=Vgcxo&_zl=k6pD3.