

Public Testimony in Opposition to SB 1583  
Senate Committee on Judiciary

Chair and Members of the Senate Committee on Judiciary,

My name is Bo Brinson, and I submit this testimony in opposition to SB 1583.

While we share the Legislature's urgency to improve Oregon's response to substance use and overdose, SB 1583 would significantly undermine the treatment and recovery infrastructure the state has spent the last five years building under Measure 110. The proposed transfer of oversight and grant administration from the Oregon Health Authority and the Oversight and Accountability Council to a new committee within the Oregon Criminal Justice Commission would be destabilizing, misaligned, and counterproductive.

First, this bill would upend existing Behavioral Health Resource Networks that have invested years in building staffing capacity, partnerships, clinical workflows, and culturally specific services. Providers across Oregon have acted in good faith under the current framework—hiring workforce, securing facilities, and integrating services with public health and Medicaid systems. A major governance shift at this stage risks disrupting funding continuity, forcing costly program redesigns, and pulling limited resources away from direct services.

Second, the Oregon Criminal Justice Commission is not designed, staffed, or charged with overseeing behavioral health treatment systems. SB 1583 places responsibility for treatment, recovery support, and harm reduction funding within an entity whose core expertise is criminal justice policy rather than healthcare delivery, Medicaid alignment, or clinical quality oversight. This structural mismatch risks blurring the line between a health-based response and a justice-based framework, weakening Oregon's commitment to treating substance use disorder as a public health issue.

Third, the data collection shortcomings identified in the Secretary of State's audit of Measure 110 are not the fault of grantees providing evidence-based services. Providers were required to operate within evolving and often inconsistent reporting systems. The appropriate response is not to restructure oversight or penalize providers, but for the Oregon Health Authority to improve data infrastructure, standardize reporting requirements, and provide technical assistance that supports meaningful outcome measurement.

Finally, SB 1583 would destabilize the behavioral health system at a moment when Oregon is already facing reductions in Oregon Health Plan reimbursement and broader funding pressures. Introducing administrative uncertainty now will accelerate workforce loss, delay services, and create treatment gaps—particularly in rural and underserved communities—at a time when need continues to grow.

Oregon does not need another structural overhaul. It needs stability, improved data systems, and sustained investment in the community-based providers who are already delivering care. For these reasons, I respectfully urge the Senate Committee on Judiciary to oppose SB 1583.

