

Submitter: Jessenia Fanini  
On Behalf Of:  
Committee: Senate Committee On Early Childhood and Behavioral Health  
Measure, Appointment or SB1573  
Topic:

Done. Here is the same testimony \*\*with all em dashes removed\*\*, keeping the tone personal and clean for submission.

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\*\*Testimony in Opposition to Oregon Senate Bill 1573\*\*

\*\*[Committee Name, if known]\*\*

\*\*[Your Name]\*\*

\*\*[City, Oregon]\*\*

\*\*[Date]\*\*

Chair and Members of the Committee,

Thank you for the opportunity to submit testimony. My name is Jessenia Fanini, and I am a resident of New York City, New York. I am writing today in strong opposition to Senate Bill 1573.

I previously worked for Positive Health Project, a syringe service program that provides Hep-C testing, care, education, treatment, and support groups. In that role, I helped people get tested, linked them to treatment, and supported them through a healthcare system that is often difficult to access, especially for people who use drugs. I have seen firsthand the devastating impact hepatitis C has had on my communities, and I am deeply concerned that SB 1573 would make that crisis worse.

Oregon already has one of the highest rates of hepatitis C in the country. I have worked with people who delayed care for years because they lacked access to basic harm reduction services. I have seen people suffer serious health complications that could have been prevented with earlier access to clean syringes, education, and connection to care. Syringe service programs are often the \*\*first and sometimes only point of contact\*\* people have with the healthcare system.

Mobile and temporary syringe service sites are critical because they meet people where drug use is already occurring. These locations are chosen intentionally to reduce harm, prevent disease transmission, distribute naloxone, and safely collect used syringes. SB 1573 would severely restrict these services by prohibiting mobile or temporary sites within 2,000 feet of schools or licensed childcare facilities, making effective outreach far more difficult.

The bill's enforcement provisions are especially alarming. Allowing private individuals to file civil lawsuits even if they are not directly affected, creates a serious risk for programs that are already underfunded and overstretched. The presumption that any discarded syringe found within 2,000 feet of a school or childcare facility came from a syringe service program is unfair and unsupported by evidence. In my experience, syringe service programs are among the most proactive actors in \*\*collecting used syringes and reducing public litter\*\*, not causing it.

From both my professional experience and the research, we know that syringe service programs reduce the spread of HIV and hepatitis C, prevent overdoses through naloxone distribution, increase entry into substance use treatment, and reduce public syringe litter, particularly through mobile outreach.

Restricting access to these programs will not make communities safer. It will increase syringe reuse and sharing, lead to more infections and overdoses, and ultimately increase costs for the Oregon Health Authority, Medicaid, emergency services, and hospitals.

I have watched people regain their health after completing hepatitis C treatment, and I have also watched people suffer because they were reached too late. SB 1573 risks ensuring that more people fall into the second category.

I urge you to oppose SB 1573 and instead support policies that are grounded in evidence, public health expertise, and compassion for Oregon's communities.

Thank you for your time and consideration.

Respectfully,  
Jessenia