

Submitter: Hilary Ann Levine, MSW, JD

Committee: Senate Committee On Early Childhood and Behavioral Health Measure

Regarding : In Opposition of SB1573

Chair Reynolds, Vice-Chair Anderson, and Members of the Committee:

Thank you for the opportunity to submit testimony. I am a resident of Clatsop county Oregon. I strongly oppose SB1573.

Harm reduction saves lives. There is overwhelming evidence to support this – one need only look at the Oregon Health Authority’s website to find numerous studies and programs that name harm reduction as a core value in Oregon’s public health interventions. SB1573 will cripple syringe exchange sites managed by OHA in several counties, including where I live in Clatsop County. I formerly worked and volunteered at the Astoria Warming Shelter and saw firsthand how our needle exchange program helped folks to mitigate harm while using, especially in training active users to administer naloxone. Our county would absolutely see more deaths from overdose if our program ceased to exist. Oregon is also one of the states with the highest Hep C rates in our nation – cutting access to needle exchanges while we are still in an opioid epidemic would have devastating impact across Oregon and serve to increase these numbers even more.

The 2000 feet restriction is arbitrary and hard for programs, especially mobile programs to navigate. Home-based childcare programs can exist in any residential or commercial neighborhood. For instance, I am rather sure that this bill would severely limit our local program’s ability to operate in accessible parts of downtown Astoria given the location and numbers of schools, private, and church-based childcare centers. Downtown is where all our

services providers are centered and the only place easily accessible for those without private transportation. I believe this would be the case for many rural programs. In the case of more urban areas I imagine documenting and navigating the large number of in-home child care centers would also be more cumbersome given that more exist in larger areas and they often don't even have to have signage outside marking the home as providing in home childcare.

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. This type of civilian enforcement via litigation is the same tactic we saw used by right wing anti-choice legislators in Texas in HB7 and SB 8 that had severe ramifications for Planned Parenthood and other service providers offering health care. I believe it would have the same impact in Oregon on both OHA funded needle exchange sights as well as more grass-roots efforts.

Thank you for your time and the ability to weigh in on this serious matter – I believe that passing SB 1573 would go against OHA's core public health tenants and cause more illness and deaths on our state. Please do not pass SB1573

Thank You,

Hilary Ann Levine, MSW, JD