

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

Good morning Chair Reynolds, Vice Chair Anderson, and Members of the Committee,

My name is Chloe Huggins. I was born and raised in rural Oregon, and I am a person in recovery. I work in nonprofit harm reduction, a field I am deeply connected to through both lived experience and community work.

I was born to a mother who carried hepatitis C, long before syringe service programs were available in our community. At that time, there were no safe disposal options, no access to sterile supplies, and little focus on preventing the spread of bloodborne disease. The impacts of those gaps are still felt today, especially in rural Oregon.

Hepatitis C is a preventable and treatable disease, yet Oregon continues to have some of the highest rates in the nation, particularly in rural areas. Decades of research show that syringe service programs reduce the transmission of hepatitis C and HIV without increasing drug use. These programs often serve as a first point of contact to healthcare, testing, and treatment for people who are otherwise disconnected from the system. Preventing infection is far less costly than treating advanced disease and reduces long-term strain on families and public health systems.

I strongly oppose Senate Bill 1573.

In many rural counties, syringe service programs are the only safe syringe disposal option available. When these services are restricted or removed, syringes do not disappear—they end up in parks, school grounds, bathrooms, and other public spaces. That creates real safety risks for children, families, and community members. Syringe services function as a proven community- and child-safety intervention.

These programs also include return incentives and regular community cleanups that reduce syringe litter and improve public safety. This work directly benefits neighborhoods and is often overlooked in these discussions.

The proposed 2,000-foot restriction around schools and childcare centers would effectively eliminate mobile and temporary syringe services in rural communities, where schools are centrally located. In counties like my own, this would mean losing access entirely—to safe disposal, disease prevention, and connection to care.

Oregon already has far more people seeking treatment than there are available treatment beds. Restricting lifesaving prevention services before expanding treatment access creates more harm and more preventable illness.

As someone in recovery, I know that people get better when they are kept alive long enough to choose care.

SB 1573 would move Oregon backward at a significant human and financial cost. I respectfully urge you to oppose this bill and instead support evidence-based public health solutions that keep rural communities safe.

Thank you for your time and consideration.