

## **Written Testimony in Opposition to Oregon Senate Bill 1573**

Senate Committee on Early Childhood and Behavioral Health

February 6, 2026

My name is Kim Gandy, and I am a public health professional based in Roseburg, Oregon. I submit this testimony in opposition to Senate Bill 1573.

While I recognize the intent to protect children and community spaces, SB 1573 would undermine effective public health interventions and produce unintended consequences that may increase, rather than reduce, community risk.

### **Syringe Service Programs Reduce Needles in Public Spaces**

Syringe service programs (SSPs) are associated with fewer improperly discarded syringes, not more. These programs provide safe disposal options and actively collect used syringes, which helps reduce the number of needles found on sidewalks, parks, and near schools. Restricting mobile and temporary services would reduce these disposal opportunities and likely increase unsafe disposal in public areas.

### **The Risk from Found Needles Is Extremely Low**

From a public health and medical perspective, the risk of disease transmission from an accidental needle stick from a discarded syringe is extremely low, particularly for HIV. This is well-established in occupational health and emergency medicine literature. Policies based on fear rather than evidence may unintentionally divert attention from strategies that actually improve community safety.

### **SSPs Increase Engagement With Health and Treatment Services**

SSPs are often the **first point of contact** between individuals who use drugs and the health care system. These programs facilitate access to:

- substance use treatment,
- infectious disease testing and care,
- primary and behavioral health services, and
- overdose prevention and emergency response resources.

Limiting where these services can operate, especially through large exclusion zones, will reduce engagement opportunities, particularly for people who face barriers such as transportation, housing instability, or distrust of formal institutions.

### **Geographic Restrictions Will Reduce Access Where Need Is Highest**

A 2,000-foot buffer around schools and child-care facilities effectively eliminates large portions of urban areas where mobile services are most needed. Mobile outreach exists precisely because fixed sites cannot meet all community needs. This bill would disproportionately impact densely populated areas and communities already experiencing high rates of overdose and infectious disease.

### **Legal Liability Will Divert Resources Away From Public Health Services**

The creation of a private right of action exposes programs to litigation risk even when acting in good faith. For many organizations operating on limited funding, this could lead to service reductions or closures, shifting costs to emergency departments, hospitals, and local governments.

### **Conclusion**

SB 1573 would reduce access to proven public health services, increase unsafe syringe disposal, and weaken pathways to treatment and care, without evidence that it improves safety for children or communities.

For these reasons, I respectfully urge the committee to vote NO on Senate Bill 1573 and to pursue evidence-based strategies that support both public health and community well-being.

Thank you for your time and consideration.

Respectfully submitted,  
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Roseburg, Oregon