

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

Chair Reynolds, Vice Chair Anderson and members of the committee,

I am writing to formally oppose SB 1573. This measure poses a serious risk to public health, particularly in rural communities, and runs counter to decades of evidence demonstrating the effectiveness of these programs in preventing disease, reducing overdose deaths and connecting individuals to care.

As a Disease Intervention Specialist working in a rural county, I have seen firsthand the fallout from individuals sharing and reusing needles. The consequences of restricting or eliminating these programs are well documented. When SSPs are closed or limited, people who inject drugs are more likely to share equipment, lose access to overdose prevention tools, and disengage from healthcare. Research has consistently shown that rural residents who use IV drugs are less likely to have access to SSPs, and that proximity to these services is directly associated with safer injection practices and lower risk of infection. In layman's terms, the further away an SSP is, the less likely a rural community member is to participate. This leads directly to increased rates of preventable infectious diseases.

Beyond disease prevention, SSPs reduce strain on community resources such as emergency rooms and hospitals by preventing chronic infections and facilitating earlier engagement with care. Individuals participating in SSPs are more likely to enter substance use treatment and maintain contact in the healthcare system. Needle exchange programs are widely recognized as evidence-based public health interventions. By providing sterile injection equipment and safe disposal options, SSPs reduce transmission of HIV and hepatitis C while improving community safety. These programs are access points for many services including healthcare, STI and HIV testing, vaccination, naloxone distribution and referrals to substance use treatment. Many individuals obtain food and clothing from SSPs. For some, SSPs are their only lifeline to help. SSPs do not encourage drug use, rather, they reduce unsafe syringe disposal and link participants to care.

Harm reduction works and SSPs are an integral part of access thereto. SB 1573 placement restriction will ultimately make it nearly impossible for SSPs to operate in many rural areas. This bill does not provide a path or opportunity for SSPs to know the location of all childcare facilities. It places a burden on the SSP provider that is unreasonable and overly restrictive. Removing and restricting SSPs, particularly in rural areas, will result in a direct impact on infectious disease transmission and

disengagement from care. For these reasons, I implore you to vote NO on HB 1573

Sincerely,

Andree Shidlovsky

Disease Intervention Specialist – Douglas Public Health Network