

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

I am writing in strong opposition to SB 1573. This bill would significantly restrict syringe service programs (SSPs) and would effectively make mobile syringe exchange services impossible to operate in many rural communities across Oregon. The proposed 2,000-foot exclusion requirement creates an unrealistic and often insurmountable barrier to site placement, particularly in rural areas where geography, zoning, and limited infrastructure already constrain access to health services. In many communities, mobile SSPs are the only option for safe syringe access and disposal. This requirement risks eliminating services entirely in areas already disproportionately impacted by overdose deaths, Hepatitis C, and HIV.

SB 1573 would also severely limit Oregon's ability to respond quickly and effectively to HIV and HCV outbreaks, especially in rural regions. Syringe services are a proven, evidence-based public health intervention that reduce disease transmission, prevent overdoses, and serve as a critical point of connection to treatment, medical care, and social services. Restricting access to these services puts both individuals and entire communities at greater risk.

The bill's liability provisions place an unfair and unreasonable burden on syringe service providers, one that will likely result in program closures. This is especially concerning given that SSPs already operate with limited funding and staffing. Pharmacies sell syringes without providing disposal options, overdose prevention education, naloxone, or treatment referrals—yet SSPs, which provide these comprehensive and lifesaving services, are being singled out for increased liability. SSPs do not operate in isolation. Programs carefully locate service sites in collaboration with local communities, law enforcement, public health, local government, and community partners. This community-based approach allows for thoughtful placement, safety planning, and responsiveness to local needs. A one-size-fits-all mandate from the state undermines this collaborative process and ignores the realities of rural communities.

Eliminating or restricting SSPs will not reduce syringe litter—evidence shows the opposite. SSPs are often the only safe disposal option available. Cutting off access is likely to increase discarded syringes and place additional strain on already overwhelmed health care and public health systems, driving up costs associated with injection-related injuries, infections, and overdose deaths.

Harm reduction and syringe service programs are a vital part of the continuum of care for people who use substances. They save lives, reduce disease transmission, improve community safety, and build trust that leads to engagement in treatment and health care. Restricting access to these evidence-based services will harm individuals, families, and communities across Oregon—especially in rural areas.

For these reasons, I respectfully urge you to oppose SB 1573 and support policies that strengthen, rather than dismantle, Oregon's public health response to substance use, overdose, and infectious disease.