



To Chairman Lang, Vice Chair Plummer, Ranking Member Leland, and Esteemed Members of the House Criminal Justice Committee, thank you for the opportunity to present proponent testimony on HB 205.

First let me start by thanking Representative Galonski for introducing this bill. It touches on an issue that deeply impacts the lives of thousands upon thousands of Ohioans, and Harm Reduction Ohio applauds her efforts to create a safer Ohio for all.

When Governor Kasich signed HB 110 into law in 2016, many heralded it as a meaningful step forward as Ohio joined 37 other states in enacting so called “911 Good Samaritan Laws.” And a meaningful step it was, with people now being free to do exactly what they should in an overdose situation: seek medical assistance for a person who is suffering from a potentially fatal overdose.

One can easily imagine the difficult situation past laws created for thousands of Ohioans. In many cases, someone would see a friend or loved one overdosing and be left with the terrible choice of either doing nothing and hoping that they would soon recover or calling for help and risking exposing their friend and themselves to criminal prosecution. As a state attempting to come to grips with the overdose epidemic and trying to fight it on every front, that is not a situation that any Ohioan should be in.

Unfortunately, despite the intentions of HB 110, that is precisely the situation that many face. While the Good Samaritan Law may protect people from being charged with minor possession offenses, the same does not hold true for paraphernalia. Even though someone may be granted immunity for the drugs themselves, a scale, a syringe, or even a siff can expose someone to criminal charges, serving as a deterrent for someone to reach out in times of emergency. Quite literally, if someone goes to their local health department to participate in a clean needle exchange program, they can be prosecuted for possession of that same needle that they were encouraged to take by health authorities to stop the spread of HIV and Hep C. That isn't just bad policy; it's dangerous.

I can't imagine that the overwhelming majority of legislators that voted for this original legislation intended this to be the case. Without a doubt, this reality goes against the spirit of the legislation, and while unintended, this is the kind of loopwhole that costs lives.

Every time someone is imprisoned or charged when they think they will be granted immunity, it undermines confidence in the law and further damages the relationship between drug users and the very people who are supposed to be helping them in a time of need. Every time someone tells a friend about the time that they thought they would be protected and instead were met with criminal punishment, that's one less call made. And every time someone thinks twice about picking up the phone to call for help, that's potentially another life lost far too early to this epidemic.

HB 205 doesn't break new ground in the sense that it expands far beyond what was originally intended by HB 110: to ensure that someone will not avoid picking up the phone to call for help because they fear prosecution for drug-related possession offenses. Because of this, I ask that all of the members of this committee support HB 205 to help curb the immense loss of life that our state is currently facing.

HB 205 is undoubtedly a step in the right direction, but I encourage you to consider using this bill to improve Ohio's Good Samaritan Law in other crucial ways. Current law still fails to fulfill its true purpose in a number of ways, in particular that it caps the number of times that an individual is eligible for immunity under this law at 2 times, and it requires people to submit to screening and receive a referral for treatment within 30 days of receiving emergency assistance. While these provisions are no doubt in place with good intentions, to serve as a deterrent for continued overdose incidents and to get people into treatment, in practice, these policies have the opposite effect of what they are intended to do.

Policies like these erect barriers for people getting help when they need it most. Time and time again we have heard from on-the-ground volunteers and the very people who are affected by these laws that they don't believe in the effectiveness and authenticity of these laws. Adding provisions and requirements to what should be no-strings-attached help has potentially fatal consequences and undermines the effectiveness of the actions of this body.

North Carolina's Good Samaritan Law is an excellent model of what Ohio should implement. In North Carolina, the only requirement is that the caller must provide their name, and after they do so, both the person who has overdosed and the caller are immune from charges related to drug possession or possession of paraphernalia. They have adopted a no-strings-attached approach that does exactly what proponents of Ohio's Good Samaritan Law hoped it too would do.

As a closing remark, I ask that you consider a simple scenario. Suppose there is someone who has already been provided immunity under this law twice, and despite their best efforts to stop using, have used again and have overdosed again. Knowing that they are ineligible for further immunity, this person's friend who has seen them overdose hesitates in calling for help. Imagine that this person, laying on the ground, their life in jeopardy, is your neighbor, your friend, your family member. Do you really want people to hesitate to pick up the phone?