

SB 288

Proponent Testimony

Avery Meyer

Graduate Student

February 28, 2022

Dear Chairman Manning, Vice-Chair McColley, Ranking Member Thomas, and members of the Senate Judiciary Committee, thank you for the opportunity to offer proponent testimony for the Good Samaritan provisions of SB 288, as well as offering 3 additional amendments.

I am a graduate student, working towards a Master of Science in Public Health in the department of Health Policy at Johns Hopkins Bloomberg School of Public Health. I have lived in Ohio the entirety of my life before departing for graduate school, and I am a registered voter in the state of Ohio. I attended the Ohio State University where I earned a BS in neuroscience, worked towards credits for a Chemical Dependency Counselor Assistant's license and worked as a research assistant at a clinic that treating pregnant people with opioid use disorder. After graduating, I was a counselor at Community Medical Services, where I was a counselor to people on Suboxone or methadone to treat opioid use disorder. I am currently working as a research assistant at Johns Hopkins, where I conduct interviews with people who have survived an overdose or been witness to an overdose during the pandemic. All of these experiences contributed my decision to pursue graduate education so that I could be an advocate for science and public health in policy, which is the role I hope to play in this testimony. I commend that legislature for considering expanding the reach of the Good Samaritan law to include paraphernalia charges, though I hope to bring attention to the areas that this legislation could be improved to have a greater impact.

In my current role interviewing overdose survivors, Good Samaritan laws come up frequently. A participant I spoke with witnessed an overdose of an acquaintance, and immediately went to a nearby community center to seek help. He specifically stated that he did so because he knew he would not face negative consequences from doing so, and that prior to laws in his state providing protection from prosecution he would not have been able to seek help. In fact, the person from the community center who responded was a law enforcement officer. This shows how effective these laws can be when comprehensive. Another participant shared that because she is educated on Good Samaritan laws, she is often an amateur first responder to overdoses in community. People who use drugs frequently offer mutual aid to others using drugs and protecting them from criminal prosecution so they can feel safe to respond and seek help is absolutely vital. Limiting this protection to possession charges, and not expanding it to paraphernalia creates a gap in this policy which is why passing this bill is so important. If we acknowledge and accept that protecting people from prosecution for possession charges is important, we must have the same understanding to charges for the utensils to use the substance that would lead to a possession charge.

In the age of fentanyl, it is not uncommon for someone to experience another overdose after being revived from an initial overdose. This is why it is imperative for someone experiencing an overdose to remain with someone who can rescue them if this happens again, and often the best option for this is EMS or medical personnel. As such, someone has to be able to call for help. Additionally, when people are not protected from prosecution for calling in an overdose, they may still call 911 but then be forced to leave to protect themselves. Again, keeping someone with the person experiencing the overdose is often imperative for survival. No one should have to flee from a life-or-death situation they are trying to provide help for because of the potential for prosecution of a minor infraction like paraphernalia possession. Expanding Ohio's current Good Samaritan law to include paraphernalia charges will increase the confidence someone will have in calling for help and save more lives as Ohio continues to experience record breaking overdose deaths.

In addition to encouraging the legislature to pass this bill, I would like to highlight areas for improvement that could be added as amendments to the current proposed legislation: 1) remove restrictions to people on parole or probation 2) remove limitations on the number of times someone can seek protection under this law 3) remove treatment assessment requirements. Any restrictions under the Good Samaritan law poses a risk of a preventable death occurring.

Beginning with the first recommendation, people who at risk for overdoses are inherently at risk for legal involvement, and therefore make up a large portion of people on probation or parole. Therefore, placing restrictions under the Good Samaritan law for this population will leave a significant gap in the life saving outcome SB 288 will have. People on probation or parole should not be at risk for punishment over a minor crime because they try to save someone's life. Important to note in this discussion is that people leaving incarceration are at an elevated risk for a fatal overdose.

As I mentioned before, mutual aid is strong in the population of people who use drugs. As such, there may be a person like the participant I mentioned above who acts as a community champion in responding to overdoses. These people should be commended and celebrated, not told they have already used this law too many times and they are now liable to charges. Additionally, people may be in situations where they debate calling in an overdose because "what is this person is really fine, I don't want to waste a protection". This puts an unnecessary burden on someone witnessing an overdose to decide if it is worth calling it in. Someone's life is always worth calling for help, and no one should have to debate that due to the consequences they may face for doing the right thing. People should be protected from minor crime prosecution for every single call they make, as they are performing a heroic act *every single time*.

Lastly, I am concerned with a requirement for protection from prosecution being tied to a treatment assessment. Not everyone who uses drugs has a diagnosable substance use disorder,

and even if they do carry that diagnosis, forced treatment is not evidence based. Additionally, having worked at a treatment center, Community Medical Services in Columbus, I know that the current treatment infrastructure in Ohio cannot keep up with demand of people who truly want and need help. Requiring people who may not need or be ready for treatment to seek an assessment creates excess burden on our already taxed treatment system. Additionally, as a significant portion of people who use drugs are on public insurance, this could result in unnecessary costs to the state. The state could and should provide resources for treatment and harm reduction services to individuals seeking protection under this law but should not mandate they seek these services.

Thank you for your time in reading my testimony on this incredibly important issue. I urge you to vote yes on this bill and consider the proposed amendments. This bill will fight back against the tragic death that an overdose is and will save many Ohio families from the incredible grief of losing a loved one to a preventable death.

Sincerely,

A handwritten signature in cursive script, appearing to read "Avery Meyer".

Avery Meyer, BS

