



SB 288

**Proponent Testimony -
Good Samaritan Provisions
Minister Blyth Barnow
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Faith In Public Life
February 28th, 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 for your consideration.

My name is Minister Blyth Barnow, I serve as the Ohio Associate Director at Faith In Public Life and also sit on the leadership council for the Harm Reduction and Overdose Prevention Ministry for the United Church of Christ nationally.

In 2004 I lost someone I loved to an accidental overdose. Someone had been with him that night and I spent the next decade hating her for leaving him. Until she died of an overdose as well, just as alone as he was. My call to ministry came at his funeral back in 2004 but I didn't understand the purpose of my call until she died in 2014.

Through working with the National Harm Reduction Coalition and other harm reductionists all across the country I came to understand how small the scope of my story was. All I saw was him, her absence and his death. I made assumptions about her character and forgot that she had been a good friend of mine for over a decade. My pain eclipsed everything I knew about her. But having the opportunity to work alongside people who use drugs has taught me so much, has healed me, and has given me a bigger, truer, story.

Because the truth is, she didn't just leave him to die. She called for help after fleeing, the call simply came too late. She didn't flee because she was cold hearted or because she was selfish. She left because she had a child at home that needed her. She didn't know that Narcan existed, she certainly didn't have access to it, and she knew that she would be arrested if she was on the scene when help came. She'd seen it happen before and there was no Good Samaritan law back in 2004. Even now, under our current Good Samaritan law she would not have received

protection because of how restricted it is. It was not her fault. It was not his fault. It was our fault. We do not have laws that make it easy to save each other's lives. But we can fix that.

I work all across Ohio with people of faith, people who use drugs, and clergy, and I hear stories like mine again and again. Angry stories from people whose loved ones were dropped in front of a hospital or on a sidewalk, “like they were trash” they tell me. Their grief and rage are palpable because they know that their loved one did not have to die, and they are right. Yet, I also know that their loved ones were cared for by the people they were with. They were far from trash, but those who were with them were afraid and forced to make a choice that none of us should ever have to face. I know because I hear stories of people wanting to save someone's life but needing to drag them to the middle of the street and then go back into their home to call 911 so they don't risk arrest. I hear the torture and ache of their stories when their loved ones don't survive and the guilt that maybe they should have done something more. I hear how the trauma of that choice haunts them.

In our grief and pain it is easy to be reductive. To blame. It is easy to call people cowards, to insist they are inhuman and selfish. But God wants a bigger story for all us. A more just story.

People who use drugs are people, just like you and I. They have people who depend on them. They have jobs who rely on them. And when someone you care for is dying in front of you and you don't have the means to save them, all the impossible choices seem to conflict. Do you call, but lose custody of your children? Do you call but lose your job after being held on cash bail? Do you leave but risk losing a friend or family member? And still while faced with impossible choices people try to save their loved ones while preserving their freedom. That is not cowardice, it is bravery, it is wisdom, it is an attempt to survive when our legislation makes that so very difficult.

I do this work in honor of the person I lost and the person that left them, who I later lost as well. They could both be here. We could still be friends. We could still be in love. They were not hard hearted or foolish, but our current Good Samaritan law is. I can not bring them back, but we can change this legislation.

I ask you to support the current language in SB 288 that expands protection under the Good Samaritan law to include paraphernalia as well as possession. But I ask you to go further. I request that you adopt three common sense amendments:

1. Remove restrictions for those on parole and probation

- a. Any restrictions on Good Samaritan policy will result in the loss of lives that could be saved. We are here to save every life.
- b. Those under community control and post release-control need this legislation the most, as they are the most fearful of calling authorities.

- c. People released from prison and jail are at heightened risk of overdose after release
 - d. The highest increase of overdose death rates in Ohio are among Black men. Black men are overrepresented in Ohio’s carceral system and so are underrepresented in protection from the Good Samaritan policy.
- 2. Remove limitations on how many times an individual can receive the immunity.**
- a. There should be no limits on how many times you can save a life.
 - b. In hard-hit communities, some people are responding to more than two overdoses in a week, sometimes even in a day.
 - c. Let those in a position to save the most lives, save the most lives.
 - d. There should never be a penalty for saving a life.
- 3. Remove treatment assessment requirements.**
- a. Not all those who are in possession of drugs or drug paraphernalia are addicted to drugs or in need of treatment.
 - b. Requiring treatment assessment creates an unnecessary burden on treatment centers that are already working beyond capacity. Slots in these facilities should go to people who need treatment and are ready for it.
 - c. Treatment is most successful when it is voluntary.

Faith in Public Life worked with Representative Galonski during the last legislative session to advocate for HB 205, where this current language was pulled from. We have draft language for our additional amendments that we would be happy to share. We worked alongside the Ohio Council of Churches and River Valley Organizing, and I know they would be eager to support as well.

I also wanted to take a moment to draw the attention of the committee to two different policy briefs, one from the [Health Policy Institute of Ohio](#) and the other from [The Network for Public Health Law](#). Both note the need for an expansive Good Samaritan policy in order to address Ohio’s continuing overdose crisis.

- On October 22nd, 2021 the [Health Policy Institute of Ohio released a report](#) with their recommendations to strengthen Ohio’s addiction response. The second of their three recommendations reads as follows:
 - “Reduce risky drug use conditions: Implement harm reduction services, such as community-based naloxone and fentanyl test strip distribution and syringe services programs. Improve Ohio’s Good Samaritan law by removing limitations related to parole or probation status, treatment requirements, paraphernalia and the number of times a bystander can receive immunity. Replace stigma and

punishment with criminal justice reforms that reduce incarceration and remove barriers to housing and jobs.”

- An [Issue Paper from The Network for Public Health Law on Naloxone Access and Good Samaritan Law in Ohio](#) states that:
 - “Ohio’s overdose Good Samaritan provisions differ from those in place in most other states in several important ways, including the actions required to receive immunity and the individuals covered. ... Ohio’s provisions and actions are generally less supportive of emergency overdose care than those in most other states. ... The overdose Good Samaritan law provides protection only from minor drug possession crimes, and contains several key exclusions. Most notably, the protections do not apply to individuals who are on community control or post-release control or to individuals who have received the benefit of the law twice previously. This appears to make little sense from a public health standpoint, since those individuals may be at highest risk of experiencing or witnessing an overdose and most concerned about a criminal sanction for seeking or receiving professional assistance in an overdose. Further, an individual who is screened for substance use disorder but is, for whatever reason, not found to be appropriate for treatment referral would be excluded from the immunity provided by the law. It is hard to imagine how these exclusions would not result in more lives lost from overdose in the state.”

I thank you for the work you are doing to save lives in Ohio and I appreciate the opportunity to support the Good Samaritan provisions in SB 288 and respectfully request that you adopt these three additional amendments. The lives of our loved ones depend on it.

I would be happy to answer any questions you may have.

In Faith,
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