I'm Andrew Yorra and for the last twenty five years, I've started and grown cybersecurity software companies here in Oregon. I'm also an intellectual property attorney. My most recent one did advanced computer science research for the DoD and built a data analysis platform.

I left that world a few months ago because I believe in the power of psychedelics to heal people, and I want to help this program succeed. Currently, I'm working with several service center operators and many facilitators to help them navigate the regulations, establish best practices, select secure software, and otherwise ensure they can safely and effectively deliver psilocybin services.

I deeply understand the value of this data, and I appreciate the temptation to mandate its collection. We all want to measure this program's success. And as the Senate Committee on Health Care, I recognize it's very tempting to treat this data like any other healthcare data.

But providing and receiving healthcare is not a federal crime. Participating in psilocybin services is. And on top of that, there's still massive social stigma with psychedelic therapy…and for mental illness generally.

The breadth of information required under this law is staggering, and if it could be re-identified, it would be catastrophic. And if that seems too remote a possibility, I encourage you to google "re-identify de-identified data" and spend 10 minutes learning how real it is.

That a massive amount of sensitive data involving a lot of felonies. Hackers that de-identify the data would find detailed confidential health related information of thousands of people who obtain or administer psilocybin services. They'll find details including dose amount and written details about actual experiences. As a facilitator or service center operator, they'll know intimate details about your practice including your practice protocols and your written descriptions of client experiences. And it's worth noting under this bill, while client data is de-identified, facilitator and service center data remains personally identifiable and they cannot opt-out. The exposure of this data could ruin careers, damage relationships, and traumatize clients and facilitators alike.

We heard testimony yesterday that this only involves aggregated data, and the lack of reporting was an “error” of the bill that needs fixing. But it wasn’t an error, it was an intentional decision to protect data privacy. And those who claim this data is solely aggregated data going to OHSU are incorrect. OHSU said it requires and is expecting the underlying individualized “de-identified” data to conduct its research. And the expectation is that detailed “de-identified” data will be shared with OHSU’s OPEN research partners.

Every cybersecurity expert I’ve spoken with thinks this is an extremely risky endeavor fraught with easy attack vectors. They note that bilateral data sharing is already complicated and dangerous, but in this case, data will be shared between hundreds of service providers and thousands of facilitators, a state agency, a research institution, and a bunch of healthcare companies and private practitioners (members of OPEN).

A database with highly sensitive information, broadly shared with organizations of varying cyber capabilities is a data breach waiting to happen.

But this isn’t just about data privacy. It’s also about equitable access. And what makes this bill truly insidious, is that despite claims to expand access, it will likely disproportionately affect marginalized communities, directly contravening the equity goals of Measure 109 and contradicting the claims of the bill’s proponents. Even OHA’s own testimony raised this concern:

The client information required by SB 303 is extensive and could be seen as invasive for many clients, especially for clients who belong to communities that have been subject to disproportionate enforcement of criminal laws or unethical research practices. Therefore, the data collection required by SB 303 is likely to discourage members of these communities from seeking psilocybin services to address conditions specific to their communities. The same requirements may also discourage psilocybin facilitators who belong to these communities from participating in the regulated space.

We’re just getting started with this program. We just went through extensive rulemaking and fought about this exact issue of data sharing. At one point over the advisory committee objections, draft rules were mysteriously changed to strip away client privacy rights. Fortunately, OHA restored those protections in the final rules after outrage from the community. OHA and Oregon voters both recognized that data privacy of Oregonians was more important than data aggregation by the state and private organizations.

In addition to being dangerous and marginalizing, this bill is also totally unnecessary for the advancement of scientific research. Voluntary data sharing directly between service providers and OHSU is both permitted and contemplated by the rules. And even though OHSU recognizes the benefit of mandated data, they recognize the risks and would be willing to join a voluntary participation model. In fact, that was their originally proposed model.

Psilocybin has shown remarkable promise in helping people suffering with depression, anxiety, PTSD, and migraines…and we’re just beginning. Please don’t turn this incredible opportunity to provide real mental health relief into a state-mandated data privacy nightmare. Instead, let the industry and OHSU work together to develop a research data sharing model that's private, secure, and most importantly, voluntary. There are a wide variety of public health data sources like 911 calls that can be paired with voluntary data to provide robust and accurate reporting on this program.

Please protect our data privacy and ensure equitable access by putting an end to this dangerous and unnecessary bill. I’m happy to provide further information, answer questions, and otherwise help find a solution that advances science without sacrificing data privacy.

Regards,

Andrew Yorra

P.S. I also support the arguments raised by the OSPCC in its public comment document.