Dear Chair Nosse, Vice-Chairs Goodwin & Nelson, Members of the House Behavioral Health & Healthcare Committee,

I wanted to take a moment to speak to the proposed amendments introduced on behalf of OPSCC. We've appreciated the dialogue with OPSCC members in addition to dozens of other community members over the past five months, and we appreciate the overall sentiment behind these proposed amendments.

With that said, we feel strongly the current A-Engrossed version of SB 303 should remain intact. Below is a summary of the proposed amendments, and our response to each proposed change.

1. **Changing the process from clients opt-ing out of having aggregate info submitted to OHA, to clients opt-ing in**
    a. HAF: We do not agree with the premise proposed by this amendment that this modification will have any substantial impact on the number and or demographic of clients that will be seeking services.
2. **Adding specifics on how questions are posed, ie by a standardized set of questions and numeric values**
    a. HAF: While we appreciate and generally agree with the sentiment around being specific in legislation about the mechanism in which questions will be asked and answered will be stored, this level of detail is best left to the implementation process post bill passage where advocates will be invited to provide additional input on the detailed mechanism and parameters for the collection of aggregate info and reporting at that time.
3. **Addition of specific language around information passed to the OHA "may not contain any personally identifiable information"**
    a. HAF: This is sufficiently covered in numerous sections of the A-Engrossed version of SB 303 (see A-Engrossed page 2, lines 16-21)
4. **Adding "or otherwise monetized" to the prohibition on selling aggregated information**
    a. HAF: We appreciate the spirit of this proposed amendment, and we feel that the current language (see bullet below) sufficiently achieves the goal of preventing for-profit interests from leveraging the aggregated information for profit based motives.
    b. Page 2, line 27-28 states: "(b) Information collected, computed, maintained or reported under this section may not be sold."
5. **Removing the ability for the OHA to request additional pieces of aggregate information information from service centers**
    a. HAF: OHA needs flexibility to expand or contract the scope of aggregate information in order to best serve the program's interest in ensuring client safety as the program gets up and running. We removed several categories of information from this bill at the request of both the OHA and advocates to reduce the amount of information required to be collected out of the gate as to lessen the burden for

those working to navigate the early stages of setting up a service center in compliance with SB 303. With that said, we feel strongly that OHA needs to the ability to include new categories in the future, such as veteran status, whether or not someone has been given a terminal diagnosis, and whether someone is on medicaid.

i. Why do we care about aggregated Medicaid statistics in the long run? Because we believe that many specific medicaid populations stand to not only benefit greatly from having access to psilocybin services, but we also believe that this gives the psilocybin services program, the community, and state lawmakers an entry point to better understand the potential cost savings to Oregon taxpayers and the state that psilocybin services may provide for populations on medicaid, specifically populations including, but not limited to
    1. Veterans
    2. Terminally ill patients
    3. Individuals struggling with addiction (alcoholism, smoking cessation, opioids, etc)
    4. Populations struggling with severe depression, anxiety, and loneliness

Sincerely,

Sam Chapman
Executive Director
Healing Advocacy Fund