

Dear Chair Patterson, Vice-Chair Hayden, and members of the committee,

My name is Hilary Nichols, and I write to ask you to support bill amendment SB 293-1. I serve as a clinic-based community organizer at a federally qualified health center in Southeast Portland, and I have spent the past ten years examining how laws and policies impact public health. A key part of my work is organizing a core team of patients and healthcare staff who meet regularly to collectively address issues affecting our community's health.

For the past four years, our core team has been focused on mitigating the negative health impacts of incarceration. Why did we start focusing on incarceration? Because after listening to hundreds of both patients and staff in our community about what systemic change they want to see, we have heard repeatedly the importance of reforming our prison healthcare system—because what we are witnessing is not just a failure of care, but a profound betrayal of human dignity.

I want to share with you some of the stories I've heard—stories that have left me shocked, dismayed, and deeply motivated to fight for change. I have changed names to protect patient privacy.

Ruby, a woman with a history of severe childhood trauma, was forced to detox from opioids without medical support, going against all evidence-based and trauma informed care standards. She spent days writhing in pain, wearing soiled clothing, and completely abandoned by prison medical.

Jo, a patient with cystic fibrosis—a disease that requires lifesaving pancreatic enzyme medication to digest food—was denied that medication repeatedly while incarcerated. The reasoning behind this denial was never reflected nor justified in their medical record.

George, a patient dependent on a colostomy bag, was told he would not receive replacements because his release date was approaching—he could “get them on the outside.” When he was finally released, it took him more than four months to get the proper medical supplies, forcing him to clean and reuse the same bag. Four months of infection risk, pain, and unnecessary suffering.

Carey was given the wrong thyroid medication for years during her incarceration, receiving four times the appropriate dosage which led to severe hyperthyroidism. When she finally got out and saw a community provider, her doctor was horrified. It took months to correct the damage of this mis-medication.

And this is just the patient perspective. Healthcare providers are also sounding the alarm.

I have spoken to doctors who specialize in opioid use disorder. They see their patients making real progress, only to be incarcerated and cut off from their medication—undoing

months, even years, of recovery. Weeks before release, patients are put back on substandard treatment doses, setting them up for dangerous relapse and overdose risk upon reentry.

Other doctors treating formerly incarcerated patients have described their frustration with the overwhelming accumulation of health issues: chronic pain and spinal issues from sleeping on metal cots, metabolic disorders from poor nutrition, untreated infections from lack of dental care, to name a few. All the while they have extremely limited access to their patients' medical records, and when they do get their hands on them they are devoid of meaningful information about why their patients were denied proper care and treatment.

One pharmacist told me about a patient who had been prescribed an antipsychotic medication so outdated that it is no longer available in the community—meaning that the prison system had kept him on a medication deemed unsafe. She too had to do damage control for this patient after his release because of the consequences of DOC's outdated formulary.

These stories are not anomalies. They are the norm.

We have been working hard to mitigate these harms. Over the past two years, our core team of patients and healthcare providers has been developing plans for a reentry clinic program—a place where people can access healthcare and stabilize their medications after release. But honestly, we should not have to do this. This is a band-aid for a wound that should not exist. Do we really want our already strained community health systems to pick up the bill for the collateral damage of DOC's substandard medical care?

SB 293-1 is a common-sense step toward ensuring that the Oregon Department of Corrections meets basic healthcare standards. Treating pre-existing conditions, documenting denials of medical treatment, excluding release date as a criterion for providing care, and having an up-to-date formulary are all expectations we have for our community health systems, so why not expect that of DOC as well?

I urge you to stand for the health and dignity of incarcerated people. I urge you to support SB 293-1.

Thank you for your time.