



April 28, 2025

Oregon Senate Committee on Judiciary
Senator Floyd Prozanski, Chair
Oregon State Capitol
900 Court Street
Salem, Oregon 97301

Re: Opposition to HB 3174 (A-Engrossed) unless amended

Dear Chair Prozanski, Vice Chair Thatcher, and Members of the Committee,

Thank you for the opportunity to submit testimony regarding House Bill 3174. My name is Chris Wig, and I serve as the Executive Director of Emergence, an OHA-approved DUII Services Provider in Lane and Linn Counties.

Earlier this session, I submitted testimony before the House Committee on Judiciary in support of HB 3174. At that time, the bill focused only on increasing allowable fees for Alcohol and Drug Screening Specialists (ADSS). I continue to support the ADSS' ability to raise their fee to \$250, recognizing their increasing costs. However, I respectfully oppose the new provision added to HB 3174 (A-Engrossed) that would allow ADSS to access funds from the Intoxicated Driver Program Fund (IDPF) to cover screening costs.

Concerns with HB 3174 (A-Engrossed)

The IDPF is a vital resource that ensures indigent defendants can access court-mandated substance use treatment services. Allowing administrative screening costs to be drawn from this fund would erode its primary purpose: connecting individuals to evidence-based treatment that reduces impaired driving recidivism and promotes public safety.

Additionally, the screening services provided by ADSS largely duplicate the assessments already required under OHA standards to initiate treatment — specifically, the OHA-approved screening tool administered by ADSS mirrors the diagnostic criteria for substance use disorders, a required component of the comprehensive ASAM-based assessment conducted by certified treatment providers. Without meaningful differentiation in function or outcomes,

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allocating scarce public dollars to fund a duplicative process is fiscally unsound and clinically unnecessary.

The provision enabling ADSS access to IDPF funds was initially included in Senate Bill 848, which would also have created a task force to examine broader DUII modernization issues. Unfortunately, that task force was eliminated when SB 848 failed to advance, and the IDPF funding provision was carried into HB 3174 without the benefit of the deeper policy analysis originally contemplated.

Finally, the timing of this proposal is deeply concerning. With the potential for significant cuts to Medicaid funding at the federal level, Oregon's behavioral health infrastructure faces mounting pressures. Reducing the availability of IDPF dollars for treatment services would disproportionately harm low-income individuals struggling with substance use disorders, undermine public safety objectives, and shift greater costs onto county and state systems over time.

Alternative Solutions

Rather than moving forward with HB 3174 as currently amended, I respectfully propose the committee consider one or more of the following alternatives:

1. **“Hold Harmless” provision:** Include a provision that ensures no IDPF funds currently allocated to support Oregonians' access to treatment may be diverted to cover administrative screening costs. Treatment access must be protected as the fund's core priority.
2. **Modernize screening tools:** Replace the current OHA-approved screening tool, the TCU Drug Screen 5, with the Impaired Driving Assessment (IDA), a validated instrument that measures criminogenic risk factors specifically associated with impaired driving recidivism. Adopting the IDA would not only make ADSS services more clinically meaningful and a better investment of public funds, but also represent an important first step toward modernizing Oregon's DUII system. It would lay the groundwork for us to move toward a model where treatment dosage and monitoring intensity are assigned based on an individual's actual risk of reoffending, rather than arbitrary timeframes, aligning our system with national best practices for impaired driving intervention.



3. **Revise payment structures:** Require ADSS providers to spread costs by charging a reasonable monthly monitoring fee, rather than requiring payment in full upfront. This would reduce the financial burden on individuals and lessen the need for financial assistance while maintaining the ADSS' ability to recoup their costs and aligning their fees to pay for actual work performed.
4. **Remove barriers for those who cannot afford to pay:** Exempt individuals who qualify for Oregon Health Plan coverage or whose treatment is funded by IDPF from mandatory participation in ADSS services. Instead, authorize OHA-certified DUII Services providers to deliver monitoring services directly at no additional cost as a condition of receiving IDPF payments.

Conclusion

HB 3174 seeks to address real challenges in Oregon's DUII system. However, without additional safeguards, the current amendments threaten to dilute treatment funding and misalign public investments. I urge the Committee to adopt one or more of these proposed changes to protect access to treatment, prioritize public safety, and ensure fiscal responsibility.

Thank you for your time and thoughtful consideration. I look forward to working with you to build a safer and healthier Oregon in the months and years to come.

Respectfully submitted,

Chris Wig
Executive Director