

House Bill 1386

Submitted by: Susan Ousterman

Position: Oppose

Chair and Members of the Committee,

In 2020, I lost my son, Tyler, to an accidental overdose involving heroin, fentanyl, and xylazine. His death was preventable, but not through harsher penalties. More laws would have only created more barriers to his recovery.

Distributing fentanyl already carries a penalty of up to 30 years in prison. There is no evidence that increasing penalties to decades longer will deter drug sales. What it will do is expand mass incarceration and state prison costs, without stopping the flow of fentanyl or preventing a single overdose.

Laws like HB 1386 have unintended consequences. They make people too afraid to call for help during an overdose. While the bill contains limited Good Samaritan protections, those protections are narrow and do not apply in every situation. Fear and uncertainty cost lives.

These laws do not stop the major players in the drug trade. They do not dismantle cartels. Instead, they are used to prosecute friends, family members, and low-level sellers, the very people most likely to call 911 in an overdose emergency. I have seen cases where a son was charged in his father's death because they used together. I know parents who had their child's friend prosecuted, and every one of them regrets it.

I have met parents who support harsher penalties, and I do not blame them. Their grief is real. When you lose a child, every cell in your body wants someone to blame. But when parents receive proper support, when they are held through their grief instead of pushed toward retribution, many come to understand how harmful it is to be part of a system that increases the risk of someone else dying and meeting their parents in a grief support group months later.

If lawmakers truly want to reduce the push for bills like this, they should invest in bereavement services for disenfranchised grief. Parents who lose children to overdose are often isolated and stigmatized. Their grief is complicated by shame and silence. When that grief is unsupported, anger becomes the only outlet. But when it is supported, it often transforms into advocacy for prevention, treatment, and compassion, not punishment.

Tyler's Story

Tyler was my firstborn and the kindest human I've ever met. He was the kid who made sure no one sat alone at lunch. On holidays, we never knew who would show up at our house because he refused to let anyone be alone. He was a percussionist in the high school marching band and wanted to study music therapy. I am a better person because of him.

Like many teenagers, he struggled with anxiety and turned to substances to cope. But unlike previous generations, he had easier access to prescription opioids than to less addictive alternatives. His dependence came quickly, but he did not want to be dependent. He sought help.

Instead of receiving care, he faced barrier after barrier:

- There were not enough treatment beds available.
- The emergency room sent him home instead of initiating treatment.
- He was arrested for carrying an unused syringe.

I will never forget the fear in Tyler's eyes the first time he experienced withdrawal and realized he was dependent. Desperate for help, he came to me. On the advice of our family doctor, I took him to the emergency room. What followed was medical negligence. As we debated whether to send him 400 miles away to the only facility covered by Tricare, Tyler grew sicker by the minute. Feeling like he had no other option, he purchased heroin to ease his withdrawal and crashed his car on the way home. That was the first of many 30-day rehab stays. Over six years, Tyler tried to access treatment more than a dozen times:

- He was denied detox because his drug test came back negative, so he used just to test positive and overdosed in the lobby of the very facility that denied him care. He was revived with naloxone and still sent home to wait for an open bed.

- He lived on the street in Kensington because shame kept him from coming home.
- He contracted endocarditis from reusing syringes.
- He was incarcerated on a bench warrant after missing probation because he was undergoing open-heart surgery.
- He was forced into a county-approved recovery house that prohibited medical cannabis, the only thing that helped ease his withdrawal symptoms.
- He was denied treatment funding because he had a medical cannabis card.
- We were defrauded by a treatment facility after paying cash out of desperation.

Tyler did not want to use drugs. He wanted to heal. He wanted to make his family proud. He wanted to be a father. He did not use to get high, he used to avoid being violently sick.

The night he died, he came home frustrated and hopeless, just as he had been the first time he sought help. We made a plan. He was going to move out west. We were going to start over.

But he walked to the corner store. Thirty minutes passed. I went to look for him. I arrived at the gas station at the same time as first responders.

No law increasing prison sentences would have saved Tyler. Access to treatment without barriers might have. Medical care without stigma might have. A system designed for healing instead of punishment might have.

HB 1386 continues a strategy that has failed for decades. It expands incarceration without expanding care. It criminalizes proximity instead of addressing root causes. It may satisfy the understandable desire for accountability, but it will not stop overdose deaths.

If you truly want to honor the lives lost to overdose, invest in treatment access, harm reduction, and comprehensive bereavement services for families. Do not create more grieving parents.

I urge you to oppose HB 1386.

Thank you.