

MILAN PUSKAR HEALTH RIGHT,
LAWSON KOEPPPEL, ALINA LEMIRE,
and CARRIE WARE,

Plaintiffs,

v.

BILL J. CROUCH, in his official capacity as
Cabinet Secretary of the West Virginia
Department of Health and Human Resources,
JOLYNN MARRA, in her official capacity as
Interim Inspector General and Director of the
Office of Health Facility Licensure and
Certification, and STEVE HARRISON, in his
official capacity as Clerk of the House of
Delegates and Keeper of the Rolls,

Defendants.

Civil Action No.

Hon _____

DECLARATION OF LAURA JONES

I, Laura Jones, pursuant to 28 U.S.C. Section 1746, declare as follows:

1. I make this declaration of my own personal knowledge, and, if called as a witness, I could and would testify competently to the matters stated herein.
2. I am the executive director of Milan Puskar Health Right in Morgantown, West Virginia.
3. Milan Puskar Health Right is a free health care clinic for residents of West Virginia who are low-income and uninsured or underinsured.
4. We offer a number of services, including specialty clinics focused on health issues including diabetes, infectious diseases, cardiology, psychiatry, and HIV testing.
5. We also offer the "LIGHT" (Living in Good Health Together) program, which provides to clients services including medical attention, sterile syringes, alcohol swabs, and referrals to additional services.

6. Our syringe service program is a “needs-based” program, which is a low barrier program that is considered to be “best practice” by the Centers for Disease Control and Prevention.
7. Our program is “low-barrier,” meaning that although we encourage participants to bring back syringes for disposal, we don’t require a strict 1:1 exchange. A 1:1 exchange requires that a program only give one syringe out for every syringe returned.
8. By providing more sterile syringes to participants upon their request, and by encouraging more people to utilize our services by not erecting barriers, there are more opportunities to stem and prevent the spread diseases like HIV, endocarditis, and Hepatitis C.
9. We have found that when participants come to us for sterile syringes, after we establish a relationship with them, they will often ask to be connected to other services.
10. We assist participants by providing services including HIV testing, and referring them to primary care physicians, resources for shelter and affordable housing, and connections to obtain resources like SNAP benefits.
11. We also provide free sterile syringes to people who need them for other purposes. For example, we have provided free sterile syringes for people who use insulin, as well as for people who require them for hormone injections.
12. The enforcement of the restrictions in Senate Bill 334 will result in fewer people accessing our services, and will give us fewer opportunities to prevent the spread of diseases including HIV, endocarditis, and Hepatitis C.
13. Senate Bill 334’s requirements, including the requirement of West Virginia identification, will create barriers that will make it less likely for people to come to us for help.
14. The requirements listed in Senate Bill 334 are vague, and we are unsure what exactly will be considered compliance under the new law.

15. For example, we don't know what "West Virginia identification" requires; we are interpreting it to allow for other documents outside of state-issued IDs that demonstrate that a person is in West Virginia, such as utility bills or a library card.

16. It is also unclear to us if we will be able to serve people in our syringe service program that are not West Virginia residents. For example, some of our clients attend West Virginia University, and while they are living in West Virginia for school, they may not be considered state residents.

17. Because the statute is unclear as to how to specifically comply with some of these requirements, I fear that our organization will face substantial fines or an injunction that will shut down our program even if we make our best efforts to comply with the legislation.

18. Our syringe service program operates via funding from numerous resources, including grants from private organizations. State and federal funds also support services associated with our program, but those funds do not go toward the purchase of sterile syringes.

19. I fear we may lose funding if SB 334 goes into effect, because private funders and the federal government are more supportive of programs that follow CDC best practices.

20. When reviewing the text of SB 334 online via the West Virginia Legislature's website recently, I was confused when I clicked on a link to Section 16-63-1 near the top of the page with the final text of the bill.

21. The regulations referred to something regarding restrictions on "auxiliary containers."

22. I did not understand whether this was a statute that would require me to comply with additional restrictions on our syringe service program, or how it was otherwise related.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 24, 2021

/s/ Laura Jones
Laura Jones