



March 4, 2026

Dear Chairman and members of the House Municipal Government and Housing Committee:

Thank you very much for the opportunity to provide **testimony in support of H 8000, with recommendations for revisions to further strengthen this legislation.**

My name is Megan Smith, and I am an outreach worker and the Experiential Education Coordinator with Rhode Island Street Medicine. Rhode Island Street Medicine affirms the worth and dignity of all individuals and believes that access to health care is a human right. Our goal is to provide accessible, high quality health care to people experiencing unsheltered homelessness in Rhode Island that promotes both personal wellness and systems transformation. I am also an Assistant Professor of Social Work at Rhode Island College. I have been doing outreach in Rhode Island for 19 years.

First, I thank the Bill's sponsors and this Committee for your attention to this important matter. Affording reasonable, actionable protections to people staying in encampments is both humane to those individuals and sound public policy. Precipitous removals put people more in jeopardy, often forcing them to move to more precarious or unsafe locations. People lose – or have disposed of – their vital documents, medications, and other essentials. They also lose contact with their support networks, both outreach workers and peers with whom they share mutual aid. This puts people in danger and slows their progress toward housing, health improvement, and their other identified goals.

I respectfully recommend two changes to further strengthen this legislation and ensure it achieves its intended purpose:

- 1) The timeline of 15 days is insufficient. People need time to pack their belongings, identify a location to which to move, and do the physical work of transporting their possessions – often on foot. None of these tasks are quick or easy at baseline, and are further complicated by inclement weather, illness, and injury. **I strongly recommend a minimum of 30 days.**
- 2) The exceptions listed (34-37.1-7.a.1-5) are overbroad. While I recognize and respect the intent of these to ensure safety, I have seen them used pretextually. For example, an encampment was recently ordered to vacate for being on RI Energy property, but a review of the tax maps found this to be inaccurate. A second encampment was relocated to make way for “development” that has yet to happen three years later. In a state with

much former industrial land use, it is common for there to be some level of environmental contamination. **In lieu of listing exceptions, I recommend the creation of a mechanism by which requests to bypass the standard notification process for a compelling public interest be reviewed by a standing committee formed for this purpose.**

Again, thank you very much for your consideration of this critical matter. I appreciate the opportunity to share my perspective and would be glad to discuss this further. Please feel free to call me at (401) 484-0234 or email me at msmith57@brownhealth.org.

Sincerely,

A handwritten signature in black ink that reads "Megan Smith". The signature is written in a cursive, flowing style.

Megan Smith, PhD MSW
Outreach Worker & Experiential Education Coordinator
Rhode Island Street Medicine
Assistant Professor
Rhode Island College School of Social Work