



Minnesota Harm Reduction Collaborative
Contact: mnharmreductioncollaborative@gmail.com

February 23, 2023

Senator John Hoffman, Chair
Senate Human Services Committee
2111 Minnesota Senate Bldg.
St. Paul, MN 55155

Subject: Letter of Support for SF 3973

Dear Chair Hoffman and Committee Members,

The Minnesota Harm Reduction Collaborative is writing to express our strong support for SF 3973. This legislation addresses critical issues surrounding the provision of care for individuals seeking recovery in sober homes. It has been written and endorsed by Minnesotans with lived and living experience, physicians, and community experts. The proposed changes ensure that required opioid antagonists are kept in a conspicuous location and prohibit the denial of medications prescribed and dispensed or administered by a licensed prescriber.

Medications for opioid use disorder, considered the gold standard evidenced-based treatment, have been proven to significantly reduce mortality, prevent relapse, and enhance the overall quality of life for individuals with opioid use disorder.¹ The impact of these medications on the overdose crisis cannot be overstated. Studies demonstrate their superiority over traditional methods like abstinence, therapy, and substance use disorder treatment in recovery-related outcomes.² Considering the presence of fentanyl in street opioids, it is crucial not to limit access to evidence-based treatments such as methadone and buprenorphine. By reducing problematic opioid use, these medications also help lower the risk of infectious disease transmission.³

It is imperative to ensure that individuals receive the necessary medications as prescribed to address their complex healthcare needs effectively. People with substance use disorders often experience co-occurring mental health conditions, such as depression, anxiety, or post-traumatic stress disorder.

¹ Suba, Carli, Amy Lieberman, and Corey Davis. "Medication-Assisted Treatment for Opioid Use Disorder: The Gold Standard." National Health Law Program, May 2018.

<https://healthlaw.org/wp-content/uploads/2018/05/MAT-IB-Final-51718-1.pdf>.

² Venner, Kamilla L., Dennis M. Donovan, Aimee N.C. Campbell, Dennis C. Wendt, Traci Rieckmann, Sandra M. Radin, Sandra L. Momper, and Carmen L. Rosa. "Future Directions for Medication Assisted Treatment for Opioid Use Disorder with American Indian/Alaska Natives." *Addictive Behaviors* 86, November 2018.

<https://doi.org/10.1016/j.addbeh.2018.05.017>.

³ Deyo-Svendsen, Mark, Matthew Cabrera Svendsen, James Walker, Andrea Hodges, Rachel Oldfather, and Meghna P. Mansukhani. "Medication-Assisted Treatment for Opioid Use Disorder in a Rural Family Medicine Practice." *Journal of Primary Care & Community Health*, January 2020. <https://doi.org/10.1177/2150132720931720>.

Access to evidence-based medications plays a crucial role in their recovery, and decisions about medication should be made collaboratively between individuals and their licensed medical providers.

Denying medications to individuals with substance use disorders constitutes a violation of the Americans with Disabilities Act (ADA), which prohibits discrimination against individuals in recovery who are not engaging in illegal drug use.⁴ If sober homes receive federal funding, such discrimination may also infringe upon Section 504 of the Rehabilitation Act. The Department of Justice Civil Rights Division released guidance in 2022 on "Combating Discrimination Against People in Treatment or Recovery," clarifying these protections. Additionally, the Legal Action Center (LAC), in partnership with Vital Strategies, offers free legal services through a resource hub for "Legal Help for People Who Use(d) Drugs and Alcohol" to combat discrimination.⁵ The guidance provided by LAC for sober homes states that signs of discrimination may include: having policies that prevent individuals from being admitted based on their use of medications for opioid use disorder, having a restricted number of beds for individuals on these medications, requiring residents to taper off these medications, setting limits on allowed dosage for admission, or implementing other policies and procedures that restrict access to medications.

The bill seeks to safeguard the lives of sober home residents by requiring them to maintain a supply of an opioid antagonist, such as naloxone, in a conspicuous location. Current Minnesota law allows these vital medications to be stored in inaccessible areas within sober homes, presenting a potential hazard. Similar to a fire extinguisher or an AED, these life-saving interventions are only effective when easily accessible.⁶ Every second matters in an emergency, and ensuring the availability of naloxone will save lives. Thankfully, naloxone is becoming even more accessible, including generic and over-the-counter nasal naloxone.

The Minnesota Harm Reduction Collaborative urges you to lend your full support to SF 3973 and advocate for its swift passage. Together, we can make meaningful progress in combating stigma in substance use and recovery communities, bringing about lasting change to Minnesota families.

Thank you for your attention to this critical issue.

Sincerely,

The Minnesota Harm Reduction Collaborative

Edward Krumpotich
Policy Lead

Rory O'Brien
Chair of Communications

Kurtis Hanna
Chair of Policy

⁴ LaBelle, Regina, Shelly Weizman, David Sinkman, and Madison Fields. "Recovery Housing and Civil Rights: Rights and Obligations." Big Ideas: Advancing Solutions to Curb Fatal Overdoses in the United States, December 2023. https://oneill.law.georgetown.edu/wp-content/uploads/2023/12/ONL_BI20_OPIOD_Recovery_Housing_P5-1.pdf.

⁵ Legal Action Center. Opioid Use Disorder & Health Care: Recovery Residences, 2022. <https://www.lac.org/assets/files/Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf>.

⁶ State of Minnesota Revisor of Statutes. 254B.181 Sober Homes, 2023.