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Subject: Support of SF3973

Chair Hoffman:

I am writing to express my enthusiastic support for SF 3973, which addresses critical issues surrounding the provision of care for individuals pursuing recovery in sober homes. This legislation, written and advocated by Minnesotans with lived experience; physicians; and community experts, proposes essential changes to ensure required opioid antagonists are kept in a conspicuous location and prohibits the denial of medications prescribed and dispensed or administered by a licensed prescriber.

Medications for opioid use disorder, the gold standard evidenced-based treatment, have been proven to significantly reduce mortality, prevent relapse, and improve overall quality of life for individuals with opioid use disorder. The impact of medications for opioid use disorder on the overdose crisis could not be overstated. Studies show these medications substantially outperform abstinence, therapy, and even substance use disorder treatment in recovery-related outcomes. Because these medications reduce problematic opioid use, they also reduce the risk of infectious disease transmission. We acknowledge that everyone has a different recovery path, but with the prevalence of fentanyl in the street supply of opioids—gold standard evidence-based treatments like methadone and buprenorphine should not be prohibited.

Additionally, preventing the denial of medications as prescribed is essential for ensuring that individuals receive comprehensive and effective treatment for their complex healthcare needs. People with substance use disorders often experience co-occurring mental health conditions, such as depression; anxiety; or post-traumatic stress disorder, and access to evidence-based medications is vital for recovery. We believe that decisions on medications should be made between individuals and their licensed medical provider.

Denial of medications for individuals with substance use disorder is in direct violation of the Americans with Disabilities Act (ADA). The ADA prohibits discrimination against people in recovery with substance use disorder and, generally, who are not engaging in illegal drug use. If sober homes were to receive any federal funds, discrimination would also be in violation of Section 504 of the Rehabilitation Act and the Fair Housing Act. In 2022, the Department of Justice Civil Rights Division issued guidance for “Combating Discrimination Against People in Treatment or Recovery” and clarified these protections. The Legal Action Center (LAC) partnered with Vital Strategies to create a hub for “Legal Help for People Who Use(d) Drugs and Alcohol” to combat discrimination with free legal services. LAC’s guidance for sober homes states that signs of discrimination include: policies that prohibit admittance due to medications for opioid use disorder, having a limited number of beds for those on medications, forcing residents to taper off prescribed medications, limiting the dosage of the medications for admittance, or other policies and procedures that restrict access to these medications.

This bill also protects the lives of sober home residents by asking sober homes to maintain a supply of an opioid antagonist, like naloxone, in a conspicuous location. Naloxone is a life-saving medication, and

under current Minnesota law, opioid antagonists could be kept in inaccessible locations in sober homes. We believe that this is hazardous practice. Much like a fire extinguisher or an AED, these life-saving interventions are only as good as their accessibility, and every second counts. Minnesota citizens deserve to be kept safe, and this change would save lives.

We urge you to lend your full support to SF 3973 and to advocate for its swift passage. Together, we can make meaningful progress in our efforts to combat stigma in the substance use and recovery communities and bring lasting change to Minnesota families.

Thank you for your attention to this critical issue.

Sincerely,

Willie Pearl Evans

Woman in long term recovery