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Subject: Support for HF4014 and SF4104 - Modifying Take Home Dosing Requirements for Opioid Treatment Programs

Dear Chair Hoffman and Chair Fischer;

I hope this letter finds you in good health and high spirits. I am writing to express my strong support for HF4014 and SF4104, which aim to modify take-home dosing requirements for Opioid Treatment Programs in Minnesota to align with federal government standards.

I am an Addiction Medicine Physician in Minneapolis, working at both the University of Minnesota as well as at the Community and University Health Care Center, a Federally Qualified Health Care Clinic. I work very closely with people who are unsheltered, and have phone and transportation instability. Prior to fentanyl becoming the main illicit opioid in the drug supply, access to buprenorphine products like Suboxone allowed for patients to meet goals of Recovery, if they could find a provider willing to prescribe it. Unfortunately, the arrival of fentanyl has made the initiation of Suboxone DRAMATICALLY more challenging, due to the inherent properties of fentanyl making precipitated withdrawal from suboxone a real fear among patients. Luckily, methadone does not have this challenge, and access to methadone across the country dramatically improves initiation of treatment for opioid use disorder. Unfortunately, Minnesotans do not have the access to methadone clinics that other states have.

Over the past half-century, a wealth of evidence has been accumulated through clinical studies, randomized controlled trials, systematic reviews, and meta-analyses regarding the effectiveness of medications in treating Opioid Use Disorder (OUD). The consensus is clear: long-term treatment with effective agonist medications is the safest and most efficacious option for individuals with OUD.

A recent review of medications to treat OUD concluded that the evidence for efficacy, both in reducing opioid use and retaining patients in care, is strongest for agonist treatment. Furthermore, individuals with OUD who are engaged in long-term treatment with methadone or buprenorphine are significantly less likely to die compared to those who are untreated. In fact, treatment with agonist medication has been associated with an estimated mortality reduction of approximately 50 percent among people with OUD.

Unfortunately, access to methadone treatment in Minnesota remains challenging due to geographic distribution and the restrictive nature of required attendance schedules. This limits the ability of individuals with OUD to receive the necessary care and support they need to achieve successful recovery.

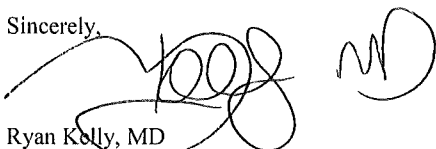
However, recent federal initiatives have shown promising progress in advancing access to methadone treatment. These initiatives include allowing people with opioid use disorder to access medications through pharmacies and expanding take-home dosing protections. By aligning Minnesota's laws with federal guidelines, we can equip practitioners with the readiness to adapt and change as federal laws continue to advance.

It is important to note that methadone is a federally mandated substance, making state-level reforms challenging. By supporting HF4014 and SF4104, we can ensure that Minnesota stays up-to-date with federal regulations while simultaneously improving access to life-saving treatment for individuals with OUD.

Thank you for your time and attention to this critical matter. I trust that you will carefully consider the importance of supporting HF4014 and SF4104. Together, we can make a profound difference in the lives of individuals affected by OUD and create a healthier, more supportive state for all.

Please feel free to contact us if you require any further information or if there is any way we can assist in advancing this cause. We look forward to seeing positive progress in this area.

Sincerely,



Ryan Kelly, MD

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