Minnesota Association of Sober Homes
569 Selby Avenue, Saint Paul MN 55012

Minnesota House of Representatives: H.F. 3954

Thank you, Chair Fischer, and committee members,

My name is William Lycan and I am the Executive Director of the Minnesota Association of Sober Homes (also known as MASH), a non profit dedicated to certifying, inspecting, training, and supporting sober housing in our state. We enthusiastically support the A1 amendment.

I would like to begin by stating that MASH supports Medications for Opioid Use Disorder (MOUD) and instructs homes on how to properly supervise and support such medications.

However, we are opposed to the unfunded mandate in HF 3954. A one size fits all approach to recovery will not work. If the state wishes to support medication capable sober housing, there are many better alternatives besides mandating another model out of existence. States such as Indiana, New Hampshire, and others have robust offerings for medication supportive housing through incentives and training. The language in the A1 amendment will give the field time to properly build medication capability.

medication capability includes:

- Verifying prescriptions
- Ensuring HIPAA compliance
- Suppressing medication diversion
- Counting medications
- Destigmatization training

It is absolutely critical that we all embrace a “yes and” approach to recovery. Every recovery journey is unique, with many variations in structure, faith, program, and medication.

Preserving the choice for an individual to reside in a home free from addictive substances is incredibly important. There is a need for more high quality sober housing capacity in Minnesota. Once this is addressed, there will be plentiful options for individuals utilizing addictive medications and for those who wish to be in an environment free from addictive medications.

Moreover, the environmental scan on sober housing has not been carried out. Having data on medication usage in sober homes should be a prerequisite to any drastic legislation or mandate. MASH has provided a one-pager that includes preliminary data that we have gathered from

MASH affiliated organizations as well as a diagram illustrating the NARR levels of homes. I am happy to answer any questions you may have regarding that document.

Many NARR level 1 and 2 sober homes in Minnesota are not properly equipped or trained to effectively oversee addictive medications. Their quality may be compromised or they may end up having to close their doors. Any reduction in sober home beds in the state is a lethal danger that must be avoided. MASH is committed to and capable of ensuring that all sober homes in Minnesota have adequate training, oversight, and support.

We must embrace person centered practices that allow for consumer choice, small businesses to thrive, and for all recovery residents to have the support they need to thrive in recovery.

Thank you for your time,
Will Lycan
Executive Director - Minnesota Association of Sober Homes
will@mnsoberhomes.org
Cell: 201-259-9090

March 11, 2024

Minnesota House of Representatives: H.F. 3954

Thank you, Chair Fischer, and committee members, for allowing me to testify today.

My name is Randy Anderson. I'm a state licensed alcohol & drug counselor, a board member for the Minnesota Board of Behavioral Health & Therapy appointed by Governor Walz and a peer recovery specialist trainer and supervisor. Most importantly I'm a person living in long term recovery and what that means to me is, I haven't used drugs, alcohol, or any mood-altering substance since January 9, 2005.

None of the above mentioned would have been possible if I hadn't been offered treatment for my substance use disorder while on federal pretrial release awaiting sentencing for my drug-related crimes. Initially, I didn't seek treatment to find recovery; it was simply a means to potentially avoid jail time. However, over the course of a 10-month period within what was initially intended as a 60-day treatment program, something clicked, and I found myself on the path to recovery.

During my participation in that treatment program, I resided in a safe, chemical-free environment where medications like Valium, Xanax, Ambien, Vyvanse, Adderall, and other highly addictive prescriptions were prohibited and inaccessible. I feel immensely fortunate that such a supportive environment existed because, had any fellow residents possessed those medications, I recognize that I would have attempted to obtain and misuse them to fuel my addiction.

With the A1 Amendment, chemical-free recovery housing would continue to be an available resource, providing individuals like me with a safe haven. However, under the A2 Amendment, this crucial option would be lost, and I strongly believe it would result in more harm than good.

Opioid overdose deaths persist at alarming rates, necessitating a comprehensive approach. Research from the National Institute of Health indicates that medications for opioid use disorder, such as methadone and Suboxone, can reduce overdose deaths by 38-59%. Therefore, it makes logical sense for all sober homes to permit these medications.

In today's discourse, we emphasize the concept of multiple pathways to recovery, celebrating all routes individuals may take. If we truly embrace and understand this principle, it's my personal and professional opinion that the current bill, either on its own or with the adoption of the A2 Amendment, fails to honor my pathway and that of many others. Eliminating choice or pathways to recovery runs counter to our ideals. Let's ensure we preserve diversity in recovery options.

Thank you for your time and attention on this important and very personal topic.

Kind regards,
Randy Anderson, RCPF, LADC
Person in Long Term Recovery
Est. January 10, 2005
Recovery & Justice System Reform Advocate
BoldNorthRecoveryandConsulting.com
info@BoldNorthRecovery.com
"The two most important days in your life are the day you are born and the day you find out why." – Mark Twain.

NAMI
National Alliance on Mental Illness
MINNESOTA

March 8, 2024

Dear Members of the House Human Services Committee:

On behalf of NAMI Minnesota, I am writing to support HF 3954. This is a good policy bill and will help people living with a substance use disorder and mental illness.

HF 3954 first makes it clear that opiate antagonists should be readily available. If they are hidden in a cabinet or a back room that will not be useful. They need to be in a conspicuous location so they can be used to save lives.

The second section of the bill will require sober homes to allow people to take their legally prescribed medications. It is critical for people with substance use disorders and mental illnesses to take the medication(s) to treat their illness.

Sober homes need to acknowledge the fact that roughly 50% of people with substance use disorders also live with a mental illness. They need access to their medications in a sober home.

Please support HF 3954.

Sincerely,

Sue Abderholden, MPH
Executive Director

Minnesota Medical Association

The voice of medicine in Minnesota since 1853

612-378-1875 | 800-342-5662 | mnmed.org

March 11, 2024

Dear Members of the House Human Services Policy Committee,

On behalf of the more than 10,000 members of the Minnesota Medical Association (MMA), I am writing in support of SF 3954, that will work to modify sober home requirements surrounding (1) access to opioid antagonists; and (2) access to legally prescribed and dispensed or administered medications such as those used to treat co-occurring substance use disorders and mental health conditions.

Under the Americans with Disabilities Act (ADA), drug addiction is considered a *physical or mental impairment*, and the ADA prohibits discrimination against people in recovery from opioid use disorder (OUD). The protections apply to those individuals who are not engaging in illegal drug use, and this includes those who are taking legally-prescribed medication to treat their OUD (e.g., medications for opioid use disorder (MOUD) or medication assisted treatment (MAT).

The MMA recognizes that access to opioid antagonists such as naloxone, a drug which reverses opioid overdose, is a crucial tool for reducing drug-related overdoses. As such, increasing access to opioid antagonists in sober homes is critical, as residents in these settings have a history of substance use disorder, and are likely to benefit from access.

The MMA also recognizes that MOUD is the main treatment for patients with opioid use disorder. Providing access to MOUD in a sober home setting will help residents to reduce withdrawal and cravings; prevent opioid overdose, decrease use of non-prescribed opioids, decrease infections secondary to injection drug use, and save lives. We believe that Minnesota should increase access to MOUD across all healthcare and community settings – sober homes included.

As a society, we have failed to recognize that addiction is a chronic disease. Persons in recovery from substance use disorders meet the civil rights definition of "disabled" under the ADA, and HF 3954 will help ensure that Minnesota is in compliance with the ADA, and that we are affording individuals in recovery with the opportunity to seek the care necessary to address a disease that is too often ignored. I urge members to support HF 3954.

Sincerely,

Laurel Ries, MD
President, Minnesota Medical Association

Minnesota Harm Reduction Collaborative
Contact: mnharmreductioncollaborative@gmail.com

February 23, 2023

Representative Peter Fischer, Chair
House Human Services Policy Committee
2111 Minnesota Senate Bldg.
St. Paul, MN 55155

Subject: Letter of Support for HF3954

Dear Chair Fischer and Committee Members,

The Minnesota Harm Reduction Collaborative is writing to express our strong support for HF3954. 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. Access

[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.

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 HF3954 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

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[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.

Katie Smentek, M.D.
105 Eginton Road
Mankato, MN 56001
katie.smentek@gmail.com

March 10, 2024

Representative Luke Frederick
487 State Office Building
St. Paul, MN 55155

Subject: Letter of Support for MN HF 3954

Dear Representative Frederick and Members of the House Human Services Policy Committee,

I am writing to express my support for Minnesota House File 3954, a bill that addresses and modifies sober home requirements in the state. As a Mankato physician, member of the Minnesota Medical Association, and a dedicated advocate for community health and well-being, I believe that this bill is necessary in improving the quality of care and support provided to individuals in sober homes.

I commend the bill's focus on permitting residents to use legally prescribed medications, as directed by licensed prescribers, including FDA-approved treatments for opioid use disorder and other co-occurring conditions. This provision reflects a compassionate and evidence-based approach, recognizing the importance of individualized care in the recovery process.

I am particularly pleased to see the emphasis on emergency preparedness, including maintaining a supply of an opiate antagonist as well as compiling contact information for emergency resources in the community. This highlights the importance of addressing mental health and other health emergencies promptly.

I urge you to support the passage of MN HF 3954, as it addresses a vital aspect of healthcare within sober homes and contributes to the overall improvement of behavioral health services in our state.

Sincerely,

Dr. Katie Smentek

March 10, 2024

Rep. Peter Fischer
State Office Building Room 200
100 Rev Dr Martin Luther King Jr Boulevard.
St. Paul, MN 55155

Dear Chair Fischer Members of the House Human Services Policy Committee:

I write in support of H.F. 3954, a bill that would save lives and strengthen our recovery community.

The Addiction Medicine Clinic at Hennepin Healthcare provides three main clinical services: an opioid treatment program, an office-based addiction treatment clinic, and inpatient addiction medicine consultation services. Six months ago, I cared for a patient with opioid use disorder (OUD) who survived an overdose and lost housing due to her opioid addiction. She successfully became stable on a dose of methadone from our clinic. She had no drug use and no cravings. Her next step to enter a sober home and continue the path of recovery was unfortunately met with challenges. The sober home that could best meet her needs did not accept her into their housing because she was on methadone, even though she experienced no side effects from the medication and was not using illicit drugs. This forced her to scramble for housing, putting her sobriety – her very life – in danger.

More than 1,000 Minnesotans die from opioid overdose per year. In the fight against these deaths, two of the most important ways to save lives are housing and medication treatment including methadone or buprenorphine (or suboxone). Methadone and buprenorphine reduce death by 50% or more. The scientific community and every local and federal agency have identified these medications as integral to combatting the opioid epidemic. Yet many sober homes in our community make patients choose between housing and these life-saving medications. This is not only wrong, but also already against current federal law. The Fair Housing Act and Americans with Disability Act (ADA) prohibits facilities from discriminating against an induvial based on their medical condition, or the treatment for that condition. This amendment aligns Minnesota law with the ADA and protects our most vulnerable community members.

I respectfully ask for your support on H.F. 3954 to align sober homes with the best tool we have to prevent opioid overdose deaths and protects patients' rights. This bill will allow people with OUD to access lifesaving medication, without concern for losing housing.

Sincerely,

Charles Reznikoff, MD
Addiction Medicine Clinic
Hennepin Healthcare

March 11, 2024
Chris Edrington
Bill H.F. 3954

Minnesota House of Representatives
Thank you, Chair Fischer, and committee members, for allowing me to testify today.

My name is Chris Edrington. I have been operating sober living homes here in MN since I came here to get sober in the fall of 1998.

I speak today in favor of Dave Baker's bill 3954. I have sat with Rep Baker many times of the last few years discussing bills and amendments and the like. But mostly we have talked about recovery. How do people recover, how can the legislature help, how are the sober homes in MN contributing? and are we doing it right in MN. He cares deeply about this stuff and I trust him Rep Baker gets it.

I travel all over the US to recovery conventions and centers. Everyone in the industry knows about the incredible sober community here in MN.

People who get and more importantly stay sober do it in a community of others. The most effective tool if you will. To treat addiction to alcohol and drugs is the other people. The people who have gone before you. Surround yourself with those people and your chances go way up. These crucial relationships often **begin in sober living**.

I have alumni from SPSL who 20 years are sober. Families, careers, big lives from very small. all the great stuff when you hear about the people who made it.

The sober house community, the residents of each home, usually number from 8 to 12 people. They can create a very effective unity and momentum. A supportive atmosphere that is incredibly helpful to all. Especially for the next resident who walks in the door.

When it come specifically to medications in the sober homes, I want to make it very clear that the MASH member operators are not against it. I don't know if there is a sober house resident in Mn not on some form of medication to treat their addiction, mental health, or other needs.

When you hear MAT it often and usually refers to medications like: Suboxone, Sublocade, Vivitrol, Naltrexone. These have been very helpful to thousands. We are NOT against MAT. There are many drugs that are regularly prescribed by physicians to help those in recovery with other co-existing conditions. We are 100% in favor of those that are effective in treating or our people. We are FOR anything that helps us with this horrible, deadly, awful disease. There are hundreds of sober home residents right now here in St. Paul doing quite well on MAT who may not have otherwise made it this far.

There are some medications that can be problematic for the residents of some homes. These meds are not necessarily considered MAT prescribed specifically for help with addiction. Often, they are prescribed for depression, anxiety, ADHD etc. Of course, we understand the need for these meds. We encourage our residents to use the amazing mental health resources we have here in MN. We also have years of experience with some issues with some of these drugs, so to keep everyone in the home as safe and comfortable as possible. Early sobriety is messy. It's not easy, there are lots of pitfalls.

We are asking to have all options available. To have choice. To allow some homes to decide if a particular medication is not a fit for their population. Again, this is not in any way a rebuke of the doctors who may have prescribed them. There are simply some medications that create a difficult context for some in early recovery.

Some of you may not know but we have had an association here in MN called MASH. MN association of sober homes since 2008 when 5 of us operators met in the back room of the Day-by-Day Café. There is also a national organization (NARR National alliance of recovery residences) NARR started in Georgia in 2010. Mash and 30 other states are operating as affiliates of NARR right now with 6 more in development. I have helped some of those states develop their affiliate. I happen to be the VP of NARR at this moment.

We are experts. We have systems and standards and years of practice. We are not turning hundreds of people away from sober homes simply because they are on medication. If any of you were told that its untrue. I'm sure there are instances where some folks were not allowed entrance into a particular home because they had a particular medication that home felt was problematic for the residents living there. We are here to tell you that we can fix that.

My collages at NARR and MASH, have worked hard since 2008 to raise the bar, establish standards, provide training and expertise.
I personally have spent the last 16 years working with Nar and Mash boards. We want MN to be at the forefront this nationwide problem. We have the history and the expertise to do so. Again, MASH is primed to help us have the best recovery residences possible. MASH desperately needs funding like so many other states already have.

Close

Our ask is simple this: Allow there to be choice. Let's do this in the spirit of AND OR, NOT EITHER OR.

Aubrey Kjerstenson
Re: HF3954
Human Services Policy Committee
Chair Fischer

Hello, my name is Aubrey, and I'm a person in long term recovery from stimulant, and opioid use disorder, as well as co-occurring mental health disorders. This is a common introduction made by people in recovery, and it's a statement that means many different things to many different people. To me it isn't a statement about the number of days that I've been sober, but rather a testament to my ongoing and non-linear path in recovery. My path has been both one of success, and for lack of a better word- failure. Failure that was sometimes my own, but also failure that exists within the way we treat people for mental health and substance use disorders.

I've been through countless treatment centers, with countless different policies on medication assisted treatment (MAT), ranging from not allowing anything that is a scheduled substance, to programs where you were permitted to use prescribed medications such as Suboxone, Methadone, Adderall, and medical cannabis. In my experience, when I most recently had access to these medications while in a treatment program I flourished, while taking Suboxone, Vyvanse (a stimulant ADHD medication) and medical cannabis, as prescribed. Furthermore, as these medications helped me regain stability, I decided under my own volition and medical supervision, to stop taking Vyvanse and medical cannabis, simply because I was learning to better manage my ADHD and anxiety symptoms holistically. Some people need to take these medications throughout their life, but I decided I wanted to try and manage some of my conditions without medication, but knowing that they're there if I should need them is comforting.

Today I still take Suboxone to manage my opioid use disorder, and having access to this medication has saved my life, allowing me to stabilize enough to have other disorders managed, and to regain control over my life. I've been able to maintain sobriety, finish two and a half semesters of school, where I'm achieving a bachelor's degree in business. I've held the same job for a year, and was recently offered a promotion, and I've started my business, a licensed micro-bakery. And I've done all of this while using MAT medications, which started by having access to Suboxone, stimulant ADHD medications, and medical cannabis in the beginning of my journey while in treatment and sober houses. Having access to these medications at that time saved my life, and I hope that progress will continue to be made, enabling more programs to implement more person-centered policies around the use of MAT medications.

My testimony is just one of countless examples of the successes people have achieved through having access to MAT medications early on in their recovery journey while in treatment programs and at sober houses. Unfortunately not all programs and sober houses allow access to these life saving medications. It is my fear that if policies restricting MAT access stay in place, that we will continue to have frightening surges in drug related fatalities. And this isn't an issue that's affecting a singular group of people, we've reached a point where it is literally affecting

everyone, and isn't bound by class, race, or any other label that differentiates us from one another.

In 2019 I attended a roundtable discussion with the Office of National Drug Policy Control, where a deputy director- a member of the Executive Office of the President of the United States- spoke of losing his son to an opioid overdose. I mention this to iterate how deeply this issue has reached into the very fabric of our society.
I too have lost loved ones to this disease, more than I care to count. And I believe in earnest that one of the primary strategies in reducing the climbing number of overdose deaths is by treating this as a public health crisis, and address it as such with medical intervention in the form of access to the medications that are helping people gain and maintain a stable life free from the use of illicit drugs.

With warm regards,
Aubrey Kjerstenson

Written Testimony HF 3954

There is a Key component in this bill that is proposed to be removed which would eliminate residents' choice specifically this line. **2.4 (8) ~~have a policy on whether the use of medications for opioid use disorder is permissible~~**

2.5

Qualifications
Name Aric Smedstad
USAF Veteran
Manager of 4 recovery homes 2.5 years as a resident.
CPRS
Court Advocate for people in recovery
Certified in Harm Reduction
Certified Trainer of Narcan and Naloxone
Master of ceremonies Walk for Recovery 2024 State Capitol
Over 1000 hours of Volunteering in recovery throughout MN
Only Manager involved in every meeting of Sober Home Study 2023 (still have not seen the results of that)
Most importantly extremely involved and up to date on Sober Homes in MN

I am in Support of the A-1 amendment for HF 3954 proposed by Rep Baker that states the following: permit residents to use as directed by a licensed prescriber, one or more legally prescribed and dispensed or administered pharmacotherapies approved by the United States Food and Drug Administration for the treatment of opioid use disorder and other nonaddictive medications approved by the United States Food and Drug Administration to treat co-occurring substance use disorders and mental health conditions;

The amendment that is being proposed really does best represent recovery today when we talk about being person centered and culturally responsive to an individual's recovery needs today, What makes this amendment a solution is that it opens more recovery paths when it comes to recovery homes for people suffering from SUD but also gives them choice when searching out a

recovery home that best fits their recovery path and needs. The other important issue of culturally responsive is also covered with this amendment as we are not just talking our native culture but the culture of the recovery home itself which is vital in terms of successful recovery in a recovery home.

I also believe that sober homes (recovery homes) can still keep the models that have proven to be successful in recovery while supporting SUD and MAT treatment without the worry of addictive mediations being brought into the home that residents may have abused in there past which could be a triggering scenario.

The amendment also helps in an area which I do not hear much about is it gives referring agencies more options for clients when searching out a home. This is one of the major problems of being able to give a number of choices to a client on what their particular need is when it comes to person centered practice of recovery when that path requires medication. This amendment will save lives while also keeping the option of choice for the most important part when it comes to recovery the PERSON.

I would also like to state that I do not have stake in ownership of recovery homes I am a resident/manger, I am here today for residents only. I believe that we need to give residents the best opportunity possible for recovery especially when it comes to recovery residences. I see the owners all bond and step up together for a bill that changes medications in there homes that are proposed to be allowed or not allowed what I would like to see by the owners of sober homes is the same enthusiasm when it comes to the daily operations and the culture inside the homes, giving residents clean, safe living environments on a daily basis especially those homes that have no oversight or at Minimum Certifications through MASH.

I am in support of the amendment based on it gives people like me a better opportunity for recovery while still keeping people and choice alive.

If there is anything I can do to help this body understand recovery living better through 1000's of hours of lived experience in the community I freely would volunteer my time. I would also like to Thank Representative Baker for the amendment proposed today. This Amendment will save lives.

Thank You for you time If there are any questions I am here to answer the best I can.

Aric Smedstad

Thank you for considering my perspective, and more importantly, the real life needs of my residents who are striving to recover from Addiction and Alcoholism.

Respectfully submitted,

Aric Smedstad

Written Testimony HF 3954

There is a Key component in this bill that is proposed to be removed which would eliminate residents choice specifically this line. **2.4 (8) ~~have a policy on whether the use of medications for opioid use disorder is permissible~~**

2.5

Qualifications
Name Aric Smedstad
USAF Veteran
Manager of 4 recovery homes 2.5 years as a resident.
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Over 1000 hours of Volunteering in recovery throughout MN
Only Manager involved in every meeting of Sober Home Study 2023 (still have not seen the results of that)
Most importantly extremely involved and up to date on Sober Homes in MN

I oppose removing 2.4 (8) because as a resident and a person in Long term recovery everyone deserves a choice on where they live and who they live with, more importantly the recovery atmosphere or recovery path they are on. We must remember the opposite of Addiction is Connection, I am all for houses that offer MAT or FDA approved medications and the importance of it for Substance Use Disorder as I work with and Advocate for people on MAT every day throughout MN in multiple different living arrangements they one thing they all love is being around people on a similar path.

The Connection of Community and people on similar paths is vital in terms of lasting recovery if a person moves into a house where certain medications are not used then let that be there choice. If a person Moves into a house where FDA approved medications are allowed let that be there choice.

There are many residents including myself whom have tried other methods of recovery and abstinence is the one that has worked for me along with all the family members I live with because we are not Residents we are a family. I hear every day in recovery and from state run agencies that we need to be more Person Centered and more culturally responsive to people's needs. Well choice is a need! There are people in recovery that do not want to live with people on certain medications as they have abused those heavily in their past. In order to be more person centered in recovery homes we need to be allowed to choose to have choice, MY LIFE depended on having the choice. As far as Culturally responsive some cultures and even religions do not believe in taking Medications they depend on the spiritual healing part of recovery BUT Culturally responsive also means the Culture of the home they live in and choice of the Path residents are on in their recovery.

There are some 400 sober homes in MN could be more and a large percentage allow some MAT or all MAT and other types of NON-FDA approved medications such as Marijuana so there is plenty of choice.

We are also continually talking about Opiod crisis there still is another crisis that is rising Alcoholism and many of them want and need to live in a house is abstinence based I have in my experience seen many cases of arguments ensue over someone being sober or not based on medications some turn very hostile. If we really believe in being more person centered and culturally responsive than we need to acknowledge the Person suffering form Alcoholism and the Culture of the Alcoholic community.

I plead to this body do not remove our choice for recovery houses that want to allow MAT and other medications and the houses that do not want to allow them we need to have choices. A much more important issue for this body to consider is the 200+ homes that take advantage of residents whether that is cleanliness, space, fees, using in the houses there are many more. I can tell you that the houses I am apart of are the best in the State and I personally invite everyone of you to visit the place I call home before you make any decisions and talk to the actual residents, More importantly if there is anything I can do to help this body understand sober living better based on lived experience I would freely volunteer my time to help educate and improve sober living but again taking away a choice does not improve Sober living the reality is WE will lose sober houses as They Will close their doors.

Fix the Root cause which is referring agencies (treatment, court, P.O, hospital, detox, LADC, CPRS so many others) they are the front line of choice in sober living if a patient gets 1 option that is not choice but if they get 3 houses to choose from all with different recovery paths THAT IS CHOICE. What's next if this choice is taken away is the next step forcing houses to not allow the 12 steps, not require residents to go to meetings,

No one absolutely no one is forced to go to a house they do not want to go to, as far as my knowledge goes 1000's of residents of sober living no one has ever been even court ordered to a particular sober house they find one of their choosing THEY HAVE A CHOICE…

IF WE CARE ABOUT RECOVERY RESIDENTS THEN MAYBE THE FIRST STEP IS TO COME VISIT AND TALK TO RESIDENTS YOUR SELVES, I would like to personally thank representative Baker for taking time in his schedule accept my invitation to meet with me at the house to see it in person and discuss this important amendment.

Thank you for considering my perspective, and more importantly, the real life needs of my residents who are striving to recover from Addiction and Alcoholism.

Respectfully submitted,

Aric Smedstad

Minnesota Association of Sober Homes
569 Selby Avenue, St Paul MN 55012

Dear Human Services Policy Committee,

As subject matter experts and leaders of the industry we have serious concerns regarding an unfunded mandate therefore, we wholeheartedly support the A1 amendment offered by Representative Baker.

There are different levels of sober homes. The National Alliance for Recovery Residences (NARR) ranks them 1-4 based on their level of complexity, support and sophistication. Sober homes range from complex organizations with dedicated staff to smaller operations with no staff. **See attachment #1*

A level 3 or 4 sober home with staff is better suited to more challenging medications such as adderall.

This bill mandates medications while not providing any financial support to supervise such medications.

Proper supervision includes:

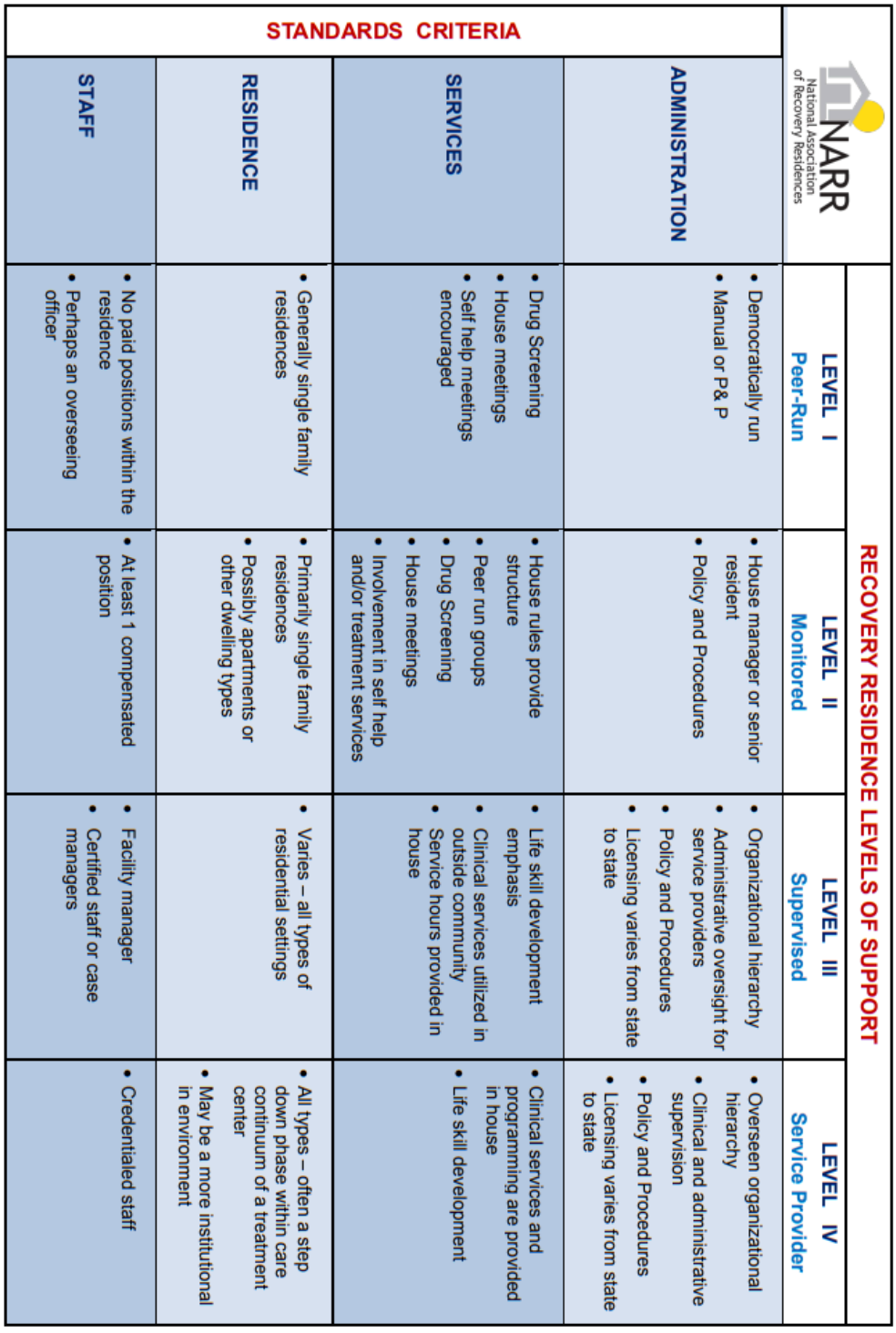
- Verifying prescriptions
- Ensuring HIPAA compliance
- Suppressing medication diversion
- Counting medications

Many level 1 and 2 sober homes in the state are currently not properly equipped or trained to effectively oversee higher-risk medications and may end up having to close their doors. Any reduction in sober home beds in the state is a lethal danger that must be avoided.

MAT capable homes need training, staffing, and lockboxes. All of these come at a cost not covered in this bill. The average sober home in our network has 9 beds, a part-time house manager, and costs the resident between $500 to $750 a month.

The environmental scan commissioned in the 2023 session has not been released. Due to this, MASH has begun our own environmental scan of affiliated houses. The following data is preliminary and has a sample size of 41 organizations. It should be noted that there are sober housing providers that are not part of MASH and not part of the following data. Therefore, this data is preliminary and does not fully convey statewide medication capability. **See attachment #2*

Attachment #1 - NARR Levels of Recovery Residences.



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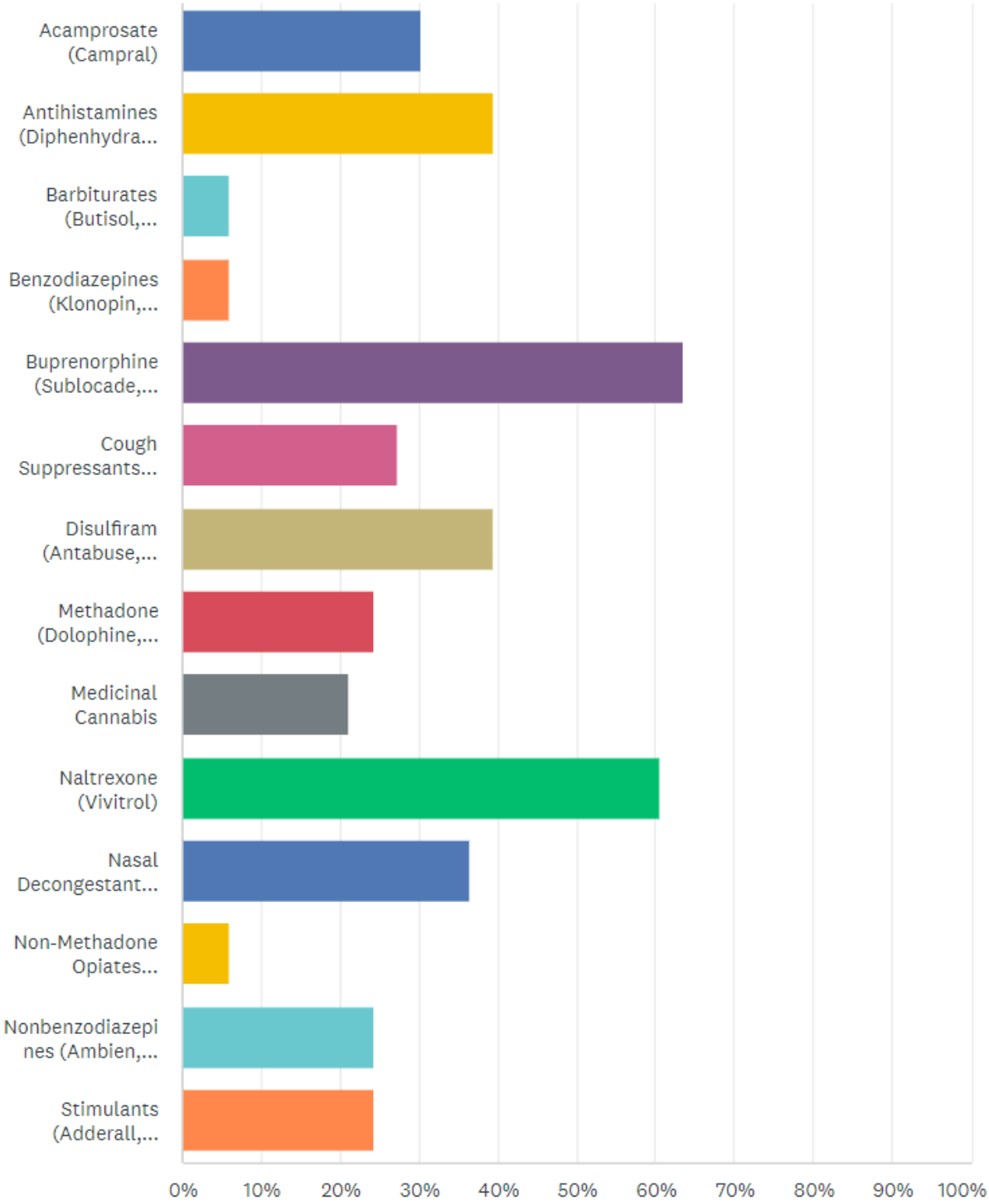
Attachment #2 - Preliminary Medication Data in MASH Affiliated Homes.



MASH Minnesota Association of SOBER HOMES