



March 25, 2024

Dear Chair Noor and members of the House Human Services Finance Committee,

We are writing in **support** of HF 4548, amending Statute 245I.04 Subdivision 18 regarding Recovery Peer qualifications to include that **“A recovery peer must not be classified as an independent contractor.”**

The signatories below represent established and emerging grassroots, independent Recovery Community Organizations (RCOs) across Minnesota. We share a common goal of enhancing the quantity and quality of support available to people seeking and experiencing long-term recovery from Substance Use Disorder. Through advocacy, public education, and peer-to-peer recovery support services, we are working to build a recovery-oriented future for Minnesota.

RCOs have been providing peer recovery support services in our communities long before they became Medicaid-reimbursable. Our experience, supported by SAMHSA and decades of research, confirms that factors such as a supportive work environment, peer-informed supervision, ongoing training, and the opportunity for growth and leadership development are essential criteria for recovery peer worker success. Peer Recovery Specialists deliver services that are interconnected with the organizational culture, recovery vision and mission, and infrastructure of their employers.

Peer recovery support was never intended to be a “gig economy” transaction. It is a transformative service deeply integrated into a larger system of recovery values. The perceived benefits of “choice,” “freedom,” and “flexibility” often touted in favor of using peer recovery workers as independent contractors are overshadowed by the long-term harms and ethical dilemmas this practice perpetuates.

Examples of the harm incurred when using independent contractors in the delivery of peer recovery support services include false wage representation when tax and FICA accountability is placed solely on the peer worker; loss of the employer FICA match and other employee benefits; incentives to find and bill for peer participants motivated by compensation instead of community need; and the potential for Peer Recovery Specialists to work without adequate support and supervision. Both the peer recovery worker and the person seeking support are put at greater risk of exploitation and harm in this scenario, and neither receives the full benefit of authentic peer support.

Minnesota needs and deserves quality care for the people, families, and communities affected by Substance Use Disorders, and peer recovery support is an evidence-based practice that improves long-term recovery outcomes across diverse populations. This amendment is a critical step toward building the supportive infrastructure needed for safe, effective, and transformative peer recovery support services in our communities,

Please see supporting organizations on the next pages. Thank you for your consideration

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**Minnesota Alliance of Recovery
Community Organizations**

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Rise Up Recovery

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Wellness in the Woods

Statewide
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Restore Recovery

Greater Minnesota
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Lighthouse Beginnings

Baxter
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Mission Restart

Grand Rapids
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Community & Life Services

Pelican Rapids (Otter Tail & Becker Counties)
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Recovery Engaged Communities

Moorhead
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2nd Chance Project

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Thrive Family Recovery Resources

Statewide
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Damascus Way E3 Recovery Services

Golden Valley, Rochester, and Scott
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Jacob Lusk, Director of Peer Services and
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Recovery Cafe Frogtown

Saint Paul
Tasha Walsh, Executive Director

Lost and Found Recovery Center

Moorhead
Jackie Mattfeld, Director