Minneapolis
Health

Minneapolis Health Department
505 4th Ave S, Room 520
Minneapolis, MN 55415
TEL 612.673.2301

www.minneapolismn.gov/health

March 12, 2024

To: Members of the House Human Services Policy Committee

On behalf of the Minneapolis Health Department, I am writing in support of HF 4014 which would allow clinics to provide individualized take home doses for patients undergoing treatment. Patients need this kind of flexibility when clinics or treatment facilities are closed for weekends and holidays. Helping to overcome addiction and provide treatment is paramount for the City of Minneapolis.

The opioid crisis has hit Minneapolis harder than many communities. Minneapolis represents about 7% of the state's population, but it accounts for 24% of all opioid-related deaths. In 2022, there were 1,022 opioid-related deaths in Minnesota and 244 of those deaths were in Minneapolis. Moreover, Minneapolis has sizeable urban Native American, East African, and African American populations and the majority of the State's unhoused community. Opioid deaths of Native Americans are 30 to one compared to white people; likewise African American deaths are four times higher.

In summary, HF 4014 will make it easier for those struggling with opioid use disorder to get the care that they need. The Senate companion bill, SF 4104 has already passed the Senate Health and Human Services Committee and we hope that the House Human Services Policy Committee will follow suit.

Thank you.

Damon Chaplin
Health Commissioner, City of Minneapolis

1212 New York Ave. N.W.
Suite 900
Washington, D.C. 20005
202-525-5717

Free Markets. Real Solutions.
www.rstreet.org

Testimony from:
Jessica Shortall, Coalition Manager, Safer From Harm, R Street Institute

Testimony in SUPPORT of HF 4014: An act "modifying rules on opioid treatment program medication dispensing for take-home uses."

March 13, 2024

House Human Services Policy Committee

Dear Chair Fischer, Vice Chair Frederick, Republican Lead Kiel and members of the Committee:

Thank you for the opportunity to speak in favor of HF 4014 today. My name is Jessica Shortall. I lead Safer From Harm, a coalition of diverse organizations, from faith to racial justice to law enforcement organizations, that support public policies that improve access to harm reduction tools. Our coalition is powered by the R Street Institute, a nonprofit, nonpartisan public policy research organization dedicated to free markets and limited, effective government.

Today's bill would bring Minnesota statute into harmony with recent federal regulatory updates, removing some arbitrary regulations and giving doctors greater ability to care for their patients' unique needs.

We believe that the government should not block people's access to evidence-based tools that can keep them and their communities safer and healthier. Methadone is one such tool. It is considered a "gold standard" treatment for long-term opioid use recovery.[1] It can help people return to healthy, stable lives, able to work, meet family obligations, and do all of the things we want our loved ones and neighbors to do. Methadone is proven in study after study to be more effective for long-term recovery than treatments that do not utilize medication.[2] In particular, methadone patients are 33 percent less likely to use illicit opioids and 4.44 times more likely to remain in treatment versus individuals in non-medication treatment programs.[3] In addition, patients taking methadone are 59 to 80 percent less likely to die of an overdose compared to their counterparts who are not taking methadone or similar medications.[4]

This makes methadone an essential tool in our ongoing efforts to turn the tide in the addiction and overdose crisis. By giving people an effective way to transition away from illicit opioid use, methadone can reduce demand in our communities for illegal opioids like heroin and fentanyl, which makes everyone safer.

1212 New York Ave. N.W.
Suite 900
Washington, D.C. 20005
202-525-5717

Free Markets. Real Solutions.
www.rstreet.org

Decades of overregulation have created barriers that block many people from accessing this life-saving medication. Despite the fact that access to take-home doses of the medication greatly benefits patient stability and adherence and allows them to live normal lives, many patients must travel up to six days a week to a clinic to take their methadone in person, a requirement not in place for any other prescription drug in this country.[5] Some, especially in rural Minnesota, must travel an hour or more each way.[6] This burden keeps many people from starting and staying with treatment.[7] Furthermore, the overregulation is unwarranted. Relaxed restrictions on methadone access during the COVID-19 pandemic did not lead to increases in overdose deaths or diversion, as some opponents feared they might.[8]

Recognizing the benefits of methadone and findings from the COVID-era changes, the federal government recently adjusted its regulations to give doctors more flexibility over which patients may receive take-home doses and when.[9] These changes remove arbitrary rules that have governed methadone maintenance treatment for decades, and allow doctors to provide more individualized patient care. HF 4014 would bring Minnesota in line with these changes. We support HF 4014 and urge the committee's favorable report.

Thank you,

Jessica Shortall
Hopkins, Minnesota
Safer From Harm Coalition
R Street Institute
(202) 922-6826
jshortall@rstreet.org

[1] M.K. Reed, et al. "Sorting through life: evaluating patient-important measures of success in a medication for opioid use disorder (MOUD) treatment program." *Substance Abuse Treatment, Prevention, and Policy* 18: 4 (2023). https://doi.org/10.1186/s13011-022-00510-1.

[2] "How effective are medications to treat opioid use disorder?" National Institute on Drug Abuse, Research Report, December 2021, https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder.

[3] R.P. Mattick, et al. "Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence." *Cochrane Database of Systematic Reviews,* 2, (2003). https://pubmed.ncbi.nlm.nih.gov/12804430/

[4] M. Larochelle, et al. "Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study." *Annals of Internal Medicine,* 169:3, (June 19, 2018). https://doi.org/10.7326/M17-

1212 New York Ave. N.W.
Suite 900
Washington, D.C. 20005
202-525-5717

3107; Noa Krawczyk, et al. "Opioid agonist treatment and fatal overdose risk in a state-wide US population receiving opioid use disorder services," *Addiction* 115: 9, (Feb. 24, 2020), p. 1683-1694. https://doi.org/10.1111/add.14991; Sungwoo Lim et al., "Association between jail-based methadone or buprenorphine treatment for opioid use disorder and overdose mortality after release from New York City jails 2011-2017." *Addiction*, 118: 3, (March 2023), pp. 459-467. https://pubmed.ncbi.nlm.nih.gov/36305669.

[5] David Frank et al., "It's like 'liquid handcuffs': The effects of take-home dosing policies on Methadone Maintenance Treatment (MMT) patients' lives," *Harm Reduction Journal,* 18: 88, (Aug. 14, 2021). https://link.springer.com/article/10.1186/s12954-021-00535-y.

[6] A. Steiner, "'So many people are dying': Rural Minnesotans struggle to access opioid addiction treatment." *MinnPost,* Feb. 25, 2019. https://www.minnpost.com/mental-health-addiction/2019/02/so-many-people-are-dying-rural-minnesotans-struggle-to-access-opioid-addiction-treatment.

[7] Olivia Randall-Kosich *et al*. "Comparing Reasons for Starting and Stopping Methadone, Buprenorphine, and Naltrexone Treatment Among a Sample of White Individuals With Opioid Use Disorder." *Journal of Addiction Medicine,* 14: 4, (July/August 2020), pp. e44-e52. https://journals.lww.com/journaladdictionmedicine/Abstract/2020/08000/Comparing_Reasons_for_Starting_and_Stopping.26.aspx.

[8] Stacey McKenna, "Improving Access to Medications for Opioid Use Disorder: Lessons from the COVID-19 Pandemic," *R Street Policy Study No. 285,* May 9, 2023. https://www.rstreet.org/research/improving-access-to-medications-for-opioid-use-disorder-lessons-from-the-covid-19-pandemic.

[9] U.S. Substance Abuse and Mental Health Services Administration, "42 CFR Part 8 Final Rule," Jan. 31, 2024. https://www.samhsa.gov/medications-substance-use-disorders/statutes-regulations-guidelines/42-cfr-part-8.

March 12th, 2023

Rep. Peter Fischer, Chair
House Human Services Policy Committee

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

Dear Chair Hoffman;

We hope this letter finds you in good health and high spirits. We at the Minnesota Harm Reduction Collaborative are 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.

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 opioid users 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 regulated 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,

The Minnesota Harm Reduction Collaborative

Edward Krumpotich
Policy Lead

Rory O'Brien
Chair of Communications

Kurtis Hanna
Chair of Policy