

March 6, 2024



Minnesota House of Representatives: Support of H.F. 4548

Thank you, Chair Fischer, and committee members, for allowing me to testify today and thank you Representative Frederick for all your hard work on this topic.

My name is Randy Anderson. I'm a state licensed alcohol & drug counselor, a Minnesota Certification Board approved trainer and supervisor for peer recovery specialists. 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.

The peer recovery workforce has experienced significant growth in recent years, primarily due to its proven effectiveness in aiding individuals struggling with substance use to find and maintain recovery. However, like many professions, this workforce is not immune to challenges. Frequently, both peer professionals and community members reach out to me with concerns, yet it can be exceedingly difficult for them to identify where to report these issues. The addition of an Ombudsperson and a single point of contact for reporting and investigating concerns could greatly alleviate this problem.

Many individuals enter the peer workforce as a means of giving back and bolstering their own recovery journeys. Often, these individuals are in early stages of recovery themselves and may be particularly vulnerable. The provision within this proposed bill, which prevents a recovery peer from being classified as an independent contractor, not only serves to protect potentially vulnerable individuals from predatory employers it ensures Minnesota's compliance with the updated US Department of Labor regulations aimed at preventing employee misclassification. On January 10, 2024, the Department of Labor released a statement as part of its new guidance, asserting that, "Effective March 11, 2024: Under the Fair Labor Standards Act (FLSA), a worker is an employee and not an independent contractor if they are, as matter of economic reality, economically dependent on the employer for work—regardless of whether they sign an independent contractor agreement." With this in mind, I am confident that this measure will effectively safeguard the peer workforce.

*Kind regards,  
Randy Anderson, RCPF, LADC  
Person in Long Term Recovery  
Est. January 10, 2005  
Recovery & Justice System Reform Advocate  
[BoldNorthRecoveryandConsulting.com](http://BoldNorthRecoveryandConsulting.com)  
[info@BoldNorthRecovery.com](mailto: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.*



March 5, 2024

Dear Chair Fischer and members of the House Human Services Policy 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

612-888-9001  
MARCOMN.ORG

info@marcomn.org  
St. Paul, Minnesota

**Minnesota Alliance of Recovery  
Community Organizations**

Wendy Jones, Executive Director

**WEcovery Beyond Brink**

Mankato, Owatonna and Alexandria  
Brandy Brink, Executive Director

**Doc's Recovery House**

Rochester  
Tori Utley, Executive Director

**Minnesota Recovery Connection**

Saint Paul  
Cynthia Munguia, Executive Director

**Recovery Is Happening**

Rochester  
Jenna Klassen, Executive Director

**Rise Up Recovery**

Hastings  
Tiffany Neuharth, Executive Director

**Recovery Alliance Duluth**

Duluth and Virginia  
Jenny Swanson, Executive Director

**Wellness in the Woods**

Statewide  
Jode Freyholtz-London, Executive  
Director

**Minnesota Prevention and Recovery  
Alliance**

Statewide  
Tracee Anderson, Executive Director

**Niyyah Recovery Initiative**

Minneapolis  
Farhia Budul, Executive Director

**South Metro Community Services**

Eagan  
Ashlee Herget, President of Operations

**Twin Cities Recovery Project**

Minneapolis  
LaTricia Tate, President and CEO

**Minnesota Hope Dealerz**

Twin Cities  
Jay Pee, President/Chief Executive Officer

**Recovery Community Network**

Saint Cloud  
Katie Blue, Executive Director

**Will Work for Recovery**

Minneapolis  
Carolyn Niesche, Executive Director

**Face It Together Bemidji**

Bemidji  
Chris Erle, Executive Director

**Begin Anew**

Ramsey  
Justin McNeal, Executive Director

**Recovery Unleashed**

Sam Bennett, Executive Director

**Restore Recovery**

Greater Minnesota  
Meg Gauthier, Board of Directors

**Lighthouse Beginnings**

Baxter  
Jesse Jones, Executive Director

**Mission Restart**

Grand Rapids  
Cynthia Baade, President/Founder

**Community & Life Services**

Pelican Rapids (Otter Tail & Becker Counties)  
Dawn Finn, Executive Director

**Recovery Engaged Communities**

Moorhead  
Sarah Chatelain-Gress, Director  
Alesha Anderson, Program Manager

**Amethyst Recovery Solutions**

Saint Paul  
Mike Bahr, Director of Operations /  
Founding Member

**2nd Chance Project**

Saint Paul  
CJ Jessup, Executive Director/Founder

**Thrive Family Recovery Resources**

Statewide  
Pam Lanhart, Founder, Co-Executive  
Director

**Damascus Way E3 Recovery Services**

Golden Valley, Rochester, and Scott  
County  
Jacob Lusk, Director of Peer Services and  
Mental Health

**Recovery Cafe Frogtown**

Saint Paul  
Tasha Walsh, Executive Director

**Lost and Found Recovery Center**

Moorhead  
Jackie Mattfeld, Director



March 3, 2024

Thank you, Chair Fischer and committee members, for your time and effort to ensure the status of peer specialists as employees rather than contract staff. As the CEO of Wellness in the Woods and the employer of 60 peers, I have personally experienced several peers who have come to work for us that were offered "free" training and then were required to work as contract staff. WITW hires peer/employees and provides them with all of the protection required including workers compensation, employer tax match, liability insurance and all of the support that an employer should be offering to team members. Organizations who try to avoid their responsibilities as an employer should be harshly dealt with. As a 65 year old who has worked in the human services field for 45 years and been part of seven failed organizations, one thing I have learned is that to have a healthy organization, the focus needs to be on the mission and support of the staff. Since Wellness in the Woods began in March of 2013, we as an organization have a high rate of staff retention and a list of over 40 applicants who want to work with us. Much appreciation to you and the work of your partners in the state legislature.

Jode Freyholtz-London

[jode@mnwitw.org](mailto:jode@mnwitw.org)

218-296-2067

CEO Wellness in the Woods

738 3<sup>rd</sup> Ave NW Eagle Bend Mn 56446



March, 5, 2024

Good afternoon chair Fisher and members of the human services policy committee. My name is Jordan Hansen and I am here to testify in support of HF4548.

I am the cofounder and CEO of YourPath, a recovery technology and virtual care company, and am the executive director of the Recovery Policy Alliance, a nonprofit working to improve how our communities respond to the suffering of our relatives and neighbors.

Perhaps most importantly to me, I am a person in long-term recovery and have watched over the last 15 years as well-meaning individuals and organizations inadvertently cause harm to the families and individuals we aim to serve.

Peers are the single most effective solution we have to bring to address the crisis we are up against. However, they are also uniquely vulnerable and their use requires a more intentional approach than we have seen so far. Like the regulations around professional corporations for medical practices, we should attempt to protect individuals with our approach — participants and peers alike.

Peers are required to bring themselves to work in a way that is unique among the helping professions. We need to support them through appropriate supervision, training, compensation, and benefits. Acting as an independent contractor puts them on an island — often alone.

Using peers as independent contractors avoids the burden of paying a living wage, of offering any benefits, and of any final responsibility related to compliance and quality. These responsibilities are handed off to the peer. Ensuring compliance with all regulations and responsibility for billing and financial accuracy is born by the peer. Any responsibility for offering employment stability, benefits, or professional development pathways is avoided, as are many workplace protections. Any participant complaints are the responsibility of the peer, and any financial irregularities are entirely their responsibility.

In short, this approach extracts much of the value provided while the liability and risk is shouldered almost entirely by the peer. This is an extractive approach that runs the risk of colonizing the recovery community and taking advantage of an individual's desire to be helpful.

Any movement away from workforces driven by independent contractors needs to be focused upon not only the most vulnerable participants or peers, but also the most vulnerable organizations.

Minnesota is still working to address and embrace the true non-clinical nature of peer recovery services. We have a chance to invest appropriately in the capacity building needed to move peer services to sustainability. The reason that an all-1099, independent contractor model has been so attractive is due to the difficulty navigating the creation and implementation of this infrastructure. This might be common knowledge in the clinical space, but it is very, very difficult in the world of recovery supports.

Moving away from independent contractor-driven workforces is an important step toward protecting our most vulnerable community members, but more active measures are needed if we want to truly build our communities into ones that have the power to heal.

Supporting recovery.  
All flavors.