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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.



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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,

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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->



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[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>.