

Using Civil Rights Law to Advance Health Justice for People Who Use Drugs

2023 Public Health Law Conference
October 25, 2023

The information in this presentation does not constitute legal advice or legal representation.



Panelists

Sally Friedman, JD

Senior VP of Legal Advocacy
Legal Action Center

Su Ming Yeh, JD

Executive Director
PA Institutional Law Project

Kate Boulton, JD, MPH

Senior Legal Technical Advisor
Vital Strategies

With substantial contributions from

Derek Carr, JD

Legal Technical Advisor
Vital Strategies

Agenda

- **Introduction and Background**
- **Legal Foundations**
- **Pennsylvania Deep Dive**
- **Emergent Efforts and Advocacy Strategies**
- **Moderated Discussion**

Vital Strategies Overdose Prevention Program

- **Vital Strategies** is a global health organization that believes every person should be protected by a strong public health system.
- The **Overdose Prevention Program** is the lead implementation partner for state-focused work in the Bloomberg Overdose Prevention Initiative.
- We bring a **comprehensive approach to equitably and sustainably reduce overdose deaths** in seven states where fatalities are among the highest in the country: Kentucky, Michigan, New Jersey, New Mexico, North Carolina, Pennsylvania, and Wisconsin.

Visit www.vitalstrategies.org/overdose-prevention/



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Harm
reduction
works to
improve the
health and
safety of
people who
use drugs

We face an unprecedented overdose crisis that is exacerbated by widespread and largely unchecked discrimination against people who use(d) drugs.

The U.S. Overdose Crisis

- U.S. again topped 100,000 overdose deaths last year.¹
- Racial disparities in overdose are intensifying—from 2019 to 2020, overdose death rates increased by 44% and 39% among Black and AI/AN individuals, respectively.²
- Discrimination across healthcare and other supportive settings undermines access and stymies an effective response to the overdose crisis.

¹ Centers for Disease Control and Prevention, Provisional Data Shows U.S. Drug Overdose Deaths Top 100,000 in 2022 (May 18, 2023), available at <https://blogs.cdc.gov/nchs/2023/05/18/7365/>.

² Centers for Disease Control and Prevention, MMWR: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics—25 States and the District of Columbia, 2019-2020 (July 22, 2022), available at <http://dx.doi.org/10.15585/mmwr.mm7129e2>.

Initiatives Supported by Vital Strategies

Litigation to Advance MOUD Access in Correctional Settings

Partnership with the Pennsylvania
Institutional Law Project (PILP)

- December 2020-June 2022
- Pennsylvania-focused
- Carceral settings
 - Research and Resource Creation
 - Legal Advocacy
 - Impact Litigation
- New story-telling project

Upholding and Expanding Rights for People Who Use Drugs

Partnership with
Legal Action Center (LAC)

- April 2022-Ongoing
- Multistate focus, with two state-based partners:
 - Kentucky Equal Justice Center
 - Disability Rights North Carolina
- Healthcare and other supportive settings
 - Research & Resource Creation
 - Legal Advocacy
 - Impact Litigation

Using Civil Rights Law to Advance Health Justice for People Who Use Drugs

Sally Friedman, Senior Vice President for Legal Advocacy

October 25, 2023



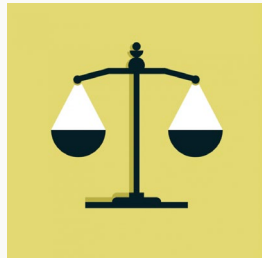
Breaking Barriers. Defending Dignity.

The Legal Action Center (LAC) uses legal and policy strategies to fight discrimination, build health equity, and restore opportunity for people with criminal records, substance use disorders, and HIV or AIDS.

How LAC Works



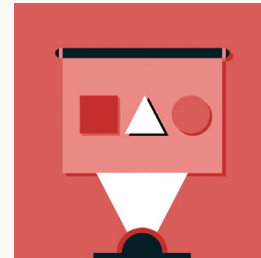
Direct Legal
Services



Impact
Litigation



Policy
Advocacy



Training,
Technical
Assistance &
Education



Coalitions &
Collaboration

Language Matters. Words Have Power. People First.

The Legal Action Center uses affirming language to promote dignity and combat stigma and discrimination.

Examples of Preferred Language

Source:
[Changing the Narrative](#)

Terms and phrases to be avoided in specific context and situations:

RECOVERY DIALECTS

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

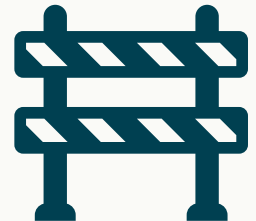
	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	✗	✗	✗	✗
Alcoholic	✓	✗	✗	✗	✗
Substance Abuser	✗	✗	✗	✗	✗
Opioid Addict	✓	✗	✗	✗	✗
Relapse	✓	✗	✗	✗	✗
Medication-Assisted Treatment	✗	✗	✗	✗	✗
Medication-Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-Term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Credit: Robert D Ashford et al., *Drug and Alcohol Dependence* (2018)

Barriers to Care

Many barriers to care, generally worse for Black and Brown people, pregnant people, and other marginalized groups, including:

- Insufficient insurance coverage – private and public (Medicaid and Medicare)
- Too few providers of SUD care
- Criminalization, removal of children, and other punishment for drug use
- Fear of disclosure leads people not to seek care
- **Health care system – stigma and discrimination against people who use(d) drugs. That's today's topic!**



Denial of Health Care

In virtually every type of health care setting:

- 1) People are denied health care because of their substance use – past or present
- 2) People are denied health care because they take medication to treat their substance use disorder (SUD), often MOUD

Impact: people's health needs are ignored because of their drug use.

1. Discrimination Overview

What It Looks Like
Why It Happens

What does discrimination look like?

- Elderly woman is hospitalized with brain cancer. In long-term treatment with methadone for opioid use disorder (OUD). Hospital tries to discharge her to a skilled nursing facility (SNF). Several say: “we don’t accept people on methadone.”
 - **Where** can she go? Too ill to go home.
 - **What can she and her family do?**
 - **How can we address overdose crisis if people face discrimination *because they’re getting effective treatment?***
 - **Why** would an SNF do this?

Why does discrimination happen?

- Stigma against people who use drugs, have addiction, or use medication to treat opioid use disorder (MOUD)
- Beliefs that people who use drugs cause their own health conditions -- less worthy of care
- Lack of education about supports needed for people with SUDs
- Confusion about MOUD regulation and how SNFs and other facilities can provide it
- Multi-layered w/ discrimination based on race, other disabilities, etc.

2. Anti-Discrimination Laws Provide Protections!



Federal Anti-Discrimination Laws



These laws protect **individuals with disabilities** from **discrimination**:

- **Americans with Disabilities Act (ADA)**: no disability discrimination by:
 - Employers (Title I)
 - States/local governments (Title II)
 - Health care providers (Title III – places of public accommodation)
- **Rehabilitation Act of 1973** – federally operated/assisted
- **Fair Housing Act** – housing
- **Affordable Care Act (Sec. 1557)** – federally funded health care

Definition of “Disability”



a) impairment

b) that substantially limits one or more major life activities

- **SUD = Impairment**
- **SUD can substantially limit major life activities** like: caring for oneself, concentrating, thinking, working, and brain and neurological functioning
- Includes current and past disabilities as well as people “regarded as” having a disability even if they don’t

Definition of “Disability”



- Courts generally find “disability” for --
 - Past or current alcohol use disorder
 - Past or current substance use disorder
- But **not** substance use disorder involving current illegal use of drugs. Why?
 - People “currently engaging in illegal use of drugs” not considered to have “disability” but **are protected from denial of health or drug rehabilitation services because of illegal use of drugs**
- Note: Every individual must show that *their* SUD substantially limits 1+ major life activities

Discrimination – What is it?

- Discriminatory denial of health services to someone with SUD can be:
 - **Disparate treatment** discrimination
 - Denying participation or benefits of a service on the basis of disability.
 - Denying *equal* participation/benefits on the basis of disability
 - Admission criteria that screen out/tend to screen out people with disabilities
 - Methods of administration that discriminate against people with disabilities
 - Denial of health services due to current illegal use of drugs
 - **Disparate impact** discrimination
 - **Failure to provide reasonable modification** of policies/procedures due to disability

Other Relevant Laws

- State and City human rights laws – prohibiting discrimination
- U.S. and State Constitutions
- Torts like malpractice / negligence

Some examples...

Prohibiting MOUD = Discrimination Because of Disability

- Growing body of case law and DOJ/HHS settlements and guidances:
 - banning/restricting MOUD = discrimination.
- Cases so far involve jails, nursing homes, doctors' offices, hospitals, residential work and social service programs
- See LAC's [Cases Involving Discrimination Based on Treatment with Medication for Opioid Use Disorder \(MOUD\)](#)
 - <https://www.lac.org/assets/files/Cases-involving-denial-of-access-to-MOUD.pdf>
- Parallel legal developments in employment and child welfare settings

Discrimination in SNFs/Nursing Homes

- **DOJ -- multiple settlements with skilled nursing facilities** in MA – MOUD exclusion violates Title III – ADA
 - Explicit policies (“no Suboxone”) are facially discriminatory.
 - Animus & bias: “those patients have too many needs / smuggle in drugs”
 - May have failed to make a reasonable modification of policies/practices
 - Address same conduct as in case study above – Elizabeth
- **PA Office of Attorney General** – Sept. 2023, got “commitments” to change practices at over 30 SNFs
- See LAC educational [resource](#)

Prohibiting or Restricting MOUD = Discrimination Because of Disability

- Discrimination based on MOUD includes:
 - Outright prohibition of MOUD
 - Arbitrary dose / duration limits
 - Requirements to switch medication
 - Limitations on # of program participants who can take MOUD
 - Surcharges on people taking MOUD
- Why?
 - Denial of equal participation, benefits of the health service.
 - Admission criteria that screen out people with a disability (SUD)
 - Failure to provide reasonable modification of policies/procedures

Seminal case – set the stage for others

2018: ***Pesce v. Coppinger*** (Fed. court, District of MA)

- Jeffrey Pesce successfully on methadone for 2 years after struggling to find effective treatment
- Drove to OTP with suspended license when usual ride fell through; pulled over for driving 6 MPH over speed limit; faced 60-day jail sentence
- No methadone in the jail. Feared: (i) withdrawal would interrupt recovery and progress reconnecting with son; (ii) relapse and overdose.
- Sued in federal court
- Won! Court: likely to succeed in proving that jail's no-methadone policy violated ADA & 8th Amendment.
 - Rejected jail's argument that Vivitrol and counseling sufficed.

Many cases since *Pesce*

Court decisions:

- *Smith v. Aroostook County* (D. Maine, aff'd 1st Cir. 2019) – jail
- *P.G. v Jefferson Cty.* (NDNY, 2021) – jail
- *M.C. V. Jefferson County* (NDNY 2022) – jail (class action)
- *Strickland v. Delaware County*, (E.D. Pa., 2022) – jail
- *Finnigan v. Mendrick* (N.D. Ill, 2021) – jail

Numerous settlements – private and DOJ – jails & prisons, State / federal

Next frontier – Courts that Prohibit MOUD

U.S.A. v. Unified Judicial System of Pennsylvania (UJS)

- Charges UJS with violating ADA because at least 11 PA courts have policies or practices that prohibit or MOUD.
- Example: Complainant A, Jefferson County
- Court previously dismissed case on technical grounds (e.g., UJS's lack of liability for component courts, standing and mootness)
- DOJ filed an amended complaint in May 2022. Motion to dismiss pending.

Next frontier: State Policies Restricting Healthcare for PWUD

- Alabama Medicaid program had a “Sobriety Policy” that denied individuals with Hepatitis C access to life-saving direct-acting antiviral agents if a Medicaid beneficiary with HCV:
 - Used alcohol or illicit drugs at any time during a six-month window prior to treatment.
 - Used alcohol or illicit drugs during their HCV treatment.
- After receiving a complaint, DOJ opened an investigation and concluded “Alabama Medicaid discriminations against people with Hepatitis C (HCV) and substance [use] disorder (SUD) by imposing non-medically indicated sobriety restrictions ... in violation of the” ADA.
- Alabama’s Medicaid agency withdrew the policy under [a settlement agreement](#) with DOJ and agreed not to impose any new restrictions related to drug or alcohol use (e.g., treatment or counseling mandates).
- Only known DOJ settlement to date involving denial of health services to a person based on current illegal use of drugs.

What can we expect next?

Possibilities include...

Case Study: Emergency Room



- Dani overdoses on heroin while using with her friends.
- Friends call 911.
- ER staff administer naloxone, restore respiratory function, rehydrate.
- After two hours, discharge Dani with list of local SUD treatment programs.
- Dani returns to active use within hours of discharge – as is foreseeable with OUD because withdrawal and cravings kick in.
- Dies of overdose from fentanyl.

What Should ER Have Done Differently?

Evidence-Based Practices:

- 1) **Diagnostic assessment** for SUD
- 2) **Offer to administer** medication for OUD
- 3) **Meaningful connection (warm handoff)** to ongoing SUD care
 - 1) Transportation needs?
 - 2) Insurance barriers?
 - 3) Language accessibility?
- 4) **Naloxone** to help protect Dani against future overdose



Discrimination in Emergency Rooms

- **LAC report:** *Emergency: Hospitals Are Violating Federal Law by Denying Required Care for Substance Use Disorders in Emergency Departments.* All substances, including alcohol.

Emergency Medical Treatment and Labor Act (EMTALA)

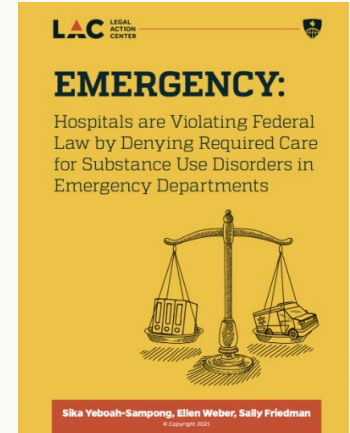
- Requires most EDs to provide certain services

ADA /Rehabilitation Act:

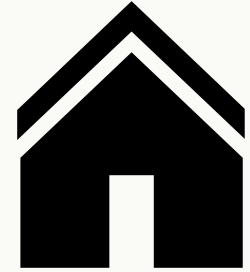
- Prohibits discrimination based on SUD history and recovery
- Prohibits denial of healthcare due to current illegal drug use

Title VI of the Civil Rights Act of 1964 (Title VI):

- Prohibits discrimination on basis of race or ethnicity



Case Study: Recovery Homes & Residential Treatment



- Shane takes buprenorphine to treat OUD.
- Drug court mandate: Shane must live in recovery housing [or attend residential treatment].
- But recovery homes [or residential treatment programs] in Shane’s area do not allow MOUD, saying they are “abstinence-based” and have nowhere to store the medication.
- Shane ends up serving long prison sentence for non-compliance with the drug court mandate. Loses custody of children.
- **Likely illegal – same reasons.**

Pennsylvania Institutional Law Project (PILP)

The Pennsylvania Institutional Law Project (PILP) is a legal aid organization dedicated to advancing the constitutional and civil rights of people who are incarcerated and detained in Pennsylvania, through legal representation, advocacy, and assistance.



**PILP's work to
improve access
to MOUD in
carceral
settings across
Pennsylvania**

- Self-education and learning
- Information gathering
- Community outreach
- Resource creation
- Creation of an advocacy network
- Connecting with people incarcerated in jails and prison
- Statewide report
- Litigation and legal assistance
- Storytelling project

Self-Education and Learning



- Discussions with medical experts
- Learning from other legal advocates
- Reading, watching videos
- Speaking with incarcerated people



Credit: Su Ming Yeh, Philadelphia Prison System – Riverside Correctional Facility 2018.

Information Gathering



- Right to Know Requests to all 63 county jails in Pennsylvania
- Right to Know request to Pennsylvania Department of Corrections (DOC)
- 67 Counties in total in Pennsylvania, each with its own system. There is no statewide county jail system.



Credit: [Remick v. Philadelphia](#) legal team (includes Su Ming Yeh), Philadelphia Department of Prisons

Community Outreach



*Philadelphia Prison System –
Curran Fromhold Correctional Facility
Credit: Su Ming Yeh*

- Collaborations with community and prison advocate organizations
- E.g. Articles in Graterfriends that goes directly to incarcerated people
- Connecting with other legal aid, public defenders, medical professionals, reentry workers

Resource Creation

Fact sheet for
distribution to
incarcerated people
and other
stakeholders



PILP
PENNSYLVANIA INSTITUTIONAL LAW PROJECT

Pennsylvania Institutional
Law Project

WHAT IS MOUD OR MAT?

Medication for Opioid Use Disorder (MOUD) or Medication-Assisted Treatment (MAT) is a clinically proven treatment for opioid use disorder (OUD) or opioid addiction. OUD is a chronic disease that changes the brain, making it difficult for people to quit. MOUD/MAT is considered the gold standard of care in the medical field.

WHY ARE MEDICATIONS USED?

Medications are used to help reduce withdrawal symptoms and control cravings. These medications help stop the worst of these symptoms and reduce pain, so people can function normally and participate fully in treatment. Agonist medications used in MOUD treatment such as Methadone and Buprenorphine (Suboxone) have proven to be more effective than the

**Legal Rights Related To
Medication for Opioid Use Disorder (MOUD)
Or Medication Assisted Treatment (MAT)
In Jails And Prisons**

Reasons why it is important to have MOUD/MAT while incarcerated

- Helps people refrain from opioid use without withdrawal
- Helps people conduct normal activities without debilitating drug cravings
- Helps people manage their behaviors, thoughts, and emotions so they can work on recovery
- Prevents overdoses and death that result from decreased drug tolerance
- Decreases maternal-fetal death during pregnancy
- Decreases the risk of contracting HIV and Hepatitis C from needle sharing
- Reduces the revolving addiction-incarceration cycle.

How can you obtain MOUD/MAT while incarcerated?

If you have OUD, inform intake staff and/or medical staff immediately that you want MOUD/MAT medications. If you have a prescription for MOUD/MAT at the time you are incarcerated, let the staff know where you were treated and that you want to continue those medications. You should sign a release to have your medical records sent to the jail medical staff or have your family send them. If you have not previously been prescribed MOUD/MAT, explain to medical staff, verbally and in writing, that you have OUD and would like to be placed on MOUD/MAT.

What are your constitutional rights in obtaining MOUD/MAT?

You have a right to adequate medical care in jail or prison under the 8th and/or 14th Amendments. The jail or prison cannot show "deliberate indifference" to a serious medical need. *Estelle v. Gamble*, 429 U.S. 97, 103

Creation of an Advocacy Network



*Credit: PA Institutional Law Project,
Collins v. Reish, M.D. Pa. 08 Civ. 345*

- Connecting with other legal aid, public defenders, medical professionals, reentry workers, etc.
- Created a “MOUD in Jail” network with a listserv
- Hosted a roundtable session
- www.pilp.org/moud

Connecting with Incarcerated People



**Importance of learning
and collaborating with
people who are
incarcerated!**

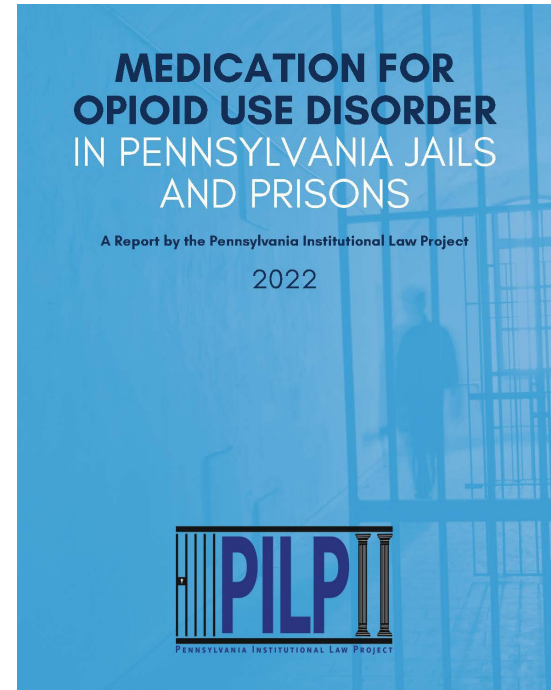


Credit: Remick v. Philadelphia legal team, Philadelphia Department of Prisons

Statewide Report



- Statewide Report: “*Medication for Opioid Use Disorder in Pennsylvania Jails and Prisons*”
- Mailed to PA DOC and every Pennsylvania county jail
- Media outreach
- Impact





Report Findings

Medication for Opioid Use Disorder in Pennsylvania Jails

- Only **4 out of 62 (6%) of facilities** in the state allow individuals with OUD to **initiate treatment** with agonist medications, buprenorphine and methadone.
- **Less than 1/3 of jails** (20 facilities in total) even **allow most individuals** who enter the jail with an active, verified prescription for agonist MOUD to **continue their treatment**.
- In **nearly 70%** of Pennsylvania jails, most people with OUD receive **no medications** or are **limited to ineffective options** like naltrexone.
 - Potentially **forced to endure withdrawal**, a painful and medically dangerous experience **for which they receive little or no care**.
 - Treatment is not only ineffective but can **increase fatal overdose risk**.

Legal Assistance



- Providing legal advice
- Legal advocacy (sending “demand” letters)
 - Example: Mr. Jerome Maynor’s experience in Pittsburgh, PA
 - Forced off of methadone in Allegheny County Jail (ACJ)
 - Story inspired coverage in the *Pittsburgh Post Gazette*, Mr. Maynor presented to the MOUD in Jail Advocacy Network on his experience
 - ACJ ultimately changed its policies to permit methadone continuation in Nov. 2022



Credit: Su Ming Yeh, Philadelphia Prison System – Curran Fromhold Correctional Facility

Impact Litigation



Strickland v. Delaware County, 21 Civ. 4141 (E.D. Pa)

- Shaun Strickland received methadone treatment for OUD prior to incarceration after a traffic stop showed a bench warrant for alleged failure to appear at a hearing.
- Strickland requested to continue his treatment.
 - Jail denied request – policy limits methadone treatment to pregnant people.
 - Strickland experienced painful withdrawal.
- PILP sent formal demand letter, which the jail denied.
- PILP filed a lawsuit alleging professional negligence & violations of the ADA, Rehabilitation Act, and 14th Amendment.
- Federal District Court denied motion to dismiss.

“Defendants were aware of the value of methadone as an OUD treatment. ... Defendants were aware of the inadequacy of the OUD treatment provided by George W. Hill. ... Nonetheless ... Defendants denied Plaintiff his prescribed treatment—a denial unlikely to occur were Strickland seeking a common prescribed treatment for asthma or diabetes—and failed to provide an adequate alternative.”

Impact Litigation



Hopkins v. DOC, 23 Civ. 986 (E.D. Pa)

- PA Department of Corrections policy imposes categorical ban on methadone and buprenorphine treatment for non-pregnant people who entered PADOCC prior to June 2019.
- Plaintiff Barry Hopkins, represented by Disability Rights Pennsylvania and PILP, incarcerated since 2013 and has diagnosed OUD.
- Despite repeated requests, PADOCC has denied him access to buprenorphine treatment, forcing him to rely on illicitly obtained buprenorphine to treat withdrawal. This has resulted in punishments including solitary confinement and a complete ban on contact visits with family.
- Lawsuit alleges denial of treatment violates the ADA, Rehabilitation Act, and 8th and 14th Amendments, and constitutes negligence.
- First known lawsuit challenging denial of agonist MOUD *induction* as constituting unlawful disability-based discrimination.

Storytelling Project



Credit: Su Ming Yeh, SCI Phoenix

- Storytelling Project *in progress*
 - Response to limitations of conventional “carrot” (e.g., funding, TA) and “stick” (litigation, enforcement actions) approaches
 - Interviews and deep storytelling will support narrative shift and community mobilization in Pennsylvania and beyond



**PILP's work
is made
possible by:**

- Vital Strategies
- Independence Foundation
- Pennsylvania Legal Aid Network and Pennsylvania IOLTA

3. Emergent Efforts and Advocacy Strategies



Attorneys & Public Health Officials Can Make a Difference!

- **Note:** Most patients don't know their legal rights are being violated. Most health care providers/facilities don't know about these legal obligations either!
- **Cutting edge area** – case law not developed, but DOJ and OCR guidances and settlements can be influential.



Educate Yourself and Others!



- For attorneys:
 - [Legal Advocacy to Protect Health Care Access for People Who Use\(d\) Drugs](#)
- For everyone:
 - [Legal Help for People Who Use\(d\) Drugs & Alcohol](#)
<https://www.lac.org/major-project/legal-help-4-pwud>
 - [MAT Advocacy Toolkit](#)
 - [Emergency Room Toolkit](#)
- On LAC's website, www.lac.org

Education



- **Develop partnerships with:**
 - Health care providers who can educate others about SUD
 - Advocates working on these issues
 - Harm reduction organizations
 - CBOs whose clients are facing SUD discrimination
 - Other legal organizations, including medical-legal partnerships
 - Regulators/public health officials

Attorney Advocacy Strategies: Informal Advocacy



- Use education, persuasion, and if necessary, threat of litigation, to get your clients access to health care and broader practice change.
- [Legal Advocacy Guide](#) – useful tips and sample demand letter.
- LAC has helped people overcome discriminatory denial to SNFs this way.

Attorney Advocacy Strategies: Administrative Complaints

- **ADA** – file with **DOJ** at <https://beta.ada.gov/file-a-complaint/>
- **Rehabilitation Act** – file with **OCR**:
 - <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **FHA** – file with **HUD**:
 - https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint#_How_To_File
- **EMTALA** – file with agency that investigates complaints about hospitals in state where incident occurred. See Centers for Medicare & Medicaid Services list at <https://www.cms.gov/files/document/state-survey-agency-directory-june-2022.pdf>
- Don't forget **state agency complaints** – including Attorneys General!

Example: Administrative Complaint

- **Tyler:**
 - Went to E.R. with endocarditis – heart infection from injection drug use.
 - Admitted as inpatient; needed valve replacement, but hospital wouldn't provide because of Tyler's injection drug use – though eligible under clinical standards.
 - Kept him in hospital for weeks, treating infection with IV antibiotics.
 - Tyler transferred to a different hospital; got the procedure there.
- **LAC filed DOJ complaint.** Similar to facts in DOJ settlement with MA General Hospital- denial of lung transplant because patient took Suboxone violated Title III. \$250,000 remedy.

Attorney Advocacy Strategies: Litigation

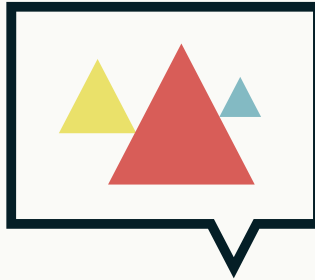
- Litigation is necessary to –
 - Establish case law
 - Raise overall awareness and drive systems change
 - Provide relief to client (if other avenues are unsuccessful)
- Litigation challenging denial of MOUD in jails has had major impact. Need to do same in other settings.
- LAC filed: [Landau v Good Samaritan Hospital](#) – hospital denied admitted patient methadone for OUD and home discharge with PICC line for IV-antibiotics

Public Health Strategies

1. Meet with relevant parties
2. Offer technical assistance – *how* to provide health services to people who use(d) drugs without incurring the risks providers often fear
3. Issue guidances – legal requirements and “how to” practicalities
4. Need statutory/regulatory change?

LAC Can Help

- LAC can provide **back-up support** – such as templates, advice, connection to resources
- LAC **resources** noted already
- Contact: Sally Friedman, sfriedman@lac.org or Rebekah Joab, rjoab@lac.org



www.lac.org

If you have any questions,
you can contact us at
212-243-1313.

Moderated Discussion

Questions?



Additional Resources

US DOJ Guidance on the ADA and Opioids

https://www.ada.gov/opioid_guidance.pdf

Report complaints to US DOJ

<https://civilrights.justice.gov/report/>

Find your US Attorney's Office

<https://www.justice.gov/usao/find-your-united-states-attorney>

Legal Action Center MOUD Advocacy Toolkit

<https://www.lac.org/resource/mat-advocacy-toolkit>

Legal Advocacy to Protect Health Care Access for People who Use(d) Drugs

https://www.lac.org/assets/files/Advocacy-Guide_v4-w-attach-a.pdf

Summary of Cases Involving Discrimination Based on Treatment with MOUD

<https://www.lac.org/assets/files/Cases-involving-denial-of-access-to-MOUD.pdf>

EMERGENCY: Hospitals Can Violate Federal Law by Denying Necessary Care for Substance Use Disorders in Emergency Departments

<https://www.lac.org/resource/emergency-hospitals-can-violate-federal-law-by-denying-necessary-care-for-substance-use-disorders-in-emergency-departments>

Be Empow(ER)ed! Know Your Rights to Addiction Care for Drug & Alcohol-Related ER Visits

https://www.lac.org/assets/files/BeEmpowered_final.pdf

A Guide to Hospitals' Legal Obligations for ED Patients with Substance Use-Related Conditions

https://www.lac.org/assets/files/Hospital-Administrator-Guide_v3.pdf

Opioid Use Disorder & Health Care: Recovery Residences & Skilled Nursing Facilities

- <https://www.lac.org/assets/files/Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf>
- <https://www.lac.org/assets/files/SNF-MOUD-Info-Sheet-June-2021-ak-formatted.pdf>

Contact Information

Sally Friedman

Legal Action Center
sfriedman@lac.org

Su Ming Yeh

Pennsylvania Institutional Law Project
smyeh@pilp.org

Kate Boulton

Vital Strategies
kboulton@vitalstrategies.org

