

November 12, 2024

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Cathy McMorris Rodgers
Chair
House E&C Committee
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
House E&C Committee
Washington, DC 20515

The Honorable Jim Jordan
Chair
House Judiciary Committee
Washington, DC 20515

The Honorable Jerrold Nadler
Ranking Member
House Judiciary Committee
Washington, DC 20515

The Honorable Bernie Sanders
Chair
Senate HELP Committee
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member
Senate HELP Committee
Washington, DC 20510

Dear Speaker Johnson, Majority Leader Schumer, Minority Leader Jeffries, Minority Leader McConnell, Chair Rodgers, Ranking Member Pallone, Chair Jordan, Ranking Member Nadler, Chair Sanders, and Ranking Member Cassidy:

The undersigned organizations, representing a broad base of stakeholders, write today **to urge legislators to include S. 644/H.R. 1359 - the Modernizing Opioid Treatment Access Act (M-OTAA) as a priority in any year-end legislative package.** This bipartisan legislation would responsibly expand access to methadone treatment for opioid use disorder (OUD) in medical settings and areas where it is not available now. M-OTAA has gained increasing support in both the Senate and House and has already passed out of the Senate HELP Committee.

Opioid overdose accounts for over 70,000 preventable American deaths *each year*, more than the total number of American deaths in the Vietnam War. Methadone treatment has been shown to reduce the chances of dying by over 50% among patients with OUD. Beyond saving lives, methadone is superior to any other OUD treatment for retaining individuals in care, thus promoting sustained recovery and increased quality of life. Unfortunately, methadone is inaccessible to thousands of Americans who could benefit from it due to a 50-year-old provision in federal law, currently interpreted to require dispensing from federally certified Opioid Treatment Programs (OTPs, i.e., specialized 'methadone clinics').

That is why passing M-OTAA this Congress is critical. M-OTAA would expand access to methadone treatment for OUD by enabling board-certified addiction specialist physicians to prescribe it in their usual clinic settings, utilizing patients' existing pharmacies, under the

oversight of the same federal regulatory bodies that already ensure safety monitoring at OTPs. Several regions in the US – including the entire state of Wyoming – do not have *any* OTPs. Confining methadone to OTPs effectively denies treatment to countless individuals who may benefit, disproportionately harming rural communities and other under-resourced health settings and fostering racial, gender, and geographic inequity. Passing M-OTAA would make it more likely that patients with OUD can access methadone care in their communities, with expert guidance and monitoring by physicians board-certified in addiction medicine or addiction psychiatry, without the onerous, non-evidence-based requirements and logistical barriers that often hinder key elements of recovery like employment and parenting.

Opponents of M-OTAA argue that methadone's benefits are largely due to its frequent administration through the OTP system. Yet data from the COVID-19 public health emergency, which temporarily shifted methadone treatment to more unsupervised use to facilitate physical distancing, demonstrated improved treatment engagement and patient satisfaction, without causing increases in methadone-related overdoses. This research shows broadly that making it easier for people to access their medication outside of unnecessarily rigid take-home restrictions can enhance treatment access without sacrificing safety. Acknowledging the benefits of more flexible methadone access during the pandemic, SAMHSA recently made the pandemic era OTP flexibilities permanent, representing an incremental step forward for methadone access. However, methadone remains fettered by antiquated regulatory and siloed treatment delivery systems that preclude it from meeting the immense and urgent need for OUD treatment in this country. The next step toward expanding patient access to methadone is through M-OTAA's empowerment of addiction specialist physicians to prescribe methadone for pharmacy dispensing.

We are unified in our support of M-OTAA and our strong belief that it will help turn the tide on the overdose crisis facing our nation, saving thousands of constituents' lives while promoting treatment and recovery.

Sincerely,

1. Association for Multidisciplinary Education and Research in Substance Use and Addiction (AMERSA)
2. American Society of Addiction Medicine
3. National Survivors Union
4. Overdose Prevention Initiative
5. American Association of Psychiatric Pharmacists
6. American Pharmacists Association
7. Big Cities Health Coalition
8. Grayken Center for Addiction at Boston Medical Center
9. Partnership to End Addiction
10. Police Assisted Addiction & Recovery Initiative (PAARI)
11. R Street Institute
12. SMART Recovery
13. ABD/Skywatchers
14. AIDS Foundation Chicago
15. Alabama Society of Addiction Medicine
16. American Academy of Emergency Medicine
17. American College of Academic Addiction Medicine
18. American College of Clinical Pharmacy

19. American College of Emergency Physicians
20. American College of Medical Toxicology
21. American College of Obstetricians and Gynecologists
22. American College of Physicians
23. American Medical Association
24. American Mental Health Counselors Association
25. American Osteopathic Academy of Addiction Medicine
26. American Psychological Association Services
27. American Society of Health-System Pharmacists (ASHP)
28. A New PATH
29. Any Positive Change Inc.
30. Arizona Society of Addiction Medicine
31. Association for Behavioral Health and Wellness
32. Association of Persons Affected by Addiction
33. Broken No More
34. California Society of Addiction Medicine
35. Center for Addiction Science, Policy, and Research (CASPR)
36. Center for Housing & Health
37. Central City Concern
38. Drug Policy Alliance
39. Evergreen Treatment Services
40. Faces & Voices of Recovery
41. Families Recover Together, LLC
42. Geisinger
43. GLIDE Foundation
44. Hawaii Society of Addiction Medicine
45. HIV Alliance
46. Hope House Treatment Centers
47. Illinois Society of Addiction Medicine
48. Imperial Calcasieu Human Services Authority
49. Indiana Council of Community Mental Health Centers
50. Inseparable
51. International Nurses Society on Addictions
52. Iowa Mental Health Advocacy
53. Kelly S. Ramsey Consulting, LLC
54. Kentucky Medical Association
55. Kentucky Society of Addiction Medicine
56. Larkin Street Youth Services
57. Law Enforcement Action Partnership
58. Legal Action Center
59. Louisiana Society of Addiction Medicine
60. Maine Medical Association
61. Maryland-DC Society of Addiction Medicine
62. Massachusetts Health & Hospital Association
63. Massachusetts Medical Society
64. Massachusetts Society of Addiction Medicine
65. Mental Health America
66. Michigan Osteopathic Association
67. Michigan Society of Addiction Medicine
68. Michigan State Medical Society
69. Midwest Society of Addiction Medicine

70. Minnesota Medical Association
71. Moab Regional Recovery Center
72. Moms for All Paths to Recovery
73. Montgomery County Federation of Families for Children's Mental Health, Inc.
74. National Association of Addiction Treatment Providers
75. National Association of Pediatric Nurse Practitioners
76. National Commission on Correctional Health Care
77. National Harm Reduction Coalition
78. National League for Nursing
79. New Hope Behavioral Health Center, Inc.
80. New Jersey Association of Mental Health and Addiction Agencies, Inc.
81. New Mexico Society of Addiction Medicine
82. New Start Treatment
83. New York Society of Addiction Medicine
84. No Overdose Baton Rouge
85. North Dakota Medical Association
86. Northern New England Society of Addiction Medicine
87. NYU Grossman School of Medicine Addiction Medicine Fellowship
88. Oasis Center of the Rogue Valley
89. Ohio Society of Addiction Medicine
90. Oregon Medical Association
91. Overdose Crisis Response Fund
92. Penn Medicine Center for Addiction Medicine and Policy
93. Pennsylvania Society of Addiction Medicine
94. PRC
95. Public Justice Center
96. PursueCare, LLC
97. Recovery Dynamics
98. Risewell Community Services
99. Rural AIDS Action Network (RAAN)
100. Safer Inside
101. San Francisco AIDS Foundation
102. San Francisco Public Defender
103. Shatterproof
104. Shawnee Health
105. SHE RECOVERS Foundation
106. Society of General Internal Medicine
107. Society of Physician Assistants in Addiction Medicine
108. Southwest Recovery Alliance
109. Talbott Legacy Centers
110. TASC, Inc. (Treatment Alternatives for Safe Communities)
111. Texas Medical Association
112. The Gubbio Project
113. The Porchlight Collective SAP
114. Tennessee Justice Center
115. Tennessee Society of Addiction Medicine
116. Today I Matter, Inc.
117. Treatment on Demand Coalition (San Francisco)
118. Utah Society of Addiction Medicine
119. Utah Support Advocates for Recovery Awareness
120. Vital Strategies

121. Voices of Recovery San Mateo County
122. Wabash Valley Recovery Center
123. Washington Society of Addiction Medicine
124. Washington State Medical Association
125. West Virginia Association of Addiction and Prevention Professionals
126. West Virginia Society of Addiction Medicine
127. Wisconsin Society of Addiction Medicine
128. Young People in Recovery
129. YourPath