

May 16, 2023

The Honorable Kevin McCarthy
Speaker
House of Representatives
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader
House of Representative
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
Washington, DC 20510

The Honorable 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 McCarthy, Majority Leader Schumer, Minority Leader Jeffries, Minority Leader McConnell, Chair McMorris 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 endorse **S. 644/H.R. 1359 - the Modernizing Opioid Treatment Access Act (the "M-OTAA")**. This bipartisan, bicameral legislation would responsibly expand access to methadone treatment for opioid use disorder (OUD) in medical settings and areas where it is not available now. There is a shortage of methadone treatment for OUD that contributes to racial, gender, and geographic inequities in access to such treatment in the U.S. – especially in rural areas – despite an increasing number of opioid treatment programs (OTPs) in the for-profit sector in recent years.¹ Therefore, imminent passage of the M-OTAA is critical to saving lives, helping families, and strengthening American communities.

Only three medications have been approved by the Food and Drug Administration to treat OUD: methadone, buprenorphine, and naltrexone. OUD is associated with a 20-fold greater risk of early death due to overdose, infectious disease, trauma, and suicide.² Methadone is the most well-studied pharmacotherapy for OUD, with the longest track record.³ According to myriad

experts, methadone is safe and effective for patients when indicated, dispensed, and consumed properly.⁴ But federal law largely limits its availability for OUD to OTPs and prevents the broader use of this medication to address fentanyl's deadly role in driving the rise of, and disparities in, drug overdose deaths in America.

The M-OTAA would allow OTP clinicians and board-certified physicians in addiction medicine or addiction psychiatry to prescribe methadone for OUD treatment that can be picked up from pharmacies, subject to the Substance Abuse and Mental Health Services Administration rules or guidance on supply of methadone for unsupervised use. This legislation would capitalize on the existing addiction expert workforce and pharmacy infrastructure to integrate methadone treatment for OUD with the rest of general healthcare. In doing so, the M-OTAA would help increase innovation in the OTP industry and narrow gaps in access to methadone for OUD for those who need it.

Our organizations are unified in our support of the M-OTAA and our strong belief that it will help turn the tide on the addiction crisis facing our nation.

Sincerely,

1. American Society of Addiction Medicine
2. American Association of Psychiatric Pharmacists
3. American College of Academic Addiction Medicine
4. American College of Osteopathic Emergency Physicians
5. American College of Medical Toxicology
6. American College of Physicians
7. American for Multidisciplinary Education and Research in Substance Use and Addiction, Inc. (AMERSA)
8. American Medical Association
9. American Osteopathic Academy of Addiction Medicine
10. American Pharmacists Association
11. American Psychological Association
12. AIDS Foundation Chicago (AFC)
13. AIDS United
14. Alabama Society of Addiction Medicine
15. A New PATH (Parents for Addiction Treatment & Healing)
16. Anxiety and Depression Association of America
17. Any Positive Change, Inc.
18. Arkansas Society of Addiction Medicine
19. Association for Behavioral Health and Wellness
20. Being Alive
21. Big Cities Health Coalition
22. Broken No More
23. CADA of Northwest Louisiana
24. California Society of Addiction Medicine
25. Center for Adolescent Behavioral Health Research, Boston Children's Hospital

26. Center for Housing & Health
27. Clinical Social Work Association
28. Collaborative Family Healthcare Association
29. Community Outreach Prevention and Education Network
30. Coolidge Consulting
31. DAP Health
32. Drug Policy Alliance
33. Faces & Voices of Recovery
34. Florida Society of Addiction Medicine
35. The Grand Rapids Red Project
36. Grayken Center for Addiction at Boston Medical Center
37. Harm Reduction Action Center
38. Hawai'i Health & Harm Reduction Center
39. Hawai'i Society of Addiction Medicine
40. Hep Free Hawai'i
41. Honoring Individual Power and Strength (HIPS)
42. Illinois Society of Addiction Medicine
43. Indiana Recovery Alliance
44. Inseparable
45. International Society for Psychiatric Nurses
46. The Kennedy Forum
47. Landmark Recovery
48. Legal Action Center
49. Louisiana Society of Addiction Medicine
50. Massachusetts Association of Behavioral Health Systems
51. Massachusetts Association for Mental Health, Inc.
52. Massachusetts Society of Addiction Medicine
53. Mental Health America
54. Michigan Society of Addiction Medicine
55. Midwest Society of Addiction Medicine
56. Minnesota Society of Addiction Medicine
57. National Alliance for Medication Assisted Recovery (NAMA Recovery)
58. National Association of Pediatric Nurse Practitioners
59. National Alliance on Mental Illness
60. National Association of Addiction Treatment Providers
61. National Association of Social Workers
62. National Board for Certified Counselors
63. National Council on Alcoholism and Drug Dependence
64. National Harm Reduction Coalition
65. National Health Care for the Homeless Council
66. National League for Nursing
67. National Safety Council (NSC)
68. National Survivors Union
69. New Bedford Community Health
70. New York Society of Addiction Medicine

71. Northern New England Society of Addiction Medicine
72. Oklahoma Society of Addiction Medicine
73. Oregon Society of Addiction Medicine
74. Overdose Crisis Response Fund
75. Partnership to End Addiction
76. Pennsylvania Harm Reduction Network
77. The Porchlight Collective SAP
78. Public Justice Center
79. RI International
80. Rural Organizing
81. San Francisco AIDS Foundation
82. Shatterproof
83. The Sheet Metal and Air Conditioning Contractors National Association (SMACNA)
84. SMART Recovery
85. South Shore Health
86. Southwest Recovery Alliance
87. Students for Sensible Drug Policy
88. Tennessee Justice Center
89. Tennessee Society of Addiction Medicine
90. Today I Matter, Inc.
91. Vital Strategies
92. Washington Society of Addiction Medicine
93. Wisconsin Society of Addiction Medicine
94. Young People in Recovery

¹ Joudrey, Paul, Gavin Bart, Robert Brooner, Lawrence Brown, Julia Dickson-Gomez, Adam Gordon, Sarah Kawasaki, et al. "Research Priorities for Expanding Access to Methadone Treatment for Opioid Use Disorder in the United States: A National Institute on Drug Abuse Center for Clinical Trials Network Task Force Report." *Substance Abuse* 42 (July 3, 2021): 245–54. <https://doi.org/10.1080/08897077.2021.1975344>.

² Schuckit MA. Treatment of Opioid-Use Disorders. *N Engl J Med.* 2016;375(4):357-368. doi:10.1056/NEJMra1604339

³ Substance Abuse and Mental Health Administration. Medications for Opioid Use Disorder: For Healthcare and Addiction Professionals, Policymakers, Patients, and Families. Treatment Improvement Protocol (TIP) Series, No. 63. Chapter 3B: Methadone.; 2018. Accessed March 31, 2022. <http://www.ncbi.nlm.nih.gov/books/NBK535269/>

⁴ Baxter LES, Campbell A, DeShields M, et al. Safe Methadone Induction and Stabilization: Report of an Expert Panel. *J Addict Med.* 2013;7(6):377-386. doi:10.1097/01.ADM.0000435321.39251.d7