The U.S. House of Representatives Must Rise to the Moment: Cutting Methadone's Red Tape Means Saving Lives

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From the halls of Congress to the clinics where we practice addiction medicine in Maryland, Michigan, Texas, Washington State, and Pennsylvania, fentanyl and other drugs dominate the discussion. Approximately 110,000 Americans lost their lives to drug overdose last year, with the impact of that grief reverberating throughout the country. Tough choices in this complex public health crisis require innovative approaches to helping people stay alive, seek treatment, and find recovery.

This week, the House Energy and Commerce Subcommittee on Health will take steps to advance a range of legislation that aims to strengthen the nation's approach to the addiction and overdose crisis—and, ultimately, save lives. However, we are deeply disappointed that the Subcommittee has chosen to leave the Modernizing Opioid Treatment Access Act (MOTAA) (H.R. 1359) off its docket for this week's legislative hearing.

MOTAA is a bipartisan bill that would create a small, but necessary, adjustment in a longstanding closed system of clinics. It would accomplish this by empowering expert addiction specialist physicians — not just clinicians working in an opioid treatment program (OTP) — to prescribe methadone to treat opioid use disorder (OUD). The bill has received broad support from national organizations, including the American Medical Association and the American Pharmacists Association.

As physicians who work in diverse medical settings, including OTPs - also known as "methadone clinics" - we encounter scenarios every day, where the red tape on methadone dispensing compromises patient care. You see, when a patient taking methadone for OUD must go to the hospital, enter a residential treatment facility, or even travel to visit family across state lines, they are burdened with navigating an extensive bureaucracy to maintain access to their life-saving medication. Such onerous restrictions also make it needlessly difficult for us to treat patients for whom methadone is the ideal medication. With the future of American lives in their hands, the U.S. House must demonstrate leadership and advance MOTAA to cut the red tape for addiction specialists who struggle to treat patients needing methadone as they transition through the recovery care continuum.

Since the Food and Drug Administration (FDA) approved it for this medical treatment in 1972, methadone has been a core part of treatment that keeps certain patients with OUD alive. A robust evidence base shows methadone supports recovery, facilitates abstinence from illegal substance use, and prevents overdose and death. It does so by facilitating a steadiness in once shaky lives and helps maintain employment, housing, and family and social connections, which are crucial to long-term recovery. Methadone is one of only three FDA-approved medications for OUD. As doctors who specialize in addiction medicine, we can unequivocally state that

impractical restrictions that limit methadone treatment to OTPs have not served the public need and stymie innovation. All too often, we see that methadone's red tape for patients makes choosing recovery more difficult. Not six months ago, Congress acknowledged that people with OUD simply do not have enough access to evidence-based treatment and took an admirable step by removing an outdated barrier to prescribing another medication, buprenorphine. Now, it is time to act on methadone.

That is where MOTAA comes in. If enacted, this bipartisan bill will permit OTP clinicians and addiction specialist physicians working in residential treatment programs, certified community behavioral health clinics, federally qualified health centers, and specialty outpatient clinics, to prescribe methadone and have it dispensed to patients from community pharmacies, which is permitted in other countries. Through this simple act, the medical system could more effectively meet and follow patients with a life-saving medication wherever they are in treatment. Like many medications, methadone does carry risks, which is why MOTAA contains important and improved safeguards, while allowing expert, non-OTP addiction specialist physicians to prescribe it.

To our partners operating OTPs opposing this legislation, prognosticating disaster against a requisite adjustment only exacerbates methadone's already weighty stigma. Our OTPs play a valuable role in providing evidence-based care utilizing medication for OUD; however, the contaminated nature of the illegal drug supply nearly assures us that patients entering these programs are exposed to multiple substances. OTPs have an opportunity to join addiction specialists in advocating for appropriate reimbursement for the treatment of all substance use disorders in this and all other clinical settings. MOTAA is a step in a long journey that we welcome all to join.

Undoubtedly, methadone's red tape is a factor in the addiction and overdose crisis. It is our federal policymakers' duty to embrace their role in enacting reforms that mean saving lives. Patients with OUD deserve comprehensive, community-oriented, and empowering treatment through the thoughtful and responsible expansion of access to prescribed methadone. As lives are lost and patients and families watch, on June 21st, the U.S. House must rise to the moment, and welcome a public conversation on modernizing access to methadone for the treatment of opioid use disorder.

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