May 16, 2023

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

The Honorable Chuck Schumer Majority Leader Washington, DC 20510

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

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

The Honorable Bernie Sanders Chair Senate HELP Committee Washington, DC 20510 The Honorable Hakeem Jeffries Minority Leader House of Representative Washington, DC 20515

The Honorable Mitch McConnell Minority Leader Washington, DC 20510

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

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

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

Updated Signatories as of August 13, 2024

- 95. American College of Emergency Physicians (ACEP)
- 96. American Mental Health Counselors Association
- 97. American Society of Health-systems Pharmacists (ASHP)
- 98. Center for Addiction Medicine and Policy, University of Pennsylvania
- 99. National Community Pharmacists Association
- 100. International Nurses Society on Addictions (IntNSA) USA
- 101. Indiana State Medical Association
- 102. Kentucky Medical Association
- 103. Maine Medical Association
- 104. Michigan State Medical Society
- 105. Minnesota Medical Association
- 106. National Commission on Correctional Health Care
- 107. Nevada Society of Addiction Medicine
- 108. North Dakota Medical Association
- 109. Ohio Society of Addiction Medicine
- 110. Oklahoma State Medical Association
- 111. Overdose Prevention Initiative
- 112. Pennsylvania Medical Society

- 113. Police Assisted Addiction & Recovery Initiative (PAARI)
- 114. Texas Medical Association
- 115. Utah Society of Addiction Medicine
- 116. Washington State Medical Association

doi:10.1056/NEJMra1604339

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.

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