September 15, 2026

The Honorable Bill Cassidy
Chairman
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

The Honorable Bernard Sanders
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Morgan Griffith
Chairman
Subcommittee on Health
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Diana DeGette
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Jim Jordan
Chairman
Committee on the Judiciary
United States House of Representatives
Washington, DC 20515

The Honorable Jamie Raskin
Ranking Member
Committee on the Judiciary
United States House of Representatives
Washington, DC 20515

Re: Request to pass the bipartisan Modernizing Opioid Treatment Access Act 2.0 before year-end

Dear Chairman Cassidy, Ranking Member Sanders, Chairman Guthrie, Ranking Member Pallone, Chairman Griffith, Ranking Member DeGette, Chairman Jordan, and Ranking Member Raskin:

Why MOTAA 2.0 Is Needed Now

On behalf of the American Society of Addiction Medicine (ASAM), I urge Congress to pass H.R. 9790 / S. 4941, the Modernizing Opioid Treatment Access Act 2.0 (MOTAA 2.0), before year-end. This bipartisan legislation would expand access to treatment for opioid use disorder (OUD) with methadone through a carefully regulated prescribing and pharmacy-dispensing pathway. It would complement existing federally regulated opioid treatment programs (OTPs), commonly known as methadone clinics, not replace them.[1] **Concerns raised about the earlier bill led to several changes. MOTAA 2.0 now restricts the formulations that can be dispensed by pharmacies for OUD and expressly preserves state authority over dispensing quantities. It also permits pharmacy-observed dosing when clinically appropriate and requires annual DEA reporting to Congress.**

Under MOTAA 2.0, qualified practitioners, including board-certified addiction specialist physicians, would need a separate DEA registration before prescribing methadone for OUD for pharmacy dispensing. The clinician would evaluate the patient and decide whether observed dosing is warranted. If it is determined that observed dosing is needed, the prescriber could direct the pharmacy to supervise the patient's dose.

The Centers for Disease Control and Prevention predicts approximately 67,000 drug overdose deaths for the 12 months ending in March 2026.[2] While this represents some progress,[3] the addiction and overdose crisis continues to claim the lives of tens of thousands of Americans, many of whom have OUD. Persistent barriers to OUD treatment with methadone, a medication proven to reduce morbidity and mortality while also lowering the risk of new hepatitis C virus infections among those who inject drugs,[4,5] leave too many Americans without access to a lifesaving treatment.[6,7,8,9,10,11]

Decades-old federal restrictions largely limit methadone treatment for OUD to OTPs. Notwithstanding its clinical efficacy,[12,13,14] methadone for OUD can be difficult to access. Long-standing gaps in access are especially pronounced in rural areas. **Most U.S. counties do not have an OTP that can dispense methadone for OUD,[15] meaning many patients must travel long distances, risk missing doses, or do without the option of methadone treatment even when it's the best medication for them.** Restricting methadone treatment to a single care setting ignores the individual needs of patients, correctional systems, and the entire continuum of care in favor of a one-size-fits-all model.

Building on Prior Bipartisan Action

On December 12, 2023, the Senate HELP Committee advanced a version of S. 644, MOTAA, with the support of Senators Cassidy and Sanders.[16] The Congressional Budget Office's estimate informed the Senate HELP Committee's consideration of S. 644. The estimate projected additional federal outlays because expanded OUD treatment with methadone would enable more Americans with OUD to receive lifesaving care and avoid death.[17] Senator Cassidy referenced that rationale behind the score when explaining his support for advancing that bill.

Before the Senate HELP Committee's vote, six law enforcement organizations expressed concerns about the original S. 644's pharmacy-dispensing pathway, which was then designed for only take-home use. Their letter, however, also supported expanding access to addiction medications, including methadone, with proper support, supervision, and guardrails. Since S. 644 was last considered, bill sponsors have worked to address the concerns raised in that letter. **MOTAA 2.0 includes safeguards not included in the original legislation, preserves patient access to counseling and other wraparound services, and permits pharmacy-observed dosing when clinically appropriate.**

A New Pathway with Safeguards

Over 60,000 community pharmacies already serve patients nationwide,[18] compared to just over 2,000 OTPs.[19] MOTAA 2.0 would use that pharmacy infrastructure to expand methadone for OUD treatment access to places where an OTP may not exist, but only with the following MOTAA 2.0 safeguards:

- practitioner qualification requirements;
- a separate DEA registration for prescribing methadone for OUD;
- state medical licensing controls alongside pharmacy registration and licensing controls;

- federal and state dispensing limits on quantities of methadone for OUD;
- exclusive electronic prescribing;
- greater prescription drug monitoring program (PDMP) visibility;
- a ban on the pharmacy dispensing of standard methadone pills for OUD;
- observed medication taking when clinically appropriate;
- annual DEA reporting to Congress; and
- an 180-day implementation period to help regulators prepare.

These safeguards are designed to support safe pharmacy dispensing while allowing more patients to receive care in the setting that best meets their needs, rather than requiring all patients to receive their methadone treatment through an OTP, which can be impractical or impossible.

Pharmacy Dispensing and Clinical Judgement Are Established Practices

For decades, other countries, including the United Kingdom, France, Canada, and Australia, have incorporated supervised and take-home pharmacy dispensing of methadone for OUD into their health care systems.[20,21,22] MOTAA 2.0 would finally establish a U.S.-specific pathway for pharmacy dispensing. Federal policy already permits OTPs to dispense take-home methadone to patients with OUD, a practice supported by OTP trade groups.[23] However, unlike pharmacy-dispensed Schedule II medications, methadone dispensed by OTPs is generally not included in PDMPs. **MOTAA 2.0 relies on the same fundamental principle of individualized clinical decision-making used throughout medical care, including in OTP care. Those decisions would remain subject to applicable federal and state requirements. Pharmacy-dispensing would also make methadone prescriptions more visible in state PDMPs, improving oversight and care coordination.**

Support Extends Across Health Care, Corrections, and Public Health and Safety

Nearly 150 organizations have now endorsed MOTAA 2.0 since its bipartisan introduction this summer. The supporting coalition includes national medical and pharmacist organizations, OTPs, correctional and jail organizations, rural health organizations, community health centers, cities, recovery organizations, patients, and families. **The American Correctional Association, American Jail Association, National Commission on Correctional Health Care, Community Oriented Correctional Health Services, Police Assisted Addiction and Recovery Initiative, Law Enforcement Action Partnership, and the Police, Treatment, and Community Collaborative are all part of the coalition**. These organizations work with individuals receiving addiction treatment during incarceration and reentry and understand the challenges of maintaining treatment continuity across care settings. **Supporters also include the American Medical Association, American Academy of Family Physicians, American Pharmacists Association, National Community Pharmacists Association, American Society of Health-System Pharmacists, National Association of Community Health Centers, National League of Cities, National Rural Health Association, American Association for the Study of Liver Diseases, Faces & Voices of Recovery, National Coalition to Liberate Methadone, Hazelden Betty Ford Foundation, the following OTPs: Cedar Recovery, Talbott Legacy Centers, Evergreen Treatment Services, Moab Regional Recovery Center, and REACH Health Services,** as well as numerous additional national, state, and local organizations. **A complete list of MOTAA 2.0 endorsements is attached as an appendix and is regularly updated at ASAM.org/MOTAA.**

Congress Can Finish This Bipartisan Work This Year

In 2023, the Senate HELP Committee advanced an earlier methadone modernization bill with support from Senators Cassidy and Sanders. With National Recovery Month's attention on the ongoing addiction and overdose crisis, this Congress has a timely opportunity to continue that bipartisan work. MOTAA 2.0 would offer another pathway for more Americans with OUD, including those using high-potency illicit opioids like fentanyl, to achieve remission and recovery,[24] while ensuring appropriate federal and state oversight. The bill would support the administration's Great American Recovery Initiative, improve the visibility of methadone for OUD in PDMPs, and increase provider and patient choice. **ASAM urges your committees to advance H.R. 9790 / S. 4941 and work with congressional leadership to include MOTAA 2.0 in an appropriate year-end legislative vehicle. Americans with OUD, along with their families, should not have to wait for another Congress for access to care that could save their lives.**

Thank you for your consideration. If you have any questions, please contact Kelly Corredor, ASAM's Chief Advocacy Officer, at kcorredor@asam.org.

Sincerely,

Stephen M. Taylor, MD
President, American Society of Addiction Medicine

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Appendix: The Modernizing Opioid Treatment Access Act 2.0 Endorsements (MOTAA 2.0) (H.R. 9790 / S. 4941)

AIDS United

Alaska Society of Addiction Medicine

Alaska State Medical Association

American Academy of Family Physicians

American Association of Psychiatric Pharmacists

American Association for the Study of Liver Diseases

American Civil Liberties Union

American College of Academic Addiction Medicine

American College of Clinical Pharmacy

American College of Emergency Physicians

American College of Medical Toxicology

American College of Osteopathic Emergency Physicians

American Correctional Association

American Jail Association

American Medical Association

American Osteopathic Academy of Addiction Medicine

American Osteopathic Association

American Pharmacists Association

American Psychological Association Services

American Society of Addiction Medicine

American Society of Consultant Pharmacists (ASCP)

American Society of Health-System Pharmacists

Association for Behavioral Health and Wellness

Association for Multidisciplinary Education and Research in Substance Use and Addiction (AMERSA)

Big Cities Health Coalition

Boston Medical Center

Broken No More

California Consortium of Addiction Programs & Professionals

California Society of Addiction Medicine

Cedar Recovery (OTP provider in Tennessee and Virginia)

Center for Addiction Science, Policy, and Research (CASPR)

Colorado Medical Society

Colorado Psychiatric Society

Colorado Society of Addiction Medicine

Community Oriented Correctional Health Services

Connecticut Society of Addiction Medicine

Doctors for Drug Policy Reform

Drug Policy Alliance

Evergreen Treatment Services (OTP provider in Washington State)

Faces & Voices of Recovery

Families United for Change

Georgia Council for Recovery

Hazelden Betty Ford Foundation

Hellbender Harm Reduction (Knoxville, Tennessee)

HIV Alliance

Idaho Medical Association

Idaho Society of Addiction Medicine

Indiana Rural Health Association

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Indiana State Medical Association

International Network on Health, Hepatitis, and Substance Use

Illinois Society of Addiction Medicine

Inseparable

International Certification and Reciprocity Consortium (IC&RC)

International Nurses Society on Addictions - USA

Iowa Medical Society

Iowa Mental Health Advocacy

Kansas Medical Society

The Kennedy Forum

Kentucky Society of Addiction Medicine

Law Enforcement Action Partnership

Legal Action Center

Louisiana Society of Addiction Medicine

Maine Medical Association

Maine Osteopathic Association

Maryland-DC Society of Addiction Medicine

Massachusetts Medical Society

Massachusetts Society of Addiction Medicine

Mass General Brigham

Medical Association of Georgia

Medical Society of the State of New York

Medical Society of Virginia

Mental Health America

Michigan Society of Addiction Medicine

Michigan State Medical Society

Midwest Society of Addiction Medicine (Kansas, Missouri, Nebraska)

Minnesota Medical Association

Missouri State Medical Association

Moab Regional Recovery Center (OTP provider in Utah)

Mobilize Recovery

Moms for All Paths

Moms United to End the War on Drugs

National Association of Addiction Treatment Providers

National Association of Community Health Centers

National Behavioral Health Association of Providers

National Coalition for Homeless Veterans

National Coalition to Liberate Methadone

National Commission on Correctional Health Care

National Community Pharmacists Association

National League of Cities

National Rural Health Association

A New PATH (Parents for Addiction Treatment & Healing)

New Jersey Society of Addiction Medicine

New Mexico Society of Addiction Medicine

New York Society of Addiction Medicine

North Carolina Society of Addiction Medicine

No Overdose Baton Rouge

Ohio Society of Addiction Medicine

Ohio State Medical Association

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Oklahoma State Medical Association

Oklahoma Society of Addiction Medicine

Oregon Society of Addiction Medicine

Osteopathic Physicians & Surgeons of California

Overdose Crisis Response Fund

Overdose Prevention Initiative

Partnership to End Addiction

Penn Medicine's Center for Addiction Medicine & Policy

Penn State Addiction Center of Translation

Pennsylvania Harm Reduction Network

Pennsylvania Medical Society

Pennsylvania Society of Addiction Medicine

People Advocating Recovery (KY)

Police Assisted Addiction and Recovery Initiative

Police, Treatment, and Community Collaborative (PTACC)

R Street Institute

REACH Health Services (OTP provider in Maryland)

Recovery Centers of America

Rhode Island Medical Society

Rhode Island Society of Addiction Medicine

Shatterproof

Shawnee Health

SMART Recovery

Society of PAs in Addiction Medicine

South Carolina Society of Addiction Medicine

Southeast Florida Recovery Advocates

Talbott Legacy Centers (OTP provider in Tennessee)

Tennessee Society of Addiction Medicine

Texas Medical Association

Today I Matter, Inc

Treatment Alternatives for Stronger Communities

Utah Academy of Family Physicians

Utah Society of Addiction Medicine

Utah Support Advocates for Recovery Awareness (USARA)

Veterans Inc.

Vilomah Foundation

Virginia Society of Addiction Medicine

Voices of Hope - Lexington (KY)

Washington Society of Addiction Medicine

Washington State Medical Association

WellSpan Health

West Virginia Academy of Family Physicians

West Virginia Society of Addiction Medicine

Yale Program in Addiction Medicine

Young People in Recovery