



1135 PROFESSIONAL BOULEVARD | HAGERSTOWN, MD 21740-5853

PHONE: 301.790.3930 | FAX: 301.790.2941

[www.aja.org](http://www.aja.org) | [aja@aja.org](mailto:aja@aja.org)

President  
*Elsie Judon, MS, CJM, CCHP*  
Fort Lauderdale, Florida

President-Elect  
*Diana Knapp, MS, CJM, CCE, CCHP*  
Kansas City, Missouri

1st Vice President  
*Lisa Peck, CJM*  
Grand Junction, Colorado

2nd Vice President  
*Jonathan Ede, MSCJ, CJM*  
Austin, Texas

3rd Vice President  
*Jared Schechter, MS, CJM, CCM*  
Wichita, Kansas

Secretary  
*Sam Davis, MA, CJM*  
East Lansing, Michigan

Treasurer  
*John Johnson, PhD, CJM*  
Doral, Florida

Immediate Past President  
*Shaun Klucznik, MA, CJM, CCHP*  
Brooksville, Florida

Parliamentarian  
*Marsha Travis, CJM*  
Nashville, Tennessee

Sergeant-at-Arms  
*Jeffrey M. Begue, CJM*  
Canton, OH

Executive Director  
*Chris Daniels, MPA, CAE*  
Hagerstown, Maryland

October 7, 2026

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

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

Dear Senators:

We write in strong support of The Modernizing Opioid Treatment Access Act 2.0 (S. 4941).

The American Jail Association represents over 300,000 correctional professionals working in 3,000 jails in the U.S. and strives to increase community safety, in part, by assuring that individuals in our custody return to their communities with the skills, resources, and care they need to support their ability to function as healthy, law-abiding, and productive members of those communities. Paramount among reentry needs we address is opioid use disorder (OUD).

**Future Conference Site | SPOKANE, WASHINGTON • MAY 22-26, 2027**

[www.aja.org](http://www.aja.org) | [aja@aja.org](mailto:aja@aja.org)

Jail is an important – if not most the important – touchpoint for treating OUD for at least two reasons. First, the majority of people with OUD will spend time in a jail. For example, a recent study showed that 53% of all Washingtonians with OUD will pass through the doors of a Washington state jail over the course of a year. Second, being in jail (a life-event “low”), can be the psychological trigger to seek help.

Effective treatment of OUD includes making all three categories of FDA-approved medications available to patients – methadone, buprenorphine, and naltrexone – because each has its own pros and cons, and more importantly, because of those differences, the most effective medication is the one the patient is willing to take...and continue.

For these reasons, it is crucial that jails be able to offer patients methadone as an option. Unfortunately, current federal laws and regulations make that difficult. To provide patients the option of methadone treatment the jail must either: (a) become licensed as an Opioid Treatment Program (OTP; “Methadone Clinic”), which is time consuming and expensive; (b) contract with a community OTP, which is challenging if there is none in their community or the OTP is unwilling; or (c) register with DEA as a “hospital/clinic,” which can be difficult or impossible depending on the jail’s state’s requirements to be a clinic, requires the patient to have a primary diagnosis other than OUD, and requires the jail to have nurses present every day. These requirements – especially the last one – are insurmountable for small/rural jails.

MOTAA 2.0 will allow for provision of methadone as a treatment option for patients in *any* jail, regardless of size or location, by collaborating with an addiction specialist. Moreover, we are hopeful that the bill’s clause allowing prescribers “otherwise determined by the Secretary...to be qualified to prescribe methadone for opioid use disorder” to open a narrow pathway for prescribers practicing in a correctional setting to legally prescribe methadone.

Current U.S. law around OUD treatment is upside down. One of us, as a physician, can, with little restriction and regulation, legally prescribe methadone to his patients to treat pain, easily resulting in the patient developing opioid dependence. But his hands are severely tied if he wants to prescribe that same methadone to treat the disease he caused! MOTAA 2.0 is a step towards righting the ship.

Sincerely,



Chris Daniels  
Executive Director



Marc F. Stern, MD, MPH  
Medical Advisor, Board of Directors