Modernizing Opioid Treatment Access Act 2.0 (MOTAA 2.0)

Decades-old federal restrictions can make **methadone treatment for opioid use disorder (OUD)** difficult for Americans to access, especially in rural areas. Methadone for OUD is largely restricted to opioid treatment programs (OTPs), which roughly 80% of U.S. counties don't have. Many patients must travel long distances and risk missing doses. **Methadone for OUD is a gold-standard treatment that cuts all-cause mortality by more than half while significantly reducing the risk of fatal overdose.** Yet it remains severely underutilized.

While OTPs provide important services like methadone treatment, relying on a single care setting can limit flexibility as patients' needs differ and change. This system ties a patient's OUD care to the nearest OTP, even when they may benefit from services their OTP can't offer, like other medications. Patients often transition between levels of care—including outpatient programs, residential treatment, and primary care—but these transitions are hard to make when patients are tethered to the closest OTP in order to continue receiving methadone treatment.

Co-sponsor MOTAA 2.0

This legislation would permit qualified practitioners, including addiction specialist physicians, to prescribe methadone for OUD and allow community pharmacies to dispense it.

This would strengthen America's response to the overdose crisis by empowering expert clinicians to prescribe the medication that's best for their patient and integrate it with other primary and addiction specialty care services.

THE IMPACT OF MOTAA 2.0

EXPAND ACCESS TO A LIFESAVING ADDICTION TREATMENT

There are 60,000+ community pharmacies compared to only about 2,100 OTPs.

UNLOCK INTEGRATED CARE MODELS

Moving methadone to a pharmacy-involved medical model would promote integration of primary and addiction specialty care services.

IMPROVE PATIENT SAFETY AND ADDRESS DIVERSION

- Prescribers would be separately registered by the DEA.
- Today, methadone dispensed by OTPs is generally not included in state prescription drug monitoring programs (PDMPs), leaving this medication often less visible to the wider medical community. In contrast, methadone for OUD dispensed through community pharmacies would be reported more routinely to PDMPs, increasing its visibility.
- States would set dispensing limits. Formulations would be limited to liquid or dispersible tablets.
- Prescriptions could be written for supervised *or* unsupervised use.

IN AN ADDICTION CRISIS, WE NEED MOTAA 2.0 NOW

Sticking with the status quo hurts Americans with opioid use disorder.

- Large geographic coverage gaps remain, leaving many without accessible methadone treatment.
- Methadone dispensed by OTPs is generally not reported to PDMPs, limiting real-time, patient-level visibility for clinicians at the point of care and reducing integrated transparency across the healthcare system.
- OTPs provide key OUD services, but expanding access to methadone in additional care settings would better support patients as they move across levels of care.