



ASAM American Society of
Addiction Medicine

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ASAM Applauds Bipartisan Legislation to Expand Access to Methadone Treatment for Opioid Use Disorder

The Modernizing Opioid Treatment Access Act 2.0 would permit qualified practitioners, including addiction specialist physicians, to prescribe methadone for opioid use disorder and community pharmacies to dispense it

Rockville, MD – Today, the American Society of Addiction Medicine (ASAM) applauded the introduction of **The Modernizing Opioid Treatment Access Act 2.0 of 2026 (MOTAA 2.0) (S.4941)**, bipartisan legislation aimed at improving access to methadone, an FDA-approved treatment for opioid use disorder (OUD). Introduced by Senators Ed Markey and Rand Paul, the bill would allow highly trained practitioners, including addiction specialist physicians, to prescribe methadone that can be dispensed at community pharmacies.

Current federal rules largely limit methadone treatment for OUD to opioid treatment programs (OTPs). Roughly eighty percent of U.S. counties do not have an OTP, creating access challenges for patients. With only about 2,100 OTPs nationwide, many patients travel long distances and risk missing doses.

“For too long, methadone treatment for opioid use disorder has been siloed away from the mainstream healthcare system,” said Stephen M. Taylor, MD, MPH, DFAPA, DFASAM, president of ASAM. “MOTAA 2.0 is a much-needed step to reduce fragmentation in addiction care and expand patient access to methadone for OUD through expert clinician prescribing and pharmacy dispensing.”

Methadone was approved by the FDA for the treatment of OUD in 1972. As the only full opioid agonist treatment for OUD, it is [uniquely useful](#) for certain patients, specifically those using high potency synthetic opioids like fentanyl. [Studies show](#) that methadone cuts all-cause mortality by more than half while significantly reducing the risk of fatal overdose.

S. 4941 also includes several safety guardrails to support patient care, address diversion concerns, and help responsibly expand treatment access. This includes requiring prescribers to obtain a separate DEA registration, limiting pharmacy dispensed formulations to liquid or dispersible tablets, and permitting states to set dispensing limits. Pharmacies that dispense

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methadone for OUD could also report these prescriptions to state prescription drug monitoring programs (PDMPs), providing the larger medical community with greater visibility into a patient's care. Currently, methadone dispensed directly from OTPs is generally not reported to PDMPs.

“Overdose deaths remain tragically high, and the illicit drug landscape continues to evolve at breakneck speed,” added Dr. Taylor. “ASAM applauds MOTAA 2.0’s co-sponsors for recognizing the gravity of America’s addiction crisis and taking bold action to modernize the delivery of opioid use disorder treatment. We urge all lawmakers to support this important legislation.”

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About the American Society of Addiction Medicine

The American Society of Addiction Medicine (ASAM), founded in 1954, is a professional medical society representing over 8,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. For more information, visit www.ASAM.org.