



ASAM American Society of
Addiction Medicine

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**ASAM: Make Methadone Treatment for OUD Accessible by Cutting
Federal Red Tape, Allowing States to Personalize Treatment Models**

*Empowering states to adopt innovative methadone treatment models would improve
access to lifesaving care amid the overdose crisis*

Rockville, MD – The American Society of Addiction Medicine (ASAM) released its [Public Policy Statement on Reducing Federal Bureaucratic Barriers to Methadone for Opioid Use Disorder and Empowering State Innovation](#), which addresses regulatory hurdles that make methadone treatment (MT), a lifesaving treatment for opioid use disorder (OUD), inaccessible for millions of people with OUD. In the statement, ASAM recommends that the federal government reduce federal bureaucratic barriers to MT, allowing states to design their own safe and effective models to improve access and meet the needs of their patient populations.

MT is highly effective in treating people using high potency synthetic opioids like fentanyl. However, it's largely restricted to federally regulated opioid treatment programs (OTPs), which 80% of US counties don't have. Scarcity of OTPs, coupled with burdensome take-home medication policies and practices, contribute to underutilization. In 2021, fewer than 500,000 people received MT, despite an estimated 7.6 million people having OUD in 2019.

The statement also notes that MT is the only area of medicine that has federal standards for medical practice, whereas all other areas are primarily state regulated. Reducing this federal bureaucracy would allow states to explore new models of treatment delivery that “would support fewer burdensome restrictions, reduced stigma, and increased access to MT.”

“The severity of the ongoing opioid overdose crisis demands new, innovative approaches to methadone treatment delivery,” said Stephen M. Taylor, MD, MPH, DFAPA, DFASAM,

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president of ASAM. “Federal policymakers must reduce burdensome regulations that restrict patient access to methadone treatment for OUD. Without these barriers, states can explore more accessible models that allow addiction specialist physicians and their patients to pursue treatment options that are best for them, which may include methadone.”

ASAM's statement offers different MT models that states could adopt if federal regulations on MT were reduced. In these models, the involvement of the federal government would not extend beyond regulating practitioners, pharmacies, and Medicare and Medicaid coverage:

- **Model 1: Universal access**
- **Model 2: Patients could initiate and receive MT in a state-defined OTP, or patients could be prescribed MT by the OTP practitioner or a board-certified addiction specialist physician with administration/dispensing at community pharmacies. The model would be similar to the one contemplated by the Modernizing Opioid Treatment Access Act**
- **Model 3: Patients initiate MT in a state-defined OTP (with administration/dispensing at the OTP or at a pharmacy, depending on state law) but can transfer to primary care settings when stable**
- **Model 4: MT is only available through state-defined OTPs, but the process for becoming a state-defined OTP (or operating a medication unit) becomes more flexible**

Read the full statement [here](#).

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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.