



LEGISLATIVE BRIEF

Expand access to medications for opioid use disorder (OUD)

An estimated 2.5 million Americans live with opioid use disorder yet [only 11.2% received medication treatment in 2020](#).

Methadone, a synthetic, long-lasting opioid agonist, is a gold standard medical treatment for OUD. Methadone is the [most well-studied pharmacotherapy](#) for OUD, with the longest track record. It is [safe and effective](#) for patients when indicated, dispensed, and consumed properly.

However, [fewer than 1,816 programs](#) provide methadone to approximately 409,000 Americans. In other words, methadone programs in the U.S. are straining to serve just 16% of the people who need their services.

REMOVE ACCESS BARRIERS TO METHADONE

During the COVID pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) allowed opioid treatment programs (OTPs) to [provide take-home methadone doses](#). Research on the methadone COVID flexibilities showed no evidence of increased methadone [overdose](#) or [diversion](#).

Responsibly expanding access to methadone treatment for OUD in medical settings and areas [where it is not available now](#) is critical to saving lives, helping families, and strengthening our communities. Further, expanding access to methadone outside of OTPs will help decrease the stigma people experience when seeking treatment by integrating it into the health care system.

The Big Cities Health Coalition (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of their residents. Collectively, BCHC's 35 member jurisdictions directly impact more than 61 million people, or one in five Americans.

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SUPPORT THE MODERNIZING OPIOID TREATMENT ACCESS ACT (MOTAA)

The *Modernizing Opioid Treatment Access Act* ([H.R. 1359](#) / [S.644](#))

- ▶ Creates a legal mechanism for addiction specialist physicians to prescribe methadone for OUD treatment that can be picked up at pharmacies.
- ▶ Requires the Drug Enforcement Administration (DEA) to create a new registration process for such prescribers of methadone.
- ▶ Fixes the contradictory policy that addiction physicians can prescribe and pharmacies can dispense methadone for pain but cannot for OUD. Passing MOTAA thus decriminalizes methadone prescribing for OUD.
- ▶ Establishes additional federal safeguards for such prescribers.
- ▶ Allows counselors and other ancillary service providers to provide telehealth support.

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