



AMERICAN
PSYCHOLOGICAL
ASSOCIATION
SERVICES, INC.



ASAM American Society of
Addiction Medicine



March 25, 2026

The Honorable Erin Houchin
U.S. House of Representatives
Washington, DC 20515

Dear Representative Houchin:

The undersigned national organizations, representing thousands of physicians, pharmacists, and other healthcare professionals on the frontlines of our country's addiction and overdose crisis, thank you for supporting policies that prevent and treat opioid use disorder (OUD) and promote safer communities. We share these laudable goals with you. **Accordingly, we would welcome the opportunity to collaborate with you on critical revisions to [H.R. 5629](#) that would promote safety, integrated care, affordability, patient choice, and provider diversification.**

H.R. 5629's Reversal of the 2024 HHS Final Rule Would Increase Overdoses and Reduce Access to Evidence-Based OUD Care, Especially in Rural Areas

H.R. 5629 would largely nullify the 2024 Final Rule of the Department of Health and Human Services (HHS), titled "*Medications for the Treatment of Opioid Use Disorder.*" If enacted as currently drafted, the bill would result in more opioid overdoses, because fewer people would get methadone treatment for OUD, with no improvement in safety for our communities. It would mean federal methadone policy taking a giant leap backwards at the very moment when **American families need more, not less, access to evidence based- addiction treatments.** At the same time, several studies evaluating the 2024 HHS Final Rule's key flexibilities – some originally introduced during the first Trump Administration - have found no evidence that they increased methadone-involved overdose mortality at a population level.^{1,2,3,4}

¹ Harris RA. Methadone Take-Home Policies and Associated Mortality: Permitting versus Non-Permitting States. *Substance Use: Research and Treatment*. 2024;18. doi:https://doi.org/10.1177/29768357241272379

² Harris RA, Long JA, Bao Y, Kranzler HR, Perrone J, Mandell DS. Methadone-involved overdose deaths in urban and rural communities before and after the public health emergency flexibilities for methadone take-home doses. *Drug Alcohol Depend Rep*. 2025 Apr 24;15:100339. doi: 10.1016/j.dadr.2025.100339. PMID: 40458079; PMCID: PMC12127620.

³ Jones CM, Compton WM, Han B, Baldwin G, Volkow ND. Methadone-Involved Overdose Deaths in the US Before and After Federal Policy Changes Expanding Take-Home Methadone Doses From Opioid Treatment Programs. *JAMA Psychiatry*. 2022 Sep 1;79(9):932-934. doi: 10.1001/jamapsychiatry.2022.1776. PMID: 35830198; PMCID: PMC9280608.

⁴ Roy V, Buonora MJ, Murray-Krezan C, Fabio A, Joudrey PJ. U.S. states opting out of expanded methadone take-home policies and associated mortality. *J Subst Use Addict Treat*. 2025 Dec;179:209800. doi: 10.1016/j.josat.2025.209800. Epub 2025 Sep 6. PMID: 40921251; PMCID: PMC12861035.

Additionally, the **2024 HHS Final Rule provides a key regulatory foundation for the White House's Great American Recovery Initiative⁵ and Rural Health Transformation Program.⁶** The rule's telehealth and care delivery- flexibilities help address geographic gaps in OUD treatment and support patient-centered care. **Congress should preserve, not reverse these flexibilities** if it wants a more effective provider landscape, especially in rural America.

It's also important to understand the historical context in which H.R. 5629 sits. Methadone treatment for OUD represents a unique exception in American medicine. More than half a century ago, Congress directed the HHS Secretary to regulate the practice of medicine involving methadone for OUD,⁷ a function traditionally left to the States. Until the introduction of H.R. 5629, Congress recognized that it lacked the medical expertise necessary to directly regulate the practice of medicine involving methadone treatment. If H.R. 5629 were enacted as-is, then federal lawmakers would be dictating medical practice by reinstating an outdated federal rule that improperly restricts the use of professional clinical judgment, including with respect to methadone's use and dosing. **We stand ready to work with you to revise H.R. 5629 so that it fulfills an appropriate and lifesaving purpose: empowering States to serve their unique populations with safe and effective treatment models that include methadone as one evidence-based option for OUD treatment, as more fully described below.**

Indiana Has Been a Congressional Leader in Promoting Integrated Models of Care that Can Offer Methadone for OUD and Competition

When Indiana Governor Mike Braun served in the U.S. Senate, he helped lead S. 644 - the *Modernizing Opioid Treatment Access Act (MOTAA)*.⁸ **MOTAA was bipartisan legislation that passed the Senate HELP Committee in December 2023 and was endorsed by more than 100 organizations, including the Indiana State Medical Association and the Kentucky Medical Association.⁹** It was designed to enable access to methadone treatment for OUD in a way that keeps communities safe: through the expertise and guidance of addiction specialist physicians and community pharmacists. **By aligning H.R. 5629 with MOTAA's principles and revising it to permit supervised dosing options at those pharmacies, we can usher in modern, more accessible, more patient-centered approaches to accessing methadone for OUD in Indiana and across America.**

⁵ Addressing Addiction through the Great American Recovery Initiative. The White House. Published January 29, 2026. <https://www.whitehouse.gov/presidential-actions/2026/01/addressing-addiction-through-the-great-american-recovery-initiative/>

⁶ Rural Health Transformation (RHT) Program | CMS. Cms.gov. Published 2025. <https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>

⁷ 21 U.S.C. § 823(h)

⁸ Text - S.644 - 118th Congress (2023-2024): Modernizing Opioid Treatment Access Act. Congress.gov. Published 2023. <https://www.congress.gov/bill/118th-congress/senate-bill/644/text>

⁹ MOTAA Endorsement Letter, dated May 16, 2023. https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/advocacy/letters-and-comments/motaa/08.13.24_motaa-stakeholder-endorsement.pdf?sfvrsn=f66eb4b6_1

Federal Barriers Are Stifling Legitimate Medical Access to Methadone for OUD

Such revisions to H.R. 5629 are critical. Unnecessary federal barriers continue to stifle medical treatment for OUD with methadone in the United States. As described in the American Society of Addiction Medicine (ASAM)'s 2025 public policy statement on methadone:¹⁰

- Methadone is a lifesaving treatment for OUD, **decreasing the risk of all-cause mortality and opioid-related overdose by 50% among people with OUD.**¹¹
- People who use high potency synthetic opioids, like fentanyl, its analogues, the nitazenes, and orphines, **may be retained in treatment longer with methadone treatment**, as compared to other FDA-approved medications for OUD.¹²
- One census documented fewer than **500,000** Americans receiving methadone treatment for OUD in 2021,¹³ despite **7.6 million** people in the U.S. estimated to have OUD in 2019.¹⁴
- An insufficient number of federally certified opioid treatment programs (OTPs) nationally contributes to long travel times for many patients;¹⁵ **patients are 29% more likely to miss a dose if they live more than 10 miles from the nearest OTP, as compared to within 5 miles from the OTP.**¹⁶ In-person dosing visits at OTPs can be particularly inconvenient for patients with childcare or employment responsibilities.¹⁷

¹⁰ Reducing Federal Bureaucratic Barriers to Methadone for Opioid Use Disorder and Empowering State Innovation. Default. Published July 22, 2025. <https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2025/07/22/reducing-federal-bureaucratic-barriers-to-methadone-for-opioid-use-disorder-and-empowering-state-innovation>

¹¹ Santo T, Jr., Clark B, Hickman M, et al. Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2021;78(9):979-993. doi:10.1001/jamapsychiatry.2021.0976

¹² Nosyk B, Min JE, Homayra F, et al. Buprenorphine/Naloxone vs Methadone for the Treatment of Opioid Use Disorder. *JAMA*. 2024;332(21):1822-1831. doi:10.1001/jama.2024.16954

¹³ National Association of State Alcohol and Drug Abuse Directors. *Technical Brief: Census of Opioid Treatment Programs*. 2022. Accessed March 28, 2025. <https://nasadad.org/wp-content/uploads/2022/12/OTP-Patient-Census-Technical-Brief-Final-for-Release.pdf>

¹⁴ Krawczyk N, Rivera BD, Jent V, Keyes KM, Jones CM, Cerdá M. Has the treatment gap for opioid use disorder narrowed in the U.S.? A yearly assessment from 2010 to 2019". *Int J Drug Policy*. Jul 19 2022:103786. doi:10.1016/j.drugpo.2022.103786

¹⁵ Amiri S, Hirschak K, McDonnell MG, Denney JT, Buchwald D, Amram O. Access to medication-assisted treatment in the United States: Comparison of travel time to opioid treatment programs and office-based buprenorphine treatment. *Drug Alcohol Depend*. Jul 1 2021;224:108727. doi:10.1016/j.drugalcdep.2021.108727

¹⁶ Amiri S, Lutz R, Socías ME, McDonnell MG, Roll JM, Amram O. Increased distance was associated with lower daily attendance to an opioid treatment program in Spokane County Washington. *J Subst Abuse Treat*. Oct 2018;93:26-30. doi:10.1016/j.jsat.2018.07.006

¹⁷ Hutchison M, Russell BS, Leander A, et al. Trends and Barriers of Medication Treatment for Opioid Use Disorders: A Systematic Review and Meta-Analysis. *Journal of Drug Issues*. 2023;55(2):193-214. doi:10.1177/00220426231204841

- **Waiting in line for methadone at OTPs can increase a patient's risk for returning substance use disorder symptoms** when they see peers with whom they previously used substances.¹⁸
- **Approximately 80% of counties** have no OTP, and half of those counties without an OTP are rural.¹⁹
- Methadone has been inappropriately singled out as **the only medication in U.S. healthcare governed by detailed federal regulations governing the practice of medicine.**

A Revised H.R. 5629 Can End Silos of Care, Promote Affordability, Patient Choice, and Provider Diversification, and Undercut International Drug Cartels

Allowing safe access to methadone treatment for OUD in non-OTP medical settings and modernizing oversight through States can (1) increase integrated models of care and patient choice, (2) strengthen rural providers and pharmacies,²⁰ (3) enhance patient safety through prescription drug monitoring systems,²¹ and (4) reduce reliance on an increasingly consolidated OTP-only system^{22,23} that hinders the ability of patients on methadone to move across the full continuum of care.²⁴ In contrast, continuing to maintain an OTP-only approach needlessly forces too many Americans to travel long distances for a single medication for a single indication²⁵ – even as they access their other medications at a nearby pharmacy. **When policies make legitimate medical access to methadone treatment for OUD harder, more Americans with OUD who need methadone are pushed right back to a 24/7, on-demand, illicit drug market dominated by ruthless international drug cartels – making none of us safer.**

¹⁸ Hoffman KA, Foot C, Levander XA, et al. Treatment retention, return to use, and recovery support following COVID-19 relaxation of methadone take-home dosing in two rural opioid treatment programs: A mixed methods analysis. *J Subst Abuse Treat*. May 8 2022;108801. doi:10.1016/j.jsat.2022.108801

¹⁹ Duff JH, Carter JA. *Location of Medication-Assisted Treatment for Opioid Addiction : In Brief Location of Medication-Assisted Treatment for Opioid Addiction : In Brief*. 2019.

²⁰ Tschampl CA, Feltus SR, Soranno E, et al. Treating Opioid Use Disorder With Methadone in Pharmacies. *JAMA Netw Open*. 2026;9(3):e260703. doi:10.1001/jamanetworkopen.2026.0703

²¹ *PRESCRIPTION DRUG MONITORING PROGRAMS Views on Usefulness and Challenges of Programs Report to Congressional Committees United States Government Accountability Office.*; 2020. <https://www.gao.gov/assets/gao-21-22.pdf> (finding most interviewed physicians were either concerned that OTP-dispensed methadone was often not included in PDMPs or unaware that it wasn't).

²² Roy V, Barsky BA, Fuse Brown EC, Suen LW. When profit meets public health: private equity in methadone treatment. *International Journal of Drug Policy*. 2026;151:105209. doi:https://doi.org/10.1016/j.drugpo.2026.105209

²³ Singh Y, Cantor J, Whaley CM, Shuey B, Bilden R, Donahoe JT. Private Equity Acquiring Large Shares Of The Opioid Treatment Market Without Changing Market-Level Methadone Supply. *Health affairs (Project Hope)*. 2025;44(9):1181-1189. doi:https://doi.org/10.1377/hlthaff.2025.00326

²⁴ ASAM Infographic. [https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/advocacy/letters-and-comments/methadone-resources/program-infographic-\(1\).pdf?sfvrsn=1948b0ad_1](https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/advocacy/letters-and-comments/methadone-resources/program-infographic-(1).pdf?sfvrsn=1948b0ad_1)

²⁵ Researchers evaluate rural drive times to opioid treatment facilities | Yale Daily News. Yale Daily News. Published 2026. Accessed March 21, 2026. <https://yaledailynews.com/articles/researchers-evaluate-rural-drive-times-to-opioid-treatment-facilities>

Collaborative Revisions Are Needed to Make H.R. 5629 Great

The undersigned organizations would welcome the opportunity to collaborate with you on essential revisions to H.R. 5629. Specifically, these revisions could include:

- positioning States, not a federal agency in Washington, DC, as the primary regulators of the practice of medicine involving methadone for OUD dispensed from pharmacies;
- permitting addiction specialist physicians who specially register with the Drug Enforcement Administration to prescribe methadone for OUD that can be dispensed at community pharmacy locations providing *supervised* and safe access options closer to patients' homes;
- incorporating federal safety and diversion-control measures for models of care providing methadone for OUD through pharmacies;
- preserving States' authorities to issue more restrictive regulations than current federal regulations governing OTP take-homes and telehealth flexibilities; and
- encouraging federal activities that increase the participation of primary care physicians, particularly those practicing in rural and other underserved areas, in subspecialty training in addiction medicine – with the goal of expanding integrated care models that combine the onsite delivery of primary care, specialty addiction treatment, and recovery support services across the country.

Conclusion

Indiana has demonstrated national leadership through Governor Braun's work on MOTAA when he served in the U.S. Senate. Your bill now gives the U.S. House of Representatives an opportunity to pick up where he left off. **Together, let's pave more roads to recovery and make the White House's Great American Recovery Initiative truly great.**

Thank you for your consideration. We stand ready to support your office in such a groundbreaking endeavor. **If you wish to discuss further, then please contact Kelly Corredor, ASAM's Chief Advocacy Officer, at kcorredor@ASAM.org.**

Sincerely,

American Society of Addiction Medicine (ASAM)

American Academy of Family Physicians (AAFP)

American Association of Psychiatric Pharmacists (AAPP)

American College of Academic Addiction Medicine (ACAAM)

American College of Emergency Physicians (ACEP)

American Psychological Association Services

American Society of Health-System Pharmacists (ASHP)

Association for Multidisciplinary Education and Research in Substance use and Addiction (AMERSA)

International Nurses Society on Addictions – USA

International Nurses Society on Addictions - Global

cc: Members of the U.S. House Committee on Energy and Commerce