

June 7, 2023

The Honorable Edward Markey  
U.S. Senate  
255 Dirksen Senate House Office Building  
Washington, DC 20510

The Honorable Donald Norcross  
U.S. House of Representatives  
2427 Rayburn House Office Building  
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The Honorable Rand Paul  
U.S. Senate  
295 Russell Senate Office Building  
Washington, DC 20510

The Honorable Don Bacon  
U.S. House of Representatives  
2104 Rayburn House Office Building  
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Dear Senators and Representatives:

We are writing to express our strong opposition to the **Modernizing Opioid Treatment Access Act (MOTAA)**. As DEA licensed prescribers, many of whom work every day with people with opioid use disorder (OUD), we are deeply concerned with the opioid overdose crisis in this country. We know too well that overprescribing by well-intentioned health care providers is the primary cause of the current opioid crisis, so we can certainly anticipate that this proposed legislation will result in dangerous unintended consequences. MOTAA is deeply flawed in its underlying assumptions, unsupported by the available evidence, and likely to cause increased diversion, misuse, overdoses, and death. We recognize the limited bandwidth policy makers have for any one issue, and we sincerely wish the attention available for OUD treatment policy wasn't being squandered on a plan that will not increase the number of people in care but which will, tragically, result in more deaths.

There is a substantial body of evidence demonstrating that deregulating methadone prescribing for opioid use disorder is dangerous, as described here:

First, two recent studies<sup>1,2</sup> have shown that liberalizing take-home doses of methadone during the COVID pandemic, even with robust anti-diversion protocols employed by OTPs, was associated with increased methadone-related fatalities. While these conclusions are open to discussion, they should give us pause. At the very least, more study is needed to understand the impact that even incrementally decreasing methadone controls has on the public health. Dismantling protections that have served well for nearly 50 years should not be done impulsively, but rather only after thorough study and expert analysis. This is especially true if deregulation does not, in fact, lead to more people in care.

Second, Strang et al found that *"Introduction of supervised methadone dosing was followed by substantial declines in deaths related to overdose of methadone in both Scotland and England."* The results indicate *"at least a fourfold reduction in deaths due to methadone related overdose"* despite significant increases in methadone prescribing in both countries during the same period.<sup>3</sup>

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<sup>1</sup> Kaufman DE, Kennalley AL, McCall KL, Piper BJ. Examination of methadone-involved overdoses during the COVID-19 pandemic. *Forensic Science International*. 2023;344:111579. doi: 10.1016/j.forsciint.2023.111579. Epub ahead of print. PMID: 36739850; PMCID: PMC9886385. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC9886385>

<sup>2</sup> Kleinman RA, Sanches M. Methadone-involved overdose deaths in the United States before and during the COVID-19 pandemic. *Drug Alcohol Depend*. 2023 Jan 1;242:109703. doi: 10.1016/j.drugalcdep.2022.109703. Epub 2022 Nov 19. PMID: 36516551; PMCID: PMC9674402. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC9674402>

<sup>3</sup> Strang J, Hall W, Hickman M, Bird SM. Impact of supervision of methadone consumption on deaths related to methadone overdose (1993-2008): analyses using OD4 index in England and Scotland. *British Medical Journal*. 2010;341:c4851 doi:10.1136/bmj.c4851

Third, and most compelling, multiple federal agencies reported that unregulated methadone prescribing practices by non-OTP doctors for pickup in pharmacies led to thousands of increased deaths every year in the 2000s.<sup>4,5,6,7,8</sup>

Given the overwhelming evidence that physician prescribing of methadone without supervised administration results in significant numbers of overdose and death, it's clear that the MOTAA will create similar results. As such, we implore you to retract your bill and focus on meaningful improvements in access that won't endanger lives of so many thousands of Americans.

In addition to the grave danger posed by your proposed legislation, analysis of the available data shows, geographic access to opioid treatment programs for methadone is generally very good and only lacking in sparsely populated rural areas unlikely to be served by a board-certified addiction doctor in the first place. So, the real problem our country faces is a lack of *economic* access to treatment. In large parts of the country, including parts hit especially hard by the opioid crisis, there is no Medicaid expansion and patients have to self-fund their care. This results in exceedingly high drop-out rates, which we have seen worsen as high inflation continues. Further, we know utilization of Medication-Assisted Treatment (MAT) increases when other sources of funding, rather than the patients' meager pocketbooks, are available. We need the political will to do the hard work of committing funding to assure economic access to care. Medicare stepped in to be a funder of last resort for patients in need of hemodialysis. MAT is a far cheaper intervention, and OUD kills people at a much younger average age compared to renal failure.

We know that politics is the "art of the possible" and that regulatory changes are easy relative to addressing the systemic injustices that lead to addiction and deaths of despair. We also know that addressing OUD is a potential opportunity for bipartisan collaboration. However, MOTAA is too flawed and too dangerous to be the focal point for effort in this regard, and we urge you to work with stakeholders on the frontlines of the epidemic, like us, to identify solutions to safely and effectively expand access to treatment for Americans. We welcome that dialogue and the opportunity to work with you to enact meaningful addiction policy solutions. While we oppose MOTAA, we appreciate your understanding of the critical urgency in ending the opioid epidemic.

Thank you for your consideration and for your work on behalf of the American people. If you have any questions or would like to discuss this further, please contact Ben Nordstrom, MD, PhD at [Benjamin.Nordstrom@bhgrecovery.com](mailto:Benjamin.Nordstrom@bhgrecovery.com).

Sincerely,

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<sup>4</sup> Center for Substance Abuse Treatment. *Methadone-Associated Mortality: Report of a National Assessment*. 2003. SAMHSA Publication No. 04-3904. [https://atforum.com/documents/CSAT-MAM\\_Final\\_rept.pdf](https://atforum.com/documents/CSAT-MAM_Final_rept.pdf)

<sup>5</sup> US Department of Justice, National Drug Intelligence Center. *Methadone Diversion, Abuse, and Misuse: Deaths Increasing at Alarming Rate*. 2007. Product No. 2007-Q0317-001. <https://www.justice.gov/archive/ndic/pubs25/25930/index.htm>

<sup>6</sup> Center for Substance Abuse Treatment. *Methadone Mortality – A Reassessment: Report of the Meeting*. 2007. NCJ No. 237260. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/summary-report-meeting-methadone-mortality-reassessment>

<sup>7</sup> U.S. Government Accountability Office. *Methadone Associated Overdose Deaths: Factors Contributing to Increased Deaths and Efforts to Prevent Them*. 2009. GAO 09-341. <https://www.gao.gov/assets/gao-09-341.pdf>

<sup>8</sup> Center for Substance Abuse Treatment. *Methadone Mortality – A Reassessment*. 2010. [https://cdn.vox-cdn.com/uploads/chorus\\_asset/file/19541909/Methadone\\_Mortality\\_A\\_2010\\_Reassessment.0.pdf](https://cdn.vox-cdn.com/uploads/chorus_asset/file/19541909/Methadone_Mortality_A_2010_Reassessment.0.pdf)

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