*TEMPLATE FOR COMMENTS* S. 3629 – “Opioid Treatment Access Act of 2022”

*[Date]*

*[Your Name or Organization]*

*[Address]*

*[Address]*

Senator \_[name]\_\_\_\_\_\_\_\_\_

U.S. Senate

*[Address]*

Washington, DC 20510

Dear Senator \_\_\_\_\_\_\_\_\_\_\_\_\_:

RE: S. 3629 - Opioid Treatment Access Act of 2022

Dear Senator \_\_\_\_\_\_\_\_\_:

*[I/Organization name]* [am/is] writing to express [*my/our]* strong opposition to section 4 of S. 3629, the “Opioid Treatment Access Act.” Sections 2 and 3, of S. 3629, would mandate study and implementation of two components of the COVID-19 public health emergency regulatory changes that have reduced barriers to methadone treatment for Opioid Use Disorder (OUD) as administered through Opioid Treatment Programs (OTPs). I support sections 2 and 3 but cannot support section 4 because it will increase overdoses and death, compromise public safety and increase stigma of methadone treatment as described below.

*[Describe who you are/your organization. If representing an organization, state how long the facility has been providing services, the facility location (city and state), include the number of patients you treat, number of staff employed and any other unique characteristics (programs for special populations, work with location law enforcement or other agencies, etc).]*

We strongly oppose Section 4 for the following reasons:

* Methadone is a very effective medication when used under close supervision and as part of a comprehensive treatment program. However, methadone can be deadly if misused or diverted to others;
* Writing a prescription is not treatment. Medication assisted treatment (MAT) requires the combination of medication and counseling together, along with case management, drug testing and other services to provide whole-person care;
* We know that when physicians prescribe methadone in private practice settings, there are significant individual and community consequences. Five federal agency reports (SAMHSA, DOJ, GAO) each found that the majority of deaths attributed to methadone were the result of the medication being prescribed by physicians in private practice and not administered in the context of a highly-structured treatment program. The overdoses and mortality are the direct result of a lack of strong clinical engagement and diversion control mechanisms that can only be delivered by a multi-disciplinary team that also includes nurses and counselors; and
* Given the complex nature of methadone, induction at-home/self-induction without monitoring should not be attempted. This legislation would allow unstable patients to receive methadone by prescription and without the structure and monitoring of a treatment program. Most methadone treatment related deaths occur in the first three to ten days of treatment, and OTPs can provide proper supervision during induction to reduce this serious risk. Community prescribers and pharmacies cannot provide such supervision. Further, because physician offices are not regulated or accredited, there is no way to even ensure that these providers would adhere to the limits described in 8.12(i)(3) related to initial methadone dose prescriptions. Again, this legislation provides no assurance that only stable patients would receive methadone by prescription. This puts individuals and their communities at significant risk. This would result in a backward movement in our efforts to reduce opioid overdose and deaths.

For these reasons, *I/we]* oppose section 4 of S.3629. It would be harmful, especially in a period of a shifting opioid use epidemic, as defined by the increasing use of fentanyl, to have practitioners prescribe methadone to treat opioid use disorder outside of the scope of regulated OTPs, which use treatment teams and not individual practitioners, to treat patients.

Thank you for your consideration. *[You can request a virtual and in-person meeting to discuss your letter in more detail, answer questions, etc. AATOD also has proposals for meaningful policy changes that would increase access to treatment and not put people and communities in danger.]*

Sincerely,

*[NAME]*

*[TITLE]*

*[AFFILIATION]*