January 20, 2022

The Honorable Donald Norcross
U.S. House of Representatives
2427 Rayburn House Office Building
Washington, DC  20515

Dear Representative Norcross:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) is pleased to support your bipartisan legislation, the Opioid Treatment Access Act (H.R. 6279).

Over the last several years, the nation has experienced escalating rates of opioid addiction and deaths; these numbers have continued to increase even more rapidly during the COVID-19 pandemic, when many drug treatment programs closed, some permanently, which limited access to lifesaving treatment. Data released by the Centers for Disease Control and Prevention indicated a nearly 30% increase in opioid-related deaths in the 12-month period ending September 2020.

Your legislation would take several important steps to help facilitate patients’ access to methadone, which is widely recognized as a highly effective treatment for opioid use disorder. Current law requires patients taking methadone to visit Opioid Treatment Programs (OTPs) daily to receive methadone, a requirement that often hinders recovery.

In March 2020, temporary regulatory flexibilities granted by the Substance Abuse and Mental Health Services Administration (SAMHSA) allowed states to request blanket exceptions for stable patients to receive 28 days’ worth of take-home doses, and less-stable patients to receive 14 days’ worth of take-home doses. SAMHSA has extended these flexibilities until one year after the end of the COVID-19 Public Health Emergency, citing preliminary studies showing that the policy change has improved access, especially for rural patients, while reducing stigma and increasing the likelihood of compliance with treatment.

H.R. 6279 includes key provisions that would direct SAMHSA to study the impact of those flexibilities; allow patients to receive one-month supplies of methadone after two years of continuous treatment; permit pharmacies to dispense methadone; and codify regulations that allow OTPs to operate mobile medication components without separate registration.
We are grateful for your leadership in introducing this important legislation and look forward to working with you to ensure its passage.

Sincerely,

/s/

Stacey Hughes
Executive Vice President