The Modernizing Opioid Treatment Access (MOTA) Act: Fact-Checking Sheet

OPPOSE H.R. 1359 and S. 644

The unabating crisis of opioid overdose deaths in the US has made critically clear the need to assess the federal regulatory framework for Opioid Treatment Programs (OTP) and identify opportunities to increase access to these essential services. Proposed changes to this framework must, however, with clear historical vision, retain the spirit and intention of the regulations to provide a care delivery system that is as safe as it is accessible.

The Modernizing Opioid Treatment Access Act (MOTAA) is dangerous. It proposes to eliminate laws that create a safe framework for the use of methadone in treating Opioid Use Disorder (OUD). MOTAA would allow board certified physicians to prescribe methadone for OUD outside of the OTP setting with no safeguards or oversight. There is significant evidence over the past 20 years that demonstrate that such practices result in increased diversion, overdose and death[i, ii, iii, iv, v].

Opioid Treatment Programs have robust systems to manage medication, ensure the availability of behavioral counseling and recovery supports, and regularly assess individuals receiving medications. This has proven over the past five decades to ensure high-quality, evidence-based addiction treatment, while simultaneously preventing diversion and misuse of medications that put patients and their communities at risk. Opioid Treatment Programs are the safest setting for administering methadone for OUD. Methadone is a very effective medication when used properly. When used improperly, methadone can be lethal.

Supporters' claims…	✓ FACTS
The bill will increase access to treatment.	The bill increases access to medication only. It will likely result in physicians prescribing a powerful medication with no guardrails to limit diversion, or provide counseling and drug testing. There is also no mechanism to evaluate effectiveness of this proposed system.
Board Certified Physicians are adequately trained to provide effective treatment.	Board certified physicians are well trained; however, not necessarily in an OTP. Training alone is necessary but not sufficient to provide safe treatment. Treatment is comprised of much more than prescribing medicine.
Increased take homes granted by OTPs during the pandemic prove that patients can take medication safely.	The OTP structure is what makes methadone safe and effective for OUD. Suggesting that methadone is safe and effective for OUD in any other setting is not evidence-based.
More prescribing without any controls will decrease ODs and deaths.	Five federal reports issued in the 2000s (SAMHSA, 2004[i]; DOJ, 2007[ii]; SAMHSA, 2007[iii]; GAO, 2009[iv]; SAMHSA, 2010[v]) found that the majority of methadone mortality is attributed to physician's prescribing methadone in private practices.
Providers have been prescribing buprenorphine for 20 years.	Buprenorphine and methadone have considerably different properties, hence different FDA scheduling. Buprenorphine is unlikely to cause respiratory depression like methadone. Methadone is slow to act and accumulates in the body, making it more lethal if misused. Moreover, despite exponential increases in buprenorphine prescriptions over the past 20 years, ODs and deaths have increased every year. More prescriptions do not stop ODs.

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Other countries provide methadone through pharmacies.	Strang study[vi] found that "…supervised methadone dosing was followed by substantial declines in deaths related to overdose of methadone in both Scotland and England." Supervised dosing refers to the dispensing and monitoring process required at OTPs, where patients consume treatment medication on-site in the presence of medical personnel. Pharmacy-filled prescriptions do not require this process. Furthermore, a Canadian study[vii] found that patient one-year retention rates for prescribed and pharmacy pick-up medications was 11.9% compared to a retention rate of 57.3% at OTPs.

Proposals for REAL innovation and increased access to evidence-based opioid use disorder treatment:

- Make permanent the provisions of the SUPPORT Act that require Medicare and Medicaid coverage of OTP services;
- Allow OTPs to admit patients to treatment using telehealth;
- Expand access for all three medications approved to treat OUD in jails and prisons;
- Fund pilot programs for OTPs to develop innovative partnerships with hospitals and FQHCs in rural areas.

Effectiveness of OTPs is due to the resources and support provided to patients.

Those resources do not exist in private physician offices and pharmacies.

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[i] 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

[ii] 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

[iii] 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

[iv] 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

[v] 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

[vi] John Strang, Wayne Hall, Matt Hickman, Sheila M Bird. *Impact of supervision of methadone consumption on deaths related to methadone overdose (1993-2008)*. BMJ 2010;341:c4851. DOI:10.1136/bmj.c4851.

[vii] Graham Gauthier, Joseph K. Eibl and David C. Marsh. *Improved treatment-retention for patients receiving methadone dosing within the clinic providing physician and other health services (onsite) versus dosing at community (offsite) pharmacies.* Drug and Alcohol Dependence. 2018;Volume 191:pages 1-5. DOI:10.1016/j.drugalcdep.2018.04.029.