Joint Statement on Protecting Access to Evidence-Based Treatment and Strengthening Accountability

As organizations committed to ending the nation's overdose crisis, we support policies that expand access to high-quality, evidence-based treatment while strengthening accountability and responsible stewardship of public resources. As the House Energy and Commerce Committee prepares to consider legislation related to opioid use disorder, continued progress mustn't be disrupted.

The United States has recently reached a turning point. In 2024, overdose deaths declined by nearly 27 percent, the largest single-year reduction in decades. This progress reflects sustained investment in prevention, treatment, and recovery infrastructure. It also reflects a deliberate shift toward policies that make care more accessible, responsive to patient needs and adaptive to the changing drug supply.

Medications for opioid use disorder (MOUD), including methadone and buprenorphine, are the gold standard of care. These medications reduce the risk of overdose death by as much as 50 percent or more and generate significant long-term cost savings, ranging from $25,000 to $105,000 per person over a lifetime. Expanding access to these medications is one of the most effective tools available to improve outcomes, strengthen workforce participation of people with opioid use disorder and reduce strain on healthcare and public safety systems.

Despite this progress, access gaps remain. 4.8 million Americans are currently living with opioid use disorder, yet only about 17 percent receive medication treatment. Policies that reduce barriers to care are essential to closing these gaps.

Recent regulatory updates have helped move the system in the right direction. Allowing patients to take methadone doses home, as prescribed by an opioid treatment program practitioner in a therapeutic amount that also accounts for risks, has made it easier for patients to initiate treatment. Expanding access to MOUD through telehealth has similarly helped patients remain engaged in care. Research has shown that MOUD prescribed via telehealth are a comparable alternative to in-person care and equally effective at supporting treatment quality. Evidence from the public health emergency shows that these flexibilities were not accompanied by increases in methadone-involved deaths. These are the kinds of patient-centered, evidence-informed approaches that should be reinforced.

In this context, we are concerned that two bills under consideration would move policy in the wrong direction.

H.R. 5629 would curtail access to methadone take-home doses by nullifying key components of HHS' final rule on medications for opioid use disorder. These flexibilities, initiated during the first Trump Administration, are critical to helping patients stay engaged in treatment, particularly for individuals balancing work, family responsibilities, and transportation barriers. The bill would also eliminate the HHS rule's telehealth initiation

provision, which is essential for patients who rely on telehealth due to limited access to clinics, especially those in rural and frontier communities. This legislation reinstates the very barriers the HHS rule was designed to remove, contributing to the treatment receipt rate remaining at just 11 percent. Rolling back these provisions does not restore a neutral baseline; it restores a failed one. Removing them increases the risk of treatment disruption, disengagement, and return to use, undermining both patient outcomes and broader public health progress.

H.R. 5630 would impose new requirements on states to collect and report data related to medication diversion through the Substance Use Prevention, Treatment, and Recovery Services Block Grant. We recognize the importance of accountability and program integrity. Strengthening data collection, oversight and program performance should be part of a comprehensive strategy, but it must be done in a way that supports care delivery rather than diverting resources away from treatment and recovery services. Placing diversion surveillance responsibilities onto grantees falls outside the core purpose of the block grant. It also risks redirecting limited resources away from treatment and recovery services that are already demonstrating results. Efforts to strengthen oversight should be targeted, evidence-informed and aligned with existing program structures.

Policies that reduce access to treatment or shift focus away from care risk increasing downstream costs and system strain. When individuals cannot access or stay engaged in treatment, the burden shifts to emergency departments, first responders, and the criminal justice system. The opioid crisis already costs the U.S. economy approximately $1.5 trillion annually. Sustaining progress requires continued alignment around what works.

Nearly half of Americans report being directly impacted by addiction, whether personally or through a family member or close connection. The path forward should build on the progress that communities are beginning to see.

We urge members of the House Energy and Commerce Committee to oppose H.R. 5629 and H.R. 5630 markup and to instead advance policies that expand access to medications for opioid use disorder, support patient stability, and strengthen accountability in a way that reinforces continued progress.

Sincerely,

A New PATH
Community Education Group
Dream.org
Drug Policy Alliance
Faces & Voices of Recovery
Global Health Advocacy Incubator/Overdose Prevention Initiative
IC&RC
Legal Action Center
Mobilize Recovery
National Behavioral Health Association of Providers
Partnership to End Addiction
Truth Pharm