ABHW
Advancing Health Care Policy for
Mental Health & Substance Use Disorders

The Honorable Edward J. Markey
255 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Rand Paul
295 Russell Senate Office Building
Washington, DC 20510

July 8, 2026

RE: Modernizing Opioid Treatment Access Act 2.0

Dear Senator Markey and Senator Paul,

The Association for Behavioral Health and Wellness (ABHW) commends the reintroduction of the bipartisan *Modernizing Opioid Treatment Access Act 2.0*. Medication-assisted treatment (MAT) is a highly effective treatment for opioid use disorder (OUD), yet access barriers remain for many patients, particularly those in rural areas. Allowing certified physicians to prescribe, and pharmacies to dispense, methadone improves care outcomes, eliminates barriers to care, and allows for greater integration of OUD care within patients' primary and specialty care services.

ABHW is the national voice for payers managing behavioral health insurance benefits. Our member companies provide coverage to 200 million people in both the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors that impact health and wellness. Our organization aims to increase access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, our policy work aims to ensure that physical and behavioral healthcare is integrated and coordinated. ABHW is committed to improving outcomes in whole-person care for all individuals and communities. We believe access to comprehensive, evidence-based MH and SUD services is critical to enhancing patients' health and overall well-being.

MAT has long been recognized as the gold standard for OUD care. Medications like methadone help patients manage withdrawal symptoms and control cravings, and have been associated with significant decreases in all-cause mortality[1] and overdose risk.[2] Despite the effectiveness of medications like methadone for treating OUD, access is limited. Nearly 80% of counties in the US do not have an opioid treatment program (OTP),[3] requiring patients in these areas to travel long distances to access their

[1] Santo T Jr, Clark B, Hickman M, et al. Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2021;78(9):979-993. doi:10.1001/jamapsychiatry.2021.0976.
[2] Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open*. 2020;3(2):e1920622. Published 2020 Feb 5. doi:10.1001/jamanetworkopen.2019.20622.
[3] https://www.congress.gov/crs_external_products/R/PDF/R45782/R45782.1.pdf

medication and increasing the risk of missed doses and treatment nonadherence.[4] This lack of OTP access means that only a small minority – half a million out of the over six million people in the US with an OUD – are able to access MAT through these clinics.[5] The *Modernizing Opioid Treatment Access Act 2.0* addresses these access barriers by removing the requirement that patients use OTPs while giving them the option to still do so.

Allowing certified physicians to prescribe and pharmacies to dispense methadone in their usual settings also helps de-silo OUD care and promotes integration within patients' primary and specialty care. Integrated behavioral health care improves care quality and outcomes, lowers overall health spending, increases patient access and satisfaction, and reduces stigma.

We appreciate your leadership in fighting the opioid epidemic and your support for accessible, evidence-based OUD treatment. If you have questions, please contact Maeghan Gilmore, Vice President, Government Affairs, at gilmore@abhw.org.

Sincerely,

Debbie Witchey, MHA
President and CEO

[4] Amiri S, Lutz R, Socías ME, McDonell MG, Roll JM, Amram O. Increased distance was associated with lower daily attendance to an opioid treatment program in Spokane County Washington. *J Subst Abuse Treat.* 2018;93:26-30. doi:10.1016/j.jsat.2018.07.006.
[5] https://nasadad.org/2022/12/technical-brief-census-of-opioid-treatment-programs/