



April 8, 2026

The Honorable Morgan Griffith  
Chairman, Subcommittee on Health  
Committee on Energy and Commerce  
U.S. House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable Diana DeGette  
Ranking Member, Subcommittee on Health  
Committee on Energy and Commerce  
U.S. House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Griffith and Ranking Member DeGette,

Thank you for holding the hearing, “Policies to Protect Our Communities from Illicit Drug Threats” on March 26, 2026. It is critical to protect the progress made on reducing overdose deaths by strengthening the policies and programs shown to help people start and stay in substance use disorder treatment. One of the bills discussed in the hearing, H.R. 5629, would undermine this effort by reversing increases in access to life-saving methadone treatment from opioid treatment programs.

The Pew Charitable Trusts (Pew) is an independent, nonpartisan research and policy organization. Pew works with states and at the federal level to improve access to comprehensive, evidence-based, and sustainable prevention and treatment for substance use disorders through its substance use prevention and treatment initiative.

Methadone is a gold standard of care for opioid use disorder (OUD) and reduces mortality for people in treatment by approximately 50 percent.<sup>i</sup> Decades of research show that methadone reduces cravings and illicit drug use, which helps people become stable and leads to decreases in criminality and overdose deaths.<sup>ii</sup> Studies indicate it may be more effective than buprenorphine for treating people who use fentanyl and its analogues.<sup>iii</sup>

Opioid treatment programs (OTPs) are generally the only facilities that can provide methadone for OUD treatment, and they are heavily regulated at the federal and state levels.<sup>iv</sup> During the COVID-19 public health emergency, the Substance Abuse and Mental Health Services Administration (SAMHSA) allowed states to request blanket exemptions for patients to receive additional take-home doses of methadone.<sup>v</sup> Studies of the flexibilities showed positive impacts on patients such as similar or increased rates of retention and less time spent travelling to and from the OTP, particularly for patients in rural areas, leaving more time for employment and caregiving.<sup>vi</sup>

Importantly, studies did not find significant increases in methadone diversion, and methadone-related overdose deaths did not increase due to additional take-home doses.<sup>vii</sup> Despite a rise in overdose deaths at the beginning of the pandemic,<sup>viii</sup> research comparing

overdose death rates between states that did and did not adopt flexibilities during the public health emergency did not find differences in methadone-related overdose deaths.<sup>ix</sup>

Given the benefits, SAMHSA made these flexibilities permanent in 2024 through the final rule, “Medications for the Treatment of Opioid Use Disorder.”<sup>x</sup> In addition to permitting expanded take-home doses and intake assessments via telehealth, the agency made changes to outdated restrictions like removing the requirement that patients have a one-year history of OUD prior to entering treatment. SAMHSA also made it easier for jails and prisons to offer methadone treatment. Requirements for OTPs to maintain diversion control plans and procedures remain in the updated rule.<sup>xi</sup>

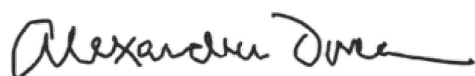
Notably, this regulation is not a mandate; states and programs can provide flexibility up to what is permitted by SAMHSA but are not required to do so. The intent is to promote patient-centered care by giving providers options to provide clinically appropriate treatment based on what is best for each person’s path of recovery.

Most states concurred with SAMHSA’s take-home medication flexibilities from March 2020 through the publication of the final rule,<sup>xii</sup> and OTPs have been practicing accordingly. Now, many states have made these changes permanent in alignment with the updated federal regulations and based on the evidence and their experiences of the benefits to patients. Pew has worked directly with states like Colorado and Kentucky to inform their updated regulations. Making the final rule null and void, as H.R. 5629 intends to do, would create regulatory confusion for state agencies and programs and reduce access to methadone treatment for people with OUD. At a time when access to evidence-based care is critical, these changes could have serious public health consequences, including possible increases in overdose deaths if people are unable to access treatment.

It has been a bipartisan effort to put and keep these methadone flexibilities in place, and the Trump Administration stated in the 2027 budget justification its intention to continue working with states to implement the revised regulations.<sup>xiii</sup>

Thank you again for the opportunity to provide input and for your continued dedication to these issues. Please reach out to Jenna Bluestein ([jbluestein@pewtrusts.org](mailto:jbluestein@pewtrusts.org)) in our Government Relations practice for additional information or questions.

Sincerely,

A handwritten signature in black ink that reads "Alexandra Duncan". The signature is written in a cursive, flowing style.

Alexandra Duncan  
Project Director, Substance use prevention and treatment initiative

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- <sup>i</sup> National Academies of Sciences, Engineering, and Medicine. 2019. Medications for opioid use disorder save lives. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/25310>.
- <sup>ii</sup> National Academies of Sciences, Engineering, and Medicine. 2019. Medications for opioid use disorder save lives. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/25310>; Schwartz, Robert P., et al. "Interim methadone treatment: impact on arrests." *Drug and Alcohol Dependence* 103.3 (2009): 148-154.
- <sup>iii</sup> Nosyk, Bohdan, et al. "Buprenorphine/naloxone vs methadone for the treatment of opioid use disorder." *JAMA* 332.21 (2024): 1822-1831.
- <sup>iv</sup> Congressional Research Service, "Opioid Treatment Programs and Related Federal Regulations" (2019), [https://www.congress.gov/crs\\_external\\_products/IF/PDF/IF10219/IF10219.7.pdf](https://www.congress.gov/crs_external_products/IF/PDF/IF10219/IF10219.7.pdf).
- <sup>v</sup> Substance Abuse and Mental Health Services Administration, Opioid Treatment Program (OTP) Guidance, March 2020, <https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>.
- <sup>vi</sup> Krawczyk, Noa, et al. "Synthesising evidence of the effects of COVID-19 regulatory changes on methadone treatment for opioid use disorder: implications for policy." *The Lancet Public Health* 8.3 (2023): e238-e246; Levander, Ximena A., et al. "Rural opioid treatment program patient perspectives on take-home methadone policy changes during COVID-19: a qualitative thematic analysis." *Addiction Science & Clinical Practice* 16.1 (2021): 72.
- <sup>vii</sup> Krawczyk, Noa, et al. "Synthesising evidence of the effects of COVID-19 regulatory changes on methadone treatment for opioid use disorder: implications for policy." *The Lancet Public Health* 8.3 (2023): e238-e246; Jones, Christopher M., et al. "Methadone-involved overdose deaths in the US before and after federal policy changes expanding take-home methadone doses from opioid treatment programs." *JAMA Psychiatry* 79.9 (2022): 932-934.
- <sup>viii</sup> Jones, Christopher M., et al. "Methadone-involved overdose deaths in the US before and after federal policy changes expanding take-home methadone doses from opioid treatment programs." *JAMA Psychiatry* 79.9 (2022): 932-934; Kleinman, Robert A., and Marcos Sanches. "Methadone-involved overdose deaths in the United States before and during the COVID-19 pandemic." *Drug and alcohol dependence* 242 (2022): 109703.
- <sup>ix</sup> Harris, Rebecca Arden. "Methadone take-home policies and associated mortality: permitting versus non-permitting states." *Substance Use: Research and Treatment* 18 (2024): 29768357241272379; Roy, Victor, et al. "US states opting out of expanded methadone take-home policies and associated mortality." *Journal of Substance Use and Addiction Treatment* (2025): 209800.
- <sup>x</sup> 42 CFR § 8 (2024)
- <sup>xi</sup> 42 CFR § 8.12 (2024)
- <sup>xii</sup> Substance Abuse and Mental Health Services Administration, "Methadone Take-Home Flexibilities Extension Guidance," <https://www.samhsa.gov/substance-use/treatment/opioid-treatment-program/methadone-guidance>.
- <sup>xiii</sup> U.S. Department of Health and Human Services. (2026). *Fiscal year 2027 justification of estimates for appropriations committees*. <https://www.hhs.gov/sites/default/files/fy-2027-aha-cj.pdf>.