

119TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To expand access to methadone through alternative care models using  
pharmacies.

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IN THE SENATE OF THE UNITED STATES

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Mr. MARKEY introduced the following bill; which was read twice and referred  
to the Committee on \_\_\_\_\_

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**A BILL**

To expand access to methadone through alternative care  
models using pharmacies.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Modernizing Opioid  
5 Treatment Access Act 2.0 of 2026”.

6 **SEC. 2. EXPANSION OF METHADONE FOR OPIOID USE DIS-**  
7 **ORDER THROUGH PRESCRIBING AND PHAR-**  
8 **MACIES.**

9 Section 303(h) of the Controlled Substances Act (21  
10 U.S.C. 823(h)) is amended—

1 (1) in paragraph (2)—

2 (A) by striking “(A)” and inserting “(i)”;

3 and

4 (B) by striking “(B)” and inserting “(ii)”;

5 (2) by redesignating paragraphs (1), (2), and

6 (3) as subparagraphs (A), (B), and (C), respectively;

7 (3) by striking “(h) Practitioners” and insert-

8 ing “(h)(1) Practitioners”; and

9 (4) by adding at the end the following:

10 “(2)(A) The requirements of paragraph (1) applica-  
11 ble to methadone medication for opioid use disorder are  
12 waived, and the Attorney General, in consultation with the  
13 Secretary, shall separately register practitioners described  
14 in subparagraph (B) of this paragraph to prescribe metha-  
15 done for opioid use disorder to be dispensed through a  
16 pharmacy to individuals for their own supervised or unsu-  
17 pervised use.

18 “(B) Practitioners described in this subparagraph are  
19 persons who—

20 “(i) are licensed, registered, or otherwise per-  
21 mitted, by the United States or the jurisdiction in  
22 which they practice, to prescribe controlled sub-  
23 stances in the course of professional practice; and

24 “(ii) are—

1           “(I) addiction medicine physicians or ad-  
2           diction psychiatrists who hold a subspecialty  
3           board certification in addiction medicine from  
4           the American Board of Preventive Medicine, a  
5           board certification in addiction medicine from  
6           the American Board of Addiction Medicine, a  
7           subspecialty board certification in addiction  
8           psychiatry from the American Board of Psychi-  
9           atry and Neurology, or a subspecialty board  
10          certification in addiction medicine from the  
11          American Osteopathic Association; or

12           “(II) otherwise determined by the Sec-  
13          retary, under standards established by the Sec-  
14          retary, to be qualified to prescribe methadone  
15          for opioid use disorder.

16          “(C) The prescribing of methadone pursuant to sub-  
17          paragraph (A) shall be—

18           “(i) exclusively by electronic prescribing and  
19          dispensed to the individual treated pursuant to sub-  
20          paragraph (A);

21           “(ii) in compliance with applicable Federal and  
22          State law respecting the quantities of methadone for  
23          opioid use disorder that may be dispensed to individ-  
24          uals pursuant to subparagraph (A); and

1           “(iii) for a liquid or dispersible tablet formula-  
2           tion.

3           “(D) The dispensing of methadone to an individual  
4 pursuant to subparagraph (A) shall be in addition to the  
5 other care that the individual continues to have access to  
6 through an opioid use disorder treatment program.

7           “(E) Practitioners registered pursuant to subpara-  
8 graph (A) shall—

9           “(i) ensure and document, with respect to each  
10 individual treated pursuant to subparagraph (A), in-  
11 formed consent to treatment; and

12           “(ii) include in such informed consent, specific  
13 informed consent regarding differences in confiden-  
14 tiality protections applicable when dispensing  
15 through an opioid treatment program versus dis-  
16 pensing through a pharmacy pursuant to subpara-  
17 graph (A).

18           “(F) At the request of a State, the Attorney General  
19 shall—

20           “(i) cease registering persons in the State pur-  
21 suant to subparagraph (A);

22           “(ii) revoke any such registration in effect for  
23 a person in the State pursuant to section 304; and

1           “(iii) deny any pending application for such  
2 registration from a practitioner in the State pursu-  
3 ant to section 304.

4           “(G) Maintenance treatment or detoxification treat-  
5 ment provided pursuant to subparagraph (A) may be pro-  
6 vided through the practice of telemedicine.

7           “(H) A pharmacy shall not be required to obtain a  
8 separate registration to dispense methadone medication  
9 for opioid use disorder to an individual who has been pre-  
10 scribed that medication by a practitioner registered pursu-  
11 ant to subparagraph (A).

12           “(3) Not later than 180 days after the date of enact-  
13 ment of this paragraph, and annually thereafter, the Ad-  
14 ministrator of the Drug Enforcement Administration shall  
15 submit to Congress a report that includes, for the report-  
16 ing period—

17           “(A) the number of practitioners registered  
18 pursuant to paragraph (2)(A) in each State;

19           “(B) a list of States for which the Attorney  
20 General received a request pursuant to paragraph  
21 (2)(F);

22           “(C) the number of revocations or suspensions  
23 of registration issued pursuant to section 304, based  
24 on violations related to the prescribing of methadone

1 for opioid use disorder by practitioners who are reg-  
2 istered pursuant to paragraph (2)(A); and

3 “(D) the number of pharmacies that ordered  
4 methadone in liquid or dispersible tablet formula-  
5 tions.”.

6 **SEC. 3. EFFECTIVE DATE.**

7 This Act and the amendments made by this Act shall  
8 take effect on the date that is 180 days after the date  
9 of enactment of this Act.