

STATEMENT FOR THE RECORD

AMERICAN PSYCHIATRIC ASSOCIATION

FOR THE

HOUSE ENERGY AND COMMERCE COMMITTEE

SUBCOMMITTEE ON HEALTH

IN ADVANCE OF

March 26, 2026

LEGISLATIVE HEARING

The American Psychiatric Association (APA), the national medical specialty society representing over 39,200 psychiatrists, appreciates the opportunity to submit this statement for the record to the House Energy & Commerce Committee, Health Subcommittee. We commend the Committee's continued leadership in advancing policies that support timely, high-quality, and accessible mental health and substance use care and respectfully offer the feedback below on the legislation set to be heard before your Subcommittee.

H.R. 5629 - To provide that the final rule of the Department of Health and Human Services titled "Medications for the Treatment of Opioid Use Disorder" except for the portion of the final rule relating to accreditation of opioid treatment programs, shall have no force or effect.

The APA opposes H.R. 5629, which seeks to overturn the final rule "*Medications for the Treatment of Opioid Use Disorder*" (the "rule"). While the legislation reflects a well-intentioned effort to ensure that expanded access to treatment is accompanied by appropriate patient safety guardrails, it risks unintended consequences by elevating concerns about medication diversion over the well-established harms of untreated opioid use disorder. Evidence from recent years demonstrates that expanded access to medications for opioid use disorder improves engagement and reduces overdose risk, without clear increases in adverse outcomes.¹

The current rule reflects a careful and evidence-based balance, expanding access to treatment for patients who may have historically faced barriers to care while maintaining necessary clinical oversight and continuity of care between patients and providers. Moreover, it does more than just increase access to medications for opioid use disorder; it allows treatment programs to tailor care to the patient's current situation and needs, such as use of telehealth services for screening and assessment, removing barriers patient admission criteria, and access to mobile medication units. Reinstating prior restrictions could unnecessarily disrupt care, limit access to treatment, and undermine patients' ability to maintain employment, pursue education, care for their families, and sustain recovery.

H.R. 7994 - The HERO Act

The APA supports The HERO Act, which would expand access to Naloxone and strengthen community-based overdose response systems. Timely intervention for an individual who has overdosed is often the determining factor between life and death. The rapid administration of naloxone is a well-established, evidence-based intervention that reduces mortality and preserves the opportunity for individuals to engage in treatment for opioid use disorder.

¹ Suen LW, Castellanos S, Joshi N, Satterwhite S, Knight KR. "The idea is to help people achieve greater success and liberty": A qualitative study of expanded methadone take-home access in opioid use disorder treatment. *Subst Abus.* 2022;43(1):1143-1150. doi: 10.1080/08897077.2022.2060438. PMID: 35499469; PMCID: PMC9710250.

Individuals who experience a nonfatal overdose remain at significantly elevated risk for subsequent overdose and death, underscoring the importance of rapid response and effective linkage to care. While overdose reversal alone is not a substitute for comprehensive, ongoing treatment, it is a critical component of a continuum of care approach to addressing substance use disorders. Expanding training and access across community settings, including first responders, schools, and other public-facing environments, can improve outcomes and reduce preventable deaths.

H.R. 1227 - The Alternatives to Pain Act

APA supports H.R. 1227, the Alternatives to Pain Act, which seeks to expand access to safe, effective, and evidence-based alternatives to opioid therapy. Advancing access to non-opioid pain management strategies is a critical component of a comprehensive approach to prevent substance use disorders. Many individuals with opioid use disorder are initially exposed to opioids through the treatment of acute or chronic pain; reducing reliance on opioid prescribing when clinically appropriate can help mitigate the risk of new cases of addiction.

Expanding access to multimodal pain treatment, including non-opioid pharmacologic therapies and non-pharmacologic interventions, can improve patient outcomes while reducing the risks of misuse, dependence, and associated psychiatric comorbidities. Given the well-established intersection between chronic pain and mental health conditions such as depression and anxiety, a more integrated and patient-centered approach to pain management is essential.

The APA thanks the Committee for its continued commitment to improving access to mental health and substance use care for millions of American's suffering from these chronic illnesses. We stand ready to collaborate and support the Committee's efforts to advance evidence-based solutions that strengthen access, quality, and safety in mental health services.