

119TH CONGRESS
2D SESSION

H. R. 9790

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

IN THE HOUSE OF REPRESENTATIVES

JULY 20, 2026

Mr. NORCROSS (for himself, Mr. LAWLER, and Mr. TONKO) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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”.

1 **SEC. 2. EXPANSION OF METHADONE FOR OPIOID USE DIS-**
2 **ORDER THROUGH PRESCRIBING AND PHAR-**
3 **MACIES.**

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

6 (1) in paragraph (2)—

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

8 and

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

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

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

12 (3) by striking “(h) Practitioners” and insert-
13 ing “(h)(1) Practitioners”; and

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

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

23 “(B) Practitioners described in this subparagraph are
24 persons who—

25 “(i) are licensed, registered, or otherwise per-
26 mitted, by the United States or the jurisdiction in

1 which they practice, to prescribe controlled sub-
2 stances in the course of professional practice; and

3 “(ii) are—

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

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

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

21 “(i) exclusively by electronic prescribing and
22 dispensed to the individual treated pursuant to sub-
23 paragraph (A);

24 “(ii) in compliance with applicable Federal and
25 State law respecting the quantities of methadone for

1 opioid use disorder that may be dispensed to individ-
2 uals pursuant to subparagraph (A); and

3 “(iii) for a liquid or dispersible tablet formula-
4 tion.

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

9 “(E) Practitioners registered pursuant to subpara-
10 graph (A) shall—

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

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

20 “(F) At the request of a State, the Attorney General
21 shall—

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

24 “(ii) revoke any such registration in effect for
25 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.

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