



Association for Multidisciplinary  
Education and Research in  
Substance use and Addiction

April 9, 2024

Chairman Berman  
Assembly Business and Professions Code  
Via On-Line Portal

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www.amersa.org

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Rebecca M. Northup  
Executive Director - AMERSA

Re: **SUPPORT - AB 2115 (Haney) –Controlled Substances: Clinics**

Dear Chairman Berman:

On behalf of AMERSA (The Association for Multidisciplinary Education and Research in Substance use and Addiction), I am writing to express my strong support of AB 2115 (Haney), which increases access to methadone by aligning state law with federal rules. This change would help expand efforts to prevent overdose deaths and further improve access to healthcare for our most vulnerable residents.

AMERSA, Inc (Association for Multidisciplinary Education and Research in Substance Use and Addiction) is a non-profit professional organization founded in 1976 with a mission to improve health and well-being through leadership and advocacy in substance use education, research, clinical care, and policy. As an organization, we believe in equitable access to healthcare and evidence-based substance use disorder treatment for all who desire it. Furthermore, we believe that this care should be made easily accessible without unnecessary restrictions and free from stigma.

The overdose crisis is one of the most significant public health issues facing California. Preventable drug-related overdose deaths have doubled since 2017. In 2021, almost 11,000 people in California died from overdoses - of these deaths, nearly 6,000 were due to opioid-related overdoses.<sup>1</sup> Significant inequities exist with Black/African Americans (B/AA) being disproportionately affected – B/AA represent 6% of the population but 13% of all overdose deaths.

Expanding access to methadone for vulnerable populations is essential to addressing the overdose crisis. Methadone is a gold standard medical treatment for opioid use disorder (OUD) and is the most well-studied pharmacotherapy for OUD. Methadone reduces all-cause and overdose mortality, increases treatment engagement, and prevents harm related to injection drug use. People with an OUD face multiple barriers to accessing methadone for the treatment, as it can only be dispensed in a limited number of situations.

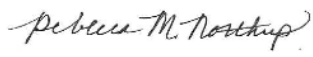
<sup>1</sup> Fentanyl & Opioid Overdose Prevention. CDPH. 2023. [Link](#)

The Federal Drug Enforcement Administration (DEA) recently increased the situations when methadone can be provided and now allows clinics and hospitals to dispense 72 hours of methadone while referring a person to an Opioid Treatment Program (aka methadone clinic). The DEA is the main federal agency tasked with combatting illicit drug diversion in the interests of public safety and has deemed the benefits of increasing access to methadone treatment to outweigh the risks of diversion in this instance, highlighting the urgent need for this flexibility.

However, current California law does not fully align with this new DEA flexibility. AB 2115 would address this issue and allow clinics and hospitals to dispense 72 hours of methadone while referring a person to a methadone clinic. This will allow people increased access to methadone for the treatment of OUD while waiting to enroll in a methadone clinic, such as on weekends and evenings. This practice is already being implemented in nationwide and has already found early success in hospitals and clinics at Boston Medical Center, Johns Hopkins University, Yale University, University of Colorado, and Oregon Health and Sciences University.<sup>2,3</sup> Overall, this change would lower the barrier to patients receiving opioid withdrawal management services, improve linkage to longer term treatment at methadone clinics, and reduce ongoing opioid use and overdose risk.

Substance use disorders, especially opioid use disorder, continues to be a significant issue across the state. With increased access to methadone treatment, the State will be better able to address the needs of individuals suffering from these issues. For these reasons, AMERSA (The Association for Multidisciplinary Education and Research in Substance use and Addiction) strongly supports AB 2115.

Sincerely,



Rebecca Northup

AMERSA Executive Director

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<sup>2</sup> Shahlapour M, Singh S, Christine PJ, Laks J, Evans J, Farrell NM, Khan GK, Taylor JL, Rozansky H. Novel Uses of Methadone Under the "72-Hour Rule" to Facilitate Transitions of Care and Low-Dose Buprenorphine Induction in an Outpatient Bridge Clinic. *J Addict Med.* 2024 Feb 8. doi: 10.1097/ADM.0000000000001281. PMID: 38329815.

<sup>3</sup> Skogrand E, Sharpe J, Englander H. Dispensing Methadone at Hospital Discharge: One Hospital's Approach to Implementing the "72-hour Rule" Change. *J Addict Med.* 2024 Jan-Feb 01;18(1):71-74. doi: 10.1097/ADM.0000000000001246. Epub 2023 Nov 22. PMID: 37994453; PMCID: PMC10873107.

