

The Honorable Susan Collins
Chair
Senate Committee on Appropriations
Washington, DC 20515

The Honorable Patty Murray
Ranking Member
Senate Committee on Appropriations
Washington, DC 20515

The Honorable Tom Cole
Chair
House Committee on Appropriations
Washington, D.C. 20515

The Honorable Rosa DeLauro
Ranking Member
House Committee on Appropriations
Washington, D.C. 20515

Dear Chair Collins, Ranking Member Murray, Chair Cole, and Ranking Member DeLauro:

The undersigned organizations representing public health, behavioral health, prevention, treatment, recovery, and community-based service providers write in response to the President's Fiscal Year (FY) 2027 Budget Request. We respectfully urge Congress to maintain strong, dedicated federal investments in overdose prevention, substance use disorder (SUD) treatment, and recovery support services in the FY 2027 appropriations process.

Just two months ago, Congress demonstrated bipartisan commitment to addressing the ongoing overdose crisis by enacting the FY 2026 appropriations law. These programs are not simply line items — each represents a dedicated federal-state partnership that communities have built programs around and cannot easily replace:

- \$1.6 billion for the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) grant program
- \$2 billion for SAMHSA's Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant
- \$1.9 billion for SAMHSA's Programs of Regional and National Significance (PRNS)
- \$505.6 million for the Centers for Disease Control and Prevention's (CDC) Opioid Overdose Prevention and Surveillance, including Overdose Data to Action (OD2A)

These investments, and many others, reflect Congress's recognition that overdose prevention is both a public health and public safety priority. The latest provisional CDC data indicate that, in 2024, more than 80,000 Americans died from drug overdose — still a public health emergency, but representing the [largest single-year decline](#) in overdose deaths on record.[1] This progress is the direct result of sustained congressional investments in naloxone access, medication treatment, and recovery support services that Congress has funded over successive appropriations cycles.

Congress made a clear bipartisan determination that dedicated overdose response funding remains necessary, states require stable and predictable federal partnership to address this crisis, and progress against overdose deaths must be sustained. Maintaining continuity in these investments is essential to ensuring that progress continues.

The President's FY 2027 Budget Request proposes to significantly restructure federal behavioral health and substance use funding by consolidating multiple behavioral health-related formula grant programs, including the SOR grants and SUPTRS Block Grant, into a single \$4.6 billion Behavioral Health

Innovation Block Grant. Each of these programs serves a specific function, is congressionally directed toward addressing urgent needs, and is structured to ensure funds are used for their intended purpose. Even if funding levels stay the same, merging and restructuring programs that states already rely upon may create transition challenges for states and communities and could affect the continuity and targeting of overdose prevention and treatment services, increasing the risk that overdose-focused priorities get diluted within a broader, less targeted funding stream.

The same concerns apply to the CDC's National Center for Injury Prevention and Control, which oversees vital overdose surveillance efforts through the OD2A program. Although the President's Budget Request proposes level funding for the program, it also proposes significant restructuring of the Injury Center and a corresponding \$173 million decrease in overall funding for the Center. Simultaneous reorganization, coupled with wider funding and staffing losses, presents challenges around maintaining and building upon the OD2A program's reach and effectiveness.

Proposed funding levels and staffing reductions at federal agencies would further hinder the nation's ability to sustain the Administration's own stated prevention, treatment, and recovery priorities. Despite claims that prevention is a critical priority for the Administration, the President's Budget Request proposes cutting \$220 million from SAMHSA's Center for Substance Abuse Prevention (CSAP), the division that leads federal efforts to prevent, reduce, and eliminate the misuse of illegal drugs. The President's Budget Request proposes a reduction of \$274 million for the Center for Mental Health Services (CMHS), which supports community-based treatment, youth and family services, and behavioral health programs for individuals with serious mental illness, homelessness, and justice-system involvement.

If this proposal is adopted by Congress, HHS programs dedicated to addressing the connection between HIV/AIDS and substance use could be significantly reduced or restructured in ways that may affect service delivery continuity. Significant funding reductions or structural disruption – compounded by reductions in agency staff capacity to administer and oversee programs – risks reversing hard-won progress at the worst possible moment.

In the FY 2027 appropriations process, we respectfully urge Congress to:

- Maintain total funding for these programs at no less than FY 2026 enacted levels;
- Preserve substance use and overdose prevention and response as specific and protected priorities;
- Strengthen accountability for overdose-related outcomes;
- Retain states' capacity to fund evidence-based treatment at scale; and
- Ensure agencies retain sufficient staffing to implement, monitor, and evaluate the programs effectively.

Overdose prevention has long been a bipartisan priority because it is fundamentally about saving lives, protecting families, and strengthening communities. Congress has already demonstrated its continued support for funding these programs through the FY 2026 appropriations law. We urge you to sustain that commitment and build upon it in the upcoming fiscal year.

Sincerely,

National Organizations

A New PATH (Parents for Addiction Treatment & Healing)

AIDS United

American Academy of Nursing

American Association of Psychiatric Pharmacists (AAPP)

American College of Emergency Physicians

American College of Physicians

American Counseling Association

American Jail Association

American Mental Health Counselors Association

Association for Multidisciplinary Education and Research in Substance Use and Addiction (AMERSA)

Association for Ambulatory Behavioral Healthcare (AABH)

Association of Maternal & Child Health Programs

Big Cities Health Coalition

Broken No More

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

Clinical Social Work Association

Community Education Group

Crisis Text Line

Dream.Org

Drug Policy Alliance

Due Process Institute

Faces & Voices of Recovery

Global Health Advocacy Incubator, Overdose Prevention Initiative

Inseparable

International Certification and Reciprocity Consortium (IC&RC)

International Community Justice Association

International Society of Psychiatric-Mental Health Nurses

Law Enforcement Leaders to Reduce Crime & Incarceration

Legal Action Center

Mobilize Recovery

*National Association for Alcoholism and Drug Abuse Counselors (NAADAC),
the Association for Addiction Professionals*

National Alliance of State and Territorial AIDS Directors (NASTAD)

National Alliance on Mental Illness (NAMI)

National Alliance to End Homelessness

National Association for Behavioral Healthcare

National Association of Counties (NACo)

National Association of Pediatric Nurse Practitioners

National Association of Social Workers

National Behavioral Health Association of Providers

National Council for Mental Wellbeing

National League for Nursing

National Network of Public Health Institutes

National Safety Council

National Sheriffs' Association

Overdose Crisis Response Fund

Partnership to End Addiction

Police Treatment and Community Collaborative (PTACC)

Safe States Alliance

Shatterproof

Society for Advancement of Violence and Injury Research

The AIDS Institute

The Jed Foundation

Treatment Alternatives for Stronger Communities

Young People in Recovery

Zero Overdose

State and Local Organizations

Addiction Professionals of North Carolina

Association of Persons Affected by Addiction

Atlantic Outreach Group, Inc.

Boston Medical Center

Brain Injury Association of Nebraska

California Consortium of Addiction Programs & Professionals

Community Partners for Recovery

Compassionate Coordinated Care

Emily's Hope

Employees Assistance Professionals Association (EAPA)

Exodus.Life

Faith in Harm Reduction

Families On The Move of NYC, Inc.

Jay County Drug Prevention Coalition, In

Johnson City Recovery Center

Kingdom Recovery Center Inc

Lee County Health Department

Live More Recovery Services

National Commission on Correctional Health Care

Northern Ohio Recovery Association

OCARTA

Ohio Citizen Advocates for Addiction Recovery

PA Harm Reduction Network

Partnership for a Healthy Lee County

Portland Recovery Community Center

Project Lazarus

project.ME FW, Inc.

Recovery Advocates in Livingston

Recovery Café

Recovery Community Network

Recovery Community Of Durham

Recovery Partners of Vermont

Recovery Revolution

Save Our Families

Serenity Recovery Connection

Solano Recovery Project

Superior Connections Recovery Community Organization

Take Action Today Inc.

The McShin Foundation

Unshattered

Utah Support Advocates for Recovery Awareness (USARA)

[1] Centers for Disease Control and Prevention, "U.S. Overdose Deaths Decrease Almost 27% in 2024," National Center for Health Statistics Pressroom, May 14, 2025, available at: <https://www.cdc.gov/nchs/pressroom/releases/20250514.html>