



ASAM

American Society *of*
Addiction Medicine

TRANSFORMING THE FEDERAL RESPONSE TO SUBSTANCE USE DISORDER

SAMHSA BUDGET & STAFF CUTS



LOSS OF EXPERTISE IN SAMHSA:
Specialized Knowledge Diminished

CDC CUTS (CENTERS FOR DISEASE CONTROL)

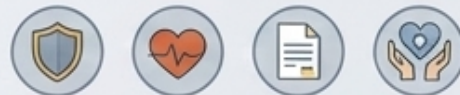
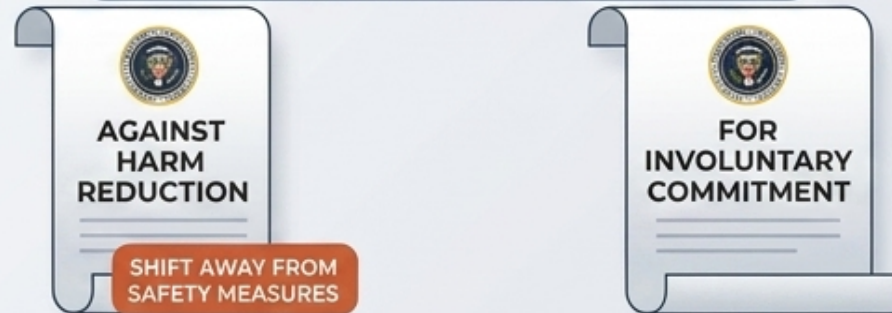


SLOWED FEDERAL GRANTS

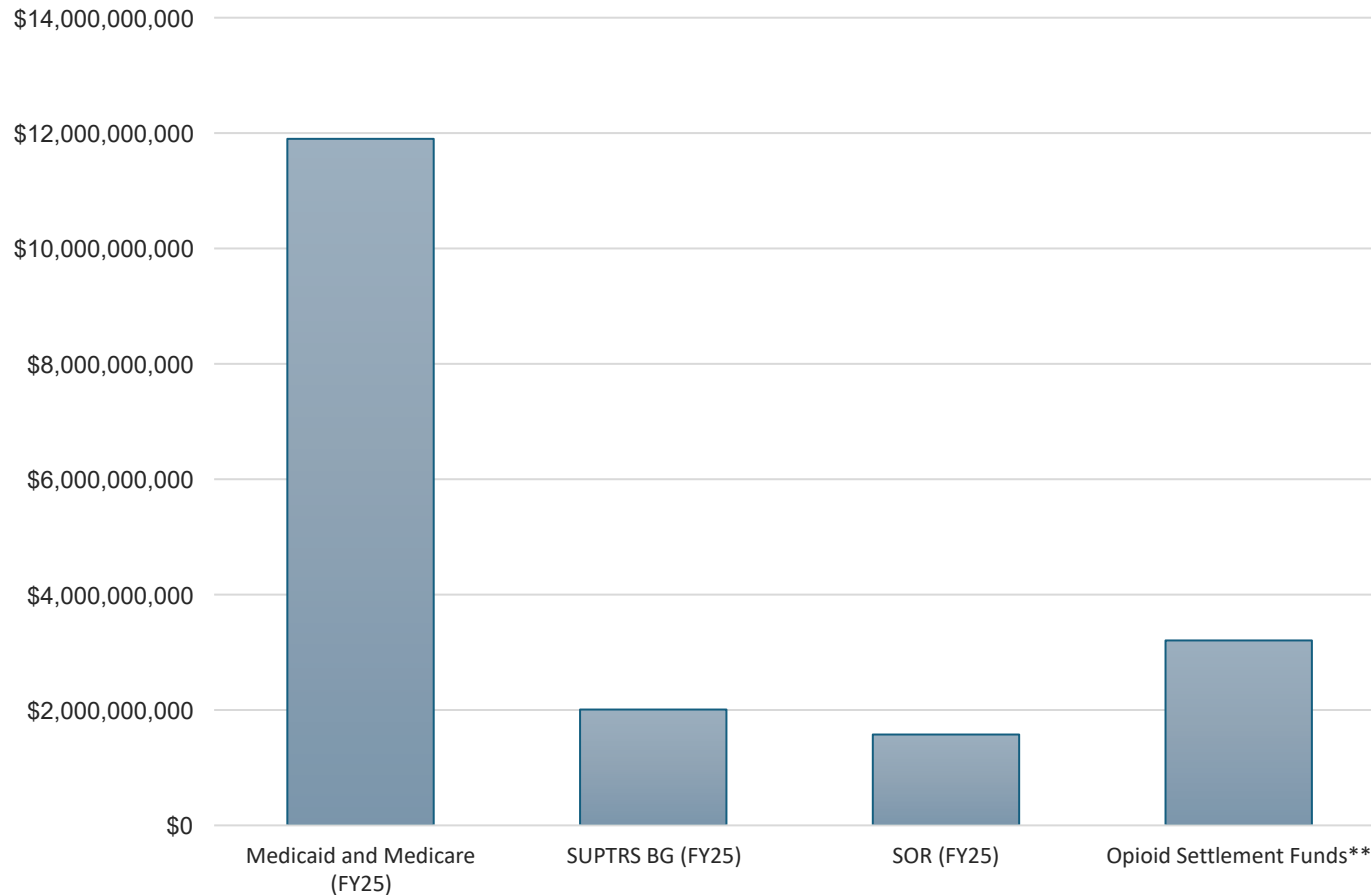


REDUCED FEDERAL INVESTMENTS & POLICY SHIFTS

PRESIDENTIAL EXECUTIVE ORDERS



Primary Funding Streams for SU/SUD Services



FEDERAL FUNDING SOURCE: [National Drug Control Strategy FY2025 Budget Summary](#)

*Estimated per annum based on [\\$57.7 billion dollars](#) disbursed equitably over 18 years

A non-exhaustive list of other funding streams that support substance use services.

SAMHSA:

- Community Mental Health Services BG, Tribal Opioid Response, Discretionary PRNS Grants

HRSA:

- RCORP, support for CHCs and Workforce

CDC:

- Overdose Data to Action (OD2A), Drug Free Communities, Injury Prevention Grants

Department of Justice:

- Justice and Mental Health Collaboration Program
- Residential Substance Abuse Treatment
- Comprehensive Opioid Stimulant and Substance Use Program (COSSUP)
- Drug Courts

CMS:

- Rural Health Transformation Program, CCBHCs

Other federal; grants:

- NIH/NIDA/NIAAA grants for research
- HUD Recovery Housing Programs
- Administration for Children and Families: TANF and Social Security Services BG

State-appropriated funds

Commercial Insurers

After Years of Growth in Medicaid's Coverage of SUD Services, Substantial Changes on the Horizon

Medicaid's Role in SUD Treatment

- Medicaid is the largest payer of SUD/ODU treatment (covering 40% of people with OUD nationally ([KFF](#)))
- Trends driving growth in Medicaid coverage of SUD services:
 - Medicaid expansion
 - Increased coverage of optional SUD services
 - Provider rate increases
 - Increased utilization from current enrollees

Future Considerations for Medicaid & SUD:

- States are entering into a more challenging fiscal environment, even before the impacts of OBBBA
 - After a period of growth, state revenues have begun to weaken
 - State spending on Medicaid outpaces overall state spending growth and federal Medicaid spending growth
- Impacts of OBBBA will vary considerably across states:
 - Community engagement\work requirements in Medicaid expansion population (includes mandatory exemptions for "Medically frail," persons in SUD treatment, or returning from incarceration, among others)
 - 6-month eligibility redeterminations
 - Changes to Medicaid financing (provider payments and state directed payments)