

April 17, 2026

The Honorable Mike Crapo
Chairman
Senate Finance Committee
219 Dirksen Office Bldg.
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Bldg.
Washington, D.C. 20510

The Honorable Brett Guthrie
Chairman
Energy & Commerce Committee
2125 Rayburn House Office Bldg.
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
Energy & Commerce Committee
2125 Rayburn Office Bldg.
Washington, D.C. 20515

RE: Preserving access to critical substance use disorder (SUD) and mental health (MH) services and supports

Dear Chairman Crapo, Sen. Wyden, Chairman Guthrie, and Rep. Pallone:

The undersigned members of the Coalition for Whole Health, a group of leading national and state organizations advocating for policies to increase access to quality mental health and substance use care, strongly urge Congress not to make additional cuts to Medicaid based upon allegations of fraud in highly successful program areas like the Home and Community Based Services (HCBS) program and treatment for substance use disorder (SUD) and mental health (MH) conditions with few efforts to establish a factual foundation. In particular, we urge Congress not to use budget reconciliation or other legislation to reintroduce deeper Medicaid cuts that were already rejected during the debate around H.R. 1 in 2025 or any other new cuts to the Medicaid program.

Millions of Americans are already bracing for the impact of nearly \$1 trillion in cuts to Medicaid, including significant expected coverage losses, as a result of H.R. 1. Additional cuts to this program would only further harm already vulnerable populations, including the approximately [40%](#) of Medicaid enrollees living with substance use disorders (SUD) and/or mental health (MH) conditions—and as we continue to lose many tens of thousands of lives annually to fatal overdose and suicide. And, for the 40%¹ of people with chronic medical conditions who have co-occurring MH or SUD conditions, failing to address those conditions leads to more chronic illness complications and doubles the total cost of care when compared to people without MH/SUD comorbidity.²

¹ Richmond et al, 2017.

² Kathol et al, 2005; Katon & Seelig, 2008; Prince et al.

Our country has made recent progress in reducing drug overdose deaths, in part, because states have utilized the flexibility inherent in HCBS and other programs to expand Medicaid covered SUD services, providing Medicaid coverage to high-risk groups, and expanding access to naloxone. The Coalition for Whole Health is very alarmed that these important gains may now be jeopardized by generalized allegations against key Medicaid programs and categories of services without foundation in fact.

Some of the broad program areas currently being targeted include home and community-based services (HCBS), SUD treatment, and MH services—all categories of services that are absolutely essential as we continue to battle the ongoing overdose and suicide crises and work to meet critical needs in communities across the country. In fact, recent [research](#) found that Medicaid expansions that took place after 2018 where the policy environment made access to opioid use disorder (OUD) treatment easier to obtain resulted in a sharp increase in OUD treatment engagement. HCBS programs vary by state but often provide individuals with SUDs and/or MH conditions with intensive community-based treatment services, counseling, housing and/or employment supports to avoid unnecessary and costly hospitalization.

These vital expansions in coverage are critical as we continue to address the overdose and suicide crises. Congress does not need to put access to these lifesaving services at risk to fight fraud. Rather, we urge the federal government to partner with states - who already have processes and specialized multi-agency collaborations in place to identify, investigate, and prosecute fraud - to root out actual fraud. Targeting entire program areas for additional cuts will only leave people who depend on these services more vulnerable to gaps in care.

Additional cuts to Medicaid would further threaten the very foundation of our nation's health care system. States are already struggling to cope with the enacted - but not yet fully realized - massive cuts from H.R. 1, which represent the largest cuts to Medicaid in the program's history. A recent [New York Times](#) article chronicled a decision made by the Idaho legislature only a few months ago to eliminate services providing outreach to people with severe mental illness due to budget restraints, only to have lawmakers restore the cuts within months after four people died as a direct result of losing these services. Idaho legislators and sheriffs correctly recognized that these cuts directly threatened people's lives and moreover only shifted costs to jails and emergency rooms. This is a stark example of the human impact—and the cost ineffectiveness— of cutting this lifesaving program.

On behalf of the millions of Americans' lives who hang in the balance, we urge Congress not to add to the drastic cuts already made to Medicaid through H.R. 1 by making further cuts in a misguided effort to combat fraud, waste, and abuse.

Sincerely,

National Organizations:

A new PATH (Parents for Addiction Treatment & Healing)

American Association for Community Psychiatry

American Association on Health and Disability

American Psychological Association Services

AMERSA

Faces & Voices of Recovery

Lakeshore Foundation

Legal Action Center

Medicare Rights Center

NAADAC, the Association for Addiction Professionals

National Alliance on Mental Illness (NAMI)

National Association of Addiction Treatment Providers

National Health Law Program

NHMH – No Health without Mental Health

Overdose Prevention Initiative at the Global Health Advocacy Incubator

Partnership to End Addiction

Project: REBIRTH

Recovery Café

Treatment Communities of America

WestCare Foundation

Youth MOVE National

State and Local Organizations:

Advocates for Recovery Colorado

Association of Substance Abuse Programs, Texas

Atlantic Outreach Group (Richmond, VA)

Chicago Recovering Community Coalition

Choice Recovery Coaching, Inc. (Massachusetts)

Coalition of Louisiana Addiction Service & Prevention Providers

Communities for Recovery (Austin, TX)

Community Mental Health Association of Michigan

Coweta FORCE (Newnan, GA)

El Paso Alliance, Inc.

Exodus.Life (Arkansas)

Fellowship Recovery Community Organization (Broward County, FL)
Flagler Open Arms Recovery Services (OARS) (Flagler County, FL)
iHOPE (Middle Georgia)
Johnson City Recovery Center (Tennessee)
Latah Recovery Center (Idaho, Washington)
Life Align Inc. (West Michigan)
Life Health Care (Greenville, MI)
Live More Recovery Services, Inc. (San Antonio, TX)
Louisville Recovery Community Connection
Missouri Coalition of Recovery Support Providers
NIRCO (Northern Illinois)
NJ Coalition for Addiction Recovery Support (NJ-CARS)
Odyssey House Louisiana
Osceola Recovery Project (Osceola County, FL)
People Living in Recovery (Athens, GA)
PRO-A (Pennsylvania)
projectME FW, Inc (Fort Wayne, Indiana)
Recover Wyoming
Recovery Advocates in Livingston
Recovery Community Network (Central Minnesota)
Recovery Community of Durham
Recovery Epicenter Foundation (Pinellas County, FL)
Recovery Partners of Vermont
Rise Up Recovery (Hastings, MN)
Samaritan Way (West Michigan)
Sandusky Artisans Recovery Community Center (Sandusky, Ohio)
STAND, INCORPORATED (Atlanta, GA)
The Happier Life Project (Riverside County, CA)
Thrive Family Recovery Resources (Burnsville, MN)
Tia Hart Community Recovery Program Inc. (Hoke and surrounding counties, NC)
Treatment Alternatives for Stronger Communities (TASC) (Illinois)
Utah Support Advocates for Recovery Awareness (USARA)
Vermont Association for Mental Health and Addiction Recovery
Voices of Hope – Lexington, Inc.
Voices of Hope, Inc. (Cecil & Harford County, Maryland)
Washington Recovery Alliance
Will Work For Recovery (Minneapolis, MN)
Zero Hour Life Center (Central Florida)