

May 22, 2025



DC Update: 84 House Members Sign Dear Letter for SUPTRS Block Grant Funding, SAMHSA Highlights Resources on Disasters, Mental Health, and SUD, Study Finds OUD Costs Almost \$700k Per Case, and More.



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Meet the Member

Waheeda Sabah, National Treatment Network (NTN) Coordinator for California

Waheeda Sabah serves as the Chief of the Federal Grants Branch within the Community Services Division at the California Department of Health Care Services. She also serves as the National Treatment Network (NTN) Coordinator for California.



Ms. Sabah has over eight years of dedicated experience in the fields of substance use and mental health. In her current capacity as Branch Chief, she oversees several key federal programs, including the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant, the Community Mental Health Services Block Grant (MHBG), the Projects for Assistance in Transition from Homelessness (PATH), and the State Opioid Response (SOR) grant. Ms. Sabah is committed to enhancing access to substance use disorder (SUD) care and supporting recovery efforts across California.



2025 National Prevention Network Conference- Registration Now Open

The 2025 *NASADAD National Prevention Network (NPN) Conference* will be held August 11-13, 2025, at the Grand Hyatt Washington, D.C. The NPN Conference highlights the latest research in the substance use prevention field and provides a forum for prevention professionals, coalition leaders, researchers, and federal partners to share research, best practices, and evaluation results for the purpose of integrating research into practice. This year's theme is: *Substance Use Prevention Across the Lifespan: Creating a Monumental Impact*.

Regular registration is now open through July 21. Additional information can be found on the registration page [here](#).

Capitol Hill Happenings

84 House Members Express Strong Support for SUPTRS Block Grant Funding in Letter to Appropriations Leadership

On May 21, 84 Members of Congress sent a letter to the leadership of the House Appropriations Committee, Subcommittee on Labor, Health and Human Services (HHS), Education and Related Agencies seeking robust investments in the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant for Fiscal Year (FY) 2026. The letter was led by Representatives Paul Tonko (D-NY-21) and Brian Fitzpatrick (R-PA-08). The letter highlights the magnitude of the drug overdose crisis and promotes the benefits of SUPTRS Block Grant funds to support States' prevention, treatment, and recovery systems.

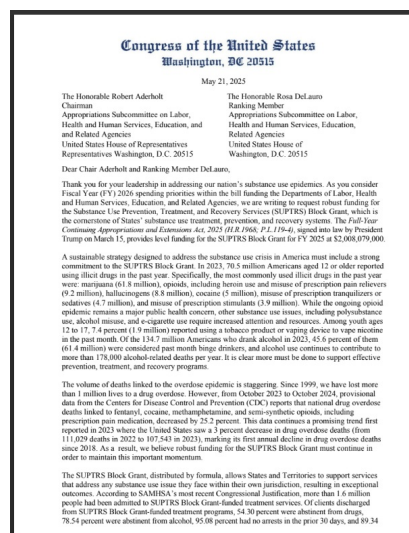
We wish to recognize Rep. Tonko and Rep. Fitzpatrick's offices for their leadership on this important issue.

The letter can be found on NASADAD's website, [here](#).

House Votes to Approve Budget Reconciliation Bill

Early this morning, the House of Representatives voted to approve the [One Big Beautiful Bill Act \(H.R. 1\)](#) by a vote of 215 to 214. No Democrats voted "yes" and two Republicans – Representatives Thomas Massie (R-KY-04) and Warren Davidson (R-OH-08) – voted "no." The focus now turns to the Senate, where the outlook on timing and content remains unclear. Both the House and Senate are scheduled to be out of session next week for the Memorial Day recess.

The final vote in the House came after the House Committee on Rules began considering the bill at 1:00 am ET on Wednesday morning. The Chair of the House Rules Committee is Rep. Virginia Foxx (R-NC-05), and the Ranking Member is Rep. Jim McGovern (D-MA-03). The hearing lasted over 20 hours as the Committee considered testimony on several amendments. In all, 547 amendments were filed. Deep into the hearing, after negotiations between House leaders and the White House led to a final agreement, the Committee on Rules considered and approved a "Managers Amendment" that included the final changes that would represent the final bill.



The bill would make permanent the tax cuts approved in 2017 and provide new tax cuts. It is estimated that the new and extended tax cuts would combine to equal approximately \$4 trillion. Further, the legislation would reduce federal spending by approximately \$1.5 trillion over 10 years; increase the debt limit; and provide an estimated \$300 billion for border security and defense. The final bill did include provisions impacting Medicaid that differ from previous versions.

Over the coming days, NASADAD will be reviewing the final bill and sharing observations with the membership.

Around the Agencies

Spring DEA National Prescription Drug (Rx) Take Back Day Results



The Drug Enforcement Administration (DEA) recently released the [results](#) from the spring 2025 National Prescription Drug (Rx) Take Back Day. The spring 2025 National Rx Drug Take Back Day was held on April 26. National Take Back Day is dedicated to preventing medication misuse and opioid use disorder (OUD) by encouraging the public to dispose unneeded medications at collection sites across the country. In total, DEA collected 620,321 pounds (310 tons) of unneeded medications this Take Back Day, adding to its total of 19,820,761 pounds (9,910 tons).

Additional details about the 28th National Take Back Day can be downloaded [here](#).

SAMHSA Highlights Resources on Disasters, Mental Health, and SUD

In recognition of Mental Health Awareness Month, the Substance Abuse and Mental Health Services Administration (SAMHSA) is highlighting resources on disasters, mental health, and substance use disorder (SUD) from its [Disaster Behavioral Health Information Series](#). Developed by SAMHSA's Disaster Technical Assistance Center (DTAC), this online hub is designed to support mental health and SUD professionals, emergency responders, and community leaders in preparing and responding to disasters. Specifically, the Disaster Behavioral Health Information Series contains resources on the impact of disasters on mental health and SUD, strategies to support survivors of disasters, and plans to guide State officials on effective responses to disasters.

Additional resources on disasters, mental health, and SUD can be found on SAMHSA's Disaster Preparedness, Response, Recovery, and Mitigation website, [here](#).

GAO Report: Defense Health Care: Information on DOD's Processing of TRICARE Claims from Behavioral Health Providers



The Government Accountability Office (GAO) recently published a Congressional Committee report on [Defense Health Care: Information on DOD's Processing of TRICARE Claims from Behavioral Health Providers](#). The report examined the timeliness of TRICARE claims processing and the Department of Defense's (DOD) oversight of payment accuracy to authorized civilian providers, including mental health and substance use disorder (SUD) providers, from 2018 to 2023. Specifically, the report found that DOD's two managed care contractors processed TRICARE claims within the required timeliness standards – DOD's timeliness standards require contractors to process 98 percent of TRICARE claims within 30 days, and 100 percent of claims within 90 days. Other key findings include:

- "GAO separately analyzed the nearly 28 million claims from behavioral health providers over the 6-year period. GAO found that almost 90 percent were processed in 30 days.
 - In addition, the percentage of claims processed within 30 and 90 days generally increased each year.
- DOD's oversight actions were consistent with its oversight goal for early

identification and resolution of performance issues.

- Across the audit reports from 2018 through 2023, claims from behavioral health providers made up between 1 and 8 percent of audited claims."

The report highlights can be downloaded [here](#).

The full report can be downloaded [here](#).

Research Roundup

Study Finds Opioid Use Disorder Costs Almost \$700k Per Case

Avalere Health recently published a study on [The Cost of Addiction: Opioid Use Disorder in the United States](#). The study used secondary research to characterize the prevalence of opioid use disorder (OUD), model the costs of OUD, and model the net cost impact of four types of ambulatory OUD treatments, nationally and by State, to evaluate the cost savings associated with OUD treatment. Specifically, the study estimated that OUD affects more than 6 million people in the US and cost the US an estimated \$4 trillion in 2024. Other Key findings include:

- **"OUD prevalence:** OUD cases per capita (the percentage of individuals per state with OUD) ranged among states from 0.75% to 2.99%. New Hampshire, Nevada, Massachusetts, and Kentucky had the highest rates of OUD (greater than 2.5%), while Wyoming, Hawaii, Washington DC, and Minnesota had the lowest (less than 1.0%)."
- **Cost burden of OUD:** The average annual total cost per OUD case OUD is approximately \$695,000 across all stakeholders analyzed. The annual cost per OUD case, excluding the patient burden to the individual with OUD, is approximately \$163,000, spread across public and private stakeholders. Including lost quality and length of life, the patient burden of OUD is approximately \$532,000 per year.
- **Costs to external stakeholders:** The costs to the federal government, state/local government, private businesses, and society are driven by lost productivity for employers (\$438 billion), employees (\$248 billion), and households (\$73 billion). Health insurance and uninsured costs were \$111 billion, criminal justice costs are \$52 billion, and other substance use treatment costs are \$12 billion.
- **Treatment benefits of OUD:** Medications and behavioral therapy to treat OUD are associated with significant average cost savings per case. Estimated annual per-case savings net of treatment cost from ambulatory treatments are estimated to be:
 - \$144,000 for behavioral therapy alone
 - \$271,000 for behavioral therapy plus methadone
 - \$271,000 for behavioral therapy plus sublingual buprenorphine
 - \$295,000 for behavioral therapy plus LAI buprenorphine"

Prevalence, cost burden, and cost savings varied by State.

The study highlights the positive effects of outpatient OUD treatment on both patients and broader systems and calls for increased OUD treatment to reduce OUD's cost burden.

Webinars to Watch

PCSS-MOUD Webinar: Medications for Opioid Use Disorder in Jails, Prisons, and Reentry: Evidence and Practical Approaches



The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded [Providers Clinical Support System \(PCSS\) – Medications for Opioid Use Disorder \(MOUD\)](#)

is hosting a webinar on [Medications for Opioid Use Disorder in Jails, Prisons and Reentry: Evidence and Practical Approaches](#). This no-cost webinar is on May 27, at 12:00 pm ET. The webinar will explore the clinical and policy landscape regarding providing medications for opioid use disorder (MOUD) in jails, prisons, and reentry settings, including highlighting key differences among methadone, buprenorphine, and extended-release naltrexone use in correctional settings. Further, the webinar will review research on the effectiveness of MOUD in reducing overdose and improving post-release treatment engagement and offer case-based examples of implementation strategies to support treatment access across incarceration and reentry. Learning objectives include:

- "Describe the prevalence of opioid use disorder and overdose risk in justice-involved populations.
- Summarize evidence on outcomes of MOUD provided in jails and prisons.
- Compare and contrast methadone, buprenorphine, and extended-release naltrexone in correctional settings.
- Outline key legal and policy frameworks that impact MOUD access and implementation.
- Identify implementation strategies for providing MOUD in correctional settings and linking patients to treatment post-release."

Continuing education credits are available for participation in the webinar.

[Registration](#) is required.

New England ATTC Webinar: Responding to Diversions in Correction Based MAT Programs

The [New England Addiction Technology Transfer Center \(ATTC\)](#) is hosting a webinar as part of its *ECHO series: Advancing Medications for Addiction Treatment in Correctional Settings* on [Responding to Diversions in Correction Based MAT Programs](#). This no-cost webinar is on May 29, at 11:30 am ET. The webinar is intended for health care providers, social workers, and other correctional staff and will outline strategies for implementing and enhancing medications for opioid use disorder (MOUD) programs in correctional settings. Specifically, participants will learn practical skills for implementing evidence-based MOUD programs, address logistical and systemic challenges, and collaborate on cases with peers and subject matter experts.

[Registration](#) is required.

SAMHSA OCMO Webinar: Addressing Hepatitis C in Behavioral Health Settings



The Substance Abuse and Mental Health Services Administration's (SAMHSA) [Office of the Chief Medical Officer \(OCMO\)](#), in collaboration with the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT), is hosting a webinar on [Addressing Hepatitis C in Behavioral Health Settings](#). This no-cost webinar is on May 29, at 3:00 pm ET. The webinar will provide an overview of the hepatitis C virus (HCV) and the risks associated with injection drug use, as well as review the results of the Hepatitis C Real Options (HERO) Study, which compared two models for HCV care within mental health and substance use disorder (SUD) settings. Specifically, the webinar will cover lessons learned regarding stigma, mistrust, and the role of peer support in treatment and explore models to scale HCV care in mental health and SUD settings in rural areas.

Continuing education credits are available for participating in this webinar.

[Registration](#) is required.



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