

Potential Impact of Proposed Funding Cuts in Leaked HHS Budget on SUD Treatment & Harm Reduction Services

The Legal Action Center (LAC), a non-profit organization that uses legal and policy strategies to ensure health care is accessible and affordable for people with arrest and conviction records, substance use disorders, and HIV or AIDS, opposes the SAMHSA and CDC funding reductions, program eliminations, and agency restructuring proposed in the leaked 2026 budget document for the Department of Health and Human Services that, if supported by Congress, would reverse the progress we've made in combatting the HIV/AIDS epidemic and the drug overdose epidemic.

As an organization that has worked for 50 years to strengthen access to life-saving HIV/AIDS medications and substance use and mental health services, medications, and supports, we oppose the funding cuts and agency restructuring proposed in the [2026 budget document](#) for the Department of Health and Human Services (HHS) that was recently leaked. This document revealed new details about the extent to which the Trump Administration plans to fundamentally alter our national health landscape and consequently sever millions of Americans from access to essential health services.

Several critical grants that support life-saving programs from SAMHSA and CDC would be greatly scaled back or eliminated entirely in this proposed budget document. These proposed cuts represent an existential threat for so many community-based substance use disorder (SUD), harm reduction, and mental health (MH) service programs, and, if passed into law by Congress, would result in millions of people being unable to access needed services.

While this document is preliminary, and Congress would ultimately have to approve of these program reductions and eliminations for them to become reality, the document is a clear indication of this administration's priorities and highlights a significant disconnect between rhetoric and actions.

The Office of National Drug Control Policy (ONDCP) recently announced its ["Drug Policy Priorities"](#) including expanding access to naloxone, diversion from incarceration, and increasing the number of individuals receiving evidence-based treatment. LAC wholeheartedly supports these articulated priorities and will work with the administration to advance them. But the cuts proposed in the 2026 leaked budget document would operate directly counter to these priorities and would make it nearly impossible to accomplish them by significantly reducing federal funding supporting these efforts.

The SUPPORT Act, signed by President Trump in 2018, represents a historic bipartisan commitment to preventing overdose and expanding treatment and services to help

address the overdose crisis. The House Energy and Commerce Committee recently passed a bill to reauthorize the Act, which authorizes continued funding for a number of the programs proposed to be eliminated in the leaked budget document.

As the administration finalizes its 2026 budget and Congress begins its deliberations, it's important to understand the impact these harmful cuts would have on communities across the country.

Improving Access to Overdose Treatment and Overdose Prevention

Among the listed treatment services to be eliminated are grants for Improving Access to Overdose Treatment and to Overdose Prevention, both of which expand access to overdose reversal medications. Just last month, [SAMHSA released data](#) showing the overwhelming success of these programs, identifying 93,015 overdoses reversed using naloxone distributed by SAMHSA from 2017 to 2024 and recognizing that countless more were likely reversed and never reported. These numbers represent lives saved. Cutting off this funding stream will ultimately put far fewer naloxone kits in circulation for those who need it most, no doubt leading to more overdose deaths.

Criminal Justice Programs

In addition to providing funding for expanded treatment services within adult and family treatment courts, SAMHSA currently funds expanded access to SUD treatment, recovery, and reentry services for individuals reentering the community from prisons and jails. These criminal justice programs are proposed to be eliminated. In New York, organizations like the Fortune Society, EAC Network, and the Center for Community Alternatives have relied on this funding to support individuals at risk of overdose and connect them to services and supports. These programs were created to address the overwhelmingly high risk of overdose following release, which is 130 times greater than the general public within the two weeks post-release. Because of racial disparities in the criminal legal system, many Black and brown people access treatment through these programs and will be disproportionately impacted by these cuts. Without this federal support, overdoses among this population could spike once again.

Expansion Grants for CCBHCs

Certified Community Behavioral Health Clinics (CCBHCs) provide comprehensive integrated MH and SUD treatment as well as primary care and additional social services and supports, serving the most vulnerable members of the community with co-occurring conditions and high care needs, regardless of insurance or ability to pay. SAMHSA grants support infrastructure development and care that is not reimbursed by public or private insurance, a cost that programs would otherwise have to absorb. Without these grants, the ability for programs to serve these high needs populations would be greatly diminished. Considering a key requirement to receive the CCBHC designation is

providing uncompensated care, it could be nearly impossible for many programs already operating at the margins to continue without this federal support.

Treatment for Pregnant and Postpartum Women Grants

Pregnant and postpartum individuals are some of the most overlooked and hardest to reach populations, facing immense stigma and discrimination, the possibility of losing custody of their children when they seek treatment, and increasing overdose rates. Black women specifically face major disparities in access to treatment as well as maternal mortality. SAMHSA funding for pregnant and postpartum women—funding set to be eliminated—supports a variety of settings and includes otherwise elusive residential treatment. While the actual amount from SAMHSA is pennies on the dollar, these services are utterly life-changing for the people who rely on them and are critical for eliminating racial disparities in access and outcomes.

HIV/AIDS Public Health Funding

Risking a resurgence in preventable HIV infections after decades of enormous progress, HIV programs including the Ending the HIV/AIDS Epidemic (EHE) Initiative and the Minority AIDS Initiative (MAI) would be eliminated and others, such as the Ryan White HIV/AIDS program, would be restructured. Other funding streams may be steady, but the overall fate of federal HIV funding and support for HIV prevention is largely unclear. Further, HIV prevention funding supports harm reduction programs that operate syringe service programs, distribute fentanyl and xylazine test strips, and provide additional social supports to people who use drugs.

The list of funding streams proposed to be eliminated is long and collectively made up of services and supports that have proven effective at saving lives. These cuts, proposed alongside looming cuts to Medicaid, would completely destabilize the system that supports treatment and harm reduction for individuals who use drugs and/or are in recovery. This leaked budget document with its slash-and-burn approach to life-saving services is in direct contradiction to the administration's statements about continuing to prioritize addressing the overdose crisis and will make any serious effort to do so nearly impossible.