

United States Senate

SPECIAL COMMITTEE ON AGING

WASHINGTON, DC 20510-6400

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March 26, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Kennedy,

We write concerning the Trump Administration's extreme cuts to the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA plays a crucial role in supporting communities that are pushing back against substance use disorder, including opioids and fentanyl. Recent testimony before the Senate Special Committee on Aging (Aging Committee) highlights how older adults are not immune from the impact of substance use disorder. Yet massive cuts from President Trump and his so-called "Department of Government Efficiency" (DOGE) have placed SAMHSA on the chopping block when our nation's older adults need SAMHSA the most.

Substance use disorder creates significant challenges for older adults, their families, and their communities, challenges that were highlighted during a February 26 hearing by the Aging Committee.¹ Although rates of opioid use disorder have historically been lower among older adults compared to younger adults, the percentage of opioid use disorder among Medicare beneficiaries increased threefold between 2013 and 2018.² In Baltimore, nearly one in three drug overdose deaths occurs among adults born between 1951 and 1970.³ In West Virginia, one in seven children lose a parent to overdose or incarceration, forcing older adults to become primary caregivers for their grandchildren.⁴ Meanwhile, the interplay between substance use disorder and conditions that affect older adults, such as dementia, creates unique challenges for our nation's

¹ *Combating the Opioid Epidemic, Before the Senate Special Committee on Aging*, 119th Congress, 2025 (hereinafter "Aging Committee Opioids Hearing"), <https://www.aging.senate.gov/hearings/combating-the-opioid-epidemic>.

² Statement of Bradley D. Stein, Aging Committee Opioids Hearing, 2025, at 2 (hereinafter "Stein Statement"), https://www.aging.senate.gov/imo/media/doc/31cc37f1-dfa0-063e-8205-0b4c3645bfd5/Testimony_Stein%2002.26.25.pdf; Carla Shoff et al., "Trends in Opioid Use Disorder Among Older Adults: Analyzing Medicare Data, 2013-2018," *American Journal of Preventive Medicine* 60, no 6, June 2021, <https://pubmed.ncbi.nlm.nih.gov/33812694/>.

³ Statement of Malik Burnett, Aging Committee Opioids Hearing, 2025, at 2, https://www.aging.senate.gov/imo/media/doc/31cc37f1-dfa0-063e-8205-0b4c3645bfd5/Testimony_Burnett%2002.26.25.pdf.

⁴ Statement of Gregory Duckworth, Aging Committee Opioids Hearing, 2025, at 2, https://www.aging.senate.gov/imo/media/doc/31cc37f1-dfa0-063e-8205-0b4c3645bfd5/Testimony_Duckworth%2002.26.25.pdf.

health and social services systems.⁵ Ultimately, substance use disorder among older adults demands a vigorous and fully resourced response because it “isn’t a partisan issue; it’s an American issue.”⁶

SAMHSA heads the federal government’s efforts to “improve the lives of individuals living with mental and substance use disorders, and their families.”⁷ Through federal grants, SAMHSA strengthens prevention capacity in local communities and supports the development of local, evidence-based prevention strategies.⁸ It oversees and regulates facilities that provide medications for substance use disorder, such as methadone and buprenorphine.⁹ Its National Survey on Drug Use and Health gathers data on substance use disorder, including by age group.¹⁰ It publishes treatment protocols for treating substance use disorder in older adults and its website includes tips and resources for health care providers, older adults, and their family members.¹¹ Yet, despite SAMHSA’s critical role it has been targeted by the Trump Administration and the DOGE for massive staff cuts.¹²

As members of the Aging Committee, we are deeply alarmed by efforts by President Trump and his administration to slash the workforce at SAMHSA. Over ten percent of SAMHSA’s staff was fired in February and the Department of Health and Human Services (HHS) has cut the number of HHS regional offices, which include a SAMHSA presence, from ten to four.¹³ Further staff cuts of up to 50 percent at SAMHSA are reportedly in the works.¹⁴ Such extreme cuts to SAMHSA hinder the agency’s ability to carry out its mission and deprive the agency of key talent. For example, a recovery organization in Chicago has described how “phone calls and emails to Washington have gone unanswered” and a SAMHSA regional director for New

⁵ *Supra*, note 2, Stein Statement, at 3-4.

⁶ Opening Statement of Chairman Rick Scott, Aging Committee Opioids Hearing, 2025, at 2, https://www.aging.senate.gov/imo/media/doc/31cc37f1-dfa0-063e-8205-0b4c3645bfd5/Opening%20Statement_Scott%2002.26.25.pdf.

⁷ “Our Mission and Vision,” SAMHSA, last updated February 27, 2025, <https://www.samhsa.gov/about/mission-vision>.

⁸ “Strategic Prevention Framework – Partnerships for Success (SPF-PFS) Grant Program,” SAMHSA, last updated December 17, 2024, <https://www.samhsa.gov/substance-use/prevention/strategic-prevention-framework-partnerships-success>.

⁹ “Opioid Treatment Program Information for Providers,” SAMHSA, last updated November 6, 2024, <https://www.samhsa.gov/substance-use/treatment/opioid-treatment-program>.

¹⁰ “National Survey on Drug Use and Health,” SAMHSA, last updated March 25, 2025, <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>.

¹¹ SAMHSA, *Treating Substance Use Disorder in Older Adults: Updated 2020*, Rockville, MD, 2020, <https://www.ncbi.nlm.nih.gov/books/NBK571035/>; “Resources for Older Adults,” SAMHSA, last updated April 11, 2024, <https://www.samhsa.gov/communities/older-adults>; “Mental Health, Drug and Alcohol: Support for Older Adults,” SAMHSA, November 7, 2024, <https://www.samhsa.gov/find-support/how-to-cope/older-adults>.

¹² Alexander Tin, “Mental Health Agency Loses 1 in 10 Staffers to DOGE Cuts, 988 Hotline Team Impacted,” CBS News, February 21, 2025, <https://www.cbsnews.com/news/samhsa-mental-health-agency-doge-job-cuts-988-hotline/>.

¹³ *Id.*; Jan Hoffman, “Federal Agency Dedicated to Mental Illness and Addiction Faces Huge Cuts,” *New York Times*, March 12, 2025 (hereinafter “NYT SAMHSA Cuts Article”), <https://www.nytimes.com/2025/03/12/health/federal-cuts-substance-abuse-mental-health.html>; “HHS Office of General Counsel Announces Reorganization Effort,” HHS, March 11, 2025, <https://www.hhs.gov/about/news/ogc-reorganization-effort.html>.

¹⁴ *Id.*, NYT SAMHSA Cuts Article.

England was fired despite being the 2024 National Prevention Specialist of the Year.¹⁵ Degrading SAMHSA's capacity and firing skilled employees will *not* bolster efforts to address substance use disorder among older adults. Instead, the cuts send a clear message from President Trump to older adults who need help with opioids, fentanyl, and other substances: *Try getting it yourselves.*

In light of Aging Committee testimony on the need to address substance use disorder among older adults, we call on HHS and the Trump Administration to reverse the cuts to SAMHSA.¹⁶ We also ask that you respond to the following questions no later than April 9, 2025:

1. Please provide a list of SAMHSA employees who have been fired, or who have accepted a buyout, since January 20, 2025. Please include information detailing the roles and responsibilities of those employees, including any roles related to funding, oversight, guidance, or technical assistance for efforts to address substance use disorder.
2. How is HHS leadership tracking the ability of SAMHSA to carry out its mission following the Trump Administration's cuts to SAMHSA staff? Please describe the key metrics being tracked by HHS leadership, and any changes to those metrics since the staff cuts, including:
 - a. Wait times for return phone calls, wait times for responses to e-mails, or other delays in communication between SAMHSA and community treatment organizations, state and local governments, and other stakeholders.
 - b. Delays to technical assistance, guidance, grants, or other funding or support administered by SAMHSA.

If HHS leadership is not tracking such information, please explain why.

3. How has HHS leadership actively sought feedback on cuts to SAMHSA from career SAMHSA employees, including feedback related to the impact of the cuts to SAMHSA's mission and the ability of remaining employees to do their jobs? If HHS leadership has not actively sought feedback on the cuts from career SAMHSA employees, please explain why.
4. Please detail any concerns that have been raised by career SAMHSA employees or SAMHSA's leadership regarding the staff cuts to SAMHSA, regardless of whether that feedback was actively solicited. Please also produce any written communications from career SAMHSA employees or SAMHSA's leadership expressing concerns over the cuts or detailing impacts from the cuts, including e-mail, texts, letters, memorandums, or other documents.
5. How does HHS leadership plan to solicit feedback on the staff cuts to SAMHSA from key community stakeholders? How will HHS leadership actively solicit comments,

¹⁵ *Id.*; Scott M. Gagnon, "Opinion: I am a Casualty of the Trump War on the Federal Workforce," *Portland Press Herald*, March 2, 2025, <https://www.pressherald.com/2025/03/02/opinion-i-am-a-casualty-of-the-trump-war-on-the-federal-workforce/>.

¹⁶ *Supra*, note 1, Aging Committee Opioids Hearing.

arrange in-person and virtual meetings, and organize town hall style public meetings regarding the staff cuts, including with:

- a. People with substance use disorders or mental illnesses and the groups representing them.
- b. Older adults and the groups representing them.
- c. Substance use disorder treatment organizations and groups representing them.
- d. Medical professionals, including substance use disorder treatment professionals and mental health professionals, and groups representing them.
- e. State and local government officials and groups representing state and local governments.

If HHS leadership does not plan to actively solicit feedback and hold meetings on cuts to SAMHSA, including with the stakeholders detailed above, please explain why.

Thank you for your attention to this matter. If you or your staff have questions, please contact Ranking Member Gillibrand's Aging Committee staff at 202-224-0185.

Sincerely,



Kirsten Gillibrand
United States Senator
Ranking Member, Special
Committee on Aging



Angela Alsobrooks
United States Senator



Andy Kim
United States Senator