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Sent electronically

May 14, 2024

Dear Federal Officials:

We are writing to express our concern that the Substance Abuse and Mental Health Services Administration (SAMHSA) recently released two Notices of Funding Opportunities (NOFOs) with a combined total of about 2 billion for [State Opioid Response \(SOR\)](#) and [Tribal Opioid Response \(TOR\)](#) grants, both with non-evidence-based limits on funding for contingency management (CM), [despite CM's proven efficacy in the treatment of stimulant use disorder](#) (StimUD). *The grants require applicants to implement evidence-based CM and also limit grant funding for CM to \$75 per patient per budget year. Research does not support this funding amount, which we believe will likely render such interventions ineffective.*

Recent Centers for Disease Control and Prevention data indicate that cocaine and methamphetamine continue to worsen the number of our nation's overdose deaths dramatically. Stimulants are now implicated in [almost half](#) of America's overdoses. CM is the standard of care for StimUD which has been clearly and consistently demonstrated to produce positive treatment results.

Decades of National Institutes for Health-funded research and more than 100 published studies, all using significantly higher incentive levels ranging from \$650 to \$1,800, have shown robust positive treatment outcomes. In short, CM is highly effective for treating StimUD when using clinically effective incentive amounts.

Scientific and policy experts and other stakeholders have expressed concerns about the ineffectiveness of the \$75 limit with federal leaders since 2018. This policy limit wastes taxpayer money, promotes ineffective treatment, and, according to a recent government [report](#), unnecessarily obstructs effective treatment for StimUD.

The undersigned leaders in addiction call upon the Biden Administration to rescind the \$75 'cap' and direct SAMHSA to re-issue these NOFOs permitting the use of evidence-based amounts for CM. Such action would not only align with science. It would also align with [actions](#) from the Centers for Medicare & Medicaid Services that have approved state requests to offer CM with incentive levels surpassing the \$75 'cap' as part of those states' Medicaid demonstrations. By embracing evidence-based CM, the Biden Administration can help SAMHSA grantees reduce stimulant-associated overdoses and save more lives.

Please contact Sarah Wattenberg at sarah@nabh.org with any questions or comments.

Sincerely,

American Academy of Addiction Psychiatry
American Indian Health Commission for Washington State
American Osteopathic Academy of Addiction Medicine
American Psychiatric Association
American Psychological Association Services
American Society of Addiction Medicine
Association for Behavioral Health and Wellness
California Consortium of Addiction Programs & Professionals
Connecticut Certification Board
Contingency Management Policy and Practice Group (CMPG)
DynamCare Health, Inc.
Faces and Voices of Recovery
Legal Action Center
National Association for Behavioral Healthcare
National Association of Addiction Treatment Providers
National Behavioral Health Association of Providers
National Council for Mental Wellbeing
Ophelia Health, Inc.

SMART Recovery
The Foundation for Drug Policy Solutions

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