



June 20, 2025

Acting Director Jon Rice
Office of National Drug Control Policy
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Re: ABHW Input on the President's 2026 National Drug Control Strategy

Dear Acting Director Rice,

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to provide input on the President's 2026 National Drug Control Strategy. We look forward to working closely with the Office of National Drug Control Policy (ONDCP) to advance our shared goal of improving and advancing policies that ensure access to comprehensive, evidence-based behavioral health treatment and support long-term recovery for individuals with substance use disorders.

ABHW is the national voice for payers managing behavioral health insurance benefits. Our member companies provide coverage to 200 million people in the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors that impact health and wellness.

Our organization aims to increase access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, our policy work strives to ensure that physical and behavioral health care is integrated and coordinated. ABHW is focused on guaranteeing better outcomes for whole-person care for all individuals and communities. Access to comprehensive, evidence-based MH and SUD services is critical to enhancing patients' health and overall well-being.

The state of behavioral health in America remains a national crisis, with millions of people across the nation experiencing an SUD and 1 in 5 Americans experiencing an MH condition each year. We are encouraged by the decline of overdose deaths from its peak in 2021 through our combined commitment to address this epidemic. However, fentanyl-related deaths remain troublingly high, and the co-occurrence of MH conditions leading to suicide is taking the lives of far too many Americans, particularly our youth, new mothers, and medically underserved communities.

Below are our recommendations for three of the priorities listed in the President's 2026 Drug Control Strategy: Preventing Drug Use Before It Starts, Providing Treatment that Leads to Long-Term Recovery, and Innovating in Research and Data to Support Drug Control Strategies.

I. Preventing Drug Use Before It Starts

ABHW would like to work with the administration to advance patient access to evidence-based programs that have been scientifically proven to prevent SUDs. As such, we continue to work with Congress to reauthorize the Substance Use Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), which expired on September 30, 2023. The SUPPORT Act is critical to effectively addressing SUDs and co-occurring MH conditions. Its policies and provisions ensure that the Administration and the Substance Abuse and Mental Health Services Administration (SAMHSA) continue to prioritize prevention, treatment, and recovery.

Additionally, we have a strong commitment to raising awareness and reducing stigma surrounding SUDs. We work to educate others by sharing factual information, correcting misconceptions, and engaging in open conversations about SUDs.

II. Provide Treatment That Leads to Long-Term Recovery

(1) Expanding MAT

Medication-assisted treatment (MAT) has been a proven effective treatment for patients with SUDs or Opioid Use Disorders (OUDs) and for preventing relapses. ABHW supports expanding access to medications for opioid use disorders (MOUD) such as buprenorphine and methadone.

Buprenorphine is one of the gold standards of care for OUD. The medication prevents painful withdrawal symptoms, and in doing so, helps people secure long-term recovery and cuts the risk of overdose death in half. The medication has been FDA-approved for nearly twenty years, and data demonstrate that it is one of the safest medications healthcare providers prescribe, far safer than common medications like insulin and blood thinners. The increased flexibility for buprenorphine-based treatment for OUD during the COVID-19 pandemic was not associated with an increased proportion of overdose deaths.¹

Methadone has been shown to be highly effective in helping individuals reduce or stop opioid use, lower the risk of overdose, and improve social and occupational functioning. Combined with counseling and behavioral therapies, it significantly increases the chances of long-term recovery.

¹ CDC buprenorphine has a low intrinsic activity at the mu receptor, however, at increasing doses, unlike a full opioid agonist, the agonist effects of buprenorphine reach a maximum and do not continue to increase linearly with increasing doses of the drug-the ceiling effect. [Trends and characteristics of buprenorphine-involved overdose deaths prior to and during the COVID-19 pandemic](#), January 2023

(2) Teleprescribing, Buprenorphine Final Rule, and Development of a Special Registration

The current pandemic-era flexibilities for the remote prescribing of controlled substances expire at the end of the calendar year 2025. ABHW urges the ONDCP to work with the Drug Enforcement Administration (DEA) to ensure that access to these critical prescriptions is not lost by either extending the flexibilities again or making them permanent. We also request that ONDCP work with the DEA to ensure that the [Expansion of Buprenorphine Treatment via Telemedicine Encounter](#) final rule is implemented at the end of December 2025.

While ABHW recognizes that in-person care may be necessary in some circumstances where it is a best clinical practice, we do not support mandating thresholds for in-person visits for Schedule III–IV drugs, as this does not appropriately balance patient access with clinical necessity.

We support creating a special registration process that authorizes qualified practitioners to tele-prescribe Schedule III-V controlled substances without the need for an in-person visit. We encourage the administration to finalize the [Special Registration for Telemedicine and Limited State Telemedicine Registrations](#) with ABHW's [requested changes](#), which would authorize the creation of a special registration process where practitioners could prescribe Schedule III-V, and in limited circumstances, Schedule II, controlled substances via telemedicine. The establishment of a special registration system will increase access to medication and treatment for those individuals with SUDs.

(3) Integrating Behavioral and Physical Health Care

ABHW strongly advocates for integrated care, which combines behavioral health and physical health services to provide more comprehensive, coordinated, and patient-centered treatment. This improves outcomes for chronic illnesses, enhances patient engagement, and reduces healthcare costs by improving adherence to treatment plans. Patients benefit from early identification and treatment of behavioral health conditions, improving overall health outcomes. This integration reduces stigma, as mental health care becomes a normalized part of routine medical visits. Ultimately, integration fosters better health outcomes and patient satisfaction.

The Collaborative Care Model (CoCM) is an evidence-based, team-driven approach that integrates behavioral health, including treatment for SUDs, into primary care settings. It typically involves a primary care provider, a behavioral health care manager, and a psychiatric consultant working together to create and adjust patient care plans. By embedding SUD treatment within primary care, the CoCM reduces barriers to access, enhances early intervention, and improves both mental and physical health outcomes.

(4) Enhancing Recovery Support Services

ABHW has been a strong advocate for integrating peer support specialists into behavioral health services, particularly for individuals dealing with SUDs. Peer support specialists are individuals with lived experience in recovery trained to assist others facing similar challenges.

Their unique perspective allows them to offer empathy, mentorship, and practical strategies that complement clinical treatments. By sharing their recovery journeys, they help others stay engaged in the recovery process, reduce the likelihood of relapses, and foster a sense of community and empowerment. We request that ONDCP work with the administration to expand the use of peer support specialists by increasing their collaboration with clinical teams, particularly in MH and SUD recovery.

(5) Contingency Management

Contingency management (CM) is a highly effective, evidence-based intervention for treating SUDs. It uses positive reinforcement, such as vouchers, prizes, or privileges, to encourage individuals to stay in treatment and maintain sobriety. CM has been particularly successful in the treatment of alcohol and other drug use disorders. CM helps build motivation, reinforce progress, and improve long-term outcomes by providing immediate, tangible rewards for healthy behaviors. Congress should work with HHS, the Centers for Medicare & Medicaid Services (CMS), and SAMHSA to ensure sufficient funding for CM implementation so that more individuals can access this effective intervention. This funding will allow the continuation of grants to patients seeking addiction treatment in the form of a motivational incentive, CM used in conjunction with stimulant use disorders and MOUD. It is an effective strategy in the treatment of alcohol and other drug use disorders.

Additionally, ABHW encourages HHS and the Office of Inspector General (OIG) to update its guidance under the federal Antikickback Statute to create a Safe Harbor for CM. The anti-kickback statute is a criminal statute that prohibits exchanging anything of value for Medicare, Medicaid, and other federal health care program referrals, or purchasing items or services paid for by Medicare, Medicaid, or other federal health care programs. HHS and OIG should issue guidance that creates a safe harbor for specific CM interventions so that more individuals can access this effective SUD intervention.

III. Innovating in Research and Data to Support Drug Control Strategies

More research should be done to grow the evidence base of digital therapeutics and their impact on treating SUDs. Digital tools are beneficial and can positively impact the treatment of SUDs, eliminate gaps in behavioral health care by increasing efficiency and accessibility, address stigma, and help support behavioral health provider shortages. Many ABHW members currently contract with DMHTs as they can help providers make more informed treatment decisions and improve patients' lives by offering better ways to manage their SUD conditions.

Digital, blended-care solutions integrating virtual care with licensed therapists and psychiatrists can deliver comprehensive SUD treatment, including early identification and intervention, support services, and medication management. ABHW encourages continued development of comparative studies examining the long-term durability of clinical effects, effectiveness across diverse populations, and patient outcomes.

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Thank you for the opportunity to provide feedback on the President's 2026 strategy. We are committed to engaging with the administration, the ONDCP, and other partners to find

opportunities to improve SUD treatment for all individuals. If you have questions, please contact Maeghan Gilmore, Vice President of Government Affairs, at Gilmore@abhw.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah H. Wit". The signature is fluid and cursive, with a large, stylized 'W' at the end.

Debbie Withey, MHA
President and CEO