FACT SHEET: Closing the Substance Use Care Gap Act

The overwhelming majority of people who need substance use treatment do not receive it. For people who want treatment, data indicates the biggest hurdles to receiving care are not being ready to stop using and not knowing where to find programs that offer services they want or need.[1]

Low-barrier health care options like overdose reversal medication (e.g., naloxone) and fentanyl test strips are essential for keeping people alive and closing the gap between those who want treatment and those who actually receive it.[2] They provide people with lifesaving resources and create opportunities for community engagement about effective treatments that meet people where they are. They also create touchpoints for health care professionals to reach patients who would otherwise not receive care and refer them for further treatment and recovery support services.

Low-barrier health care options are vital for providing resources to people at the highest risk of overdose or poor health outcomes.[3] Despite the demand and effectiveness of these services, they remain difficult to access and are substantially underfunded at the state and federal level.[4]

In March 2021, Congress appropriated $30 million for community-based organizations that provide low-barrier health care options.[5] Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), grant funds supported overdose prevention education, overdose reversal medications, medication assisted treatment (MAT), and other essential services.[6] While this community-based opioid treatment grant program marked an important step in expanding access to care, it has not made permanent or received any additional funding.

The ***Closing the Substance Use Care Gap Act*** would address the opioid epidemic by:

- **Reauthorizing** SAMHSA's community-based opioid treatment grant program.
- **Supporting lifesaving programs** offered by state, Tribal, local, and territorial governments; nonprofit community-based organizations; opioid treatment programs; medication assisted treatment (MAT) programs; and other primary and behavioral health organizations.
- **Expanding access to substance use care**, such as overdose prevention programs and the distribution of opioid reversal medications like naloxone; legally authorized or permitted syringe services programs to prevent and control the spread of infectious diseases for individuals who use substances; overdose education, harm reduction treatment and counseling, treatment services, recovery support services, and health education; and helping people who use substances take steps to promote their health and safety.
- **Connecting people to substance use care** by requiring grant recipients to establish processes, protocols, and mechanisms for referral to evidence-based treatment and recovery support services.
- **Providing technical assistance** to support programs in rural and underserved communities.

[1] https://www.hsdl.org/document/890173
[2] Ibid
[3] https://www.hsdl.org/document/866515
[4] https://www.hsdl.org/document/890173
[5] https://www.congress.gov/bill/117th-congress/house-bill/1319/text
[6] https://www.samhsa.gov/grants/grant-announcements/sp-22-001