

United States Senate  
WASHINGTON, DC 20510-3205

May 5, 2025

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

Dear Secretary Kennedy,

I write to express profound concern regarding reports that the administration is planning to terminate a \$56 million annual grant program under the *First Responders-Comprehensive Addiction and Recovery Act* that distributes and provides training to administer the opioid overdose reversal medication, naloxone.<sup>1</sup> If terminated, first responders would lose a highly effective resource that can help save countless lives.

In 2024 alone, this critical program distributed more than 282,500 naloxone kits to cities, community-based organizations, and tribes across the country. Opioid-related overdoses and deaths in the United States have fallen to their lowest since 2020,<sup>2</sup> due in part to the wider availability of naloxone and its distribution to first responders underscoring how impactful treatment programs like this are in saving lives and combatting the opioid crisis. From 2020 to 2022, New York State law enforcement personnel administered naloxone an average of 141 times a month.<sup>3</sup> Put another way, every five hours, one New Yorker had a trained, well-equipped first responder to thank for saving their life.

The long-term successes of this funding support cannot be overstated; by Substance Abuse and Mental Health Services Administration's (SAMHSA) own accounting, more than 150,000 first responders have undergone naloxone training, and more than 90,000 overdoses have been reversed since 2017.<sup>4</sup> Opioid deaths are preventable and every additional first responder trained and equipped in New York, especially in medically underserved communities, has been a game-changer.

With the ongoing challenges posed by the opioid crisis, it is critical that the federal government's actions are guided by public health expertise and a commitment to sustaining the momentum behind federal policy and funding that is working. It is imperative that HHS's actions support, rather than undermine, local efforts by municipalities and first responders to respond. Terminating a proven tool without clear, transparent justification places countless lives at needless risk. Our communities will bear the cost: in lives lost, in families broken, and in public trust further eroded.

Given the public good SAMHSA naloxone distribution and training grant programs provide, and the clear dangers of unilaterally terminating this funding, I request a written response to the following inquiries by May 16, 2025:

1. Please provide a detailed explanation for how the Administration intends to sustain investments in opioid overdose mitigation strategies that support and equip first responders?
  - a. If funding for this program is being reallocated, what new initiatives or priorities will those resources support?
2. Has HHS consulted with any stakeholders before planning to terminate this program? Please detail how HHS has solicited feedback from the following groups:
  - a. First responders
  - b. Public health officials, including state and local officials
  - c. Medical professionals, including substance use disorder treatment professionals
3. How does HHS plan to address the potential disproportionate impact on medically underserved and rural communities who depend on well-equipped first responders for medical emergencies?
4. Has HHS conducted an analysis of the potential public health impact, particularly on overdose survival rates, resulting from the termination of this program? If so, please provide any analysis done.

Thank you for your attention to this matter and I look forward to hearing from you.

Sincerely,

A handwritten signature in blue ink that reads "Kirsten Gillibrand". The signature is fluid and cursive, with the first name "Kirsten" and last name "Gillibrand" clearly distinguishable.

Kirsten Gillibrand  
United States Senator