

May 30, 2026

Substance Abuse and Mental Health Services Administration (SAMHSA)  
Chris Carroll  
Principal Deputy Assistant Secretary  
5600 Fishers Lane  
Rockville, MD 20857

Dear Principal Deputy Assistant Secretary Carroll,

On behalf of the undersigned organizations, we are writing to express serious concern regarding the planned removal of SAMHSA's buprenorphine practitioner locator and pharmacy locator. We respectfully urge SAMHSA not to discontinue these tools unless and until a fully functional, comprehensive, and publicly accessible replacement is available without interruption.

Recent public statements have created uncertainty about how the legacy SAMHSA buprenorphine practitioner locator relates to the buprenorphine practitioner search option currently available on FindTreatment.gov. If the individual buprenorphine provider search on FindTreatment.gov is fed by the legacy SAMHSA locator data and would also disappear when the SAMHSA locator is removed, that would create a significant access problem and further supports keeping the current locator in place until a new system is fully operational. If, however, FindTreatment.gov will continue to provide the same individual provider search capability without interruption, then this appears to be a coordination issue that could be addressed by redirecting the SAMHSA buprenorphine provider page to FindTreatment.gov so that patients and clinicians are not left confused about where to look for care.

SAMHSA must ensure that any federal locator includes a straightforward, automated online interface through which providers can add themselves and update practice information in real time. That functionality continues to be an important feature since prescribing authority has expanded beyond the former waiver-based system. At present, it is not clear from the FindTreatment.gov locator whether such a self-service updating process exists, and the absence of a visible, user-friendly update pathway raises concerns about whether provider information will remain complete and current – critical variables needed to foster patients trust.

Moreover, the rationale offered for removing the locator is not supported by the emerging evidence since elimination of the X-waiver in 2023. Multiple studies have found that, although the number of prescribers may have increased after the policy change, there has not been a meaningful corresponding increase in the number of patients receiving

buprenorphine treatment.<sup>1</sup> In other words, claims that access has materially improved based solely on the licensing change remain more theoretical than real. The available evidence suggests that practical barriers to treatment persist, which makes it even more important to preserve clear, federal pathways that help patients identify clinicians and facilities offering care.

The stakes of losing these tools are high. Sudden interruption in buprenorphine access and discontinuation of treatment are consistently associated with increased risk of overdose and mortality.<sup>2</sup> Medications for Opioid Use Disorder (OUD), including buprenorphine, remain a cornerstone of evidence-based care because they reduce illicit opioid use, lower overdose risk, improve treatment retention, and support long-term recovery and stability. For many individuals, treatment begins with a simple search for help. If access to accurate provider information becomes harder at the front end, some patients will never connect to treatment, and others may face dangerous lapses in care. We therefore respectfully request that SAMHSA maintain the current locator tools until any replacement is tested, publicly available, and demonstrably capable of connecting individuals to up-to-date OUD treatment resources nationwide without interruption.

We would welcome the opportunity to work with SAMHSA on strategies to improve provider visibility, support real-time data maintenance, reduce treatment barriers, and strengthen access to evidence-based care for people with OUD. Thank you for your consideration of this urgent matter and for your continued commitment to improving access to behavioral health and substance use disorder treatment.

Sincerely,

Academy Of Consultation-Liaison Psychiatry  
American Academy of Child and Adolescent Psychiatry  
American Association for Community Psychiatry  
American Association for Geriatric Psychiatry  
American Psychiatric Association

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<sup>1</sup> Guy, G.P., Jones, C.M., Rikard, S.M. *et al.* Prescriber-Level Changes in Buprenorphine Dispensing in the USA Before and After Federal Policy Changes Aimed at Increasing Prescribing. *J GEN INTERN MED* **40**, 4090–4093 (2025). <https://doi.org/10.1007/s11606-025-09655-8>

<sup>2</sup> Vakkalanka P, Lund BC, Arndt S, Field W, Charlton M, Ward MM, Carnahan RM. Association Between Buprenorphine for Opioid Use Disorder and Mortality Risk. *Am J Prev Med.* 2021 Sep;61(3):418-427. doi: 10.1016/j.amepre.2021.02.026. Epub 2021 May 19. PMID: 34023160; PMCID: PMC8384722.