

September 4, 2025

The Honorable Brittany Pettersen
U.S. House of Representatives
348 Cannon House Office Building
Washington, DC 20515

The Honorable Jen Kiggins
U.S. House of Representatives
152 Cannon House Office Building
Washington, DC 20515

Dear Representatives Pettersen and Kiggins:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes to express support for the Hospitals As Naloxone Distribution Sites (HANDS) Act.

This bill would help ease barriers to life-saving medicine by requiring Medicare and Medicaid to cover the cost when hospitals provide naloxone to patients who are at risk of an overdose, before they are discharged, at no cost to the patient. According to the Centers for Disease Control and Prevention (CDC), each day more than 1,000 people are treated in emergency departments (EDs) for exposure to opioids. At that time, especially when patients are taken to the ED after an overdose and an administration of naloxone, hospitals have an opportunity to assist patients beyond surviving the overdose. Hospitals are implementing a number of strategies to reach patients and provide stronger connections to behavioral health services.

The AHA believes physical and mental health care are inextricably linked, and everyone deserves access to high quality behavioral health care. Hospitals are critical access points along the substance use disorder (SUD) care continuum and, therefore, must be well equipped to address key areas. Prevention, treatment, harm reduction and recovery are the generally accepted and nationally recognized areas of focus in the SUD care continuum. Patients who initiate SUD care during hospitalization are more likely to enter outpatient treatment, stay in treatment longer and have more substance-free days compared to those offered only a referral. Allowing hospitals to provide naloxone to at-risk patients as harm reduction bolsters the opportunity to engage with these patients to help get them into the SUD care continuum.



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We thank you for your leadership and dedication to finding bipartisan solutions to address these important issues. As you know, there is still more work to be done to reduce barriers to receiving and administering behavioral health services, and we look forward to working with you on these future efforts.

Sincerely,

/s/

Lisa Kidder Hrobsky
Senior Vice President
Advocacy and Political Affairs