

## THE CARA 2.0 ACT OF 2018

America is in the midst of the most deadly drug overdose crisis in history. More Americans died from drug overdoses in 2016 – approximately 64,000 – than the total number of American casualties during the Vietnam War. According to the Centers for Disease Control’s most recent statistics, drug overdoses surpass automobile accidents as the leading cause of injury-related death for Americans aged 25 to 64. While addiction is a treatable disease, only about 10 percent of those who need treatment receive it, and this epidemic is having a devastating impact in communities across our nation.

We know from researchers, the law enforcement community and treatment providers that the most effective way to address the challenges posed by addiction is to initiate a comprehensive response to the twin epidemics of opioid and heroin addiction, utilizing evidenced-based programs that work.

The *Comprehensive Addiction & Recovery Act* (CARA) became law on July 22, 2016. CARA has been implemented and is starting to make a difference by transforming the way the federal government treats addiction and ensuring that federal resources are devoted to evidence based prevention, treatment, and recovery programs that work. CARA also provided law enforcement new tools to reverse overdoses, and is helping communities respond to the heroin and opioid epidemic.

While CARA’s evidence-based programs were funded at \$267 million for FY 2017, there is bipartisan agreement that more resources will be necessary to help turn the tide of this epidemic. The Trump Administration’s FY 2019 budget includes \$17 billion in resources to combat the opioid epidemic. In addition, the bipartisan congressional budget deal includes \$6 billion in additional resources for FYs 2018-2019.

CARA 2.0 builds on the original CARA by increasing the funding authorization levels to better coincide with the recent budget agreement. Coupled with policy changes to strengthen the federal government’s response to this crisis, CARA 2.0 authorizes \$1 billion in dedicated resources to evidence-based prevention, enforcement, treatment, and recovery programs. CARA 2.0 is part of the necessary response to the urgent call for adequate and sustained resources that appropriately reflect the magnitude of the crisis.

### CARA 2.0 Policy Changes:

- Three day limit on initial opioid prescriptions for acute pain as recommended by the Centers for Disease Control and Prevention (CDC).
- Makes permanent Section 303 of CARA which allows physician assistance and nurse practitioners to prescribe buprenorphine under the direction of a qualified physician.
- Allows states to waive the limit on the number patients a physician can treat with buprenorphine so long as they follow evidence-based guidelines. There is currently a cap of 100 patients per physician.
- Require physicians and pharmacists use their state PDMP upon prescribing or dispensing opioids.
- Increases civil and criminal penalties for opioid manufacturers that fail to report suspicious orders for opioids or fail to maintain effective controls against diversion of opioids.
- Creates a national standard for recovery residence to ensure quality housing for individuals in long-term recovery.

### CARA 2.0 Authorization Levels:

- \$10 million to fund a National Education Campaign on the dangers of prescription opioid misuse, heroin, and lethal fentanyl.
- \$300 million to expand first responder training and access to naloxone.
- \$300 million to expand evidence-based medication-assisted treatment (MAT).
- \$20 million to expand Veterans Treatment Courts.
- \$100 million to expand treatment for pregnant and postpartum women, including facilities that allow children to reside with their mothers.
- \$60 million to help states develop an Infant Plan of Safe Care to assist states, hospitals and social services to report, track and assist newborns exposed to substances and their families.
- \$10 million for a National Youth Recovery Initiative to develop, support, and maintain youth recovery support services.
- \$200 million to build a national infrastructure for recovery support services to help individuals move successfully from treatment into long-term recovery.