THE CARA 2.0 ACT OF 2018

Section 1. Short Title: The CARA 2.0 Act of 2018

Section 2. National Education Campaign

Funds a nation drug awareness campaign that will bring greater awareness to the association between prescription opioid misuse and heroin use, emphasize their similar effects on the human body, and educating the public about the lethality of fentanyl—which is increasingly mixed with heroin and other drugs.

Authorizes $10 million annually (up from no authorization in CARA)

Section 3. Three Day Limit on Opioids for Acute Pain

Limits initial prescriptions for opioids to 3 days while exempting chromic care, care for cancer, hospice or end of life care, and pain being treated as part of palliative care.

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. The Centers for Disease Control and Prevention (CDC) recommends three days for opioids treating acute pain.

Section 4. First Responder Training

Funds may be used to make naloxone available to first responders to train and provide resources for carrying and administering naloxone, and establish mechanisms for referrals to treatment. Funds may also be used to provide resources to first responders on safety around fentanyl and how to respond after exposure.

Authorizes $300 million annually (up from $12 million authorization in CARA)

Section 5. Evidence-Based Prescription Opioid and Heroin Treatment and Intervention Demonstrations

Funds will be used to expand evidence-based activities related to treatment for substance use disorders, including the availability of medication-assisted treatment (MAT).

Grants to State substance abuse agencies, units of local government, nonprofit organizations, and Indian tribes or tribal organizations that have a high rate or rapid increase in the use of opioids (heroin and prescription opioid pain relievers).

Authorizes $300 million annually (up from $25 million authorization in CARA)

Section 6. Building Communities of Recovery

Funds may be used to build connections between recovery support services and networks, including treatment programs, mental health providers, treatment systems, and other recovery supports. Funds may also be used on efforts to reduce the stigma associated with substance use disorders and to conduct public education and outreach on issues related to substance use disorders and recovery. This can include education on the signs of addiction, the resources available for people with substance use disorders, and the medical consequences of substance use disorders, including neonatal abstinence syndrome (NAS).

Grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services. "Recovery community organizations" are nonprofits that mobilize resources within and outside the recovery community to increase long-term recovery and that are wholly or principally governed by

people in recovery who reflect the community served. Grants may also be used to develop technical assistance centers to expand and enhance community and Statewide recovery support services.

Authorizes $200 million annually (up from $1 million authorization in CARA)

Section 7. Medication-Assisted Treatment for Recovery from Addiction

Makes permanent Section 303 of CARA which allows physician assistance and nurse practitioners to prescribe buprenorphine under the direction of a qualified physician. This provision would otherwise sunset in 2021.

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.

Section 8. National Youth Recovery Initiative

Funds may be used to develop, support, and maintain youth recovery support services, including maintaining a physical space for activities, staff, social activities, to establish a recovery high school, to coordinate recovery programs with other social service providers (mental health, primary care, criminal justice, substance use disorder treatment programs, housing, child welfare, and more), to develop peer support programs, and other activities that help youth and young adults achieve recovery from substance use disorders.

Authorizes $10 million annually (Program removed in CARA conference)

Section 9. National Recovery Residence Standards

Requires the Department of Health and Human Services to issue quality standards and best practices for operating recovery housing in the United States.

In developing these standards, HHS should identify barriers that exist with respect to recovery residences, including zoning restrictions and discrimination against individuals receiving medication assisted treatment.

Section 10. Improving Treatment for Pregnant and Postpartum Women

Funds will provide treatment for pregnant and postpartum women treatment for substance abuse through programs in which, during the course of receiving treatment (1) the women reside in facilities provided by the programs; (2) the minor children of the women reside with the women in such facilities, if the women so request; and (3) certain services are available to or on behalf of the women. Funds will be available through grants, cooperative agreement, or contracts to public and nonprofit private entities.

Authorizes $100 million annually (up from $17.9 million authorization in CARA)

Section 11. Veterans Treatment Courts

Funds grants to expand specialized courts designed to meet the particular needs of the veteran community. The goal is to promote sobriety, recovery, and stability through a coordinated response that involves the cooperation and collaboration of many different levels of the Veterans Treatment Court.

Authorizes $20 million annually (up from $6 million authorization in CARA)

Section 12. Infant Plan of Safe Care

CARA required states to report on efforts to ensure a plan of safe care for babies born dependent on substances.

Funds will assist states, hospitals and social services to report, track and assist newborns exposed to substances and their families.

Authorizes $60 million annually

Section 13. Require the Use of Prescription Drug Monitoring Programs (PDMP)

Physicians and pharmacists are required to use their state PDMP within 1 year of enactment. States must also make data available to other states.

A similar provision was removed from CARA

Section 13. Increasing Civil and Criminal Penalties for Opioid Manufacturers

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.

This provision raises the maximum amount for each individual civil fine from $10,000 to $100,000. Additionally, this provision increases criminal penalties for willful disregard and/or knowingly failing to keep proper systems or report suspicious activity from a maximum of $250,000 to $500,000.