CONGRESSMAN
DAVID TRONE
SERVING MARYLAND'S 6TH DISTRICT

Comprehensive Addiction and Recovery Act (CARA) 3.0

Reps. David Trone (D-MD), Tim Ryan (D-OH), David McKinley (R-WV), Ann Kuster (D-NH), Brian Fitzpatrick (R-PA), Paul Tonko (D-NY), David Joyce (R-OH), and Jaime Herrera Beutler (R-WA)

The Problem

The COVID-19 crisis has exacerbated the United States' deadly drug epidemic. Fatal overdoses increased almost 30% in the 12-month period ending in November 2020 compared to the year before.[1] A CDC survey found that 13% American adults started or increased their substance use to cope with emotions related to the pandemic[2] and other research has shown that individuals with substance use disorder experienced disruptions accessing treatment or recovery services or were completely unable to receive certain needed services due to the pandemic.[3] Despite this need, as of 2018, 40% of U.S. counties didn't have a single provider eligible to prescribe buprenorphine.[4]

The Comprehensive Addiction & Recovery Act (CARA) became law in 2016. CARA's evidence-based programs have received strong federal investment. Several key provisions of CARA 2.0 were enacted as part of the SUPPORT Act in 2018. In FY 2021, Congress funded CARA programs at $782 million. As we continue to recover from the COVID-19 pandemic, there is bipartisan agreement that more resources are necessary to turn the tide on the addiction epidemic.

The Solution

CARA 3.0 builds on the original CARA and CARA 2.0 by increasing funding for prevention, education, research, treatment, and recovery. Coupled with policy changes to strengthen the federal government's response to this crisis, CARA 3.0 authorizes over $770 million in dedicated resources for evidence-based prevention, enforcement, treatment, criminal justice, and recovery programs. CARA 3.0 answers the urgent call for adequate and sustained resources that appropriately reflect the magnitude of the crisis.

What does CARA 3.0 do?

<u>Policy Changes Include:</u>

- Authorizes new research into non-opioid pain management alternatives.
- Establishes a National Commission for Excellence in Post-Overdose Response to improve the quality and safety of care for drug overdoses and substance use disorders.
- Directs Medicare to provide a separate payment for non-opioid pain treatment.
- Requires physicians and pharmacists to use their state prescription drug monitoring programs when prescribing or dispensing opioids.
- Mandates physician education on addiction, treatment, and pain management.

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[1] https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
[2] https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm
[3] https://www.addictionpolicy.org/post/covid-19-pandemic-impact-on-patients-families-individuals-in-recovery-fromsubstance-use-disorder
[4] https://oig.hhs.gov/oei/reports/oei-12-17-00240.asp

- Prohibits states from requiring prior authorization for medication-assisted treatment (MAT) under Medicaid.
- Establishes a pilot program to study the use of mobile methadone clinics in rural and underserved areas.
- Removes the limit on the number of patients a physician can treat with MAT.
- Permanently allows providers to prescribe MAT and other necessary drugs via audio-only telehealth following an initial in-person or audio-visual appointment, and to bill Medicare for audio-only telehealth services.
- Requires a study on the quality, effectiveness, and availability of recovery housing.
- Expands access to federal housing for individuals who have misused substances or have a criminal conviction.

Authorizations Include:

- $55 million for training and employment for substance abuse professionals, including peer recovery specialists, and a $5 million set-aside for workforce retention efforts.
- $10 million for community-based coalition enhancement grants to address local drug crises.
- $300 million to train healthcare professionals on identifying and engaging with patients with a substance use disorder.
- $100 million to expand treatment for pregnant and postpartum women, including facilities that allow women to reside with their children.
- $200 million to build a national infrastructure for recovery support services to help individuals move successfully from treatment into long-term recovery.
- $10 million for recovery support services for youth and young adults.
- $20 million to expand Veterans Treatment Courts.
- $50 million to provide quality treatment for addiction in correctional facilities and in community reentry programs.
- $30 million for deflection and pre-arrest diversion programs in the criminal justice system.

Bipartisan Senate Leads: Senators Portman (R-OH), Whitehouse (D-RI), Klobuchar (D-MN), Shaheen (D-NH), Cantwell (D-WA), and Capito (R-WV)