

## **COMPREHENSIVE ADDICTION RESOURCES EMERGENCY (CARE) ACT**

### **Senator Elizabeth Warren and Rep. Elijah E. Cummings**

Senator Elizabeth Warren and Rep. Elijah E. Cummings are introducing the Comprehensive Addiction Resources Emergency (CARE) Act to begin treating the opioid crisis like the critical public health emergency it is.

Life expectancy in the United States has now dropped three years in a row—and drug overdoses are the single biggest reason why. In 2017, over 70,000 Americans died from drug overdoses—the highest rate of drug overdose deaths **ever** in the United States. Opioids were a cause of 47,600 of these deaths—68% of all drug overdose deaths. Yet, only about 10% of those in need of specialty treatment for substance use disorders are able to access it.

The opioid crisis is devastating communities across the nation—but it has a particularly severe impact on American Indians and Alaska Natives. CDC data shows that drug overdose death rates for American Indians and Alaska Natives living in nonmetropolitan areas increased by 500% between 1999 and 2015. American Indians and Alaska Natives suffered a greater increase in deaths over those years compared to any other demographic. And yet, we know that overdose deaths of Native people are under-reported. In spite of the harm that the opioid crisis brings to American Indian and Alaska Native communities, tribal governments—which are often required to work with state governments in order to obtain federal funds—have struggled to access the resources they need to combat the epidemic.

The CARE Act is modeled on the bipartisan Ryan White Comprehensive AIDS Resources Emergency Act of 1990, which provided significant new funding to help state and local governments combat the HIV/AIDS epidemic. President Trump’s Council of Economic Advisers estimated that the opioid crisis costs the nation more than \$500 billion in 2015 alone. The CARE Act would invest **\$100 billion in federal funding over ten years** to fight the opioid epidemic, including a total of **more than \$800 million a year provided directly to tribal governments and organizations**. The bill would provide:

- **\$670 million per year for grants to tribal governments** to help fight the opioid epidemic and invest in substance use prevention and treatment;
- **\$7.5 million in additional funding for tribal nations and regional tribal epidemiology centers** to improve data collection on drug overdoses;
- **\$50 million a year to tribal colleges and universities**, Indian Health Service-funded organizations, and medical training programs that partner with tribal nations and tribal organizations to train Native health professionals to improve substance use disorder treatment services;
- **\$100 million a year in funding to Native non-profits and clinics**, including to urban Indian organizations and projects designed to test innovative service delivery and culturally-informed care models to tackle addiction; and
- **\$500 million per year to expand access to the overdose reversal drug naloxone** and provide this life-saving medicine to states to distribute to Indian tribes, first responders, public health departments, and the public.