

COMPREHENSIVE ADDICTION RESOURCES EMERGENCY (CARE) ACT

Senator Elizabeth Warren and Representative Elijah E. Cummings

Senator Elizabeth Warren and Rep. Elijah E. Cummings are introducing the Comprehensive Addiction Resources Emergency (CARE) Act to finally begin treating the devastating 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, more than 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.

This is not the first time we have faced a public health crisis of this scale. During the 1980s and 1990s, deaths from HIV/AIDS grew rapidly, and the country's medical system was ill-equipped to provide effective, evidence-based care. In 1990, Congress passed the bipartisan Ryan White Comprehensive AIDS Resources Emergency Act to provide funding to help state and local governments combat this epidemic.

The CARE Act is modeled directly on the Ryan White Act, supporting local decision-making and federal research and programs to prevent drug use while expanding access to evidence-based treatments and recovery support services.

The CARE Act would provide **\$100 billion over ten years** to fight this crisis, including:

- **\$4 billion per year to states, territories, and tribal governments**, including \$2 billion to states with the highest levels of overdoses, \$1.6 billion through competitive grants, and \$400 million for tribal grants;
- **\$2.7 billion per year to the hardest hit counties and cities**, including \$1.43 billion to counties and cities with the highest levels of overdoses, \$1 billion through competitive grants, and \$270 million for tribal grants;
- **\$1.7 billion per year for public health surveillance, biomedical research, and improved training for health professionals**, including \$700 million for the National Institutes of Health, \$500 million for the Centers for Disease Control and Prevention and regional tribal epidemiology centers, and \$500 million to train and provide technical assistance to professionals treating substance use disorders;
- **\$1.1 billion per year to support expanded and innovative service delivery**, including \$500 million for public and nonprofit entities, \$500 million for projects of national significance that provide treatment, recovery, and harm reduction services, \$50 million to help workers with or at risk for substance use disorder maintain and gain employment by providing grants and supporting research, and \$50 million to expand treatment provider capacity; and
- **\$500 million per year to expand access to overdose reversal drugs (Naloxone)** and provide this life-saving medicine to states to distribute to first responders, public health departments, and the public.

The costs of not fighting the opioid epidemic are staggering. President Trump's Council of Economic Advisers estimates that the opioid crisis cost the nation more than \$500 billion in 2015 alone. In addition, a new study in the journal *Medical Care* estimates that the federal government lost \$26 billion in tax revenue between 2000 and 2016 due to the opioid crisis.