

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.

Last year, the Centers for Disease Control and Prevention warned that life expectancy in the United States dropped for the second year in a row—and drug overdoses are the single biggest reason why. Emergency room visits for opioid overdoses skyrocketed across the United States by 30% between July 2016 and September 2017. In 2016, nearly 64,000 Americans died from drug overdoses—rivaling the peak death figures from HIV/AIDS in the mid-1990s. Of those overdoses, more than 42,000 are attributable to opioids—resulting in 115 Americans dying every day from opioid overdoses. Yet, only 10% of those in need of specialty treatment for substance use disorders are able to access it.

This is not the first time our nation has faced a large-scale public health crisis. 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 significant new funding to help state and local governments combat the HIV/AIDS 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 funding evidence-based treatments and recovery support services. President Trump's Council of Economic Advisers estimated that the opioid crisis cost the nation more than \$500 billion in 2015 alone. The CARE Act would provide **\$100 billion in federal funding over ten years**, 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;
- **\$1.8 billion per year for public health surveillance, biomedical research, and improved training for health professionals**, including \$1 billion for the National Institutes of Health, \$400 million for the Centers for Disease Control and Prevention and regional tribal epidemiology centers, and \$400 million to train and provide technical assistance to professionals treating substance use disorders;
- **\$1 billion per year to support expanded and innovative service delivery**, including \$500 million for public and nonprofit entities and \$500 million for projects of national significance that provide treatment, recovery, and harm reduction services; 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 first responders, public health departments, and the public.