AFL-CIO

LEGISLATIVE ALERT

May 5, 2019

The Honorable Elizabeth Warren
United States Senate
Washington, DC 20510

The Honorable Elijah Cummings
United States House of Representatives
Washington, DC 20515

Dear Senator Warren and Representative Cummings:

On behalf of the AFL-CIO, I write in strong support of the Comprehensive Addiction Resources Emergency (CARE) Act which you have introduced. This bill constitutes a comprehensive public health response to the opioids crisis. It provides urgently-needed resources to fill our nation's yawning gaps in treatment and prevention services, and it recognizes the importance of engaging workers in the workplace to prevent opioid misuse or to help them secure employment when recovering from opioid use disorder (OUD). Further, the bill also addresses the risks faced by frontline behavioral health care workers.

The urgency of addressing the opioids crisis cannot be overstated. In 2017, 47,600 Americans died from an opioid overdose, while thousands more suffered directly or indirectly from the impacts of OUDs on families and communities. Unfortunately, we have failed to muster a comprehensive national response to the crisis.

Your CARE Act represents a well-targeted major response to the crisis. Directly modeled after the Ryan White Act – which successfully addressed the HIV/AIDS epidemic – the CARE Act strategically distributes resources while providing flexibility for states and localities to implement approaches that meet their unique needs.

Importantly, the CARE Act also provides resources to link prevention, early intervention, and recovery services with the workplace. Unfortunately, the root cause of many OUDs is workplace injury. Opioids are too often prescribed to alleviate the pain associated with such injuries, particularly musculoskeletal disorders, resulting in overuse and addiction. Data from the Centers for Disease Control and Prevention show that certain occupations, many with elevated work-related injury rates, are associated with high levels of opioid-related overdose deaths: including construction, mining, oil and gas extraction, and health care. Workplace-focused interventions and research are needed to address the link between work and opioid misuse and to help workers in recovery gain or maintain employment.

America's labor unions are currently delivering high quality workplace-based prevention, treatment, and recovery services. The CARE Act provides $40 million a year for programs supporting workers which can be used to support union- administered programs as well as efforts by employers.

The CARE Act also provides funding to support research that will identify key factors involved in ensuring the health and safety of frontline behavioral health care workers. We must care for our care providers to effectively fight this crisis.

We thank you for introducing this important legislation, and we look forward to working with you to get it enacted.

Sincerely,

William Samuel, Director
Government Affairs

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Vicker V. DiGravio III PRESIDENT / CEO
Diane E. Gould, LICSW CHAIR

ASSOCIATION
FOR BEHAVIORAL
HEALTHCARE

May 6, 2019

Senator Elizabeth Warren
309 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Warren,

The Association for Behavioral Healthcare (ABH) writes today in strong support of the soon to be introduced CARE Act of 2019. The CARE Act of 2019 is a bold proposal that includes the systematic changes and financial resources that are needed to combat this epidemic. We commend you for your work in addressing the ongoing opioid crisis in Massachusetts and across the country.

ABH is a Massachusetts-based, statewide association representing more than eighty community-based mental health and addiction treatment provider organizations. Our members are the primary providers of publicly-funded behavioral healthcare services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily, 1.5 million residents annually, and employing over 46,500 people.

This legislation would make a huge difference in access to programming for individuals and families living with opioid addiction disorder. It provides $100 billion in federal funding over ten years to support treatment and recovery supports, along with federal research and prevention programming.

As you well know, Massachusetts and the United States are in the midst of an unprecedented opioid epidemic. The treatment community is grateful for the continued commitment of Congress to combat this epidemic, but the demand for treatment continues to outpace capacity. Every day ABH member organizations see more demand for treatment than they have capacity to provide. This is in large part due to insufficient resources given the enormous scope of the epidemic.

Additional federal funding and support is essential in addressing the crisis. We strongly support the comprehensive approach to treatment as proposed by your legislation. Individuals with addiction disorders need access to treatment as well as other community supports. This legislation will allow individuals to access the services they need to achieve recovery.

ABH is pleased to offer our strong support for this important piece of legislation. Should you have any questions or need further information, please do not hesitate to contact me at 508-647-8385 x 11 or vdigravio@abhmass.org.

Sincerely,

Vicker V. DiGravio III
President/CEO

CLASP

Policy solutions that work for low-income people

The Honorable Elizabeth Warren
United States Senate
309 Hart Senate Office Building
Washington, DC 20510

The Honorable Elijah Cummings
U.S. House of Representatives
2163 Rayburn House Office Building
Washington, DC 20515

Dear Senator Warren and Chairman Cummings,

The opioid crisis has grave implications across race, gender, income-level and geography, and any legislation that provides resources to address this crisis should be distributed equitably across communities. As an anti-poverty organization, CLASP is committed to ensuring that low-income people and communities of color are included in any proposed legislation that addresses the opioid epidemic. That is why we applaud and support the CARE Act, and have worked closely with the Opioid Network to support solutions that take into account disparities in healthcare access and promote research that will help health professionals better understand the impact of trauma on mental and behavioral health.

As the public health crisis of our time, the Opioid Epidemic requires a comprehensive public health approach that empowers the people directly impacted to make the decisions about where funding goes. The CARE Act does just that. Modeled after the successful Ryan White Care Act, the CARE Act will provide $100 billion over ten years to fight the crisis and will create local Planning Councils that will manage funding for each locality, made up of people impacted by the epidemic, including people with a history of substance use disorder. With this Act, you have given us our best chance to end this epidemic and expand treatment to everyone who needs it.

Crucially, the bill provides opportunities for nonprofits to apply for funding directly from the federal government, which is essential for organizations working in states and localities that do not support their efforts to combat the epidemic. The bill also allows funding to be used to provide services to treat co-occurring mental health disorders in individuals with substance use disorders, includes additional measures to expand access to evidence-based treatment, and creates a new grant program to support efforts to prevent substance abuse disorders among high-risk workers and to assist workers in maintaining employment while obtaining treatment and support services for substance use disorder.

The passage of last year's Opioid Crisis Response Act of 2018 was an important first step to creating necessary substance abuse programs and begin addressing prevention and trauma from the opioid crisis. Now, more action is needed to ensure those affected by trauma and substance abuse have the support they need. At a time when the opioid epidemic poses a serious threat to the stability and wellbeing of families and communities across the country, the CARE Act can provide much needed resources to those that have been impacted by this crisis, and continue the journey to ending the epidemic.

Thank you for introducing this legislation – CLASP is proud to endorse the CARE Act and supports its passage through Congress.

Sincerely,

Nia West-Bey
Senior Policy Analyst

Isha Weerasinghe
Senior Policy Analyst

COALITION TO STOP OPIOID OVERDOSE

May 8, 2019

The Honorable Elijah Cummings
United States House of Representatives
2163 Rayburn House Office Building
Washington, DC 20515

The Honorable Elizabeth Warren
United States Senate
309 Hart Senate Office Building
Washington, DC 20510

Dear Representative Cummings and Senator Warren,

The undersigned organizations in the Coalition to Stop Opioid Overdose (CSOO) and other undersigned organizations are writing today to voice our support for your bill – the Comprehensive Addiction Resources Emergency (CARE) Act of 2019.

CSOO is a coalition of diverse organizations united around common policy goals to reduce opioid overdose deaths. CSOO members aim to elevate the national conversation around opioid overdose and work to enact meaningful and comprehensive policy changes that support evidence-based prevention, treatment, harm reduction, and recovery support services.

As we know too well, the morbidity and mortality statistics related to addiction, and in particular addiction involving opioid use, are astounding. In 2017, there were a record 70,237 drug overdose deaths in the United States, two-thirds of which have been linked to opioids.[i] Moreover, for the third year in a row, life expectancy in the United States declined largely because of rising drug overdose deaths.[ii] Given these alarming statistics, we appreciate your leadership in the development of the CARE Act of 2019, which provides bold actions that would help to turn the tide of our country's addiction and overdose epidemic and save lives.

Modeled directly on the Ryan White Act, the CARE Act of 2019 would provide $100 billion in federal funding over the next ten years to states, local governments, and other organizations and institutions to support federal research and programs to prevent drug use while expanding access to prevention, harm reduction, addiction treatment, mental health services, and recovery support services. This level of authorized funding is critical in order to build comprehensive systems that are both effective and sustainable. The CARE Act would also incent systemic changes to facilitate adoption of evidence-based practices and grow our mental health and addiction services workforce. For example, your bill would facilitate the implementation of nationally recognized level of care standards for addiction treatment programs and new standards for recovery residences and improve training for healthcare professionals who care for patients with mental health and substance use disorders in communities across the US. These provisions, among the others in your bill, are urgently needed

and will move us closer to a future where all Americans living with mental health and/or substance use disorders are able to receive the high-quality care they need and deserve.

COALITION TO STOP OPIOID OVERDOSE

We would like to thank you for introducing the CARE Act of 2019, and we look forward to working with you to secure its passage.

Sincerely,

1. A New PATH (Parents for Addiction Treatment & Healing)
2. Achieving Recovery Together, Inc.
3. Addiction Haven
4. Advocates for Recovery Colorado
5. American Association for Psychoanalysis in Clinical Social Work*
6. American College of Medical Toxicology
7. American College of Osteopathic Emergency Physicians
8. American Dance Therapy Association*
9. American Group Psychotherapy Association*
10. American Medical Student Association
11. American Osteopathic Academy of Addiction Medicine
12. American Psychological Association
13. American Society of Addiction Medicine
14. amfAR, The Foundation for AIDS Research
15. Anxiety and Depression Association of America*
16. Apricity
17. Association for Behavioral & Cognitive Therapies*
18. Association of Persons Affected by Addiction (APAA)
19. Association of Recovery Community Organizations (ARCO)
20. California Consortium of Addiction Programs and Professionals
21. Center for Recovery and Wellness Resources
22. CFC Loud N Clear Foundation
23. Chicago Recovering Communities Coalition (CRCC)
24. Communities for Recovery
25. Connecticut Community for Addiction Recovery (CCAR)
26. Continuum Care Center
27. Coweta F.O.R.C.E.
28. Darjune Recovery Support Services & Café
29. DC Recovery Community Alliance
30. Detroit Recovery Project

31. Faces & Voices of Recovery
32. FAVOR Grand Strand
33. FAVOR Greenville
34. FAVOR Low County
35. FAVOR Pee Dee
36. FAVOR SC
37. FAVOR Tri-County
38. Fellowship Foundation Recovery Community Organization
39. Floridians for Recovery
40. Foundation for Recovery
41. Friends of Recovery New York
42. George B. Crane Memorial Center
43. Georgia Council on Substance Abuse
44. Global Alliance for Behavioral Health and Social Justice*
45. Great Bear Recovery Collective
46. Hansen Recovery Resource Center
47. Harm Reduction Coalition
48. Hope for New Hampshire Recovery
49. iHOPE Inc.
50. Indiana Addiction Issues Coalition
51. International Certification & Reciprocity Consortium (IC & RC)
52. Jackson Area Recovery Community
53. LifeHouse Recovery Connection
54. Living Proof Recovery
55. Long Island Recovery Association (LIRA)
56. Lost Dreams Awakening, Inc.
57. Maine Alliance for Addiction Recovery
58. Many Paths One Destination
59. Massachusetts Organization for Addiction Recovery (MOAR)
60. Message Carriers of Pennsylvania, Inc.
61. Middlesex County Recovery Community Center
62. Midlands Recovery Center
63. Minnesota Alternatives
64. Minnesota Recovery Connection
65. Missouri Network for Opiate Reform and Recovery
66. Missouri Recovery Network
67. National Alliance for Medication Assisted Recovery (NAMA Recovery)
68. National Alliance of State and Territorial AIDS Directors
69. National Association for Children's Behavioral Health*
70. National Association of Clinical Nurse Specialists
71. National Association of Social Workers*
72. National Board for Certified Counselors
73. National Council for Behavioral Health
74. National Federation of Families for Children's Mental Health*
75. National Safety Council

76. Navigate Recovery Gwinnett
77. Navigating Recovery of the Lakes Region
78. New Jersey Coalition for Addiction Recovery Support
79. Ohio Citizen Advocates for Addiction Recovery
80. Oklahoma Citizen Advocates for Recovery & Treatment Association (OCARTA)
81. Peer Coach Academy Colorado/Embark
82. Peer360 Recovery Alliance
83. Peers Empowering Peers
84. Pennsylvania Recovery Organization – Achieving Community Together – (PRO-ACT)
85. Pennsylvania Recovery Organizations Alliance (PRO-A)
86. People Advocating Recovery – PAR
87. People Living in Recovery (PLR)
88. Portland Recovery Community Center
89. Reality Check, Inc.
90. Rebel Recovery FL
91. Reboot Jackson
92. Recover Wyoming
93. Recovery – Friendly Taos County
94. Recovery Alliance El Paso
95. Recovery Café
96. Recovery Communities of North Carolina
97. Recovery Community Connection
98. Recovery Community of Durham
99. Recovery Consultants of Atlanta
100. Recovery Epicenter Foundation, Inc.
101. Recovery Force of Atlantic County
102. Recovery is Happening
103. Recovery Organization of Support Specialist
104. RecoveryATX
105. Rhode Island Communities for Addiction Recovery Efforts (RICARES)
106. ROCovery Fitness
107. Sandusky Artisans Recovery Community Center
108. School Social Work Association of America*
109. SMART Recovery
110. Soberkerrville/Lotus Peer Recovery
111. Society of Physician Assistants in Addiction Medicine
112. Solano Recovery Project
113. Solutions Recovery, Inc.
114. SOS Recovery Community Organization
115. SpiritLife Recovery Community Center
116. SpiritWorks Foundation
117. Springs Recovery Connection
118. Student Coalition on Addiction
119. Sunrise Community for Recovery & Wellness
120. The Bridge Foundation

121. The Courage Center
122. The DOOR – Dekalb Open Opportunity for Recovery
123. The Kennedy Forum
124. The McShin Foundation
125. The Phoenix
126. The RASE Project, Central Florida
127. The RASE Project, Harrisburg, Carlisle, Lancaster, Lebanon, York, Hanover
128. The Serenity House of Flint
129. There is No Hero in Heroin
130. Tia Hart Recovery Community Program
131. Treatment Communities of America
132. Trilogy Recovery Community
133. Twin Cities Recovery Project
134. U MARC (United Mental Health and Addictions Recovery Coalition)
135. Utah Support Advocates for Recovery Awareness (USARA)
136. Vermont Recovery Network
137. Voices of Hope for Cecil County
138. Voices of Hope Lexington
139. Voices of Recovery San Mateo County
140. WAI-IAM, Inc. and Rise Recovery Community
141. Washtenaw Recovery Advocacy Project (WRAP)
142. WEcovery (Formerly Beyond Brink)
143. Will's Place
144. Wisconsin Recovery Community Organization (WIRCO)
145. Wisconsin Voices for Recovery
146. Young People in Recovery

*Not a CSOO member

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[i] Substance Abuse and Mental Health Services Administration. "Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health". September 2018.

[ii] Dyer Owen. US life expectancy falls for third year in a row BMJ 2018; 363 :k5118

May 8, 2019

We are the Drug Policy Alliance.

The Honorable Elizabeth Warren
309 Hart Senate Office Building
Washington, DC 20510

The Honorable Elijah Cummings
2163 Rayburn House Office Building
Washington, DC 20515

Dear Senator Warren and Representative Cummings:

On behalf of the Drug Policy Alliance, I am writing to thank you for your leadership for introducing the Comprehensive Addiction Resources Emergency (CARE) Act in the 116th Congress. This legislation is urgently needed now to scale up the federal response to the overdose crisis and provide communities with the resources necessary to adequately address this public health emergency.

In 2017, more than 70,000 people died from drug overdoses across the country, the highest death toll from drug overdoses ever recorded in the United States.[1] As drug overdose rates have climbed communities have struggled to effectively respond to this crisis. Crumbling treatment and public health infrastructures, lack of coordination among stakeholders responding to this crisis and insufficient support from the federal government have severely limited the ability of local officials to act. The CARE Act would fundamentally change this dynamic by providing robust federal funding directly to communities that can help resolve these systemic challenges.

The CARE Act commits $100 billion over ten years to help communities scale up evidence-based responses to the overdose crisis, including effective treatment, harm reduction and early intervention and support services crucial to ending the overdose crisis. The introduction of the CARE Act comes at a critical time when communities across the country are racing to keep up with the emergence of fentanyl and other rapidly changing conditions on the ground.

The last time that our country faced a public health emergency that came close to approaching the scale of today's overdose crisis was the HIV/AIDS crisis, which at its peak in the mid-1990s claimed the lives of at least 50,000 people annually.[2] Congress responded to this public health crisis by passing the Ryan White CARE Act in 1990, which immediately implemented the largest federal program focused exclusively on HIV care, treatment and support services.[3]

To date, Congress has appropriated roughly $61 billion in Ryan White CARE Act funds to address the HIV/AIDS crisis which is widely credited in driving down the HIV/AIDS mortality rate in the U.S.[4] The CARE Act is modeled on this Ryan White approach, targeting federal discretionary resources to states, localities and tribal nations most affected by the crisis.

The CARE Act would similarly boost local efforts to prevent, treat and reduce harms associated with the overdose crisis and enable local health officials and other stakeholders to make determinations about priorities and resource allocation. We applaud the inclusion of people directly impacted by drug use and punitive drug policies in local decision making, knowing how critical these voices are to the goal of ensuring that funds are targeted where they are most needed.

For decades, punitive approaches to drugs have failed to reduce substance use and overdose. Congress has poured billions of dollars into incarcerating and policing drug offenders at the expense of our nation's treatment and health systems. The CARE Act would help shift federal resource priorities where they belong, supporting health-centered and evidence-based approaches to substance use disorder and the overdose crisis. It is also critically important to the mission of saving lives that this legislation provides sustained support to harm reduction services, including $500 million per year to expand access to naloxone in community settings.

The Drug Policy Alliance looks forward to working with you and your colleagues to advance the CARE Act and participating in efforts to impart on Congress why this legislation should be a top priority for the remainder of this session.

Sincerely,

Grant Smith
Deputy Director, National Affairs
Drug Policy Alliance

[1] Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2017. NCHS Data Brief, no 329. Hyattsville, MD: National Center for Health Statistics. 2018.

[2] Osmond DH, Epidemiology of HIV/AIDS in the United States, HIV InSite Knowledge Base Chapter, University of California San Francisco

[3] Health Resources and Services Administration, Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017. http://hab.hrsa.gov/data/data-reports. Published December 2018.

[4] Drug Policy Alliance estimate of total Ryan White CARE Act funding appropriated FY91 through FY19, in today's dollars using these sources: Health Resources and Services Administration, Ryan White & Global HIV/AIDS Programs, Ryan White HIV/AIDS Program Appropriations History FY91-FY10. https://hab.hrsa.gov/livinghistory/legislation/funding.htm; Health Resources and Services Administration, Ryan White & Global HIV/AIDS Programs, Ryan White HIV/AIDS Program Appropriations History FY11-FY19. https://hab.hrsa.gov/program-grants-management/ryan-white-hivaids-program-funding

harm reduction COALITION

May 8, 2019

The Honorable Elijah Cummings
United States House of Representatives
2163 Rayburn House Office Building
Washington, DC 20515

The Honorable Elizabeth Warren
United States Senate
309 Hart Senate Office Building
Washington, DC 20510

Dear Representative Cummings and Senator Warren,

On behalf of Harm Reduction Coalition, a national organization focused on addressing the intersection between substance use and health, I am proud to offer our support for the Comprehensive Addiction Resources Emergency (CARE) Act of 2019.

The overdose epidemic has had devastating consequences on people who use drugs, their loved ones, and their communities across the country. While we have been encouraged by many of the steps taken by Congress to advance evidence-based strategies and increase access to federal resources in response to this crisis, Harm Reduction Coalition strongly believes that our nation still lacks sufficient investment and political will to address the challenge of the current epidemic and build the necessary infrastructure to prevent future drug-related health crises.

The CARE Act of 2019 provides a compelling vision, framework, and level of investment necessary to reverse the course of the overdose epidemic and promote the safety and welfare of people most at risk of overdose. Notably, the CARE Act of 2019 includes key provisions that represent critical innovations to our response to the overdose crisis and broader challenges related to substance use. First, the CARE Act of 2019 calls for the establishment of planning councils specifically inclusive of people with substance use disorders, people in recovery, and people with histories of incarceration. This measure aligns with Harm Reduction Coalition's principles of meaningful involvement of people with lived experience in the policies and programs that affect their lives. Second, the CARE Act of 2019 provides for the funding of harm reduction services, which may include syringe services programs and overdose education and naloxone distribution programs. The inclusion of harm reduction represents a core strength of this bill and represents an acknowledgement of the critical – though to date underappreciated – role that these programs play on the frontlines of overdose and drug user health. Finally, the CARE Act of 2019 recognizes the urgent need to broaden availability and affordability of overdose reversal medication, through establishment of a federal purchasing program. Harm Reduction Coalition strongly supports any efforts that result in greater access to naloxone for people who use drugs and their loved ones.

In an op-ed published by the Philadelphia Inquirer last year on applying lessons from the HIV/AIDS crisis to addressing opioid overdose, I described three key insights relevant to both epidemics: "Stigma is the enemy, activism is the accelerator, and medicines work only when people have access to them."[1] The

[1] Raymond, D. How lessons from HIV/AIDS crisis can apply to the opioid crisis. Philadelphia Inquirer, July 27, 2018.

CARE Act of 2019 wisely draws from the lessons learned from the federal response to the HIV/AIDS crisis, including a commitment to sustained and robust financing, local stakeholder involvement – including by people living with HIV/AIDS – in prioritization of strategies and resource allocation, an emphasis on closing gaps in health care and social services infrastructure, and responsiveness to communities in greatest need.

As with the HIV/AIDS crisis, the overdose epidemic is a product of multiple structural forces including racialized drug policies, economic disruption and intergenerational poverty, and the legacy of siloing and underinvestment of substance use services and treatment. The CARE Act of 2019 represents a vital and strategic response to the challenges of our communities, and Harm Reduction Coalition looks forward to working with your offices, Congress, and our communities to advance this legislation.

Best regards,

Daniel Raymond
Deputy Director of Planning and Policy
Harm Reduction Coalition

raymond@harmreduction.org
www.harmreduction.org

MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

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April 29, 2019

The Honorable Elizabeth Warren
309 Hart Senate Office Building
Washington, DC 20510

Dear Senator Warren,

On behalf of the 25,000 physicians, residents and medical students of the Massachusetts Medical Society I am writing to renew our support for the Comprehensive Addiction Resources Emergency (CARE) Act. This legislation, which is modeled on the successful Ryan White Act, directs funds to states, counties, local facilities, and tribal nations to provide prevention, treatment, and recovery programs to those who are most in need. The bill also authorizes critical funding for federal research into developing additional evidence-based methods for preventing substance use disorder as well as funds to increase the health care workforce trained to help these patients.

The CARE act would authorize $100 billion in new funds over 10 years. Specifically:
• $4 billion annually to states, territories and tribal governments;
• $2.7 billion annually to the hardest hit counties;
• $1.7 billion per year for public health surveillance, biomedical research and improved training for health professionals;
• $1.1 billion per year to support expanded and innovative service delivery;
• $500 million per year to expand access to naloxone to first responders, public health departments and the public.

There is much about this bill that is laudable. The legislation seeks to provide a comprehensive array of services at the local level including prevention, treatment, harm reduction, core medical, and other recovery and support care. We also applaud the CARE Act's support for additional training for health care professionals to improve screening, treatment and access to care for these patients. Critical shortages in the availability of trained physicians, as well as other essential health care professionals, are intensifying this crisis. We also strongly support funds for improved access to all forms of medication-assisted treatment (MAT) and increased access to naloxone.

Fighting the opioid misuse and substance use disorder crisis is the Massachusetts Medical Society's top public health priority. The CARE Act is a well-designed bill designed to provide a comprehensive array of services to those who are most at risk.

We applaud your leadership and commitment to fighting for these patients. Your proposed legislation will help physicians and other health care professionals get the tools they need to do a better job of screening, to prevent substance use disorder, and to treat more effectively our patients who are suffering from this disease.

We look forward to working with you to help pass this critical legislation.

Sincerely,

Alain A. Chaoui, M.D.

May 2, 2019

The Honorable Senator Elizabeth Warren
U.S. Senate
317 Hart Senate Office Building
Washington, DC 20510

The Honorable Elijah E. Cummings
U.S. House of Representatives
2163 Rayburn House Office Building
Washington, DC 20515

Dear Senator Warren and Representative Cummings,

On behalf of the National Council of Urban Indian Health (NCUIH), which represents the 42 urban Indian organizations (UIOs) across the nation, we write in support of the Comprehensive Addiction Resources Emergency (CARE) Act. Tragically, the opioid crisis has created this century's most devastating emergency in a growing and disproportionate substance abuse problem affecting American Indian and Alaskan Native (AI/AN) communities. The CDC reported that American Indians and Alaska Natives had the highest drug overdose death rates in 2015, compared to other racial and ethnic groups and just last year reported that the life expectancy across the United States dropped for the second year in a row – drug overdose being listed as the number one reason!

Currently, an estimated 78% of all American Indians/Alaska Natives live in urban settings, who are not immune to this public health crisis and increasingly seek substance use outpatient services, group therapy, and other services at urban Indian health programs. These programs are an integral part of the Indian health system, which is comprised of the IHS, Tribes, and tribal organizations, and urban Indian organizations (collectively, I/T/Us). IHS, Tribes, and UIHPs, historically face serious budget constraints. Congress has long recognized that the federal government's obligation to provide health care for AI/AN people follows them off of reservations and this legislation would be critical to fulfilling the trust obligations to American Indian and Alaska Native (AI/AN) people.

Many times critical funding, even when appropriated in equitable amounts, does not reach across AI/AN **urban** communities, largely in part because when **urban** Indians are not specifically mentioned in legislative language they are most often excluded or forced to prove their eligibility under the intent of the laws created.

924 Pennsylvania Ave. SE Washington, DC 20003 Phone: (202) 544-0344 Fax: (202) 544-9394 www.ncuih.org

NCUIH appreciates that the CARE Act has detailed specific language that ensures **urban** Indian organizations are listed as an eligible entity in this important legislative act.

We look forward to continuing to work together in this important matter and ensuring the needs of the urban American Indian and Alaska Native people across this nation.

Sincerely,

Maureen Rosette
President
National Council of Urban Indian Health

924 Pennsylvania Ave. SE Washington, DC 20003 Phone: (202) 544-0344 Fax: (202) 544-9394 www.ncuih.org

National Indian Health Board

April 25, 2019

The Honorable Elizabeth Warren
United States Senate
309 Hart Senate Office Building
Washington, DC 20002

Re: Comprehensive Addiction Resources Emergency (CARE) Act of 2019

Dear Senator Warren,

On behalf of the National Indian Health Board (NIHB) and the 573 federally-recognized American Indian and Alaska Native (AI/AN) Tribal Nations we serve, I write to offer support for the Comprehensive Addiction Resources Emergency (CARE) Act of 2019. This bill would provide significant direct resources to Tribes and Tribal organizations to turn the tide on the national opioid epidemic and improve access to substance use prevention and treatment resources.

The opioid epidemic represents one of the great public health challenges of the modern era, and has particularly impacted Indian Country. According to the Centers for Disease Control and Prevention, in 2017, AI/ANs experienced the second highest overall opioid overdose death rate, and the highest prescription opioid death rate of any demographic.[1] Deaths from drug overdoses overall increased 519% among AI/ANs from 1999-2015 – the highest percentage increase nationwide.[2]

Despite the scourge of substance use and overdose deaths in Tribal communities, federal public health and behavioral health resources have historically not reached the level of need in Indian Country. Indeed, chronic underfunding of the Indian health system coupled with widespread provider shortages – especially for mental health and substance use providers – have contributed to the lower quality of health and higher rates of health disparities among AI/AN peoples.

With over $800 million in direct funding to Tribal governments and organizations, the CARE Act delivers much-needed resources to improve substance use surveillance and reporting, expand availability of treatment services, bolster provider capacity to deliver prevention and treatment services, and expand culturally appropriate care. In addition, NIHB is glad to see a provision requiring a study on the linkages between pain management practices within the Indian Health Service and patient request denials through the purchased/referred care program.

[1] Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;67:1419–1427.
DOI: http://dx.doi.org/10.15585/mmwr.mm675152e1

[2] Mack KA, Jones CM, Ballesteros MF. Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States. MMWR Surveill Summ 2017;66(No. SS-19):1–12.
DOI: http://dx.doi.org/10.15585/mmwr.ss6619a1

NIHB applauds the efforts of the CARE Act to respect the federal trust responsibility and recognize the urgent need for relief from substance and opioid misuse and overdose in Indian Country. We stand ready to work with you as the legislation moves through Congress. Thank you for your continued dedication to meeting the health needs of Indian Country.

Yours in health,

Victoria Kitcheyan

Victoria Kitcheyan
Chairperson, National Indian Health Board

May 2, 2019

The Honorable Elizabeth Warren
U.S. Senate
317 Hart Senate Office Building
Washington, DC 20510

The Honorable Elijah E. Cummings
U.S. House of Representatives
2163 Rayburn House Office Building
Washington, DC 20515

Dear Senator Warren and Congressman Cummings:

On behalf of Native American LifeLines, a Title V Urban Indian Health Program serving American Indian and Alaska Native (AI/AN) communities in Baltimore and Boston, we write to express strong support for your legislation, the Comprehensive Addition Resources Emergency (CARE) Act. The devastating impact of the national opioid epidemic cannot be overstated, but in small communities such as ours, the sense of loss is particularly profound. A review of Native American LifeLines' records for 2018 showed that approximately 81% of clients engaged in behavioral health services had co-occurring mental health and substance abuse disorders. Opioid use disorder was the most common substance abuse diagnosis with alcohol use disorder as the second most common. Taking this into account, it is unsurprising that roughly 24% of these clients died of a known or suspected opioid overdose.

Both Maryland and Massachusetts ranked among the top ten states with the highest rates of opioid overdose fatalities, and Urban Indians are not exempt. Between November 2018 and March 2019, for example, the AI/AN in Baltimore suffered 12 opioid overdoses, 10 of which were fatal. This represents 10 relatives who are no longer part of our circle. These are mothers, fathers, uncles, and aunties no longer present in the lives of their families. These are tribal citizens and descendants unable to pass along the cultural traditions that make us, as Native people, who we are.

Our sense of urgency is acute, and it is critical that funding directed to prevention and treatment finds its way to AI/AN communities. We are gratified to that the CARE Act intentionally addresses shortfalls that often leave tribal and Urban Indian communities behind. This legislation would provide funding directly to tribes and local governments, with increased funding to hard hit cities like Baltimore and Boston. Importantly, this legislation expands access to overdose reversal drugs like Naloxone, getting it into the hands and homes where it's needed most. Furthermore, explicit inclusion of Urban Indian health facilities in the bill's language ensures access, visibility, and voice in crucial areas like grant funding and planning councils.

We look forward to partnering with your offices towards the shared goal of addressing and ending the opioid epidemic and creating a stronger, healthier, and more resilient Indian Country.

Sincerely,

Kerry Hawk Lessard, MAA
Executive Director

Kiros A.B. Auld, JD
President, Board of Directors

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Seattle Indian Health Board
For the Love of Native People
611 12th Avenue South
Seattle, WA 98144
(206) 324-9360
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April 17, 2019

The Honorable Elizabeth Warren
U.S. Senate
317 Hart Senate Office Building
Washington, DC 20510

The Honorable Elijah E. Cummings
U.S. House of Representatives
2163 Rayburn House Office Building
Washington, DC 20515

Dear Senator Warren and Congressman Cummings:

On behalf of the Seattle Indian Health Board (SIHB), we are writing to express our support for your legislation, the Comprehensive Addiction Resources Emergency (CARE) Act of 2019. The opioid epidemic poses one of the most significant public health threats in recent history and has devastated our American Indian and Alaska Native (AI/AN) communities. The Centers for Disease Control and Prevention (CDC) reported an opioid overdose rate of 8.4 per 100,000 for AI/ANs, second only to Non-Hispanic Whites. Our Indian Health Service (IHS) IHS Direct, Tribal 638, and Urban Indian Health Program (I/T/U) system of care is on the frontlines of our nation's response to this public health crisis, and the CARE Act would provide important support for our efforts to stem the tide of overdoses and fatalities that have disproportionately affected our AI/AN communities.

Addressing the opioid epidemic is a nationwide priority; however, access to critical opioid prevention and treatment dollars are not reaching many of the AI/AN communities that are in serious need of these funds. The CARE Act addresses this problem by providing urgently needed support to tribes throughout the country that have been disproportionately affected by the opioid epidemic.

This legislation would provide funding directly to tribes and local governments that are leading the response to this crisis on the ground and calls for expedited distribution of funding. Furthermore, the bill calls for grantees to establish or designate a local planning council made up of various local stakeholders, including health care, social services and behavioral health providers, as well as tribal governments, law enforcement agencies, and local coroners.

This structure facilitates the tailoring of solutions to the needs of local communities, including better data collection and analysis to address racial misclassification and strengthen culturally attuned care, ultimately making for more effective and efficient allocation of resources and better outcomes for individuals struggling with addiction. This legislation also ensures that the federal Trust Responsibility to provide health care for AI/AN people will be recognized and upheld at all levels of program administration.

We look forward to continuing to work with your offices to advance our common goal of putting an end to the opioid epidemic and making our AI/AN communities more resistant to addiction.

Sincerely,

Esther Lucero (Dinè), MPP
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May 6, 2019

The Honorable Elizabeth Warren
United States Senate
317 Hart Senate Office Building
Washington, DC 20510

The Honorable Elijah Cummings
United States House of Representatives
2163 Rayburn House Office Building
Washington, DC 20515

Re: Support for the **"Comprehensive Addiction Resources Emergency (CARE) Act"**

Dear Senator Warren and Congressman Cummings,

The AIDS Institute, a national non-profit organization dedicated to supporting and protecting health care access for people living with HIV/AIDS, viral hepatitis, and other chronic and serious health conditions is pleased to offer its strong support of the **"Comprehensive Addiction Resources Emergency (CARE) Act"**. This bill would provide much needed resources to state, local, and tribal governments working to improve the nation's response to the growing opioid crisis.

The country has watched with great concern as the opioid crisis has driven an increase in drug use, overdoses, new cases of infectious disease, and overdose deaths. In 2017, more than 47,600 Americans died from opioid overdoses. The ongoing opioid crisis has pushed rates of new cases of infectious disease to skyrocketing levels. Between 2010 and 2016 new cases of hepatitis C (HCV) rose by a staggering 350 percent nationwide. It is estimated that 70 percent of those cases are a direct result of injection drug use. We have been making progress in reducing the number of new HIV infections in the country, including the number of new cases associated with injection drug use, however, the opioid epidemic threatens to reserve this trend. While Congress and the administration have begun to take action to decrease the impact of the ongoing opioid crisis, more needs to be done. The **"Comprehensive Addiction Resources Emergency (CARE) Act"** is a strong next step in reversing the effects of the opioid crisis.

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Program, Policy, and Administrative offices
17 Davis Blvd, Suite 403, Tampa, FL 33606 | Tallahassee, FL | 813-258-5929
theaidsinstitute.org

Modeling the successful treatment practices of the Ryan White HIV/AIDS Program and applying them to evidence-based, addiction treatments and recovery support services, your bill will help thousands of people access the services they need to live long, healthy lives. Providing states and cities with additional resources for overdose prevention through increased capacity development and epidemic surveillance can significantly reduce the number of overdose deaths the country is experiencing. Additionally, by providing increased funding for communities to expand harm reduction services, people who inject drugs will have greater access to clean syringes, infectious disease testing, and overdose prevention support, all of which will go a long way in helping the country successfully combat increases in infectious disease cases. At the same time, these activities can link people to substance use treatment and reduce injection drug use, thus helping to curb the opioid crisis.

The Scott County, Indiana HIV and HCV outbreak cast a spotlight on the risk of rapid transmission of infectious disease among people who inject drugs when state and local resources are insufficient to prevent drug use, connect individuals to recovery services, and respond swiftly to outbreaks. The CDC has identified 220 counties across 26 states that are vulnerable to similar outbreaks. This bill will help prevent outbreaks from happening in the first place by ensuring communities have the resources they need to implement harm reduction and addiction recovery services.

The AIDS Institute congratulates you on the **"Comprehensive Addiction Resources Emergency (CARE) Act,"** urge other members to support it, and hope Congress will pass it at its earliest opportunity. Thank you very much.

Sincerely,

Franklin Hood
Senior Policy Associate – Hepatitis C

USET
SOVEREIGNTY PROTECTION FUND

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May 1, 2019

The Honorable Elizabeth Warren
United States Senate
309 Hart Senate Office Building
Washington, DC 20510

Dear Senator Warren,

We write on behalf of United South and Eastern Tribes Sovereignty Protection Fund (USET SPF) to convey our strong support for the Comprehensive Addiction Resources Emergency (CARE) Act of 2019.
As you know, USET SPF Tribal Nations, and Tribal Nations across the country, continue to experience the destructive effects of opioid abuse and addiction--often at higher rates than non-Indian communities. Yet, previous Congressional efforts aimed at directing resources toward this crisis nationwide, including the 21st Century Cures Act, have either excluded Indian Country entirely or fallen short of providing sufficient levels of funding. In response to Tribal concerns and priorities, the CARE Act of 2019 would ensure Tribal Nations, like other units of government, are well-equipped to combat the opioid epidemic and other substance use disorders in our communities.

USET SPF is a non-profit, inter-tribal organization representing 27 federally recognized Tribal Nations from Texas across to Florida and up to Maine[1]. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the Indian Health Service (IHS), which contains 36 IHS and Tribal health care facilities. Our citizens receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

The CARE Act acknowledges Tribal sovereignty and the trust obligation by ensuring Tribal Nations have access to substantial direct funding and other resources to treat addiction through provisions, including:

- **$670 million per year in direct funding to Tribal Nations** to help fight the opioid epidemic and invest in substance use prevention and treatment;
- **$7.5 million in additional funding for regional Tribal epidemiology centers** to improve data collection on drug overdoses;

[1] USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

- **$50 million a year to Tribal colleges and universities,** IHS-funded organizations, and medical training programs that partner with Indian tribes and tribal organizations to train Native health professionals to improve substance use disorder treatment services; and
- **$100 million a year in funding to Native non-profits and clinics,** including projects designed to test innovative service delivery and culturally-informed care models to tackle addiction.

In total, this bill would provide approximately $800 million annually over a period of ten years directly to Indian Country to address the disproportionate impacts opioid abuse and addiction is having in our communities. This level of funding and its method of delivery are reflective of a strong commitment to recognizing our governmental status and the unique relationship between the federal government and Tribal Nations.

USET SPF commends Senator Warren for her commitment to working with Indian Country during the drafting and reintroduction of the CARE Act. Again, we strongly support this legislation and call upon Congress for its swift passage. Should you have questions or require further information, please do not hesitate to contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at LMalerba@usetinc.org or 202-624-3550.

Sincerely,

Kirk Francis
President

Kitcki A. Carroll
Executive Director