

COMPREHENSIVE ADDICTION RESOURCES EMERGENCY (CARE) ACT

Senator Elizabeth Warren, Chairwoman Carolyn B. Maloney, Senator Tammy Baldwin, Representative Ann McLane Kuster, & Representative David Trone

Senator Elizabeth Warren, House Oversight and Reform Committee Chairwoman Carolyn B. Maloney, Senator Tammy Baldwin, Representative Ann Kuster, and Representative David Trone are re-introducing the Comprehensive Addiction Resources Emergency (CARE) Act to finally begin treating substance use disorder like the critical public health emergency it is.

Last year, approximately 275 Americans died each day from a drug overdose, while the COVID-19 pandemic exacerbated our nation's mental health and substance use disorder crises. According to recent data from the Centers for Disease Control and Prevention, it is estimated that more than 100,000 people died of drug overdoses between May 2020 and May 2021, an increase of more than 20 percent over the previous year. The Substance Abuse and Mental Health Services Administration's 2020 National Survey on Drug Use and Health revealed that 40.3 million people reported suffering from substance use disorder in the past year. Despite the critical need for substance use disorder services, only about 6.5% of those in need of specialty treatment for substance use disorders were able to access it in 2020.

The substance use disorder crisis is devastating communities across the nation—but it has a particularly severe impact on Native people. 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, with American Indians and Alaska Natives suffering a greater increase in deaths over those years compared to any other demographic. And in 2019, American Indians and Alaska Natives had a higher drug overdose death rate than any other demographic (30 per 100,000). 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. The CARE Act would invest **\$125 billion in federal funding over ten years** to fight this crisis, including a total of **nearly \$1 billion a year provided directly to tribal governments and organizations**. The bill would provide:

- **\$790 million per year for grants to tribal governments** to help fight this crisis 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;
- **\$150 million a year in funding to Native non-profits and clinics**, including to urban Indian organizations, Native Hawaiian organizations, and projects designed to test innovative service delivery and culturally-informed care models to tackle addiction; and
- **\$1 billion per year to expand access to the overdose reversal drug Naloxone** and provide this life-saving medicine to states to distribute to tribal nations, first responders, public health departments, and the public.

The funding provided by this bill can be used exclusively for the public health purposes outlined in the legislation and cannot be used to increase the institutionalization of individuals with substance use disorder.