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.

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 Comprehensive AIDS Resources Emergency Act, supporting local decision-making and federal research and programs to prevent substance use disorder while expanding access to evidence-based treatments and recovery support services.

The CARE Act would provide **$125 billion over ten years** to fight this crisis, including:

- **$4.6 billion per year to states, territories, and tribal governments,** including $2.3 billion to states with the highest levels of overdoses and $1.84 billion through competitive grants. At least $460 million of this funding must be used for tribal grants;

- **$3.3 billion per year to the hardest hit counties and cities,** including $1.75 billion to counties and cities with the highest levels of overdoses and $1.22 billion through competitive grants. At least $330 million of this funding must be used for tribal grants;

- **$2 billion per year for public health surveillance, biomedical research, and improved training for health professionals,** including $1 billion 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;

- **$1.6 billion per year to support expanded and innovative service delivery,** including $1 billion 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

- **$1 billion 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 funding provided by this bill can be exclusively used for the public health purposes outlined in the legislation and cannot be used to increase the institutionalization of individuals with substance use disorder.