# COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA) 2.0

The COVID-19 crisis has exacerbated America's deadly drug epidemic. Due to despair, unemployment, and substance abuse, addiction is rising in America. Suspected overdoses nationally rose 18 percent in March 2020 compared with 2019 projections, according to the Overdose Detection Mapping Application Program, which is a federal effort to collect data from law enforcement and public health organizations.

The *Comprehensive Addiction & Recovery Act* (CARA) became law on July 22, 2016. CARA's evidence-based programs have continued to receive a strong federal investment. In FY 2020, CARA programs were funded at $658 million. In the midst of the COVID-19 pandemic, there is bipartisan agreement that more resources are necessary to turn the tide on the addiction epidemic facing America.

CARA 2.0 builds on the original CARA by increasing funding for prevention, education, treatment, and recovery to better coincide with the current appropriations. Coupled with policy changes to strengthen the federal government's response to this crisis, CARA 2.0 authorizes $765 million in dedicated resources to evidence-based prevention, enforcement, treatment, criminal justice, and recovery programs. CARA 2.0 answers the urgent call for adequate and sustained resources that appropriately reflect the magnitude of the crisis.

CARA 2.0 Policy Changes:

- Funds new research into non-opioid pain management alternatives.
- Funds new research on long-term treatment outcomes to sustain recovery from addiction.
- Establishes a National Commission for Excellence in Post-Overdose Response to improve the quality and safety of care for drug overdoses and substance use disorders.
- Mandates a three-day limit on initial opioid prescriptions for acute pain as recommended by the Centers for Disease Control and Prevention (CDC).
- Requires physicians and pharmacists use their state PDMP upon prescribing or dispensing opioids.
- Mandates physician education on addiction, treatment, and pain management.
- Prohibits States from requiring prior authorization for medication-assisted treatment under Medicaid.
- Establishes a pilot program to study the use of mobile methadone clinics in rural and underserved areas.
- Removes the limit on the number patients a physician can treat with buprenorphine and methadone.
- States that an employee using medication-assisted treatment is not in violation of the drug-free workplace requirement.
- Permanently allows providers to prescribe medication-assisted treatment and other necessary drugs without a prior in-person visit, and to bill Medicare for audio-only telehealth services.
- Expands access to federal housing for individuals who have misused substances or have a criminal conviction.

CARA 2.0 Authorization Levels:

- $10 million to fund a National Education Campaign on the dangers of prescription opioid misuse, heroin, and lethal fentanyl.
- $10 million for enhancements grants for the Drug-Free Communities (DFC**)** prevention coalitions.
- $25 million for training and employment for substance abuse professionals, including peer recovery specialists.
- $300 million to expand evidence-based medication-assisted treatment (MAT).
- $200 million to build a national infrastructure for recovery support services to help individuals move successfully from treatment into long-term recovery.
- $10 million in grants promote high-quality recovery housing
- $100 million to expand treatment for pregnant and postpartum women, including facilities that allow children to reside with their mothers.
- $20 million to expand Veterans Treatment Courts.
- $10 million for a National Youth Recovery Initiative to develop, support, and maintain youth recovery support services.
- $50 million to provide quality treatment for addiction in correctional facilities and in community reentry programs.
- $30 million for deflection and pre-arrest diversion programs in the criminal justice system.