CARA 2.0 Section by Section

SECTION 1. SHORT TITLE; TABLE OF CONTENTS; FINDINGS.

TITLE I—RESEARCH, EDUCATION, AND PREVENTION

Sec. 101. National Education Campaign. Funds a research-based national drug awareness campaign designed to reduce and prevent substance use disorder and the mixing of opioids and heroin, and, including providing information on harm reduction and medication-assisted treatment.

Sec. 102. Research into non-opioid pain management. Authorizes such sums as may be appropriate for research at the National Institutes of Health (NIH) and Centers for Disease Control (CDC) into non-opioid (non-pharmaceutical) remedies for pain, including medical and non-prescriptive strategies/integrative medicine solutions.

Sec. 103. Long-term treatment outcomes research. Funds Health and Human Services-wide research into long-term (five-year) outcomes research for different modalities of treatment, measuring mortality, morbidity, physical and emotional health, employment, stable housing, criminal justice involvement, family relationships, and other quality-of-life measures.

Sec. 104. National Commission for Excellence on Post-Overdose Response. Directs the Assistant Secretary of Health and Human Services for Mental Health and Substance Use to create an advisory commission to develop culturally-competent clinical practice guidelines, practical tools, and other resources for researchers and evaluators, clinicians and clinical teams, quality improvement experts, and healthcare decision makers to improve the quality and safety of care for drug overdoses and substance use disorder. The Commission will also advise on how to achieve equitable outcomes across race and socioeconomic status.

Sec. 105. Workforce for prevention. Authorizes $25 million per year under the Substance Abuse and Mental Health Services Administration (SAMHSA) to support training and employment opportunities in positions for substance use professionals, including peer recovery specialists.

Sec. 106. Grants for Drug-Free Communities Coalitions. Reauthorizes Community Based Coalition Enhancement of Grants to Address Local Drug Crises at $10 million per year. This program is directed at current or former Drug-Free Communities Support Grant recipients to prevent and reduce the abuse of opioids or methamphetamines and the abuse of prescription medications among youth ages 12-18 in communities throughout the United States.

TITLE II—TREATMENT

Sec. 201. Three-day limit on opioid prescriptions. Prescribers must limit opioid prescription to three days for acute pain or surgery. Exemptions include chronic care, care for cancer, hospice or end of life care, and pain treated as part of palliative care.

Sec. 202. Evidence-based substance use disorder treatment and intervention demonstrations. Authorizes $300 million per year for training for emergency room technicians, physicians, nurses, or other health care professionals on how to identify the presence of substance use disorders, and effectively engage with and refer patients for assessment and specialized substance use disorder care, including medication-assisted treatment (MAT) and care for co-occurring disorders.

Sec. 203.National youth and young adult recovery initiative. Authorizes $10 million annually to

provide substance use recovery support services to youth and young adults enrolled in high school or an institution of higher education; build communities of support for youth and young adults in substance use recovery; and encourage initiatives designed to help youth and young adults achieve, coordinate recovery programs with other social service providers (mental health, primary care, criminal justice, housing, child welfare, etc.) and sustain recovery from substance use disorders. Preference is given to eligible entities that propose to serve schools with a high percentage of children below the poverty line.

Sec. 204. Improving treatment for pregnant, postpartum, and parenting women. Authorizes $100 million annually to provide treatment for pregnant, postpartum, and parenting women for substance use disorders through residential treatment programs that allow women to live with their minor children in facilities provided by the programs. Preference is given to organizations that allow participation by women taking any FDA-approved form of MAT.

Sec. 205. Require the use of prescription drug monitoring programs. Requires prescribers and pharmacists to use their state PDMP within one year of enactment. Requires states to make a quarterly de-identified data set and an annual report available to healthcare providers, health plans and health benefits administrators, State agencies, and researchers.

Sec. 206. Prescriber education. Requires medical professionals and medical residents who are registered with DEA to prescribe controlled substances to certify to the Attorney General that they have completed continuing education courses from an accredited organization within one year of registration and every three years thereafter. The training must cover alternatives to opioids for pain management; palliative care; addiction; adverse events; potential for dependence; tolerance; prescribing contraindicated substances; medication-assisted treatment; culturally competent services; and bias and stigma in prescribing trends.

Sec. 207. Prohibition of utilization control policies or procedures for medication-assisted treatment under Medicaid. Prohibits States from requiring prior authorization for medication-assisted treatment under Medicaid.

Sec. 208. Pilot program on expanding access to treatment. Establishes a five-year pilot program to study the use of mobile methadone clinics in rural and underserved environments.

Sec. 209. Practitioner Education Grant Program. Codifies and reauthorizes SAMHSA's Practitioner Education Grant program, which funds efforts to expand the integration of substance use disorder education into the standard curriculum of relevant healthcare and health services education programs.

TITLE III—RECOVERY

Sec. 301. Building communities of recovery. Authorizes $200 million annually to build connections between recovery support services and networks, including treatment programs, mental health providers, treatment systems, and other recovery supports. Funds may also be used on efforts to reduce stigma associated with substance use; to develop recovery wellness plans that address barriers to recovery, including social determinants of health; and to use telehealth to support recovery in rural and underserved areas. Authorizes $50 million in grants to peer recovery services to provide continuing care and ongoing community support for individuals to maintain their recovery. These organizations are nonprofits that mobilize resources within and outside the recovery community to increase long-term recovery and that are wholly or

principally governed by people in recovery who reflect the community served.

Sec. 302. Medication-assisted treatment for recovery from addiction. Removes limits on the number of patients to whom providers can prescribe methadone and buprenorphine by allowing a physician to prescribe Medication-Assisted Treatment (MAT) without applying for a waiver to treat a patient

Sec. 303. Recovery in the workplace. States that it is the sense of Congress that an employee who is taking a controlled substance as part of a MAT program is not in violation of a drug-free workplace requirement.

Sec. 304. Telehealth for recovery support services. Permanently allows providers to prescribe MAT and other necessary drugs without a prior in-person visit, and to bill Medicare for audio-only telehealth services.

Sec. 305. Excellence in Recovery Housing. Requires SAMHSA, along with national accrediting entities and reputable providers of recovery housing services, to develop guidelines for states to promote the availability of high-quality recovery housing. Provide grants to states to implement these guidelines and promote high-quality housing. Requires the National Academy of Sciences to study the current availability of high-quality recovery housing, as well as make recommendations for increasing availability, improving data collection, improving inclusivity for individuals who take medication-assisted treatment, and report on state or local allegations or legal actions regarding the opening and operation of recovery housing. Finally, it would create an interagency working group, chaired by SAMHSA and HUD, to increase collaboration among federal agencies in promoting the availability of high-quality recovery housing.

TITLE IV—CRIMINAL JUSTICE

Sec. 401. Medication-assisted Treatment Corrections and Community Reentry Program. Authorizes $50 million annually at the Department of Justice to states or units of local government to develop, implement, or expand programs to provide medication-assisted treatment to incarcerated individuals. These programs must ensure that individuals can continue receiving any FDA-approved MAT drug while incarcerated and can initiate treatment using any one of these medications, and that the correctional facility prepares a plan for release, including connecting participants with treatment programs, medical care, public benefits, and housing.

Sec. 402. Deflection and Pre-arrest and Pre-booking Diversion. Makes law enforcement-assisted deflection and pre-arrest and pre-booking diversion programs an explicit program area eligible for Byrne-JAG grants. Authorizes $30 million over five years for an experienced entity to develop best practices for deflection or diversion teams.

Sec. 403. Housing. Expands access to federal housing to individuals with a substance-use disorder or a past drug conviction. This provision prohibits public housing agencies or owners of federally assisted housing from excluding individuals unless: 1) the individual is illegally using a controlled substance or abusing alcohol in a manner that interferes with the health or safety; or 2) during a reasonable time prior to admission, the individual was convicted of an offense involving conduct that threatens the health or safety by other residents. Prohibits public housing agencies or owners of federally assisted housing from considering sealed or expunged convictions or convictions when the individual was under 18.

Sec. 404. Veterans treatment courts. Authorizes $20 million annually to expand specialized courts that allow veterans with mental health and/or substance use disorders to resolve their criminal case and achieve sobriety, recovery, and stability. Preference is given to courts that allow participation by veterans taking any FDA-approved MAT, and that follow the National Association of Drug Court Professionals' Adult Drug Court Best Practice Standards. Expresses the sense of Congress that grants for these programs should not exclude individuals who have had prior arrests or convictions.