COMPREHENSIVE ADDICTION RESOURCES EMERGENCY (CARE) ACT
Senator Elizabeth Warren and Senator Tammy Baldwin: Representatives Jamie Raskin, Ann McLane Kuster, David Trone, and Brittany Pettersen

Senator Elizabeth Warren, Senator Tammy Baldwin, Representative Jamie Raskin, Representative Ann McLane Kuster, Representative David Trone, and Representative Brittany Pettersen 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.

According to recent data from the Centers for Disease Control and Prevention, more than 100,000 people died of drug overdoses between June 2022 and June 2023. The Substance Abuse and Mental Health Services Administration's 2022 National Survey on Drug Use and Health revealed that more than 48 million people reported suffering from substance use disorder in the past year. Despite the critical need for substance use disorder services, only about 24% of those in need of treatment for substance use disorders actually received it.

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** 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 fund the incarceration, institutionalization, involuntary treatment of individuals to address the illicit use of substances or to support activities inconsistent with the public health purposes described in the bill.