



## **H.R. 5311 – Comprehensive Addiction and Recovery Act (CARA) 2.0**

**Purpose:** CARA 2.0 bolsters the programs created by CARA in 2016 by increasing funding authorizations and implementing policies to prevent diversion and abuse of opioids and to ensure access to treatment and recovery programs. The bill also provides additional funding for law enforcement, giving them additional tools to reverse overdoses and respond to the heroin and opioid epidemic in their communities.

**Background:** The Comprehensive Addiction and Recovery Act (CARA) was enacted in 2016, and it transformed the way the federal government treats addiction and ensured that federal resources are devoted to evidence-based prevention, treatment, and recovery programs that work. CARA's programs received \$267 million for FY 2017, but additional resources are needed.

### **CARA 2.0 Policy Changes:**

- Three day limit on initial opioid prescriptions for acute pain as recommended by the Centers for Disease Control and Prevention (CDC).
- Makes permanent Section 303 of CARA which allows physician assistants and nurse practitioners to prescribe buprenorphine under the direction of a qualified physician.
- Allows states to waive the limit on the number patients a physician can treat with buprenorphine so long as they follow evidence-based guidelines. There is currently a cap of 100 patients per physician.
- Require physicians and pharmacists use their state PDMP upon prescribing or dispensing opioids.
- Increases civil and criminal penalties for opioid manufacturers that fail to report suspicious orders for opioids or fail to maintain effective controls against diversion of opioids.
- Creates a national standard for recovery residence to ensure quality housing for individuals in long-term recovery.

### **CARA 2.0 Authorization Levels:**

- \$10 million to fund a National Education Campaign on the dangers of prescription opioid misuse, heroin, and lethal fentanyl.
- \$300 million to expand first responder training and access to naloxone.
- \$300 million to expand evidence-based medication-assisted treatment (MAT).
- \$20 million to expand Veterans Treatment Courts.
- \$100 million to expand treatment for pregnant and postpartum women, including facilities that allow children to reside with their mothers.
- \$60 million to help states develop an Infant Plan of Safe Care to assist states, hospitals and social services to report, track and assist newborns exposed to substances and their families.
- \$10 million for a National Youth Recovery Initiative to develop, support, and maintain youth recovery support services.
- \$200 million to build a national infrastructure for recovery support services to help individuals move successfully from treatment into long-term recovery.