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COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA) 2.0 ACT

May 2018

In July 2016, former President Barack Obama signed the Comprehensive Addiction and Recovery Act (CARA) of 2016 into law, establishing a comprehensive federal strategy to combat the opioid crisis by expanding prevention and education efforts, and promoting treatment and recovery. In February 2018, Sen. Rob Portman of Ohio and 10 bipartisan co-sponsors introduced CARA 2.0 to enhance the response to the opioid epidemic. This brief provides an overview of the opioid crisis, important components of CARA and CARA 2.0, and implications for Georgia.

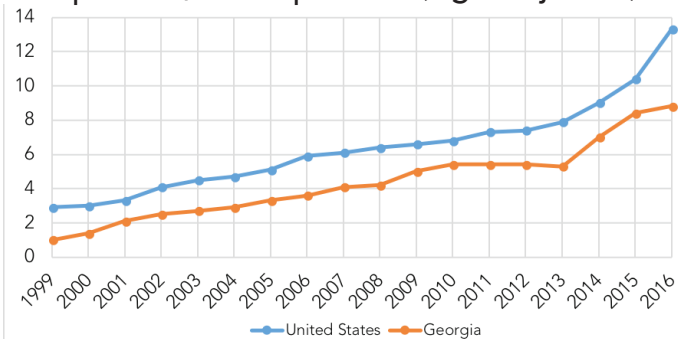
THE OPIOID EPIDEMIC NATIONALLY AND IN GEORGIA

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids (e.g., fentanyl), and prescription pain relievers, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, and morphine.¹ Recent studies indicate the majority of drug overdose deaths (66%) involve an opioid,² with more than 115 Americans dying every day from opioid overdoses.³ Opioid overdose death rates in the United States increased fivefold between 1999 and 2016.³ According to the U.S.

Department of Health and Human Services (HHS), a driver of this increase in opioid-related deaths has been increased prescription opioid use, which in turn led to “widespread misuse” of both prescription and nonprescription opioids.⁴ Historically, over 40% of all opioid overdose deaths have involved prescription medications,⁵ but starting in 2013 with opioid prescribing starting to decline, a shift in use toward illicit opioids began to drive opioid overdose deaths.² In 2017, HHS declared the opioid crisis a public health emergency.

Although Georgia’s opioid overdose death rate has trended below the national average, the state’s opioid overdose death rate increased nearly 900% from 1999 to 2016 (Figure 1). According to the Georgia Department of Public Health (DPH), starting in 2013 illegal opioids were responsible for a steep increase in opioid overdose deaths in the state.⁶ Although opioid prescriptions are starting to decline, prescription rates remain high, with the Georgia’s Office of the Attorney General reporting that from June 2016 through May 2017 over 541 million opioid doses were prescribed in Georgia, translating to 54 doses for each person in the state.⁷

Figure 1. Opioid Overdose Death Rate per 100,000 Population (Age-Adjusted)



Source: Kaiser Family Foundation State Health Facts. (2018). Opioid Death Rates. Accessed at <https://kaiserf.am/2KVnBOi>

The opioid crisis also affects pregnant women and newborns. Research shows that use during early pregnancy is associated with congenital heart, neural tube, and abdominal wall defects in newborns. Opioid use later in pregnancy is associated with neonatal opioid withdrawal syndrome, a cluster of symptoms in newborns that include difficulty breathing, extreme drowsiness, poor feeding, irritability, sweating, tremors, vomiting and diarrhea, seizures, and even death in severe cases.^{8,9} Additionally, recent studies suggest that children with prenatal opiate exposure experience weakened cognitive abilities, along with an increased risk of behavioral and emotional problems (such as aggression and attention deficits).¹⁰ DPH reported that in 2016, there were 410 confirmed cases of neonatal abstinence syndrome in Georgia, of which nearly 30% tested positive for opioids.¹¹

CARA 2.0 KEY PROVISIONS

CARA established a comprehensive, coordinated federal response to the opioid epidemic, anchored by six pillars: prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal. CARA 2.0 seeks to build upon efforts in each of the six areas in order to further enhance our nation’s response to the opioid crisis.¹² Key components of both pieces of legislation are outlined in Table 1 below.

Table 1. Key Features of CARA and CARA 2.0, Compared

PILLAR	CARA ¹³	CARA 2.0 ¹⁴
Prevention	<ul style="list-style-type: none"> Expanded prevention and educational efforts aimed at teens, parents, and other caretakers. 	<ul style="list-style-type: none"> Creates national education campaign on prescription opioid misuse. Creates three-day limit on initial opioid prescriptions for acute pain.
Treatment	<ul style="list-style-type: none"> Authorized grants to states for medication-assisted treatment¹⁵ (MAT) and evidence-based interventions. Expanded ability of physician assistants and nurse practitioners to prescribe buprenorphine (until Oct. 1, 2021). Expanded physician MAT patient load caps. 	<ul style="list-style-type: none"> Permanently expands prescribing authority of physician assistants and nurse practitioners to prescribe buprenorphine. Removes caps on physician MAT patient load. Requires physician participation in applicable state prescription drug monitoring programs (PDMPs).¹⁶
Recovery	<ul style="list-style-type: none"> Allowed HHS to award grants for recovery services for pregnant women, infants, and veterans. 	<ul style="list-style-type: none"> Establishes a national standard for recovery housing. Creates the National Youth Recovery Initiative to maintain support services for youth.
Overdose Reversal	<ul style="list-style-type: none"> Expanded availability of naloxone (opioid antagonist used to reverse overdose) to law enforcement and first responders. 	<ul style="list-style-type: none"> Allocates additional \$300 million annually to expand naloxone availability for first responders.
Law Enforcement	<ul style="list-style-type: none"> Created a grant program within the Department of Justice (DOJ) for states to develop a program for treatment alternatives to incarceration. 	<ul style="list-style-type: none"> Enhances safety training for first responders about fentanyl and other dangerous illicit substances.
Criminal Justice Reform	<ul style="list-style-type: none"> Expanded resources to identify and treat incarcerated individuals with substance use disorders by providing evidence-based treatment. 	<ul style="list-style-type: none"> Expands veterans’ treatment courts.

FUNDING

CARA allocated for \$181 million per year, as appropriated by Congress. For fiscal year (FY) 2015, Congress authorized \$40.93 million, including \$25 million for MAT and \$15.93 million for pregnant and postpartum women. For FY 2016, Congress appropriated \$153 million for all aspects of CARA, including DOJ funding, first responder training, grants for veterans' treatment, overdose treatment, and MAT. The 21st Century Cures Act, signed in December 2016, provided \$1.1 billion to support the opioid response, including implementation of CARA. In March 2018, for FY 2018, Congress appropriated \$330 million for CARA, including \$75 million for drug courts, \$30 million for mental health courts and adult and juvenile collaboration program grants, \$20 million for veterans' treatment courts, \$30 million for residential substance abuse treatment for state prisoners, \$30 million for prescription drug monitoring, and \$145 million for a comprehensive opioid abuse program.¹⁷



While the FY 2018 spending bill included appropriations for some items in CARA 2.0, CARA 2.0 expands funding for a broad scope of opioid-related programs, including:¹⁸

- \$300 million to expand first responder training and access to naloxone.
- \$300 million to expand evidence-based MAT.
- \$200 million to build a national infrastructure for recovery support services that help individuals move successfully from treatment into long-term recovery.
- \$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 that assists states, hospitals, and social services to report, track, and assist newborns exposed to substances and their families.
- \$20 million to expand veterans' treatment courts.
- \$10 million for the National Youth Recovery Initiative to develop and support youth recovery support services.
- \$10 million to fund a national education campaign on the dangers of misuse of prescription opioids, heroin, and fentanyl.

IMPLICATIONS FOR GEORGIA

Over the past few years, Georgia has made great strides in its response to the opioid crisis. In 2016, the National Safety Council rated Georgia as "failing" in response to the opioid crisis, but in April 2018 the group granted Georgia its highest possible rating of "improving."¹⁹ Some of Georgia's key policies and initiatives aimed at combatting the opioid epidemic include the 911 Medical Amnesty Law; a state standing order for naloxone; stricter regulation of pain management prescribing for opioids; a PDMP; the Substance Abuse and Mental Health Service Administration-funded Georgia Opioid State Targeted Response, which includes a statewide media campaign, naloxone education and training, school pilot programs, expansion of MAT, and increased recovery services and peer support; and the development of a state strategic plan for opioid response.^{20, 21, 22, 23}

CARA 2.0 may accelerate the state's efforts by further expanding MAT, increasing access to naloxone, strengthening the PDMP, creating recovery support services, and bolstering the state's efforts to educate health professionals about pain management.¹⁸ CARA 2.0 is currently with the Senate

The Georgia Health Policy Center and Center of Excellence for Children’s Behavioral Health will continue to monitor the progress of CARA 2.0, as well as other federal bills and administrative actions intended to combat the opioid crisis.

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