

U.S. Sen. Baldwin, Colleagues: Lead more than 100 Democrats in Senate and House in reintroducing landmark CARE Act to combat the substance use epidemic

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Washington, D.C. — Senators Tammy Baldwin (D-WI) and Elizabeth Warren (D-MA) and Representative Carolyn B. Maloney (D-NY), Chairwoman of the House Committee on Oversight and Reform, along with Representatives Ann Kuster (D-NH), and David Trone (D-MD) today led over 100 democrats in the Senate and House in reintroducing the Comprehensive Addiction Resources Emergency (CARE) Act, the most ambitious legislation ever introduced in Congress to confront the substance use epidemic. Endorsed by over 175 organizations, the CARE Act would provide state and local governments with \$125 billion in federal funding over ten years, including nearly \$1 billion per year directly to tribal governments and organizations.

The legislation is cosponsored by Senators Chris Van Hollen (D-MD), Bob Casey (D-PA), Amy Klobuchar (D-MN), Bernard Sanders (I-VT), Edward J. Markey (D-MA), Richard Blumenthal (D-CT), Alex Padilla (D-CA), Cory Booker (D-NJ), Tina Smith (D-MN), Sherrod Brown (D-OH), Martin Heinrich (D-NM), and Jeff Merkley (D-OR) and over 96 members of the House of Representatives.

Originally introduced in 2018 and supported by Senator Baldwin, the updated CARE Act of 2021 addresses the substance use disorder crisis, including the use of both opioids and stimulants. Under the CARE Act of 2021, Wisconsin would receive an estimated \$59.5 million annually, with nearly \$37 million in state formula grants

and \$19.5 million distributed among the counties.

“The opioid epidemic and substance abuse crisis continues to touch every community across Wisconsin and the country, and the COVID pandemic has only made it worse,” **said Senator Baldwin**. “I support taking action with the CARE Act, which will deliver a sustained funding source for our local and state partners to support prevention, treatment and recovery efforts. This is bold action that will help address this public health crisis and save lives.”

“For too long state and local leaders, health officials, and first responders in Massachusetts and across the country have been forced to shoulder the burden of the substance use disorder crisis,” **said Senator Warren**. “It is time for the federal government to address this crisis head on by enacting comprehensive legislation to make sure everyone who needs treatment for a substance use disorder is able to get it—whether they live in the largest cities, in rural or suburban areas, on tribal lands, or anywhere else in the United States.”

“Too many families across this country have been devastated by America’s addiction crisis, which has gotten worse during the coronavirus pandemic. Now more than ever, the federal government must step up and provide our communities with the sustained funding they need to expand treatment access and turn the tide on this epidemic,” **said Representative Carolyn B. Maloney (D-N.Y.), Chairwoman of the House Committee on Oversight and Reform**. “This critical legislation will deliver essential resources to those on the frontlines of this crisis, in order to prevent future tragedies and save lives.”

“The opioid epidemic continues to have a pervasive and devastating effect on families and communities across our state, and I’m thankful to Senator Baldwin for continuing to advocate for comprehensive solutions to address it on the federal level in addition to the work we are doing here in Wisconsin,” **said Wisconsin Governor Tony Evers**. “This funding will allow us to better support the local and tribal health departments on the frontlines of this crisis and the Wisconsin families who have been most affected.”

“Senator Baldwin knows how important it is to address addiction at a time when emergency calls related to substance abuse continue to spike after reaching record levels at the height of the pandemic,” **said Milwaukee County Executive David**

Crowley. “It is especially important to move resources upstream to address substance abuse in communities of color that have been historically underserved and, in some cases, completely excluded from receiving care,” said County Executive David Crowley. “No matter what your political affiliation you should support the CARE Act. Addiction doesn’t care where a person lies on the political spectrum, the color of their skin, or what zip code they live in. It is time for our policy to reflect that reality.”

“Data from the Centers for Disease Control and Prevention (CDC) shows that overdoses are increasing during the COVID-19 pandemic,” **said Michael Kemp, Recovery and Addiction Professionals of Wisconsin.** “Recovery & Addiction Professionals of Wisconsin, representing 2000+ addiction professionals in Wisconsin, wants to thank Senator Baldwin and voice our strong support for the Comprehensive Addiction Resources Emergency Act or CARE Act. We have been consistent in voicing the need to significantly increase the amount of funding for recovery, harm reduction, and treatment, which this bill would do. We also strongly support the aspects of this bill that will invest in the Addiction Workforce & Infrastructure. With data showing that the pandemic is increasing substance use and overdose deaths, we must continue our commitment to building and maintaining a strong addiction workforce and infrastructure that can help take on our nation’s growing addiction crisis.”

“Helios Recovery Services, an independent training and consulting company want to express our support for the Comprehensive Addiction Resources Emergency Act,” **said Jesse Heffernan, RCP, Helios Recovery Services LLC, Appleton, WI.** “We feel this is extremely critical in this moment where we find ourselves in the midst of both the COVID 19 pandemic and severe impact of substance use and mental health issues. With the increase of accidental poisonings, barriers to care, and decline in providers, a recovery focused initiative will help bridge these gaps and bring hope to communities across the country. We are particularly pleased the see the potential for expanding support to the non-profit recovery support services organizations that are meeting the epidemic directly. The CARE ACT inclusivity of harm reduction, planning councils, and technical assistance to bring lived experience approaches to the table are invaluable. We are grateful to Senator Baldwin, her team, and the Senators and Congressional Representatives bringing this bill forward.”

Last year, approximately 275 Americans died each day from a drug overdose while the COVID-19 pandemic exacerbated our nation's mental health and substance use disorder crises. According to [recent data](#) from the Centers for Disease Control and Prevention, it is estimated that more than 100,000 people died of drug overdoses between May 2020 and May 2021, an increase of more than 20 percent over the previous year. The Substance Abuse and Mental Health Services Administration's 2020 National Survey on Drug Use and Health revealed that 40.3 million people reported suffering from substance use disorder in the past year. Despite the critical need for substance use disorder services, only about 6.5% of those in need of specialty treatment for substance use disorders were able to access it in 2020.

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 (Ryan White Act) to provide funding to help state and local governments, and community-based organizations, combat the epidemic.

The CARE Act is modeled directly on the Ryan White Act, supporting local decision-making and programs to expand access to evidence-based treatments and recovery support services. The CARE Act also recognizes the need for expanded mental health supports, early intervention, and harm reduction tactics.

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;
- **\$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;
- **\$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 (NIH), \$500 million for the Centers for Disease

Control and Prevention (CDC) 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 disorders maintain and gain employment, and \$50 million to expand treatment provider capacity;
- **\$1 billion per year to expand access to overdose reversal drugs (Naloxone)** and provide this life-saving medicine to states for distribution to first responders, public health departments, and the public.

Of the total funding, the CARE Act would invest **nearly \$1 billion a year** provided directly to tribal governments and organizations, including:

- **\$790 million per year for grants to tribal governments** to help fight this crisis and invest in substance use prevention and treatment;
- **\$7.5 million in additional funding for tribal nations and regional tribal epidemiology centers** to improve data collection on overdoses;
- **\$50 million a year to Tribal Colleges and Universities**, Indian Health Service-funded organizations, and medical training programs that partner with tribal nations and tribal organizations to train Native health professionals to improve substance use disorder treatment services;
- **\$150 million a year in funding to Native non-profits and clinics**, including to urban Indian organizations, Native Hawaiian organizations, and projects designed to test innovative service delivery and culturally-informed care models to tackle addiction; and

“While we have taken tremendous steps forward to address the addiction and substance use epidemic in New Hampshire and throughout the country, this crisis has persisted – especially during the COVID-19 pandemic,” **said Representative Kuster, founder and co-chair of the Bipartisan Addiction and Mental Health Task Force**. “That’s why I’m proud to join my colleagues in introducing the *CARE Act*, ambitious legislation to expand access to treatment and create sustained, targeted funding to finally turn the tide on this crisis.”

“The opioid epidemic has taken hold of communities in every corner of the country. Even still, the treatment between substance use disorder and other diseases such as cancer couldn’t be more different,” **said Representative David Trone, founder and co-chair of the Bipartisan Addiction and Mental Health Task Force.** “The CARE Act meets the moment by providing crucial funding to not only treat addiction but also prevent the disease in the first place. We must achieve parity in how we treat addiction in America. This bill is a step in the right direction.

“The opioid epidemic has wreaked havoc on families across Maryland. The ongoing rise in overdose deaths is a tragedy that hurts communities across our state and our nation and it has only gotten worse, which is why we must address it with an ambitious solution like the CARE Act,” **said Senator Van Hollen.** “The CARE Act makes historic investments in overdose response, addiction treatment, and recovery-to-employment initiatives, with a focus on the hardest-hit places that need these resources the most. This plan will help us mount a serious response to the extensive scale of this decades-long crisis.”

“Every day, families across Minnesota and the country lose loved ones to addiction,” **Senator Klobuchar said.** “This legislation will give Americans access to vital treatment and recovery services and support research on prevention of substance use disorders. We must continue to address this public health emergency and provide assistance to the millions of Americans and families who are suffering.”

“It is long past time to address the opioid crisis and hold pharmaceutical companies responsible for the destruction they caused,” **said Senator Sanders.** “In order to take on this crisis, we must focus on treatment and prevention. We cannot continue to treat the people struggling with the disease of addiction as criminals. I’m proud to cosponsor this bill to help with this fight.”

“Too many lives and too many families continue to be upended by the epidemic of opioid overdose deaths and the burden of opioid use disorder. We must make these critical investments in public health and harm reduction efforts that will save lives and help bring healing and hope to people in need,” **said Senator Markey.**

“This bill is a historic investment in families and individuals on the front lines of the opioid epidemic,” **said Senator Blumenthal.** “The public health crisis has claimed 500,000 lives during the last two decades and demands additional resources for behavioral health and substance use disorder services. I’m proud to partner with my colleagues on the CARE Act as we fight the scourge of addiction and help our loved

ones on the path to recovery.”

“The isolation and economic impacts of the COVID-19 pandemic have exacerbated the nation’s opioid epidemic – we must respond to this serious public health emergency with the urgency it demands,” **said Senator Padilla**. “We can no longer stand by as millions of Americans suffer silently with substance abuse disorders and addiction. I am proud to support this lifesaving legislation that provides funding for proven, evidence-based treatments for our most at-need communities struggling with addiction.”

“We need to address the opioid epidemic with the seriousness and resources it demands,” **said Senator Smith**. “This bill takes an important step forward in ensuring that Minnesotans from rural areas, to small towns and cities, and Tribal communities can all access the resources they need to address the opioid crisis, as well as other mental and behavioral health crises.”

“COVID hasn’t been the only disease terrorizing American families the last two years,” **said Senator Merkley**, “addiction is ravaging our communities. The Comprehensive Addiction Resources Emergency Act (CARE) Act will help provide sustained funding to states, territories, tribal nations and local communities disproportionately affected by substance use disorders. This bill is an important step in providing support, funding, and solutions for individuals and families struggling with substance addiction in America.”

The legislation has been endorsed by over 175 national, local, and tribal organizations. You can view the full list [here](#).

“We cannot afford to ignore the other pandemic raging in our communities. Drug overdoses have taken over 100,000 lives this year — the most ever,” **said AFSCME President Lee Saunders**. “The CARE Act will invest critical funding in addiction treatment centers, and it would provide the tools that will allow our essential behavioral health workers to fight this overdose crisis. We urge Congress to pass this important legislation and give our everyday heroes the resources and the voice on the job they need to improve care and save lives.”

“These drug overdoses are tragic and *preventable*. The CARE Act contains many provisions to implement solutions we know work to prevent these unnecessary

deaths. Expanding access to Naloxone reduces overdose fatalities.² Providing funding directly to the communities most impacted by this epidemic, especially our tribal communities, is important to ensure solutions are tailored to address community-specific issues. NSC also supports increasing funding for research into substance use disorders (SUD), public health surveillance and improved training of health care providers treating individuals with SUDs,” **wrote Lorraine M. Martin, President and CEO of The National Safety Council (NSC)**. Full letter can be found [here](#).

“Substance use by expecting moms can have an adverse effect on the baby and can lead to a condition known as neonatal abstinence syndrome (NAS), which usually results in babies having withdrawal symptoms from drugs (including prescribed opioids) after birth. In addition, substance use during pregnancy, even if it’s a prescription, can lead to miscarriages, preterm births, and birth defects. That is why March of Dimes proudly supports your legislation, as it would provide critical investments to the most affected families and communities, as well as increase access to life-saving surveillance, training, treatment and recovery programs, and overdose reversal drugs. It would also incentivize states to use Medicaid funding to cover the costs of treatment, and create a new grant program to support at-risk parents struggling with addiction to maintain or find employment while they are in treatment and recovery,” **wrote Stacey Y. Brayboy, Sr. Vice President of the March of Dimes**. Full letter can be found [here](#).

“This legislation offers increased access to treatment and will improve care for individuals with substance use disorders (SUDs). The demand for access for mental health and addiction services has increased dramatically since the COVID-19 pandemic and has reached the level of a public health crisis. The CARE Act delivers significant funding and resources to state and local governments efforts to combat SUDs as well as advance federal research and programs to expand access to evidence-based treatments and recovery support services. We appreciate your leadership on this issue and applaud your efforts,” **wrote George Abraham, President American College of Physicians (ACP)**. Full letter can be found [here](#).

“The passage of the Opioid Crisis Response Act of 2018 was an important first step to creating necessary substance abuse programs and begin addressing prevention and trauma from the opioid overdose crisis. Now, more action is needed to ensure

those affected by trauma and substance abuse have the support they need. At a time when the opioid overdose epidemic poses a serious threat to the stability and wellbeing of families and communities across the country, the CARE Act can provide much needed resources to those that have been impacted by this crisis, and continue the journey to ending the epidemic,” **wrote Nia West-Bey, Director of Youth Policy, and Isha Weerasinghe, Senior Policy Analyst, of the Center for Law and Social Policy (CLASP).** Full letter can be found [here](#).

The substance use disorder crisis is devastating communities across the nation — but it has a particularly severe impact on Native people. CDC data show that drug overdose death rates for American Indians and Alaska Natives living in nonmetropolitan areas increased by 500% between 1999 and 2015, with American Indians and Alaska Natives suffering a greater increase in deaths over those years compared to any other demographic. And in 2019, American Indians and Alaska Natives had a higher drug overdose death rate than any other demographic (30 per 100,000). Yet, it is known that overdose deaths of Native people are under-reported.

In spite of the harm that the opioid crisis brings to American Indian and Alaska Native communities, tribal governments — which are often required to work with state governments in order to obtain federal funds — have struggled to access the resources they need to combat the epidemic. The CARE Act would provide nearly \$1 billion per year directly to tribal governments and organizations to address this crisis.

“In total, this bill would provide approximately \$1 billion annually over a period of ten years directly to Indian Country to address the disproportionate impacts opioid abuse and addiction is having in our communities. This level of funding and its method of delivery are reflective of a strong commitment to recognizing our governmental status and the unique relationship between the federal government and Tribal Nations,” **wrote President Kirk Francis and Executive Director Kitcki Carroll, United South and Eastern Tribes Sovereignty Protection Fund (USET SPF).** Full letter can be found [here](#).

“Senators Warren, Maloney, Baldwin and Representatives Kuster and Trone, and

their teams worked with Indian Country in order to redraft the Bill to better meet the specific and unique needs of Tribal Nations. The Bill as it's been re-drafted is an attempt to resolve many of those challenges that hampered Tribes' ability to address this crisis in our own Communities. I support their efforts and this Bill, and encourage the quick passage of the Bill to help us combat the devastating effects that substance use, misuse, abuse and addiction inflicts on our Tribal Families and Communities," **wrote Chairwoman Cheryl Andrews-Maltais, Wampanoag Tribe of Gay Head Aquinnah.** Full letter can be found [here](#).

"To address our rising concerns, the CARE Act will support Native communities throughout the country that have been disproportionately affected by the opioid epidemic. This legislation justly upholds the Federal Trust responsibility by providing direct funding to tribes and urban Indian organizations that are leading the response on this crisis. Specifically, the CARE act supports early interventions for patients of urban Indian organizations. To address Native communities' unique circumstances, the bill supports conferring with tribes and urban Indian organizations to develop and implement strategies that improve surveillance and reporting of fatal overdose deaths among American Indian and Alaska Native people. Furthermore, the bill is inclusive of urban Indian organizations eligibility on the SUD treatment and services council supporting an equity-based approach," **wrote Esther Lucero (Diné), President & CEO, and Abigail Echo-Hawk (Pawnee), Executive Vice President and Urban Indian Health Institute Director, of Seattle Indian Health Board (SIHB).** Full letter can be found [here](#).

"Many times critical funding, even when appropriated in equitable amounts, does not reach across AI/AN urban communities, largely in part because when urban Indians are not specifically mentioned in legislative language they are most often excluded or forced to prove their eligibility under the intent of the laws created. NCUIH appreciates that the CARE Act has detailed specific language that ensures urban Indian organizations are listed as an eligible entity in this important legislative act," **wrote Francys Crevier, CEO of the National Council of Urban Indian Health (NCUIH).** Full letter can be found [here](#).

An online version of this release is [here](#).