

Comprehensive Addiction and Recovery Act (CARA) 3.0 of 2021 (S.987): A

Section-by-Section Summary

Senate Sponsors: Senators Rob Portman (R-OH), Sheldon Whitehouse (D-RI), Amy Klobuchar (D-MN), Jeanne Shaheen (D-NH), Maria Cantwell (D-WA), and Shelley Moore Capito (R-WV)

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TITLE I—EDUCATION, PREVENTION, AND RESEARCH**Sec. 101. National Education Campaign**

Amends Sec. 102 of the Comprehensive Addiction and Recovery Act (CARA) of 2016, which funds a national opioid awareness campaign. This section expands the campaign to include all substances. In addition, this section expands the existing campaign to include destigmatizing language, culturally competent care, and information on harm reduction, polysubstance use, medication-assisted treatment (MAT), and recovery support services. This section authorizes “such sums” as may be necessary for each of fiscal years 2021-2026.

Sec. 102. Research into non-opioid pain management

Directs the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) to “carry out research with respect to non-opioid methods of pain management, including non-pharmaceutical remedies for pain and integrative medicine solutions.” This section authorizes “such sums” as may be necessary for each of fiscal years 2021-2026.

Sec. 103. Long-term treatment and recovery support services outcomes research

This section authorizes the Secretary of HHS to award five-year grants to carry out research on “different modalities of treatment and recovery support services, including culturally competent treatment.” The research will measure mortality, morbidity, physical and emotional health, employment, stable housing, criminal justice involvement, family relationships, and other quality-of-life measures and will distinguish outcomes based on race, gender, socioeconomic status, as well as others.

Sec. 104. National Commission for Excellence on Post-Overdose Response

This section directs the Assistant Secretary for Mental Health and Substance Use, in consultation with the Director of the Office of National Drug Control Policy (ONDCP) and the President of the National Academy of Medicine, to establish an advisory commission, to be known as the “National Commission for Excellence on Post-Overdose Response.”

The advisory commission will “provide resources for researchers, 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 disorders.” The advisory commission will also advise the above individuals regarding equitable outcomes and will develop culturally competent best practices and clinical guidelines. Members of the advisory commission will include representatives from various agencies across the federal government, a peer recovery specialist, an individual with experience in harm reduction, and others as determined by the Assistant Secretary.

Sec. 105. Workforce for Prevention, Treatment, and Recovery Support Services

This section calls for SAMHSA’s Center for Substance Abuse Prevention (CSAP) to support employment and training services for substance use treatment professionals, including peer recovery specialists. This section authorizes “such sums” as may be necessary for each of fiscal years 2021-2026.

Also authorizes \$55 million, an increase of \$5 million, for the Health Resources Services Administration’s (HRSA) Mental and Behavioral Health Workforce Education Training program to retain substance use disorder professionals.

Sec. 106. Reauthorization of Community-Based Coalition Enhancement Grants to Address Local Drug Crises

Reauthorizes Community-Based Coalition Enhancement Grants to Address Local Drug Crises and increases the funding authorization from \$5 million to \$10 million for each of fiscal years 2021-2026.

Sec. 107. Access to Non-Opioid Treatments for Pain

Directs the Centers for Medicare and Medicaid Services (CMS) to provide an additional, and separate Medicare payment for the use of non-opioid treatments to manage pain. This applies to both hospital outpatient departments and ambulatory surgery center settings. The section defines “non-opioid treatment” in part as “an implantable, reusable, or disposable medical device cleared or approved by the FDA for the intended use of managing or treating pain.”

Also directs the Secretary of HHS and Administrator for CMS, in consultation with relevant stakeholders, to submit a report to Congress identifying limitations, gaps, barriers to access, or deficits in Medicare coverage for non-opioid treatments and recommendations to address these limitations.

TITLE II—TREATMENT

Sec. 201. Evidence-Based Substance Use Disorder Treatment and Intervention Demonstrations

This section reauthorizes an initiative created in CARA through sec. 514B designed to expand activities to address opioid use. These activities include increasing the availability of medication-assisted treatment (MAT) and other clinically appropriate services. Eligible grant applicants include State substance abuse agencies, units of local government, nonprofit organizations, and Indian tribes with a high rate or rapid increase in the use of heroin.

The new language adds training for emergency room technicians, physicians, nurses, or other health care professionals on identifying substance use disorders (SUD); engaging and referring patients for assessment, including for medication-assisted treatment (MAT) and co-occurring disorder services; and offering peer-based interventions in the emergency room and other health care environments. Authorizes \$300 million for each of fiscal years 2021-2026.

Sec. 202. Improving Treatment for Pregnant, Postpartum, and Parenting Women

Reauthorizes SAMHSA's Pregnant and Postpartum Women (PPW) program and gives priority to applicants that allow participation by women on MAT, provide culturally competent services, ensure flexible lengths of stay, and those that utilize peer recovery advocates. Authorizes \$100 million for each of fiscal years 2021-2026.

Sec. 203. Require the Use of Prescription Drug Monitoring Programs

Requires prescribing practitioners, beginning one year after the date of enactment, to consult their State prescription drug monitoring program (PDMP) before initiating treatment with a controlled substance, and every 3 months thereafter. The PDMP will also be required to provide notification to practitioners when patterns of substance misuse are detected, and dispensers of medication would be required to report prescriptions within 24 hours after the medication is dispensed. Finally, the PDMP would be required to make available a data set and annual report for public and private use.

Allows the Attorney General or Secretary of HHS to withhold grant funds awarded under the Harold Rogers Prescription Drug Monitoring Program for States that fail to comply with the above requirements.

Sec. 204. Prescriber Education

Amends Sec. 303 of the Controlled Substances Act (CSA) to require medical professionals registered to prescribe controlled substances to complete continuing education courses. The section requires medical professionals and covered facilities to certify to the Attorney General that they, or their employees, have completed continuing education courses from an accredited organization within one year of registration and every three years thereafter.

Continuing education topics include “alternatives to opioids for pain management, palliative care, substance use disorder, adverse events, potential for dependence, tolerance, prescribing contraindicated substances, medication-assisted treatment, overdose prevention and response, culturally competent services, bias and stigma in prescribing trends, and other topics deemed appropriate by the Attorney General.”

Sec. 205. Prohibition of Utilization Control Policies or Procedures for Medication-Assisted Treatment Under Medicaid

This section prohibits States from imposing utilization control policies or procedures, including prior authorization requirements, for medication-assisted treatment (MAT) under Medicaid.

Sec. 206. Medication-Assisted Treatment for Recovery from Substance Use Disorder

This section eliminates the DATA 2000 waiver to prescribe medication-assisted treatment (MAT) and removes limits on the number of patients providers can prescribe methadone and buprenorphine to.

Sec. 207. Telehealth for e-prescribing services

Authorizes the Center for Medicare and Medicaid Innovation (CMMI) to design, implement, and evaluate financial incentives for mental health and substance use disorder providers to adopt electronic health record technology. Authorizes “such sums” as may be necessary for fiscal year 2021.

This section also allows providers to prescribe medications, including medication-assisted treatment (MAT), via audio-only telehealth after an initial in-person or telehealth audio and visual evaluation. Also allows for Medicare reimbursement for

audio-only telehealth services.

Sec. 208. Pilot Program on Expanding Access to Treatment

Requires the Secretary of HHS to “establish a 5-year pilot program in not less than 5 diverse regions to study the use of mobile methadone clinics in rural and underserved environments.” Also requires the Secretary to provide a report to Congress on the program outcomes and demographics of individuals served.

Sec. 209. Reauthorization of Prac-Ed Grant Program

This section reauthorizes SAMHSA’s Expansion of Practitioner Education (Prac-Ed) grant, which aims to expand the integration of substance use disorder (SUD) education into the standard curriculum of relevant healthcare and health services education programs. This section authorizes “such sums” as may be necessary for each of fiscal years 2021-2026.

Sec. 210. GAO Study on Parity

Requires the Comptroller General to conduct a study on reimbursement parity between substance use disorder (SUD) services and other health care services, and its effect on the SUD workforce. The study would have to be submitted to Congress no later than December 31, 2023.

Sec. 211. Improving Substance Use Disorder Prevention Workforce Act

This section authorizes SAMHSA’s Center for Substance Abuse Prevention (CSAP) to develop a pilot program to assist **State alcohol and drug agencies** in addressing the substance use disorder (SUD) prevention workforce needs in the States. Under the pilot program, State alcohol and drug agencies could utilize funds for various workforce activities including:

- Enhancing or developing training curricula
- Supporting or coordinating with institutes of higher education regarding curricula development
- Partnering with elementary schools, middle schools, high schools, or institutions of higher education to generate early student interest in avoiding misuse of substances
- Enhancing or establishing initiatives related to credentialing or other certification processes recognized by the State alcohol and drug agency, including scholarships or support for certification costs and testing
- Establishing or enhancing initiatives that promote recruitment, professional development, and access to education and training that increase the State’s ability to address diversity, equity, and inclusion in the workforce, including communication initiatives or campaigns designed to draw interest in a career in substance use disorder prevention
- Supporting loan repayment programs for individuals in the substance use disorder prevention workforce
- Establishing or enhancing internships, fellowships, and other career opportunities
- Retention initiatives that may include training, leadership development or other educational opportunities.

This section also directs SAMHSA to conduct a national study regarding the SUD prevention workforce and to include an environmental assessment, challenges and plans to address those challenges, and potential programming to assist with implementation of the plan. This section authorizes “such sums” as may be necessary with no fiscal years referenced.

TITLE III—RECOVERY

Subtitle A—General Provisions

Sec. 301. Building Communities of Recovery

Authorizes the establishment of regional technical assistance centers to assist with implementation of peer recovery support services, establishment of recovery community organizations and centers, naloxone training and dissemination, development of connections between recovery support services and the broader medical community, establishment of online recovery services, data collection, and building capacity. Eligible entities that could apply “shall be a national non-profit entity with a network of affiliates and partners that are geographically and organizationally diverse.” This section authorizes \$200 million in each of fiscal years 2021-2026.

Authorizes grants to peer recovery service organizations to provide continuing care and community support services for individuals to maintain recovery from substance use disorders (SUD). This section authorizes \$50 million in each of fiscal years 2021-2026.

Sec. 302. Recovery in the Workplace

This section states that it is the sense of Congress that an employee who is taking a controlled substance as part of a medication-assisted treatment (MAT) program is not in violation of a drug-free workplace requirement.

Sec. 303. National Youth and Young Adult Recovery Initiative

Directs the Assistant Secretary for Mental Health and Substance Use, in consultation with the Secretary of Education, to establish a grant program to provide substance use disorder (SUD) recovery support services to youth and young adults enrolled in high school or an institution of higher education. The grants would help to develop and maintain recovery programs, hire staff, provide social activities, establish recovery high schools, and enhance coordination between peer recovery programs and other social service providers. Eligible applicants include “a high school that has been accredited as a substance use recovery high school or that is seeking to establish or expand substance use recovery support services; an institution of higher education; a recovery program at an institution of higher education; a nonprofit organization; and technical assistance centers that can help grantees install recovery support service programs.”

Directs the Assistant Secretary to establish a resource center to provide technical assistance to recipients of the grant. This section authorizes \$10 million for each of fiscal years 2021-2026.

Subtitle B—Recovery Housing

Sec. 311. Clarifying the Role of SAMHSA in Promoting the Availability of High-Quality Recovery Housing

This section calls for SAMHSA to promote the availability of high-quality recovery housing through collaboration with national accrediting entities, reputable providers, analysts of recovery housing services, and all relevant federal agencies.

Sec. 312. Developing Guidelines for States to Promote the Availability of High-Quality Recovery Housing

Requires SAMHSA to develop and publish guidelines and nationally recognized standards within one year after the enactment of this legislation for States to promote the availability of high-quality recovery housing. The guidelines shall be developed in consultation with national accrediting entities, reputable providers, analysts of recovery housing services, and should build on existing best practices and guidelines developed previously by SAMHSA.

This section also prohibits SAMHSA from developing any guidelines with respect to SUD treatment services including medication-assisted treatment (MAT), treatment recommendations, clinical assessments and referrals, counseling, and toxicology testing.

Sec. 313. Coordination of Federal Activities to Promote the Availability of High-Quality Recovery Housing

Establishes an interagency working group chaired by SAMHSA and the Department of Housing and Urban Development (HUD) for the following purposes:

- 1) To increase collaboration, cooperation, and consultation among federal agencies regarding high-quality recovery housing
- 2) To align the efforts of agencies and avoid duplication of efforts
- 3) To develop objectives, priorities, and a long-term plan for supporting State, Tribal, and local efforts
- 4) To coordinate inspection and enforcement among Federal and State agencies
- 5) To coordinate data collection on the quality of recovery housing

The workgroup would be required to meet quarterly. Not later than 1 year after the date of the enactment of this act, and annually thereafter, the working group is required to submit a report to Congress describing the work of the working group and any recommendations of the working group.

Sec. 314. NAS Study

Requires the National Academy of Sciences (NAS) to conduct a study on the availability of high-quality recovery housing and State, Tribal, and local regulation and oversight of recovery housing. Not later than 1 year after the date of enactment of the act, NAS is required to submit a report that contains the results of the study, recommendations to promote the availability of recovery housing, recommendations to improve data collection and housing quality metrics, improvements for individuals who take medication-assisted treatment (MAT) medications, and local allegations or legal actions regarding the opening or operation of recovery housing.

Sec. 315. Grants for States to Promote the Availability of High-Quality Recovery Housing

This section directs the Sec. of HHS to award grants to States, Tribes, and territories to provide technical assistance through national accrediting entities, reputable providers, and analysts of recovery housing services to implement the guidelines developed under Sec. 312 of the CARA 3.0 Act of 2021. The grant can be utilized to support the following activities:

- 1) development of technical assistance and educational programs
- 2) development and maintenance of an information resource describing State-level regulation, funding, recognition, support, and system expansion programs for recovery housing
- 3) development and maintenance of a consultant workforce dedicated to serving the needs to the programs under subtitle B of title III of this Act
- 4) development of training and educational resources for recovery housing providers and staff focusing on best practices

Eligible applicants that may receive a grant from a State, Tribe, or Territory, include nonprofit entities, or a consortium of nonprofit entities, that demonstrate expertise in developing recovery housing standards; have an existing network of national affiliate organizations; and the ability to manage relationships with Federal agencies, agencies receiving grants under this section, statewide recovery housing accrediting organizations, and national mental health, SUD, and housing organizations.

Not later than 90 days after the date of enactment, and every 2 years thereafter, each State, Tribe, or territory, as a condition of receiving a grant, shall submit and make public a State plan regarding the promotion of high-quality recovery housing.

Sec. 316. Authorization of Appropriations

This section authorizes \$2 million for fiscal year 2021 and \$11 million for each of fiscal years 2022 through 2026.

Sec. 317. Reputable Providers and Analysts of Recovery Housing Services Definition

This section defines the term “reputable providers and analysts of recovery housing services” as providers and analysts that:

- Use evidence-based approaches;
- Act in accordance with guidelines issued by SAMHSA;
- Have not been found guilty of health care fraud by the Department of Justice (DOJ); and
- Have not been found to have violated Federal, State, or local codes of conduct with respect to recovery housing

Sec. 318. Technical Correction

Amends Title V of the Public Health Service Act to redesignate Sec. 550 (relating to Sobriety Treatment and Recovery Teams) as 550A and moving the section so it appears after Sec. 550.

TITLE IV—CRIMINAL JUSTICE**Sec. 401. Medication-Assisted Treatment Correction and Community Reentry Program**

Directs the Attorney General, in consultation with the Sec. of HHS, to establish the Medication-Assisted Treatment Corrections and Community Reentry Program. This program is for States or units of local government to develop, implement, or expand programs that provide medication-assisted treatment (MAT) to incarcerated individuals. The programs are required to ensure that individuals can continue receiving any Food and Drug Administration (FDA)-approved MAT medication while incarcerated. It also requires covered programs to offer all FDA-approved MAT medications for incarcerated individuals who choose to initiate treatment. This section authorizes \$50 million for each of fiscal years 2021 through 2026.

Requires correctional facility personnel to monitor participants for withdrawal symptoms, provide withdrawal care, dispense MAT, provide certified recovery coaches or other appropriate professionals to work with participants, and prepare plans for release including connecting participants with mental health and SUD treatment programs, medical care, and housing.

This section also provides guidance on applying for the grant, including the establishment of a MAT Corrections and Community Reentry Application Review Panel, which would be required to review and evaluate applications and make recommendations to the Attorney General regarding awards.

Not later than 2 years after the date on which a State or unit local government is awarded a grant, and each year thereafter, grant recipients are required to submit a report that includes information related to the goals of the program, evidence-based interventions use, outcomes, incarceration rates among participants, and expenditures.

Sec. 402. Deflection and Pre-Arrest Diversion

This section deems law enforcement-assisted deflection and pre-arrest and pre-booking diversion programs an allowable use of Byrne-JAG grant funds. Not later than 2 years after the date on which a State or unit of local government is awarded a grant, and each year thereafter, grantees are required to submit a report that includes information related to the goals of the program, evidence-based interventions used, outcomes, incarceration rates among participants, and expenditures.

Establishes a technical assistance grant for an experienced entity to help States and units of local government to launch and expand deflection or diversion programs and develop best practices. The grant program would be for five years, and this section authorizes \$30 million.

Sec. 403. Housing

This section prohibits public housing agencies or owners of federally assisted housing from excluding an individual unless:

1. The individual is illegally using a controlled substance or using alcohol in a manner that interferes with the health or safety of other residents and is not participating in an SUD assessment and treatment program, or
2. During a reasonable time prior to admission, the individual was convicted of an offense involving a conduct that threatens the health or safety of other residents.

An exception would be established for convictions that have been vacated, sealed or expunged, or convictions when the individual was a minor.

Requires a public housing agency or owner of federally assisted housing to establish and make available to applicants a written admission policy that highlights specific factors that will be considered when evaluating a potential applicant's criminal history.

Sec. 404. Veterans Treatment Courts

This section expands specialized courts for veterans with a mental health and/or SUD. Preference is given to courts that allow participation by veterans on medication-assisted treatment (MAT), follow the Adult Drug Court Best Practice Standards published by the National Association of Drug Court Professionals (NADCP), and those that provide culturally competent services. This section authorizes \$20 million for each of fiscal years 2021-2026.

Also expresses the sense of Congress that veterans' treatment courts receiving funding under this grant should not exclude individuals who are chronically exposed to the criminal justice system.

Sec. 405. Infrastructure for Reentry

This section allows for the use of HHS Community Economic Development Grants, the U.S. Department of Agriculture's (USDA) Community Facilities Grant Program, and the Department of Housing and Urban Development's (HUD) Community Development Block Grants to fund construction of crisis intervention centers, SUD and mental health treatment facilities, supportive housing, and reentry centers. This section forbids the use of these funds to support construction, operation, or any other function of a jail, prison, detention center, or other correctional facility.