



SUMMARY of COMPREHENSIVE ADDICTION AND RECOVERY ACT of 2016 (CARA)

Summary of Conference Agreement on S. 524

The agreement contains numerous provisions to combat increasing rates of opioid drug abuse, including through modifications to prescribing and pain management practices, by creating or modifying programs to expand access to treatment, particularly access to opioid overdose reversal drugs or medication-assisted treatment that eases withdrawal symptoms, and by establishing or strengthening specific programs for vulnerable groups such as drug-addicted infants. It also requires the Veterans Affairs Department (VA) to take several actions to better manage and track the use of opioids by veterans.

The Congressional Budget Office (CBO) estimates that the measure's direct spending provisions would reduce the deficit by \$47 million over 10 years. Senate supporters of the agreement say it would authorize a total of \$181 million a year in discretionary spending for various treatment and other programs.

Prescribing Practices & Pain Management

The agreement modifies drug prescribing practices to help reduce the availability of opioids that could be abused while increasing the availability of overdose reversal drugs. It also includes provisions related to pain management that explore alternatives to addictive forms of opioids and prescription and pain management policies that are specific to Medicare and Medicaid.

Partial Fills

The measure allows prescriptions for drugs under Schedule II of the Controlled Substances Act to be just partially filled, rather than fully filled, if requested by the patient or prescribing physician.

Grant Programs & Electronic Prescription Reporting

The measure establishes an HHS grant program to bolster state systems under which trained pharmacists may dispense reversal drugs to opioid users or families of those at risk of an overdose through the use of "standing orders" that don't require a person-specific prescription. It authorizes a total of \$5 million through FY 2019 for those grants.

It authorizes the same amount for a new program for grants to qualified health centers and opioid treatment programs to expand access to opioid overdose treatment for at-risk patients. Funds could be used for training and assisting providers in prescribing opioid overdose reversal drugs, purchasing opioid reversal drugs or paying a patient's insurance copayments and establishing protocols to connect patients who have experienced a drug overdose with appropriate treatment.

It also reauthorizes the National All Schedules Prescription Electronic Reporting program, which promotes the development of state electronic prescription drug monitoring programs to help prevent "doctor shopping," and it modifies the program, including by expanding the use of grants by states and establishing new program interoperability requirements. It authorizes \$10 million per year through FY 2021.

Pain Management

The measure includes a number of provisions to develop best practices with regard to the use of opioids for pain management, including by creating a task force to review and recommend best practices and by accelerating NIH research on pain and the development of alternatives to opioids for effective pain treatments. It also requires the Food and Drug Administration to seek recommendations from an advisory committee before approving the use of new opioid drugs.

Medicare & Medicaid

To encourage the development of abuse-deterrent formulations of prescription drugs, the agreement excludes such formulations from Medicaid's additional rebate requirement. It also requires prescription drug plans in Medicare to develop a drug management program to limit access for beneficiaries who are at risk of abuse.

Mother, Child & Youth Protection

The agreement requires HHS, before providing child protective services grants to states, to confirm that states are implementing required child protection policies, including safe care plans for addicted newborns. It reauthorizes HHS residential treatment grant programs for pregnant and postpartum women who have substance abuse programs and establishes a pilot program to promote innovative service delivery models for such women.

It also directs GAO to report to Congress on neonatal abstinence syndrome among children covered by Medicaid, and it requires the Centers for Disease Control and Prevention to examine available information on adolescents who become addicted after being prescribed an opioid for a sports injury and to help develop information to educate parents and children of the dangers.

Treatment & Veterans Programs

The bill creates new grant programs to treat and combat opioid abuse, including within the Justice Department and HHS, and allows medical providers who dispense medication-assisted treatment to see more patients. It also addresses opioid abuse and other health care matters at the Veterans Affairs Department (VA).

Justice Department Opioid Programs

The agreement authorizes \$103 million each year through FY 2021 for the Justice Department to award grants to state, local and tribal governments to provide services relating to opioid abuse through a new Comprehensive Opioid Abuse Grant Program. It also requires the Justice Department, working with the VA, to award grants to assist veterans suffering from opioid abuse, including through veterans' treatment court programs and peer-to-peer programs.

Medication-Assisted Treatment

The agreement modifies rules regarding the administering of medication-assisted treatment for opioid addiction, to expand such treatment without raising the current patient cap per provider — including by allowing qualified nurse practitioners and physician assistants (not just physicians) to provide such services. This authority would expire on Oct. 1, 2021.

HHS Opioid Programs

The measure creates several new opioid treatment programs within HHS, including state demonstration grants for comprehensive opioid abuse response and grants to recovery community organizations. It formally authorizes certain administratively created programs, including first-responder training grants for opioid overdose reversal drugs and grants for evidence-based treatment services in areas with a high rate of addiction.

VA Opioid Management

The agreement requires the VA to more closely track opioid use by veterans within the VA health care system and to expand its opioid safety initiative to all VA medical facilities. It also requires the VA and the Defense Department to jointly update their opioid therapy clinical practice guidelines.

Other VA Health Care

The agreement includes several provisions dealing with general VA health care, including those that seek to expand access through the use of wellness-based programs to complement pain management services, that promote the use of VA patient advocate representatives and that require expanded background checks when hiring VA medical providers. It also limits the amount that can be spent on VA bonuses for employees in future years.

Other Provisions

The agreement provides for the protection of classified information when foreign individuals challenge in court their designation of a drug kingpin. It also requires a study of state Good Samaritan laws that encourage others to help individuals suffering from drug overdoses and promotes streamlined state standards under which former military medics can become licensed as emergency medical technicians.

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