In Congress Rush to Pass Opioid Legislation, Funding Falls by the Wayside

Any joy from the bills put forward this week is snuffed out by the absence of any new funding in the House and Senate legislative packages.

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Over the past week, committees in the House and Senate have advanced large swaths of legislation aimed at addressing the opioid crisis that has become one of the most pressing issues on Capitol Hill as of late. Keen to show the American public that there is indeed a sense of urgency in Congress to tackle rising levels of problematic substance use that took the lives of 63,600 Americans in 2016, both the Senate Health, Education, Labor and Pensions (HELP) Committee and the House Energy & Commerce Health Subcommittee advanced an overwhelming amount of opioid-related legislation, with 56 bills advancing in the House alone.

In contrast to some of President Trump's more punitive approaches to ending the opioid crisis, the legislation advanced this week in Congress was largely public health-centered and addresses a number of very real needs. Included in the raft of bills that were advanced this week is legislation that would ensure that all CHIP plans fully cover mental health and substance use treatment, revamp the way the federal government distributes grants to focus on the areas hardest hit by the opioid epidemic, and partially repeal the Institutions of Mental Disease exclusion that prevents Medicaid from reimbursing for substance use disorder treatment in facilities with more than 16 beds.

Unfortunately, any joy there is to be gleaned from the quantity of bills that have been put forward this week and their individual merits is more or less snuffed out by the absence of any new funding in the House and Senate legislative packages. With only about 1 in 10 Americans who are in need of substance use disorder treatment being able to access it and a series of temporary and insufficient fixes like the 21st Century Cures Act that only provide funding for 1 or 2 years, no amount of regulatory change will be able to end the opioid epidemic. As Rep. Kathy Castor (D-FL) put it earlier this week, "We're tinkering around the edges — we're not tackling this public health crisis."

The primary alternative to the legislation being offered by the Senate HELP Committee and House Energy & Commerce Health Subcommittee is the Comprehensive Addiction Resources Emergency

(CARE) Act of 2018, which has been submitted by Senator Elizabeth Warren (D-MA) and Representative Elijah Cummings (D-MD 7). The overall structure and intent of the CARE Act of 2018 should be very familiar to HIV advocates, as it is modelled on the Ryan White CARE Act and looks to emulate the tremendous success it has experienced in providing comprehensive, effective, wrap-around care for people living with HIV in America.

The CARE Act of 2018 would provide an additional $100 billion in opioid response funding over 10 years to states and localities to help them institute evidence-based strategies to reduce fatal overdoses, increase access to substance use treatment, and address the infectious disease consequences of the opioid crisis. More so than any previous piece of opioid-related legislation, the CARE Act of 2018 fully embraces and champions the kinds of community-based harm reduction programs that are so vital to any effective response to this issue.

AIDS United strongly endorses the CARE Act of 2018 and will keep you up to the date on all of the latest news regarding the bill, as well as other opioid-related legislation in Congress.

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