THE COMPREHENSIVE ADDICTION RESOURCES EMERGENCY (CARE) ACT

Using Lessons from the HIV/AIDS Epidemic to Tackle the Opioid Crisis

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Contents

I. Executive Summary 1

II. Background 1

A. The Opioid Epidemic: A Worsening Crisis 1

B. The Ryan White HIV/AIDS Program: America Tackles an Epidemic .. 1

C. Learning from the Ryan White Program:
The Comprehensive Addiction Resources Emergency (CARE) Act 2

III. Methodology 2

IV. State Funding Estimates 6

V. Appendix: CARE Act Formula Funding 58

I. EXECUTIVE SUMMARY

Senator Elizabeth Warren and Representative Elijah E. Cummings have introduced the Comprehensive Addiction Resources Emergency (CARE) Act to provide states and local communities with the resources they need to tackle the opioid crisis.

Modeled directly on the landmark bipartisan Ryan White Comprehensive AIDS Resources Emergency Act enacted nearly three decades ago, the new CARE Act draws on lessons learned from the HIV/AIDS epidemic to provide the areas hardest-hit by the opioid crisis with $10 billion a year in federal funding to prevent and treat substance use disorder, including:

- **$4 billion per year to states and territories;**
- **$2.7 billion per year to counties and cities;**
- **$1.8 billion per year in public health surveillance, biomedical research, and improved training for health professionals; and**
- **$500 million per year to expand access to naloxone.**

This report contains fact sheets that estimate the funding that the CARE Act would make available to each state, as well as to hard-hit counties and cities within those states.

II. BACKGROUND

A. The Opioid Epidemic: A Worsening Crisis

In 2017, the Centers for Disease Control and Prevention (CDC) announced that U.S. life expectancy had dropped for the second year in a row—the first consecutive-year decline in more than fifty years.[1] According to the CDC Director, the "decrease in life expectancy can be put clearly at the foot of the opioid epidemic."[2] In 2016, more than 63,600 Americans died of drug overdoses—a 21% increase from 2015. Overdoses related to synthetic opioids, such as fentanyl, fentanyl analogs, and tramadol, nearly doubled over a twelve-month period.[3]

The opioid epidemic is a public health emergency that touches almost every community in the United States. Opioid-related overdose deaths have increased five-fold since 1999—killing an average of 115 people per day.[4] More than 42,000 of the nation's drug overdoses in 2016 were attributable to opioids, rivaling death figures from the peak of the HIV/AIDS crisis.[5] In 2016 alone, nearly 12 million Americans reported using heroin or misusing prescription painkillers.[6] Emergency room visits for opioid overdoses skyrocketed across the United States by 30% between July 2016 and September 2017.[7]

An estimated 2.1 million Americans have an opioid use disorder,[8] and nearly half of all U.S. adults have a friend or family member who has experienced addiction.[9] People with addiction, including opioid addiction, are highly stigmatized and face a number of barriers to care.[10] Only 10% of Americans in need of specialty treatment for substance use disorders are able to access the treatment they need.[11]

As the opioid epidemic has continued to worsen, state and local leaders have called on federal lawmakers to increase funding to combat the crisis, which may cost the nation more than $500 billion per year according to estimates developed by President Trump's Council of Economic Advisers.[12] Meanwhile, Congress and the Trump Administration have only nibbled around the edges of this problem.[13]

To truly address the worsening national epidemic of opioid addiction, it is time for Congress to start treating this crisis like the critical public health emergency it is.

B. The Ryan White HIV/AIDS Program: America Tackles an Epidemic

This is not the first time that America has faced a highly stigmatized, misunderstood, and underestimated epidemic. Starting in the 1980s, the nation faced a similar public health emergency: the HIV/AIDS epidemic.[14]

In the late 1970s and early 1980s, front-line medical providers began identifying the symptoms of a

condition that later would become known as HIV/AIDS. In 1981, the CDC issued its first reports of the deaths of previously healthy, homosexual men from rare diseases associated with severe immune deficiency. HIV/AIDS began to spread rapidly among gay men and other populations, including drug users, hemophiliacs, and women.[15]

America's existing medical infrastructure was not well-equipped to handle these complex cases. By 1989, more than 100,000 Americans had been diagnosed with AIDS.[16] Even as thousands of Americans were infected and died, the federal government repeatedly failed to devote meaningful resources to combat the growing epidemic.

In 1990, bolstered by the tireless efforts of HIV/AIDS patients, activists, and healthcare providers, Congress finally acted. Representative Henry Waxman, Senator Ted Kennedy, and Senator Orrin Hatch passed the bipartisan Ryan White Comprehensive AIDS Resources Emergency Act, which established the Ryan White HIV/AIDS Program.[17] The Ryan White Program sends federal resources directly to the cities, states, and counties hardest hit by the HIV/AIDS epidemic. It funds critical services for HIV/AIDS treatment, care, and prevention.[18]

The HIV/AIDS epidemic is far from over, but thanks to the Ryan White Program, more than half a million people receive services from Ryan White-supported providers.[19] Care is guided by science, not stigma, and advancements in HIV/AIDS treatment allow those diagnosed with this disease to live longer and healthier lives.

C. Learning from the Ryan White Program: The Comprehensive Addiction Resources Emergency (CARE) Act

The Comprehensive Addiction Resources Emergency (CARE) Act is modeled directly on the Ryan White Act. It would provide $100 billion in federal funding over ten years to the states and local communities most in need of resources to combat the opioid epidemic.

The bill would send $4 billion per year to states and territories, including $2 billion per year in formula funding, $1.6 billion in competitive grants, and $400 million to tribal governments. It would provide the hardest hit counties and cities with $2.7 billion per year, including $1.43 billion in formula grants, $1 billion in competitive grants, and $270 million for Indian tribes disproportionately affected by substance use. States without local county systems of government would be eligible to work with the Department of Health and Human Services to ensure that local communities receive the funds they need.

The CARE Act would invest $1.8 billion per year in public health surveillance, biomedical research, and improved training for health professionals, including $1 billion to the National Institutes of Health, $400 million to the CDC and regional tribal epidemiology centers, and $400 million to train and provide technical assistance to professionals treating substance use disorders.

The bill would invest $1 billion per year to support expanded and innovative treatment, recovery, and harm reduction services by supporting public and nonprofit entities, as well as projects of national significance.

It also would provide $500 million annually to expand access to naloxone, the critical opioid overdose reversal drug relied on by first responders, public health departments, and the public. The bill would also direct the federal government to negotiate a discounted price for naloxone, a move that the President's own commission on combating opioid use has recommended and indicated would expand access to this life-saving drug.[20]

III. Methodology

The estimates in the following fact sheets are calculated by applying the funding formula established by the CARE Act to publicly-available drug overdose and mortality rate data.

County-level drug overdose death numbers and mortality rates are drawn from County Health Rankings'"2018 County Health Rankings National

Data," compiled from the CDC WONDER Mortality Database.[21] Where available, county-level drug overdose totals and associated mortality rates reflect the sum total of overdose deaths in these counties from 2014 to 2016. Notably, 1,487 of 3,142 counties nationwide do not have data available for 2014 to 2016 and were not included in this analysis. The addition of data from these counties would enhance funding estimates.

State-level drug overdose data are drawn from the CDC's Drug Overdose Death Database.[22] State-level drug overdose totals reflect the sum total of overdose deaths in each state from 2014 to 2016. These estimates include data from the 50 states and the District of Columbia. This analysis assumes that Puerto Rico would receive $2 million a year in state-level formula funding (the minimum allotment).

Endnotes

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CARE ACT FUNDING IN ALABAMA

Total Estimated Formula Funding: $41.7 million

Under the CARE Act, **Alabama would receive an estimated $31.8 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Alabama could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Alabama could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Alabama would receive an estimated $9.8 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 7 **counties in Alabama would likely be eligible for these formula grants**, including Bibb, Cleburne, Cullman, Escambia, Jefferson, St. Clair, and Walker. For example:

- **Jefferson County**, with 539 drug overdose deaths from 2014 to 2016, could receive as much as $**6.7 million** per year.

- **St. Clair County**, with 83 drug overdose deaths from 2014 to 2016, could receive as much as **$1 million** per year.

- **Cullman County**, with 65 drug overdose deaths from 2014 to 2016, could receive as much as **$810,000** per year.

CARE ACT FUNDING IN ALASKA

Total Estimated Formula Funding: $6.4 million

Under the CARE Act, **Alaska would receive an estimated $5.9 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Alaska could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Alaska could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the Kenai Peninsula would receive an estimated $510,000 in annual funding** through the bill's local formula grants. The county recorded 41 drug overdose deaths from 2014 to 2016.

CARE ACT FUNDING IN ARIZONA

Total Estimated Formula Funding: $85.6 million

Under the CARE Act, **Arizona would receive an estimated $43.1 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Arizona could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Arizona could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Arizona would receive an estimated $42.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 7 **counties in Arizona would likely be eligible for these formula grants**, including Gila, La Paz, Maricopa, Mohave, Navajo, Pima, and Yavapai. For example:

- **Maricopa County**, with 2,199 drug overdose deaths from 2014 to 2016, could receive as much as **$27.5 million** per year.

- **Pima County**, with 695 drug overdose deaths from 2014 to 2016, could receive as much as **$8.7 million** per year.

- **Yavapai County**, with 183 drug overdose deaths from 2014 to 2016, could receive as much as **$2.3 million** per year.

CARE ACT FUNDING IN ARKANSAS

Total Estimated Formula Funding: $19.8 million

Under the CARE Act, **Arkansas would receive an estimated $18.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Arkansas could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Arkansas could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Arkansas would receive an estimated $1.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 4 **counties in Arkansas would likely be eligible for these formula grants**, including Baxter, Clay, Franklin, and Garland. For example:

- **Garland County**, with 75 drug overdose deaths from 2014 to 2016, could receive as much as **$940,000** per year.

- **Baxter County**, with 29 drug overdose deaths from 2014 to 2016, could receive as much as **$360,000** per year.

- **Clay County**, with 14 drug overdose deaths from 2014 to 2016, could receive as much as **$180,000** per year.

CARE ACT FUNDING IN CALIFORNIA

Total Estimated Formula Funding: $301.9 million

Under the CARE Act, **California would receive an estimated $158.4 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in California could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in California could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in California would receive an estimated $143.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 26 **counties in California would likely be eligible for these formula grants**, including Alameda, Amador, Butte, Contra Costa, El Dorado, Fresno, Humboldt, Inyo, Kern, Lake, Lassen, Los Angeles, Mendocino, Orange, Plumas, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Siskiyou, Stanislaus, Tuolumne, and Ventura. For example:

- **Los Angeles County**, with 2,288 drug overdose deaths from 2014 to 2016, could receive as much as **$28.6 million** per year.

- **San Diego County**, with 1,272 drug overdose deaths from 2014 to 2016, could receive as much as **$15.9 million** per year.

- **Orange County**, with 1,168 drug overdose deaths from 2014 to 2016, could receive as much as **$14.6 million** per year.

CARE ACT FUNDING IN COLORADO

Total Estimated Formula Funding: $56.7 million

Under the CARE Act, **Colorado would receive an estimated $33.4 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Colorado could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Colorado could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Colorado would receive an estimated $23.3 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 9 **counties in Colorado would likely be eligible for these formula grants**, including Adams, Arapahoe, Denver, El Paso, Huerfano, Jefferson, Las Animas, Montezuma, and Pueblo. For example:

- **El Paso County**, with 452 drug overdose deaths from 2014 to 2016, could receive as much as **$5.7 million** per year.

- **Denver County**, with 379 drug overdose deaths from 2014 to 2016, could receive as much as **$4.7 million** per year.

- **Arapahoe County**, with 301 drug overdose deaths from 2014 to 2016, could receive as much as **$3.8 million** per year.

CARE ACT FUNDING IN CONNECTICUT

Total Estimated Formula Funding: $54.3 million

Under the CARE Act, **Connecticut would receive an estimated $25.5 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Connecticut could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Connecticut could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Connecticut would receive an estimated $28.8 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 7 **counties in Connecticut would likely be eligible for these formula grants**, including Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, and Windham. For example:

- **Hartford County**, with 639 drug overdose deaths from 2014 to 2016, could receive as much as **$8 million** per year.

- **New Haven County**, with 621 drug overdose deaths from 2014 to 2016, could receive as much as **$7.8 million** per year.

- **Fairfield County**, with 424 drug overdose deaths from 2014 to 2016, could receive as much as **$5.3 million** per year.

CARE ACT FUNDING IN DELAWARE

Total Estimated Formula Funding: $15.3 million

Under the CARE Act, **Delaware would receive an estimated $7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Delaware could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Delaware could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **communities in Delaware would receive an estimated $8.4 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that every county **in Delaware would likely be eligible for these formula grants**:

- **New Castle County**, with 386 drug overdose deaths from 2014 to 2016, could receive as much as **$4.8 million** per year.

- **Sussex County**, with 160 drug overdose deaths from 2014 to 2016, could receive as much as **$2 million** per year.

- **Kent County**, with 123 drug overdose deaths from 2014 to 2016, could receive as much as **$1.5 million** per year.

CARE ACT FUNDING IN THE DISTRICT OF COLUMBIA

Total Estimated Formula Funding: $11.2 million

Under the CARE Act, **D.C. would receive an estimated $5.1 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in D.C. could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **D.C. could also apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **D.C. would receive an estimated $6.1 million in annual funding** through the bill's local formula grants. The city recorded 490 drug overdose deaths from 2014 to 2016.

CARE ACT FUNDING IN FLORIDA

Total Estimated Formula Funding: $229.6 million

Under the CARE Act, **Florida would receive an estimated $122.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Florida could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Florida could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Florida would receive an estimated $107 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 21 **counties in Florida would likely be eligible for these formula grants**, including Brevard, Broward, Citrus, Clay, Dixie, Duval, Hillsborough, Lee, Manatee, Marion, Miami-Dade, Monroe, Okeechobee, Orange, Palm Beach, Pasco, Pinellas, Polk, Sarasota, St. Lucie, and Volusia. For example:

- **Palm Beach County**, with 1,141 drug overdose deaths from 2014 to 2016, could receive as much as **$14.3 million** per year.

- **Broward County**, with 1,032 drug overdose deaths from 2014 to 2016, could receive as much as **$12.9 million** per year.

- **Duval County**, with 717 drug overdose deaths from 2014 to 2016, could receive as much as **$9 million** per year.

CARE ACT FUNDING IN GEORGIA

Total Estimated Formula Funding: $72.5 million

Under the CARE Act, **Georgia would receive an estimated $56.9 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Georgia could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Georgia could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Georgia would receive an estimated $15.7 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 13 **counties in Georgia would likely be eligible for these formula grants**, including Brantley, Catoosa, Cobb, Dawson, Fannin, Franklin, Fulton, Gwinnett, Haralson, Jeff Davis, Madison, Murray, and Rabun. For example:

- **Fulton County**, with 448 drug overdose deaths from 2014 to 2016, could receive as much as **$5.6 million** per year.

- **Cobb County**, with 356 drug overdose deaths from 2014 to 2016, could receive as much as **$4.5 million** per year.

- **Gwinnett County**, with 242 drug overdose deaths from 2014 to 2016, could receive as much as **$3 million** per year.

CARE ACT FUNDING IN HAWAII

Total Estimated Formula Funding: $10.9 million

Under the CARE Act, **Hawaii would receive an estimated $6.3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Hawaii could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Hawaii could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **Honolulu County would receive an estimated $4.6 million in annual funding** through the bill's local formula grants. The county recorded 364 drug overdose deaths from 2014 to 2016.

CARE ACT FUNDING IN IDAHO

Total Estimated Formula Funding: $12.1 million

Under the CARE Act, **Idaho would receive an estimated $10.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Idaho could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Idaho could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Idaho would receive an estimated $2 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 3 **counties in Idaho would likely be eligible for these formula grants**:

- **Bonneville County**, with 78 drug overdose deaths from 2014 to 2016, could receive as much as **$980,000** per year.

- **Bannock County**, with 61 drug overdose deaths from 2014 to 2016, could receive as much as **$760,000** per year.

- **Payette County**, with 17 drug overdose deaths from 2014 to 2016, could receive as much as **$210,000** per year.

CARE ACT FUNDING IN ILLINOIS

Total Estimated Formula Funding: $124.6 million

Under the CARE Act, **Illinois would receive an estimated $73.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Illinois could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Illinois could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Illinois would receive an estimated $51.4 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 17 **counties in Illinois would likely be eligible for these formula grants**, including Bond, Christian, Cook, De Witt, DuPage, Franklin, Jersey, Lake, Madison, Marion, Perry, Randolph, Saline, Vermilion, Washington, Will, and Winnebago. For example:

- **Cook County**, with 2,433 drug overdose deaths from 2014 to 2016, could receive as much as **$30.4 million** per year.

- **DuPage County**, with 336 drug overdose deaths from 2014 to 2016, could receive as much as **$4.2 million** per year.

- **Will County**, with 321 drug overdose deaths from 2014 to 2016, could receive as much as **$4 million** per year.

CARE ACT FUNDING IN INDIANA

Total Estimated Formula Funding: $80.4 million

Under the CARE Act, **Indiana would receive an estimated $50.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Indiana could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Indiana could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Indiana would receive an estimated $29.8 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 29 **counties in Indiana would likely be eligible for these formula grants**, including Blackford, Brown, Clark, Dearborn, Delaware, Fayette, Floyd, Franklin, Grant, Hancock, Harrison, Howard, Jackson, Jennings, Lake, Madison, Marion, Morgan, Newton, Porter, Pulaski, Randolph, Ripley, Scott, Starke, Sullivan, Tipton, Vanderburgh, and Wayne. For example:

- **Marion County**, with 819 drug overdose deaths from 2014 to 2016, could receive as much as **$10.2 million** per year.

- **Lake County**, with 227 drug overdose deaths from 2014 to 2016, could receive as much as **$2.8 million** per year.

- **Vanderburgh County**, with 131 drug overdose deaths from 2014 to 2016, could receive as much as **$1.6 million** per year.

CARE ACT FUNDING IN IOWA

Total Estimated Formula Funding: $14.7 million

Under the CARE Act, **Iowa would receive an estimated $14.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Iowa could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families.

Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Iowa could apply for grants from a $1 billion local competitive grant program**.

CARE ACT FUNDING IN KANSAS

Total Estimated Formula Funding: $17.7 million

Under the CARE Act, **Kansas would receive an estimated $14.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Kansas could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Kansas could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **Sedgwick County would receive an estimated $3 million in annual funding** through the bill's local formula grants. The county recorded 242 drug overdose deaths from 2014 to 2016.

CARE ACT FUNDING IN KENTUCKY

Total Estimated Formula Funding: $81.8 million

Under the CARE Act, **Kentucky would receive an estimated $43.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Kentucky could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Kentucky could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Kentucky would receive an estimated $38.3 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 60 **counties in Kentucky would likely be eligible for these formula grants**, including Anderson, Bath, Bell, Boone, Boyd, Boyle, Bracken, Breathitt, Bullitt, Butler, Campbell, Carroll, Carter, Casey, Clark, Clinton, Estill, Fayette, Fleming, Floyd, Franklin, Gallatin, Garrard, Grant, Grayson, Greenup, Harlan, Harrison, Henry, Jefferson, Jessamine, Kenton, Knott, Knox, Lawrence, Leslie, Letcher, Lincoln, Madison, Marshall, Martin, Mason, Meade, Mercer, Montgomery, Owen, Pendleton, Perry, Pike, Powell, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Union, Whitley, and Woodford. For example:

- **Jefferson County**, with 725 drug overdose deaths from 2014 to 2016, could receive as much as **$9.1 million** per year.

- **Fayette County**, with 308 drug overdose deaths from 2014 to 2016, could receive as much as **$3.9 million** per year.

- **Kenton County**, with 275 drug overdose deaths from 2014 to 2016, could receive as much as **$3.4 million** per year.

CARE ACT FUNDING IN LOUISIANA

Total Estimated Formula Funding: $53.8 million

Under the CARE Act, **Louisiana would receive an estimated $33.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Louisiana could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Louisiana could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Louisiana would receive an estimated $20.1 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 11 **counties in Louisiana would likely be eligible for these formula grants**, including East Baton Rouge, Jefferson, Livingston, Orleans, Plaquemines, St. Bernard, St. Helena, St. Tammany, Tangipahoa, Terrebonne, and Washington. For example:

- **Jefferson County**, with 381 drug overdose deaths from 2014 to 2016, could receive as much as **$4.8 million** per year.

- **Orleans County**, with 362 drug overdose deaths from 2014 to 2016, could receive as much as **$4.5 million** per year.

- **East Baton Rouge County**, with 222 drug overdose deaths from 2014 to 2016, could receive as much as **$2.8 million** per year.

CARE ACT FUNDING IN MAINE

Total Estimated Formula Funding: $16.3 million

Under the CARE Act, **Maine would receive an estimated $11.5 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Maine could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Maine could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Maine would receive an estimated $4.8 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 5 **counties in Maine would likely be eligible for these formula grants**, including Androscoggin, Hancock, Kennebec, Washington, and York. For example:

- **York County**, with 147 drug overdose deaths from 2014 to 2016, could receive as much as **$1.8 million** per year.

- **Kennebec County**, with 85 drug overdose deaths from 2014 to 2016, could receive as much as **$1.1 million** per year.

- **Androscoggin County**, with 76 drug overdose deaths from 2014 to 2016, could receive as much as **$950,000** per year.

CARE ACT FUNDING IN MARYLAND

Total Estimated Formula Funding: $98.4 million

Under the CARE Act, **Maryland would receive an estimated $48 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Maryland could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Maryland could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Maryland would receive an estimated $50.4 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 17 **counties in Maryland would likely be eligible for these formula grants**, including Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Frederick, Harford, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, Washington, and Worcester. For example:

- **Baltimore City**, with 1,095 drug overdose deaths from 2014 to 2016, could receive as much as **$13.7 million** per year.

- **Baltimore County**, with 811 drug overdose deaths from 2014 to 2016, could receive as much as **$10.1 million** per year.

- **Anne Arundel County**, with 470 drug overdose deaths from 2014 to 2016, could receive as much as **$5.9 million** per year.

CARE ACT FUNDING IN MASSACHUSETTS

Total Estimated Formula Funding: $119.5 million

Under the CARE Act, **Massachusetts would receive an estimated $55 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Massachusetts could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Massachusetts could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Massachusetts would receive an estimated $64.5 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 12 **counties in Massachusetts would likely be eligible for these formula grants**, including Barnstable, Berkshire, Bristol, Dukes, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester. For example:

- **Middlesex County**, with 1,014 drug overdose deaths from 2014 to 2016, could receive as much as **$12.7 million** per year.

- **Essex County**, with 706 drug overdose deaths from 2014 to 2016, could receive as much as **$8.8 million** per year.

- **Bristol County**, with 595 drug overdose deaths from 2014 to 2016, could receive as much as **$7.4 million** per year.

CARE ACT FUNDING IN MICHIGAN

Total Estimated Formula Funding: $128.8 million

Under the CARE Act, **Michigan would receive an estimated $73.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Michigan could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Michigan could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Michigan would receive an estimated $55.1 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 18 **counties in Michigan would likely be eligible for these formula grants**, including Bay, Calhoun, Clare, Genesee, Gladwin, Ingham, Iosco, Iron, Kent, Lenawee, Macomb, Manistee, Monroe, Muskegon, Oakland, Ogemaw, St. Clair, and Wayne. For example:

- **Wayne County**, with 1,708 drug overdose deaths from 2014 to 2016, could receive as much as **$21.4 million** per year.

- **Macomb County**, with 821 drug overdose deaths from 2014 to 2016, could receive as much as **$10.3 million** per year.

- **Oakland County**, with 394 drug overdose deaths from 2014 to 2016, could receive as much as **$4.9 million** per year.

CARE ACT FUNDING IN MINNESOTA

Total Estimated Formula Funding: $34 million

Under the CARE Act, **Minnesota would receive an estimated $24.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Minnesota could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Minnesota could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Minnesota would receive an estimated $9.3 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 3 **counties in Minnesota would likely be eligible for these formula grants**:

- **Hennepin County**, with 489 drug overdose deaths from 2014 to 2016, could receive as much as **$6.1 million** per year.

- **Ramsey County**, with 231 drug overdose deaths from 2014 to 2016, could receive as much as **$2.9 million** per year.

- **Cass County**, with 20 drug overdose deaths from 2014 to 2016, could receive as much as **$250,000** per year.

CARE ACT FUNDING IN MISSISSIPPI

Total Estimated Formula Funding: $17.9 million

Under the CARE Act, **Mississippi would receive an estimated $16.5 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Mississippi could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Mississippi could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Mississippi would receive an estimated $1.4 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 5 **counties in Mississippi would likely be eligible for these formula grants**, including Coahoma, Marion, Pearl River, Tate, and Tishomingo. For example:

- **Pearl River County**, with 41 drug overdose deaths from 2014 to 2016, could receive as much as **$510,000** per year.

- **Tate County**, with 20 drug overdose deaths from 2014 to 2016, could receive as much as **$250,000** per year.

- **Marion County**, with 17 drug overdose deaths from 2014 to 2016, could receive as much as **$210,000** per year.

CARE ACT FUNDING IN MISSOURI

Total Estimated Formula Funding: $72.6 million

Under the CARE Act, **Missouri would receive an estimated $43.8 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Missouri could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Missouri could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Missouri would receive an estimated $28.8 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 21 **counties in Missouri would likely be eligible for these formula grants**, including Bates, Clinton, Crawford, Dent, Dunklin, Franklin, Gasconade, Greene, Grundy, Jackson, Jefferson, Lincoln, Livingston, Montgomery, Pulaski, St. Francois, St. Louis, St. Louis City, Warren, Washington, and Wayne. For example:

- **St. Louis County**, with 621 drug overdose deaths from 2014 to 2016, could receive as much as **$7.8 million** per year.

- **The City of St. Louis**, with 427 drug overdose deaths from 2014 to 2016, could receive as much as **$5.3 million** per year.

- **Jackson County**, with 355 drug overdose deaths from 2014 to 2016, could receive as much as **$4.4 million** per year.

CARE ACT FUNDING IN MONTANA

Total Estimated Formula Funding: $6.5 million

Under the CARE Act, **Montana would receive an estimated $6.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Montana could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Montana could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **Silver Bow County would receive an estimated $330,000 in annual funding** through the bill's local formula grants. The county recorded 26 drug overdose deaths from 2014 to 2016.

CARE ACT FUNDING IN NEBRASKA

Total Estimated Formula Funding: $6.1 million

Under the CARE Act, **Nebraska would receive an estimated $6.1 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Nebraska could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families.

Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Nebraska could apply for grants from a $1 billion local competitive grant program**.

CARE ACT FUNDING IN NEVADA

Total Estimated Formula Funding: $41.4 million

Under the CARE Act, **Nevada would receive an estimated $19.5 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Nevada could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Nevada could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Nevada would receive an estimated $21.9 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 6 **counties in Nevada would likely be eligible for these formula grants**, including Carson City, Churchill, Clark, Douglas, Nye, and Washoe. For example:

- **Clark County**, with 1,321 drug overdose deaths from 2014 to 2016, could receive as much as **$16.5 million** per year.

- **Washoe County**, with 281 drug overdose deaths from 2014 to 2016, could receive as much as **$3.5 million** per year.

- **Carson City**, with 53 drug overdose deaths from 2014 to 2016, could receive as much as **$660,000** per year.

CARE ACT FUNDING IN NEW HAMPSHIRE

Total Estimated Formula Funding: $27.6 million

Under the CARE Act, **New Hampshire would receive an estimated $13.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in New Hampshire could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in New Hampshire could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in New Hampshire would receive an estimated $14 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 7 **counties in New Hampshire would likely be eligible for these formula grants**, including Belknap, Carroll, Coos, Hillsborough, Merrimack, Rockingham, and Strafford. For example:

- **Hillsborough County**, with 475 drug overdose deaths from 2014 to 2016, could receive as much as **$5.9 million** per year.

- **Rockingham County**, with 268 drug overdose deaths from 2014 to 2016, could receive as much as **$3.4 million** per year.

- **Strafford County**, with 139 drug overdose deaths from 2014 to 2016, could receive as much as **$1.7 million** per year.

CARE ACT FUNDING IN NEW JERSEY

Total Estimated Formula Funding: $102.7 million

Under the CARE Act, **New Jersey would receive an estimated $55.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in New Jersey could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in New Jersey could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in New Jersey would receive an estimated $47 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 14 **counties in New Jersey would likely be eligible for these formula grants**, including Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Middlesex, Monmouth, Ocean, Salem, and Warren. For example:

- **Ocean County**, with 519 drug overdose deaths from 2014 to 2016, could receive as much as **$6.5 million** per year.

- **Camden County**, with 475 drug overdose deaths from 2014 to 2016, could receive as much as **$5.9 million** per year.

- **Essex County**, with 416 drug overdose deaths from 2014 to 2016, could receive as much as **$5.2 million** per year.

CARE ACT FUNDING IN NEW MEXICO

Total Estimated Formula Funding: $32.5 million

Under the CARE Act, **New Mexico would receive an estimated $19 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in New Mexico could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in New Mexico could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in New Mexico would receive an estimated $13.5 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 12 **counties in New Mexico would likely be eligible for these formula grants**, including Bernalillo, Cibola, Colfax, Eddy, Grant, Lincoln, Rio Arriba, San Miguel, Santa Fe, Taos, Torrance, and Valencia. For example:

- **Bernalillo County**, with 589 drug overdose deaths from 2014 to 2016, could receive as much as **$7.4 million** per year.

- **Santa Fe County**, with 142 drug overdose deaths from 2014 to 2016, could receive as much as **$1.8 million** per year.

- **Rio Arriba County**, with 99 drug overdose deaths from 2014 to 2016, could receive as much as **$1.2 million** per year.

CARE ACT FUNDING IN NEW YORK

Total Estimated Formula Funding: $186.4 million

Under the CARE Act, **New York would receive an estimated $102.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in New York could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in New York could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in New York would receive an estimated $83.7 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 15 **counties in New York would likely be eligible for these formula grants**, including Bronx, Broome, Erie, Greene, Kings, Monroe, Nassau, New York, Onondaga, Orange, Queens, Richmond, Suffolk, Sullivan, and Westchester. For example:

- **Suffolk County**, with 918 drug overdose deaths from 2014 to 2016, could receive as much as **$11.5 million** per year.

- **Kings County**, with 803 drug overdose deaths from 2014 to 2016, could receive as much as **$10 million** per year.

- **Erie County**, with 727 drug overdose deaths from 2014 to 2016, could receive as much as **$9.1 million** per year.

CARE ACT FUNDING IN NORTH CAROLINA

Total Estimated Formula Funding: $93.3 million

Under the CARE Act, **North Carolina would receive an estimated $68.7 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in North Carolina could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in North Carolina could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in North Carolina would receive an estimated $24.6 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 21 **counties in North Carolina would likely be eligible for these formula grants**, including Alexander, Brunswick, Burke, Caldwell, Carteret, Craven, Gaston, McDowell, Mecklenburg, Mitchell, New Hanover, Pamlico, Pender, Randolph, Richmond, Rowan, Rutherford, Stokes, Wake, Wilkes, and Yancey. For example:

- **Mecklenburg County**, with 388 drug overdose deaths from 2014 to 2016, could receive as much as **$4.9 million** per year.

- **Wake County**, with 301 drug overdose deaths from 2014 to 2016, could receive as much as **$3.8 million** per year.

- **New Hanover County**, with 165 drug overdose deaths from 2014 to 2016, could receive as much as **$2.1 million** per year.

CARE ACT FUNDING IN NORTH DAKOTA

Total Estimated Formula Funding: $3 million

Under the CARE Act, **North Dakota would receive an estimated $3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in North Dakota could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families.

Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in North Dakota could apply for grants from a $1 billion local competitive grant program**.

CARE ACT FUNDING IN OHIO

Total Estimated Formula Funding: $231.2 million

Under the CARE Act, **Ohio would receive an estimated $114.4 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Ohio could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Ohio could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Ohio would receive an estimated $116.8 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 50 **counties in Ohio would likely be eligible for these formula grants**, including Adams, Ashtabula, Belmont, Brown, Butler, Champaign, Clark, Clermont, Clinton, Columbiana, Crawford, Cuyahoga, Darke, Erie, Fayette, Franklin, Gallia, Greene, Guernsey, Hamilton, Highland, Huron, Jackson, Jefferson, Lake, Lawrence, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Meigs, Miami, Montgomery, Noble, Pike, Portage, Preble, Richland, Ross, Sandusky, Scioto, Stark, Summit, Trumbull, Vinton, Warren, Washington, and Wayne. For example:

- **Cuyahoga County**, with 1,154 drug overdose deaths from 2014 to 2016, could receive as much as **$14.4 million** per year.

- **Hamilton County**, with 949 drug overdose deaths from 2014 to 2016, could receive as much as **$11.9 million** per year.

- **Franklin County**, with 881 drug overdose deaths from 2014 to 2016, could receive as much as **$11 million** per year.

CARE ACT FUNDING IN OKLAHOMA

Total Estimated Formula Funding: $48.5 million

Under the CARE Act, **Oklahoma would receive an estimated $28.5 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Oklahoma could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Oklahoma could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Oklahoma would receive an estimated $20 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 30 **counties in Oklahoma would likely be eligible for these formula grants**, including Adair, Atoka, Blaine, Bryan, Caddo, Carter, Cherokee, Choctaw, Craig, Creek, Delaware, Garvin, Jackson, Johnston, Le Flore, Lincoln, Mayes, McIntosh, Murray, Muskogee, Oklahoma, Okmulgee, Ottawa, Pawnee, Pittsburg, Pottawatomie, Pushmataha, Sequoyah, Stephens, and Tulsa. For example:

- **Oklahoma County**, with 476 drug overdose deaths from 2014 to 2016, could receive as much as **$6 million** per year.

- **Tulsa County**, with 361 drug overdose deaths from 2014 to 2016, could receive as much as **$4.5 million** per year.

- **Muskogee County**, with 75 drug overdose deaths from 2014 to 2016, could receive as much as **$940,000** per year.

CARE ACT FUNDING IN OREGON

Total Estimated Formula Funding: $27.9 million

Under the CARE Act, **Oregon would receive an estimated $22.9 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Oregon could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Oregon could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Oregon would receive an estimated $5.1 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 3 **counties in Oregon would likely be eligible for these formula grants**:

- **Multnomah County**, with 372 drug overdose deaths from 2014 to 2016, could receive as much as **$4.7 million** per year.

- **Tillamook County**, with 18 drug overdose deaths from 2014 to 2016, could receive as much as **$230,000** per year.

- **Curry County**, with 15 drug overdose deaths from 2014 to 2016, could receive as much as **$190,000** per year.

CARE ACT FUNDING IN PENNSYLVANIA

Total Estimated Formula Funding: $236.3 million

Under the CARE Act, **Pennsylvania would receive an estimated $117.3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Pennsylvania could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Pennsylvania could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Pennsylvania would receive an estimated $119.1 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 39 **counties in Pennsylvania would likely be eligible for these formula grants**, including Allegheny, Armstrong, Beaver, Blair, Bucks, Butler, Cambria, Carbon, Chester, Crawford, Dauphin, Delaware, Erie, Fayette, Fulton, Greene, Indiana, Jefferson, Lackawanna, Lancaster, Lawrence, Lehigh, Luzerne, Mercer, Montgomery, Montour, Northampton, Northumberland, Philadelphia, Pike, Schuylkill, Somerset, Susquehanna, Venango, Washington, Wayne, Westmoreland, Wyoming, and York. For example:

- **Philadelphia County**, with 1,830 drug overdose deaths from 2014 to 2016, could receive as much as **$22.9 million** per year.

- **Allegheny County**, with 1,368 drug overdose deaths from 2014 to 2016, could receive as much as **$17.1 million** per year.

- **Delaware County**, with 590 drug overdose deaths from 2014 to 2016, could receive as much as **$7.4 million** per year.

CARE ACT FUNDING IN RHODE ISLAND

Total Estimated Formula Funding: $20 million

Under the CARE Act, **Rhode Island would receive an estimated $9.4 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Rhode Island could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Rhode Island could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Rhode Island would receive an estimated $10.5 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 4 **counties in Rhode Island would likely be eligible for these formula grants**, including Bristol, Kent, Providence, and Washington. For example:

- **Providence County**, with 578 drug overdose deaths from 2014 to 2016, could receive as much as **$7.2 million** per year.

- **Kent County**, with 144 drug overdose deaths from 2014 to 2016, could receive as much as **$1.8 million** per year.

- **Washington County**, with 84 drug overdose deaths from 2014 to 2016, could receive as much as **$1.1 million** per year.

CARE ACT FUNDING IN SOUTH CAROLINA

Total Estimated Formula Funding: $43.4 million

Under the CARE Act, **South Carolina would receive an estimated $34.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in South Carolina could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in South Carolina could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in South Carolina would receive an estimated $9.2 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 5 **counties in South Carolina would likely be eligible for these formula grants**, including Georgetown, Greenville, Horry, Oconee, and Pickens. For example:

- **Greenville County**, with 280 drug overdose deaths from 2014 to 2016, could receive as much as **$3.5 million** per year.

- **Horry County**, with 254 drug overdose deaths from 2014 to 2016, could receive as much as **$3.2 million** per year.

- **Pickens County**, with 104 drug overdose deaths from 2014 to 2016, could receive as much as **$1.3 million** per year.

CARE ACT FUNDING IN SOUTH DAKOTA

Total Estimated Formula Funding: $3.3 million

Under the CARE Act, **South Dakota would receive an estimated $3.3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in South Dakota could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families.

Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in South Dakota could apply for grants from a $1 billion local competitive grant program**.

CARE ACT FUNDING IN TENNESSEE

Total Estimated Formula Funding: $91.8 million

Under the CARE Act, **Tennessee would receive an estimated $53.1 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Tennessee could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Tennessee could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Tennessee would receive an estimated $38.7 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 43 **counties in Tennessee would likely be eligible for these formula grants**, including Anderson, Benton, Blount, Campbell, Cannon, Carter, Cheatham, Claiborne, Clay, Coffee, Davidson, Decatur, DeKalb, Dickson, Franklin, Giles, Grundy, Hamblen, Hardin, Hawkins, Humphreys, Jackson, Knox, Loudon, Marshall, McMinn, McNairy, Meigs, Monroe, Morgan, Putnam, Roane, Scott, Sevier, Shelby, Smith, Sullivan, Tipton, Unicoi, Union, Washington, White, and Wilson. For example:

- **Shelby County**, with 542 drug overdose deaths from 2014 to 2016, could receive as much as **$6.8 million** per year.

- **Davidson County**, with 512 drug overdose deaths from 2014 to 2016, could receive as much as **$6.4 million** per year.

- **Knox County**, with 460 drug overdose deaths from 2014 to 2016, could receive as much as **$5.8 million** per year.

CARE ACT FUNDING IN TEXAS

Total Estimated Formula Funding: $160.8 million

Under the CARE Act, **Texas would receive an estimated $105.5 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Texas could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Texas could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Texas would receive an estimated $55.3 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 9 **counties in Texas would likely be eligible for these formula grants**, including Bexar, Collin, Dallas, El Paso, Harris, Reeves, Tarrant, Travis, and Young. For example:

- **Harris County**, with 1,384 drug overdose deaths from 2014 to 2016, could receive as much as **$17.3 million** per year.

- **Dallas County**, with 949 drug overdose deaths from 2014 to 2016, could receive as much as **$11.9 million** per year.

- **Bexar County**, with 614 drug overdose deaths from 2014 to 2016, could receive as much as **$7.7 million** per year.

CARE ACT FUNDING IN UTAH

Total Estimated Formula Funding: $40.4 million

Under the CARE Act, **Utah would receive an estimated $22.3 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Utah could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Utah could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Utah would receive an estimated $18.1 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 8 **counties in Utah would likely be eligible for these formula grants**, including Box Elder, Carbon, Duchesne, Emery, Salt Lake, Tooele, Utah, and Weber. For example:

- **Salt Lake County**, with 809 drug overdose deaths from 2014 to 2016, could receive as much as **$10.1 million** per year.

- **Utah County**, with 292 drug overdose deaths from 2014 to 2016, could receive as much as **$3.7 million** per year.

- **Weber County**, with 197 drug overdose deaths from 2014 to 2016, could receive as much as **$2.5 million** per year.

CARE ACT FUNDING IN VERMONT

Total Estimated Formula Funding: $5.3 million

Under the CARE Act, **Vermont would receive an estimated $4.8 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Vermont could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Vermont could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **Windsor County would receive an estimated $480,000 in annual funding** through the bill's local formula grants. The county recorded 38 drug overdose deaths from 2014 to 2016.

CARE ACT FUNDING IN VIRGINIA

Total Estimated Formula Funding: $63.3 million

Under the CARE Act, **Virginia would receive an estimated $50.2 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Virginia could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Virginia could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Virginia would receive an estimated $13.2 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 23 **counties in Virginia would likely be eligible for these formula grants**, including Bristol City, Buchanan, Culpeper, Dickenson, Fairfax, Fauquier, Frederick, Fredericksburg City, Giles, Martinsville City, Orange, Patrick, Petersburg City, Portsmouth City, Pulaski, Richmond City, Russell, Tazewell, Warren, Westmoreland, Winchester City, Wise, and Wythe. For example:

- **Fairfax County**, with 269 drug overdose deaths from 2014 to 2016, could receive as much as **$3.4 million** per year.

- **Richmond City County**, with 169 drug overdose deaths from 2014 to 2016, could receive as much as **$2.1 million** per year.

- **Portsmouth City County**, with 66 drug overdose deaths from 2014 to 2016, could receive as much as **$830,000** per year.

CARE ACT FUNDING IN WASHINGTON

Total Estimated Formula Funding: $65.5 million

Under the CARE Act, **Washington would receive an estimated $40 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Washington could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Washington could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Washington would receive an estimated $25.5 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 6 **counties in Washington would likely be eligible for these formula grants**, including Asotin, Grays Harbor, King, Pierce, Snohomish, and Spokane. For example:

- **King County**, with 893 drug overdose deaths from 2014 to 2016, could receive as much as **$11.2 million** per year.

- **Pierce County**, with 419 drug overdose deaths from 2014 to 2016, could receive as much as **$5.2 million** per year.

- **Snohomish County**, with 383 drug overdose deaths from 2014 to 2016, could receive as much as **$4.8 million** per year.

CARE ACT FUNDING IN WEST VIRGINIA

Total Estimated Formula Funding: $49.8 million

Under the CARE Act, **West Virginia would receive an estimated $24.6 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in West Virginia could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in West Virginia could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in West Virginia would receive an estimated $25.2 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 30 **counties in West Virginia would likely be eligible for these formula grants**, including Berkeley, Boone, Brooke, Cabell, Fayette, Greenbrier, Hampshire, Hancock, Harrison, Jefferson, Kanawha, Lincoln, Logan, Mason, McDowell, Mercer, Mineral, Mingo, Morgan, Nicholas, Ohio, Preston, Putnam, Raleigh, Roane, Summers, Wayne, Webster, Wood, and Wyoming. For example:

- **Kanawha County**, with 303 drug overdose deaths from 2014 to 2016, could receive as much as **$3.8 million** per year.

- **Cabell County**, with 226 drug overdose deaths from 2014 to 2016, could receive as much as **$2.8 million** per year.

- **Berkeley County**, with 181 drug overdose deaths from 2014 to 2016, could receive as much as **$2.3 million** per year.

CARE ACT FUNDING IN WISCONSIN

Total Estimated Formula Funding: $54.6 million

Under the CARE Act, **Wisconsin would receive an estimated $38.5 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Wisconsin could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Wisconsin could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Wisconsin would receive an estimated $16.1 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 4 **counties in Wisconsin would likely be eligible for these formula grants**, including Dane, Dodge, Kenosha, and Milwaukee. For example:

- **Milwaukee County**, with 834 drug overdose deaths from 2014 to 2016, could receive as much as **$10.4 million** per year.

- **Dane County**, with 267 drug overdose deaths from 2014 to 2016, could receive as much as **$3.3 million** per year.

- **Kenosha County**, with 130 drug overdose deaths from 2014 to 2016, could receive as much as **$1.6 million** per year.

CARE ACT FUNDING IN WYOMING

Total Estimated Formula Funding: $5.7 million

Under the CARE Act, **Wyoming would receive an estimated $4.4 million per year in state formula grants** to fight substance use disorder and the opioid epidemic, with the opportunity to apply for additional funding from a $1.6 billion competitive grant program.

Clinics and nonprofits in Wyoming could receive a share of $1 billion in annual grants available under the CARE Act. These federal grants would support organizations focused on prevention, treatment and recovery, outreach, support, and harm reduction services for people with substance use disorders and their families. Meanwhile, **state first responders, public health departments, and other stakeholders could access $500 million in discounted naloxone, the overdose reversal drug**.

Under the CARE Act, **any city or county in Wyoming could apply for grants from a $1 billion local competitive grant program**.

Meanwhile, **the hardest-hit communities in Wyoming would receive an estimated $1.3 million in annual funding** through the bill's local formula grants.

Estimates based on recent data indicate that 4 **counties in Wyoming would likely be eligible for these formula grants**, including Carbon, Fremont, Sweetwater, and Uinta. For example:

- **Sweetwater County**, with 33 drug overdose deaths from 2014 to 2016, could receive as much as **$410,000** per year.

- **Fremont County**, with 28 drug overdose deaths from 2014 to 2016, could receive as much as **$350,000** per year.

- **Uinta County**, with 21 drug overdose deaths from 2014 to 2016, could receive as much as **$260,000** per year.

V. Appendix

CARE Act Formula Funding: States and Qualifying Counties

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Alabama	**2215**	**$41,657,400**
Bibb	15	$187,600
Cleburne	10	$125,000
Cullman	65	$812,700
Escambia	30	$375,100
Jefferson	539	$6,739,400
St. Clair	83	$1,037,800
Walker	45	$562,700
Alaska	**374**	**$6,449,500**
Kenai Peninsula	41	$512,600
Arizona	**3867**	**$85,647,300**
Gila	60	$750,200
La Paz	19	$237,600
Maricopa	2199	$27,495,200
Mohave	176	$2,200,600
Navajo	74	$925,300
Pima	695	$8,689,900
Yavapai	183	$2,288,100
Arkansas	**1149**	**$19,839,900**
Baxter	29	$362,600
Clay	14	$175,000
Franklin	12	$150,000
Garland	75	$937,800
California	**13834**	**$301,923,800**
Alameda	528	$6,601,800
Amador	28	$350,100
Butte	212	$2,650,700
Contra Costa	356	$4,451,200
El Dorado	128	$1,600,400
Fresno	414	$5,176,400
Humboldt	138	$1,725,500
Inyo	15	$187,600
Kern	631	$7,889,700
Lake	85	$1,062,800
Lassen	33	$412,600
Los Angeles	2288	$28,608,000

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Mendocino	70	$875,200
Orange	1168	$14,604,100
Plumas	19	$237,600
Riverside	1017	$12,716,100
Sacramento	760	$9,502,700
San Bernardino	320	$4,001,100
San Diego	1272	$15,904,400
San Francisco	546	$6,826,900
San Joaquin	345	$4,313,700
Santa Clara	425	$5,314,000
Siskiyou	36	$450,100
Stanislaus	241	$3,013,300
Tuolumne	56	$700,200
Ventura	350	$4,376,200
Colorado	**2710**	**$56,703,000**
Adams	277	$3,463,500
Arapahoe	301	$3,763,600
Denver	379	$4,738,800
El Paso	452	$5,651,600
Huerfano	14	$175,000
Jefferson	266	$3,325,900
Las Animas	27	$337,600
Montezuma	18	$225,100
Pueblo	131	$1,638,000
Connecticut	**2394**	**$54,259,000**
Fairfield	424	$5,301,500
Hartford	639	$7,989,700
Litchfield	156	$1,950,500
Middlesex	125	$1,562,900
New Haven	621	$7,764,700
New London	233	$2,913,300
Windham	105	$1,312,900
Delaware	**669**	**$15,324,300**
Kent	123	$1,537,900
New Castle	386	$4,826,400
Sussex	160	$2,000,600
District of Columbia	**490**	**$11,224,100**
Florida	**10590**	**$229,644,200**
Brevard	446	$5,576,600

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Broward	1032	$12,903,600
Citrus	114	$1,425,400
Clay	146	$1,825,500
Dixie	15	$187,600
Duval	717	$8,965,000
Hillsborough	566	$7,077,000
Lee	336	$4,201,200
Manatee	412	$5,151,400
Marion	256	$3,200,900
Miami-Dade	643	$8,039,700
Monroe	61	$762,700
Okeechobee	26	$325,100
Orange	588	$7,352,100
Palm Beach	1141	$14,266,500
Pasco	372	$4,651,300
Pinellas	638	$7,977,200
Polk	322	$4,026,100
Sarasota	240	$3,000,800
St. Lucie	199	$2,488,200
Volusia	286	$3,576,000
Georgia	**3902**	**$72,530,100**
Brantley	13	$162,500
Catoosa	46	$575,200
Cobb	356	$4,451,200
Dawson	16	$200,100
Fannin	17	$212,600
Franklin	19	$237,600
Fulton	448	$5,601,600
Gwinnett	242	$3,025,800
Haralson	28	$350,100
Jeff Davis	10	$125,000
Madison	19	$237,600
Murray	26	$325,100
Rabun	12	$150,000
Hawaii	**517**	**$10,869,700**
Honolulu	364	$4,551,300
Idaho	**673**	**$12,128,600**
Bannock	61	$762,700
Bonneville	78	$975,300
Payette	17	$212,600

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Illinois	**5951**	**$124,609,200**
Bond	13	$162,500
Christian	24	$300,100
Cook	2433	$30,421,000
De Witt	12	$150,000
DuPage	336	$4,201,200
Franklin	37	$462,600
Jersey	15	$187,600
Lake	246	$3,075,900
Madison	234	$2,925,800
Marion	30	$375,100
Perry	15	$187,600
Randolph	22	$275,100
Saline	18	$225,100
Vermilion	54	$675,200
Washington	11	$137,500
Will	321	$4,013,600
Winnebago	289	$3,613,500
Indiana	**3943**	**$80,406,500**
Blackford	15	$187,600
Brown	10	$125,000
Clark	96	$1,200,300
Dearborn	49	$612,700
Delaware	108	$1,350,400
Fayette	44	$550,200
Floyd	61	$762,700
Franklin	18	$225,100
Grant	61	$762,700
Hancock	55	$687,700
Harrison	28	$350,100
Howard	64	$800,200
Jackson	37	$462,600
Jennings	25	$312,600
Lake	227	$2,838,300
Madison	105	$1,312,900
Marion	819	$10,240,400
Morgan	59	$737,700
Newton	14	$175,000
Porter	127	$1,587,900
Pulaski	13	$162,500

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Randolph	25	$312,600
Ripley	21	$262,600
Scott	36	$450,100
Starke	22	$275,100
Sullivan	15	$187,600
Tipton	12	$150,000
Vanderburgh	131	$1,638,000
Wayne	87	$1,087,800
Iowa	**887**	**$14,677,800**
Kansas	**974**	**$17,656,300**
Sedgwick	242	$3,025,800
Kentucky	**3769**	**$81,831,900**
Anderson	18	$225,100
Bath	12	$150,000
Bell	48	$600,200
Boone	131	$1,638,000
Boyd	64	$800,200
Boyle	29	$362,600
Bracken	10	$125,000
Breathitt	16	$200,100
Bullitt	61	$762,700
Butler	11	$137,500
Campbell	160	$2,000,600
Carroll	13	$162,500
Carter	22	$275,100
Casey	14	$175,000
Clark	32	$400,100
Clinton	16	$200,100
Estill	23	$287,600
Fayette	308	$3,851,100
Fleming	13	$162,500
Floyd	55	$687,700
Franklin	40	$500,100
Gallatin	17	$212,600
Garrard	15	$187,600
Grant	36	$450,100
Grayson	27	$337,600
Greenup	28	$350,100
Harlan	26	$325,100
Harrison	41	$512,600

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Henry	11	$137,500
Jefferson	725	$9,065,000
Jessamine	39	$487,600
Kenton	275	$3,438,500
Knott	18	$225,100
Knox	32	$400,100
Lawrence	13	$162,500
Leslie	21	$262,600
Letcher	16	$200,100
Lincoln	17	$212,600
Madison	77	$962,800
Marshall	27	$337,600
Martin	17	$212,600
Mason	21	$262,600
Meade	21	$262,600
Mercer	19	$237,600
Montgomery	30	$375,100
Owen	14	$175,000
Pendleton	19	$237,600
Perry	33	$412,600
Pike	69	$862,700
Powell	23	$287,600
Rockcastle	14	$175,000
Rowan	17	$212,600
Russell	28	$350,100
Scott	42	$525,100
Shelby	38	$475,100
Simpson	13	$162,500
Spencer	12	$150,000
Union	15	$187,600
Whitley	42	$525,100
Woodford	17	$212,600
Louisiana	**2634**	**$53,792,200**
East Baton Rouge	222	$2,775,800
Jefferson	381	$4,763,800
Livingston	142	$1,775,500
Orleans	362	$4,526,300
Plaquemines	24	$300,100
St. Bernard	37	$462,600
St. Helena	12	$150,000

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
St. Tammany	199	$2,488,200
Tangipahoa	89	$1,112,800
Terrebonne	79	$987,800
Washington	58	$725,200
Maine	**838**	**$16,315,000**
Androscoggin	76	$950,300
Hancock	39	$487,600
Kennebec	85	$1,062,800
Washington	38	$475,100
York	147	$1,838,000
Maryland	**4399**	**$98,431,100**
Allegany	73	$912,800
Anne Arundel	470	$5,876,600
Baltimore	811	$10,140,300
Baltimore City	1095	$13,691,300
Calvert	76	$950,300
Caroline	32	$400,100
Carroll	137	$1,713,000
Cecil	116	$1,450,400
Frederick	181	$2,263,100
Harford	190	$2,375,700
Kent	19	$237,600
Montgomery	289	$3,613,500
Prince George's	269	$3,363,400
Queen Anne's	35	$437,600
Somerset	20	$250,100
Washington	167	$2,088,100
Worcester	52	$650,200
Massachusetts	**5240**	**$119,501,100**
Barnstable	212	$2,650,700
Berkshire	102	$1,275,400
Bristol	595	$7,439,600
Dukes	14	$175,000
Essex	706	$8,827,500
Franklin	49	$612,700
Hampden	318	$3,976,100
Middlesex	1014	$12,678,500
Norfolk	511	$6,389,300
Plymouth	464	$5,801,600
Suffolk	578	$7,227,000

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Worcester	594	$7,427,100
Michigan	**6089**	**$128,787,600**
Bay	71	$887,700
Calhoun	123	$1,537,900
Clare	23	$287,600
Genesee	249	$3,113,400
Gladwin	17	$212,600
Ingham	194	$2,425,700
Iosco	21	$262,600
Iron	11	$137,500
Kent	243	$3,038,300
Lenawee	69	$862,700
Macomb	821	$10,265,400
Manistee	18	$225,100
Monroe	140	$1,750,500
Muskegon	128	$1,600,400
Oakland	394	$4,926,400
Ogemaw	17	$212,600
St. Clair	161	$2,013,100
Wayne	1708	$21,356,000
Minnesota	**1770**	**$33,994,800**
Cass	20	$250,100
Hennepin	489	$6,114,200
Ramsey	231	$2,888,300
Mississippi	**1039**	**$17,898,900**
Coahoma	16	$200,100
Marion	17	$212,600
Pearl River	41	$512,600
Tate	20	$250,100
Tishomingo	17	$212,600
Missouri	**3504**	**$72,646,100**
Bates	13	$162,500
Clinton	16	$200,100
Crawford	23	$287,600
Dent	12	$150,000
Dunklin	21	$262,600
Franklin	93	$1,162,800
Gasconade	10	$125,000
Greene	234	$2,925,800
Grundy	10	$125,000

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Jackson	355	$4,438,700
Jefferson	235	$2,938,300
Lincoln	42	$525,100
Livingston	12	$150,000
Montgomery	12	$150,000
Pulaski	38	$475,100
St. Francois	71	$887,700
St. Louis	621	$7,764,700
St. Louis City	427	$5,339,000
Warren	24	$300,100
Washington	22	$275,100
Wayne	15	$187,600
Montana	**382**	**$6,486,600**
Silver Bow	26	$325,100
Nebraska	**371**	**$6,139,200**
Nevada	**1829**	**$41,386,900**
Carson City	53	$662,700
Churchill	20	$250,100
Clark	1321	$16,517,100
Douglas	32	$400,100
Nye	42	$525,100
Washoe	281	$3,513,500
New Hampshire	**1237**	**$27,603,800**
Belknap	51	$637,700
Carroll	41	$512,600
Coos	34	$425,100
Hillsborough	475	$5,939,200
Merrimack	114	$1,425,400
Rockingham	268	$3,350,900
Strafford	139	$1,738,000
New Jersey	**4763**	**$102,699,500**
Atlantic	224	$2,800,800
Bergen	295	$3,688,500
Burlington	276	$3,451,000
Camden	475	$5,939,200
Cape May	73	$912,800
Cumberland	111	$1,387,900
Essex	416	$5,201,500
Gloucester	241	$3,013,300
Hudson	234	$2,925,800

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Middlesex	391	$4,888,900
Monmouth	383	$4,788,800
Ocean	519	$6,489,300
Salem	47	$587,700
Warren	71	$887,700
New Mexico	**1548**	**$32,470,400**
Bernalillo	589	$7,364,600
Cibola	18	$225,100
Colfax	12	$150,000
Eddy	42	$525,100
Grant	27	$337,600
Lincoln	24	$300,100
Rio Arriba	99	$1,237,800
San Miguel	35	$437,600
Santa Fe	142	$1,775,500
Taos	28	$350,100
Torrance	12	$150,000
Valencia	50	$625,200
New York	**8692**	**$186,397,000**
Bronx	696	$8,702,400
Broome	152	$1,900,500
Erie	727	$9,090,000
Greene	33	$412,600
Kings	803	$10,040,300
Monroe	345	$4,313,700
Nassau	584	$7,302,000
New York	603	$7,539,600
Onondaga	324	$4,051,100
Orange	221	$2,763,300
Queens	577	$7,214,500
Richmond	299	$3,738,500
Suffolk	918	$11,478,200
Sullivan	60	$750,200
Westchester	352	$4,401,200
North Carolina	**4881**	**$93,302,100**
Alexander	29	$362,600
Brunswick	94	$1,175,300
Burke	91	$1,137,800
Caldwell	74	$925,300
Carteret	60	$750,200

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Craven	85	$1,062,800
Gaston	158	$1,975,600
McDowell	32	$400,100
Mecklenburg	388	$4,851,400
Mitchell	12	$150,000
New Hanover	165	$2,063,100
Pamlico	10	$125,000
Pender	41	$512,600
Randolph	94	$1,175,300
Richmond	32	$400,100
Rowan	111	$1,387,900
Rutherford	52	$650,200
Stokes	35	$437,600
Wake	301	$3,763,600
Wilkes	90	$1,125,300
Yancey	17	$212,600
North Dakota	**181**	**$2,995,100**
Ohio	**10383**	**$231,191,200**
Adams	35	$437,600
Ashtabula	97	$1,212,800
Belmont	55	$687,700
Brown	62	$775,200
Butler	578	$7,227,000
Champaign	32	$400,100
Clark	196	$2,450,700
Clermont	287	$3,588,500
Clinton	47	$587,700
Columbiana	94	$1,175,300
Crawford	29	$362,600
Cuyahoga	1154	$14,429,000
Darke	49	$612,700
Erie	78	$975,300
Fayette	37	$462,600
Franklin	881	$11,015,600
Gallia	26	$325,100
Greene	136	$1,700,500
Guernsey	35	$437,600
Hamilton	949	$11,865,800
Highland	46	$575,200
Huron	46	$575,200

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Jackson	26	$325,100
Jefferson	53	$662,700
Lake	211	$2,638,200
Lawrence	60	$750,200
Logan	31	$387,600
Lorain	297	$3,713,500
Lucas	416	$5,201,500
Madison	32	$400,100
Mahoning	204	$2,550,700
Marion	77	$962,800
Meigs	16	$200,100
Miami	77	$962,800
Montgomery	855	$10,690,500
Noble	10	$125,000
Pike	25	$312,600
Portage	121	$1,512,900
Preble	45	$562,700
Richland	142	$1,775,500
Ross	112	$1,400,400
Sandusky	47	$587,700
Scioto	89	$1,112,800
Stark	259	$3,238,400
Summit	631	$7,889,700
Trumbull	271	$3,388,400
Vinton	10	$125,000
Warren	149	$1,863,000
Washington	45	$562,700
Wayne	78	$975,300
Oklahoma	**2315**	**$48,462,600**
Adair	16	$200,100
Atoka	10	$125,000
Blaine	10	$125,000
Bryan	30	$375,100
Caddo	20	$250,100
Carter	43	$537,700
Cherokee	41	$512,600
Choctaw	13	$162,500
Craig	11	$137,500
Creek	49	$612,700
Delaware	28	$350,100

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Garvin	25	$312,600
Jackson	17	$212,600
Johnston	14	$175,000
Le Flore	35	$437,600
Lincoln	26	$325,100
Mayes	32	$400,100
McIntosh	18	$225,100
Murray	19	$237,600
Muskogee	75	$937,800
Oklahoma	476	$5,951,700
Okmulgee	26	$325,100
Ottawa	21	$262,600
Pawnee	14	$175,000
Pittsburg	33	$412,600
Pottawatomie	48	$600,200
Pushmataha	13	$162,500
Sequoyah	40	$500,100
Stephens	33	$412,600
Tulsa	361	$4,513,800
Oregon	**1533**	**$27,942,900**
Curry	15	$187,600
Multnomah	372	$4,651,300
Tillamook	18	$225,100
Pennsylvania	**10623**	**$236,345,300**
Allegheny	1368	$17,104,800
Armstrong	91	$1,137,800
Beaver	190	$2,375,700
Blair	97	$1,212,800
Bucks	493	$6,164,200
Butler	175	$2,188,100
Cambria	193	$2,413,200
Carbon	55	$687,700
Chester	282	$3,526,000
Crawford	88	$1,100,300
Dauphin	191	$2,388,200
Delaware	590	$7,377,100
Erie	202	$2,525,700
Fayette	164	$2,050,600
Fulton	20	$250,100
Greene	48	$600,200

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Indiana	94	$1,175,300
Jefferson	31	$387,600
Lackawanna	177	$2,213,100
Lancaster	268	$3,350,900
Lawrence	97	$1,212,800
Lehigh	232	$2,900,800
Luzerne	284	$3,551,000
Mercer	78	$975,300
Montgomery	551	$6,889,400
Montour	15	$187,600
Northampton	205	$2,563,200
Northumberland	63	$787,700
Philadelphia	1830	$22,881,400
Pike	39	$487,600
Schuylkill	119	$1,487,900
Somerset	67	$837,700
Susquehanna	40	$500,100
Venango	36	$450,100
Washington	218	$2,725,800
Wayne	46	$575,200
Westmoreland	445	$5,564,100
Wyoming	22	$275,100
York	320	$4,001,100
Rhode Island	**883**	**$19,952,800**
Bristol	34	$425,100
Kent	144	$1,800,500
Providence	578	$7,227,000
Washington	84	$1,050,300
South Carolina	**2341**	**$43,405,400**
Georgetown	40	$500,100
Greenville	280	$3,501,000
Horry	254	$3,175,900
Oconee	56	$700,200
Pickens	104	$1,300,400
South Dakota	**197**	**$3,259,900**
Tennessee	**4356**	**$91,755,300**
Anderson	75	$937,800
Benton	19	$237,600
Blount	88	$1,100,300
Campbell	52	$650,200

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Cannon	15	$187,600
Carter	41	$512,600
Cheatham	48	$600,200
Claiborne	43	$537,700
Clay	14	$175,000
Coffee	38	$475,100
Davidson	512	$6,401,800
Decatur	11	$137,500
DeKalb	17	$212,600
Dickson	51	$637,700
Franklin	32	$400,100
Giles	19	$237,600
Grundy	12	$150,000
Hamblen	62	$775,200
Hardin	31	$387,600
Hawkins	48	$600,200
Humphreys	12	$150,000
Jackson	10	$125,000
Knox	460	$5,751,600
Loudon	39	$487,600
Marshall	30	$375,100
McMinn	36	$450,100
McNairy	18	$225,100
Meigs	15	$187,600
Monroe	40	$500,100
Morgan	18	$225,100
Putnam	50	$625,200
Roane	69	$862,700
Scott	17	$212,600
Sevier	71	$887,700
Shelby	542	$6,776,900
Smith	24	$300,100
Sullivan	122	$1,525,400
Tipton	42	$525,100
Unicoi	15	$187,600
Union	25	$312,600
Washington	91	$1,137,800
White	23	$287,600
Wilson	97	$1,212,800
Texas	**8020**	**$160,849,300**

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Bexar	614	$7,677,100
Collin	227	$2,838,300
Dallas	949	$11,865,800
El Paso	220	$2,750,800
Harris	1384	$17,304,800
Reeves	12	$150,000
Tarrant	592	$7,402,100
Travis	415	$5,189,000
Young	12	$150,000
Utah	**1884**	**$40,370,400**
Box Elder	38	$475,100
Carbon	32	$400,100
Duchesne	20	$250,100
Emery	10	$125,000
Salt Lake	809	$10,115,300
Tooele	48	$600,200
Utah	292	$3,651,000
Weber	197	$2,463,200
Vermont	**307**	**$5,321,800**
Windsor	38	$475,100
Virginia	**3424**	**$63,348,600**
Bristol City	13	$162,500
Buchanan	26	$325,100
Culpeper	38	$475,100
Dickenson	18	$225,100
Fairfax	269	$3,363,400
Fauquier	46	$575,200
Frederick	64	$800,200
Fredericksburg City	20	$250,100
Giles	11	$137,500
Martinsville City	12	$150,000
Orange	35	$437,600
Patrick	15	$187,600
Petersburg City	26	$325,100
Portsmouth City	66	$825,200
Pulaski	27	$337,600
Richmond City	169	$2,113,100
Russell	25	$312,600
Tazewell	36	$450,100

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Warren	31	$387,600
Westmoreland	14	$175,000
Winchester City	23	$287,600
Wise	39	$487,600
Wythe	29	$362,600
Washington	**3175**	**$65,485,000**
Asotin	16	$200,100
Grays Harbor	55	$687,700
King	893	$11,165,600
Pierce	419	$5,239,000
Snohomish	383	$4,788,800
Spokane	270	$3,375,900
West Virginia	**2236**	**$49,800,500**
Berkeley	181	$2,263,100
Boone	48	$600,200
Brooke	30	$375,100
Cabell	226	$2,825,800
Fayette	44	$550,200
Greenbrier	32	$400,100
Hampshire	35	$437,600
Hancock	46	$575,200
Harrison	65	$812,700
Jefferson	63	$787,700
Kanawha	303	$3,788,600
Lincoln	30	$375,100
Logan	58	$725,200
Mason	33	$412,600
McDowell	48	$600,200
Mercer	124	$1,550,400
Mineral	21	$262,600
Mingo	61	$762,700
Morgan	14	$175,000
Nicholas	36	$450,100
Ohio	34	$425,100
Preston	24	$300,100
Putnam	49	$612,700
Raleigh	145	$1,813,000
Roane	13	$162,500
Summers	17	$212,600
Wayne	71	$887,700

State/County	**Total Drug Overdose Deaths (2014-2016)**	**Total CARE Act Funding**
Webster	11	$137,500
Wood	93	$1,162,800
Wyoming	58	$725,200
Wisconsin	**2805**	**$54,612,500**
Dane	267	$3,338,400
Dodge	58	$725,200
Kenosha	130	$1,625,500
Milwaukee	834	$10,427,900
Wyoming	**304**	**$5,666,400**
Carbon	18	$225,100
Fremont	28	$350,100
Sweetwater	33	$412,600
Uinta	21	$262,600