

final minutes

Opioid Advisory Commission (OAC) Meeting

10:00 a.m. • March 14, 2024

Legislative Conference Room • 3rd Floor Boji Tower Building
124 W. Allegan Street • Lansing, MI

Members Present:

Sheriff Daniel Abbott
Brad Casemore
Judge Linda Davis
Katharine Hude
Mona Makki
Scott Masi
Mario Nanos
Patrick Patterson
Kyle Rambo
Hon. Jamie Stuck

Members Excused:

Dr. Cara Poland
Dr. Sarah Stoddard

Mr. Patrick Patterson served as Chair in Dr. Poland's absence.

Ms. Tara King serving as Program Coordinator to the Commission was in attendance.

Ms. Jennifer Dettloff serving as ex-officio to the Commission was in attendance.

Representative Thomas Stallworth serving as a designee of MDHHS was in attendance.

I. Call to Order

The Chair called the meeting to order at 10:01 a.m.

II. Roll Call

The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Chair asked for absent members to be excused.

III. Recognition of Director's Designee (Department of Health and Human Services)

The Chair welcomed the Honorable Thomas Stallworth serving as a designee to the Commission from the MDHHS Director's office.

Representative Stallworth expressed appreciation for the collaborative partnership with the Commission in serving as MDHHS designee.

IV. Approval of the February 8, 2024, Meeting Minutes

The Chair directed attention to the proposed minutes of the February 8, 2024, meeting and asked if there were any changes. **Judge Davis moved, supported by Mr. Casemore to approve the minutes of the February 8, 2024, meeting minutes. There was no further discussion and the Chair asked for a roll call vote. The motion prevailed and the minutes were approved.**

V. Approval of Proposed Meeting Dates

The Chair directed attention to the list of proposed meeting dates and asked if there were any changes. **Judge Davis moved, supported by Hon. Stuck to approve the proposed meeting dates. There was no further discussion and the Chair asked for a roll call vote The motion prevailed and the proposed meeting dates were approved.**

VI. Public Comment

The Chair asked if there were any comments from the public.

Mr. Bob McKamie representing Partners 4 Recovery, a non-profit organization focused on improving the quality of life for residents in Genesee County. Mr. McKamie expressed appreciation for being apart of the Commission.

VII. Community Engagement and Planning Collaborative (CEPC) Updates

The Chair directed attention to Ms. King to open discussion around CEPC updates.

Ms. King directed attention to Ms. Amy Dolinky for an update of the Health Equity Subcommittee.

Ms. Dolinky's reported the subcommittee is in the process of finalizing key terms and definitions, final draft will be shared with Commissioners.

Ms. King directed attention to Mr. Dominick Gladstone for an update of the Community Engagement & Planning Committee.

Mr. Gladstone provided materials for a report of the Community Engagement & Planning Committee.

Mr. Thomas Adams expressed appreciation for Mr. Gladstone's report and expressed appreciation to the Commission for the opportunity to be apart of the process.

VIII. Key Activities of the Opioid Advisory Commission (OAC)

The Chair directed attention to Ms. King to open discussion around key items and activities.

Ms. King provided materials for Commission discussion.

- General Updates
- 2024 Annual Report—Post-Release Review
- 2024 “Action Guide”—Review/Development
- “Community Voices”—Planning Considerations

IX. Workgroup Member Comment

The Chair asked if there were any comments from workgroup members.

Mr. Gladstone expressed the importance of a goal to improve quality of life noting recovery coaches define success as their clients lives improves. Mr. Gladstone expressed the importance of the recovery capitol concept that is becoming more of a topic of conversation around the country.

Mr. Adams expressed appreciation with the impressive results of accomplishments with each meeting nothing the importance of placing the appropriate recommendations that will have a sound impact on our clients.

X. Commission Member Comment

The Chair asked if there were any comments from members of the Commission.

Mr. Casemore announced today is his last meeting as he was no re-appointed in his role on the Commission. Mr. Casemore expressed gratitude and appreciation to the Commission, Ms. King, Ms. Dettloff, and Ms. Diffin serving as clerk to the Commission.

Hon. Stuck expressed appreciation to Representative Stallworth for his presence and partnership with the Commission.

Mr. Masi provided materials for an upcoming Unite to Face Addiction Michigan (UFAM) event.

Ms. Makki noted that the OAC survey has been translated into Arabic.

Mr. Rambo expressed the importance the time for action is now noting communities continue to fight.

Mr. Patterson expressed support the UFAM event Mr. Masi provided additional information.

Representative Stallworth expressed appreciation to the Commissioners for their work and looking forward to being a collaborative partner in MDHHS.

XI. Next Meeting Date: Thursday, April 18, 2024

XII. Adjournment

There being no further business before the Commission the Chair adjourned the meeting at 11:51 p.m. with unanimous support.

OPIOID ADVISORY COMMISSION

Proposed Meeting Dates 2024

Thurs. April 18, 2024 Confirmed

Thurs. May 16, 2024 Confirmed

Thurs. June 13, 2024 Consideration: No meeting for June

Thurs. July 11, 2024

Thurs. Aug. 8, 2024 Consideration: No meeting for August

Thurs. Sep. 12, 2024

Thurs. Oct. 10, 2024

Thurs. Nov. 14, 2024

Thurs. Dec. 12, 2024

Thurs. Jan. 9, 2025

March 13, 2024

Community Engagement and Planning Committee – REPORT

From: CEPC

To: OAC

Ref: March 14, Opioid Advisory Commission Meeting

The CEPC met March 7 at our regular monthly meeting. Tara King provided us with updates from the OAC regarding the 2024 annual report. There were several nice compliments about the report. We also received an “Action Steps 2024 Guide” to ensure that our work coincides with legislative and OAC timelines. We also have received a process document that will streamline the review process between OAC staff, commissioners, and our CEPC group. We are navigating our way through the process and making progress at each turn.

Our group is currently working on the following –

- A comprehensive list of key terms that will provide clarity in our reports, findings, and recommendations.
- Identifying barriers to communication and collaboration.
- Identifying opportunities with agencies and entities that could assist us in breaking barriers to communication.
- Better identifying the current landscape and gaps, leading toward proposed solutions.
- Our work plan is in development and is a “work in progress” as we move toward our “findings and recommendations” report later this year.
- Our single struggle at this point is that we only meet once a month, in the company of talented people, with busy schedules, and we often run short on time.

We will continue our work and we appreciate the opportunity to be of service.

Respectfully submitted,

Dominick Gladstone

256.042 OPIATE EPIDEMIC RESPONSE ADVISORY COUNCIL.

Subdivision 1. **Establishment of the advisory council.** (a) The Opiate Epidemic Response Advisory Council is established to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota. The council shall focus on:

(1) prevention and education, including public education and awareness for adults and youth, prescriber education, the development and sustainability of opioid overdose prevention and education programs, the role of adult protective services in prevention and response, and providing financial support to local law enforcement agencies for opiate antagonist programs;

(2) training on the treatment of opioid addiction, including the use of all Food and Drug Administration approved opioid addiction medications, detoxification, relapse prevention, patient assessment, individual treatment planning, counseling, recovery supports, diversion control, and other best practices;

(3) the expansion and enhancement of a continuum of care for opioid-related substance use disorders, including primary prevention, early intervention, treatment, recovery, and aftercare services; and

(4) the development of measures to assess and protect the ability of cancer patients and survivors, persons battling life-threatening illnesses, persons suffering from severe chronic pain, and persons at the end stages of life, who legitimately need prescription pain medications, to maintain their quality of life by accessing these pain medications without facing unnecessary barriers. The measures must also address the needs of individuals described in this clause who are elderly or who reside in underserved or rural areas of the state.

(b) The council shall:

(1) review local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families experiencing and affected by opioid use disorder;

(2) establish priorities to address the state's opioid epidemic, for the purpose of recommending initiatives to fund;

(3) recommend to the commissioner of human services specific projects and initiatives to be funded;

(4) ensure that available funding is allocated to align with other state and federal funding, to achieve the greatest impact and ensure a coordinated state effort;

(5) consult with the commissioners of human services, health, and management and budget to develop measurable outcomes to determine the effectiveness of funds allocated;

(6) develop recommendations for an administrative and organizational framework for the allocation, on a sustainable and ongoing basis, of any money deposited into the separate account under section 16A.151, subdivision 2, paragraph (f), in order to address the opioid abuse and overdose epidemic in Minnesota and the areas of focus specified in paragraph (a);

(7) review reports, data, and performance measures submitted by municipalities under subdivision 5;

(8) consult with relevant stakeholders, including lead agencies and municipalities, to review and provide recommendations for necessary revisions to the reporting requirements under subdivision 5 to ensure that the required reporting accurately measures progress in addressing the harms of the opioid epidemic; and

(9) meet with each of the 11 federally recognized Minnesota Tribal Nations individually on an annual basis in order to collaborate and communicate on shared issues and priorities.

(c) The council, in consultation with the commissioner of management and budget, and within available appropriations, shall select from projects awarded grants under section 256.043, subdivisions 3 and 3a, and municipality projects funded by direct payments received as part of a statewide opioid settlement agreement, that include promising practices or theory-based activities for which the commissioner of management and budget shall conduct evaluations using experimental or quasi-experimental design. Grant proposals and municipality projects that include promising practices or theory-based activities and are selected for an evaluation shall be administered to support the experimental or quasi-experimental evaluation. Grantees and municipalities shall collect and report information that is needed to complete the evaluation. The commissioner of management and budget, under section 15.08, may obtain additional relevant data to support the experimental or quasi-experimental evaluation studies.

(d) The council, in consultation with the commissioners of human services, health, public safety, and management and budget, shall establish goals related to addressing the opioid epidemic and determine a baseline against which progress shall be monitored and set measurable outcomes, including benchmarks. The goals established must include goals for prevention and public health, access to treatment, and multigenerational impacts. The council shall use existing measures and data collection systems to determine baseline data against which progress shall be measured. The council shall include the proposed goals, the measurable outcomes, and proposed benchmarks to meet these goals in its initial report to the legislature under subdivision 5, paragraph (a), due January 31, 2021.

Subd. 2. **Membership.** (a) The council shall consist of the following 20 voting members, appointed by the commissioner of human services except as otherwise specified, and three nonvoting members:

(1) two members of the house of representatives, appointed in the following sequence: the first from the majority party appointed by the speaker of the house and the second from the minority party appointed by the minority leader. Of these two members, one member must represent a district outside of the seven-county metropolitan area, and one member must represent a district that includes the seven-county metropolitan area. The appointment by the minority leader must ensure that this requirement for geographic diversity in appointments is met;

(2) two members of the senate, appointed in the following sequence: the first from the majority party appointed by the senate majority leader and the second from the minority party appointed by the senate minority leader. Of these two members, one member must represent a district outside of the seven-county metropolitan area and one member must represent a district that includes the seven-county metropolitan area. The appointment by the minority leader must ensure that this requirement for geographic diversity in appointments is met;

(3) one member appointed by the Board of Pharmacy;

(4) one member who is a physician appointed by the Minnesota Medical Association;

(5) one member representing opioid treatment programs, sober living programs, or substance use disorder programs licensed under chapter 245G;

(6) one member appointed by the Minnesota Society of Addiction Medicine who is an addiction psychiatrist;

(7) one member representing professionals providing alternative pain management therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

(8) one member representing nonprofit organizations conducting initiatives to address the opioid epidemic, with the commissioner's initial appointment being a member representing the Steve Rummeler Hope Network, and subsequent appointments representing this or other organizations;

(9) one member appointed by the Minnesota Ambulance Association who is serving with an ambulance service as an emergency medical technician, advanced emergency medical technician, or paramedic;

(10) one member representing the Minnesota courts who is a judge or law enforcement officer;

(11) one public member who is a Minnesota resident and who is in opioid addiction recovery;

(12) two members representing Indian tribes, one representing the Ojibwe tribes and one representing the Dakota tribes;

(13) one member representing an urban American Indian community;

(14) one public member who is a Minnesota resident and who is suffering from chronic pain, intractable pain, or a rare disease or condition;

(15) one mental health advocate representing persons with mental illness;

(16) one member appointed by the Minnesota Hospital Association;

(17) one member representing a local health department; and

(18) the commissioners of human services, health, and corrections, or their designees, who shall be ex officio nonvoting members of the council.

(b) The commissioner of human services shall coordinate the commissioner's appointments to provide geographic, racial, and gender diversity, and shall ensure that at least one-third of council members appointed by the commissioner reside outside of the seven-county metropolitan area. Of the members appointed by the commissioner, to the extent practicable, at least one member must represent a community of color disproportionately affected by the opioid epidemic.

(c) The council is governed by section 15.059, except that members of the council shall serve three-year terms and shall receive no compensation other than reimbursement for expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

(d) The chair shall convene the council at least quarterly, and may convene other meetings as necessary. The chair shall convene meetings at different locations in the state to provide geographic access, and shall ensure that at least one-half of the meetings are held at locations outside of the seven-county metropolitan area.

(e) The commissioner of human services shall provide staff and administrative services for the advisory council.

(f) The council is subject to chapter 13D.

Subd. 3. **Conflict of interest.** Advisory council members must disclose to the council, refrain from participating in discussions, and recuse themselves from voting on any matter before the council if the member has a conflict of interest. A conflict of interest means a financial association that has the potential to bias or have the appearance of biasing a council member's decision related to the opiate epidemic response grant decision process or other council activities under this section.

Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the grants proposed by the advisory council to be awarded for the upcoming calendar year to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance, by December 1 of each year, beginning December 1, 2022. This paragraph expires upon the expiration of the advisory council.

(b) The grants shall be awarded to proposals selected by the advisory council that address the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated by the legislature. The advisory council shall determine grant awards and funding amounts based on the funds appropriated to the commissioner under section 256.043, subdivision 3, paragraph (h), and subdivision 3a, paragraph (d). The commissioner shall award the grants from the opiate epidemic response fund and administer the grants in compliance with section 16B.97. No more than ten percent of the grant amount may be used by a grantee for administration.

Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by January 31 of each year. The report shall include information about the individual projects that receive grants, the municipality projects funded by direct payments received as part of a statewide opioid settlement agreement, and the overall role of the project in addressing the opioid addiction and overdose epidemic in Minnesota. The report must describe the grantees and municipalities and the activities implemented, along with measurable outcomes as determined by the council in consultation with the commissioner of human services and the commissioner of management and budget. At a minimum, the report must include information about the number of individuals who received information or treatment, the outcomes the individuals achieved, and demographic information about the individuals participating in the project; an assessment of the progress toward achieving statewide access to qualified providers and comprehensive treatment and recovery services; and an update on the evaluations implemented by the commissioner of management and budget for the promising practices and theory-based projects that receive funding.

(b) The commissioner of management and budget, in consultation with the Opiate Epidemic Response Advisory Council, shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance when an evaluation study described in subdivision 1, paragraph (c), is complete on the promising practices or theory-based projects that are selected for evaluation activities. The report shall include demographic information; outcome information for the individuals in the program; the results for the program in promoting recovery, employment, family reunification, and reducing involvement with the criminal justice system; and other relevant outcomes determined by the commissioner of management and budget that are specific to the projects that are evaluated. The report shall include information about the ability of grant programs to be scaled to achieve the statewide results that the grant project demonstrated.

(c) The advisory council, in its annual report to the legislature under paragraph (a) due by January 31, 2024, shall include recommendations on whether the appropriations to the specified entities under Laws 2019, chapter 63, should be continued, adjusted, or discontinued; whether funding should be appropriated for other purposes related to opioid abuse prevention, education, and treatment; and on the appropriate level of funding for existing and new uses.

(d) Municipalities receiving direct payments from a statewide opioid settlement agreement must report annually to the commissioner of human services on how the payments were used on opioid remediation. The report must be submitted in a format prescribed by the commissioner. The report must include data and measurable outcomes on expenditures funded with direct payments from a statewide opioid settlement agreement, including details on services listed in the categories of approved uses, as identified in agreements

between the state of Minnesota, the Association of Minnesota Counties, and the League of Minnesota Cities. Reporting requirements must include, at a minimum:

- (1) contact information;
- (2) information on funded services and programs; and
- (3) target populations for each funded service and program.

(e) In reporting data and outcomes under paragraph (d), municipalities must include, to the extent feasible, information on the use of evidence-based and culturally relevant services.

(f) For municipal projects using \$25,000 or more of statewide opioid settlement agreement payments in a calendar year, municipalities must also include in the report required under paragraph (d):

- (1) a brief qualitative description of successes or challenges; and
 - (2) results using process and quality measures.
- (g) This subdivision expires upon the expiration of the advisory council.

Subd. 6. **Definitions.** (a) For purposes of this section, the following definitions apply.

(b) "Municipality" has the meaning provided in section 466.01, subdivision 1.

(c) "Statewide opioid settlement agreement" means an agreement as defined in section 3.757, subdivision 1, paragraph (f), involving a settling defendant as defined in section 3.757, subdivision 1, paragraph (e).

History: 2019 c 63 art 1 s 7; 2020 c 115 art 3 s 13,14; 1Sp2021 c 7 art 11 s 14; 2022 c 53 s 4-7; 2022 c 98 art 14 s 15,16; 2023 c 61 art 5 s 8,9

256.043 OPIATE EPIDEMIC RESPONSE FUND.

Subdivision 1. **Establishment.** (a) The opiate epidemic response fund is established in the state treasury. The commissioner of management and budget shall establish within the opiate epidemic response fund two accounts: (1) a registration and license fee account; and (2) a settlement account. Beginning in fiscal year 2021, for each fiscal year, the fund shall be administered according to this section.

(b) The commissioner of management and budget shall deposit into the registration and license fee account the registration fee assessed by the Board of Pharmacy under section 151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b) and (c).

(c) The commissioner of management and budget shall deposit into the settlement account any money received by the state resulting from a settlement agreement or an assurance of discontinuance entered into by the attorney general of the state, or a court order in litigation brought by the attorney general of the state, on behalf of the state or a state agency, related to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this state or other alleged illegal actions that contributed to the excessive use of opioids, pursuant to section 16A.151, subdivision 2, paragraph (f).

Subd. 2. [Repealed by amendment, 2020 c 115 art 3 s 15]

Subd. 3. **Appropriations from registration and license fee account.** (a) The appropriations in paragraphs (b) to (n) shall be made from the registration and license fee account on a fiscal year basis in the order specified.

(b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be made accordingly.

(c) \$100,000 is appropriated to the commissioner of human services for grants for opiate antagonist distribution. Grantees may utilize funds for opioid overdose prevention, community asset mapping, education, and opiate antagonist distribution.

(d) \$2,000,000 is appropriated to the commissioner of human services for grants to Tribal nations and five urban Indian communities for traditional healing practices for American Indians and to increase the capacity of culturally specific providers in the behavioral health workforce.

(e) \$400,000 is appropriated to the commissioner of human services for competitive grants for opioid-focused Project ECHO programs.

(f) \$277,000 in fiscal year 2024 and \$321,000 each year thereafter is appropriated to the commissioner of human services to administer the funding distribution and reporting requirements in paragraph (o).

(g) \$3,000,000 in fiscal year 2025 and \$3,000,000 each year thereafter is appropriated to the commissioner of human services for safe recovery sites start-up and capacity building grants under section 254B.18.

(h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to the commissioner of human services for the opioid overdose surge alert system under section 245.891.

(i) \$300,000 is appropriated to the commissioner of management and budget for evaluation activities under section 256.042, subdivision 1, paragraph (c).

(j) \$261,000 is appropriated to the commissioner of human services for the provision of administrative services to the Opiate Epidemic Response Advisory Council and for the administration of the grants awarded under paragraph (n).

(k) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration fees under section 151.066.

(l) \$672,000 is appropriated to the commissioner of public safety for the Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

(m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining amount is appropriated to the commissioner of human services for distribution to county social service agencies and Tribal social service agency initiative projects authorized under section 256.01, subdivision 14b, to provide child protection services to children and families who are affected by addiction. The commissioner shall distribute this money proportionally to county social service agencies and Tribal social service agency initiative projects based on out-of-home placement episodes where parental drug abuse is the primary reason for the out-of-home placement using data from the previous calendar year. County social service agencies and Tribal social service agency initiative projects receiving funds from the opiate epidemic response fund must annually report to the commissioner on how the funds were used to provide child protection services, including measurable outcomes, as determined by the commissioner. County social service agencies and Tribal social service agency initiative projects must not use funds received under this paragraph to supplant current state or local funding received for child protection services for children and families who are affected by addiction.

(n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in the account is appropriated to the commissioner of human services to award grants as specified by the Opiate Epidemic Response Advisory Council in accordance with section 256.042, unless otherwise appropriated by the legislature.

(o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service agencies and Tribal social service agency initiative projects under paragraph (m) and grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n) may be distributed on a calendar year basis.

(p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.

[See Note.]

Subd. 3a. Appropriations from settlement account. (a) The appropriations in paragraphs (b) to (e) shall be made from the settlement account on a fiscal year basis in the order specified.

(b) If the balance in the registration and license fee account is not sufficient to fully fund the appropriations specified in subdivision 3, paragraphs (b) to (l), an amount necessary to meet any insufficiency shall be transferred from the settlement account to the registration and license fee account to fully fund the required appropriations.

(c) \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal years are appropriated to the commissioner of human services for the administration of grants awarded under paragraph (e). \$276,000 in fiscal year 2023 and \$151,000 in fiscal year 2024 and subsequent fiscal years are appropriated to the commissioner of human services to collect, collate, and report data submitted and to monitor compliance with reporting and settlement expenditure requirements by grantees awarded grants under this section and municipalities receiving direct payments from a statewide opioid settlement agreement as defined in section 256.042, subdivision 6.

(d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount equal to the calendar year allocation to Tribal social service agency initiative projects under subdivision 3, paragraph (m), is appropriated from the settlement account to the commissioner of human services for distribution to Tribal social service agency initiative projects to provide child protection services to children and families who are affected by addiction. The requirements related to proportional distribution, annual reporting, and maintenance of effort specified in subdivision 3, paragraph (m), also apply to the appropriations made under this paragraph.

(e) After making the appropriations in paragraphs (b), (c), and (d), the remaining amount in the account is appropriated to the commissioner of human services to award grants as specified by the Opiate Epidemic Response Advisory Council in accordance with section 256.042.

(f) Funds for Tribal social service agency initiative projects under paragraph (d) and grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph (e) may be distributed on a calendar year basis.

(g) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs (d) and (e) are available for three years after the funds are appropriated.

Subd. 4. Settlement; sunset. (a) If the state receives a total sum of \$250,000,000: (1) as a result of a settlement agreement or an assurance of discontinuance entered into by the attorney general of the state or resulting from a court order in litigation brought by the attorney general of the state on behalf of the state or a state agency, related to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this state, or other alleged illegal actions that contributed to the excessive use of opioids; (2) from the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are deposited into the opiate epidemic response fund established in this section; or (3) from a combination of both, the fees specified in section 151.065, subdivisions 1, clause (16), and 3, clause (14), shall be reduced to \$5,260, and the opiate registration fee in section 151.066, subdivision 3, shall be repealed. For purposes of this paragraph, any money received as a result of a settlement agreement specified in this paragraph and directly allocated or distributed and received by either the state or a municipality as defined in section 466.01, subdivision 1, shall be counted toward determining when the \$250,000,000 is reached.

(b) The commissioner of management and budget shall inform the Board of Pharmacy, the governor, and the legislature when the amount specified in paragraph (a) has been reached. The board shall apply the reduced license fee for the next licensure period.

(c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065, subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur before July 1, 2031.

History: 2019 c 63 art 1 s 8; 1Sp2019 c 9 art 7 s 7; 2020 c 115 art 3 s 15; 1Sp2021 c 7 art 5 s 4; art 11 s 15; 2022 c 53 s 8-11; 2023 c 61 art 5 s 10,11; 2023 c 70 art 15 s 12

NOTE: The amendment to subdivision 3, paragraph (a), by Laws 2021, First Special Session chapter 7, article 11, section 15, is effective July 1, 2024. Laws 2021, First Special Session chapter 7, article 11, section 15, the effective date.

FINAL BILL REPORT

SSB 6099

Brief Description: Creating the tribal opioid prevention and treatment account.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Braun, Kauffman and Mullet).

Senate Committee on Ways & Means
House Committee on Appropriations

Background: On October 3, 2022, the state of Washington entered into a settlement, known as the Distributors Settlement, with three companies, McKesson Corp., Cardinal Health Inc., and AmerisourceBergen Drug Corp., found to have played key roles in the opioid epidemic. On June 12, 2023, resolutions between the state and four companies that produced or sold opioids, CVS, Walgreens, Teva, and Allergan, became effective. Payments from these settlements will be received by the state over a period of time ranging from 6 to 17 years. The payments that the state will receive pursuant to the distributor and producer settlements total approximately \$480 million. Settlements with other distributors and producers such as Purdue Pharma are still pending.

Tribes located in the state of Washington are not parties to the state opioid settlements and may have signed separate settlement agreements.

In 2023 the Legislature created the Opioid Abatement Settlement Account for deposit of settlement money received to abate the opioid epidemic to be appropriated for opioid remediation pursuant to settlement agreements. This does not include funding the state jointly administers with smaller counties or funding received directly by larger counties.

The Legislature has appropriated funding from the Opioid Abatement Settlement account totaling \$85 million in the 2023-25 biennium. Of the amounts appropriated, approximately \$15.5 million was provided to the Health Care Authority (HCA) to pass through to tribes and urban Indian health programs for opioid and overdose response activities.

Summary: The Tribal Opioid Prevention and Treatment Account (TOPTA) is created in the custody of the state treasurer. The TOPTA retains interest earnings. Beginning July 1, 2025, and annually thereafter, the treasurer must transfer the greater of \$7.75 million or 20

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

percent of receipts from the prior fiscal year from the Opioid Abatement Settlement Account to the Tribal Opioid Prevention and Treatment Account. The annual minimum transfer of \$7.75 million is ended on June 20, 2031 and thereafter the account must receive 20 percent of receipts from the prior fiscal year from the Opioid Abatement Settlement Account. No transfer to the account is required if the average revenues received by the Opioid Abatement Settlement Account per fiscal year over the prior two fiscal years is less than \$7.750 million.

Appropriations from the TOPTA must be used to address the opioid epidemic in tribal communities including, prevention and recovery services, treatment programs including medication-assisted treatment, peer services, awareness campaigns, education, and support for first responders.

Votes on Final Passage:

Senate	49	0	
House	96	0	(House amended)
Senate	49	0	(Senate concurred)

Effective: The bill takes effect on July 1, 2024.

Action Guide

1. Listen to communities

1.1 Ensure that initiatives funded by settlement dollars are representative of community input. Elevate voices with lived experience and create regular opportunities for communities to be included in planning and implementation efforts. Prioritize inclusion of individuals and families, directly impacted, and from communities most profoundly impacted.

Legislature and Department of Health and Human Services

- a. Utilize findings from the OAC's Community Impact Survey and Community Listening Sessions, to help inform funding efforts. **See OAC 2024 Annual Report Appendix G: Data Snapshot (November 2023).**
- b. Commit to ongoing inclusion of Michigan's communities as part of the state opioid settlement planning/budgeting process; provide opportunities for accessible and consistent community listening sessions.
- c. Create intentional opportunities for engagement and inclusion of disproportionately impacted communities in the state opioid settlement planning/budgeting process—ensure that these activities are ongoing.
- d. Create intentional opportunities for engagement and inclusion of Tribal communities in the state opioid settlement planning/budgeting process—ensure that these activities are ongoing.
- e. Task the OAC and OTF to work together to monitor state practices around community inclusion in state opioid settlement planning/implementation. Support accountability by encouraging assessment of state practices through public findings (e.g., OAC Annual Report; OTF Annual Report).

1.2 Support an annual allocation of state settlement funds for outreach and engagement activities with disproportionately impacted communities.

Department of Health and Human Services

- a. Prioritize outreach and engagement with disproportionately impacted communities by allocating \$500,000 of opioid settlement funds within the Department of Health and Human Services' FY 2025 budget to support this aim. **See recommendation 2.1.**

- b. Utilize the expertise of local communities, the OAC, the Community Engagement & Planning Collaborative (CEPC), the OTF, and the Office of Equity and Minority Health (OEMH) to help guide outreach and engagement activities.

2. Invest in communities

2.1 Support the Governor’s recommendation for appropriation of opioid settlement funds to the Department of Health and Human Services. Support an increase of \$6 million for a FY 2025 “Community Investments” set-aside. Ensure that these dollars are used to create low-barrier community funding opportunities, administered by the Department of Health and Human Services.

Legislature [Option A]

- a. Appropriate a total of \$29,199,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for FY 2025.
 - (i) Support the Governor’s proposed budget by appropriating \$23,199,00 million from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services.
 - (ii) Appropriate an additional \$6,000,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for the creation of “Community Investments” (low-barrier, competitive grant opportunities) and community engagement activities with disproportionately impacted communities.

Option A. Calls for the creation and administration of a “Community Investments” grant opportunity by the Department of Health and Human Services, as recommended in the OAC 2024 Annual Report.

Process

Informal agreement between House and Senate Health and Human Services Appropriations Subcommittees, House and Senate Appropriations Committees, Legislative Leadership and the Department of Health and Human Services.

Proposed Boilerplate Language and Accountability Measures

Department of Health and Human Services Budget

Sec. 917.

(1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$29,199,000.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, MCL 12.253, to create or supplement

opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

(2) From the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$5,500,000 is recommended for the creation of "Community Investment" grant opportunities.

a. Funds used for this purpose shall align with the requirements of the opioid settlement and 2000 PA 489, MCL 12.253.

b. Funds used for this purpose are recommended for quarterly administration, with priority given for award to (i) entities providing prevention, treatment, recovery, and/or harm reduction services in counties and/or ZIP codes determined to be in the 75th-100th percentile of the Michigan Substance Use Vulnerability Index (MI-SUVI; 2020); (ii) Tribal governments and/or Tribal health/behavioral health entities; (iii) entities providing specialized prevention, treatment, recovery, and/or harm reduction services to priority communities, including but not limited to justice-impacted individuals, Tribal citizens, Black, Indigenous, People of Color (BIPOC) communities, and/or Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) individuals/youth.

(3) Of the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, \$500,000 is recommended for direct outreach and engagement activities to be carried out on an ongoing basis with communities in (a) counties and/or ZIP codes determined to be in the 75th-100th percentile of the Michigan Substance Use Vulnerability Index (MI-SUVI; 2020) and/or priority communities, including but not limited to (b) Tribal communities; (c) justice-impacted individuals; (d) Black, Indigenous, People of Color (BIPOC) communities; and/or (e) Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) communities. The department shall determine the method and manner in which community outreach and engagement activities are carried out for FY 2025.

(4) On a semiannual basis, the department shall submit a report to the report recipients required in section 246 of this part on all of the following:

a. Total revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the creation of the fund, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

b. Revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund during the previous 6 months, including (i) grantee/vendor

information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

c. Estimated revenues to be deposited into and the spending plan for the Michigan opioid healing and recovery fund for the next 12 months.

d. Summary of "Community Investment" activities, including year-to-date grants administered, and description of grant recipients (entity name, entity type, location, primary services provided to/in disproportionately impacted communities).

e. Summary of community outreach and engagement activities to disproportionately impacted communities including description of activities and administration of engagement efforts.

Legislature [Option B]

a. Appropriate a total of \$23,699,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for FY 2025.

(i) Support the Governor's proposed budget by appropriating \$23,199,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services.

(ii) Appropriate an additional \$500,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for community engagement activities with disproportionately impacted communities.

b. Appropriate a total of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund to an entity with (i) a presence in and/or engagement with all in all 83 counties of the state; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.

Prioritization given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

Option B. Calls for the creation and administration of a "Community Investments" grant opportunity by an entity other than the Department of Health and Human Services, as determined by the Michigan Legislature.

Process

Direct appropriation of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund to an entity determined by the Legislature; direct appropriation to be administered through the Department of Health and Human Services budget.

Informal agreement between House and Senate Health and Human Services Appropriations Subcommittees, House and Senate Appropriations Committees, Legislative Leadership and the Department of Health and Human Services regarding integration of community engagement activities for FY 2025, with a minimum budget of \$500,000.

Proposed Boilerplate Language and Accountability Measures

Department of Health and Human Services Budget

One-Time Appropriation

A one-time appropriation in the amount of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund shall be made to an entity with (i) a presence in and/or engagement with all in all counties of the state of the Michigan; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.

Prioritization given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

Sec. 917.

(1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$29,699,000.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, MCL 12.253, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

(2) Of the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, \$500,000 is recommended for direct outreach and engagement activities to be carried out on an ongoing (minimum monthly) basis with communities in (a) counties and/or ZIP codes determined to be in the 75th-100th percentile of the Michigan Substance Use Vulnerability Index (MI-SUVI; 2020) and/or priority communities, including but not limited to (b) Tribal communities; (c) justice-impacted individuals; (d) Black, Indigenous, People of Color (BIPOC) communities; and/or (e) Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) communities. The department shall determine the method and manner in which community outreach and engagement activities are carried out for FY 2025.

(3) On a semiannual basis, the department shall submit a report to the report recipients required in section 246 of this part on all of the following:

- a. Total revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the creation of the fund, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.
- b. Revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund during the previous 6 months, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.
- c. Estimated revenues to be deposited into and the spending plan for the Michigan opioid healing and recovery fund for the next 12 months.
- d. Summary of community outreach and engagement activities to disproportionately impacted communities including description of activities and administration of engagement efforts.

Legislature [Option C]

- a. Appropriate a total of \$23,699,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for FY 2025.
 - (i) Support the Governor's proposed budget by appropriating \$23,199,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services.
 - (ii) Appropriate an additional \$500,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for community engagement activities with disproportionately impacted communities.
- b. Appropriate a total of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund to an entity with (i) a regional presence in the state of Michigan; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.
 - (iv) Prioritization given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

Option C. Calls for the creation and administration of a “Community Investments” grant opportunity by an entity other than the Department of Health and Human Services, as determined by the Michigan Legislature.

Process

Direct appropriation of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund to an entity determined by the Legislature; direct appropriation to be administered through the Department of Health and Human Services budget.

Informal agreement between House and Senate Health and Human Services Appropriations Subcommittees, House and Senate Appropriations Committees, Legislative Leadership and the Department of Health and Human Services regarding integration of community engagement activities for FY 2025, with a minimum budget of \$500,000.

Proposed Boilerplate Language and Accountability Measures

Department of Health and Human Services Budget

One-Time Appropriation

A one-time appropriation in the amount of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund shall be made to an entity(s) with (i) a regional presence in the state of Michigan; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.

Prioritization given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

OR

One-Time Appropriation (Multiple Regional Entities)

A one-time appropriation in the amount of \$X from the Michigan Opioid Healing and Recovery Fund shall be made to an entity with (i) a regional presence in the state of Michigan; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.

Prioritization given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

Sec. 917.

(1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$29,699,000.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, MCL 12.253, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment,

settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

(2) Of the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, \$500,000 is recommended for direct outreach and engagement activities to be carried out on an ongoing basis with communities in (a) counties and/or ZIP codes determined to be in the 75th-100th percentile of the Michigan Substance Use Vulnerability Index (MI-SUVI; 2020) and/or priority communities, including but not limited to (b) Tribal communities; (c) justice-impacted individuals; (d) Black, Indigenous, People of Color (BIPOC) communities; and/or (e) Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) communities. The department shall determine the method and manner in which community outreach and engagement activities are carried out for FY 2025.

(3) On a semiannual basis, the department shall submit a report to the report recipients required in section 246 of this part on all of the following:

a. Total revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the creation of the fund, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

b. Revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund during the previous 6 months, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of how the settlement investment(s) have supported disproportionately impacted communities, if applicable; (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

c. Estimated revenues to be deposited into and the spending plan for the Michigan opioid healing and recovery fund for the next 12 months.

d. Summary of community outreach and engagement activities to disproportionately impacted communities including description of activities

Department of Health and Human Services

- a. Honor the spirit of "Community Investments" by creating low-barrier funding opportunities within the FY 2025 budget for competitive grants to entities providing "prevention, treatment, recovery, and harm reduction" services in/to disproportionately impacted communities. **See recommendation 2.1. [Option A]**
- b. At a minimum, offer "Community Investment" funding opportunities on a quarterly basis to increase community access and awareness. **See recommendation 2.1. [Option A]**

- c. Work with the OAC, OTF, Community Engagement & Planning Collaborative, Office of Equity Health, and community partners, to support low-barrier access in disproportionately impacted communities. Ensure that the application for funds is accessible and easily navigable; ensure that reporting/data collection is reasonable, with minimal administrative burden.

2.2 Ensure that communities, especially those most profoundly impacted, have awareness of potential funding opportunities, knowledge of application pathways, and adequate support to access potential funding.

Legislature

- a. Support constituents and legislative districts by actively informing communities about state opioid settlement work, state resources (including the OAC), and available funding opportunities.
- b. Review the Michigan Overdose Data to Action (MODA) Dashboard, specifically the Substance Use Vulnerability Index (MI-SUVI). Review Appendices E and F of the [OAC's 2024 Annual Report](#) to build familiarity with the counties and ZIP codes with highest vulnerability to adverse substance use outcomes, according to the State's Substance Use Vulnerability Index [75th-100th percentile; MI-SUVI 2020].
- c. Prioritize outreach and engagement with disproportionately impacted communities in legislative districts, including but not limited to the following:
 - i. High SUVI communities (75th – 100th percentile; MI-SUVI; 2020)
 - ii. BIPOC communities
 - iii. Justice-Impacted Individuals
 - iv. Individuals and families impacted by housing instability, including those currently or recently unhoused

Department of Health and Human Services

- a. Integrate communication and support for funding opportunities within community outreach and engagement activities **See recommendation 1.2.a.**
- b. Work with existing offices and entities, including but not limited to the Office of Equity and Minority Health (OEMH), OAC, OTF, CEPC, and community partners, to develop communication, engagement, and technical assistance strategies for disproportionately impacted communities.
- c. Increase communication and information distribution among state, regional, and local entities to increase awareness of funding pathways and upcoming opportunities.

2.3 Explore opportunities for endowing a portion of state settlement funds for future opioid remediation.

Legislature and Executive Office of the Governor (EOG)

- a. **Legislative Leadership:** Partner with the Governor's office to model collaboration. Jointly convene a semi-annual state opioid settlement meeting, with inclusion of all key partners.
 - b. An initial meeting should be held no later than Q1 of FY 2025. During this meeting, endowment opportunities should be explored (agenda item).
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3. Prioritize communities most impacted

3.1 Prioritize Tribal communities by ensuring an appropriation from the Michigan Opioid Healing and Recovery Fund to Tribal Nations for FY 2025. Consult with the United Tribes of Michigan (UTM) and all twelve (12) individual Sovereign Nations to determine appropriate funding mechanisms and distribution methods. Support data sovereignty and ensure low-barrier pathways for direct appropriation of state settlement dollars to Tribal Nations. Explore opportunities for traditional healing practices and culturally responsive care, through recurring funding to Tribal communities.

Legislature

- a. Review the OAC's 2024 Annual Report, Appendix D: State Practices in Tribal Prioritization.
- b. **Legislative Leadership:** Conduct direct outreach to Tribal Leaders from each Sovereign Nation and convene a group planning meeting **within the next 60 days (Q3 FY 2024)**, with inclusion of Tribal Leadership, Tribal Health/Behavioral Health Directors, Legislative Leadership, Chairs and Minority Vice Chairs of the Appropriations Committees, Chairs and Minority Vice Chairs of the HHS Appropriations Subcommittees, and representatives from the House and Senate Fiscal Agencies, to determine the following:
 - (i) Appropriation options to support recommendation 3.1;
 - (ii) Appropriate funding mechanisms to support recommendation 3.1
 - (iii) Distribution methods to support recommendation 3.1.
- c. Develop boilerplate language within the state budget bill that supports recommendation 3.1. Ensure that language supports direct appropriation from the Michigan Opioid Healing and Recovery Fund to Sovereign Nations and exists in both chambers' bills prior to conference.
- d. **[Statutory Change] Amend Public Act 83 of 2022 (MCL 12.253)** to support annual appropriation from the Michigan Opioid Healing and Recovery Fund to Sovereign Nations, for traditional healing practices and/or culturally responsive prevention, treatment, recovery, and/or harm reduction efforts in Tribal communities.

- e. Consult with Tribal Leadership from all twelve (12) Sovereign Nations and consider existing/proposed statutes from Minnesota and Washington to guide development of statutory language for amendment of Public Act 83 of 2022 (MCL 12.253).

3.2 Create intentional funding opportunities for communities most profoundly impacted by the addiction and mental health crisis. Use objective measures to define and determine community vulnerability. Ensure that most settlement funds are directed for use in Michigan’s most impacted communities.

Legislature

- a. Adopt recommendation 2.1 for the creation of “Community Investments” (grant opportunities) to community providers working in/with disproportionately impacted communities.
- b. **[Statutory Change] Amend Public Act 83 of 2022 (MCL 12.253)** for the purpose of ensuring appropriation of opioid settlement funds to communities disproportionately impacted by the addiction and mental health crisis.

Target Areas of Legislative Amendment

Public Act 83 of 2022 (MCL 12.253)

- (i) Ensure that a minimum of \$X be appropriated on a fiscal year basis to the Department of Health and Human Services for the administration of “Community Investments”, low-barrier competitive grant opportunities, to/with disproportionately impacted communities. Services. **See recommendation 2.1 [Option A] for suggested boilerplate language.**
- (ii) Ensure that a minimum of \$X be appropriated on a fiscal year basis to the Department of Health and Human Services for facilitation of community outreach and engagement activities with disproportionately impacted communities.
- (iii) Ensure that a minimum of \$X be appropriated on a fiscal year basis to the Department of Health and Human Services for use with prevention supports and/or services.
- (iv) Ensure that a minimum of \$X be appropriated on a fiscal year basis to the Department of Health and Human Services for use with treatment supports and/or services.
- (v) Ensure that a minimum of \$X be appropriated on a fiscal year basis to the Department of Health and Human Services for use with recovery supports and/or services.

(vi) Ensure that a minimum of \$X be appropriated on a fiscal year basis to the Department of Health and Human Services for use with harm reduction supports and/or services.

(viii) Ensure that a minimum of \$X be appropriated on a fiscal year basis to the Department of Health and Human Services for use with development and or maintenance health equity initiatives.

(ix) Create a "Tribal healing and wellness" sub-fund within the Michigan Opioid Healing and Recovery Fund. Ensure a minimum of \$X be deposited annually from the Michigan Opioid Healing and Recovery Fund, for direct appropriation to Sovereign Nations. Direct appropriations from the "Tribal healing and wellness" sub-fund shall support culturally responsive prevention, treatment, recovery, and harm reduction services in Tribal communities.

3.3 Ensure that dollars are directed to support health equity. Prioritize the needs of BIPOC and rural communities in settlement-funded initiatives. Ensure that low-barrier funding opportunities are easily accessible to these communities.

Legislature

- a. Encourage prioritization of BIPOC and rural communities, especially those with high SUVI [75th-100th percentile; MI-SUVI 2020] scores, in the development of Department Health and Human Services opioid settlement investments.
- b. Through boilerplate language (Section 917), require legislative reporting from the Department of Health and Human Services to include (i) the geographic location of vendors/grantees (ZIP and/or county) funded by state opioid settlement dollars and (ii) description of expenditures to/in/with disproportionately impacted communities, if applicable.
- c. Engage in ongoing dialogue with the OAC and encourage monitoring state investments of opioid settlement funds for use with disproportionately impacted communities.
- d. **See recommendation 3.2 "Target Areas of Legislative Amendment".**

Department of Health and Human Services

- a. Prioritize disproportionately impacted communities, especially BIPOC and rural communities with high SUVI [75th-100th percentile; MI-SUVI 2020] scores, in opioid settlement funding opportunities offered by the Department of Health and Human Services. **Consideration:** Demonstrate prioritization in the scoring metrics for any competitive and/or non-competitive funding opportunities (Request for Funding Proposals; RFPs).

3.4 Ensure representation from disproportionately impacted communities in state advisory spaces. Support the OAC in amending Public Act 84 of 2022 (MCL 4.1851) to reflect Commission membership that is representative of the geographic, racial, ethnic, and cultural diversity of Michigan.

Legislature

- a. Collaborate with the OAC to explore recommended changes to existing statutory language of Public Act 84 of 2022 (MCL 4.1851). Consider Minnesota's Opioid Epidemic Response Advisory Council statute (256.042) as guidance for amendment to Public Act 84 of 2022.
- b. Support suggested statutory changes of the OAC by introducing an amendment to Public Act 84 of 2022 (MCL 4.1851) for the 2025 legislative session.

4. Develop a plan

4.1 Act as an accountability partner for the Department of Health and Human Services to ensure the development of a clear, transparent, and publicly accessible state plan for the use of opioid settlement funds.

Legislature

- a. Through the state budget-development process, encourage that the Department of Health and Human Services develop a multi-year opioid abatement plan, specific to the use of state opioid settlement funds. Encourage that the Department provide an outline and/or process map for plan development through publicly posting to the Department of Health and Human Services opioid settlement website no later than the end of Q1, FY 2025. Encourage that the initial plan be developed and made publicly available by end of Q2 FY 2025.

5. Optimize existing efforts

5.1 Model collaboration and leadership by partnering with the Executive Office of the Governor (EOG) to establish an intergovernmental workgroup for information-sharing and coordination of state opioid settlement work.

Legislature and Executive Office of the Governor (EOG)

- a. Hold an initial planning call by end of Q3 FY 2024 between Legislative Leadership offices and the EOG to explore action steps for establishment of an intergovernmental opioid settlement workgroup.

5.2 Ensure inclusion of the Opioid Advisory Commission, Opioids Task Force, local, regional, legislative, executive, judicial, and Tribal partners in the formation of a settlement workgroup.

Legislature and Executive Office of the Governor (EOG)

- a. **Legislature:** Develop and adopt a resolution that calls for the formation of an intergovernmental opioid settlement workgroup.
- b. Develop an implementation plan, including a timeline and key offices for membership. Ensure representation from the Opioid Advisory Commission and Opioids Task Force.
- c. Ensure representation from all other jurisdictions through consideration of the following entities:
 - i. **Local:** Representative agencies that work with municipalities, townships, and/or counties.
 - ii. **Regional:** Prepaid Inpatient Health Plans (PIHPs) and/or regional coalitions representing key sectors in health and/or behavioral health, treatment, recovery, and/or harm reduction.
 - iii. **Legislative:** Chairs and Minority Vice Chairs and/or designees for appropriations committees and/or subcommittees; Chairs and Minority Vice Chairs and/or designees for health and behavioral health policy committees and/or subcommittees.
 - iv. **Executive:** Department of Health and Human Services, Department of Attorney General, Department of Treasury, Department of Civil Rights, Department of Corrections, and the Michigan State Housing Development Authority.
 - v. **Judicial:** The judiciary and/or State Court Administrative Office (SCAO).
 - vi. **Tribal Partners:** Tribal Leadership and/or Health/Behavioral Health Directors and/or designees, as determined by Tribal Leadership.

***Consideration 5.2.b:** Among the aforementioned entities/sector representatives, prioritize representation of individuals with lived experience, family members of individuals directly impacted, and/or individuals from disproportionately impacted communities.

5.3 Utilize the convening power of the Governor's office and support facilitation of the settlement workgroup. Prioritize facilitator expertise in health policy, behavior health policy, equity, and/or community engagement.

Legislature and Executive Office of the Governor (EOG)

- a. Ensure facilitator(s) expertise in health policy, behavioral health policy, equity, and/or community engagement, with consideration for a "co-facilitation" structure to support expertise of all aforementioned areas.
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5.4 Appropriate a minimum of \$250,000 in non-settlement funds for the creation of an OAC budget under the Legislative Council (General Government). Support the OAC in carrying out its statutory obligations, as required by Public Act 84 of 2022 (MCL 4.1851).

Legislature

- a. Appropriate \$250,000 in non-settlement funds to the Legislative Council (General Government), for use with the Opioid Advisory Commission; monies appropriated for this purpose will support the Opioid Advisory Commission in fulfillment of its statutory requirements and key activities, as outlined in PA 84 of 2022 (MCL 4.1851).

6. Invest for impact and sustainability

6.1 Conduct asset mapping of funds.

Legislature

- a. Through boilerplate language (Section 917), require legislative reporting from the Department of Health and Human Services to include prior funding sources for all settlement-funded initiatives receiving multi-year funding.
- b. Through legislative review of semiannual reports, conduct an audit of the Department of Health and Human Services for appropriate use of settlement funds in alignment with the (i) settlement agreement; (ii) Johns Hopkins Bloomberg School of Public Health "Principles"; and (iii) adherence to the statutory requirements of PA 83 of 2022 (MCL 12.253).

Department of Health and Human Services

- a. Utilize the expertise of lateral advisory groups such as the Opioid Advisory Commission, Opioids Task Force, Mental Health Diversion Council, Michigan Suicide Prevention Commission, as well as the Office of Equity and Minority Health (OEMH) to develop a multi-year opioid abatement plan, specific to the use of state opioid settlement funds. Provide an outline and/or process map for plan development through public posting to the Department of Health and Human Services opioid settlement website no later than the end of Q1, FY 2025. Develop and provide public posting of an initial plan, available by end of Q2 FY 2025.

6.2 Leverage settlement funds around the development of sustainability plans for all settlement-funded initiatives that are not considered "community investments" (low-barrier funding opportunities).

Legislature

- a. Through boilerplate language (Section 917), require legislative reporting from the Department of Health and Human Services to include status updates related to sustainability plan development. Noting a 3-year sustainability plan is recommended for use with all initiatives, with exception to “community investments” grant opportunities.

Department of Health and Human Services

- a. Develop and routinely update a 3-year sustainability plan for settlement-funded state initiatives that are not considered “community investments”, beginning in FY 2025.

7. Build trust through transparency (and engagement)

7.1 Commit to reporting 100% of state settlement expenditures to the public.

Legislature

- a. **Legislature:** Develop and adopt a resolution supporting public reporting of 100% of state settlement expenditures.
- b. Through boilerplate language (Section 917), require legislative reporting from the Department of Health and Human Services to include (i) reporting of departmental expenditures of state opioid settlement funds, and (ii) public posting of settlement-related expenditure reports on the Department of Health and Human Services Opioid Settlement website: www.michigan.gov/opioids/opioidsettlements
- c. Require public facing grant and funding outcomes reporting, ensuring accountability for grant deliverables and adherence of spending to the Bloomberg Hopkins spending principles.

Department of Health and Human Services

- a. Commit to reporting 100% of state settlement expenditures to the public through postings of all legislatively required reports to the Department of Health and Human Services Opioid Settlement website, within 30 days of statutorily identified submission date(s).
Settlement website: www.michigan.gov/opioids/opioidsettlements

7.2 Increase strategic outreach, engagement, and information-sharing to communities—especially disproportionately impacted communities.

Legislature

- a. Support constituents and legislative districts by actively informing communities about state opioid settlement work, state resources (including the OAC), and funding opportunities. **See recommendation 2.2.a.**

Department of Health and Human Services

- a. Prioritize outreach and engagement with disproportionately impacted communities by allocating a portion [\$500,000] of state opioid settlement funds within the Department of Health and Human Services' FY 2025 budget to support this aim. **See recommendation 1.2.a. and recommendation 2.1.**
- b. Utilize the expertise of local communities, the OAC, the Community Engagement & Planning Collaborative (CEPC), the OTF, and the Office of Equity and Minority Health (OEMH) to help guide outreach and engagement activities. **See recommendation 1.2.b.**

DRAFT

Proposed Boilerplate Language

Department of Health and Human Services Budget

Sec. 917.

(1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$29,199,000.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, MCL 12.253, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

(2) From the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$5,500,000 is recommended for the creation of "Community Investment" grant opportunities.

a. Funds used for this purpose shall align with the requirements of the opioid settlement and 2000 PA 489, MCL 12.253.

b. Funds used for this purpose are recommended for quarterly administration, with priority given for award to (i) entities providing prevention, treatment, recovery, and/or harm reduction services in counties and/or ZIP codes determined to be in the 75th-100th percentile of the Michigan Substance Use Vulnerability Index (MI-SUVI; 2020); (ii) Tribal governments and/or Tribal health/behavioral health entities; (iii) entities providing specialized prevention, treatment, recovery, and/or harm reduction services to priority communities, including but not limited to justice-impacted individuals, Tribal citizens, Black, Indigenous, People of Color (BIPOC) communities, and/or Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) individuals/youth.

(3) Of the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, \$500,000 is recommended for direct outreach and engagement activities to be carried out on an ongoing basis with communities in (a) counties and/or ZIP codes determined to be in the 75th-100th percentile of the Michigan Substance Use Vulnerability Index (MI-SUVI; 2020) and/or priority communities, including but not limited to (b) Tribal communities; (c) justice-impacted individuals; (d) Black, Indigenous, People of Color (BIPOC) communities; and/or (e) Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) communities. The department shall determine the method and manner in which community outreach and engagement activities are carried out for FY 2025.

(4) On a semiannual basis, the department shall submit a report to the report recipients required in section 246 of this part on all of the following:

a. Total revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the creation of the fund, a. Total revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the

creation of the fund, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

b. Revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund during the previous 6 months, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

c. Estimated revenues to be deposited into and the spending plan for the Michigan opioid healing and recovery fund for the next 12 months.

d. Summary of "Community Investment" activities, including year-to-date grants administered, and description of grant recipients (entity name, entity type, location, primary services provided to/in disproportionately impacted communities).

e. Summary of community outreach and engagement activities to disproportionately impacted communities including description of activities and administration of engagement efforts.

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