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Health and Government Operations  
Committee

*Chair*

Government Operations and  
Health Facilities Subcommittee

*House Chair*

Joint Committee on Administrative,  
Executive, and Legislative Review



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Testimony of Delegate Samuel I. Rosenberg

Before the House Appropriations Committee

In Support of House Bill 794

**Public Health - Opioid Restitution Fund Advisory Council**

Madam Chair and members of the committee,

In July 2021, nearly every state, including Maryland, entered into a master settlement agreement with the three largest manufacturers of prescription drugs, Cardinal Health, AmerisourceBergen, and McKesson, as well as Janssen, a Johnson & Johnson subsidiary.

This agreement was based on the companies' alleged illegal sales and marketing practices. Of the \$26 billion total settlement, Maryland is eligible to receive up to \$492 million. Three years ago, the General Assembly saw fit to create a special fund for this settlement money, rather than allow it to go into the general fund. This special fund is to ensure that the monies collected go to substance use prevention, treatment, recovery, and harm reduction.

Several states<sup>1</sup> have created advisory councils to oversee the special fund, ensure that the money goes to the above-mentioned objectives, and foster robust public involvement,

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<sup>1</sup> Massachusetts, <https://www.mass.gov/orgs/opioid-recovery-and-remediation-fund-advisory-council>; New Hampshire, <https://www.dhhs.nh.gov/dcbcs/bdas/opioid-abatement-trust-fund.htm>; Minnesota <https://mn.gov/dhs/opioids/oer-advisory-council.jsp>; Colorado <https://coag.gov/opioids/opioid-crisis-recovery-funds-advisory-committee/>; Alaska <https://gov.alaska.gov/newsroom/2021/10/01/governor-dunleavy-issues->

accountability, and transparency in the allocation of the Fund. House Bill 794 is consistent with the efforts of these other states.

HB 794 would create a special advisory council comprised of a combination of public officials, health professionals, and people with firsthand experience with opioid addiction and recovery. The council would also include a legislator from each house, the Deputy Secretaries for Behavioral Health and Health Care Financing, the Director of the Opioid Operational Command Center. Additionally, the Governor would name a representative from a community-based opioid treatment program, a representative from a community-based substance abuse program, and a public health expert who works in harm reduction services. The Secretary of Health would choose someone who is in recovery from substance abuse, someone who has lost a family member to overdose, and an individual “disproportionately impacted by substance use disorders and disparities in access to care.”

Each year the committee would submit a report to the Governor and the Secretary of Health regarding the allocation of money from the fund. The committee will be responsible for ensuring that the money is allocated appropriately and in consideration of the rate of substance abuse and deaths in a jurisdiction, the services available in a given jurisdiction, the disparities in access, and the disparities in outcomes.

By bringing together a diverse group of individuals with different backgrounds, perspectives and experiences with the opioid crisis, the committee will ensure the most complete

and comprehensive response possible. This bill is an important step to ensure that the many parties harmed by this terrible epidemic will be represented and advocated for.

I urge a favorable report on HB 794.

March 1, 2022