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Health and Government Operations  
Committee

*Chair*

Government Operations and  
Health Facilities Subcommittee

*House Chair*

Joint Committee on Administrative,  
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Testimony of Delegate Samuel I. Rosenberg

Before the Senate Finance Committee

In Support of House Bill 794

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

Madam Chair and Members of the Committee,

For over two decades, opioid manufacturers unleashed a scourge of addictive and deadly pills on the citizens of Maryland and the rest of the country. After years of impunity, some opioid manufacturers are facing financial accountability in the form of court settlements.

Last July, Maryland joined nearly every state in a master settlement agreement with the largest manufacturers of prescription drugs: Cardinal Health, AmerisourceBergen, McKesson, and Janssen, a Johnson & Johnson subsidiary.

Based on this settlement, Maryland is eligible to receive significant funding to remediate the opioid crisis. Maryland's maximum share of the \$26 billion-dollar national settlement agreement is 2.11%, or up to about \$492 million. Maryland obtained a higher share than its population would indicate because the opioid crisis has hit Maryland harder than it has other states.

Three years ago, in anticipation of this payment, the General Assembly created a special fund for this money, rather than allowing it to go into the general fund. Money deposited in the

Opioid Restitution Fund will go towards substance use prevention, treatment, recovery, and harm reduction. Eighty-five percent of this money must be used for a variety of authorized evidence-based or evidence-informed opioid abatement programs, such as programs providing treatment for substance use disorders and overdose reversal medicines, among numerous other options.

As amended, HB 794 would create the Opioid Restitution Fund Advisory Council to oversee the dispersion of the monies in the Opioid Restitution Fund. The advisory council oversight will make the process of distributing this large settlement more transparent. Several states<sup>1</sup> have already created advisory councils to oversee their opioid restitution funds and ensure that the money furthers the above-mentioned objectives. House Bill 794 is consistent with the efforts of these other states. These advisory boards serve to foster robust public involvement, accountability, and transparency in allocation decisions.

Maryland's Opioid Restitution Advisory Council would be comprised of a combination of public officials, health professionals, and people with firsthand experience with opioid addiction and recovery. The council would include a legislator from each house, the Deputy Secretaries for Behavioral Health and Health Care Financing, and 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

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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-administrative-order-establishing-advisory-council-on-opioid-remediation/>; Illinois <https://www.dhs.state.il.us/page.aspx?item=97186>;

use disorders and disparities in access to care.” There would also be a representative designated by the Maryland Association of Counties.

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 equitably to each jurisdiction, considering the rate of substance abuse and deaths, services available, disparities in access, and the disparities in outcomes in a jurisdiction. The appointed members of the council are to be chosen in such a way that they reflect the geographic, ethnic, gender, and cultural diversity of the state. The council should also “be representative of at-risk populations.” This important element of the legislation seeks to involve those individuals most harmed by opioids in the decision-making process of how to best allocate the funds from these settlements. The people closest to the tragedy of opioid addiction should be closely involved in the distribution of these funds.

I urge a favorable report on HB 794, as amended.

March 30, 2022