CAROLYN A. QUATTROCKI
Chief Deputy Attorney General

LEONARD J. HOWIE III
Deputy Attorney General

CARRIE J. WILLIAMS
Deputy Attorney General

SHARON S. MERRIWEATHER
Deputy Attorney General

ZENITA WICKHAM HURLEY
Deputy Attorney General

PETER V. BERNS
General Counsel

CHRISTIAN E. BARRERA
Chief of Staff

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

ANTHONY G. BROWN
Attorney General

February 24, 2026

TO: The Honorable Pamela Beidle
Chair, Finance Committee

FROM: Tiffany Clark
Director, Legislative Affairs, Office of the Attorney General

RE: SB 527 – Public Health – Ibogaine Clinical research Grant Program – Establishment (Veterans Mental Health Innovations Act) (Letter of Information)

The Office of the Attorney General (OAG) respectfully submits this letter to provide information to the Committee regarding Senate Bill 527 - Public Health - Ibogaine Clinical Research Grant Program - Establishment (Veterans Mental Health Innovations Act). Senate Bill 527 establishes the Ibogaine Clinical Research Grant Program within the Maryland Department of Health (MDH) and authorizes the use of Opioid Restitution Fund (ORF) monies to support FDA-overseen clinical drug development trials on ibogaine as a treatment for opioid use disorder (OUD) and other neurological conditions.

As the Committee considers this legislation, we want to ensure you have complete information about the existing legal framework governing the Opioid Restitution Fund, the role of the ORF Advisory Council, and several other implementation concerns.

Opioid Settlement Agreement Compliance

The ORF was established to retain and distribute revenues received from opioid-related judgments and settlements. Under State Finance and Procurement Article § 7-331(f), ORF funds may only be used for purposes specified in those settlement agreements, including "evidence-based or evidence-informed programs or strategies." While Exhibit E, Schedule B, Subsection L of the relevant settlement agreements permits funds to "[s]upport opioid abatement research"

through a non-exhaustive list, clinical trials on ibogaine are not explicitly enumerated. Before committing ORF funds to the proposed program, there would need to be a determination that ibogaine research qualifies as sufficiently evidence-informed under the settlement agreements' approved uses.

ORF Advisory Council Approval Requirement

Under State Finance and Procurement Article § 7-331(f)(5), ORF funds used for pilot programs or demonstration studies that are evidence-informed but not yet evidence-based may only be expended if the Opioid Restitution Fund Advisory Council, established under Health-General Article § 7.5-902, both determines that emerging evidence supports funding and affirmatively approves the use. Because Senate Bill 527 contains a mandatory appropriation of $500,000 per year for Fiscal Years 2028 through 2030, a scenario could arise in which funds are appropriated but the Advisory Council declines to approve their use for ibogaine research, leaving the appropriation without an authorized expenditure pathway.

Drafting Considerations

OAG has identified a potential ambiguity in Section 13-5902(E)(1), which requires that grant funds be used to study ibogaine's use for OUD treatment "and" any other neurological condition for which ibogaine demonstrates efficacy. As drafted, this language could be read to require a single trial to study all conditions for which ibogaine has shown efficacy, rather than permitting focused OUD research. Additionally, because the ORF's authorized purposes are tied to opioid abatement, any research funded through the ORF should remain primarily focused on OUD treatment.

We appreciate the Committee's work on this important public health issue and remain available to provide additional information or technical assistance as this legislation advances.

Cc: Members of the Committee