



## St. Mary's County Overdose Prevention Team (OPT) Meeting

Wednesday, March 11, 2026 · 10:00 am – 11:00 am

St. Mary's County Health Department Room 12

21580 Peabody St. Leonardtown, MD 20650

*(This meeting is recorded)*

### I. Call to Order

The meeting was called to order at **10:03 a.m.**

### II. Introductions

Introductions were conducted with attendees virtually and in the room.

### III. Approval of Minutes

No updates provided.

### IV. Overdose Prevention Team Updates

#### Staffing Update

- Taylor Nickerson has transitioned to a new role within the Behavioral Health Division.
- Theron "TJ" Hudson will assume the role of Facilitator/Chair beginning June 2026.

### A. Opioid Restitution Fund (ORF) General Updates & Discussion

#### Presentation: Opioid Restitution Funds (ORF)

Presented by Tammy Loewe and Taylor Nickerson.

#### Background & Context

- Opioid-related legal settlements began in 2019, with first settlements finalized in 2021.

- Over 1,000,000 Americans have died from opioid overdoses since 1999.
- Maryland loses nearly four individuals daily to opioid overdoses.

### **Maryland ORF Overview**

- ORF established in 2019.
- Funds received from multiple settlements including Mallinckrodt, McKinsey, Janssen, Walmart, Walgreens, Allergan, Teva, and Publicis.
- Additional agreements include Kroger (payments beginning FY2026) and pending agreements with Purdue Pharma and other manufacturers.
- Funding timeline extends through FY2038.

### **Funding Distribution**

- 70% allocated to local jurisdictions; 30% retained by the State.
- Local funds include:
  - Direct payments (25%)
  - Targeted Abatement Grants (45%)
- State funds include:
  - State Allocation (15%)
  - State Discretionary Abatement Fund (15%)

### **Projected Funding (18 years)**

- Total: \$670.8 million
- Local Direct: \$160.1 million
- TAG: \$284.8 million
- State Allocation: \$122.0 million
- SDAF: \$100.5 million

### **Allowable Uses (Exhibit E)**

- Prevention, treatment, recovery, harm reduction, and mitigation strategies.
- Priority areas include naloxone distribution, medication-assisted treatment, and services for high-risk populations.

### **St. Mary's County Implementation**

- Aligning with the county's Strategic Plan for Overdose Response.
- Focus areas include prevention, early intervention, service expansion, and data enhancement.

### **Local Abatement Plan Priorities**

- Peer support and SBIRT services
- Crisis response systems and stabilization centers
- Evidence-based prevention and treatment strategies
- Support for treatment, recovery, and vulnerable populations

### **Brainstorming: Potential ORF-Funded Initiatives**

- Hidden in Plain Sight program
- School-based curriculum updates
- Public awareness campaigns (billboards, media outreach)
- Parent toolkit development
- Enhancement of D.A.R.E. curriculum
- Community speaking engagements

### **Discussion Highlights**

- Emphasis on youth-focused prevention, including cannabis misuse.
- Importance of education for both youth and adults.

- Need for multi-layered outreach strategies (schools, media, community events).
- Interest in expanding existing programs and improving resource accessibility.
- Positive feedback on youth engagement initiatives (e.g., sports-based programs).

## **B. Prevention & Promotion Upcoming Events**

- **Community Shred & Medication Take Back Day**
  - Saturday, April 25, 2026 | 9:00 a.m. – 1:00 p.m.
  - Department of Aging and Human Services
- **Tri-County Recovery Fest**
  - Saturday, September 5, 2026 | 10:00 a.m. – 2:00 p.m.
  - Annemarie Sculpture Garden and Arts Center

## **V. Community Member Comments and Updates**

### **Partner Updates**

- MedStar St. Mary's Hospital: Added new Peer Recovery Specialist, Garrett Butler.
- Parents Place of Maryland:
  - Hosting Good Samaritan Day on March 13.
  - Featuring the Hope Trailer with resources, Narcan training, and overdose prevention education.

## **VI. Adjournment**

The meeting was adjourned at **10:56 a.m.**

**Next Meeting:** Wednesday, June 10, 2026 | 10:00 – 11:00 a.m.

21580 Peabody Street, P.O. Box 316, Leonardtown, MD 20650 SMCHD.org |  
Facebook.com/SMCHHealthDepartment | Instagram: @SMCHD\_gov



ST. MARY'S COUNTY  
HEALTH DEPARTMENT

# Overdose Prevention Team Opioid Restitution Funds

**Wednesday, March 11, 2026**

Tammy Loewe & Taylor Nickerson

Behavioral Health Division Director & Behavioral Health Grant Manager

# TRANSITION TO NEW LEADERSHIP



**Taylor Nickerson**

Transitioned to a new role  
within the Behavioral  
Health Division.



**Theron "TJ" Hudson**

New Facilitator/Chair of  
the Overdose Prevention  
Team Meeting.

# Background

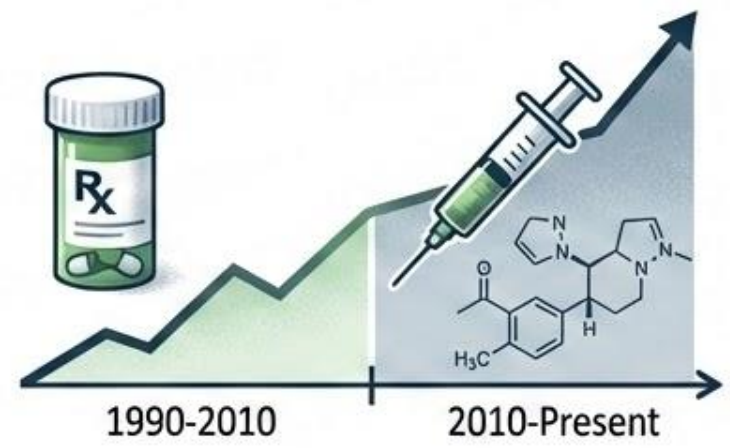
## LEGAL SETTLEMENTS & ONGOING LITIGATION (2021-PRESENT)



First settlements finalized in 2021 with manufacturers/distributors regarding misleading public on opioid risks.

Additional settlements reached; others in active litigation.

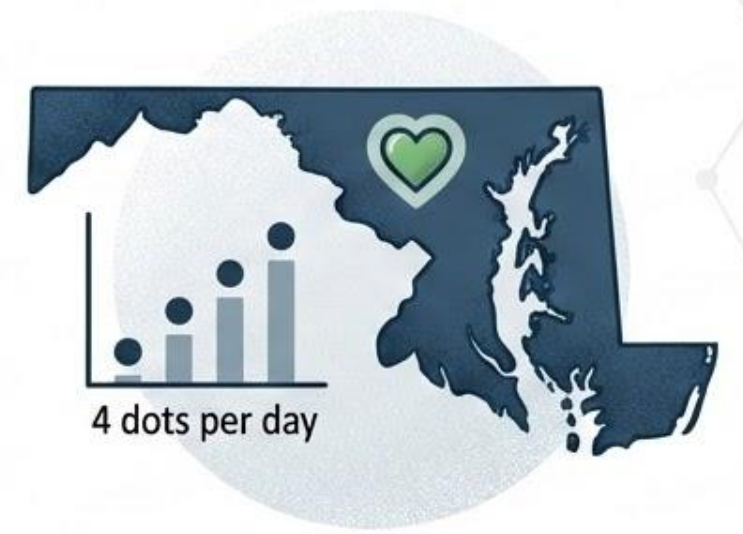
## THE OPIOID EPIDEMIC: A TIMELINE OF CRISIS



**1,000,000+**  
Americans lost to opioid-related overdose since 1999.

Prescriptions rose in 1990. Restrictions around 2010 led to shift to heroin and fentanyl, precipitating historic rises in fatal overdoses.

## MARYLAND'S REALITY & THE PATH FORWARD



Maryland loses nearly four people to opioid overdose daily.

Opioid settlement funds aim to redress harms; transparency and impactful spending are paramount.

# In Maryland

## ORF ESTABLISHMENT & INITIAL SETTLEMENTS (2019-PRESENT)



Established in 2019 to receive prescription opioid-related legal settlement proceeds.

As of August 2025, payments received from eight settlements, including:

**Mallinckrodt, McKinsey & Company, Janssen, Walmart, Walgreens, Allergan, Teva, and Publicis Health.**

## NATIONAL SETTLEMENT & KROGER AGREEMENT



Five settlements are part of the National Opioid Settlement (Mallinckrodt, McKinsey, Publicis are separate).

In 2024, Maryland reached a settlement with Kroger; payments begin in fiscal year 2026.

## RECENT AGREEMENTS & LONG-TERM TIMELINE (2025-2038)



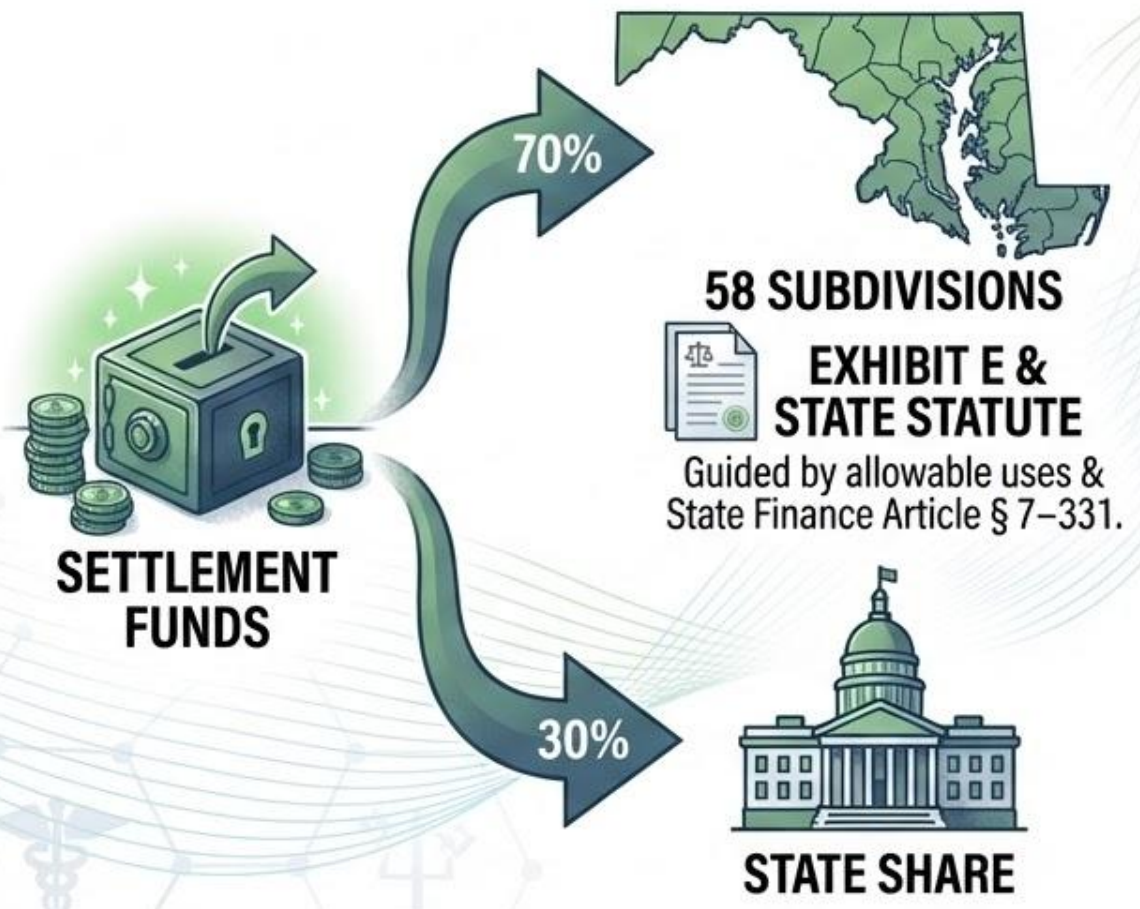
In 2025, agreements reached with Purdue Pharma and distributors (Alvogon, Amneal, Apotex, Hikma, Mylan, Sun, Zydus).

Award amounts and schedules pending. Under current schedules, payments continue until fiscal year 2038.

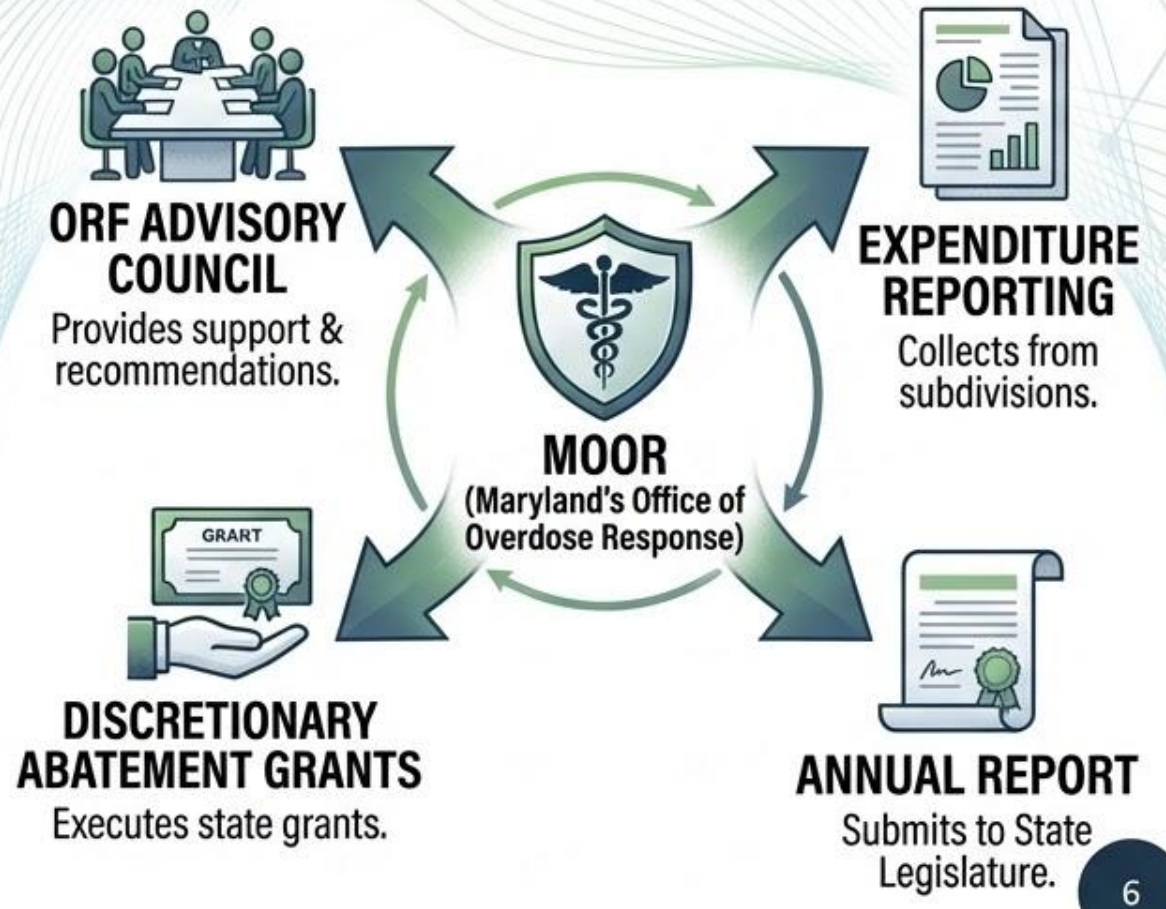
58 subdivisions joined the state's agreements.

# Maryland's Settlement Framework

## FUND DISTRIBUTION FRAMEWORK (70% LOCAL / 30% STATE)



## ADMINISTRATION & OVERSIGHT (MOOR)



# Funding Breakdown

## LOCAL SUBDIVISIONS (70%)



**LOCAL DIRECT (25%)**  
Payments go directly from the settlement administrator (Brown Greer, PLC) to participating subdivisions.



**TARGETED ABATEMENT GRANTS (TAG) (45%)**  
Funds deposited into state ORF, strictly for formula-based grants to subdivisions. Released by MOOR upon approved Local Abatement Plan (LAP).



## STATE PORTION (30%)



**STATE ALLOCATION (15%)**  
Used for allowable expenditures at the state's discretion. Legislative mandates come from this fund.



**STATE DISCRETIONARY ABATEMENT FUND (SDAF) (15%)**  
Required to be made available through competitive grants.

# Funds Received

## NON-NATIONAL SETTLEMENTS



**McKinsey**  
Paid full settlement amount of **\$12,084,129.00** (FY 2025).



**Publicis**  
Paid one-time payment of **\$7,239,389.04** (FY 2024).



**Mallinckrodt**  
Paid total settlement amount of **\$2,200,943.11**. Local payment distributions available [\[link\]](#).



## PROJECTED FUNDS & DISTRIBUTION (18 YEARS)



Total projected funds for Maryland & subdivisions: **\$670,823,954.48**



**Local Direct**  
**\$160,093,417**  
(Distributed directly to subdivisions).



**TAG Distributions**  
**\$284,763,252.13**  
(Distributed through TAG).



**State Allocation**  
**\$122,014,862.59**  
(Designated for State Allocation).



**SDAF Grants**  
**\$100,490,400.97**  
(Designated for SDAF competitive grants).

# Funds Spent

## FY 2025 Expenditure Report



For information about funds expended,  
please review the [Maryland Opioid Restitution  
Fund Expenditure Report: Fiscal Year 2025](#).  
As required by [Senate Bill \(SB\) 589 of 2025](#).

## Upcoming Public Dashboard



Maryland will soon have a public ORF  
dashboard where this information will  
also be available.

# Allowable Spending

## Guiding Document: Exhibit E



All ORF funds are required to be used to further opioid remediation in the State of Maryland. Exhibit E is the guiding document for allowable uses for opioid remediation. It was established in the National Opioid Settlement Agreement and therefore governs allowable spending for all states in the settlement agreement.

## Broadly Defined Expenditures





Exhibit E is a guideline in most national opioid settlements that lists allowable opioid remediation expenditures – defined broadly to include care, treatment, prevention, harm reduction, recovery, and mitigation of opioid-related harms. It is non-exhaustive and can be adapted by states or subdivisions when planning how to use their settlement funds.

# Exhibit E

## Core Abatement Strategies (Schedule A)

These strategies are highlighted as priorities (but the full list of uses in Schedule B is also allowed):







### • Naloxone and Overdose Reversal

-  • Expand training for first responders, schools, families, and community groups.
-  • Increase naloxone distribution to the uninsured or underinsured.

### • Medication-Assisted Treatment (MAT) & Related Treatment

-  • Expand access to MAT for uninsured/underinsured individuals,
-  • Provide education to schools, youth programs, healthcare providers, first responders,
-  • Support treatment and recovery services (residential, outpatient, recovery housing).




### • Targeted Populations and Services

-  • Pregnant and postpartum women: expand screening, treatment, and wrap-around services (housing, childcare, job support);
-  • Neonatal Abstinence Syndrome: expand care for affected infants and families,
-  • Expand "warm hand-off" programs (e.g., connecting emergency departments to follow-up recovery services);
-  • Treatment for incarcerated populations,
-  • Prevention programs (media campaigns, provider education, drug disposal efforts),
-  • Syringe service programs with linkage to care.




## Approved Uses (Schedule B)

Schedule B provides a long list of evidence-based or evidence-informed strategies that settlement money can support across prevention, treatment, recovery, and related support systems. These include but aren't limited to:





### • A. Treatment of Opioid Use Disorder (OUD)

-  • Expand OUD treatment access (including all FDA-approved MAT);
-  • Support telehealth, oversight of treatment programs, mobile services, withdrawal management;
-  • Workforce development (training, fellowships, scholarships) for addiction care.




### • B. Support for People in Treatment and Recovery

-  • Wrap-around services: housing, transportation, job training, childcare;
-  • Peer support, recovery centers, counseling, case management;
-  • Stigma reduction and culturally appropriate services.




### • C. Connections to Care

-  • Screening and early intervention (SBIRT) in healthcare, schools, justice systems;
-  • Hospital and EMS initiatives linking overdoses to treatment;
-  • Crisis stabilization centers;
-  • Peer support in emergency settings, hotline or call center support.

### • D. Criminal Justice-Involved Strategies

-  • Pre-arrest diversion and deflection programs (e.g., PAARI, DART, LEAD),
-  • Support for treatment courts, re-entry services, transitional programs,
-  • Training for justice and law enforcement personnel.

### • E. Needs of Pregnant/Parenting Women and Families

-  • Expand evidence-informed care for pregnant or parenting women with OUD and NAS,
-  • Training for providers working with these groups.
-  • Family supports and enhanced child services.

# 2025 ORF Advisory Council Funding Recommendations

## ORF ADVISORY COUNCIL: ROLE & MANDATE



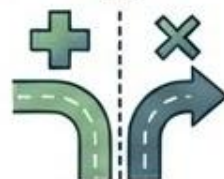
Established in 2022  
(Health General Article §7.5-903).  
12 members serving two-year terms.  
Provides annual recommendations to  
the Governor by November 1.

## CRITERIA FOR RECOMMENDATIONS (Health General Article § 7.5-905)



### SUD Per Capita

Number of people per capita with a substance use disorder.



### Access Disparities

Disparities in access to care that may preclude persons.



### Overdose Deaths

Number of overdose deaths per capita.



### Available Resources

Programs, services, supports, or other resources currently available.



### Health Outcome Disparities

Disparities in access to care and health outcomes.

# What St. Mary's County is Doing



**PREVENT**  
New Cases of Misuse

- Reduce any unnecessary opioid prescribing or supply
- Educate consumers about opioid addiction risks
- Support vulnerable populations to reduce addiction risk-factors

- Reduce stigma and increase knowledge of the disease
- Improve identification of opioid use disorder
- Connect more individuals with treatment and recovery services

**IMPROVE**  
Early Identification and Intervention



**EXPAND**  
Access to Services

- Improve access to/quality of addiction treatment services
- Increase access to naloxone
- Promote treatment as an alternative to incarceration

- Evaluate epidemiological trends
- Establish a public health surveillance system
- Improve response and programs based on data
- Implement and evaluate coordinated response efforts

**ENHANCE**  
Data Collection, and Analysis



Aligning expenses with our Strategic Plan for Overdose Response

# St. Mary's County Local Abatement Plan (LAP)

The ORF provision which most accurately represents the primary primary focus of the local abatement plan.



(ii) Supporting peer support specialists and screening, brief intervention, and referral to treatment services for hospitals, correctional facilities, and other high-risk populations.



(vi) Expanding and establishing safe stations, mobile crisis response systems, and crisis stabilization centers.



(xi) Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment.

# St. Mary's County Local Abatement Plan (LAP)



## A. TREAT OPIOID USE DISORDER (OUD)

Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members, and training of health care personnel to identify and address such trauma. (Local Overdose Fatality Review Teams (LOFRT))



## E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN...

Support evidence-based/informed treatment (MAT, recovery services, prevention) for pregnant/parenting women with OUD and co-occurring SUD/MH conditions. Educate and support families affected by Neonatal Abstinence Syndrome. (Substance Exposed Newborn (SEN) Task Force Team)



## B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Provide the full continuum of care (treatment, recovery services, supportive housing, peer support, counseling, community navigators, case management) and connections to community-based services. (State Care Coordination)



## C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED

Support crisis stabilization centers as alternatives to EDs. Provide peer support specialists/recovery coaches in EDs, detox, recovery settings. Offer services/connections to care for persons with OUD/SUD/MH conditions or after an overdose. (Peer Support Services, Behavioral Health Crisis Walk-in Services, Medical Director)

## H. PREVENT OVERDOSE DEATHS AND OTHER HARMS

Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use. (Public Health Clinical Laboratory Scientist)



Funding will also be used to support staff training and conferences for professional development. Our team is continuously looking for training opportunities to expand our knowledge and skill set.

# What Would You Like To See ORF Used For?

**If we issue one RFP for a one-time initiative funded by opioid restitution dollars, what evidence-based practice directly related to opioid use disorder (OUD) or opioid overdose prevention should we prioritize?**



Be directly related to opioid use disorder or opioid overdose prevention



Be supported by evidence-based practices (EBPs) or strong research



Be structured as a one-time or non-recurring investment



Align with approved uses under opioid restitution funding guidelines

# Brainstorming Session

## Proposed initiatives:



Hidden in  
**Plain Sight**



Advertisements  
- **Billboards**  
Pregnancy &  
MOUD



Updating  
**D.A.R.E**  
curriculum



Curriculum  
for SMCPS



Parent  
Toolkit



Speaking  
engagements

# MORE INFORMATION

## LEARN ABOUT LOCAL PUBLIC HEALTH ACTION

**EXPLORE MORE AT [SMCHD.ORG](http://SMCHD.ORG)**



SMCHealthDepartment



smchd\_gov

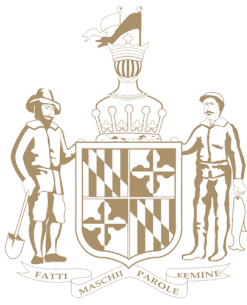


St. Mary's County  
Health Department



Join our local health improvement coalition or sign up for the e-newsletter:

**[HealthyStMarys.com](http://HealthyStMarys.com)**



# Maryland's Office of Overdose Response

Wes Moore, Governor · Aruna Miller, Lt. Governor · Emily Keller, Special Secretary of Overdose Response

## Maryland's Opioid Restitution Fund

### Opioid Restitution Fund Primer

#### Background

In 2021, the first legal settlements with pharmaceutical manufacturers and distributors related to the roles these companies played in misleading the public regarding the risk of prescription opioids were finalized. Several additional legal settlements have been reached since, and others remain in active litigation and could be finalized in the coming years.

Prescriptions for opioids started to rise in 1990, and, between 1999 and 2023, nearly 308,000 people died from a prescription opioid overdose.<sup>1,2</sup> Additionally, when restrictions on access to prescription opioids began to increase around 2010, many people who had developed opioid use disorder from prescription opioids turned to heroin (and then later fentanyl), which precipitated historic rises in fatal overdoses nationwide.<sup>3</sup> In all, over 1,000,000 Americans have lost their lives to an opioid-related overdose since 1999.<sup>4</sup>

The country is still dealing with these devastations, and we continue to lose loved ones, friends, and neighbors to overdoses. In Maryland, nearly four people lose their lives to an opioid overdose every day.<sup>5</sup> Opioid settlement funds are intended to redress these harms, and, as such, transparency and impactful spending are of the utmost importance.

<sup>1</sup> <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>

<sup>2</sup> <https://www.cdc.gov/overdose-prevention/about/prescription-opioids.html>

<sup>3</sup> <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>

<sup>4</sup> <https://publichealth.jhu.edu/2024/nearly-one-third-of-us-adults-know-someone-whos-died-of-drug-overdose>

<sup>5</sup> <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>

## In Maryland

In 2019, Maryland established the [Opioid Restitution Fund](#) (ORF) to receive all proceeds awarded to the state through prescription opioid-related legal settlements. As of August 2025, Maryland has received payments from eight different settlements, including the following:

- Mallinckrodt
- McKinsey & Company
- Janssen (includes McKesson, Cencora, and Cardinal Health)
- Walmart
- Walgreens
- Allergan
- Teva
- Publicis Health

Five of the eight settlements are part of the National Opioid Settlement; Mallinckrodt, McKinsey, and Publicis are not and have different allocation formulas and guiding principles. In 2024, Maryland reached a settlement agreement with Kroger, payments through which will begin in fiscal year 2026.

In 2025, Maryland reached settlement agreements with Purdue Pharma and the following distributors: Alvogen, Amneal, Apotex, Hikma, Mylan (now part of Viatris), Sun, and Zydus. Settlement award amounts and a payment schedule for these settlements are not available at this time. Under settlements with current payment schedules, Maryland will receive payments until fiscal year 2038. Some settlements use front-loaded payments, and the amount received will decrease each year. In Maryland, 58 subdivisions agreed to drop their individual lawsuits and joined the state's settlement agreements.

**Participating subdivisions include:** Allegany County, City of Cumberland, City of Frostburg, Anne Arundel County, City of Annapolis, Baltimore County, Calvert County, Caroline County, Carroll County, City of Westminster, Cecil County, Town of Charlestown, Town of Elkton, Town of Northeast, Town of Perryville, Charles County, Dorchester County, City of Cambridge, Town of Vienna, Frederick County, City of Frederick, Garrett County, Town of Grantsville, Town of Mountain Lake Park, Town of Oakland, Harford County, City of Aberdeen, Town of Bel Air, City of Havre de Grace, Howard County, Kent County, Montgomery County, City of Gaithersburg, City of Rockville, City of Takoma Park, Prince George's County, City of Bowie, City of College Park, Town of Cottage City, Town of Forrest Heights, City of Greenbelt, City of Hyattsville, City of Laurel, City of New Carrollton, Town of North Brentwood, City of Seat Pleasant, Town of Upper Marlboro, Queen Anne's County, Somerset County, St. Mary's County, Talbot County, Town of Easton, Washington County, City of Hagerstown, Wicomico County, City of Salisbury, Worcester County and Town of Berlin.

**Note:** While Baltimore City opted into Maryland's settlement with Walmart, it pursued independent litigation against all other parties. You can learn more about their opioid settlements [here](#).

## Maryland's Settlement Framework

The State-Subdivision Agreements of [2022](#) and [2023](#) specify how funds will be shared between the state and all participating subdivisions. In Maryland, 70% of funds subject to this agreement are distributed at the local level to each of the 58 subdivisions mentioned above. In addition to [State Finance and Procurement Article § 7-331](#), which outlines allowable uses for these funds as outlined in [Exhibit E](#), the State-Subdivision Agreements also identifies additional parameters for allowable spending in Maryland.

Maryland's Office of Overdose Response (MOOR) has been designated as the administrator of the ORF. MOOR supports the Opioid Restitution Fund Advisory Council (which makes recommendations on state spending), collects expenditure reporting from subdivisions and others receiving ORF funds, submits an annual report to the state legislature, and executes the state discretionary abatement grants.

## Funding Breakdown

There are four distinct funding streams for settlements in the [National Opioid Settlement](#).  
Local Subdivisions (70%)

Local subdivisions receive 70% of the total funds through two funding streams:

- **Local Direct (25%):** Local Direct allocation payments go directly from the settlement administrator, Brown Greer, PLC, to participating subdivisions.
- **Targeted Abatement Grants (TAG) (45%):** TAG funds are deposited into the state ORF account, but are strictly to be used to provide formula-based grants to the participating subdivisions. Upon submission and approval of a Local Abatement Plan (LAP) demonstrating a plan for allowable spending that is compliant with the State-Subdivision Agreement, opioid settlement agreements, and applicable law, those funds may be released by MOOR to the local subdivision. Targeted Abatement Grant funds cannot be utilized by the state.

There are eight qualifying charter counties that are not required to submit a LAP due to an agreement made during the settlement process: Anne Arundel County, Baltimore City (only for the Walmart settlement), Baltimore County, Frederick County, Harford County, Howard County, Montgomery County, and Prince George's County.

### State Portion (30%)

Funds at the state level are split between the State Allocation and State Discretionary Abatement Fund.

- **State Allocation (15%):** Used for allowable expenditures at the state's discretion. Legislative mandates should come from this fund.
- **State Discretionary Abatement Fund (SDAF) (15%):** The SDAF is required to be made available through competitive grants.

Apart from national settlements, McKinsey, Mallinckrodt, and Publicis payments that go to the state will fall in the State Allocation fund. Mallinckrodt (also known as "NOAT-II") also has local payment distributions to counties, which can be found [here](#). Publicis does not have local subdivision payments.

**Note:** *The McKinsey settlement also involves local distributions, however, this settlement occurred outside of the state agreement with McKinsey. As such, the state is not involved in the administration of those funds, and those amounts are not included in the calculations above.*

## Funds Received

You can view the current projected payment schedule for the national settlement [here](#).

For the non-national opioid settlements, McKinsey has paid its full settlement amount of \$12,084,129.00 as of fiscal year 2025, and Publicis paid out its one-time payment of \$7,239,389.04 in the 2024 fiscal

year. Mallinckrodt has paid out the total settlement amount of \$2,200,943.11. Mallinckrodt also has local payment distributions to counties, which can be found [here](#).

Based on current projections, a total of \$670,823,954.48 will be received by Maryland and its subdivisions over the next 18 years. Of this, \$160,093,417 will be distributed directly to local subdivisions, \$284,763,252.13 will be distributed to local subdivisions through TAG distributions, \$122,014,862.59 will be designated for the State Allocation, and \$100,490,400.97 will be designated for State Discretionary Abatement Fund grants.

## Funds Spent

For information about funds expended, please review the [Maryland Opioid Restitution Fund Expenditure Report: Fiscal Year 2025](#). As required by [Senate Bill \(SB\) 589 of 2025](#), Maryland will soon have a public ORF dashboard where this information will also be available.

## Allowable Spending

All ORF funds are required to be used to further opioid remediation in the State of Maryland. [Exhibit E](#) is the guiding document for allowable uses for opioid remediation. It was established in the National Opioid Settlement Agreement and therefore governs allowable spending for all states in the settlement agreement.

The State-Subdivision Agreements of [2022](#) and [2023](#) are specific to Maryland and stipulate that 15% of the local allocation may be permissible to be used for past opioid remediation, subject to the requirements of the opioid settlements. This spending must be for allowable uses in Exhibit E. The majority of ORF funds distributed by MOOR are required to be used specifically for future opioid remediation.

Additionally, [Annotated Code of Maryland State Finance and Procurement Article § 7-331](#) states “money expended from the Fund for the programs and services described under subsection (f) of this section is supplemental to and is not intended to take the place of funding that otherwise would be appropriated for the programs and services”. This makes clear that supplantation of previous funding with ORF funds is not permissible.

MOOR would like to note that the opioid settlement payments are front-loaded, so smaller payments will trickle in over the next several years. In order to make strategic investments and create sustainable programs and interventions, the state and local subdivisions may need to maintain a balance in the ORF.

You can learn more by reading our [Opioid Restitution Fund Policy Bulletin: Allowable Spending](#).

## Reporting

Annually, MOOR is required to report to the state legislature on expenditures from the ORF. You can see MOOR's report to the state legislature from fiscal year 2025 [here](#).

Local subdivisions are also required to submit reporting to MOOR annually, which MOOR uses in its report to the state legislature. This report requires local subdivisions to align all spending with allowable provisions from [Exhibit E](#), as well as identify performance measures for funded programs. Under the State-Subdivision Agreement, local subdivisions shall cooperate reasonably with the Attorney General, the Secretary, and the Executive Director regarding the statewide coordination of planning, activities, expenditures, and reporting under the 2022 State-Subdivision Agreement, the 2023 State-Subdivision Agreement, and the National Settlement Agreements, including by providing contact information for persons responsible for the management and expenditure of funds received under opioids settlements. In addition, recipients of state discretionary abatement grant funds may be required to provide reporting to support public dashboard efforts.

Per [Senate Bill 589](#) of 2025, MOOR is required to create a dashboard that will display all ORF expenditures for the public, including local spending. As of September 2025, MOOR is currently partnering with the MDH Data Office to establish this dashboard.

## Opioid Restitution Fund Advisory Council

Maryland's Opioid Restitution Fund Advisory Council (ORFAC) was established in 2022 to provide recommendations regarding the use of the state portion of prescription opioid-related legal settlement funds. As specified by state statute ([Maryland Health General Article §7.5–903](#)), the council consists of 12 members who serve for terms of two years.

Recommendations for 2025 can be viewed [here](#).

Visit [StopOverdose.maryland.gov/ORF-AdvisoryCouncil](http://StopOverdose.maryland.gov/ORF-AdvisoryCouncil) to learn more or see meeting materials.

## Helpful documents

State-Subdivision Agreements of [2022](#) and [2023](#)

[Annotated Code of Maryland State Finance and Procurement Article §7-331](#)

[Exhibit E Allowable Spending](#)

[National Opioid Settlement I](#) (Janssen, Walmart, Walgreens, Allegan, Teva, Kroger)

[National Opioid Settlement II](#) (Malinkrodt)

[Brown Greer payment distribution website](#)

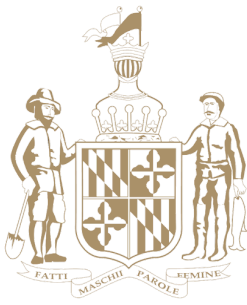
[Local subdivision settlement fund projections](#) (download in Excel)

[MOOR's ORF Resource page](#)

[FY2024 Annual Expenditure Report](#) for the General Assembly

[FY2025 Annual Expenditure Report](#) for the General Assembly

*This document will be updated periodically as new settlement information becomes available. Last update November 3rd, 2025. For questions, please reach out to [orf.moor@maryland.gov](mailto:orf.moor@maryland.gov)*



# Maryland's Office of Overdose Response

Wes Moore, Governor · Aruna Miller, Lt. Governor · Emily Keller, Special Secretary of Overdose Response

## **Opioid Settlement Spending:** Recommendations for Local Governments (with references to [Exhibit E](#))

Under the [State Subdivision Agreement of 2022](#), the Special Secretary of Overdose Response is required annually to “provide nonbinding recommendations for County and Municipal Subdivision expenditure of Settlement Proceeds that, in the Secretary’s judgment, will serve an efficient and effective program of Future Opioid Remediation across Maryland.”

To meet this requirement, recommendations are provided below, beginning with general recommendations and followed by recommendations that align with each of Maryland’s five strategic policy priority pillars for reducing overdoses (as outlined in the state’s [Overdose Response Strategy](#)), *Prevention, Meeting People Where They Are, Treatment, Recovery, and Public Safety*.

### **General Recommendations:**

- Subdivisions should work closely with local legal counsel on decisions related to opioid settlement spending to ensure requirements of the settlement and state statute are abided by
- Collaborate with local health departments, Overdose Prevention Teams, providers, community based organizations and the public in spending priority decisions
- Engage with local health departments and local behavioral health authorities to ensure local governments are aware of any funding changes related to substance use
- Prioritize funding organizations who have demonstrated experience working in the overdose prevention field and the region

**Note:** [Exhibit E](#) citations below are in the format as follows, page number, letter of heading: corresponding number under the heading



## Prevention

### Interrupt Pathways to Substance Use Disorders

#### Recommendations:

- Support programs focused on supporting families dealing with substance use <sup>p12, G:10</sup>
- Focus funding on prevention initiatives that are evidence-based and address upstream factors such as ACEs and resiliency <sup>p11, G:6-9</sup>



## Meeting People Where They Are

### Improve Health And Safety for People Who Use Drugs

#### Recommendations:

- Increase accessibility of Opioid–Associated Disease Prevention and Outreach Programs (OADPOPs) <sup>p13, H:9</sup>
- Expand no barrier, street based outreach efforts that meet people where they are <sup>p13, H:11</sup>
- Expand access to community based drug checking services, tools and information sharing <sup>p13, H:9</sup>
- Increase naloxone distribution to those most likely to witness an overdose <sup>p12, H:1</sup>
- Increase naloxone access/awareness in schools, universities, and public places <sup>p12, H:1</sup>



## Treatment

### Make Evidence-Based Treatment Accessible for People with Substance Use Disorders

#### Recommendations:

- Improve access to MOUD and low-barrier treatment models, including access to MOUD in carceral settings <sup>p4, A:1,3,5</sup>
- Expand offerings and/or linkages to care in SUD treatment to account for other health needs (wound care, HCV/HIV/STD testing and treatment, etc) <sup>p4, A:2; p13, H:10</sup>
- Expand access to treatment by providing support for common barriers: transportation, ability to pay for services, childcare, etc. <sup>p5, B:2</sup>



## Recovery

### Build and Sustain Community Infrastructure that Promotes Recovery Capital

#### Recommendations:

- Support the expansion of Maryland's Recovery Friendly Workplaces model p5, B:1
- Increase opportunities for people in recovery to access workforce development training and resources p5, B:1
- Increase access to certified recovery housing for individuals on MOUD p5, B:4
- Increase access to long-term housing for individuals in recovery p5, B:2
- Support educational campaigns to address stigma against people who use drugs or are in recovery from SUD p11, G:6



## Public Safety

### Improve Outcomes for People Who Use Drugs Who Encounter the Criminal Legal System

#### Recommendations:

- Promote alternatives to incarceration, including diversion and deflection p8, D:1,4
- Expand awareness of existing Good Samaritan Law protections in substance-related emergencies p13, H:7
- Expand re-entry programs in carceral settings p9, D:5
- Expand peer services in criminal legal settings p6, B:3



Charles County  
Department  
of  
Health

**HOPE  
TEAM**

Prevention & Outreach



the  
**parents' place**  
of Maryland

# National Good Samaritan Day

*Join our Resource event and Partnership with Charles County Department of Health - Local Behavioral Health Authority and Parents Place of Maryland*



## H.O.P.E. Trailer On Site

**13<sup>th</sup> March, 2026** ●

**10am to 2pm** ●

### Where:

*4545 Crain Highway  
White Plains, MD 20659*

- Narcan Training and Kits Available
- Sharps Disposals Available
- Giveaways



Resources on  
Overdose Response



Overdose Prevention  
and Risk Reduction



Information on what the  
Good Samaritan Law is



For more information:  
[amy@ppmd.org](mailto:amy@ppmd.org)  
[moreen.young@maryland.gov](mailto:moreen.young@maryland.gov)