



## National Opioid Settlement

### Acceptable Uses of Funds

Rev. 12/19/22

On Feb. 25, 2022, Attorney General Daniel Cameron announced the finalization of a \$26 billion agreement with Cardinal Health, McKesson, and AmerisourceBergen – three major pharmaceutical distributors in the U.S. – and Johnson & Johnson (J&J), which manufactured and marketed opioids. The agreement is due to the companies' roles in creating and fueling the opioid epidemic.

Of that \$26 billion, Kentucky is slated to receive \$478.1 million to be paid out over 18 years. Counties and cities will receive half of the state allocation, approximately \$239 million, minus funds set aside for payment of fees to the attorneys that represented local governments in the litigation.

According to the terms of the settlements and KRS 15.291 and 15.293, the settlement funds may **only** be used for the following purposes:

#### **KRS 15.291(5)**

##### (a) Reimbursement for:

1. Any portion of the cost related to outpatient and residential treatment services, including:
  - a. Services provided to incarcerated individuals;
  - b. Medication-assisted treatment;
  - c. Abstinence-based treatment; and
  - d. Treatment, recovery or other services provided by community health centers or not-for-profit providers;
2. Emergency response services provided by law enforcement or first responders; or
3. Any portion of the cost of administering an opioid antagonist as defined in KRS 217.186; or

##### (b) Provide funding for any project which:

1. Supports intervention, treatment and recovery services provided to persons:
  - a. With OUD or co-occurring SUD/MH issues; or
  - b. Who have experienced an opioid overdose;
2. Supports detoxification services, including:
  - a. Medical detoxification;
  - b. Referral to treatment; or
  - c. Connections to other services;

3. Provides access to opioid-abatement-related housing, including:
  - a. Supportive housing; or
  - b. Recovery housing;
4. Provides or supports transportation to treatment or recovery programs or services;
5. Provides employment training or educational services for persons in treatment or recovery;
6. Creates or supports centralized call centers that provide information and connections to appropriate services;
7. Supports crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any cooccurring SUD/MH issues or persons that have experienced an opioid overdose;
8. Improves oversight of opioid treatment programs to ensure evidence-based and evidence-informed practices;
9. Provides scholarships and support for certified addiction counselors and other mental and behavioral health providers, including:
  - a. Training scholarships;
  - b. Fellowships;
  - c. Loan repayment programs; or
  - d. Incentives for providers to work in rural or underserved areas of Kentucky;
10. Provides training on medication-assisted treatment for health care providers, students or other supporting professionals;
11. Supports efforts to prevent over-prescribing and ensures appropriate prescribing and dispensing of opioids;
12. Supports enhancements or improvements consistent with state law for prescription drug monitoring programs;
13. Supports the education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with opioids or individuals with OUD or co-occurring SUD/MH issues;
14. Supports opioid-related emergency response services provided by law enforcement or first responders;
15. Treats mental health trauma issues resulting from the traumatic experiences of opioid users or their family members;
16. Engages nonprofits, the faith community, and community coalitions to support prevention and treatment, and to support family members in their efforts to care for opioid users in their family;
17. Provides recovery services, support and prevention services for women who are pregnant, may become pregnant, or who are parenting with OUD or co-occurring SUD/MH issues;

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18. Trains health care providers who work with pregnant or parenting women on best practices for compliances with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of care;
19. Addresses Neonatal Abstinence Syndrome, including prevention, education and treatment of OUD and any co-occurring SUD/MH issues;
20. Offers home-based wraparound services to persons with OUD and any co-occurring SUD/MH issues, including parent skills training;
21. Supports positions and services, including supportive housing and other residential services relating to children being removed from the home or placed in foster care due to custodial opioid use;
22. Provides public education about opioids or opioid disposal;
23. Provides drug take-back disposal or destruction programs;
24. Covers the cost of administering an opioid antagonist as defined in KRS 217.186;
25. Supports pre-trial services that connect individuals with OUD and any co-occurring SUD/MH issues to evidence-informed treatment and related services;
26. Supports treatment and recovery courts for persons with OUD and any co-occurring SUD/MH issues, but only if they provide referrals to evidence-informed treatment;
27. Provides evidence-informed treatment, recovery support, harm reduction or other appropriate services to individuals with OUD and any co-occurring SUD/MH issues who are incarcerated, leaving jail or prison, have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in reentry programs or facilities;
28. Meets the criteria included in any settlement agreement or judgment between the parties listed in KRS 15.293(3)(a); or
29. Any other project deemed appropriate for opioid-abatement purposes by the Kentucky Opioid Abatement Advisory Commission.

To learn more about the opioid settlement, visit [www.kaco.org](http://www.kaco.org).