Illinois

Total Funds

$760 million¹

Allocation

55% to the Illinois Opioid Remediation State Trust Fund, 25% to local governments, and 20% to the state

Mechanism


Key Takeaways

Advisory Board, Steering Committee, and Office of Opioid Settlement Administration. The Opioid Remediation Advisory Board (Advisory Board), supported by the Office of Opioid Settlement Administration, and the Governor’s Opioid Overdose Prevention and Recovery Steering Committee both play a role in determining how to spend monies from the Illinois Opioid Remediation State Trust Fund. The Advisory Board develops non-binding recommendations for forward-looking abatement expenditures while the Steering Committee makes the final determination on how to spend Trust Fund monies.⁴

Some intrastate reporting, no public reporting. Neither Illinois state law nor its allocation agreement require public reporting of opioid settlement expenditures.⁵ However, roughly a quarter (23%) of the state’s total opioid settlement monies are subject to intrastate reporting requirements.⁵

Background

The Illinois Opioid Allocation Agreement (Agreement) allocates 55% of the state’s settlement monies to the Illinois Opioid Remediation State Trust Fund (Trust Fund) established by state law,⁷ 25% of monies to local governments, and 20% to the state.⁸ A separate agreement between the state and city of Chicago (State-Chicago Agreement) directs 40% of the state’s share of the distributor and Johnson & Johnson settlements – 8% of Illinois’ total monies from these settlements – to the city.⁹

This resource is current as of 5/7/2023. For the most up-to-date information, please visit https://www.opioidsettlementtracker.com/settlementspending.
Executive Order 2022-19 established the Office of Opioid Settlement Administration (OOSA) within the Illinois Department of Human Services and the Illinois Opioid Remediation Advisory Board (Advisory Board) as a sub-committee of the Governor’s Opioid Prevention and Recovery Steering Committee (Steering Committee). The Advisory Board provides non-binding recommendations to the Steering Committee, and the Steering Committee ultimately decides how to use Trust Fund monies. Regardless of allocation, the state must spend 70% of funds on the opioid remediation programs listed in the Agreement’s Exhibit B, which is identical to the national settlement agreements’ Exhibit E and includes treatment, prevention, harm reduction, and recovery support services.

**Decision-Making Process**

55% ILLINOIS OPIOID REMEDIATION STATE TRUST FUND

Fifty-five percent (55%) of the state’s settlement monies are directed to the Illinois Opioid Remediation State Trust Fund (Trust Fund) administered by the Illinois Department of Human Services (DHS). Except for administrative costs, all Trust Fund monies must be spent on the approved abatement programs listed in Exhibit B and across the seven regions identified in Exhibit C. The Illinois Opioid Remediation Advisory Board (Advisory Board), established via executive order, provides non-binding recommendations on forward-looking approved abatement program spending and works to ensure an equitable allocation of resources across the state considering both population and factors related to the overdose crisis. The Opioid Overdose Prevention and Recovery Steering Committee (Steering Committee), created by a separate and earlier executive order, considers the Advisory Board’s recommendations and makes the final determination on how to spend Trust Fund monies.
Decision-Making Process

Continued)

ILLINOIS OPIOID REMEDIATION ADVISORY BOARD
The Illinois Opioid Remediation Advisory Board (Advisory Board) is a subcommittee of the Opioid Overdose Prevention and Recovery Steering Committee (Steering Committee) and is tasked with advising the Steering Committee on spending Trust Fund monies for approved abatement programs. The 27-member Advisory Board includes 11 non-voting members who are directors of state agencies or appointees of legislative leadership and 16 voting members. The 16 voting members include eight members who represent the state and eight members who represent local governments, including a representative from Chicago and one from each of Illinois’ seven public health regions. The Attorney General appoints all Advisory Board members, provided that at least half of the Advisory Board’s voting members represent participating local governments as determined by the localities themselves. The state’s Chief Behavioral Health Officer serves as the Advisory Board’s non-voting chair. The 16 voting members serve four-year terms. Current Advisory Board members can be found here.

The Advisory Board may establish working groups to support its efforts. Working groups may be comprised of both Advisory Board members and other individuals, all of whom must be appointed by the Secretary of the Department of Human Services in consultation with the Attorney General; a member of the Advisory Board must serve as chair of any working group. The Advisory Board currently has two working groups: the Access & Equity Workgroup and the Medical & Research Workgroup.

The Office of Opioid Settlement Administration (OOSA), housed within the Department of Human Services, staffs the Advisory Board and assists it with its duties. The OOSA must work with state agencies and localities to present to the Advisory Board “an integrated and complementary approach to opioid use disorder and reduce and address trauma within ... communities.”

OPIOID OVERDOSE PREVENTION AND RECOVERY STEERING COMMITTEE
The Opioid Overdose Prevention and Recovery Steering Committee (Steering Committee), established via executive order, serves as a liaison between the governor’s office and stakeholders of the Illinois Opioid Crisis Response Advisory Council (Council) and oversees implementation of the State of Illinois’ Opioid Action Plan (SOAP). The Steering Committee’s duties include working with state agencies and other stakeholders to develop policies and programs that establish local recovery-oriented systems of care (ROSC) councils in communities disproportionately impacted by the overdose crisis, evaluating existing and recommending
20% STATE SHARE
Twenty percent (20%) of Illinois’ opioid settlement monies are allocated to the state, and the state must spend at least one-quarter of this share on opioid abatement programs listed in Exhibit B. A separate agreement entered between the state and city of Chicago requires the state to distribute 40% of its share of the distributor and Johnson & Johnson settlements – 8% of the state’s total monies from these settlements – to Chicago for the city to spend on opioid abatement programs listed in Exhibit B. Neither state law nor the state’s allocation agreement restrict how the state may use the remainder of this share.

25% LOCAL SHARE
The Agreement allocates 25% of the state’s opioid settlement monies to participating local governments. Ten percent (10%) of settlement monies are allocated to participating counties according to the percentages in Exhibit A-2 for spending on approved abatement programs (i.e., for uses listed in Exhibit B). Another 15% of settlement monies—which the Agreement does not restrict to approved abatement programs—is first allocated according to the percentages in Exhibit A-1 to participating municipalities and townships that filed lawsuits by September 1, 2020 and participating municipalities with populations of 30,000 or more; any remaining monies from this 15% are then allocated to participating counties according to the percentages in Exhibit A-2.

LOCAL SPENDING EXAMPLE
Chicago’s Mayor and Department of Public Health will use settlement monies to create and expand programs that provide low-barrier harm reduction access, linkages to care, long-term supports, public safety partnerships, community outreach, and data analysis.
Tracking Funds and Accountability

- Neither Illinois state law nor its allocation agreement include any requirements to publicly report opioid settlement expenditures or enforcement provisions to address misspent funds.44

- Roughly one quarter (23%) of the state’s settlement monies are subject to intrastate reporting: the portion of the state share restricted to approved abatement programs (5% of total settlement monies),45 the portion of the state share distributed to Chicago (8% of total settlement monies),46 and the portion of the local share allocated to participating counties for approved abatement programs (10% of total settlement monies).47

- The Advisory Board, working groups of the Advisory Board, and the Steering Committee must operate in compliance with Illinois’ Open Meetings Act and Freedom of Information Act.48

Engaging in the Process

- Scan the website of the Illinois Opioid Remediation Advisory Board, which contains past meeting minutes and agendas, presentations, and other helpful information.49

- Attend a meeting of the Advisory Board, which meets quarterly. Future meeting dates are posted on its website, and call-in information is embedded in meeting agendas. Meetings have included a public comment period.50 To submit a written comment, write to sherrine.peyton@illinois.gov, the State Opioid Settlement Administrator (SOSA).

- Attend a meeting of the Steering Committee, which must meet at least quarterly.51 Future meeting dates are not currently listed on the group’s website, but past meetings have included a public comment period.52 Write to the Steering Committee’s administrative contact, Brian.Pacwa@illinois.gov, to obtain future meeting dates.

- The Office of Opioid Settlement Administration within the Department of Human Services must develop, for the Advisory Board’s consideration, a “comprehensive plan” to address the overdose crisis that integrates feedback from people with lived expertise and subject-matter experts.53 Watch for future opportunities to contribute!

- Leverage Executive Order 2022-19’s commitment to reduce and address community trauma:44 demand large-scale, structural change as well as individual supports to meet the moment.
Additional Resources

**ILLINOIS DEPARTMENT OF HUMAN SERVICES**
*Illinois Opioid Remediation Advisory Board*

*Governor’s Opioid Prevention and Recovery Steering Committee*

*Advisory Groups Structure*

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**
*State of Illinois Opioid Action Plan (SOAP) 2022*

**ILLINOIS OPIOID REMEDIATION ADVISORY BOARD**
*National Opioid Settlements Overview (September 2022)*

**THE CIVIC FEDERATION**
*Illinois’ Spending Plan for Opioid Settlement Funds*
References

1. From settlements with distributors McKesson, AmerisourceBergen, Cardinal Health and manufacturer Johnson & Johnson only. Illinois is also participating in several settlements that are likely to be finalized later this year, e.g., CVS, Walgreens, Walmart, Allergan, and Teva. See KHN’s “The Right to Know: Where Does Your State Stand on Public Reporting of Opioid Settlement Cash?” interactive transparency map (located mid-article; click “Illinois” for state-specific participation information) and OpioidSettlementTracker.com’s Global Settlement Tracker for more information.
2. 2023 Illinois Senate Bill 2205, the Opioid Litigation Proceeds Act, is currently under consideration by the Illinois state legislature and would create the Opioid Litigation Proceeds Fund and Opioid Litigation Proceeds Council.
3. Neither Illinois’ allocation agreement nor state law establishing the Illinois Opioid Remediation State Trust Fund for administrative costs associated with opioid-related litigation, demands, or settlements.
5. Agreement §§ 3(A), 1(G),(I); 30 Ill. Comp. Stat. Ann. 105/6z-133(b). The state’s separate agreement with the City of Chicago applies only to monies received from the distributor and Johnson & Johnson settlements. See also AG’s 7/29/2022 press (“Remediation monies coming from the distributor/Johnson & Johnson settlement, the Mallinckrodt bankruptcy plan, and other potential future settlements or judgments, will be administered through the Executive Order for the Administration of Settlement Proceeds and the establishment of IDHS Office of Opioid Settlement Administration (OOSA). [A] Statewide Opioid Settlement Administrator (SOSA) will be appointed [to] ensure (1) opioid remediation funds align with the State Overdose Action Plan (SOAP) and (2) are used equitably to fund recovery and treatment programs in the counties and municipalities with the most urgent need”). Note that many states’ mechanisms for opioid settlement spending were designed to comply with the requirements of the Distributor and Janssen settlement agreements, which require (among other provisions) that a minimum of 85% of settlement funds be spent on opioid remediation expenditures. Section V.B.1. Subsequent settlements require varying thresholds of opioid remediation spend; the CVS and Walgreens agreements, for instance, require a minimum of 95.5% and 95% opioid remediation spending, respectively. Section V.B.1. Keep an eye out for the ways states will amend their spending mechanisms, if at all, to comply with subsequent settlement terms.
6. 30 Ill. Comp. Stat. Ann. 105/6z-133(b) (“The Illinois Opioid Remediation State Trust Fund is created as a trust fund in the State treasury to receive proceeds … directed by the Attorney General into the fund pursuant to Section 3 of the Illinois Opioid Allocation Agreement, effective December 30, 2021.”)
7. Agreement § 3(A). All of Illinois’ settlement monies excluding attorneys’ fees and litigation costs are first received by the Attorney General prior to distribution according to the established allocations. Agreement § 3(3)-(C).
10. Illinois Opioid Remediation Advisory Board advises that Trust Fund monies must in fact be used on “forward-looking” core strategies.
11. Agreement § 3(A). The website of the Illinois Opioid Remediation Advisory Board advises that Trust Fund monies must in fact be used on “forward-looking” core strategies.
The Agreement requires that the “allocation of resources [i.e., Trust Fund monies] be[] equitable across regions, taking into consideration population as well as other factors relevant to opioid abatement, including rates of Opioid Use Disorder, Overdose Deaths, and amounts of opioids shipped into each region as measured in Morphine Milligram Equivalents.” Agreement § 3(A)(c).

The website of the Illinois Opioid Remediation Advisory Board also advises that Trust Fund monies must be used on “forward-looking” core strategies. The eight core strategies are the same listed in the preamble of Ill. Exec. Order No. 2022-19: (1) Naloxone or Other FDA-Approved Drug to Reverse Opioid Overdoses; (2) Medication Assisted Treatment/Medication Assisted Recovery; (3) Services for Pregnant and Post-Partum People with Opioid Use Disorder; (4) Services for Neonatal-Abstinence Syndrome; (5) Bridge Services (warm hand-off) and Recovery Oriented Services; (6) Treatment of Incarcerated People; (7) Prevention Programs; and (8) Harm Reduction & Syringe Service Programs.

Note that the Illinois Opioid Remediation Advisory Board is different from the Illinois Opioid Crisis Response Advisory Council, which also reports to the Steering Committee. See the infographic here.

“The Access & Equity Working Group’s purpose is to provide recommendations to the Illinois Opioid Remediation Advisory Board regarding social and historical factors that impact access to affirming and culturally competent programs, practices, and policies intended to serve communities experiencing disparities in opioid use, overdoses, and other substance use disorders to make systemic changes for optimal health.” IORAB Access & Equity Workgroup.

“The Medical & Research working group’s purpose is to provide recommendations to the Illinois Opioid Remediation Advisory Board regarding allocation of the opioid settlement fund. The mission of the Medical & Research working group is to determine the best evidence-based treatments and emerging medical practices for opioid use and other substance use disorders through analysis of current and relevant data and to implement a systemic framework that distributes resources to at-risk populations to maximize positive outcomes and reduce health inequities and/or disparities associated with racial, socio-economic, geographical, and other social determinants of health.” IORAB Medical & Research Working Group.

Illinois Opioid Remediation Advisory Board

**IORAB Medical & Research Working Group**

- (1) Naloxone or Other FDA-Approved Drug to Reverse Opioid Overdoses
- (2) Medication Assisted Treatment/Medication Assisted Recovery
- (3) Services for Pregnant and Post-Partum People with Opioid Use Disorder
- (4) Services for Neonatal-Abstinence Syndrome
- (5) Bridge Services (warm hand-off) and Recovery Oriented Services
- (6) Treatment of Incarcerated People
- (7) Prevention Programs
- (8) Harm Reduction & Syringe Service Programs

**IORAB Access & Equity Workgroup**

- (1) The Illinois Attorney General, or designee
- (2) The State’s Chief Behavioral Health Officer, or designee
- (3) The Secretary of the Illinois Department of Human Services, or designee
- (4) The Director of the Illinois Department of Public Health, or designee
- (5) The Director of the Illinois Department of Healthcare and Family Services, or designee
- (6) The Director of the Illinois State Police, or designee
- (7) The Director of the Illinois Department of Corrections, or designee
- (8) A member of the Illinois House of Representatives appointed by the Illinois Speaker of the House
- (9) A member of the Illinois Senate appointed by the Illinois Senate President
- (10) A member of the Illinois House of Representatives appointed by the Illinois House Minority Leader
- (11) A member of the Illinois Senate appointed by the Illinois Senate Minority Leader

**Core Strategies**

- (1) Naloxone or Other FDA-Approved Drug to Reverse Opioid Overdoses
- (2) Medication Assisted Treatment/Medication Assisted Recovery
- (3) Services for Pregnant and Post-Partum People with Opioid Use Disorder
- (4) Services for Neonatal-Abstinence Syndrome
- (5) Bridge Services (warm hand-off) and Recovery Oriented Services
- (6) Treatment of Incarcerated People
- (7) Prevention Programs
- (8) Harm Reduction & Syringe Service Programs

References (Continued)

16. The Agreement requires that the “allocation of resources [i.e., Trust Fund monies] be[] equitable across regions, taking into consideration population as well as other factors relevant to opioid abatement, including rates of Opioid Use Disorder, Overdose Deaths, and amounts of opioids shipped into each region as measured in Morphine Milligram Equivalents.” Agreement § 3(A)(c).
17. The website of the Illinois Opioid Remediation Advisory Board also advises that Trust Fund monies must be used on “forward-looking” core strategies. The eight core strategies are the same listed in the preamble of Ill. Exec. Order No. 2022-19: (1) Naloxone or Other FDA-Approved Drug to Reverse Opioid Overdoses; (2) Medication Assisted Treatment/Medication Assisted Recovery; (3) Services for Pregnant and Post-Partum People with Opioid Use Disorder; (4) Services for Neonatal-Abstinence Syndrome; (5) Bridge Services (warm hand-off) and Recovery Oriented Services; (6) Treatment of Incarcerated People; (7) Prevention Programs; and (8) Harm Reduction & Syringe Service Programs.
20. Note that the Illinois Opioid Remediation Advisory Board is different from the Illinois Opioid Crisis Response Advisory Council, which also reports to the Steering Committee. See the infographic here.
22. Ill. Exec. Order No. 2022-19 § 5. The 11 non-voting members include: (1) the Illinois Attorney General, or designee; (2) the State’s Chief Behavioral Health Officer, or designee; (3) the Secretary of the Illinois Department of Human Services, or designee; (4) the Director of the Illinois Department of Public Health, or designee; (5) the Director of the Illinois Department of Healthcare and Family Services, or designee; (6) the Director of the Illinois State Police, or designee; (7) the Director of the Illinois Department of Corrections, or designee; (8) a member of the Illinois House of Representatives appointed by the Illinois Speaker of the House; (9) a member of the Illinois Senate appointed by the Illinois Senate President; (10) a member of the Illinois House of Representatives appointed by the Illinois House Minority Leader; and (11) a member of the Illinois Senate appointed by the Illinois Senate Minority Leader. Ill. Exec. Order No. 2022-19 § 5(1)-(11).
24. Ill. Exec. Order No. 2022-19 § 5; Agreement § 3(A)(c). In practice, this means that participating local governments will select the eight individuals to be appointed by the Attorney General as the Advisory Board’s voting local government representatives.
26. Ill. Exec. Order No. 2022-19 § 5 (“Of the initial appointments, four (4) State appointments and four (4) local appointments shall each serve a term of two years; four (4) State appointments and four (4) local appointments shall each serve a term of four years. Thereafter, all appointments shall be for a period of four years.”)
29. “The Access & Equity Working Group’s purpose is to provide recommendations to the Illinois Opioid Remediation Advisory Board regarding social and historical factors that impact access to affirming and culturally competent programs, practices, and policies intended to serve communities experiencing disparities in opioid use, overdoses, and other substance use disorders to make systemic changes for optimal health.” IORAB Access & Equity Workgroup.
30. “The Medical & Research working group’s purpose is to provide recommendations to the Illinois Opioid Remediation Advisory Board regarding allocation of the opioid settlement fund. The mission of the Medical & Research working group is to determine the best evidence-based treatments and emerging medical practices for opioid use and other substance use disorders through analysis of current and relevant data and to implement a systemic framework that distributes resources to at-risk populations to maximize positive outcomes and reduce health inequities and/or disparities associated with racial, socio-economic, geographical, and other social determinants of health.” IORAB Medical & Research Working Group.
References

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35. Ill. Exec. Order No. 2020-02 § IV(1). The person with lived experienced of OUD is “appointed by the Governor and compensated appropriately for their time devoted to the work of the Steering Committee...” Ill. Exec. Order No. 2020-02 § IV(1)(g).
37. Agreement § 3(A)(a).
38. State-Chicago Agreement § (c). The state’s agreement with Chicago applies only to the state’s 20% share of the distributor and Johnson & Johnson settlements. See State-Chicago Agreement (“The Parties agree to the following terms relating to the allocation of money from the Distributor and J&J Settlements...”).
39. See also 30 Ill. Comp. Stat. Ann. 105/6z-133(f) (“In addition to proceeds directed by the Attorney General into the Illinois Opioid Remediation State Trust Fund, the Attorney General may, at his or her discretion, direct additional funds received from any opioid-related settlement into the DHS State Projects Fund.”)
40. The 25% of settlement monies allocated to participating local governments are distributed by the Attorney General to the LG Recovery Fund. Agreement § 3(A)(b).
41. Agreement § 3(A)(b)(i).
42. Agreement § 3(A)(b)(i).
44. See OpioidSettlementTracker.com’s “States’ Initial Promises to Publicly Report Their Opioid Settlement Expenditures.”
45. Agreement § 3(A)(a) (“Twenty percent (20.0%) shall be distributed to the State of Illinois, at least one-quarter (1/4th) of which shall be used to support opioid remediation programs included in the list of Approved Abatement Programs attached as Exhibit B. The State shall track and report all spending used to support opioid remediation programs.”)
46. State-Chicago Agreement § (c) (“The City shall track and quarterly report to the Attorney General all monies spent to support opioid remediation programs from these monies.”)
47. Agreement § 3(A)(b)(ii) (“Each [local government] receiving an allocation from this portion of the LG Recovery Fund shall track and quarterly report to the Attorney General all monies spent to support opioid remediation programs.”)
49. Also check out the website of the Opioid Prevention and Recovery Steering Committee, which posts similar information.
50. See, e.g., IORAB Agenda 4.19.23.
51. Ill. Exec. Order No. 2020-02 § IV(3).
52. See, e.g., Governor’s Steering Committee Agenda 2.27.2023.