**Guide for Community Advocates on the Opioid Settlement**

**Massachusetts**

### Total Funds

$525 million

### Allocation

- 60% to the state's Opioid Recovery and Remediation Fund
- 40% to localities

### Mechanism

Allocation agreement between the state and local governments (Massachusetts State-Subdivision Agreement for Statewide Opioid Settlements), legislation (MGL Ch. 10 Sec. 35OOO(a)-(c))

### Key Takeaways

**Focus on supplemental, harm reduction uses of funds.** The requirement that settlement funds supplement and strengthen rather than supplant existing funding streams appears several times in official documents, as does a commitment to harm reduction strategies.

**Strong support for subdivision planning.** The Commonwealth offers robust support and guidance for municipalities’ opioid remediation efforts.

**100% public reporting.** The Secretary of Health and Human Services must annually publish a report describing expenditures from the Opioid Recovery and Remediation Fund (ORRF) on the Executive Office of Health and Human Services’ website. Localities' expenditures of settlement funds will also be made publicly available. These reports must describe efforts to direct settlement funds to "vulnerable and under-served communities."

### Background

The Massachusetts State-Subdivision Agreement for Statewide Opioid Settlements (Agreement) allocates 60% of monies to the Opioid Recovery and Remediation Fund (ORRF) established by state law and 40% to localities. State law also establishes the Opioid Recovery and Remediation Fund Advisory Council (Advisory Council). Opioid settlement monies, regardless of allocation, must be used to supplement prevention, harm reduction, treatment, and recovery efforts and may not be used to supplant other funding streams. The Massachusetts Abatement Terms further require the state and local governments to use settlement funds in a way that integrates input from communities and people with lived experience, addresses health inequities in underserved communities, addresses co-occurring mental health conditions, leverages existing services, encourages innovation, and supplements existing approaches. Local governments must use their share of settlement funds on specific identified abatement strategies such as to expand access to harm reduction and opioid use disorder treatment services.

This resource is current as of 5/8/2023. For the most up-to-date information, please visit [https://www.opioidsettlementtracker.com/settlementspending](https://www.opioidsettlementtracker.com/settlementspending).

Vital Strategies, in collaboration with OpioidSettlementTracker.com

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Decision-Making Process

60% OPIOID RECOVERY AND REMEDIATION FUND

The Commonwealth’s 60% share and non-participating subdivisions’ shares are deposited into the Opioid Recovery and Remediation Fund (ORRF), which was established by state law to supplement and expand access to opioid use disorder prevention, intervention, treatment, and recovery initiatives throughout the state. The ORRF is overseen and administered by the Executive Office of Health and Human Services (EOHHS) in consultation with the 20-member Opioid Recovery and Remediation Fund Advisory Council (Advisory Council). Monies in the ORRF are ultimately administered and spent by EOHHS. As of December 2022, ORRF monies had been used to support a community naloxone purchasing program, expand access to medications for opioid use disorder in underserved areas, expand supportive housing, and launch a student loan forgiveness program, among other initiatives.

OPIOID RECOVERY AND REMEDIATION FUND ADVISORY COUNCIL

The 20-member Opioid Recovery and Remediation Fund Advisory Council was established by state law to consult with EOHHS on the administration of and expenditures from the Opioid Recovery and Remediation Fund. Half of the Advisory Council’s members are municipal representatives appointed by the Massachusetts Municipal Association, and the other half are state appointees appointed by legislative leadership, the Governor, and the Attorney General, at least two of whom must have lived experience with opioid use disorder. The municipal representatives must all be employed in different counties, and the Advisory Council as a whole must be appointed to represent the racial and socioeconomic diversity of Massachusetts’ communities. Members serve two-year terms and the Secretary of Health and Human Services serves as non-voting chair. The Advisory Council must meet on at least a quarterly basis to identify abatement priorities in the Commonwealth. Current members and their affiliations may be viewed here.
Decision-Making Process (Continued)

40% LOCALITIES' SHARE

Participating subdivisions’ 40% share is allocated to local governments by percentage. These funds must be spent on defined prevention, harm reduction, treatment, and recovery strategies that range from treating trauma for people with opioid use disorder, providing supportive housing, supporting bereaved families and frontline care providers, linkages to care and restorative justice programs for youth, syringe services programs, residential treatment programs for pregnant and post-partum people, engaging stakeholders from across sectors to develop and implement a strategic plan for substance misuse prevention, and community-based education services for families and youth, among others.

Localities may collaborate on abatement efforts, are encouraged to pool and share funds by using the Office of Local and Regional Health’s Shared Services infrastructure, and can leverage the Operational Service Division’s statewide contracts to purchase, for example, naloxone or equipment to handle syringe and medication disposal. They may also reallocate some or all of their share to the ORRF. The Executive Office of Health and Human Services, the Department of Public Health, and the Department of Public Health’s Office of Local and Regional Health are required to provide strategic guidance to help municipalities select spending strategies. Localities will ultimately use their normal budgeting and decision-making processes to expend their share of funds.

LOCAL SPENDING EXAMPLE

Officials from the town of Hingham convened a town meeting to consider how to appropriate an initial $251,000 payment of settlement monies. “Initial program components” include funds for a part-time social worker, the launch of a community engagement process, and treatment placement vouchers for community members who cannot afford treatment.
Tracking Funds and Accountability

- The Secretary of Health and Human Services must annually publish a report describing expenditures from the ORRF on the Executive Office of Health and Human Services’ website. The report must include an assessment of whether monies were directed to “vulnerable and under-served communities.” The Opioid Recovery and Remediation Fund Advisory Council’s annual reports — which also describe how ORRF monies were spent on opioid remediation programs — may be found here.

- Local governments that receive at least $35,000 in annual abatement distributions must report expenditures from their Municipal Abatement Fund to EOHHS. The state will make these reports publicly available. Like the ORRF’s annual report, localities must also describe their efforts “to direct resources to vulnerable and under-served communities.”

- The EOHHS and DPH must also publish an annual report to provide the public with information about municipalities’ abatement work, highlight lessons learned, and identify future opportunities.

- The Opioid Recovery and Remediation Fund Advisory Council is subject to Massachusetts’ open meeting laws.

Engaging in the Process

- Leverage documented opportunities to provide your feedback: funds may be spent both to engage community groups and families to support people in treatment and recovery and to convene a broad group of stakeholders to develop a strategic plan. Watch for – and demand – these opportunities.

- Review the Advisory Council’s annual reports and past meeting minutes.

- Send comments and questions to the Advisory Council at OpioidRecoveryandRemediationFund@mass.gov. You can also write to the Attorney General’s Office at MAOpioidSettlements@mass.gov.
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Massachusetts

Additional Resources

**OPIOID RECOVERY AND REMEDIATION FUND ADVISORY COUNCIL**
*Annual Report (2022)*

*Mee ting Presentation (December 2022)*

**MASSACHUSETTS ATTORNEY GENERAL**
*Frequently Asked Questions About the AG's Statewide Opioid Settlements*

**MASSACHUSETTS ATTORNEY GENERAL AND DEPARTMENT OF PUBLIC HEALTH**
*Statewide Opioid Settlement Funds Virtual Forum Presentation (March 2023)*

*Statewide Opioid Settlements Presentation (August 2022)*

**MASSACHUSETTS BUREAU OF SUBSTANCE ADDICTION SERVICES**
*Guidance for Municipalities Utilizing Opioid Settlement Abatement Payments (see “Existing Free Harm Reduction Resources for Municipalities”)*

*Guidance for Municipalities Utilizing Opioid Settlement Abatement Payments*

**MASSACHUSETTS ASSOCIATION OF HEALTH BOARDS**
*Appropriation of Opioid Settlement Funds*
GUIDE FOR COMMUNITY ADVOCATES ON THE OPIOID SETTLEMENT

Massachusetts

References


1. From settlements with distributors McKesson, AmerisourceBergen, Cardinal Health and manufacturer Johnson & Johnson only. Massachusetts 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 "Massachusetts" for state-specific participation information) and OpioidSettlementTracker.com’s Global Settlement Tracker for more information.

2. Although the application of Massachusetts’ State-Subdivision Agreement is limited to the Distributor and Janssen Settlements (see Agreement A), the state law establishing the Opioid Recovery and Remediation Fund encompasses proceeds from “amounts recovered by the commonwealth and credited thereto in connection with claims arising from the manufacture, marketing, distribution or dispensing of opioids.” Mass. Ann. Laws ch. 10, § 35OOO(a)(i). 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.

3. Agreement B and Abatement Terms I, II.


5. These supports are outlined in the Abatement Terms Section IV and include the Office of Local and Regional Health’s Shared Services, the Operational Service Division, and the Office of Local and Regional Health. See also “Municipalities can utilize the Operational Service Division’s (OSD) Statewide Contracts for relevant purchases and avoid the need for new procurements.” Guidance for Municipalities Utilizing Opioid Settlement Abatement Payments.


7. "All reports will be submitted through a web-based reporting platform that will be released in the summer of 2023. ... In order to support full transparency of the use of the opioid abatement funds, and in accordance with the State-Subdivision Agreement I [], all reports will be made public.” DPH’s Guidance for Municipalities Utilizing Opioid Settlement Abatement Payments: Reporting Requirements for Municipalities. See also Abatement Terms V.B.


9. Agreement C-D.


11. Agreement B.

12. The Massachusetts Abatement Terms are included as an appendix to the Massachusetts State-Subdivision Agreement for Statewide Opioid Settlements.

13. Abatement Terms I. See also Mass. Ann. Laws ch. 10, § 35OOO(a) (“Expenditures from the fund shall be made by the executive office of health and human services, without further appropriation and consistent with the terms of settlements.”).

14. Abatement Terms III(1)-(7). The seven enumerated categories of abatement strategies are (1) Opioid Use Disorder Treatment; (2) Support People in Treatment and Recovery; (3) Connections to Care; (4) Harm Reduction; (5) Address the Needs of Criminal-Justice-Involved Persons; (6) Support Pregnant or Parenting Women and their Families; and (7) Prevent Misuse of Opioid and Implement Prevention Education.

15. Agreement D and Abatement Terms II.


17. Agreement D and Abatement Terms II.

18. Mass. Ann. Laws ch. 10, § 35OOO(a). Importantly, the Executive Office of Health and Human Services may expend monies in the Opioid Recovery and Remediation Fund without further appropriations by the state legislature. Estimated maximum payments to the ORFF from the Distributors and Janssen settlements can be found here.


22. Mass. Ann. Laws ch. 10, § 35000(b) (“In making appointments, the appointing authorities shall ensure that the council includes: (i) members representing racially and socioeconomically diverse communities; (ii) members with public health expertise concerning opioid use disorder; (iii) members with personal experience with opioid use disorder; and (iv) members who will contribute to reducing disparities in health outcomes for underserved communities experiencing opioid use disorder. The appointing authorities shall also consider having racially diverse representation on the council.”) The Agreement and Abatement Terms also specify that Advisory Council members must have “expertise and experience with opioid use disorder.” Agreement D and Abatement Terms II.


25. Abatement Terms II. See also Mass. Ann. Laws ch. 10, § 35000(b) (“The council shall hold no fewer than 4 meetings annually and the council shall make its recommendations upon a majority vote.”)

26. Agreement C.

27. Abatement Terms III(1)(d), (2)(b), (2)(I), (3)(b), (4)(d), (6)(b), (7)(c), (7)(d). Additionally, participating subdivision’s abatement funds “shall not be used to fund care reimbursed by the state, including through MassHealth and BSAS, although local or area agencies or programs that provide state-reimbursed services can be supported financially in other ways that help meet the needs of their participants.” Abatement Terms III.

28. Agreement C; Abatement Terms III, IV.

29. See Guidance for Municipalities Utilizing Opioid Settlement Abatement Payments “Operational Services Division Statewide Contracts.”

30. Agreement C.

31. Abatement Terms IV.

32. Massachusetts Association of Health Boards “Appropriation of Opioid Settlement Funds” (“Cities and towns received their first payment on or about July 15, 2022 (FY 23), the second payment in August and September 2022 (FY 23), and an additional payment in November 2022 (FY 23). In order to ‘deposit’ and therefore have access to these funds for the purposes for which they are intended, they must first be ‘appropriated’ by the legislative body of a municipality. In towns, this body is either Town Meeting or Town Council. In cities, this body is the City Council”).


34. Mass. Ann. Laws ch. 10, § 35000(c) (“The report shall include, but not be limited to: (i) the revenue credited to the fund; (ii) the amount of expenditures attributable to the administrative costs of the executive office; (iii) an itemized list of the funds expended from the fund; and (iv) data and an assessment of how well resources have been directed to vulnerable and under-served communities.”)

35. Abatement Terms V(A) (“EOHHS filed its first Annual Report on October 1, 2021”).

36. Abatement Terms V(B) (“The reports shall include, but not be limited to: municipal abatement funds received; an itemized list of the funds expended for abatement and administrative costs, if applicable; the unexpended balance; a brief description of the funded abatement strategies and efforts to direct resources to vulnerable and under-served communities.”). See also Abatement Terms V(B) fn 6 (“EOHHS retains the right to modify this reporting threshold.”).

37. “Per Municipal Abatement Payments’ Chart 6, 197 localities (out of 356 total) would receive payments greater than $35k in FY23 (July 1, 2022 to June 30, 2023). Their payments total $42,694,073 out of the grand sum of $44,217,529 paid to all localities. As such, the reportable amounts are approximately 97% of the 40% local share.” OpioidSettlementTracker.com’s “States’ Initial Promises to Publicly Report Their Opioid Settlement Expenditures.”

38. “All reports will be submitted through a web-based reporting platform that will be released in the summer of 2023. ... In order to support full transparency of the use of the opioid abatement funds, and in accordance with the State-Subdivision Agreement I [], all reports will be made public.” DPH’s Guidance for Municipalities Utilizing Opioid Settlement Abatement Payments; Reporting Requirements for Municipalities.

39. Agreement V(B).

40. Abatement Terms IV.


42. Abatement Terms III(2)(j), III(7)(c).