CHAPTER 5-70
CNMI OPIOID PROCEEDS REGULATIONS

Chapter Authority: Public Law No. 23-19.

Chapter History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

Commission Comment: The regulations proposed in the May 2025 Register and adopted in the June 2025 Register listed these regulations in § 5-10, however, the Guidelines for Publication in the Commonwealth Register currently exist there. Pursuant to 1 CMC § 3806, the Commission has codified these regulations in this new § 5-70 to ensure they fit harmoniously within the Northern Mariana Islands Administrative Code.

Part 100 - Issuance of the Regulation, Definitions and Council Organization

§ 5-70-100 Overview

The Commonwealth of the Northern Marianas (CNMI) Office of the Attorney General (OAG), in accordance with Public Law 23-19, is proposing to promulgate new Regulations to establish a Council (Opioid Proceeds Council) to fund and oversee the distribution and allocation of funds (Opioid Proceeds Fund) for substance abuse abatement programs.

Modified, 1 CMC § 3806(e).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-105 Authority

(a) Public Law 23-19 authorizes the CNMI Attorney General to promulgate regulations consistent with this Act and the National Opioid Settlement Agreement.

(b) The Office of the Attorney General, as the clearing house of the settlement monies, shall serve as the Lead Agency to oversee the establishment, implementation, execution and operation of the Council and the administration of the Opioid Litigation Proceeds Fund.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-110 Title

The title of the Regulation shall be the CNMI Opioid Proceeds Regulation.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-115 Purpose

(a) To regulate the use and distribution of the opioid proceeds settlement fund monies that the CNMI receives from the National Opioid Settlement Agreement. The opioid proceeds settlement funds shall be referred to as the Opioid Litigation Proceeds Fund ("Fund").

(b) To establish by regulation the Opioid Proceeds Council ("OPC") that will oversee the administration of the Opioid Litigation Proceeds Fund created under the Act and the National Opioid Settlement Agreement to ensure that proceeds received by the Commonwealth are allocated and spent on substance use disorder and opioid use disorder abatement, infrastructure, programs, services, supports, and resources for prevention, treatment, recovery, and harm reduction; and, to ensure accountability and transparency in allocating monies from and for the Fund.

Modified, 1 CMC § 3806(a), (g).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-120 Scope

(a) The regulations shall apply to all matters pertaining to the allocation, distribution and use of the monies and proceeds received from the National Opioid Settlements.

(b) In administering the fund, the OPC shall be guided by the provisions set forth in the National Opioid Settlement Agreement on matters not covered by these regulations.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-125 Definitions

The following words have the following meanings, unless some contrary meaning is required:

(a) Act – means Public Law 23-19.

(b) Approved Uses – means forward-looking strategies, programming, and services to abate the opioid epidemic that fall within the list of uses in Exhibit E (Schedule A and B). Approved uses shall be consistent with the terms of the National Opioid Settlement Agreement's section of "Approved Uses" and shall include the reasonable administrative expenses associated with the administration of the Opioid Settlement Funds.

(c) Awardee/Recipient (used interchangeably) – an entity to which a grant is awarded to and is accountable to the Opioid Proceeds Council for the use of the Opioid Litigation Proceeds Funds.

(d) Commonwealth or CNMI – means the Commonwealth of the Northern Mariana Islands.

(e) Conflict of Interest – means the personal or financial association involving a Council member, or the member's immediate family, that may have the potential to influence a Council member's actions, recommendations and decisions related to the disbursement of funds or any other Council activity.

(f) Controlling Court Order – refers to the Court Orders of the Opioid Settlement cases.

(g) Council – means the Opioid Proceeds Council established by this Act.

(h) Council Member(s) – means the members of the Opioid Proceeds Council.

(i) Council Members, Non-Voting – Members of the Opioid Proceeds Council who do not yield any voting power or authority in the matters involving the Opioid Litigation Proceeds Fund.

(j) Council Members, Voting – the three members of the Opioid Proceeds Council named in this Act that have the power and authority to vote on matters involving the Opioid Litigation Proceeds Fund and all other matters regarding the monies received from the National Opioid Settlements.

(k) Fund – means the Opioid Litigation Proceeds Fund established by this Act; the monies received from the National Opioid Settlement Agreement.

(l) Evidence Based – means an activity, practice, program, service, support or strategy that meets one of the following criteria:
(1) Meta-analyses or systematic reviews that have found the strategy to be effective;
(2) Evidence from a scientifically rigorous experimental study, such as a randomized controlled trial, that demonstrates the strategy is effective; or
(3) Multiple observational studies from U.S. settings that indicate the strategy is effective.
As used in this definition, "effective" means an activity, practice, program, service, support, or strategy that helps individuals avoid the development and progression of substance use disorders and/or drug-related harms; reduces the adverse consequences of substance use among persons who use substances; or manages, slows the progression of, or supports recovery from a substance use disorder or co-occurring mental health disorder.

(m) Harm Reduction – means a program, service, support, or resource attempts to reduce the adverse consequences of substance use among persons who continue to use substances. Harm reduction addresses conditions that give rise to substance use, as well as the substance use itself, and may include, but is not limited to, syringe service programs, naloxone distribution, and education about Good Samaritan laws.

(n) Infrastructure – means the resources (such as personnel, buildings, or equipment) required for a region, county, city, and locality thereof, or not-for-profit organizations therein, to provide substance use disorder and opioid use disorder prevention, treatment, recovery, and harm reduction programs, services, supports, and resources.

(o) Medication-Assisted Treatment (MAT) – is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.

(p) National Opioid Settlement Agreement – means a national opioid settlement agreement concerning alleged misconduct in the manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic by pharmaceuticals.

(q) National Opioid Settlement Fund or Opioid Settlement Fund (used interchangeably) – refers to all funds allocated by the National Opioid Settlement Agreement(s) to the State or Territory Governments for purposes set forth in the National Opioid Settlement Agreements and any other settlement money received from the opioid litigation cases.

(r) Non-Permissible· Expenditure – means the non-allowable expenses that are (a) neither approved by the Opioid Proceeds Council and (b) neither listed as approved strategies or approved uses as outlined in the National Opioid Settlement Agreement.

(s) Opioid Drugs – A class of drugs naturally found in the opium poppy plant. Some prescription opioids are made from the plant directly, and others are made by scientists in labs using the same chemical structure. Common prescriptions include:
(1) Hydrocodone (Vicodin®)
(2) Oxycodone (OxyContin®)
(3) Percocet®

(4) Oxymorphone (Opana®)
(5) Morphine (Kadian®, Avinza®)
(6) Codeine
(7) Fentanyl

(t) Opioid Abatement/Remediation (used interchangeably) –refers to programs, strategies, and other actions that address the use or misuse of opioids in order to treat or mitigate opioid use disorders and other effects of the opioid epidemic.

(u) Opioid Use Disorder (OUD) – Opioid use disorder (previously referred to as opioid abuse or opioid dependence) is defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as a "problematic pattern of opioid use leading to clinically significant impairment or distress." OUD occurs when an individual misuses or overuses certain medications that are designed to relieve pain or cause feelings of euphoria.

(v) Permissible Expenditure – means the allowable expenses outlined as Strategies and Approved Uses in the National Opioid Settlement Agreement including the permissible expenditures listed in the Act and approved by the Opioid Proceeds Council.

(w) Prevention – refers to the primary, secondary and tertiary efforts to avoid the development and progression of substance use disorders and/or drug-related harms.
(1) Primary prevention involves promoting positive youth development and helping individuals avoid the risk factors for, and development of, addictive behaviors through both universal and individualized efforts. Primary prevention incorporates efforts in support of individualized health care, including the safe prescribing of opioid and other controlled medications. Primary prevention also encompasses efforts to avoid adverse childhood experiences and to avoid or delay the onset of substance use among persons under 21 years of age.
(2) Secondary prevention consists of uncovering potentially harmful substance use prior to the onset of problems or substance use disorder symptoms.
(3) Tertiary prevention entails treating the medical consequences of substance use and facilitating entry into substance use disorder treatment so further disability is minimized. Prevention strategies include continuing treatment and avoiding a return to substance use so that patients who have been treated successfully may remain in remission.

(x) Recovery – means an active process of continual growth that addresses the biological, psychological, social, and spiritual disturbances inherent in addiction and includes the following factors:
(1) The goal of improved quality of life and enhanced wellness as identified by the individual;
(2) An individual's consistent pursuit of abstinence from the substances or behaviors towards which pathological pursuit had been previously directed or which could pose a risk for pathological pursuit in the future;
(3) Relief of an individual's symptoms, including substance craving;
(4) Improvement of an individual's own behavioral control;
(5) Enrichment of an individual's relationships, social connectedness, and interpersonal skills; and
(6) Improvement in an individual's emotional self-regulation.

(y) Substance Use Disorder (SUD) – means a pattern of use of alcohol or other substances that meets the applicable diagnostic criteria delineated in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association, or in any subsequent editions.

(z) Virtual – when used with respect to a meeting, means by electronic means that provide for real-time communication to and from the participants in such a manner that each participant can hear and/or read the comments of each other.

Modified, 1 CMC § 3806(a), (g).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-130 Opioid Proceeds Council

The Commonwealth of the Northern Marianas Islands (CNMI) Opioids Proceeds Council referred to as "OPC" is the oversight authority of the funds for the abatement and remediation of opioid and substance use disorder in the Commonwealth. The Opioid Proceeds Council shall be managed by the members of the Council.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-135 Council Members

(a) Council Members are not employees of the Council and shall be composed of the following:
(1) Attorney General or designee;
(2) Commonwealth Healthcare Corporation – Chief Executive Officer (CEO) or designee; and
(3) Governor or his designee

(b) Non-Voting Members
The Council may approve the membership of non-voting members. Non-Voting Members may include any individual from entities that are involved in substance use disorder treatment.

(c) Organization
(1) Officers – Officers shall be comprised of the voting members. The officers shall serve on the Council for the entire duration of their respective offices. The following officer positions shall consist of:
(2) Chairperson – Shall preside over all meetings, appoint committees, affix their signature in the name of the Council and serve as the expenditure authority of the fund.
(3) Vice-Chairperson – Shall preside as Acting-Chairperson in the absence of the Chairperson and shall hold all powers of the Chairperson while in acting capacity.
(4) Secretary – Shall preside as the acting Chairperson in the absence of the Chairperson and Vice-Chairperson and shall have the full powers of the Chairperson while in acting capacity. The Secretary shall be responsible for recording of minutes, publishing notices, and maintaining the books and records of the Council. The secretary shall sign all orders and other decisions on which the Council's signature is required.
(5) Treasurer – Shall be responsible for the maintenance of the Council's accounts, reporting and auditing of the Council's funds.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-140 Removal of Council Member

A voting council member may not be removed unless the member violates any laws of the Commonwealth.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-145 Resignation of Council Member

A member may resign from their position at any time by providing a written notice to the Council.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-150 Removal of Non-Voting Member

A non-voting member may be removed at any time by a majority member of the Council.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-155 Resignation of Non-Voting Member

A non-voting member may resign from their position at any time by providing a written notice to the Council.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-160 Committees

The Council may provide by resolution for standing and ad hoc committees. The chair shall appoint the members of the committees.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-165 Vacancies

Any vacancy in the Council shall be filled by appointment of the respective appointing authority.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-170 Compensation

(a) Members of the Council shall be compensated pursuant to the Act.

(b) Members may be reimbursed for actual and necessary expenses for travel to attend a Council meeting, which shall take place in the CNMI.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-175 Conflict of Interest

In compliance with the Ethics Code at 1 CMC §§ 8501-8577, members must disclose to the Council any conflicts, refrain from participating in discussions and recuse themselves from voting on any matter before the Council if the member has a conflict of interest.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-180 Meetings

(a) Meetings shall be conducted according to the Robert's Rules of Order.

(b) The Chairperson or majority of the Council members may call for a meeting.

(c) The Chairperson shall determine the place of meeting. The location shall be properly noticed to the Council members and the general public.

(d) The Council may meet in person or virtually. Access to virtual meeting shall be provided to the Council Members.

(e) Meeting shall be held quarterly.

(f) The Council shall function in a manner consistent with the Open Government Act, as amended and codified at 1 CMC §§ 9901-9917.

(g) Quorum and Voting
(1) Quorum – A majority of the members shall constitute a quorum for the transaction of business.
(2) Voting – If there is a quorum, then all actions of the Council shall be taken by an affirmative vote of the majority of the voting members present at the meeting. Every vote of the Council shall be recorded in the minutes.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-185 Powers, Duties and Responsibilities

The Council shall have the following powers, duties, and responsibilities:

(a) Award financial assistance from the Fund in a manner that distributes funds equitably among all community service providers that engage in opioid abatement and substance use disorder strategies within the Commonwealth.

(b) Provide financial support from the opioid fund in the form of grants, donations, or other assistance, for opioid prevention and opioid and substance use disorder treatment efforts that aim to reduce opioid use disorder and the misuse of opioids.

(c) Administer the Fund in accordance with the provisions of this Public Law 23-19 and as set forth in the National Opioid Settlement Agreement.

(d) Establish an office which will serve as the principal place of business.

(e) Recommend and approve policies and procedures for the administration of the Council and for the application, awarding, and disbursement of monies from the Fund, to be used for the purposes set forth in this Act.

(f) Establish specific criteria and procedures for awards from the Fund, that include:
(1) Notices of availability of Funding.
(2) Requirements for the submission of funding requests.
(3) Evaluate funding requests in accordance with the criteria established by the Council, the provisions of the law, regulations and guidelines set forth in the National Opioid Settlement Agreement.
(4) Evaluate and measure the implementation, execution and results from awards.
(5) Recommend and approve goals, objectives, and their rationales, sustainability plans, and performance indicators relating to substance use disorder prevention, treatment, recovery, and harm reduction efforts.
(6) Approve awards of monies from the Fund exclusively for permissible expenditures set forth in the Act and this regulation.
(7) Monitor the expenditure of awarded funds and the efficacy of programs funded.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-190 Suspend Funding Assistance

The Council may suspend the allocation of monies to a recipient found to be substantially in noncompliance with Council policies and procedures, rules, or regulations. The Council may resume allocation once the Council has determined the recipient has adequately remedied the cause of such suspension.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-195 Reporting

(a) Not later than October 31 of each year the Council shall provide a written report to the Governor, Speaker of the House of Representatives and Senate President.

(b) The report shall detail Council activities during the prior calendar year. The report shall be published on a website established by the Council.

(c) The report shall document all expenses associated with managing, investing and disbursing monies of the fund.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

Part 200 - Administration, Fiscal/Financial Management and Use/Reporting of Funds

§ 5-70-200 Council Administration and Administrative Staff

(a) Employ an executive director and staff to support the meetings, functions of the Council, and direct the day-to-day activities including records management of all monies deposited into the proceeds fund, expenditures, all applications and awards, and annual reports as required by the Act.

(b) Contract for other professional services to assist the Council in the performance of its duties and responsibilities.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-205 Fiscal and Financial Management

The Department of Finance (DOF) shall be responsible for the fiscal and financial management of the fund as required under the Act. The DOF shall establish the Opioid Litigation Proceeds Fund which shall be separate from the General Fund.

Modified, 1 CMC § 3806(g).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-210 Department of Finance – Duties and Responsibilities

(a) Funds shall be administered by the DOF.

(b) The DOF shall disburse funds upon the approval of the Council.

(c) The DOF shall not make or refuse to make any disbursement approved by the Council.

(d) The DOF shall observe the Council's decisions regarding disbursement of monies from the Fund so long as a disbursement is a permissible expense.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-215 Investment of Funds

(a) The investment of funds shall be under the direction of the Attorney General.

(b) The Secretary of Finance shall be responsible for the investment and reinvestment of the Fund monies.

(c) The Secretary of Finance shall publish an annual report on or before January 31st of each year itemizing any and all investment and reinvestments made within the preceding year.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-220 Credits to the Fund

The following shall be credited to the Fund:

(a) All proceeds received from the National Opioid Settlement Agreement;

(b) Monies appropriated by or transferred to the Fund by the Legislature;

(c) Gifts, donations, grants, bequests, and other monies received by the Commonwealth on the Fund's behalf; and

(d) Any interest of monies in the Fund.

Modified, 1 CMC § 3806(a), (f).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-225 Tracking the Settlement Fund

The Council shall track all anticipated monies the CNMI will receive each year for the entire funding duration. Tracked information are intended for:

(a) Budgetary purposes;

(b) Maintaining compliance with the Opioid Settlement Agreement of permissible expenditures; and

(c) Provide future projection of proposed spending plan goals and objectives.

Modified, 1 CMC § 3806(a), (g).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-230 Reporting

(a) The Council shall provide annual reports of abatement expenditures and documents supporting the expenditures.

(b) Funds expended shall be verified to ensure that funds are utilized in a manner consistent with the strategies and approved uses of the National Opioid Settlement Agreement.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-235 Audits

The Council shall retain the services of an independent Certified Public Accountant to conduct an annual audit of the Council's financial records, internal controls and processes.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-240 Allocation, Distribution and Use of Opioid Funds

Annual Allocation of Funds shall be spent as follows:

(a) Administration - 5%
Pay for the administrative costs associated with the program. These costs include administrative personnel salaries and wages, including benefits. To also include board meeting costs and other general overhead costs for administrative functions.

(b) Operations – 10%
Pay for the operational costs associated with the program. These costs include day-to-day operations, such as office supplies, publication materials, equipment, transpiration. Also, included are contract/sub-contracts for special projects that are required to execute the program objectives.

(c) Awards – 75%
Award and administer grants authorized in compliance with the terms of the opioid settlement agreements entered into between the CNMI and the manufacturers and distributors of opioids.

(d) Investment – 10%

Modified, 1 CMC § 3806(a), (g).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-245 Permissible Expenditures

(a) Permissible expenditures must be approved by the Council.

(b) The following entities listed in the Act may receive monies from the Fund.
(1) Hinemlu O'hala Enteramenti (H.O.P.E.) Recovery Center, under the Office of the Governor's Substance Abuse, Addiction and Rehabilitation Program;

(2) Substance Abuse Treatment and Recovery Clinic, under the Community Guidance Center (CGC);
(3) The Drug Court Division of the CNMI Judiciary;
(4) Any government agency that engages in substance abuse treatment and prevention; and
(5) Any non-profit that engages in substance abuse treatment and prevention.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-250 Non-Permissible Expenditures

(a) Expenditures not consistent with the strategies and approved uses of the National Opioid Settlement Agreement and this regulation.

(b) Monies shall not be used to supplant funding for an existing program.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-255 National Opioid Settlement Agreement – Exhibit E

Exhibit E of the TEVA Agreement serves as the guideline for opioid abatement and remediation strategies and approved uses recognized by the National Opioid Settlement Agreement. The Council shall refer to Exhibit E - Schedule A and B for spending guidelines.

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-260 Funding Opportunities and Awards

(a) Notice of Funding Opportunity
(1) Annual notice of funding opportunity shall be determined by the OPC.
(2) Notice of funding shall be prepared by the OPC Staff and approved by the voting Council members prior to publication.

(b) Notice of Award – Notice of funding awards shall be sixty days after the application deadline.

(c) Application for Funding Assistance – Electronic and hard copy applications shall be made available on the date funding opportunity announcement is published.

(d) Eligibility
(1) Local government agencies and non-profit organizations that specialize in substance use disorders and opioid use disorders within the Commonwealth, including the entities listed in the Act.
(2) Evidence of Experience and Credentials. The requirements are:
(i) Must provide direct client services utilizing evidence-based practices.

(ii) Must comply with all applicable federal, local and state licensing, accreditation, and certification requirements, as of the due date of the application.

(e) Proposed Project – Must be in alignment with the strategies and approved uses.

(f) Evaluation of Projects
(1) Projects shall be reviewed, evaluated and scored according to the requirements listed in the Notice of Funding Opportunity.
(2) Evaluation guidelines prepared by the Council Staff must be approved by the voting Council members prior to publication.

(g) Tracking and Reporting
(1) Awardees are required to submit semi-annual reports. Report deadline dates shall be specified in the Award Letter.
(2) The report shall include but not limited to:
(i) Budget category expenditures to ensure compliance;
(ii) Accomplishments, goals and objectives achieved for each approved activity (i.e., prevention, harm reduction, treatment, and recovery support);
(iii) Barriers and efforts made to address such barriers;
(iv) Data collection of measurable outcomes; and
(v) Relapse and recidivism.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-265 Court Orders and Termination

(a) Controlling Court Order
The Council shall disburse and monitor monies from the Fund in a manner consistent with the limitations on uses of litigation proceeds set forth in any controlling court order.

(b) Termination
The Council will terminate when all monies from the National Opioid Settlement Funds have been received and disbursed unless the Attorney General certifies that additional monies are anticipated.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

§ 5-70-270 Miscellaneous Provisions

(a) Savings Clause
This Act and any repealer contained herein shall not be construed as affecting any existing right acquired under contract or acquired under statutes repealed or under any rule, regulation, or order adopted under the statutes.

(b) Severability

If any provision in this regulation shall be held invalid by a court of competent jurisdiction, the validity of the remainder of the regulations shall not be affected.

(c) Effective Date

The regulation shall take effect upon adoption by the Opioid Proceeds Council.

Modified, 1 CMC § 3806(a).

History: Adopted 47 Com. Reg. 52152 (June 15, 2025); Proposed 47 Com. Reg. 52080 (May 15, 2025).

Exhibit E (TAKEN FROM NATIONAL OPIOID SETTLEMENT AGREEMENT)
List of Opioid Remediation Uses

Schedule A
Core Strategies

Settling States and Exhibit G Participants may choose from among the abatement strategies listed in Schedule B. However, priority may be given to the following core abatement strategies ("*Core Strategies*").[1]

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[1] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. PREGNANT & POSTPARTUM WOMEN

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:[2]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

[2] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    i. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    ii. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    iii. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    iv. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

    v. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    vi. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

    i. Increase the number of prescribers using PDMPs;

    ii. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

    iii. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and

to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("ADAM") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.