

**2023 HOUSE HUMAN SERVICES**

**HB 1447**

# 2023 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1447  
2/8/2023

Relating to creation of the opioid settlement fund and to the funding of the opioid treatment and prevention program.

Chairman Weisz called the meeting to order at 9:04 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present. Rep. Brandon Prichard not present.

### **Discussion Topics:**

- Distribution of funding
- Role of legislation
- Opioid advisory committee
- Gross settlement amounts
- Federal funding

Rep. Weisz introduced HB 1447, speaking in favor of bill.

Parrell Grossman, Director of the Attorney General's Consumer Protection and Antitrust Division, testified in support and proposed an amendment (#19606)(#19607)(#19608).

Pamela Sagness, Behavioral Health Executive Director with the Department of Health and Human Services, supportive testimony, (#19780).

Parrell Grossman, Director of the Attorney General's Consumer Protection and Antitrust Division, answered questions from the committee.

Vice Chairman Ruby adjourned the meeting at 9:52 AM.

*Phillip Jacobs, Committee Clerk*

# 2023 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1447  
2/20/2023

Relating to creation of the opioid settlement fund and to the funding of the opioid treatment and prevention program.
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Chairman Weisz called the meeting to order at 11:12 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

### Discussion Topics:

- Committee work
- Amendments

Chairman Weisz called for a discussion on HB 1447 and amendment (#23.1014.01002). (#25586).

Rep. Porter moved to adopt amendment #23.1014.01002 with language changes on page 2 line 1 b Two to one member.

Seconded by Rep. Rohr.

Motion carries by voice vote.

Committee discussion

Rep. McLeod moved a do pass as amended with #23.1014.01003.

Seconded by Rep. Beltz.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y

Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries 14-0-0.

Carried by Chairman Weisz.

Chairman Weisz adjourned the meeting at 11:25 AM.

*Phillip Jacobs, Committee Clerk*

February 20, 2023

JA  
2-20-23

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1447

Page 1, line 1, replace "section to chapter 50-06" with "chapter to title 50"

Page 1, line 2, after "fund" insert ", creation of the opioid settlement advisory committee, and use of opioid settlement funds"

Page 1, line 2, after "reenact" insert "subsection 1 of section 21-10-06 of the North Dakota Century Code and"

Page 1, line 3, after "to" insert "funds under management of the state investment board and"

Page 1, line 4, after "program" insert "; to provide an appropriation"

Page 1, line 4, after "transfer" insert "; to provide for application"

Page 1, replace lines 6 and 7 with:

**"SECTION 1. AMENDMENT.** Subsection 1 of section 21-10-06 of the North Dakota Century Code is amended and reenacted as follows:

1. Subject to the provisions of section 21-10-02, the board shall invest the following funds:
  - a. State bonding fund.
  - b. Teachers' fund for retirement.
  - c. State fire and tornado fund.
  - d. Workforce safety and insurance fund.
  - e. Public employees retirement system.
  - f. Insurance regulatory trust fund.
  - g. State risk management fund.
  - h. Budget stabilization fund.
  - i. Water projects stabilization fund.
  - j. Health care trust fund.
  - k. Cultural endowment fund.
  - l. Petroleum tank release compensation fund.
  - m. Legacy fund.
  - n. Legacy earnings fund.
  - o. Opioid settlement fund.
  - p. A fund under contract with the board pursuant to subsection 3.

**SECTION 2.** A new chapter to title 50 of the North Dakota Century Code is created and enacted as follows:

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2-20-23

**Definitions.**

As used in this chapter:

1. "Committee" means the opioid settlement advisory committee.
2. "Department" means the department of health and human services.
3. "Fund" means the opioid settlement fund.
4. "Opioid litigation" means statewide opioid settlement agreements, judgments, or other recoveries in connection with a defendant's actual or alleged liability for contributing to the opioid crisis in this state which must be used for purposes of remediating or abating the opioid crisis in this state."

Page 1, line 9, remove "The fund consists of opioid"

Page 1, line 10, remove "litigation funds received by the state."

Page 1, line 10, replace the second "received" with "collected"

Page 1, line 10, after the second "state" insert "and the state's political subdivisions"

Page 1, line 11, after the underscored period insert "The state investment board shall invest moneys in the fund and income earned on the moneys in the fund must be credited to the fund."

Page 1, line 11, after "used" insert "in compliance with any court-ordered restrictions and"

Page 1, line 12, after "appropriation" insert "and this chapter; however, legislative appropriations from the fund may not exceed eight million dollars in a biennium"

Page 1, line 12, remove "legislative assembly shall consult with the governor in determining the use of"

Page 1, remove lines 13 through 15

Page 1, line 16, replace "excessive use of opioids" with "fund does not include funds not retained by the state pursuant to law or court order"

Page 1, after line 16, insert:

**"Opioid settlement advisory committee.**

1. The committee is composed of:
  - a. One member of the North Dakota association of counties appointed by the chairman of legislative management, who shall serve a term of two years.
  - b. One member of the North Dakota league of cities appointed by the chairman of legislative management, who shall serve a term of two years.

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2-10-23

- c. One member of the North Dakota state association of city and county health officials appointed by the chairman of legislative management, who shall serve a term of two years.
  - d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
  - e. The executive director of the department's division of behavioral health.
  - f. The managing director of the office of recovery reinvented.
  - g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.
2. The committee shall forward recommendations to the department on spending decisions of the legislatively appropriated funds for remediation or abatement of the opioid crisis in this state.
- a. The committee shall develop a process for receiving spending recommendation input from political subdivisions and the public.
  - b. The committee shall develop a process for making recommendations to the department under this subsection.

**Department of health and human services - Report to budget section.**

- 1. The department shall develop a process for receiving and evaluating spending recommendations of the committee.
- 2. Annually, the department shall make a report to the budget section of the legislative management on the status of the fund and of spending decisions made under this chapter.

**Opioid remediation and abatement spending decisions - Implementation.**

- 1. The department's spending decisions of the legislatively appropriated funds from the fund for remediating and abating the opioid crisis must follow the following formula:
  - a. Seventy percent of the legislatively appropriated funds must be designated for services and supports for individuals with opioid substance use disorder.
  - b. Twenty percent of the legislatively appropriated funds must be designated for opioid use prevention and overdose prevention.
  - c. Ten percent of the legislatively appropriated funds must be designated for other opioid remediation and abatement efforts.
- 2. The department shall implement or assist with the implementation of spending decisions made under this chapter."

Page 1, line 17, after the boldfaced period insert "**AMENDMENT.**"

Page 1, line 21, after "OF" insert "**HEALTH AND**"

14

24  
2-20-23

Page 2, line 1, after the first "of" insert "health and"

Page 2, line 4, after the first "of" insert "health and"

Page 2, line 7, after "of" insert "health and"

Page 2, after line 8, insert:

**"SECTION 3. AUTHORITY OF ATTORNEY GENERAL - OPIOID LITIGATION - POLITICAL SUBDIVISIONS - OFFSET OF UNRETURNED FUNDS.** The attorney general may release all existing opioid claims and bar future opioid claims by the political subdivisions of this state. The attorney general shall request from each political subdivision that collected opioid settlement funds before the effective date of this Act, the return of all unobligated funds for deposit by the attorney general in the opioid settlement fund. If a political subdivision does not return the unobligated funds, the department of health and human services shall offset from any funds designated under section 2 of this Act for opioid remediation and abatement efforts for that political subdivision an amount equal to the amount of unobligated funds that were are not returned to the state.

**SECTION 4. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - OPIOID REMEDIATION AND ABATEMENT.** There is appropriated out of any moneys in the opioid settlement fund in the state treasury, not otherwise appropriated, the sum of \$8,000,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of opioid remediation and abatement efforts under section 2 of this Act, for the biennium beginning July 1, 2023, and ending June 30, 2025."

Page 2, line 11, after "state" insert "and any political subdivision of the state"

Page 2, after line 14, insert:

**"SECTION 6. APPLICATION.** To initiate staggered terms of the members of the opioid advisory committee, the initial appointments for the positions representing the North Dakota association of counties representative and the North Dakota state association of city and county health officials representative must be for one year."

Renumber accordingly

**REPORT OF STANDING COMMITTEE**

**HB 1447: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1447 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "section to chapter 50-06" with "chapter to title 50"

Page 1, line 2, after "fund" insert ", creation of the opioid settlement advisory committee, and use of opioid settlement funds"

Page 1, line 2, after "reenact" insert "subsection 1 of section 21-10-06 of the North Dakota Century Code and"

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  - b. One member of the North Dakota league of cities appointed by the chairman of legislative management, who shall serve a term of two years.
  - c. One member of the North Dakota state association of city and county health officials appointed by the chairman of legislative management, who shall serve a term of two years.

- d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
  - e. The executive director of the department's division of behavioral health.
  - f. The managing director of the office of recovery reinvented.
  - g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.
2. The committee shall forward recommendations to the department on spending decisions of the legislatively appropriated funds for remediation or abatement of the opioid crisis in this state.
    - a. The committee shall develop a process for receiving spending recommendation input from political subdivisions and the public.
    - b. The committee shall develop a process for making recommendations to the department under this subsection.

**Department of health and human services - Report to budget section.**

1. The department shall develop a process for receiving and evaluating spending recommendations of the committee.
2. Annually, the department shall make a report to the budget section of the legislative management on the status of the fund and of spending decisions made under this chapter.

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  - c. Ten percent of the legislatively appropriated funds must be designated for other opioid remediation and abatement efforts.
2. The department shall implement or assist with the implementation of spending decisions made under this chapter."

Page 1, line 17, after the boldfaced period insert "**AMENDMENT.**"

Page 1, line 21, after "**OF**" insert "**HEALTH AND**"

Page 2, line 1, after the first "of" insert "health and"

Page 2, line 4, after the first "of" insert "health and"

Page 2, line 7, after "of" insert "health and"

Page 2, after line 8, insert:

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Renumber accordingly

**2023 SENATE HUMAN SERVICES**

**HB 1447**

# 2023 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Lincoln Room, State Capitol

HB 1447  
3/13/2023

Relating to creation of the opioid settlement fund, creation of the opioid settlement advisory committee, and use of opioid settlement funds; and relating to funds under management of the state investment board and the funding of the opioid treatment and prevention program; to provide an appropriation; to provide for a transfer; to provide for application; and to declare an emergency.

9:00 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

## **Discussion Topics:**

- Litigation
- Advisory committee
- Settlement fund
- Allocate funds

9:00 AM **Representative Robin Weisz, District 14**, introduced HB 1447 and testified in favor verbally.

9:20 AM **Parrell Grossman, Director of General's Consumer Protection and Antitrust Division**, proposed amendment and testified neutral. #24219.

9:39 AM **Pam Sagness, Executive Director Behavioral Health Department of Health and Human Services**, testified neutral. #24368.

9:42 AM **Stephanie Engebretson, League of cities**, testified in opposition. #24163.

9:47 AM **Aaron Birst, Director North Dakota Association of Counties**, in opposition verbally.

9:54 AM **Robyn Litke Sall, Substance Misuse Prevention Coordinator**, testified online in opposition. #23949.

10:06 AM **Rena Moch, Bismarck Burleigh County Public Health**, testified in opposition verbally.

10:14 AM **Lorraine Davis, Founder and Chief Executive Officer** testified in favor. # 24365.

## **Additional Written Testimony:**

**Kate Herzog, Chief Operating Officer, Downtown Business Association of Bismarck** in opposition #23995

10:29 AM **Madam Chair Lee** adjourned the hearing.

*Patricia Lahr, Committee Clerk*

# 2023 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Lincoln Room, State Capitol

HB 1447  
3/14/2023

Relating to creation of the opioid settlement fund, creation of the opioid settlement advisory committee, and use of opioid settlement funds; and relating to funds under management of the state investment board and the funding of the opioid treatment and prevention program; to provide an appropriation; to provide for a transfer; to provide for application; and to declare an emergency.

4:01PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** are present.

## **Discussion Topics:**

- Local public health collaboration

**Senator Lee** calls for discussion

**Senator Cleary** presented proposed **amendment 23.1014.02002. #24996**.

4:14 PM **Madam Chair Lee** adjourned the meeting.

*Patricia Lahr, Committee Clerk*

# 2023 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Lincoln Room, State Capitol

HB 1447  
3/15/2023

Relating to creation of the opioid settlement fund, creation of the opioid settlement advisory committee, and use of opioid settlement funds; and relating to funds under management of the state investment board and the funding of the opioid treatment and prevention program; to provide an appropriation; to provide for a transfer; to provide for application; and to declare an emergency.

8:57 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** are present.

**Discussion Topics:**

- Amendment

**Senator Lee** calls for discussion.

9:03 AM **Madam Chair Lee** adjourned the meeting.

*Patricia Lahr, Committee Clerk*

# 2023 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Lincoln Room, State Capitol

HB 1447  
3/15/2023

Relating to creation of the opioid settlement fund, creation of the opioid settlement advisory committee, and use of opioid settlement funds; and relating to funds under management of the state investment board and the funding of the opioid treatment and prevention program; to provide an appropriation; to provide for a transfer; to provide for application; and to declare an emergency.
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4:59 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** are present.

**Discussion Topics:**

- Amendment

**Senator Lee** calls for discussion.

**Senator Cleary** presented a proposed **amendment. LC 23.1014.02002 #25392, 25393.**

**Senator K. Roers** moved to **adopt amendment, LC 23.1014.2002.**

**Senator Weston** seconded the motion.

Roll call vote.

<b>Senators</b>	<b>Vote</b>
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

The motion passed 6-0-0.

**Senator K. Roers** moved **DO PASS** and **REREFER** to **APPROPRIATIONS.**

**Senator Weston** seconded the motion.

Roll call vote.

<b>Senators</b>	<b>Vote</b>
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

The motion passed 6-0-0.

**Senator Cleary** will carry HB 1447.

5:65 PM **Madam Chair Lee** adjourned the meeting.

*Patricia Lahr, Committee Clerk*

DR  
3-15-23  
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PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1447

Page 2, line 17, replace "collected" with "recovered"

Page 2, line 18, remove "and the state's political subdivisions"

Page 2, line 19, after the underscored period insert "Moneys recovered by a political subdivision as a result of opioid litigation may be deposited in the fund."

Page 3, line 21, after "2." insert "Annually, each political subdivision that recovers and retains moneys as a result of opioid litigation shall submit to the department a report detailing the decisions of the governing body of the political subdivision regarding use of the moneys."

3."

Page 3, line 22, after "made" insert "by the department and the political subdivisions"

Page 4, after line 4, insert:

**"Political subdivisions - Public health units.**

1. A political subdivision that recovers moneys as a result of opioid litigation may deposit the moneys in the fund or may retain the moneys and transfer the moneys to the public health unit that provides services to that political subdivision.
2. A political subdivision that recovers and retains moneys as a result of opioid litigation shall collaborate with a public health unit on the use of the moneys for local programs for remediating and abating the opioid crisis. The use of moneys under this subsection must be in compliance with any court-ordered restrictions. The political subdivision and public health unit shall work together to ensure all reporting requirements are met."

Page 4, remove lines 21 through 30

Renumber accordingly

**REPORT OF STANDING COMMITTEE**

**HB 1447, as engrossed: Human Services Committee (Sen. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1447 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 2, line 17, replace "collected" with "recovered"

Page 2, line 18, remove "and the state's political subdivisions"

Page 2, line 19, after the underscored period insert "Moneys recovered by a political subdivision as a result of opioid litigation may be deposited in the fund."

Page 3, line 21, after "2." insert "Annually, each political subdivision that recovers and retains moneys as a result of opioid litigation shall submit to the department a report detailing the decisions of the governing body of the political subdivision regarding use of the moneys.

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Page 3, line 22, after "made" insert "by the department and the political subdivisions"

Page 4, after line 4, insert:

**"Political subdivisions - Public health units.**

1. A political subdivision that recovers moneys as a result of opioid litigation may deposit the moneys in the fund or may retain the moneys and transfer the moneys to the public health unit that provides services to that political subdivision.
2. A political subdivision that recovers and retains moneys as a result of opioid litigation shall collaborate with a public health unit on the use of the moneys for local programs for remediating and abating the opioid crisis. The use of moneys under this subsection must be in compliance with any court-ordered restrictions. The political subdivision and public health unit shall work together to ensure all reporting requirements are met."

Page 4, remove lines 21 through 30

Renumber accordingly

**2023 SENATE APPROPRIATIONS**

**HB 1447**

# 2023 SENATE STANDING COMMITTEE MINUTES

## Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1447  
3/28/2023

Relating to creation of the opioid settlement fund, creation of the opioid settlement advisory committee, and use of opioid settlement funds and relating to funds under management of the state investment board and the funding of the opioid treatment and prevention program; to provide an appropriation; to provide for a transfer; to provide for application; and to declare an emergency.

8:45 AM Chairman Dever opened the meeting.

Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

### Discussion topics:

- Money expenditure
- County needs
- Committee action

8:46 AM Legislative Council Senior Fiscal Analyst Levi Kinnischtzke gave oral testimony.

8:55 AM Stephanie Engebretson, Deputy Director, ND League of Cities, provided information verbally.

8:58 AM Sherry Adams provided information verbally.

9:06 AM Laura Anderson, Policy Director, Behavioral Health Division provided information verbally.

9:20 AM Senator Davison moved a DO PASS recommendation for HB 1447.  
Senator Burckhard seconded the motion.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion passed. 5-0-0

Senator Kreun will carry the bill.

9:21 AM Chairman Dever closed the meeting.

*Justin Boone on behalf of Susan Huntington, Committee Clerk*

# 2023 SENATE STANDING COMMITTEE MINUTES

## Appropriations - Human Resources Division Roughrider Room, State Capitol

HB 1447  
4/3/2023

A BILL relating to creation of the opioid settlement fund, creation of the opioid settlement advisory committee, and use of opioid settlement funds
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3:19 PM Chairman Dever called the meeting to order. Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

### Discussion Topics:

- New Federal regulation
- Amendment

3:20 PM Senator Mathern moved to reconsider HB 1447.  
Senator Davison seconded the motion.

Roll call vote.

Senator	Senators	Vote
Senator Dick Dever		Y
Senator Randy A. Burckhard		Y
Senator Kyle Davison		Y
Senator Curt Kreun		Y
Senator Tim Mathern		Y

Motion carried 5-0-0

3:21 PM Senator Mathern moved to adopt amendment no. 23.1014.02004 (27251).  
Senator Kreun seconded the motion.

Roll call vote.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion carried 5-0-0.

3:23 PM Senator Mathern moved DO PASS AS AMENDED on HB 1447.  
Senator Kreun seconded the motion.

Roll call vote.

<b>Senators</b>	<b>Vote</b>
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion carried 5-0-0.

Senator Kreun will carry the bill.

3:24 PM Chairman Dever adjourned the meeting.

*Susan Huntington, Committee Clerk*

# 2023 SENATE STANDING COMMITTEE MINUTES

## Appropriations Committee Roughrider Room, State Capitol

HB 1447  
4/4/2023

A BILL for an Act relating to creation of the opioid settlement fund, creation of the opioid settlement advisory committee, and use of opioid settlement funds; relating to funds under management of the state investment board and the funding of the opioid treatment and prevention program; to provide an appropriation; to provide for a transfer; to provide for application; and to declare an emergency.

10:07 AM Chairman Bekkedahl opened the hearing on HB 1447.

Members present: Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, and Mathern.

### Discussion Topics:

- Opiod antagonist
- Over the counter drug
- Opiod settlement fund
- Opiod settlement advisory committee
- Committee action

10:07 AM Senator Kreun introduced amendment LC 23.1014.02004, testimony #27251.

10:13 AM Senator Kreun moved to adopt AMENDMENT 23.1014.02004.  
Senator Davison seconded the motion

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion passed 16-0-0.

10:17 AM Senator Kreun moved DO PASS AS AMENDED.  
Senator Burckhard seconded the motion.

10:19 AM Pam Sangness, Department of Health and Human Services, answered questions from the committee, no written testimony.

10:21 AM Adam Mathiak, Legislative Council, answered questions from the committee, no written testimony.

<b>Senators</b>	<b>Vote</b>
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion passed 16-0-0.

Senator Cleary will carry the bill.

10:24 AM Chairman Bekkedahl closed the hearing.

*Kathleen Hall, Committee Clerk*

April 3, 2023

OK  
172  
4-4-23

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1447

In addition to the amendments adopted by the Senate as printed on page 1014 of the Senate Journal, Engrossed House Bill No. 1447 is further amended as follows:

Page 1, line 4, after "21-10-06" insert "and section 23-01-42"

Page 1, line 5, after "board" insert ", opioid antagonist prescription, distribution, possession, or use,"

Page 2, after line 4, insert:

**"SECTION 2. AMENDMENT.** Section 23-01-42 of the North Dakota Century Code is amended and reenacted as follows:

**23-01-42. Opioid antagonist prescription, distribution, possession, or use - Immunity from liability.**

1. As used in this section:
  - a. "Health care professional" means a licensed or certified health care professional who is working within the scope of practice for that profession. The term may include a physician, physician assistant, advanced practice registered nurse, and pharmacist acting in the professional's scope of practice.
  - b. "Opioid antagonist" means a drug:
    - (1) That is approved by the United States food and drug administration for the treatment of a drug overdose and is recognized by the department of health and human services for the treatment of a drug overdose; and
    - (2) That when administered negates or neutralizes, in whole or in part, the pharmacological effects of an opioid in the body.
2. A health care professional acting in good faith may directly or by standing order prescribe, distribute, or dispense an opioid antagonist, ~~if the health care professional provides training to:~~
  - a. ~~An individual at risk of experiencing an opioid-related overdose; or~~
  - b. ~~A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.~~
3. ~~An individual acting in good faith may receive or possess an opioid antagonist if that individual is:~~
  - a. ~~An individual at risk of experiencing an opioid-related overdose; or~~
  - b. ~~A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.~~

- 4.3. An individual acting in good faith may ~~self-administer an opioid antagonist~~ or administer an opioid antagonist to another individual who the administering individual suspects is at risk of experiencing an opioid overdose.
- 5.4. An individual may receive, possess, or administer an opioid antagonist under subsection 3 ~~or~~ 4, regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed.
- 6.5. An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is immune from civil and criminal liability for such action. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action. This section does not expand the scope of practice of a health care professional. Immunity from liability or discipline under this subsection does not apply if the individual's actions constitute recklessness, gross negligence, or intentional misconduct."

DR  
282  
4-4-23

Renumber accordingly

**REPORT OF STANDING COMMITTEE**

**HB 1447, as engrossed and amended: Appropriations Committee (Sen. Bekkedahl, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (16 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1447, as amended, was placed on the Sixth order on the calendar. This bill does not affect workforce development.

In addition to the amendments adopted by the Senate as printed on page 1014 of the Senate Journal, Engrossed House Bill No. 1447 is further amended as follows:

Page 1, line 4, after "21-10-06" insert "and section 23-01-42"

Page 1, line 5, after "board" insert ", opioid antagonist prescription, distribution, possession, or use,"

Page 2, after line 4, insert:

**"SECTION 2. AMENDMENT.** Section 23-01-42 of the North Dakota Century Code is amended and reenacted as follows:

**23-01-42. Opioid antagonist prescription, distribution, possession, or use - Immunity from liability.**

1. As used in this section:
  - a. "Health care professional" means a licensed or certified health care professional who is working within the scope of practice for that profession. The term may include a physician, physician assistant, advanced practice registered nurse, and pharmacist acting in the professional's scope of practice.
  - b. "Opioid antagonist" means a drug:
    - (1) That is approved by the United States food and drug administration for the treatment of a drug overdose and is recognized by the department of health and human services for the treatment of a drug overdose; and
    - (2) That when administered negates or neutralizes, in whole or in part, the pharmacological effects of an opioid in the body.
2. A health care professional acting in good faith may directly or by standing order prescribe, distribute, or dispense an opioid antagonist, ~~if the health-care professional provides training to:~~
  - a. ~~An individual at risk of experiencing an opioid-related overdose; or~~
  - b. ~~A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.~~
3. ~~An individual acting in good faith may receive or possess an opioid antagonist if that individual is:~~
  - a. ~~An individual at risk of experiencing an opioid-related overdose; or~~
  - b. ~~A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.~~
- 4.3. An individual acting in good faith may self-administer an opioid-antagonist or administer an opioid antagonist to another individual who

the administering individual suspects is at risk of experiencing an opioid overdose.

- 5.4. An individual may receive, possess, or administer an opioid antagonist under subsection 3 ~~or~~ 4, regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed.
- 6.5. An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is immune from civil and criminal liability for such action. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action. This section does not expand the scope of practice of a health care professional. Immunity from liability or discipline under this subsection does not apply if the individual's actions constitute recklessness, gross negligence, or intentional misconduct."

Renumber accordingly

**2023 CONFERENCE COMMITTEE**

**HB 1447**

# 2023 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1447  
4/19/2023  
Conference Committee

relating to creation of the opioid settlement fund, creation of the opioid settlement advisory committee, and use of opioid settlement funds, and relating to funds under management of the state investment board, opioid antagonist prescription, distribution, possession, or use, and the funding of the opioid treatment and prevention program; to provide an appropriation; to provide for a transfer; to provide for application; and to declare an emergency.

Chairman Beltz called the meeting to order at 3:05 PM.

Chairman Mike Beltz, Reps. Robin Weisz, Gretchen Dobervich, Madam Chair Judy Lee, Sens. Sean Cleary, and Kristin Roers present.

### **Discussion Topics:**

- Settlement fund use
- Local control

Rep. Beltz called for a discussion on the amendments to HB 1447 passed in the Senate.

Sen. Cleary discussed the changes made in the Senate amendments to HB 1447.

Chairman Beltz adjourned the meeting at 3:28 PM.

*Phillip Jacobs, Committee Clerk*

# 2023 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1447  
4/20/2023  
Conference Committee

relating to creation of the opioid settlement fund, creation of the opioid settlement advisory committee, and use of opioid settlement funds, and relating to funds under management of the state investment board, opioid antagonist prescription, distribution, possession, or use, and the funding of the opioid treatment and prevention program; to provide an appropriation; to provide for a transfer; to provide for application; and to declare an emergency.

Chairman Beltz called the meeting to order at 11:07 AM.

Chairman Mike Beltz, Reps. Robin Weisz, Gretchen Dobervich, Madam Chair Judy Lee, Sens. Sean Cleary, and Kristin Roers present.

### Discussion Topics:

- Use of settlement fund
- Local control

Rep. Weisz proposed an amendment to HB 1447 and discussed the changes as follows:

Page 2, line 17, replace "collected" with "recovered"

Page 2, line 18, remove "and the state's political subdivisions"

Page 2, line 19, after the underscored period insert "Moneys recovered by a political subdivision as a result of opioid litigation may be deposited in the fund."

Page 3, after line 17, insert:

"c. The committee shall consider cultural practices and alternative best practice treatment methods when considering and making recommendations to the department under this subsection."

Page 3, line 21, after "2." insert "Annually, each political subdivision that recovers and retains moneys as a result of opioid litigation shall submit to the department a report detailing the decisions of the governing body of the political subdivision regarding use of the moneys.  
3."

Page 3, line 22, after "made" insert "by the department and the political subdivisions"

Page 3, line 26, replace "follow the following formula:" with "include at least twenty percent for opioid use prevention and overdose prevention, including best practices relating to

fentanyl drug overdose, and approved use for workforce development."

Page 3, remove lines 27 through 30

Page 4, remove lines 1 and 2

Page 4, after line 4, insert:

"Political subdivisions - Public health units.

1. A political subdivision that recovers moneys as a result of opioid litigation may deposit the moneys in the fund or may retain the moneys and transfer the moneys to the public health unit that provides services to that political subdivision.
2. A political subdivision that recovers and retains moneys as a result of opioid litigation shall collaborate with a public health unit on the use of the moneys for local programs for remediating and abating the opioid crisis. The use of moneys under this subsection must be in compliance with any court-ordered restrictions. The political subdivision and public health unit shall work together to ensure all reporting requirements are met.
3. All political subdivisions shall provide an allocation plan to the behavioral health division prior to expenditure."

Page 4, remove lines 21 through 30

Madam Chair Lee moved that the Senate recede from Senate amendments and amend as follows with 23.1014.02005.

Seconded by Sen. K. Roers.

Motion carries 6-0-0.

Carried by Sen. Cleary in the Senate.

Carried by Rep. Beltz in the House.

Chairman Beltz adjourned the meeting at 11:15 AM.

*Phillip Jacobs, Committee Clerk*

April 20, 2023

OK  
173  
4-20-23

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1447

That the Senate recede from its amendments as printed on pages 1698 and 1699 of the House Journal and pages 1431 and 1432 of the Senate Journal and that Engrossed House Bill No. 1477 be amended as follows:

Page 1, line 4, after "21-10-06" insert "and section 23-01-42"

Page 1, line 5, after "board" insert ", opioid antagonist prescription, distribution, possession, or use,"

Page 2, after line 4, insert:

**"SECTION 2. AMENDMENT.** Section 23-01-42 of the North Dakota Century Code is amended and reenacted as follows:

**23-01-42. Opioid antagonist prescription, distribution, possession, or use - Immunity from liability.**

1. As used in this section:
  - a. "Health care professional" means a licensed or certified health care professional who is working within the scope of practice for that profession. The term may include a physician, physician assistant, advanced practice registered nurse, and pharmacist acting in the professional's scope of practice.
  - b. "Opioid antagonist" means a drug:
    - (1) That is approved by the United States food and drug administration for the treatment of a drug overdose and is recognized by the department of health and human services for the treatment of a drug overdose; and
    - (2) That when administered negates or neutralizes, in whole or in part, the pharmacological effects of an opioid in the body.
2. A health care professional acting in good faith may directly or by standing order prescribe, distribute, or dispense an opioid antagonist, if the health care professional provides training to:
  - a. An individual at risk of experiencing an opioid-related overdose; or
  - b. A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.
3. An individual acting in good faith may receive or possess an opioid antagonist if that individual is:
  - a. An individual at risk of experiencing an opioid-related overdose; or
  - b. A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.

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273  
4-20-23

- ~~4.3.~~ An individual acting in good faith may self-administer an opioid antagonist or administer an opioid antagonist to another individual who the administering individual suspects is at risk of experiencing an opioid overdose.
- ~~5.4.~~ An individual may receive, possess, or administer an opioid antagonist under subsection 3 or 4, regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed.
- ~~6.5.~~ An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is immune from civil and criminal liability for such action. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action. This section does not expand the scope of practice of a health care professional. Immunity from liability or discipline under this subsection does not apply if the individual's actions constitute recklessness, gross negligence, or intentional misconduct."

Page 2, line 17, replace "collected" with "recovered"

Page 2, line 18, remove "and the state's political subdivisions"

Page 2, line 19, after the underscored period insert "Moneys recovered by a political subdivision as a result of opioid litigation may be deposited in the fund."

Page 3, after line 17, insert:

"c. The committee shall consider cultural practices and alternative best practice treatment methods when considering and making recommendations to the department under this subsection."

Page 3, line 21, after "2." insert "Annually, each political subdivision that recovers and retains moneys as a result of opioid litigation shall submit to the department a report detailing the decisions of the governing body of the political subdivision regarding use of the moneys.

3."

Page 3, line 22, after "made" insert "by the department and the political subdivisions"

Page 3, line 26, replace "follow the following formula:" with "include at least twenty percent for opioid use prevention and overdose prevention, including best practices relating to fentanyl drug overdose, and approved use for workforce development."

Page 3, remove lines 27 through 30

Page 4, remove lines 1 and 2

Page 4, after line 4, insert:

**"Political subdivisions - Public health units.**

- 1. A political subdivision that recovers moneys as a result of opioid litigation may deposit the moneys in the fund or may retain the moneys and transfer

the moneys to the public health unit that provides services to that political subdivision.

2. A political subdivision that recovers and retains moneys as a result of opioid litigation shall collaborate with a public health unit on the use of the moneys for local programs for remediating and abating the opioid crisis. The use of moneys under this subsection must be in compliance with any court-ordered restrictions. The political subdivision and public health unit shall work together to ensure all reporting requirements are met.
3. All political subdivisions shall provide an allocation plan to the behavioral health division prior to expenditure."

DR  
383  
4-20-23

Page 4, remove lines 21 through 30

Renumber accordingly



**REPORT OF CONFERENCE COMMITTEE**

**HB 1447, as engrossed:** Your conference committee (Sens. Lee, Cleary, K. Roers and Reps. Beltz, Weisz, Dobervich) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ pages 1698-1699, adopt amendments as follows, and place HB 1447 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1698 and 1699 of the House Journal and pages 1431 and 1432 of the Senate Journal and that Engrossed House Bill No. 1477 be amended as follows:

Page 1, line 4, after "21-10-06" insert "and section 23-01-42"

Page 1, line 5, after "board" insert ", opioid antagonist prescription, distribution, possession, or use,"

Page 2, after line 4, insert:

**"SECTION 2. AMENDMENT.** Section 23-01-42 of the North Dakota Century Code is amended and reenacted as follows:

**23-01-42. Opioid antagonist prescription, distribution, possession, or use - Immunity from liability.**

1. As used in this section:
  - a. "Health care professional" means a licensed or certified health care professional who is working within the scope of practice for that profession. The term may include a physician, physician assistant, advanced practice registered nurse, and pharmacist acting in the professional's scope of practice.
  - b. "Opioid antagonist" means a drug:
    - (1) That is approved by the United States food and drug administration for the treatment of a drug overdose and is recognized by the department of health and human services for the treatment of a drug overdose; and
    - (2) That when administered negates or neutralizes, in whole or in part, the pharmacological effects of an opioid in the body.
2. A health care professional acting in good faith may directly or by standing order prescribe, distribute, or dispense an opioid antagonist, ~~if the health-care professional provides training to:~~
  - a. ~~An individual at risk of experiencing an opioid-related overdose; or~~
  - b. ~~A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.~~
3. ~~An individual acting in good faith may receive or possess an opioid antagonist if that individual is:~~
  - a. ~~An individual at risk of experiencing an opioid-related overdose; or~~
  - b. ~~A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.~~

- ~~4-3.~~ An individual acting in good faith may ~~self-administer an opioid-antagonist or~~ administer an opioid antagonist to another individual who the administering individual suspects is at risk of experiencing an opioid overdose.
- ~~5-4.~~ An individual may receive, possess, or administer an opioid antagonist under subsection 3 ~~or 4~~, regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed.
- ~~6-5.~~ An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is immune from civil and criminal liability for such action. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action. This section does not expand the scope of practice of a health care professional. Immunity from liability or discipline under this subsection does not apply if the individual's actions constitute recklessness, gross negligence, or intentional misconduct."

Page 2, line 17, replace "collected" with "recovered"

Page 2, line 18, remove "and the state's political subdivisions"

Page 2, line 19, after the underscored period insert "Moneys recovered by a political subdivision as a result of opioid litigation may be deposited in the fund."

Page 3, after line 17, insert:

"c. The committee shall consider cultural practices and alternative best practice treatment methods when considering and making recommendations to the department under this subsection."

Page 3, line 21, after "2." insert "Annually, each political subdivision that recovers and retains moneys as a result of opioid litigation shall submit to the department a report detailing the decisions of the governing body of the political subdivision regarding use of the moneys."

3."

Page 3, line 22, after "made" insert "by the department and the political subdivisions"

Page 3, line 26, replace "follow the following formula:" with "include at least twenty percent for opioid use prevention and overdose prevention, including best practices relating to fentanyl drug overdose, and approved use for workforce development."

Page 3, remove lines 27 through 30

Page 4, remove lines 1 and 2

Page 4, after line 4, insert:

**"Political subdivisions - Public health units.**

1. A political subdivision that recovers moneys as a result of opioid litigation may deposit the moneys in the fund or may retain the moneys and transfer the moneys to the public health unit that provides services to that political subdivision.

Insert LC: 23.1014.02005  
House Carrier: Beltz  
Senate Carrier: Cleary

2. A political subdivision that recovers and retains moneys as a result of opioid litigation shall collaborate with a public health unit on the use of the moneys for local programs for remediating and abating the opioid crisis. The use of moneys under this subsection must be in compliance with any court-ordered restrictions. The political subdivision and public health unit shall work together to ensure all reporting requirements are met.
3. All political subdivisions shall provide an allocation plan to the behavioral health division prior to expenditure."

Page 4, remove lines 21 through 30

Renumber accordingly

Engrossed HB 1447 was placed on the Seventh order of business on the calendar.

**TESTIMONY**

**HB 1447**

HOUSE HUMAN SERVICES COMMITTEE  
ROBIN WEISZ, CHAIR  
FEBRUARY 8, 2023

TESTIMONY BY  
PARRELL D. GROSSMAN  
DIRECTOR, CONSUMER PROTECTION AND ANTITRUST DIVISION  
OFFICE OF ATTORNEY GENERAL  
IN SUPPORT OF  
HOUSE BILL NO. 1447

Mr. Chairman and members of the House Human Services Committee. I am Parrell Grossman, and it is my privilege to be the Director of the Attorney General's Consumer Protection and Antitrust Division. I appear on behalf of the Attorney General in support of House Bill No. 1447, with proposed clarifying amendments.

To date, the Consumer Protection Division has participated in 11 national opioids investigations and settlements including opioid manufacturers, distributors, pharmacies/retailers and consultants or marketers.

The gross amount of anticipated opioid settlement payments over as long as 18 years (which is the Purdue Pharma case still in bankruptcy) and is between \$62 million and \$70 million plus. However, it is impossible to indicate any exact amount or other certain amount because of the complications in calculating or receiving any specific amounts for each settlement. Administrative fees and other deductions are constantly made to some extent before the receipt of the actual settlement distributions. In addition, these gross settlement amounts depend upon participation by the political subdivisions. For past settlements, that participation level has been very high for North Dakota's political subdivisions. The reason for the final payment formula considering the political subdivision participation percentages is that the settling parties want "global peace" in terms of releases by not only the State but any political subdivisions that have sued or could possibly sue the opioid entities. Therefore, the formula rewards states with higher monetary distributions for higher level of political subdivision participations.

There likely are no further opioid settlements pending, and certainly not with any significant anticipated settlement distributions. This far, the Attorney General has already received \$9.2M in national settlement proceeds.

We certainly support the legislative appropriation of all settlement funds and our primary interest with HB1447 simply is to ensure that all monies in the fund are used in compliance with the court ordered restrictions imposed in each of the settlements. The funds must be used for opioid remediation and there is an exhibit in each of the settlement judgments approved by the court. In some of the settlements it is designated as "Exhibit E List of Opioid Remediation Uses" and I have attached it as an exhibit to this testimony. The approved uses are broad and include certain core strategies from approved uses for treatment, prevention, and other strategies. These are the only approved uses for these funds. The funds cannot be used for any other purposes such as infrastructure, law enforcement etc. Expenditure of any funds for uses that are not approved may

result in contempt of court proceedings with sanctions available under the North Dakota Century Code and also could result in the loss or suspension of future settlement distributions to the State. The settlements and court judgments require future reporting on the State's expenditures of funds.

Therefore, the Attorney General is requesting the following proposed amendments:

Page 1, line 11, after "used" insert "in compliance with any court ordered restrictions and"

Page 1, line 16, after the period insert "The fund does not include monies not retained by the state pursuant to law or court order."

The Medicaid Fraud Control Unit also encourages the approval of these amendments. The Unit participates in multistate, national, civil settlements and, as a result of those settlements, receives monetary recoveries. Some of those recoveries may qualify as opioid litigation funds; however, there are federal regulations which direct that a portion of any recoveries that the Unit obtains must be used to reimburse FMAP (Federal Medical Assistance Percentage) funding the State initially received. The language of the amendment would allow the Unit to adhere to those regulations and contribute the remaining recoveries into the opioid settlement fund pursuant to this Bill.

One other concern is the Opioids Advisory Committee. Your committee should be aware that the opioid advisory committee must remain in existence, because it is required by the court ordered settlements and approved bankruptcy plans. Also, the Attorney General has five upcoming settlements in which we need sign-on from political subdivisions. The advisory committee is essential to get those sign-ons (at least from subdivisions represented by private litigation counsel). Without these subdivision participations, the State could lose as much as 55-62% of the settlement funds in the five upcoming settlements, which would amount to between \$14-16 million of a maximum of \$26.7 million for those five settlements. Furthermore, for some of the settlements, including the Mallinckrodt, Purdue Pharma and other bankruptcy settlements, North Dakota is required to have the Advisory Committee to receive any of the settlement funds.

The Attorney General respectfully recommends that the House Human Services Committee adopt the Attorney General's proposed amendments and give House Bill 1447 a "Do Pass" recommendation with those amendments.

Thank you for your time and consideration. I would be pleased to try and answer any questions.

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1447

Page 1, line 11, after “used” insert “in compliance with any court ordered restrictions and”

Page 1, line 16, after the period insert “The fund does not include monies not retained by the state pursuant to law or court order.”

Renumber accordingly

**EXHIBIT E****List of Opioid Remediation Uses****Schedule A  
Core Strategies**

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“*Core Strategies*”).<sup>14</sup>

- 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.

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<sup>14</sup> 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 the 2016 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:<sup>15</sup>

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

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<sup>15</sup> As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

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 of 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 medication 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:
  1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARP*”);
  2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
  3. “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;
  4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
  5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
  6. 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 (“CTP”), 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
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**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:

1. Increase the number of prescribers using PDMPs;
2. 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
3. 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
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**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.

**Testimony**  
**House Bill No. 1447**  
**House Human Services Committee**  
**Representative Robin Weisz, Chairman**  
February 8, 2023

Chairman Weisz, and members of the House Human Services Committee, I am Pamela Sagness, Behavioral Health Executive Director with the Department of Health and Human Services. I appear before you in support of House Bill 1447.

On January 6, 2023 Governor Burgum, through executive order, created the Opioid Settlement Advisory Committee as recommended by the North Dakota Attorney General's Office after Attorney General Drew Wrigley signed the settlement agreements.

The committee consists of six voting members appointed and a non-voting chairperson designated by the governor, with equal representation from the state and local governments.

The following individuals were recommended and appointed as members by both the Governor's Office and Attorney General's Office:

- Pamela Sagness, director of the Behavioral Health Division in the North Dakota Department of Health and Human Services;
- Col. Brandon Solberg, Superintendent of the North Dakota Highway Patrol;
- Jonathan Holth, managing director, Office of Recovery Reinvented;
- Aaron Birst, executive director, North Dakota Association of Counties;
- Mary Korsmo, executive director, North Dakota State Association of City and County Health Officials;

- Stephanie Dassinger Engebretson, deputy director and staff attorney, North Dakota League of Cities.
- Lt. Governor Tammy Miller, Chair

The first meeting of the Opioid Settlement Advisory Committee is scheduled for tomorrow at 3:00. The key agenda items include a briefing on the settlements including allowable uses, discussion of legislative action related to opioids, and development of an engagement strategy to include public listening sessions to provide communities, businesses, family members, or individuals an opportunity to share with the committee the impact of the opioid epidemic.

The opioid settlement funds are designed to provide treatment, prevention, education, and support directly to individuals. The Department of Human Services' Behavioral Health Division has received several federal grants over the past decade specifically related to addressing opioid addiction and preventing opioid overdose. We have experience administering many of the programs identified as allowable uses in the settlement. We appreciate the opportunity to collaborate with the Legislature, Governor's Office, and Office of the Attorney General in order to ensure funds are distributed efficiently to have maximum impact and to avoid duplication of effort.

This concludes my testimony. I would be happy to try to answer any questions. Thank you.

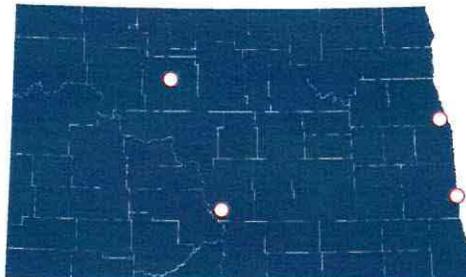
The Department of Health & Human Services, Behavioral Health Division Policy Team is designated as the state opioid treatment authority and charged with ensuring adherence of Opioid Treatment Programs and Medication Units to state and federal regulations as identified in North Dakota Century Code 50-31.

# Licensing of Opioid Treatment Programs and Medication Units



- + Opioid Treatment Programs provide medication for opioid use disorder in conjunction with counseling, and supportive services to treat individuals suffering from an opioid use disorder.
- + Medication Units are a satellite of an Opioid Treatment Program that provide remote dispensing of FDA approved medication for opioid use disorder.
- + Programs are reviewed on an annual basis for compliance with North Dakota Administrative Code Article 75-09.1, and applicable federal regulation.
- + Programs are monitored for the health and safety of the clients served and to establish quality assurance-standards for the licensure of programs, services, and facilities.

North Dakota has **4** licensed Opioid Treatment Programs (OTP) in the state



There are currently **828** individuals actively receiving services from an OTP.\*

On average individuals travel **15** miles one way to an OTP for their services.\*

There are currently no licensed Medication Units in the state.

Unique individuals served by OTPs.



\*Data as of November 25, 2022

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

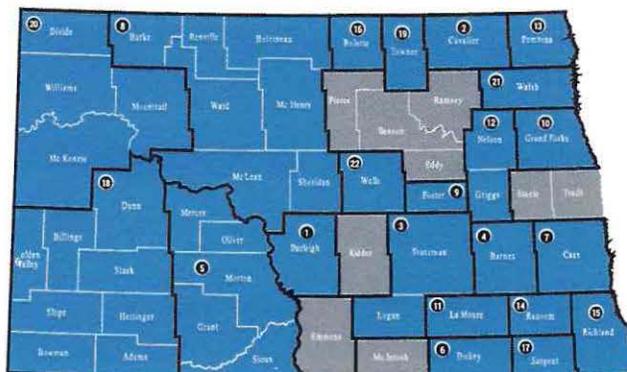
**BEHAVIORAL HEALTH DIVISION**

EFFORTS ADDRESSING OPIOIDS

**IMPLEMENTATION OF A COMPREHENSIVE APPROACH**

The Behavioral Health Division implements a range of evidence-based strategies across the behavioral health

continuum of care both enhancing services and capacity statewide and community specific



A community level opioid response is possible due to contracts with 22 Local Public Health Units (LPHUs) and 2 tribes. Funding from the Substance Abuse and Mental Health Service Administration (SAMHSA) State Opioid Response (SOR) grant supports community level strategy implementation.

The Divisions also partners with several entities for state-wide efforts funded by either the SAMHSA SOR grant or the SAMHSA SAPT Block grant.

- |   |   |
|---|---|
| 1. Bismarck-Burleigh Public Health Unit | 12. Nelson-Griggs District Health Unit    |
| 2. Cavalier County Health District      | 13. Pembina County                        |
| 3. Central Valley Health District       | 14. Ransom County Public Health           |
| 4. City-County Health District          | 15. Richland County Health Department     |
| 5. Custer Health                        | 16. Rolette County Public Health District |
| 6. Dickey County Health District        | 17. Sargent County District Health Unit   |
| 7. Fargo Cass Public Health             | 18. Southwestern District Health Unit     |
| 8. First District Health Unit           | 19. Towner County Public Health           |
| 9. Foster County Public Health          | 20. Upper Missouri District Health Unit   |
| 10. Grand Forks Public Health           | 21. Walsh County Health Department        |
| 11. LaMoure County Public Health Dept.  | 22. Wells County District Health Unit     |

**PREVENTION: STOPPING OPIOID MISUSE BEFORE IT STARTS**

Prevention activities are aimed at the general population as well as those at highest risk for opioid misuse and overdose

**PARENTS LEAD** – Parents Lead is an evidenced-based prevention program developed in and for North Dakota that proves parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health while preventing substance use

- 16 LPHUs are promoting Parents Lead locally
- The Division contracts with a social media firm to promote Parents Lead statewide
- From October 2021 – September 2022, **2,286,887 people were reached**

**OPIOIDS: FILL WITH CARE** – Opioids: Fill with Care is a campaign that provides education and increases awareness surrounding safe use of medications, proper disposal methods, risks and signs of overdose and the effective response to an overdose

- 15 LPHUS and 1 tribe are promoting Parents Lead locally
- The Division contracts with a social media firm to promote Opioids: Fill with Care statewide
- From October 2021 – September 2022, **9,038,186 people were reached**

**SAFE MEDICATION DISPOSAL** – The Division purchases and distributes 2 safe medication disposal products: DisposeRX and Deterra bags. These products are distributed by LPHUs and pharmacies in an effort to increase proper at home disposal of medications. LPHUs also host Take Back events and promote Take Back locations to increase opportunities for proper medication disposal.

- 20 LPHUS and 1 tribe are distributing safe medication disposal products, hosting take back events, or providing education through messaging
- From October 2021 – September 2022
  - **5,187 Deterra bags were distributed**
  - **10,100 DisposeRX packets were distributed**

**NDSU ONE PROGRAM** – The Division contracts with the North Dakota State University School of Pharmacy and supports the implementation of the ONE Program. The ONE Program is an innovative approach to ensure patients receiving opioid prescriptions are provided detailed education based on their personal need. Pharmacists in the program receive tools to screen for risk of opioid use disorder or accidental overdose and after identifying patient needs, are able to provide counseling and resources to safely use prescribed opioids. The program began in 2018 and has since expanded the safe medication use and opioids use disorder risk screening processes into home health visits and community jails.

- There are currently **66 pharmacies** actively participating in the program
- From October 2021 – September 2022, **3,454** individuals were screened (Pharmacy and home health)

**NARXCARE** – The Division provides funding to the North Dakota Board of Pharmacy for the NarxCare enhancement to the state’s Prescription Drug Monitoring Program (PDMP).

## HARM REDUCTION: OVERDOSE REVERSAL EFFORTS AND SAVING LIVES

**NALOXONE DISTRIBUTION** – 22 LPHUs completed a Naloxone Distribution Assessment to ensure those at highest risk of witnessing or experiencing an overdose will have Naloxone available.

- From October 2021 – September 2022
  - **15,481 Naloxone two-dose kits** were distributed in North Dakota through state-wide Naloxone distribution by BHD, community distribution by LPHUS, and pharmacy distribution
  - **1,631** known doses of Naloxone were administered
  - **948** known successful overdose reversals using Naloxone occurred

**SYRINGE SERVICE PROGRAMS** – The Division currently partners with the Public Health Division and LPHUs to enhance the availability of Syringe Service Programs (SSP) and lifesaving resources

- 5 LPHUs operate a SSP
  - To reduce the harm associated with using substances, SSPs offer Fentanyl Test Strips
- 10 LPHUs are either promoting existing nearby SSP, providing transportation to a SSP, contracting with an existing SSP, or exploring the start-up of a SSP

## INCREASE ACCESS TO EVIDENCE-BASED TREATMENT

**DOCR MOUD PROGRAM** – The Division entered into contract with the ND Department of Corrections and Rehabilitation (DOCR) to continue efforts to purchase FDA-approved medications for opioid use disorder (MOUD) to support residents of DOCR who suffer from moderate and severe Opioid Use Disorder, especially prior to release. DOCR also provides individuals with linkages to community resources upon release.

- From October 2021 – September 2022, DOCR was able to provide MOUD to **55** individuals

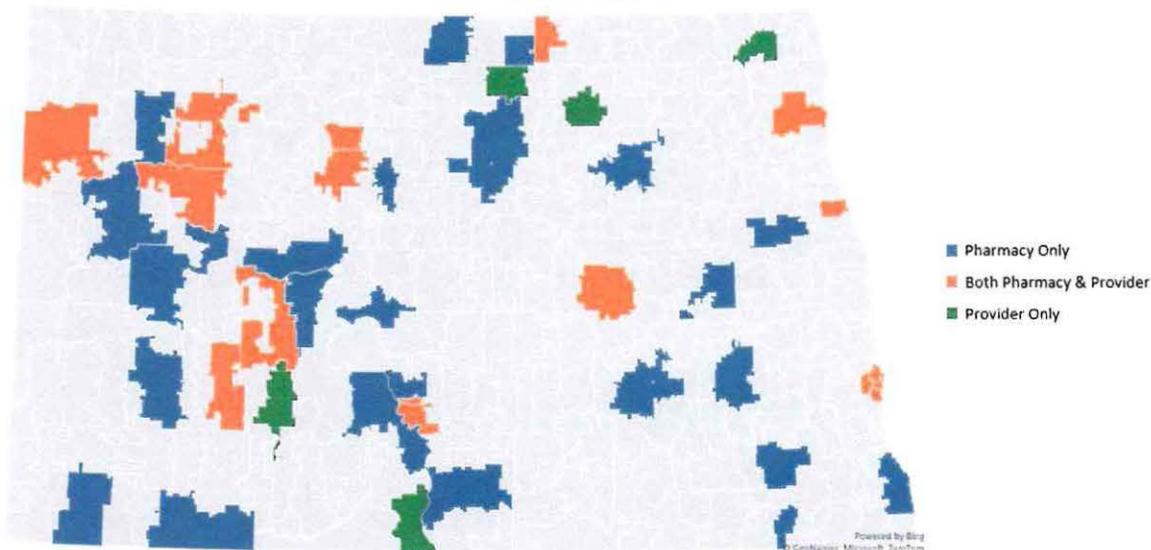
**COMMUNITY STRATEGIES** – 16 LPHUs are improving the access to treatment for opioid use disorder by providing transportation, reducing stigma through messaging, working to reduce local barriers or providing funding for providers to implement contingency management

**TRIBAL STRATEGIES** – 2 tribes in North Dakota are utilizing SOR funding to purchase Medications for Opioid Use Disorder (MOUD) for eligible enrolled tribal members.

**LICENSED OPIOID TREATMENT CENTERS** – There are four licensed Opioid Treatment Centers (OTPs) in North Dakota: Fargo, Grand Forks, Minot, and Bismarck. As of 1/30/2023, there were **923** active participants. The North Dakota Substance Use Disorder (SUD) Voucher program was able to assist **104** individuals access Methadone from January 2022 – December 2022.

**OFFICE-BASED OPIOID TREATMENT** – The Division partnered with NDSU for the completion of a Buprenorphine Prescriber Environmental Scan. At the time of the scan (Fall 2021) there were 91 data-waivered prescribers listed on the SAMHSA Buprenorphine Practitioner Location website. Of those 91 providers, 54 were actively prescribing. Of the 54 actively prescribing practitioners, 45 were accepting new patients. NDSU is currently working on an updated scan. Below is a map identifying the locations with a buprenorphine prescribers and pharmacies that carry buprenorphine.

BUP/NX Treatment Availability



**LIGHTHOUSE CENTRAL REGISTRY** – The Division contracted with Lighthouse Central Registry to connect ND OTPs in order to prevent dual enrollments, to assist in emergency communications and build comprehensive data collection processes.

During state blizzards, the State Opioid Treatment Authority, in collaboration with SAMHSA’s Division of Pharmacologic Therapies granted emergency exception requests to patients of the Opioid Treatment Programs prior to this severe winter weather, allowing most patients to receive their medication before the storm. Through the Central Registry, some patients were able to receive their medication at a different location without barriers.

## INCREASE ACCESS TO SUPPORTIVE RECOVERY SERVICES

**RECOVERY HOUSING ASSISTANCE PROGRAM** – Launched in May 2022, the Recovery Housing Assistance Program (RHAP) decreased barriers to individuals accessing recovering housing, including those with an opioid use disorder. RHAP providers are required to allow residents to utilize Medications for Opioid Use Disorder (MOUD)

- 50% of RHAP program participants reported a history of using opioids

**COMMUNITY STRATEGIES** – 13 LPHUS are utilizing SOR funding to increase Peer Support Specialist integration into communities, using messaging to decrease stigma, or increase access to recovery services by providing transportation or childcare.

**PEER SUPPORT IN THE EMERGENCY DEPARTMENT** – The Division has partnered with Sanford Fargo to implement a pilot program utilizing Peer Support Specialists in the Emergency Department

**ADDITIONAL RECOVERY SUPPORT ACTIVITIES** – Additional state funded programs to help individuals in recovery from an opioid use disorder include:

- Peer Support Specialist Certification
- Free Through Recovery
- Community Connect
- Recovery Talk
- Call Kay

Good morning Madam Chair Lee and members of the Senate Human Services Committee,

My name is Robyn Litke Sall. I am a resident of Fargo and a substance misuse prevention coordinator at Fargo Cass Public Health (FCPH). I have coordinated our agency's opioid response program for Cass County since 2016. I am testifying in opposition to the portion of House Bill 1447 that mandates our local opioid settlement funds be surrendered to the State. FCPH is a department of the City of Fargo (City) and will be utilizing the City's opioid settlement funds for opioid response activities. The City should be able to have local control over their settlement funds due to the large scope of our area's opioid epidemic, the history of local successes in opioid response, a developed plan for the use of settlement funds, and the significant amount of funds the City of Fargo has and will continue to devote to opioid response.

Fargo Cass Public Health (FCPH) began formalized opioid response work the summer of 2016 by assigning a dedicated staff member to the work 20 hours per week. A city commissioner, the public health director, and health officer were also very involved in leading the response. FCPH was instrumental in establishing the Mayors' Blue Ribbon Commission on Addiction to mobilize a community response to the opioid crisis. The City provided \$50,000 in general funds to address the crisis, and has continued to dedicate \$50,000 to FCPH annually for this purpose. Since April 2018, the City has funded a significant portion of FCPH's Harm Reduction Center's (HRC) services and supplies, due to insufficient grant funds, and federal funding restrictions. Since August 2017, FCPH has received an opioid response grant from the North Dakota Department of Human Services, Behavioral Health Division (BHD), which originates with the federal government. Unfortunately, despite alarming increases in the number of community members lost to opioid-related deaths the most recent grant cut funding by 14%. According to the Cass County Coroner, there was a 40% increase in opioid-related deaths from 2019-2020, and a further increase of 57% from 2020-2021. There were 21 opioid-related deaths in Cass County in 2020, and 33 in 2021. Preliminarily, 2022's statistics are comparable to 2021. There's no way to know for sure the number of non-fatal opioid overdoses in Cass County, but the number of self-reported opioid overdose reversals using naloxone is staggering- 553 were reported last fiscal year. That's over one and a half per day!

In November 2017, FCPH placed Narcan in all Cass county schools and provided training to school staff. In March 2018, FCPH hosted the region's first public opioid overdose response and naloxone administration training. In April 2018, FCPH hosted the region's first peer recovery coach training, and opened the Harm Reduction Center. These are just a few of many early successes in FCPH's opioid response. FCPH has been a trailblazer and leader in opioid response and has provided presentations, training, and technical assistance to programs throughout the state and country.

Most recently, during fiscal year 2022- October 2021 thru September 2022- FCPH promoted prevention and anti-stigma campaigns, reduced access to prescription drugs, provided opioid overdose response and naloxone administration training, distributed naloxone, reduced barriers to treatment, operated an HRC, and implemented the Narcan Leave Behind Program and the ONE Program.

During fiscal year 2022, FCPH promoted the substance use prevention program ParentsLead.org by creating 121 social media posts reaching 20,525 individuals, participating in two community events and a news conference, and distributing 1,079 promotional materials. An overdose prevention campaign resulted in 130 social media posts reaching 55,635, 13 news stories, production of a video, and numerous International Overdose Awareness Day activities. A substance use disorder stigma-reduction campaign produced 58 social media posts reaching 13,809. A stigma-reduction campaign for harm reduction services yielded 136 social media posts reaching 35,244. Nine presentations reaching 233 individuals educated about harm reduction. FCPH reduced access to prescription opioids by creating 67 medication disposal education social media posts reaching 12,520, participating in two community events, and distributing 710 Deterra medication disposal bags.

FCPH conducted 63 opioid overdose response trainings, resulting in 743 individuals trained. A total of 3,797 naloxone kits with 7,594 doses were distributed. There were 1,076 reported doses of naloxone administered

resulting in 553 opioid overdose reversals using naloxone from FCPH. This equates to one and a half lives being saved every day!

Nasal Narcan, a form of naloxone, is provided by FCPH to first responders including the Fargo, West Fargo, and NDSU Police Departments, the Cass County Sheriff's Office, and the Fargo and West Fargo Fire Departments. Public libraries and municipal buildings in Fargo and West Fargo, and all school districts in Cass County have Narcan. Hundreds of other organizations have also received training and Narcan, and any organization or individual in Cass County can receive them. Naloxone is also distributed at the HRC in downtown Fargo.

FCPH's HRC had 5,798 visits serving 976 individuals, including 368 new clients. Program participants received referrals, education, and supplies. Referrals were given for substance use disorder treatment, healthcare, opioid use disorder medication providers, behavioral health services, social services, shelter, food pantries, and more. Onsite testing and education about HIV and hepatitis C were provided, as well as education on harm reduction, safer sex, proper sharps disposal, and opioid overdose response and naloxone administration. The program supplied safer injection and safer sex supplies, naloxone, fentanyl testing strips, sharps disposal containers, and COVID-19 at-home tests. A total of 5,585 doses of naloxone were provided. The past two years (2021-2022), a life was saved 920 times when an opioid overdose was reversed using naloxone provided through this program. June thru September 2022, 770 fentanyl testing strips were provided.

To reduce barriers to treatment, FCPH provided cab rides to the Opioid Treatment Program for patients unable to afford transportation to onsite daily medication dosing. Hundreds of rides were provided each month. An average of 8 individuals received rides monthly.

FCPH implemented the Opioid & Naloxone Education (ONE) Program in April. Through this program, home health nurses screened patients with a prescription opioid and provide education, resources, and support to ensure safe opioid use. April thru September 2022, 180 clients were screened, and 16 medication lock boxes and 36 Deterra medication disposal bags were provided. Six patients received opioid misuse and overdose prevention education, and Narcan.

In July 2022, FCPH implemented the Narcan Leave Behind Program with the Fargo and West Fargo Fire Departments. At overdose scenes, firefighters leave Narcan with willing individuals, as well as links to resources like Narcan training, treatment options, and requests for additional Narcan.

This current fiscal year- October 2022 thru September 2023- FCPH is continuing these activities. There are currently three fulltime positions solely dedicated to opioid response work, with several additional staff providing support ranging from a few hours per month to several hours a week. FCPH truly is a leader in the state for opioid mitigation activities.

The plan for the City's opioid settlement funds is to build on our previous activities including coordination of a community opioid response coalition, distributing naloxone throughout the community and training on use, with a focus on high-risk groups, and maintaining, improving and innovating a comprehensive, needs-based harm reduction program. The Red River Recovery Initiative, a coalition previously administered thru Essentia Health, will be sponsored by FCPH starting in April. A staff member was recently hired to coordinate the Red River Recovery Initiative. The coalition will engage community stakeholders to advise and plan local opioid response activities current and future.

In closing, I respectfully request your consideration allowing our local Cities and County to keep current and future settlement funds in light of the lives our community has lost, the monetary costs we have and will continue to incur, the success our work has achieved, and our established plan to continue mitigating the opioid crisis. Any change in control and accessibility to these funds will jeopardize our ability to do our job and respond to the crisis at hand.

Thank you for the opportunity to speak to you today. I am happy to answer any questions you may have.

Senate Human Services  
Chair Committee Members

HB 1447 Oppose– Encourage Amendment

The Downtown Business Association of Bismarck represents over 200 members with 9,000 employees in North Dakota’s second largest employment district. HB 1447 could restrict the opioid settlement funds or divert them away from local programs, this would limit our ability to continue our Better Bismarck.



Community leaders, business leaders and service providers in Bismarck have recently launched our Better Bismarck Campaign fundraising effort, used as a way for Bismarck to address some of the root causes of crisis homelessness: addiction and mental health. This legislation could take away from communities that have efforts and programs in place. We would be opposed to this loss of a local control option. A statewide fund could still be used for communities that do not have their own programs in place.

We encourage DO NOT PASS as is, or an amendment to allow Bismarck and other cities to continue to utilize settlement dollars for local programs.

Sincerely,

A handwritten signature in black ink, appearing to read "Kate Herzog".

Kate Herzog, COO  
Chief Operating Officer  
Downtown Business Association of Bismarck

President  
Downtown Bismarck Community Foundation



March 13, 2023

Re: In Opposition to Section 2 of HB 1447

Dear Chairwoman Lee and members of the Senate Human Services Committee:

The North Dakota League of Cities opposes Section 2 of HB 1447 in its current form; however, it is supportive of the remaining sections of the bill.

HB 1447 provides for the creation of the statewide opioid settlement fund and the statewide opioid settlement advisory committee. Section 2 of the bill was amended in the House to state that “[m]oneys collected by the state and the *state's political subdivisions* as a result of opioid litigation must be deposited in the fund.”

In North Dakota there are 11 cities that are receiving opioid settlement payments:

Bismarck\*  
Devils Lake\*  
Dickinson  
Fargo\*  
Grand Forks\*  
Jamestown  
Lisbon\*  
Mandan  
Minot  
West Fargo  
Williston

The cities with an \* were individually represented in the national multi district opioid litigation (MDL) cases. The cities without an \* were required to participate in the MDL settlement agreements for North Dakota to receive its full allocation because they have a population over 10,000.

Those cities that are receiving funds individually began making plans on how those funds can be put to use to address opioid addiction locally. There are two cities present today to discuss their plans for using the opioid settlement money.

410 E Front Avenue · Bismarck, ND 58504-5641

Phone: 701-223-3518 · Toll Free (in state): 800-472-2692 · Fax: 701-223-5174 · Web: [www.ndlc.org](http://www.ndlc.org)

The North Dakota League of Cities respectfully requests that HB 1447 be amended to allow those cities receiving funds to have the option to keep the funds to utilize them for local opioid abatement programs and to report how those funds were used and the outcome of those programs to the state opioid settlement advisory committee at least yearly. The opioid crises needs a multifaceted approach and if the cities, working along with their local public health units discover a solution that works well, the state opioid settlement advisory committee can work to include that programming in the plan to implement it statewide.

Further, the North Dakota League of Cities requests that HB 1447 be further amended to provide the option for cities to choose to remit the funds to the statewide opioid settlement fund if they are not equipped to put together opioid abatement programming locally.

Sincerely,

Stephanie Dassinger Engebretson  
Deputy Director and Staff Attorney

SENATE HUMAN SERVICES COMMITTEE  
JUDY LEE, CHAIR  
MARCH 13, 2023

TESTIMONY BY  
PARRELL D. GROSSMAN  
DIRECTOR, CONSUMER PROTECTION AND ANTITRUST DIVISION  
OFFICE OF ATTORNEY GENERAL  
ENGROSSED HOUSE BILL NO. 1447

Madam Chair and members of the Senate Human Services Committee. I am Parrell Grossman, and it is my privilege to be the Director of the Attorney General's Consumer Protection and Antitrust Division. I appear on behalf of the Attorney General to present Representative Weisz's proposed amendments to Engrossed House Bill 1447.

To date, the Consumer Protection Division has participated in 11 national opioids investigations and settlements including opioid manufacturers, distributors, pharmacies/retailers and consultants or marketers. There possibly will not be any further settlements.

The gross amount of anticipated opioid settlement payments over as long as 18 years (which is the Purdue Pharma case still in bankruptcy) and is between \$62 million and \$70 million plus. However, it is impossible to indicate any exact amount at this time. Administrative fees and other deductions are constantly made before the actual settlement distributions. In addition, the final settlement amounts depend upon participation by the political subdivisions. For past settlements, that participation level has been very high for North Dakota's political subdivisions. The settling parties want "global peace" in terms of releases by not only the State but any political subdivisions that have sued or could possibly sue the opioid entities. Therefore, the payment formula rewards states by awarding higher monetary distributions for higher level of political subdivision participations.

This far, the Attorney General has already received \$9.2M in national settlement proceeds.

We certainly understand the legislative interest in the appropriation of opioid settlement funds and our primary interest with this legislation is to ensure that all monies in the fund are used in compliance with the court ordered restrictions imposed in each of the settlements. The funds must be used for opioid remediation and there is an exhibit in each of the settlement judgments approved by the court that identifies approved uses. In some of the settlements it is designated as "Exhibit E List of Opioid Remediation Uses" and I have attached it as an exhibit to this testimony. The approved uses include certain core strategies from approved uses for treatment, prevention, and other strategies. These are the only approved uses for these funds. The funds cannot be used for any other purposes such as infrastructure, law enforcement etc. Expenditure of any funds for uses that are not approved may result in contempt of court proceedings with sanctions available under the North Dakota Century Code and also could result in the loss or suspension of future settlement distributions to the State. The settlements and court judgments require future reporting on the State and political subdivisions' expenditures of funds.

The House, in its First Engrossment of 1447, in addition to appropriation of the State's allocation of settlement funds, has also included provisions for the appropriation of the settlement funds for the political subdivisions. The Attorney General, however, does not take a formal position on those provisions.

Ultimately, this a policy decision for the legislature. A number of smaller subdivisions have expressed to the Attorney General that they are uncertain what remediation services they can provide with such small sums and we have indicated that they may share their distributions with the State for a comprehensive use. Other larger political subdivisions might have more targeted services they intend to provide or populations intended to be served. The remediation efforts and expenditures should be fair to all areas of the state regardless of the political subdivision barriers. It may be that there is a greater need for services in some parts of the state than others. We are confident that the Opioids Advisory Committee and the Health & Human Services Department is in an excellent position to determine the most comprehensive, effective, and balanced remediation that will most benefit the State as a whole.

Although the 15% allocation to the political subdivisions was not unreasonable in light of those political subdivisions involved in the litigation per the national settlement default allocation, the Attorney General wants to be sure that the Committee understands there was no separate side agreement between any of the political subdivisions and the State regarding allocation of the settlement funds. There were some discussions that were never memorialized or agreed upon. Therefore, the settlement's default allocation kicked in because the January, 2022 deadline for participation by the political subdivisions was looming and full participation by the political subdivisions was critical in terms of getting the most monies allocated to both the state and political subdivisions. There were financial incentives for complete participation by a certain date in January. The larger litigating political subdivisions were informed either through their own attorneys or their litigation counsel of the distinct possibility that, despite any conversations with the Attorney General, or otherwise apparent, that the state legislature might later not agree to an allocation or payment to the political subdivisions. It now appears, as provided in Engrossed House Bill 1447, that the House would like to reallocate and distribute those payments to the State.

With the possibility that the Senate could agree with the House's reallocation of the political subdivision payments, the Attorney General has prepared some very necessary amendments,

If HB 1447 were to be enacted, it is important that it be enacted and effective by the end of March, for two reasons:

- 1) April 2: Any re-allocation of funds to the state, instead of to the subdivisions, from the ongoing payments in the Distributors and Janssen settlements, must be done 50 and 60 days before a payment dates, which are June 1 for Janssen and July 15 for Distributors. If the legislation is not enacted by April 2, it may be too late to re-allocate the upcoming payments for this year and those payments will be paid out directly to the subdivisions. This re-allocation deadline is pursuant to the terms of the settlements.

- 2) April 18: The release and bar of subdivision claims must be done by April 18, which is the subdivision participation and release deadline for the pending Teva, Allergan and pharmacy settlements, in order for the state to qualify for the maximum payment available under those settlements. Without an effective bar and authority to release claims by April 18, the state may lose out on a significant amount of money unless all the political subdivisions still decide to participate and release their claims, which they have less incentive to do with this pending legislation. Enacting this legislation by April 18 eliminates the need to have 64 political subdivisions sign on and participate in the settlement.

Now, I will explain the proposed amendments:

If this Committee decides to not support the House recommendations to capture the political subdivision allocations and payments, then the Committee obviously would choose to not adopt the amendments proposed by Representative Weisz. In addition, in that event, the Committee should remove Section 3 of the First Engrossment as it relates to political subdivision and would be unnecessary. Also, this Committee would want to remove any other references to political subdivisions in the First Engrossment.

The Attorney General respectfully requests that the Senate Human Services Committee consider Representative Weisz's proposed amendments and act accordingly as it best determines

Thank you for your time and consideration. I would be pleased to try and answer any questions.

**EXHIBIT E**

**List of Opioid Remediation Uses**

**Schedule A  
Core Strategies**

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").<sup>14</sup>

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.

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<sup>14</sup> 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 the 2016 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:<sup>15</sup>

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

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<sup>15</sup> As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

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 of 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 medication 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:
  1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARF*”);
  2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
  3. “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;
  4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
  5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
  6. 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 (“CTP”), 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:

1. Increase the number of prescribers using PDMPs;
  2. 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
  3. 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
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**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.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1447

Page 2, line 12, after "4." insert "\"Opioid claim\" means a claim that is based on, arises out of, relates to, or concerns the covered conduct in an opioid litigation.

5."

Page 2, line 17, replace "collected" with "recovered"

Page 2, line 18, after "be" insert "allocated to the state and must be"

Page 4, after line 4, insert:

**"Authority of attorney general - Political subdivisions.**

1. The attorney general may release all existing opioid claims and bar future opioid claims held by the state or by the political subdivisions of the state.
2. The attorney general's release of opioid claims in an opioid litigation bars all past, present, or future claims on behalf of a political subdivision or other public entity seeking to recover against a released entity for the released opioid claims. An opioid claim barred by this section may not be brought, threatened, asserted, or pursued in any court and the opioid claim must be dismissed by the court in which the opioid claim is brought.
3. The attorney general shall request from each political subdivision that collected opioid settlement funds before or after the effective date of this Act, the return of all unobligated funds for deposit by the attorney general in the fund. If a political subdivision does not return the requested unobligated funds, the department shall offset from any funds designated under this chapter for opioid remediation and abatement efforts for that political subdivision an amount equal to the amount of unobligated funds not returned to the state."

Page 4, remove lines 21 through 30

Renumber accordingly

Sixty-eighth  
Legislative Assembly  
of North Dakota

ENGROSSED HOUSE BILL NO. 1447

Introduced by

Representatives Weisz, Lefor, Nelson, Stemen, Vigesaa

Senators Bekkedahl, Lee

1 A BILL for an Act to create and enact a new chapter to title 50 of the North Dakota Century  
2 Code, relating to creation of the opioid settlement fund, creation of the opioid settlement  
3 advisory committee, and use of opioid settlement funds; to amend and reenact subsection 1 of  
4 section 21-10-06 of the North Dakota Century Code and section 5 of chapter 3 of the 2021  
5 Session Laws, relating to funds under management of the state investment board and the  
6 funding of the opioid treatment and prevention program; to provide an appropriation; to provide  
7 for a transfer; to provide for application; and to declare an emergency.

8 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

9 **SECTION 1. AMENDMENT.** Subsection 1 of section 21-10-06 of the North Dakota Century  
10 Code is amended and reenacted as follows:

- 11 1. Subject to the provisions of section 21-10-02, the board shall invest the following  
12 funds:
- 13 a. State bonding fund.
  - 14 b. Teachers' fund for retirement.
  - 15 c. State fire and tornado fund.
  - 16 d. Workforce safety and insurance fund.
  - 17 e. Public employees retirement system.
  - 18 f. Insurance regulatory trust fund.
  - 19 g. State risk management fund.
  - 20 h. Budget stabilization fund.
  - 21 i. Water projects stabilization fund.
  - 22 j. Health care trust fund.
  - 23 k. Cultural endowment fund.
  - 24 l. Petroleum tank release compensation fund.

- 1 m. Legacy fund.
- 2 n. Legacy earnings fund.
- 3 o. Opioid settlement fund.
- 4 p. A fund under contract with the board pursuant to subsection 3.

5 **SECTION 2.** A new chapter to title 50 of the North Dakota Century Code is created and  
6 enacted as follows:

7 **Definitions.**

8 As used in this chapter:

- 9 1. "Committee" means the opioid settlement advisory committee.
- 10 2. "Department" means the department of health and human services.
- 11 3. "Fund" means the opioid settlement fund.
- 12 4. "Opioid claim" means a claim that is based on, arises out of, relates to, or concerns  
13 the covered conduct in an opioid litigation.
- 14 5. "Opioid litigation" means statewide opioid settlement agreements, judgments, or other  
15 recoveries in connection with a defendant's actual or alleged liability for contributing to  
16 the opioid crisis in this state which must be used for purposes of remediating or  
17 abating the opioid crisis in this state.

18 **Opioid settlement fund.**

19 There is created in the state treasury an opioid settlement fund. Moneys ~~collected~~recovered  
20 by the state and the state's political subdivisions as a result of opioid litigation must be allocated  
21 to the state and must be deposited in the fund. The state investment board shall invest moneys  
22 in the fund and income earned on the moneys in the fund must be credited to the fund. Moneys  
23 in the fund may be used in compliance with any court-ordered restrictions and as authorized by  
24 legislative appropriation and this chapter; however, legislative appropriations from the fund may  
25 not exceed eight million dollars in a biennium. The fund does not include funds not retained by  
26 the state pursuant to law or court order.

27 **Opioid settlement advisory committee.**

- 28 1. The committee is composed of:
  - 29 a. One member of the North Dakota association of counties appointed by the  
30 chairman of legislative management, who shall serve a term of two years.

- 1           b. One member of the North Dakota league of cities appointed by the chairman of
- 2           legislative management, who shall serve a term of two years.
- 3           c. One member of the North Dakota state association of city and county health
- 4           officials appointed by the chairman of legislative management, who shall serve a
- 5           term of two years.
- 6           d. One member who represents the highway patrol appointed by the highway patrol
- 7           superintendent, who shall serve a term of two years.
- 8           e. The executive director of the department's division of behavioral health.
- 9           f. The managing director of the office of recovery reinvented.
- 10          g. One member appointed by the governor who shall serve as a nonvoting member
- 11          and as the presiding officer of the committee, who shall serve a term of two
- 12          years.
- 13          2. The committee shall forward recommendations to the department on spending
- 14          decisions of the legislatively appropriated funds for remediation or abatement of the
- 15          opioid crisis in this state.
- 16           a. The committee shall develop a process for receiving spending recommendation
- 17           input from political subdivisions and the public.
- 18           b. The committee shall develop a process for making recommendations to the
- 19           department under this subsection.

20          **Department of health and human services - Report to budget section.**

- 21          1. The department shall develop a process for receiving and evaluating spending
- 22          recommendations of the committee.
- 23          2. Annually, the department shall make a report to the budget section of the legislative
- 24          management on the status of the fund and of spending decisions made under this
- 25          chapter.

26          **Opioid remediation and abatement spending decisions - Implementation.**

- 27          1. The department's spending decisions of the legislatively appropriated funds from the
- 28          fund for remediating and abating the opioid crisis must follow the following formula:
- 29           a. Seventy percent of the legislatively appropriated funds must be designated for
- 30           services and supports for individuals with opioid substance use disorder.

- 1           b. Twenty percent of the legislatively appropriated funds must be designated for  
2           opioid use prevention and overdose prevention.
- 3           c. Ten percent of the legislatively appropriated funds must be designated for other  
4           opioid remediation and abatement efforts.
- 5           2. The department shall implement or assist with the implementation of spending  
6           decisions made under this chapter.

7           **Authority of attorney general - Political subdivisions.**

- 8           1. The attorney general may release all existing opioid claims and bar future opioid  
9           claims held by the state or by the political subdivisions of the state.
- 10          2. The attorney general's release of opioid claims in an opioid litigation bars all past,  
11          present, or future claims on behalf of a political subdivision or other public entity  
12          seeking to recover against a released entity for the released opioid claims. An opioid  
13          claim barred by this section may not be brought, threatened, asserted, or pursued in  
14          any court and the opioid claim must be dismissed by the court in which the opioid  
15          claim is brought.
- 16          3. The attorney general shall request from each political subdivision that collected opioid  
17          settlement funds before or after the effective date of this Act, the return of all  
18          unobligated funds for deposit by the attorney general in the fund. If a political  
19          subdivision does not return the requested unobligated funds, the department shall  
20          offset from any funds designated under this chapter for opioid remediation and  
21          abatement efforts for that political subdivision an amount equal to the amount of  
22          unobligated funds not returned to the state.

23           **SECTION 3. AMENDMENT.** Section 5 of chapter 3 of the 2021 Session Laws is amended  
24           and reenacted as follows:

25                           **SECTION 5. TRANSFER - LAWSUIT SETTLEMENT PROCEEDS - OPIOID**  
26                           **SETTLEMENT FUND - OPIOID ADDICTION PREVENTION AND TREATMENT**  
27                           **PROGRAM - APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN**  
28                           **SERVICES - ONE-TIME FUNDING - REPORT.** The office of management and budget  
29                           shall transfer up to \$2,000,000 from opioid-related lawsuit settlement proceeds  
30                           deposited in the attorney general refund fund to the ~~department of human-~~  
31                           ~~services~~opioid settlement fund which is appropriated to the department of health and

1 human services for the purpose of defraying the expenses of an opioid addiction  
2 prevention and treatment program during the biennium beginning July 1, 2021, and  
3 ending June 30, 2023. The department of health and human services shall consult  
4 with the attorney general on the use of funding for the program. The attorney general  
5 shall notify the legislative council and office of management and budget of any lawsuit  
6 settlement proceeds that become available for transfer to the department of health and  
7 human services for this program. This funding is considered a one-time funding item.

8 ~~SECTION 3. AUTHORITY OF ATTORNEY GENERAL - OPIOID LITIGATION - POLITICAL~~  
9 ~~SUBDIVISIONS - OFFSET OF UNRETURNED FUNDS.~~ The attorney general may release all  
10 existing opioid claims and bar future opioid claims by the political subdivisions of this state. The  
11 attorney general shall request from each political subdivision that collected opioid settlement  
12 funds before the effective date of this Act, the return of all unobligated funds for deposit by the  
13 attorney general in the opioid settlement fund. If a political subdivision does not return the  
14 unobligated funds, the department of health and human services shall offset from any funds  
15 designated under section 2 of this Act for opioid remediation and abatement efforts for that  
16 political subdivision an amount equal to the amount of unobligated funds that were are not  
17 returned to the state.

18 **SECTION 4. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES -**  
19 **OPIOID REMEDIATION AND ABATEMENT.** There is appropriated out of any moneys in the  
20 opioid settlement fund in the state treasury, not otherwise appropriated, the sum of \$8,000,000,  
21 or so much of the sum as may be necessary, to the department of health and human services  
22 for the purpose of opioid remediation and abatement efforts under section 2 of this Act, for the  
23 biennium beginning July 1, 2023, and ending June 30, 2025.

24 **SECTION 5. TRANSFER - OFFICE OF MANAGEMENT AND BUDGET - OPIOID**  
25 **SETTLEMENT FUND.** The office of management and budget shall transfer to the opioid  
26 settlement fund all funds received by the state and any political subdivision of the state from  
27 opioid settlements and litigation during the period beginning March 1, 2021, and the effective  
28 date of this Act, and any additional funds received during the period beginning on the effective  
29 date of this Act, and ending June 30, 2025.

30 **SECTION 6. APPLICATION.** To initiate staggered terms of the members of the opioid  
31 advisory committee, the initial appointments for the positions representing the North Dakota

Sixty-eighth  
Legislative Assembly

- 1 association of counties representative and the North Dakota state association of city and county
- 2 health officials representative must be for one year.
- 3 **SECTION 7. EMERGENCY.** This Act is declared to be an emergency measure.

Sixty-eighth  
Legislative Assembly  
of North Dakota

ENGROSSED HOUSE BILL NO. 1447

Introduced by

Representatives Weisz, Lefor, Nelson, Stemen, Vigesaa

Senators Bekkedahl, Lee

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  - 29 a. One member of the North Dakota association of counties appointed by the  
30 chairman of legislative management, who shall serve a term of two years.

- 1           b. One member of the North Dakota league of cities appointed by the chairman of
- 2                 legislative management, who shall serve a term of two years.
- 3           c. One member of the North Dakota state association of city and county health
- 4                 officials appointed by the chairman of legislative management, who shall serve a
- 5                 term of two years.
- 6           d. One member who represents the highway patrol appointed by the highway patrol
- 7                 superintendent, who shall serve a term of two years.
- 8           e. The executive director of the department's division of behavioral health.
- 9           f. The managing director of the office of recovery reinvented.
- 10          g. One member appointed by the governor who shall serve as a nonvoting member
- 11                 and as the presiding officer of the committee, who shall serve a term of two
- 12                 years.
- 13          2. The committee shall forward recommendations to the department on spending
- 14                 decisions of the legislatively appropriated funds for remediation or abatement of the
- 15                 opioid crisis in this state.
- 16            a. The committee shall develop a process for receiving spending recommendation
- 17                 input from political subdivisions and the public.
- 18            b. The committee shall develop a process for making recommendations to the
- 19                 department under this subsection.

20          **Department of health and human services - Report to budget section.**

- 21          1. The department shall develop a process for receiving and evaluating spending
- 22                 recommendations of the committee.
- 23          2. Annually, the department shall make a report to the budget section of the legislative
- 24                 management on the status of the fund and of spending decisions made under this
- 25                 chapter.

26          **Opioid remediation and abatement spending decisions - Implementation.**

- 27          1. The department's spending decisions of the legislatively appropriated funds from the
- 28                 fund for remediating and abating the opioid crisis must follow the following formula:
- 29            a. Seventy percent of the legislatively appropriated funds must be designated for
- 30                 services and supports for individuals with opioid substance use disorder.

- 1           **b.** Twenty percent of the legislatively appropriated funds must be designated for  
2                   opioid use prevention and overdose prevention.
- 3           **c.** Ten percent of the legislatively appropriated funds must be designated for other  
4                   opioid remediation and abatement efforts.
- 5           **2.** The department shall implement or assist with the implementation of spending  
6                   decisions made under this chapter.

7           **Authority of attorney general - Political subdivisions.**

- 8           1. The attorney general may release all existing opioid claims and bar future opioid  
9                   claims held by the state or by the political subdivisions of the state.
- 10          2. The attorney general's release of opioid claims in an opioid litigation bars all past,  
11                   present, or future claims on behalf of a political subdivision or other public entity  
12                   seeking to recover against a released entity for the released opioid claims. An opioid  
13                   claim barred by this section may not be brought, threatened, asserted, or pursued in  
14                   any court and the opioid claim must be dismissed by the court in which the opioid  
15                   claim is brought.
- 16          3. The attorney general shall request from each political subdivision that collected opioid  
17                   settlement funds before or after the effective date of this Act, the return of all  
18                   unobligated funds for deposit by the attorney general in the fund. If a political  
19                   subdivision does not return the requested unobligated funds, the department shall  
20                   offset from any funds designated under this chapter for opioid remediation and  
21                   abatement efforts for that political subdivision an amount equal to the amount of  
22                   unobligated funds not returned to the state.

23           **SECTION 3. AMENDMENT.** Section 5 of chapter 3 of the 2021 Session Laws is amended  
24 and reenacted as follows:

25                   **SECTION 5. TRANSFER - LAWSUIT SETTLEMENT PROCEEDS - OPIOID**  
26                   **SETTLEMENT FUND - OPIOID ADDICTION PREVENTION AND TREATMENT**  
27                   **PROGRAM - APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN**  
28                   **SERVICES - ONE-TIME FUNDING - REPORT.** The office of management and budget  
29 shall transfer up to \$2,000,000 from opioid-related lawsuit settlement proceeds  
30 deposited in the attorney general refund fund to the ~~department of human~~  
31 ~~services~~opioid settlement fund which is appropriated to the department of health and

1 human services for the purpose of defraying the expenses of an opioid addiction  
2 prevention and treatment program during the biennium beginning July 1, 2021, and  
3 ending June 30, 2023. The department of health and human services shall consult  
4 with the attorney general on the use of funding for the program. The attorney general  
5 shall notify the legislative council and office of management and budget of any lawsuit  
6 settlement proceeds that become available for transfer to the department of health and  
7 human services for this program. This funding is considered a one-time funding item.

8 ~~SECTION 3. AUTHORITY OF ATTORNEY GENERAL - OPIOID LITIGATION - POLITICAL~~  
9 ~~SUBDIVISIONS - OFFSET OF UNRETURNED FUNDS.~~ The attorney general may release all  
10 existing opioid claims and bar future opioid claims by the political subdivisions of this state. The  
11 attorney general shall request from each political subdivision that collected opioid settlement  
12 funds before the effective date of this Act, the return of all unobligated funds for deposit by the  
13 attorney general in the opioid settlement fund. If a political subdivision does not return the  
14 unobligated funds, the department of health and human services shall offset from any funds  
15 designated under section 2 of this Act for opioid remediation and abatement efforts for that  
16 political subdivision an amount equal to the amount of unobligated funds that were are not  
17 returned to the state.

18 **SECTION 4. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES -**  
19 **OPIOID REMEDIATION AND ABATEMENT.** There is appropriated out of any moneys in the  
20 opioid settlement fund in the state treasury, not otherwise appropriated, the sum of \$8,000,000,  
21 or so much of the sum as may be necessary, to the department of health and human services  
22 for the purpose of opioid remediation and abatement efforts under section 2 of this Act, for the  
23 biennium beginning July 1, 2023, and ending June 30, 2025.

24 **SECTION 5. TRANSFER - OFFICE OF MANAGEMENT AND BUDGET - OPIOID**  
25 **SETTLEMENT FUND.** The office of management and budget shall transfer to the opioid  
26 settlement fund all funds received by the state and any political subdivision of the state from  
27 opioid settlements and litigation during the period beginning March 1, 2021, and the effective  
28 date of this Act, and any additional funds received during the period beginning on the effective  
29 date of this Act, and ending June 30, 2025.

30 **SECTION 6. APPLICATION.** To initiate staggered terms of the members of the opioid  
31 advisory committee, the initial appointments for the positions representing the North Dakota

Sixty-eighth  
Legislative Assembly

- 1 association of counties representative and the North Dakota state association of city and county
- 2 health officials representative must be for one year.
- 3 **SECTION 7. EMERGENCY.** This Act is declared to be an emergency measure.



Native American Development  
Center  
2403 East Thayer Avenue  
Bismarck ND 58501  
Tel: (701) 595-5181  
Website: [www.ndnadc.org](http://www.ndnadc.org)

Fargo Downtown Engagement  
Center  
222 4<sup>th</sup> Street North  
Fargo, ND 58102  
Tel: (701) 412-2735  
Website: [www.ndnadc.org](http://www.ndnadc.org)

March 13, 2023

**NATIVE, Inc.**  
**Testimony in Support of HB 1447**  
**Senate – Human Services**

Madam Chair Lee and Members of the Committee,

My name is Lorraine Davis, Founder and CEO of a Native American-led community-based organization called NATIVE, Inc. serving Native Americans and other underserved populations living in the Bismarck and Fargo urban areas of North Dakota (ND) with community-based education and housing, workforce, behavioral health, and criminal justice prevention services. Our role fills gaps in culturally responsive community-based services in ND. It has been helpful for us to expand the number of Native American (i.e., those targeting expertise in serving Native Americans) behavioral health and law professionals by working with the ND Department of Human and Health Services (NDHHS), local colleges, ND Universities to support Native students; serving as training sites and facilitating collaborative relationships to support this workforce development role, and supporting the integration of traditional medicine in recovery and prevention services.

I am here today in **support of House Bill 1447** and ask this committee to designate funding toward contracts to Tribal and urban Indian community-based behavioral health service providers to provide traditional healing practices at \$2 million from the Opioid Settlement Fund.

Recent research from GoodRx finds that over 113,000 American Indians and Alaska Natives (AI/AN) live in a county that lacks an adequate amount of mental health providers, with some having fewer than one mental health provider available for every 30,000 people.<sup>1</sup>

Federal Indian policy provides resources for Tribes and those living on tribal reservations, however, the shift in population migration into urban areas and findings from health disparities research confirm that public and private sector efforts to improve healthcare quality and reduce disparities must assist and recognize Tribal members living in cities. In treating Native American patients, it is important for health care professionals to understand this population's culture and history. With few AI/AN health professionals, and with many primary caregivers lacking sufficient mental health training, urban Indians are not receiving adequate mental health care. To effectively treat urban Indians, healthcare and behavioral health professionals must understand, accept and work with urban Indians' unique cultural and historical perspectives.<sup>2</sup> AI/AN individuals have worse health outcomes than other ethnic and racial groups in the US.

<sup>1</sup> Chase L, Cisneros T. More than 100,000 American Indians and Alaska Natives struggle to get mental health care. GoodRx. November 23, 2022. Accessed January 10, 2023. <https://www.goodrx.com/healthcare-access/research/american-indian-alaska-native-mental-health-deserts>.

<sup>2</sup> Urban Indian Health Commission. Invisible Tribes: Urban Indians and Their Health in a Changing World. <https://www2.census.gov/cac/nac/meetings/2015-10-13/invisible-tribes.pdf>.

According to a 2020 report provided by CDC Wonder,<sup>3</sup> populations with higher drug overdose death rates:

- Men twice more than women
- Adults ages 35-44
- AI/AN, White and Black adults
- Urban populations compared with rural populations

The data show that at the national level, AI/ANs suffer disproportionately from depression and substance abuse and, with the exception of private psychiatric hospitals, are overly represented in in-patient care relative to Caucasians.<sup>4</sup> For AI/AN, generational and historical trauma is believed to be a root cause of substance use and poor mental health.<sup>5</sup> While the Indian Health Service (IHS) provides needed care in tribal areas, it is indeed an underfunded program. Although most IHS clinics and hospitals provide services at no cost to tribe members and are located on reservations, 87% of those who identify as AI/AN live outside of tribal areas.<sup>6</sup> This means most Tribal members live off the reservation. 49,144 tribal members live in ND.<sup>7</sup> Amongst the five Tribes of ND, 45% live off their respective reservations.<sup>8</sup> 10,942 of NAs live in the Bismarck metro area, 4,862 of NAs live in Fargo metro area and 3,586 of NAs live in Grand Forks metro<sup>9</sup>

Unaddressed relevant trauma-informed practices relevant to indigenous populations is the result of other significant statistics to mention.

- 56% of Native American women in our country have experienced sexual assault in their lifetime. And 84% of Native American women have experienced physical violence in their lifetime.
- Over 50% of Native American children are in ND's foster care system.
- The number of females incarcerated population continues to grow. 83% women in ND prison have a substance abuse diagnosis, 27% of women in ND prison have a serious mental illness diagnosis.<sup>10</sup>
- According to the ND Juvenile Justice Division, 79% of all custodial youth suffer with mental health issues, 72% have substance abuse issues, 85% have family instability

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<sup>3</sup> America's Health Rankings analysis of CDC WONDER, Multiple Cause of Death Files, United Health Foundation, AmericasHealthRankings.org, accessed 2023.

<sup>4</sup> Centers for Disease Control and Prevention, Office of Minority Health Web site. "American Indian & Alaska Native (AI/AN) Populations." <http://www.cdc.gov/omh/Populations/AIAN/AIAN.htm>

<sup>5</sup> Behavioral health services for American Indians and Alaska Natives: for behavioral health service providers, administrators, and supervisors. Substance Abuse and Mental Health Services Administration. Accessed January 10, 2023. [https://store.samhsa.gov/sites/default/files/d7/priv/tip\\_61\\_aian\\_full\\_document\\_020419\\_0.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_aian_full_document_020419_0.pdf)

<sup>6</sup> American Indians and Alaskan Natives in the United States. United States Census Bureau. Accessed January 10, 2023. [https://www2.census.gov/geo/maps/DC2020/AIANWall2020/2020\\_AIAN\\_US.pdf](https://www2.census.gov/geo/maps/DC2020/AIANWall2020/2020_AIAN_US.pdf)

<sup>7</sup> U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

<sup>8</sup> North Dakota Indian Affairs Commission. <https://www.indianaffairs.nd.gov/tribal-nations/statistics>

<sup>9</sup> U.S. Census Bureau, Population Division, Annual Estimates of Resident Population: April 1, 2010 to July 1, 2017

<sup>10</sup> ND Department of Corrections and Rehabilitation. Presentation to 2023 ND Legislation.



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issues, 75% have academic problems, 99% have criminogenic risk factors, 96% have issues with cognitive reasoning and 85% lack adequate social skills.<sup>11</sup>

**Designated funding from the Opioid Settlement Fund would:**

- Allow Native American community-based organizations and ND Tribes to provide traditional healing services to Tribal members living on and off the reservations.
- This would allow our system of care to incorporate AI/AN traditions and culture in the program design, settings, and staff development into ND's system of care. Incorporating AI/AN traditional practices and cultural values to recovery treatment models can increase opportunities for an individual to heal, improve well-being, reconnect to traditions, and increase a spiritual recovery to aid in attaining/maintaining sobriety.

**Listed below are culturally specific programs that are used in some communities.**

- American Indian cultural healing curriculums. For example, White Bison curriculums.
- Smudge for prayer and proper use of natural medicines for spiritual connections and healing.
- Sweat Lodges. A sweat lodge is a place of purification where the ceremony is practiced by many AI/AN who seek to heal, gain wisdom, and to give gratitude and pray for others. Traditionally, a sweat lodge uses intense heat where some use heated stones placed inside the lodge with water poured over the rocks to produce steam. Ceremonial prayers and songs that are unique to Tribal beliefs and practices of the specific sweat lodge and community are conducted. This tradition is used by recovery centers in our country serving AI/ANs to help with an individual's recovery process for mental and physical healing. Sweat lodges have been shown to increase an individual's spiritual and emotional well-being, particularly those in recovery with substance abuse disorders.
- Healing Ceremonies. While too extensive and diverse to list here in full, the use of ceremonies in the recovery process is central and integral to AI/AN communities. Ceremonial spaces offer AI/ANs safe, sober, and supportive gathering spaces to express traditional forms of healing practices. These approaches to healing are as diverse as the Tribal individuals practicing them. These can include sweat lodges, talking circles, prayers, smudging, and meetings with traditional/spiritual healers. However, the commonalities of ceremonial practice and outcomes on AI/AN individuals in recovery are central to respecting and supporting the fullness of healing from the effects of OUD. All efforts should be made to acknowledge, respect, and support the revitalization of these ceremonial practices with the utmost reverence and flexibility for how communities implement these practices. Since ND has a Native American behavioral health service provider in the two major metro areas, we could pilot the design and implementation of traditional healing practices for those desiring it. Particular efforts should be made to educate funders and agencies on the importance of ceremonial practices and emphasize community-based evaluation approaches to traditional forms of healing.

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<sup>11</sup> ND Juvenile Justice Division. Presentation to 2023 ND Legislation.

With a workforce shortage of clinicians across our country and state and the rapid increase of opioid addiction and criminal activity, this is an opportune time to pilot traditional healing services in our state. Our organization has the leadership and staff capacity with knowledge and experience to provide these services.

Culturally informed and responsive services to all Tribally diverse members are critical to the recovery of trauma and addictions as we related to our traditional way of life and spirituality. These services will increase:

- Self and Tribal identity development is critical to overcoming addiction and restorative justice work.
- In urban areas, we provide resources and access to these resources which are informative across jurisdictions of State, Tribal, and Federal law as it pertains to Tribal populations, as we are not merely a minority race but are members of federally recognized nations and our treaties and those obligations which are not and have never been fully met by the federal government.
- NATIVE, Inc. has formal support from the five Tribal Nations of North Dakota to serve their respective tribal members living in urban areas of ND.

In closing, ND has an opportunity to invest in an innovative approach toward addressing the opioid addictions for a disproportionately represented Indigenous population impacted by the opioid drug epidemic.

Thank you for your time. I stand for any questions.

**Testimony**  
**Engrossed House Bill No. 1447**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairman**  
March 13, 2023

Chairman Weisz, and members of the Senate Human Services Committee, I am Pamela Sagness, Behavioral Health Executive Director with the Department of Health and Human Services. I appear before you today to provide information relating to Engrossed House Bill 1447.

On January 6, 2023 Governor Burgum, through executive order, created the Opioid Settlement Advisory Committee as recommended by the North Dakota Attorney General's Office after Attorney General Drew Wrigley signed the settlement agreements.

The committee consists of six voting members appointed and a non-voting chairperson designated by the governor, with equal representation from the state and local governments.

The following individuals were recommended and appointed as members by both the Governor's Office and Attorney General's Office:

- Pamela Sagness, director of the Behavioral Health Division in the North Dakota Department of Health and Human Services;
- Col. Brandon Solberg, Superintendent of the North Dakota Highway Patrol;
- Jonathan Holth, managing director, Office of Recovery Reinvented;
- Aaron Birst, executive director, North Dakota Association of Counties;
- Mary Korsmo, executive director, North Dakota State Association of City and County Health Officials;

- Stephanie Dassinger Engebretson, deputy director and staff attorney, North Dakota League of Cities.
- Lt. Governor Tammy Miller, Chair

The first meeting of the Opioid Settlement Advisory Committee was held February 9, 2023. The key agenda items included a briefing on the settlements including allowable uses, discussion of legislative action related to opioids, and development of an engagement strategy to include public listening sessions to provide communities, businesses, family members, or individuals an opportunity to share with the committee the impact of the opioid epidemic. The key action of the committee was to decide that listening sessions would be held this spring including in person and virtual options with to goal to hear from individuals, family members, community members, providers, and businesses from across the state.

The opioid settlement funds are designed to provide treatment, prevention, education, and support directly to individuals. The Department of Human Services' Behavioral Health Division has received several federal grants over the past decade specifically related to addressing opioid addiction and preventing opioid overdose. We have experience administering many of the programs identified as allowable uses in the settlement. We appreciate the opportunity to collaborate with the Legislature, Governor's Office, and Office of the Attorney General in order to ensure funds are distributed efficiently to have maximum impact and to avoid duplication of effort.

This concludes my testimony. I would be happy to try to answer any questions. Thank you.

Proposed Amendments to HB 1447

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 1 of section 21-10-06 of the North Dakota Century Code is amended and reenacted as follows:

1. Subject to the provisions of section 21-10-02, the board shall invest the following funds:

- a. State bonding fund.
- b. Teachers' fund for retirement.
- c. State fire and tornado fund.
- d. Workforce safety and insurance fund.
- e. Public employees retirement system.
- f. Insurance regulatory trust fund.
- g. State risk management fund.
- h. Budget stabilization fund.
- i. Water projects stabilization fund.
- j. Health care trust fund.
- k. Cultural endowment fund.
- l. Petroleum tank release compensation fund.
- m. Legacy fund.
- n. Legacy earnings fund.
- o. Opioid settlement fund.
- p. A fund under contract with the board pursuant to subsection 3.

SECTION 2. A new chapter to title 50 of the North Dakota Century Code is created and enacted as follows:

**Definitions.**

As used in this chapter:

1. "Committee" means the opioid settlement advisory committee.
2. "Department" means the department of health and human services.
3. "Fund" means the opioid settlement fund.

4. "Opioid litigation" means statewide opioid settlement agreements, judgments, or other recoveries in connection with a defendant's actual or alleged liability for contributing to the opioid crisis in this state which must be used for purposes of remediating or abating the opioid crisis in this state.

**Opioid settlement fund.**

There is created in the state treasury an opioid settlement fund. Moneys collected by the state and the state's political subdivisions as a result of opioid litigation must be deposited in the fund. The state investment board shall invest moneys in the fund and income earned on the moneys in the fund must be credited to the fund. Moneys in the fund may be used in compliance with any court-ordered restrictions and as authorized by legislative appropriation and this chapter; however, legislative appropriations from the fund may not exceed eight million dollars in a biennium. The fund does not include funds not retained by the state pursuant to law or court order.

**Opioid settlement advisory committee.**

1. The committee is composed of:

a. One member of the North Dakota association of counties appointed by the chairman of legislative management, who shall serve a term of two years.

b. One member of the North Dakota league of cities appointed by the chairman of legislative management, who shall serve a term of two years.

c. One member of the North Dakota state association of city and county health officials appointed by the chairman of legislative management, who shall serve a term of two years.

d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.

e. The executive director of the department's division of behavioral health.

f. The managing director of the office of recovery reinvented.

g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

2. The committee shall forward recommendations to the department on spending decisions of the legislatively appropriated funds for remediation or abatement of the opioid crisis in this state.

a. The committee shall develop a process for receiving spending recommendation input from political subdivisions and the public.

b. The committee shall develop a process for making recommendations to the department under this subsection.

**Department of health and human services - Report to budget section.**

1. The department shall develop a process for receiving and evaluating spending recommendations of the committee.

2. Annually, the department shall make a report to the budget section of the legislative management on the status of the fund and of spending decisions made under this chapter.

**Opioid remediation and abatement spending decisions - Implementation.**

1. The department's spending decisions of the legislatively appropriated funds from the fund for remediating and abating the opioid crisis must follow the following formula:

a. Seventy percent of the legislatively appropriated funds must be designated for services and supports for individuals with opioid substance use disorder.

b. Twenty percent of the legislatively appropriated funds must be designated for opioid use prevention and overdose prevention.

c. Ten percent of the legislatively appropriated funds must be designated for other opioid remediation and abatement efforts.

2. The department shall implement or assist with the implementation of spending decisions made under this chapter.

**Opioid Settlement Fund – Political Subdivisions.**

Political subdivisions, that received money as a result of opioid litigation, will collaborate with public health units on use of the funds for local programs for remediating and abating the opioid crisis and must be used in compliance with any court-ordered restrictions. The parties will work together to ensure all reporting requirements are met.

**SECTION 2. AMENDMENT.** Section 5 of chapter 3 of the 2021 Session Laws is amended and reenacted as follows: **SECTION 5. TRANSFER - LAWSUIT SETTLEMENT PROCEEDS - OPIOID SETTLEMENT FUND - OPIOID ADDICTION PREVENTION AND TREATMENT PROGRAM - APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - ONE-TIME FUNDING - REPORT.** The office of management and budget shall transfer up to \$2,000,000 from opioid-related lawsuit settlement proceeds deposited in the attorney general refund fund to the ~~department of human services~~opioid settlement fund which is appropriated to the department of health and human services for the purpose of defraying the expenses of an opioid addiction prevention and treatment program during the biennium beginning July 1, 2021, and ending June 30, 2023. The department of health and human services shall consult with the attorney general on the use of funding for the program. The attorney general shall notify the legislative council and office of management and budget of any lawsuit settlement proceeds that become available for transfer to the department of health and human services for this program. This funding is considered a one-time funding item.

~~**SECTION 3. AUTHORITY OF ATTORNEY GENERAL—OPIOID LITIGATION—POLITICAL SUBDIVISIONS—OFFSET OF UNRETURNED FUNDS.** The attorney general may release all existing opioid claims and bar future opioid claims by the political subdivisions of this state. The attorney general shall request from each political subdivision that collected opioid settlement funds before the effective date of this Act, the return of all unobligated funds for deposit by the attorney general in the opioid settlement fund. If a political subdivision does not return the unobligated funds, the department of health and human services shall offset from any funds designated under section 2 of this Act for opioid~~

~~remediation and abatement efforts for that political subdivision an amount equal to the amount of unobligated funds that were are not returned to the state.~~

**SECTION 43. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - OPIOID REMEDIATION AND ABATEMENT.** There is appropriated out of any moneys in the opioid settlement fund in the state treasury, not otherwise appropriated, the sum of \$8,000,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of opioid remediation and abatement efforts under section 2 of this Act, for the biennium beginning July 1, 2023, and ending June 30, 2025.

**SECTION 5. TRANSFER - OFFICE OF MANAGEMENT AND BUDGET - OPIOID SETTLEMENT FUND.** The office of management and budget shall transfer to the opioid settlement fund all funds received by the state and any political subdivision of the state from opioid settlements and litigation during the period beginning March 1, 2021, and the effective date of this Act, and any additional funds received during the period beginning on the effective date of this Act, and ending June 30, 2025.

**SECTION 6. APPLICATION.** To initiate staggered terms of the members of the opioid advisory committee, the initial appointments for the positions representing the North Dakota association of counties representative and the North Dakota state association of city and county health officials representative must be for one year.

**SECTION 7. EMERGENCY.** This Act is declared to be an emergency measure.

23.1014.02002  
Title.

Prepared by the Legislative Council staff for  
the Senate Human Services Committee  
March 15, 2023

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1447

Page 2, line 17, replace "collected" with "recovered"

Page 2, line 18, remove "and the state's political subdivisions"

Page 2, line 19, after the underscored period insert "Moneys recovered by a political subdivision as a result of opioid litigation may be deposited in the fund."

Page 3, line 21, after "2." insert "Annually, each political subdivision that recovers and retains moneys as a result of opioid litigation shall submit to the department a report detailing the decisions of the governing body of the political subdivision regarding use of the moneys.

3."

Page 3, line 22, after "made" insert "by the department and the political subdivisions"

Page 4, after line 4, insert:

**"Political subdivisions - Public health units.**

1. A political subdivision that recovers moneys as a result of opioid litigation may deposit the moneys in the fund or may retain the moneys and transfer the moneys to the public health unit that provides services to that political subdivision.
2. A political subdivision that recovers and retains moneys as a result of opioid litigation shall collaborate with a public health unit on the use of the moneys for local programs for remediating and abating the opioid crisis. The use of moneys under this subsection must be in compliance with any court-ordered restrictions. The political subdivision and public health unit shall work together to ensure all reporting requirements are met."

Page 4, remove lines 21 through 30

Renumber accordingly

23.1014.02002

**FIRST ENGROSSMENT**

Sixty-eighth  
Legislative Assembly  
of North Dakota

**ENGROSSED HOUSE BILL NO. 1447**

Introduced by

Representatives Weisz, Lefor, Nelson, Stemen, Vigesaa

Senators Bekkedahl, Lee

1 A BILL for an Act to create and enact a new chapter to title 50 of the North Dakota Century  
 2 Code, relating to creation of the opioid settlement fund, creation of the opioid settlement  
 3 advisory committee, and use of opioid settlement funds; to amend and reenact subsection 1 of  
 4 section 21-10-06 of the North Dakota Century Code and section 5 of chapter 3 of the 2021  
 5 Session Laws, relating to funds under management of the state investment board and the  
 6 funding of the opioid treatment and prevention program; to provide an appropriation; to provide  
 7 for a transfer; to provide for application; and to declare an emergency.

**8 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

9 **SECTION 1. AMENDMENT.** Subsection 1 of section 21-10-06 of the North Dakota Century  
 10 Code is amended and reenacted as follows:

- 11 1. Subject to the provisions of section 21-10-02, the board shall invest the following  
 12 funds:
- 13 a. State bonding fund.
  - 14 b. Teachers' fund for retirement.
  - 15 c. State fire and tornado fund.
  - 16 d. Workforce safety and insurance fund.
  - 17 e. Public employees retirement system.
  - 18 f. Insurance regulatory trust fund.
  - 19 g. State risk management fund.
  - 20 h. Budget stabilization fund.
  - 21 i. Water projects stabilization fund.
  - 22 j. Health care trust fund.
  - 23 k. Cultural endowment fund.
  - 24 l. Petroleum tank release compensation fund.

- 1 m. Legacy fund.
- 2 n. Legacy earnings fund.
- 3 o. Opioid settlement fund.
- 4 p. A fund under contract with the board pursuant to subsection 3.

5 **SECTION 2.** A new chapter to title 50 of the North Dakota Century Code is created and  
6 enacted as follows:

7 **Definitions.**

8 As used in this chapter:

- 9 1. "Committee" means the opioid settlement advisory committee.
- 10 2. "Department" means the department of health and human services.
- 11 3. "Fund" means the opioid settlement fund.
- 12 4. "Opioid litigation" means statewide opioid settlement agreements, judgments, or other  
13 recoveries in connection with a defendant's actual or alleged liability for contributing to  
14 the opioid crisis in this state which must be used for purposes of remediating or  
15 abating the opioid crisis in this state.

16 **Opioid settlement fund.**

17 There is created in the state treasury an opioid settlement fund. Moneys ~~collected~~recovered  
18 by the state ~~and the state's political subdivisions~~ as a result of opioid litigation must be  
19 deposited in the fund. Moneys recovered by a political subdivision as a result of opioid litigation  
20 may be deposited in the fund. The state investment board shall invest moneys in the fund and  
21 income earned on the moneys in the fund must be credited to the fund. Moneys in the fund may  
22 be used in compliance with any court-ordered restrictions and as authorized by legislative  
23 appropriation and this chapter; however, legislative appropriations from the fund may not  
24 exceed eight million dollars in a biennium. The fund does not include funds not retained by the  
25 state pursuant to law or court order.

26 **Opioid settlement advisory committee.**

- 27 1. The committee is composed of:
  - 28 a. One member of the North Dakota association of counties appointed by the  
29 chairman of legislative management, who shall serve a term of two years.
  - 30 b. One member of the North Dakota league of cities appointed by the chairman of  
31 legislative management, who shall serve a term of two years.

- 1           c. One member of the North Dakota state association of city and county health
- 2                 officials appointed by the chairman of legislative management, who shall serve a
- 3                 term of two years.
- 4           d. One member who represents the highway patrol appointed by the highway patrol
- 5                 superintendent, who shall serve a term of two years.
- 6           e. The executive director of the department's division of behavioral health.
- 7           f. The managing director of the office of recovery reinvented.
- 8           g. One member appointed by the governor who shall serve as a nonvoting member
- 9                 and as the presiding officer of the committee, who shall serve a term of two
- 10                years.
- 11         2. The committee shall forward recommendations to the department on spending
- 12                decisions of the legislatively appropriated funds for remediation or abatement of the
- 13                opioid crisis in this state.
- 14           a. The committee shall develop a process for receiving spending recommendation
- 15                input from political subdivisions and the public.
- 16           b. The committee shall develop a process for making recommendations to the
- 17                department under this subsection.

18         **Department of health and human services - Report to budget section.**

- 19         1. The department shall develop a process for receiving and evaluating spending
- 20                recommendations of the committee.
- 21         2. Annually, each political subdivision that recovers and retains moneys as a result of
- 22                opioid litigation shall submit to the department a report detailing the decisions of the
- 23                governing body of the political subdivision regarding use of the moneys.
- 24         3. Annually, the department shall make a report to the budget section of the legislative
- 25                management on the status of the fund and of spending decisions made by the
- 26                department and the political subdivisions under this chapter.

27         **Opioid remediation and abatement spending decisions - Implementation.**

- 28         1. The department's spending decisions of the legislatively appropriated funds from the
- 29                fund for remediating and abating the opioid crisis must follow the following formula:
- 30           a. Seventy percent of the legislatively appropriated funds must be designated for
- 31                services and supports for individuals with opioid substance use disorder.

- 1           b. Twenty percent of the legislatively appropriated funds must be designated for  
2           opioid use prevention and overdose prevention.
- 3           c. Ten percent of the legislatively appropriated funds must be designated for other  
4           opioid remediation and abatement efforts.
- 5           2. The department shall implement or assist with the implementation of spending  
6           decisions made under this chapter.

7           **Political subdivisions - Public health units.**

- 8           1. A political subdivision that recovers moneys as a result of opioid litigation may deposit  
9           the moneys in the fund or may retain the moneys and transfer the moneys to the  
10           public health unit that provides services to that political subdivision.
- 11           2. A political subdivision that recovers and retains moneys as a result of opioid litigation  
12           shall collaborate with a public health unit on the use of the moneys for local programs  
13           for remediating and abating the opioid crisis. The use of moneys under this subsection  
14           must be in compliance with any court-ordered restrictions. The political subdivision  
15           and public health unit shall work together to ensure all reporting requirements are met.

16           **SECTION 3. AMENDMENT.** Section 5 of chapter 3 of the 2021 Session Laws is amended  
17 and reenacted as follows:

18                           **SECTION 5. TRANSFER - LAWSUIT SETTLEMENT PROCEEDS - OPIOID**  
19                           **SETTLEMENT FUND - OPIOID ADDICTION PREVENTION AND TREATMENT**  
20                           **PROGRAM - APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN**  
21                           **SERVICES - ONE-TIME FUNDING - REPORT.** The office of management and budget  
22 shall transfer up to \$2,000,000 from opioid-related lawsuit settlement proceeds  
23 deposited in the attorney general refund fund to the ~~department of human-~~  
24 ~~services~~opioid settlement fund which is appropriated to the department of health and  
25 human services for the purpose of defraying the expenses of an opioid addiction  
26 prevention and treatment program during the biennium beginning July 1, 2021, and  
27 ending June 30, 2023. The department of health and human services shall consult  
28 with the attorney general on the use of funding for the program. The attorney general  
29 shall notify the legislative council and office of management and budget of any lawsuit  
30 settlement proceeds that become available for transfer to the department of health and  
31 human services for this program. This funding is considered a one-time funding item.

1 ~~SECTION 3. AUTHORITY OF ATTORNEY GENERAL - OPIOID LITIGATION - POLITICAL~~  
2 ~~SUBDIVISIONS - OFFSET OF UNRETURNED FUNDS.~~ The attorney general may release all  
3 existing opioid claims and bar future opioid claims by the political subdivisions of this state. The  
4 attorney general shall request from each political subdivision that collected opioid settlement  
5 funds before the effective date of this Act, the return of all unobligated funds for deposit by the  
6 attorney general in the opioid settlement fund. If a political subdivision does not return the  
7 unobligated funds, the department of health and human services shall offset from any funds  
8 designated under section 2 of this Act for opioid remediation and abatement efforts for that  
9 political subdivision an amount equal to the amount of unobligated funds that were are not  
10 returned to the state.

11 **SECTION 4. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES -**  
12 **OPIOID REMEDIATION AND ABATEMENT.** There is appropriated out of any moneys in the  
13 opioid settlement fund in the state treasury, not otherwise appropriated, the sum of \$8,000,000,  
14 or so much of the sum as may be necessary, to the department of health and human services  
15 for the purpose of opioid remediation and abatement efforts under section 2 of this Act, for the  
16 biennium beginning July 1, 2023, and ending June 30, 2025.

17 **SECTION 5. TRANSFER - OFFICE OF MANAGEMENT AND BUDGET - OPIOID**  
18 **SETTLEMENT FUND.** The office of management and budget shall transfer to the opioid  
19 settlement fund all funds received by the state and any political subdivision of the state from  
20 opioid settlements and litigation during the period beginning March 1, 2021, and the effective  
21 date of this Act, and any additional funds received during the period beginning on the effective  
22 date of this Act, and ending June 30, 2025.

23 **SECTION 6. APPLICATION.** To initiate staggered terms of the members of the opioid  
24 advisory committee, the initial appointments for the positions representing the North Dakota  
25 association of counties representative and the North Dakota state association of city and county  
26 health officials representative must be for one year.

27 **SECTION 7. EMERGENCY.** This Act is declared to be an emergency measure.

23.1014.01002  
Title.

Prepared by the Legislative Council staff for  
Representative Weisz  
February 20, 2023

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1447

Page 1, line 1, replace "section to chapter 50-06" with "chapter to title 50"

Page 1, line 2, after "fund" insert ", creation of the opioid settlement advisory committee, and use of opioid settlement funds"

Page 1, line 2, after "reenact" insert "subsection 1 of section 21-10-06 of the North Dakota Century Code and"

Page 1, line 3, after "to" insert "funds under management of the state investment board and"

Page 1, line 4, after "program" insert "; to provide an appropriation"

Page 1, line 4, after "transfer" insert "; to provide for application"

Page 1, replace lines 6 and 7 with:

**"SECTION 1. AMENDMENT.** Subsection 1 of section 21-10-06 of the North Dakota Century Code is amended and reenacted as follows:

1. Subject to the provisions of section 21-10-02, the board shall invest the following funds:
  - a. State bonding fund.
  - b. Teachers' fund for retirement.
  - c. State fire and tornado fund.
  - d. Workforce safety and insurance fund.
  - e. Public employees retirement system.
  - f. Insurance regulatory trust fund.
  - g. State risk management fund.
  - h. Budget stabilization fund.
  - i. Water projects stabilization fund.
  - j. Health care trust fund.
  - k. Cultural endowment fund.
  - l. Petroleum tank release compensation fund.
  - m. Legacy fund.
  - n. Legacy earnings fund.
  - o. Opioid settlement fund.
  - p. A fund under contract with the board pursuant to subsection 3.

**SECTION 2.** A new chapter to title 50 of the North Dakota Century Code is created and enacted as follows:

**Definitions.**

As used in this chapter:

1. "Committee" means the opioid settlement advisory committee.
2. "Department" means the department of health and human services.
3. "Fund" means the opioid settlement fund.
4. "Opioid litigation" means statewide opioid settlement agreements, judgments, or other recoveries in connection with a defendant's actual or alleged liability for contributing to the opioid crisis in this state which must be used for purposes of remediating or abating the opioid crisis in this state."

Page 1, line 9, remove "The fund consists of opioid"

Page 1, line 10, remove "litigation funds received by the state."

Page 1, line 10, replace the second "received" with "collected"

Page 1, line 10, after the second "state" insert "and the state's political subdivisions"

Page 1, line 11, after the underscored period insert "The state investment board shall invest moneys in the fund and income earned on the moneys in the fund must be credited to the fund."

Page 1, line 11, after "used" insert "in compliance with any court-ordered restrictions and"

Page 1, line 12, after "appropriation" insert "and this chapter; however, legislative appropriations from the fund may not exceed eight million dollars in a biennium"

Page 1, line 12, remove "legislative assembly shall consult with the governor in determining the use of"

Page 1, remove lines 13 through 15

Page 1, line 16, replace "excessive use of opioids" with "fund does not include funds not retained by the state pursuant to law or court order"

Page 1, after line 16, insert:

**"Opioid settlement advisory committee.**

1. The committee is composed of:
  - a. ~~One member of the legislative assembly appointed by the chairman of the legislative management, who shall serve a term of two years.~~
  - b. <sup>One member</sup> ~~Two members of the North Dakota association of counties, one representing the eastern portion of the state and one representing the western portion, who shall serve a term of two years.~~ <sup>appointed by Chair</sup>
  - c. One member of the North Dakota league of cities, who shall serve a term of two years. <sup>appointed by Chair</sup>

- d. One member of the North Dakota state association of city and county health officials, who shall serve a term of two years. appointed by Chair
  - e. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years. appointed by Gov
  - f. The executive director of the department's division of behavioral health. Gov
  - g. The managing director of the office of recovery reinvented. Gov
  - h. The lieutenant governor who shall serve as an ex officio, nonvoting member and shall serve as the presiding officer of the committee. appointed by Gov
2. The committee shall forward recommendations to the department on spending decisions of the legislatively appropriated funds for remediation or abatement of the opioid crisis in this state.
    - a. The committee shall develop a process for receiving spending recommendation input from political subdivisions and the public.
    - b. The committee shall develop a process for making recommendations to the department under this subsection.

**Department of health and human services - Report to budget section.**

1. The department shall develop a process for receiving and evaluating spending recommendations of the committee.
2. Annually, the department shall make a report to the budget section of the legislative management on the status of the fund and of spending decisions made under this chapter.

**Opioid remediation and abatement spending decisions - Implementation.**

1. The department's spending decisions of the legislatively appropriated funds from the fund for remediating and abating the opioid crisis must follow the following formula:
  - a. Seventy percent of the legislatively appropriated funds must be designated for services and supports for individuals with opioid substance use disorder.
  - b. Twenty percent of the legislatively appropriated funds must be designated for opioid use prevention and overdose prevention.
  - c. Ten percent of the legislatively appropriated funds must be designated for other opioid remediation and abatement efforts.
2. The department shall implement or assist with the implementation of spending decisions made under this chapter."

Page 1, line 17, after the boldfaced period insert "**AMENDMENT.**"

Page 1, line 21, after "OF" insert "**HEALTH AND**"

Page 2, line 1, after the first "of" insert "health and"

Page 2, line 4, after the first "of" insert "health and"

Page 2, line 7, after "of" insert "health and"

Page 2, after line 8, insert:

**"SECTION 3. AUTHORITY OF ATTORNEY GENERAL - OPIOID LITIGATION - POLITICAL SUBDIVISIONS - OFFSET OF UNRETURNED FUNDS.** The attorney general may release all existing opioid claims and bar future opioid claims by the political subdivisions of this state. The attorney general shall request from each political subdivision that collected opioid settlement funds before the effective date of this Act, the return of all unobligated funds for deposit by the attorney general in the opioid settlement fund. If a political subdivision does not return the unobligated funds, the department of health and human services shall offset from any funds designated under section 2 of this Act for opioid remediation and abatement efforts for that political subdivision an amount equal to the amount of unobligated funds that were are not returned to the state.

**SECTION 4. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - OPIOID REMEDIATION AND ABATEMENT.** There is appropriated out of any moneys in the opioid settlement fund in the state treasury, not otherwise appropriated, the sum of \$8,000,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of opioid remediation and abatement efforts under section 2 of this Act, for the biennium beginning July 1, 2023, and ending June 30, 2025."

Page 2, line 11, after "state" insert "and any political subdivision of the state"

Page 2, after line 14, insert:

**"SECTION 6. APPLICATION.** To initiate staggered terms of the members of the opioid advisory committee, the initial appointments for the positions representing one of the North Dakota association of counties representatives, the North Dakota league of cities representative, and the highway patrol representative must be for one year."

Renumber accordingly

23.1014.02004  
Title.

Prepared by the Legislative Council staff for  
the Senate Appropriations - Human Resources  
Division Committee

April 3, 2023

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1447

In addition to the amendments adopted by the Senate as printed on page 1014 of the Senate Journal, Engrossed House Bill No. 1447 is further amended as follows:

Page 1, line 4, after "21-10-06" insert "and section 23-01-42"

Page 1, line 5, after "board" insert ", opioid antagonist prescription, distribution, possession, or use,"

Page 2, after line 4, insert:

**"SECTION 2. AMENDMENT.** Section 23-01-42 of the North Dakota Century Code is amended and reenacted as follows:

**23-01-42. Opioid antagonist prescription, distribution, possession, or use - Immunity from liability.**

1. As used in this section:
  - a. "Health care professional" means a licensed or certified health care professional who is working within the scope of practice for that profession. The term may include a physician, physician assistant, advanced practice registered nurse, and pharmacist acting in the professional's scope of practice.
  - b. "Opioid antagonist" means a drug:
    - (1) That is approved by the United States food and drug administration for the treatment of a drug overdose and is recognized by the department of health and human services for the treatment of a drug overdose; and
    - (2) That when administered negates or neutralizes, in whole or in part, the pharmacological effects of an opioid in the body.
2. A health care professional acting in good faith may directly or by standing order prescribe, distribute, or dispense an opioid antagonist, ~~if the health care professional provides training to:~~
  - a. ~~An individual at risk of experiencing an opioid-related overdose; or~~
  - b. ~~A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.~~
3. ~~An individual acting in good faith may receive or possess an opioid antagonist if that individual is:~~
  - a. ~~An individual at risk of experiencing an opioid-related overdose; or~~
  - b. ~~A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.~~

- 4.3. An individual acting in good faith may ~~self-administer an opioid antagonist~~ or administer an opioid antagonist to another individual who the administering individual suspects is at risk of experiencing an opioid overdose.
- 5.4. An individual may receive, possess, or administer an opioid antagonist under subsection 3 ~~or 4~~, regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed.
- 6.5. An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is immune from civil and criminal liability for such action. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action. This section does not expand the scope of practice of a health care professional. Immunity from liability or discipline under this subsection does not apply if the individual's actions constitute recklessness, gross negligence, or intentional misconduct."

Renumber accordingly