

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021**

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SENATE BILL 692

Short Title: Use of Opioid Settlement Funds. (Public)

Sponsors: Senators Burgin, Krawiec, and Perry (Primary Sponsors).

Referred to: Rules and Operations of the Senate

April 8, 2021

A BILL TO BE ENTITLED
AN ACT ESTABLISHING AN OPIOID ABATEMENT FUND FOR RECEIVING OPIOID
SETTLEMENT FUNDS AND SPECIFYING HOW AND WHEN THESE FUNDS MAY
BE USED.

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Opioid Abatement Fund (Fund) is established as an interest bearing special fund. All funds received by the State as a beneficiary of the final consent judgment resolving the case, State of North Carolina, ex rel Joshua H. Stein, Plaintiff v. McKinsey and Company, Inc., in the General Court of Justice, Superior Court Division, Wake County, shall be deposited into the Fund pursuant to G.S. 114-2.4A. Moneys in the Fund shall be used to (i) cover the costs incurred by the State in investigating and pursuing the claims in this case and (ii) remediate the harms caused to North Carolina and its citizens by the opioid epidemic. Moneys in the Fund shall be expended only for the following purposes and in accordance with subsequent acts of the General Assembly appropriating these funds and specifying limitations and directions for the use of these funds:

- (1) To expand employment and transportation supports through innovative pilot programs in industries in North Carolina that suffered the greatest job losses during the COVID-19 pandemic and are most relied upon by individuals recovering from opioid use disorders to reenter the workforce, such as the food service industry, the hotel and lodging industry, and the entertainment industry. These funds may be used to support all of the following:
 - a. Employment support services for individuals in recovery from opioid use disorder, such as placement with partnering employers and job application support, with emphasis on supporting innovative pilot programs to develop a more robust workforce in rural areas of the State.
 - b. Training and development funds to encourage a consortium of public and private employers, work force development boards, and vocational services providers to develop workplace recovery friendly ecosystems.
 - c. Transportation support services to enable individuals recovering from opioid use disorder to travel to their places of treatment and their places of employment.
- (2) To support individuals with opioid use disorder who are involved in the criminal justice system through programs and initiatives designed to accomplish any one or more of the following:



- 1 a. Establishment or expansion of existing pre- and post-arrest diversion
2 programs. This includes pre-arrest diversion, post-arrest diversion, and
3 court-based diversion through treatment or recovery courts.
- 4 b. Establishment, expansion, or sustainment of medication-assisted
5 treatment programs that provide agonist medications (either
6 methadone or buprenorphine) to individuals who are incarcerated.
7 Programs authorized under this sub-subdivision that are funded in
8 whole or in part by the Opioid Abatement Fund shall be made
9 available to individuals who were already participating in a
10 medication-assisted treatment program prior to being incarcerated, as
11 well as to individuals who initiate medication-assisted treatment
12 during their incarceration to address an opioid use disorder.
- 13 c. Creation or expansion of reentry programs to connect individuals
14 exiting incarceration with harm reduction, treatment, and recovery
15 supports.
- 16 (3) To expand evidence-based treatment supports and to improve connections to
17 care, especially for individuals hospitalized for overdose who are uninsured
18 or underinsured, through the following activities or initiatives:
- 19 a. Evidence-based addiction treatment, including medication-assisted
20 treatment provided by inpatient or outpatient opioid treatment
21 programs.
- 22 b. Expanded access to low-cost or no-cost medication-assisted treatment
23 in community-based settings.
- 24 c. Expanded care management services, including the use of peer support
25 specialists and care navigators in local health departments, detention
26 facilities, local departments of social services, and community-based
27 settings. Any funding provided pursuant to this sub-subdivision shall
28 be used to provide care management services involving outreach to,
29 engagement with, and coordination for individuals to help them access
30 opioid use disorder treatment.
- 31 (4) To develop evidence-based supportive housing services, such as Housing
32 First, that are inclusive of individuals with substance use disorders. Qualifying
33 services that may be funded under this subdivision include the following:
- 34 a. Providing a move-in deposit, rental, or utility assistance for
35 individuals who have substance use disorders, are in recovery, or are
36 transitioning from residential treatment or incarceration.
- 37 b. Providing community training sessions on tenancy rights and
38 responsibilities.
- 39 c. Establishing relationships with landlords to encourage no
40 preconditions for housing and to reduce potential incidences of
41 evictions due to substance abuse.
- 42 d. Providing other housing related supports such as tents, sleeping bags,
43 or other supplies for outdoor living.
- 44 e. Funding or otherwise supporting recovery supported housing that
45 accepts individuals who are utilizing medications such as methadone
46 or buprenorphine for the treatment of opioid use disorder.

47 **SECTION 1.(b)** Funds deposited into the Opioid Abatement Fund do not constitute
48 an "appropriation made by law," as that phrase is used in Section 7(1) of Article V of the North
49 Carolina Constitution.

50 **SECTION 1.(c)** No funds shall be expended from the Opioid Abatement Fund until
51 the following have occurred:

- 1 (1) The settlement funds have been appropriated by an act of the General
2 Assembly.
- 3 (2) The Secretary of the Department of Health and Human Services has consulted
4 with the Joint Legislative Commission on Governmental Operations, the Joint
5 Legislative Oversight Committee on Health and Human Services, and the
6 Chairs of the Senate Appropriations Committee on Health and Human
7 Services and the House of Representatives Appropriations Subcommittee on
8 Health and Human Services.
- 9 **SECTION 2.** This act is effective when it becomes law.