OPIOID RESTITUTION FUND

ADVISORY COUNCIL

Meeting Notes

Tuesday, July 8, 2025 | 1–2 pm

I. Welcome & Introductions

- Role call, 8 of 14 members in attendance.

II. Federal Funding: Proposed Cuts

- Benjamin Fraifeld, Associate Director for Policy & Advocacy with Maryland's Office of Overdose Response (MOOR), detailed proposed federal cuts to SAMHSA, Medicaid, CDC, HRSA, and the Department of Justice, highlighting potential gaps in funding for substance use programs.
    - Presented cuts were prior to Reconciliation Bill passing.
- Call to council to consider how cuts will impact programs pertinent to opioid overdose prevention.

III. 2025 Session Updates

- Benjamin Fraifeld outlined key bills passed, including:
    - HB729/SB594: Streamlines allowable uses of the Opioid Restitution Fund (ORF) to align with settlement agreements.
    - HB728/SB495: Adds operating expenses for the Opioid Enforcement Unit (OAG) as an allowable ORF use.
    - HB798/SB589: Requires MDH to build a public dashboard for tracking ORF spending.
    - HB1131: Establishes a work group and $50,000 annual grant program from the ORF for buprenorphine training for paramedics.
    - Maryland's budget bill: Appropriates funds to the OAG, MDH (for buprenorphine initiatives), and DPSCS (for opioid treatment services in correctional institutions).

IV. Sec. Keller's Recommendations for Local Spending

- Maryland Special Secretary of Overdose Response Emily Keller (Chair) presented non-binding recommendations based on MOOR's strategic plan, covering prevention, harm reduction, treatment, recovery, and public safety.

V. Council discussion on ORFAC recommendations

- **Federal Funding Gaps:** Pete Fitzpatrick suggested tailoring recommendations to address potential funding gaps created by federal cuts. Marcus Webster emphasized the increased burden on local and state entities and called for increased coordination to prevent duplication.
- **Medications for Opioid Use Disorder in Incarcerated Settings:** Howard Ashkin advocated for greater use of ORF to fund all three approved medications within corrections, referencing the unfunded HB116 mandate. Emily Keller noted that this is covered in the treatment section of current recommendations, and there are state grants, but accessibility and reporting need improvement. Pete Fitzpatrick supported this, citing EMS buprenorphine protocol cautions for incarcerated individuals.
- **Coordination with Local Partners:** Avery Meyer (MOOR) discussed changes to reporting templates and local abatement plans to streamline processes and announced upcoming office hours for technical assistance.
- **Prevention Funding:** Marcus Webster highlighted concerns about significant cuts to prevention funding, urging it to remain a primary focus.
- **Reshaping Recommendations:** The council agreed to reshape this year's recommendations based on MOOR's new strategic plan and its five pillars.
- **Public Input & Working Document:** Marcus Webster suggested soliciting large-scale public input, possibly via a survey. Emily Keller agreed to create a public input process and a working Google document for council members to collaborate on drafting recommendations, which will be reviewed in a transparent public meeting.
- **Transportation:** Lauren Levy and Howard Ashkin strongly advocated for adding transportation as a key recommendation, particularly for initial enrollment and frequent attendance at opioid treatment programs.

VI. Public Comment

- Debbie Santini asked about financial compensation for families who lost loved ones (not currently in scope for ORF) and where nonprofits can obtain naloxone (StopOverdoseMaryland website and Opioid Response Programs were recommended).
- Barbara Allen raised concerns about "supplantation" – the replacement of general funds with ORF dollars. They stressed the need for a clear definition of supplantation, especially in light of federal cuts, to ensure ORF is used for new initiatives and not simply to backfill existing programs.
- Ann Ciekot reiterated Barbara’s points about supplantation and also emphasized the importance of building substance use treatment into healthcare contracts for correctional settings and valuing the input of CBOs, providers, and peers.

Action Items:

- Develop a public input process (e.g., survey) for recommendations.
- Start a working document for ORFAC recommendations based on MOOR's strategic plan pillars.
- Schedule the next meeting to discuss and draft recommendations for the Governor.