



Opioid Restitution Fund Public Reporting Recommendations

Submitted by Maryland's Office of Overdose Response

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Executive Summary

Maryland's Opioid Restitution Fund (ORF) was established in 2019 to receive all proceeds received by the State of Maryland from prescription opioid-related legal action. In 2024, Maryland enacted Senate Bill 751/House Bill 980, which requires the state to provide recommendations for making information regarding the expenditure of ORF funds accessible to the general public. To meet this requirement, the state has examined existing processes in Maryland and across the country to evaluate options and best practices for ensuring public access to this important information.

This report summarizes the findings of the state's evaluation. It includes a review of resources from the Kaiser Family Foundation, OpioidSettlementTracker.com, the National Academy for State Health Policy, and the Center for Health Care Strategies. It also includes a review of processes currently utilized by other states.

Presently, Maryland's Office of Overdose Response (formerly known as the Opioid Operational Command Center) maintains a publicly available website, [StopOverdose.maryland.gov/ORE](https://stopoverdose.maryland.gov/ORE), that includes detailed information related to the Opioid Restitution Fund, the Opioid Restitution Fund Advisory Council, and prescription opioid-related settlements. The website also provides annual reports that have been prepared on behalf of the Office of the Governor to the Maryland General Assembly that summarize all deposits into the ORF and the utilization of those funds as required by [State Finance and Procurement Article § 7-331](#) (Chapter 537 of the Acts of 2019).¹ This report is known as the ORF Expenditure Report.

To date, Maryland's Office of Overdose Response has updated the settlement information on the website annually to coincide with the completion of the ORF Expenditure Report.

Opioid Restitution Fund Overview

Maryland's Opioid Restitution Fund was established in 2019 to receive proceeds from prescription opioid-related legal action. As of the 2024 fiscal year (July 1, 2023 – June 30, 2024), Maryland has received distributions through seven prescription opioid-related legal settlements. A summary of these settlements is provided in Appendix A, below.

Cumulatively, as of the end of the 2024 fiscal year, Maryland has received \$201,193,722.52, \$158,381,575.35 of which was deposited into the Opioid Restitution Fund and \$42,812,147.12 of which was distributed directly to local jurisdictions.

State-Subdivision Agreement

Maryland's [State-Subdivision Agreement](#) describes how proceeds from various settlements will be shared between the State of Maryland and local subdivisions that agreed to drop independent litigation as a condition of joining the state's participation in national settlement agreements. This agreement was initially established in 2022 to guide the use of funds from settlements with Johnson & Johnson and three prescription opioid distributors, McKesson, Cencora (formerly known as AmerisourceBergen), and

¹ <https://mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=gsf§ion=7-331&enactments=true>

Cardinal Health. The agreement was [updated](#) in 2023 to include additional settlements with Walmart, Walgreens, Allergan, and Teva.²

The State-Subdivision Agreement identifies four distinct funding streams through which settlement funds will be distributed:

1. **State Allocation (15% of settlement funding):** Funds that may be used at the discretion of the state for opioid abatement purposes.
2. **Targeted Abatement Subfund:**
 - a. **Targeted Abatement Fund (45% of settlement funding):** State-administered funding to be distributed to municipal subdivisions on a formula basis.

Under the Targeted Abatement Fund, eight “Qualifying Charter Counties” were identified as eligible to receive funding within 30 days of the deposit of annual installments in the Targeted Abatement Subfund. The remaining subdivisions must submit “Local Abatement Plans” and participate in a state-administered block grant program to receive their portion of these funds. The eight qualifying Charter Counties include Baltimore City* and Anne Arundel, Baltimore, Frederick, Harford, Howard, Montgomery, and Prince George’s Counties.
 - b. **State Discretionary Abatement Fund (15% of settlement funding):** State-administered funding to be distributed through a competitive process.
3. **Direct Payments to Local Subdivisions (25% of settlement funding):** Funds provided directly to local subdivisions. Direct payments are not allocated through the ORF.

As required by the State Subdivision Agreement, the state has the authority to audit the use of all proceeds derived from Maryland’s participation in prescription opioid-related legal settlements by local participating subdivisions.

***Note:** Baltimore City only joined the State of Maryland’s settlement agreement with Walmart. As such, governmental organizations in Baltimore City are only eligible to receive Walmart funds pursuant to the structure outlined in the State-Subdivision Agreement. However, non-government organizations that operate in Baltimore City are eligible to receive State Discretionary Abatement Funds and funds from the State Allocation for eligible uses.

Current Processes for Public Sharing

The Office of the Lieutenant Governor and Maryland’s Office of Overdose Response are responsible for administrative oversight of the Opioid Restitution Fund. As mentioned above, the office compiles annual reports to the Maryland General Assembly on behalf of the office of the Governor of the State of Maryland as required by State Finance and Procurement Article § 7–331.

² <https://www.marylandattorneygeneral.gov/press/2024/022824a.pdf>

Maryland's Office of Overdose Response maintains a website, [StopOverdose.maryland.gov/ORF](https://stopoverdose.maryland.gov/ORF), that provides detailed information related to settlement funds derived from the annual ORF Expenditure Report. The website contains information on finalized settlements, an overview of settlement funds received, an overview of the allocation and expenditure of those funds, and all annual ORF Expenditure Reports that have been issued since the establishment of the Opioid Restitution Fund.³

As required by State Finance and Procurement Article § 7–331, annual ORF Expenditure Reports include:

- an accounting of ORF funds received as of the preceding fiscal year;
- use of those funds; and
- associated performance indicators associated with the use of ORF funds.

Performance Indicators

As of the 2024 fiscal year, funds from the Opioid Restitution Fund were used to support two grant programs. This includes the Examination and Treatment Act Grant Program and the Access to Recovery Emergency Gap Funds Grant Program administered by Maryland's Office of Overdose Response. Pursuant to the grant agreements associated with the programs, recipients were required to submit performance measures quarterly related to the use of funds they received. Performance measures associated with these grant programs have been included in annual ORF Expenditure Reports.

Pursuant to the State-Subdivision Agreement, recipients of Targeted Abatement Funds are also required to report on the expenditure of those funds and any associated performance measures. Additionally, as outlined in the State-Subdivision Agreement, the state reserves the right to audit the use of settlement funds that have been distributed as direct payments to local participating subdivisions to ensure that they comply with the agreement. Annually by October 1, local participating subdivisions are required to submit spending information for Local Direct and Targeted Abatement Funds. Maryland's Office of Overdose Response reviews the reporting and verifies that the spending aligns with allowable uses outlined in State Finance and Procurement Article § 7331 and [Exhibit E](#)⁴ of the Janssen National Agreement. Performance measures associated with the use of Targeted Abatement Funds have been included in annual ORF Expenditure Reports starting in fiscal year 2024. Performance measures related to Local Direct will be reported in the next annual update to this report.

On June 26, 2024, Maryland issued a [Request for Applications](#) for funding using available funds through the State Discretionary Abatement Fund and the State Allocation.⁵ Through this competitive opportunity, applicants are eligible to receive up to \$1 million to support programs and initiatives that meet the funding requirements of Exhibit E, the Opioid Restitution Fund, and the [2023 recommendations from the Opioid Restitution Fund Advisory Council](#).⁶ The application window closed on July 27, 2024, which is in the 2025 fiscal year. As such, any allocation of ORF funds through this competitive opportunity and any associated performance measures will be reported in the next annual ORF Expenditure Report.

To ensure accountability in the use of the funds through competitive grants, mandatory requirements for grantees include: (1) submission of quarterly progress reports and reimbursement requests within 30

³ <https://stopoverdose.maryland.gov/orf>

⁴ Ibid.

⁵ https://emma.maryland.gov/page.aspx/en/bpm/process_manage_extranet/71741

⁶ <https://stopoverdose.maryland.gov/orf>

days immediately following the end of the quarter, with failure to submit potentially resulting in a corrective action plan, termination of the award, and repayment of funds; (2) the possibility of grantee and subgrantee site visits or desk review upon request as a requirement of the award; and (3) submission of a final budget summary within 30 days after the grant period end date.

Public Reporting Best Practices

As outlined below, the state has examined several national and state-level resources as well as existing processes to inform recommendations for ensuring public access to information related to the expenditure of opioid settlement funds and any associated performance measures in Maryland. This examination included a review of resources from the Kaiser Family Foundation (KFF), the National Academy for State Health Policy, OpioidSettlementTracker.com, and the Center for Health Care Strategies. It also included a review of the processes currently utilized by other states.

National Best Practices

Kaiser Family Foundation

KFF Health News maintains a national database and interactive dashboard that provides detail on the expenditure of prescription opioid settlement funds by state.⁷ This resource also tracks information related to the oversight of settlement funds and efforts to make information on the expenditure of settlement funds publicly available.

While the KFF opioid settlement dashboard is focused on expenditures nationally, it highlights best practices from other states that are working to make this information publicly available. The KFF dashboard uses data from primary sources to provide a simple summary of how settlement funds have been distributed at the state and local level. However, this resource is only focused on proceeds from the national Janssen settlement. It also does not provide detail on the allocation of funds by priority area or on the performance of funds that have been allocated.

National Academy for State Health Policy

The National Academy for State Health Policy (NASHP) maintains an online tracker of State Opioid Settlement Spending Decisions that summarizes efforts for making information related to prescription opioid settlements available to the public.⁸ This includes an interactive map that illustrates which states have announced awards from settlement funding, published priorities to guide settlement spending, and context for how each state has established its decision-making and spending processes.

The NASHP tracker does not provide information on the expenditure of funds at the local level. It also includes a database of state annual reports and state-by-state one-page summaries that provide a range of settlement-related information, including settlement expenditures, public reporting websites and dashboards, relevant legislation or other sources of legal authority, spending plans and agreements, and processes for settlement disbursement.⁹

⁷ <https://kffhealthnews.org/opioid-settlements/>

⁸ <https://nashp.org/state-tracker/state-opioid-settlement-spending-decisions/>

⁹ <https://nashp.org/state-tracker/state-opioid-settlement-spending-decisions/maryland/>

OpioidSettlementTracker.com

OpioidSettlementTracker.com is an independently owned and operated online dashboard that summarizes information related to the public reporting and expenditure of prescription opioid-related settlement funds by state. The tracker also provides detail on public plans for utilizing settlement funds and any associated funding opportunities that have been made available using settlement funds.

OpioidSettlementTracker.com provides links to primary sources related to individual settlements and provides an overview of settlement amounts by state. The tracker does not include information regarding the amount of funds that have been received by state or local subdivisions or performance measures associated with the use of settlement funds.

Center for Health Care Strategies

Center for Health Care Strategies (CHCS) is an organization that provides policy guidance for improving the implementation of services through Medicaid. In September 2023, CHCS published a report, *State Principles for Financing Substance Use Care, Treatment, and Support Services*, which provides ten recommended principles on financing substance use care, treatment, and support services.¹⁰ The third of these principles is to “conduct an inclusive decision-making process for allocating opioid settlement funds and prioritize funds for investments in services and infrastructure needs not covered by Medicaid and other existing state/federal funding streams.”

In providing further detail on the third principle, the authors comment that a lack of transparency in the decision-making process on the allocation and reporting of opioid settlement funds could damage public trust and be counterproductive. To achieve this principle, the report recommends that states develop transparent and accountable processes for deciding how to allocate opioid settlement funds, which includes providing decision-making capacity to people with lived experience. The authors spotlight several state-level examples of processes that promote transparency in allocation decisions.

Other State Processes

The Center for Health Care Strategies report, *State Principles for Financing Substance Use Care, Treatment, and Support Services*, includes examples from several states that make prescription opioid settlement expenditures available to the public. Three examples of states that make settlement information publicly available with varying degrees of sophistication are detailed below.

North Carolina

North Carolina maintains several publicly available dashboards to help its communities make plans for spending prescription opioid settlement funds and report on programs that are supported using settlement funding. This includes a Payment Schedule Dashboard that provides information on estimated payments to municipal subdivisions from national opioid settlements.¹¹ This also includes a Local Spending Plans dashboard, which includes spending plans and collaborative strategic plans from North Carolina's counties and localities as well as spending priorities that have been identified by local partners.¹² An interactive table allows the user to sort the information from local spending plans by

¹⁰ Fitzgerald, Hadley and Williams, Disha; “State Principles for Financing Substance Use Care, Treatment, and Support Services”; Center for Health Care Strategies. September 2023.

¹¹ <https://ncopioidsettlement.org/data-dashboards/payment-schedule/>

¹² <https://ncopioidsettlement.org/data-dashboards/spending-plans/>

strategy. For example, a user can select a strategy such as “Naloxone Distribution,” and view a summary of the amount of funding each county and locality has reported intent to spend on the strategy and the timeline for the expenditure. North Carolina also provides a Past Spending Dashboard that allows the public to view past spending from local governments who have used opioid settlement funds to address the opioid overdose epidemic in North Carolina.¹³

Rhode Island

Rhode Island maintains a publicly available website describing its Opioid Settlement Advisory Committee, which includes a description of the committee’s composition, reports, and meeting recordings and materials.¹⁴ The state also has an initiative supported by the Governor of Rhode Island’s Overdose Prevention and Intervention Task Force titled Prevent Overdose Rhode Island. The initiative maintains a website developed in partnership with researchers at Brown University School of Public Health and various state offices and agencies.¹⁵ In addition to educational resources on overdose prevention and data on overdose-related health and treatment indices, the site includes a Track Our Action Plan highlighting progress on outcomes related to the state’s overdose response.¹⁶ This tracker does not currently include information on opioid settlement fund uses.

Maine

Maine maintains a publicly available website describing its Maine Recovery Council.¹⁷ The site includes a description of the committee’s composition, reports, and meeting recordings and materials. The Office of the Maine Attorney General also maintains a webpage on Opioids Settlement Payments, which includes local-level information on estimated and actual funds received from national opioid settlements.¹⁸ These resources are not interactive but are reports that have been shared via a webpage.

Next Steps

The examination of national practices and principles above highlighted a wide range of options for making expenditures of opioid settlement agreements accessible to the public. This includes relatively low barrier options like regularly making reports on settlement fund expenditures publicly available (such as in the case of Maine) to maintaining sophisticated interactive dashboards that track state priorities and associated performance indicators for the utilization of settlement funds (such as in the case of North Carolina).

The review of national-level resources also revealed a broad range of sophistication in reporting settlement information, from simply providing award amounts by state from a single settlement to more complex trackers that provided detail regarding multiple settlements by state and locality. The state and national examples also highlight a range of overarching principles for making this information available, such as providing transparency in decision-making processes related to the allocation of funds and the inclusion of representatives and/or input from highly impacted areas, individuals with lived and living experience, and historically marginalized communities.

¹³ <https://ncopioidsettlement.org/data-dashboards/past-spending/>

¹⁴ <https://eohhs.ri.gov/Opioid-Settlement-Advisory-Committee>

¹⁵ <https://preventoverdoseri.org/what-is-pori/>

¹⁶ <https://preventoverdoseri.org/track-our-action-plan/>

¹⁷ <https://www.maine.gov/ag/recovery-council/index.shtml>

¹⁸ <https://www.maine.gov/ag/opioids/settlement-payments.html>

Taken together, and in consideration of Maryland's current infrastructure for reporting information related to prescription opioid settlements, the state recommends the following principles and best practices for ensuring public accessibility, transparency, and accountability in the use of settlement funds at the state and local level:

I. Maintain Transparency

Consistent with the state's current approach and the approach of other states, Maryland should continue to provide information related to decision-making processes governing the use of settlement funds. This includes providing prompt information regarding the work of the Opioid Restitution Fund Advisory Council (including its membership composition, meeting minutes and recordings, reports, etc.) and continuing to make opportunities available to the general public to provide input. Additionally, pursuant to Maryland General Health Article § 7.5–905, the state should provide prompt rationale for its funding priorities, which consider the recommendations of the ORF Advisory Council and should be guided by evidence-based strategies.

Consistent with State Finance and Procurement Article § 7–331, the state should also continue to report information regarding the allocation of settlement funds and any associated performance measures to the Maryland General Assembly. This information should be made publicly available and updated regularly.

II. Provide Greater Detail at the Local Level

Marylanders deserve full transparency regarding how the use of settlement funds will impact their communities. They should also have full trust that prescription opioid settlement proceeds are being utilized to support effective programs that directly address the harms of the opioid and overdose crisis.

The review of national and state-level practices above highlighted examples of how policymakers can provide detailed information regarding the use of settlement funds at the local level.

Maryland should continue to ensure public access to information regarding the distribution, use, and performance of funds received by local partners. This includes funds that have been distributed as Targeted Abatement Grants, competitive funding awards, and funds that have been distributed directly to municipal subdivisions. The state should also consider making approved Local Abatement Plans submitted by municipalities easily accessible, such as through the StopOverdose.maryland.gov/ORF website.

III. Provide Regular and Timely Updates

The opioid and overdose crisis is an urgent priority for the state, and Marylanders deserve timely information regarding the use of settlement funds to support interventions that can reduce overdoses and save lives. Maryland should continue to provide updated information on the expenditure of settlement funds and associated performance indicators to the public regularly. This information should continue to be provided at least annually, and the state should examine the feasibility of providing information at more frequent intervals. However, making reliable and constant information available at more frequent intervals would require updating local reporting requirements related to fund allocation and performance, which is presently only provided by participating subdivisions annually. As such, any updates to reporting cadence will require outreach to and buy-in from local governments.

IV. Provide Greater Information Related to Performance

Information regarding the performance of prescription opioid settlement funds is vital for ensuring that state and local partners are supporting opioid remediation strategies that are effective, efficient, and making real impacts in Maryland's communities. Currently, performance related to the use of settlement funds is reported annually in the ORF Expenditure Report required by State Finance and Procurement Article § 7–331.

Maryland should explore options for making this information more accessible, such as through the state's website for sharing settlement information, [StopOverdose.maryland.gov/ORF](https://stopoverdose.maryland.gov/ORF). However, as noted above, any updates to the frequency of performance reporting will require outreach to local partners.

V. Explore Creating an Interactive Dashboard

Several of the national and state-level resources examined for this report use interactive dashboards to share information related to settlement fund expenditure and performance. These resources have varying degrees of sophistication, ranging from simple graphical displays (e.g., charts and maps) that illustrate fund allocation to more complex options that provide filters and high levels of interactivity that allow users to find expenditure information by funding sources and associated performance measures for their specific localities. Some resources also provide information regarding progress toward implementing opioid abatement strategies.

Maryland should explore options for creating an interactive dashboard to share prescription opioid-related settlement information with the general public. It will be important for this process to take into account the considerations identified above regarding reporting frequency and the level of detail that is available at the local level. This exploration will also need to consider the costs associated with creating a new dashboard (e.g., technology expenses, staffing, etc.) and determine whether this can be done with existing resources or if new funding would need to be identified.

Conclusion

As the exploration above illustrates, a wide range of options are currently in use at the state and national level for sharing information on prescription opioid-related settlement funds with the general public. Admittedly, Maryland's processes for sharing this information are less sophisticated than other states and could be improved to increase transparency and public accessibility. For example, Maryland's current reporting framework does not use an interactive dashboard, which, if implemented, could facilitate access to this vital information. However, Maryland's procedures are on par with national best practices in other regards, such as by making regular updates to the publicly available information on settlement fund expenditures and performance on [StopOverdose.maryland.gov/ORF](https://stopoverdose.maryland.gov/ORF), including individuals with lived experience and considering the voices of historically marginalized communities in the formulation of policy, and providing regular opportunities for the public to provide input.

It is imperative that Maryland maintain its commitment to transparency, and the state will continue to explore opportunities for enhancing this information-sharing infrastructure using the guiding principles identified above.

Appendix A: Summary of Finalized Prescription Opioid Settlements in Maryland

McKinsey & Company

Maryland and a coalition of states reached a [settlement](#) with McKinsey & Company in 2021 related to consumer protection charges resulting from marketing plans developed by the firm for multiple prescription opioid manufacturers.¹⁹ Maryland's share of the \$573 million national settlement was \$12,084,129.00.

Maryland received an initial distribution of \$10,016,057.58 and an installment of \$517,018.21 in July 2021. Two additional annual installments of \$517,018.21 were received in the 2023 and 2024 fiscal years for a cumulative total of \$11,567,111.21. A final installment of \$517,018.21 was received in July 2024 (in the 2025 fiscal year).

Janssen Settlement

Maryland and a coalition of states reached a [settlement](#) in 2021 with Johnson & Johnson and three prescription opioid distributors, McKesson, Cencora (formerly known as AmerisourceBergen), and Cardinal Health, related to claims of deceptive marketing practices and negligent monitoring of prescription opioid sales.²⁰ Collectively, the settlement is also referred to as the "Janssen settlement." Maryland's share of the national settlement (which could extend to over \$21 billion if requirements for conditional payments outlined in the settlement agreement are met) is approximately \$395 million over a period of 18 years.

Maryland has received a total of \$105,170,427.79 through the Janssen settlement, which represents the first three years of installments. Of this, \$81,490,179.07 was deposited into the Opioid Restitution Fund and \$23,680,248.72 was distributed directly to local municipal subdivisions.

Walmart, Walgreens, Allergan, and Teva

In February 2024, the Maryland Attorney General's Office announced four additional [settlements](#) with prescription opioid manufacturers and pharmacies.²¹ Funds received from these settlements will follow the same payment structure as the Janssen settlement pursuant to an [update](#) to the State-Subdivision Agreement made in April 2023.²²

Note: Baltimore City joined the State of Maryland's settlement agreement with Walmart and is eligible to receive Walmart funds pursuant to the structure outlined in the State-Subdivision Agreement. However, Baltimore City did not join the state's settlement agreement with Walgreens, Allergan, or Teva.

¹⁹ <https://www.marylandattorneygeneral.gov/press/2021/020421.pdf>

²⁰ <https://www.marylandattorneygeneral.gov/press/2021/090821.pdf>

²¹ <https://www.marylandattorneygeneral.gov/press/2024/022824a.pdf>

²² <https://stopoverdose.maryland.gov/orf/>

Walmart

A settlement of \$55,473,854.51 to be paid over six years related to claims of failing to investigate suspicious prescriptions for opioids. In the 2024 fiscal year, Maryland received \$53,077,656.21 through this settlement, which represents the first two annual installments. Of this, \$39,916,767.22 was deposited into the Opioid Restitution Fund and \$13,160,888.99 was distributed directly to local municipal subdivisions.

Walgreens

A settlement of \$74,763,582.54 to be paid over 15 years related to claims of failing to investigate suspicious prescriptions for opioids. In the 2024 fiscal year, Maryland received a total of \$11,754,148.58 through this settlement, which represents the first two annual installment payments. Of this, \$8,842,121.29 was deposited into the Opioid Restitution Fund and \$2,912,027.29 was distributed directly to local municipal subdivisions.

Allergan

A settlement of \$38,166,449.66 to be paid over seven years surrounding claims of deceptive marketing practices promoting the perception opioid, Kadian, which was described as safer than other prescription opioids. In the 2024 fiscal year, Maryland received a total of \$6,510,194.40 through this settlement. Of this, \$4,903,378.81 was deposited into the Opioid Restitution Fund and \$1,606,815.59 was distributed directly to local municipal subdivisions.

Teva

A settlement of \$70,281,866.66 surrounding the claims that the firm encouraged prescribing of its high-strength fentanyl products beyond FDA-approved uses. In the 2024 fiscal year, Maryland received a total of \$5,874,795.26 through this settlement. Of this, \$4,422,628.73 was deposited into the Opioid Restitution Fund and \$1,452,166.53 was distributed directly to local municipal subdivisions.

Publicis Health

In February 2024, a 50-state [settlement](#) of \$350 million was finalized with Publicis Health, LLC, a France-based marketing firm, surrounding claims that a marketing strategy that it assisted in developing for Purdue Pharma encouraged inappropriate prescribing of OxyContin.²³ Maryland's share of the national settlement was \$7,239,389.04, which was distributed as a one-time payment in the 2024 fiscal year into the Opioid Restitution Fund. Funds from this settlement were distributed directly to the State of Maryland and were not bound by the requirements of the State-Subdivision Agreement.

Taken together, of the \$201,193,722.47 Maryland has received through prescription opioid-related legal settlements, \$42,812,147.12 was distributed to local jurisdictions and \$77,061,864.78 was designated for use as block grants to local jurisdictions. Of the remaining portion, \$31,256,605.18 has been designated for distribution through a competitive process, and \$50,063,105.43 may be used at the state's discretion.

²³ <https://www.marylandattorneygeneral.gov/press/2024/020124a.pdf>

Cumulative Settlement Payments Received through the Opioid Restitution Fund			
<i>Settlement</i>	<i>As of FY 2023</i>	<i>FY 2024 Installments*</i>	<i>Cumulative Total</i>
McKinsey & Company	\$11,050,093.00	\$517,018.21	\$11,567,111.21
Janssen (Johnson & Johnson, McKesson, Cencora, & Cardinal Health)	\$46,889,761.23	\$34,600,417.84	\$81,490,179.07
<i>Targeted Abatement Fund (45%)</i>	<i>\$24,372,221.51</i>	<i>\$18,252,236.18</i>	<i>\$42,624,447.70</i>
<i>State Discretionary Abatement Fund (15%)</i>	<i>\$11,258,774.86</i>	<i>\$8,174,090.83</i>	<i>\$19,432,865.69</i>
<i>State Allocation (15%)</i>	<i>\$11,258,774.86</i>	<i>\$8,174,090.83</i>	<i>\$19,432,865.69</i>
Walmart, Walgreens, Allergan, and Teva	—	\$58,084,896.03	\$58,084,896.03
<i>Targeted Abatement Fund (45%)</i>	<i>—</i>	<i>\$34,437,417.08</i>	<i>\$34,437,417.08</i>
<i>State Discretionary Abatement Fund (15%)</i>	<i>—</i>	<i>\$11,823,739.487</i>	<i>\$11,823,739.487</i>
<i>State Allocation (15%)</i>	<i>—</i>	<i>\$11,823,739.487</i>	<i>\$11,823,739.487</i>
Publicis Health	—	\$7,239,389.04	\$7,239,389.04
FY 2024 Total	\$57,939,854.23	\$100,441,721.12	\$158,381,575.35

Note: As of the 2024 fiscal year, a cumulative total of \$42,812,147.12 has been distributed directly to local qualifying subdivisions in Maryland by the settlement administrator, Brown Greer PLC. Direct payments to local qualifying subdivisions are not deposited into the Opioid Restitution Fund.