



# Opioid Settlement Advisory Committee

Wednesday, October 22, 2025

“

**Call to Order, Introductions,  
Review and Approve Minutes**

”



# Our Meeting Agenda

- I. Call to Order, Introductions, Review of Minutes
- II. Approved FY27 Recommendations
- III. Avoiding Supplantation of Opioid Settlement Funds, OSAC Chair Dr. Brandon Marshall
- IV. Public Comment
- V. Committee Vote
- VI. Purdue Settlement Update, Attorney General Office
- VII. Understanding Current SU/SUD Policy Landscape and Changes: *Implications for Opioid Settlements*, Regina LaBelle, Director and Professor, Master of Science Addiction Policy and Practice, at Georgetown University School of Health
- VIII. Public Comment
- IX. Updates and Next Steps
  - a. 2026 Annual Calendar
  - b. Task Force Update – November Community Conversation
- X. Adjourn



# **State Fiscal Year FY27 Recommendations**

# SFY25 and SFY26 Percentages and SFY27 Approved Percentages

Pillars/Priorities	Strategies/Programs	SFY2025 (\$18M)	SFY26 (\$20.7M)	SFY27 Approved (\$10M)
<b>Access to Equity</b>	Ensuring access to equity across the continuum of care.	3%	2%	<b>2%</b>
<b>Emerging Issues and Municipal Funds</b>	Responding to emerging issues and increasing alignment with municipalities.	5%	5%	<b>7%</b>
<b>Administration</b>	Monitoring investments, financing and contract management.	4%	4%	<b>7%</b>
<b>Evaluation</b>	Comprehensive evaluation across the continuum of care.	3%	4%	<b>3%</b>
<b>Data</b>	Using data to inform action.	3%	7%	<b>6%</b>
<b>Social Determinants of Health (including Communications)</b>	Addressing root causes and ensuring public dashboards, resources, messaging, and information are accessible and equitable.	12%	10%	<b>5%</b>
<b>Prevention</b>	Sustaining school- and community-based youth prevention.	13%	13%	<b>12%</b>
<b>Harm Reduction and Rescue</b>	Sustaining the statewide naloxone distribution center, harm reduction education and supplies to all partner organizations, targeted mobile outreach, Overdose Prevention Center, and drop-in centers.	18%	26%	<b>27%</b>
<b>Treatment (Infrastructure)</b>	Ensuring treatment is available, accessible, and on demand to all individuals, including youth.	22%	12%	<b>13%</b>
<b>Recovery</b>	Increasing recovery capital for individuals, families, and pregnant people, as well as supporting peer workforce and recovery housing initiatives.	17%	17%	<b>18%</b>

# Avoiding Supplantation of Opioid Settlement Funds

# Supplantation

**The Colorado Opioid Abatement Council (COAC) defines "supplantation" in the context of Opioid Settlement Funds as:**

*To deliberately replace or reduce existing federal, state, or locally allocated funds with **Opioid Settlement Funds**. Opioid Settlement Funds are to be used to create, maintain, and/or expand program activities. Opioid Settlement Funds are not to be used to replace or reduce existing federal, state, or local funds that have already been appropriated or allocated for the same purpose.*

Source: <https://coag.gov/app/uploads/2025/06/Supplantation-is-Not-an-Approved-Purpose-for-Opioid-Settlement-Funds.pdf>

# Examples of Supplantation

1. Replacing existing fund streams rather than making additional investments in opioid abatement programs.
2. Reducing or reallocating local or state funding because of an expectation for opioid settlement funds to be used.
3. Backfilling cuts (e.g., reducing a budget and then using opioid settlement funds to restore funding to previous levels).

# Examples of Non-Supplantation

1. Using opioid settlement funds to continue programs that are at risk of termination due to expiration of a funding stream.
2. Expanding an existing program previously limited by budget constraints.
3. Investing in infrastructure, enhancements, or other initiatives that expand the reach, impact, and outcomes of an existing program.

# Proposed Supplantation Policy

*The Rhode Island Opioid Settlement Advisory Committee (OSAC) supports the use of funds to create, maintain, expand, or enhance effective programming that addresses the state's overdose crisis. The committee does not endorse supplantation as an approved purpose, which is defined as the deliberate replacement of—or reduction in—existing federal or state resources with opioid settlement funds.*

# Why Do We Need this Guidance?

Our settlement agreement only notes that state funds should be used for "forward-looking" approved purposes.

The Network for Public Health Law recommends that six states which use this term (including Rhode Island) should issue more specific guidance, as the term may be insufficient to restrict or prohibit supplantation.

“

# Public Comment

”



# Reminder: Consensus-Building Approach

Recommendations will be reviewed, discussions will take place, and intermittent polls for consensus vote will be conducted by committee members. Once modified consensus is achieved, a motion for a vote will be requested, as will a second.



## **THUMBS UP:**

- Strongly agree with the proposal at hand, as initially presented.
- No questions or concerns remaining and fully ready to vote.



## **THUMBS SIDWAYS:**

- Can live with the proposal at hand as initially presented and/or modified.
- Limited questions or concerns remaining and generally ready to vote.



## **THUMBS DOWN:**

- Cannot live with the proposal at hand, as initially presented and/or modified.
- Several questions or concerns remaining and not ready to vote.



## **NO THUMBS:**

Abstaining from vote (e.g., potential conflict, no preference).

# Proposed Supplantation Policy

*The Rhode Island Opioid Settlement Advisory Committee (OSAC) supports the use of funds to create, maintain, expand, or enhance effective programming that addresses the state's overdose crisis. The committee does not endorse supplantation as an approved purpose, which is defined as the deliberate replacement of—or reduction in—existing federal or state resources with opioid settlement funds.*

# Committee Vote on Supplantation Guidance



# Purdue Settlement Update

*Rhode Island Attorney General's Office*

# Purdue Settlement Discussion

- The State of Rhode Island and all cities and towns have entered into a settlement with Purdue Pharma and the Sackler family, as part of Purdue Pharma's ongoing bankruptcy.
- Rhode Island is expected to receive approximately **\$27 million**. As with prior settlements, the state will receive 80% of the proceeds and the cities and towns will receive 20%.
- Rhode Island is one of a handful of states that will receive this payment all within the first year of the settlement.
- The bankruptcy process continues. At this time, we expect that payment to Rhode Island and the cities and towns will take place in the coming year.

# **Presentation from Regina LaBelle, JD**

**Director and Professor**

**Master of Science in Addiction Policy & Practice**

**Georgetown University School of Health**

# Understanding Current SU/SUD Policy Landscape and Changes: *Implications for Opioid Settlements*

Regina LaBelle, JD

Professor, Director, MS in Addiction Policy and Practice  
Georgetown University School of Health

Director, Center on Addiction and Public Policy  
O'Neill Institute for National and Global Health Law  
Georgetown University Law Center  
*regina.labelle@georgetown.edu*

*Center on Addiction Policy Current Funding:* Pew Charitable Trusts, American Institutes for Research (AIR), The University of Houston.

No conflicts of interest.

# Budgetary Changes



▸ PRESIDENT'S BUDGET

# The President's FY 2026 Discretionary Budget Request

# Funding Cuts in Proposed FY26 Budget

Combine:

- State Opioid Response grant (\$1.6B)
- Substance Use Prevention, Treatment, Recovery Grant (SUPTRS) (\$2B), and
- Mental Health Block Grant (\$1B)

*Behavioral Health Innovation Block Grant - \$4.1 Billion grant program*

*Reduction of \$500M*

U.S. Department of Health and Human Services. (2025). *Fiscal year 2026 congressional justification: Administration for a Healthy America* [PDF]. <https://www.hhs.gov/sites/default/files/fy-2026-aha-cj.pdf>

# Proposed Changes

Proposed elimination of PRNS grants, including The STOP Act, Minority Fellowships, First Responder Training (Naloxone), Screening, Brief Intervention, and Referral to Treatment, Building Communities of Recovery, Treatment Services for Homelessness, Youth Prevention and Recovery, Pregnant and Parenting Women– to name a few.

U.S. Department of Health and Human Services. (2025). *Fiscal year 2026 congressional justification: Administration for a Healthy America* [PDF]. <https://www.hhs.gov/sites/default/files/fy-2026-aha-cj.pdf>

# Senate Appropriations

## Labor HHS Appropriations Bill:

- State Opioid Response \$1.6B
- Block Grant (SUPTRS) \$2B
- Programs of Regional and National Significance ~\$700M
- Overdose Data to Action (CDC)
  
- DAWN receives funding
  
- Legislation does not include the Administration's reorganization of HHS

# House Appropriations

## Labor HHS Appropriations Bill:

- State Opioid Response \$1.6B
- Block Grant (SUPTRS) \$2B
- Programs of Regional and National Significance – eliminates SBIRT, Minority AIDS, Treatment for Homeless, and Peer Support TA
- Overdose Data to Action is funded (CDC)
- Eliminates funding for The Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)
- Legislation does not include the Administration's reorganization of HHS
- DAWN funding

# Proposed Structural Changes



# DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year  
**2026**

Administration for a  
Healthy America

## *Administration for a Healthy America (AHA)*

Substance Abuse and Mental Health  
Services Administration

Health Resources and Services  
Administration

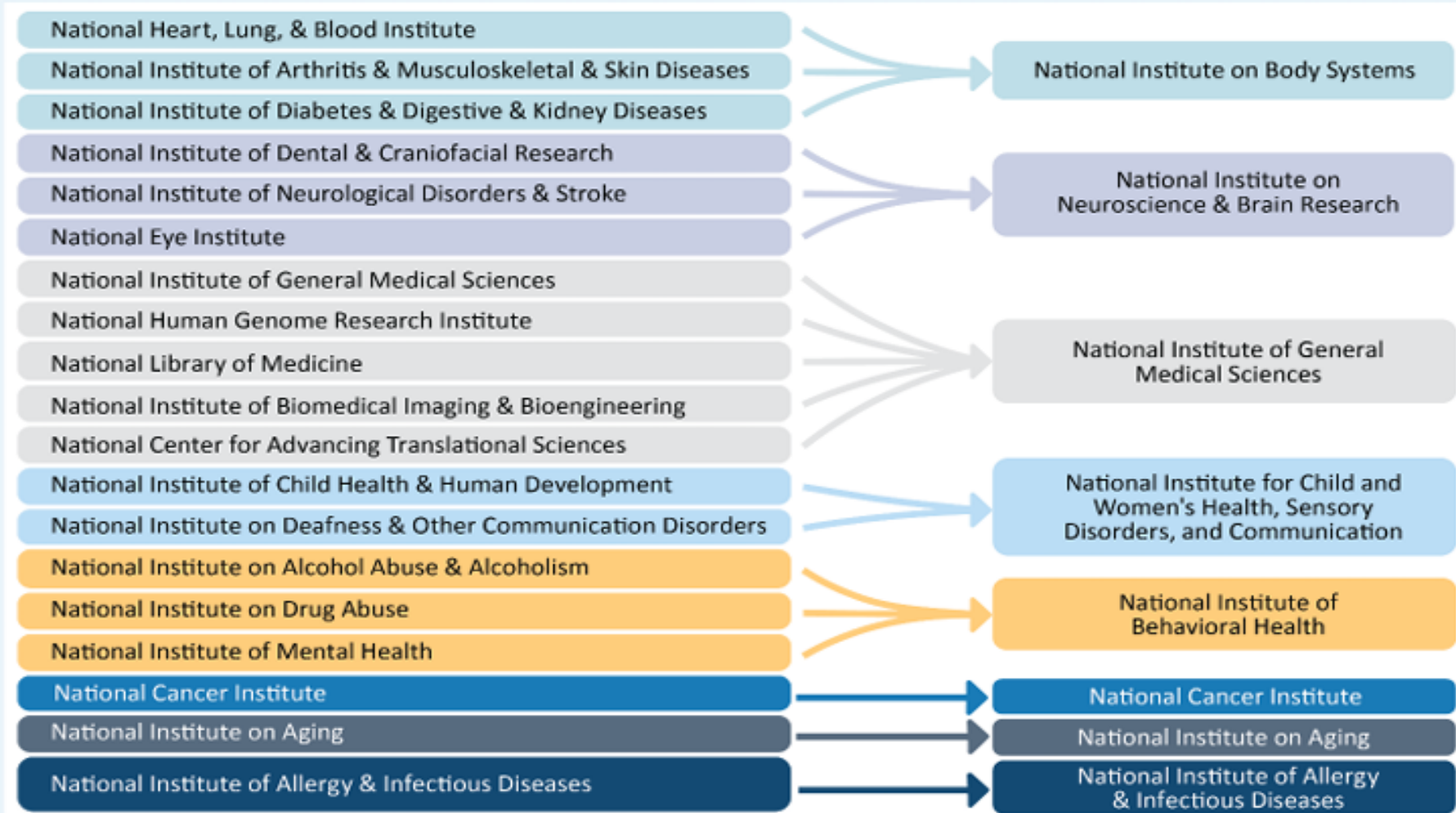
Agency for Toxic Substances and  
Disease Registry

Office of the Assistant Secretary of  
Health

National Institute of Environmental  
Health Services

Some CDC sub agencies

## PROPOSED REORGANIZATION OF NIH INSTITUTES AND CENTERS



# *Proposed move of NCHS to the newly formed HHS Office of Strategy.*

# About NCHS

 For Everyone  
SEPTEMBER 17, 2024

### KEY POINTS

- CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency.
- Our data provide insights into the health of people across the United States and how their health changes over time.
- Our statistics guide programs and policies to improve the health of the nation.



Source: U.S. Department of Health and Human Services. (2025). *Fiscal year 2026 justification of estimates for appropriations committees: General departmental management* [PDF]. <https://www.hhs.gov/sites/default/files/fy-2026-gdm-cj.pdf>

# Policy Changes

- Medicaid work requirement for 19- to 64-year-olds in Medicaid expansion states.
- Exception to the work requirement for people who are “medically frail”, includes someone with a substance use disorder. Definition of person with a substance use disorder to be determined.
- Exception if an individual is in treatment at a “Drug addiction or alcoholic treatment and program” ...a private nonprofit organization or institution, or a publicly operated community mental health center.”
- Eligibility determination every 6 months, beginning December 2026.
- Exception to work requirement if an individual is incarcerated § 71119(a)(xx)(3)(A)(ii)
- Restrictions placed on states to raise revenue – may cause states to limit care.

U.S. Congress. (2025). *One Big Beautiful Bill Act* (H.R. 1, 119th Cong.) [Public law].  
Congress.gov. <https://www.congress.gov/bill/119th-congress/house-bill/1/text>



↩ PRESIDENTIAL ACTIONS

# ENDING CRIME AND DISORDER ON AMERICA'S STREETS

Executive Orders

July 24, 2025



Substance Abuse and Mental Health  
Services Administration

5600 Fishers Lane • Rockville, MD 20857  
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



---

July 29, 2025

Dear Colleague:

The U.S. remains in the midst of an evolving and dynamic overdose crisis, driven by exposure to highly potent synthetic opioids like illicitly made fentanyl and adulterants like xylazine and medetomidine in the illicit drug supply. In the past decade, over a million people have died from a drug overdose, and no segment of society has been untouched by this crisis. [CDC's latest provisional data](#) show that overdose deaths have declined 26% in the 12-months ending February 2025 compared to the prior year. Although this is a very welcome trend, this still translates to nearly 80,000 deaths a year – more than 200 Americans dying every day.

In recent years, the life-saving opioid overdose reversal medications (OORMs), naloxone and nalmefene, have been lumped into an ideological concept of harm reduction which has been used to advocate for policies that are incompatible with Federal laws and inconsistent with this Administration's priorities.

# Thank you

## Regina LaBelle, JD

Professor, MS in Addiction Policy and Practice  
Georgetown University School of Health

Director, Center on Addiction and Public Policy  
O'Neill Institute for National and Global Health Law  
Georgetown University Law Center

[regina.labelle@georgetown.edu](mailto:regina.labelle@georgetown.edu)

[\*substack.com/@reginalabelle\*](https://substack.com/@reginalabelle)

# 2026 OSAC Meeting Calendar



**The fourth Wednesday of the month from 1 p.m. to 3 p.m.  
at the RI Department of Administration, Room 2A (tentative).**

- January 28, 2026
- March 25, 2026
- May 27, 2026
- June 24, 2026
- July 22, 2026
- August 26, 2026
- September 23, 2026
- October 28, 2026

“

# Public Comment

”



# Join Us! Governor's Overdose Task Force



## Community Conversation: 2025 Strategic Refresh

- November 12; 11 a.m. to 12:30 p.m.
- In-person only at the Rhode Island Department of Administration (DOA), One Capitol Hill, Conference Room 2A, Providence.

## 10<sup>th</sup> Anniversary of the Governor's Overdose Task Force

- December 10; 11 a.m. to 1 p.m.
- Location: TBA

# Next Opioid Settlement Advisory Committee Meeting



DATE:	Wednesday, January 28, 2026
TIME:	1 p.m. to 3 p.m.
LOCATION:	Department of Administration, One Capitol Hill, Room 2A, Providence

“

# Thank You

”

**Opioid Settlement Advisory Committee Chairperson:**

**Brandon DL Marshall, PhD**  
Professor, Department of Epidemiology  
Brown University School of Public Health  
66 Pavilion Ave., 2<sup>nd</sup> Floor, Providence, RI, 02905  
[brandon\\_marshall@brown.edu](mailto:brandon_marshall@brown.edu)

