



Michigan House of Representatives
Appropriations Subcommittee on Health and Human Services

Re: Presentations on the opioid settlement funding

October 25, 2023

Good morning,

First and foremost, thank you, Chair Morse, and the members of this committee, for allowing an opportunity to speak today.

My name is Dr. Cara Poland and I am the chair of the Michigan Opioid Advisory Commission (OAC), which I'll be referring to as the OAC.

I am an Associate Professor at Michigan State University in the College of Human Medicine where I am a practicing addiction medicine physician, specializing in the care of pregnancy-related substance use.

I am one of the first twenty fellowship trained and board-certified physicians in the United States – the first in Michigan.

In my role at the University, I am one of the principal investigators for the Opioid Settlement Technical Assistance Collaborative, and I also lead a nationally recognized addiction education program, MI CARES, which has trained over 1,000 physicians in Addiction Medicine and has arms to support workforce development for physicians, advanced practice nurses, and social workers.

I have served the State of Michigan in various capacities as an advocate and volunteer. I was appointed to the Board of Medicine (BOM) by Governor Snyder and re-appointed by Governor Whitmer, on which I continue to serve, and I was part of the COVID team, advising on substance use related concerns.

I am the chair of the American Society of Addiction Medicine (ASAM) Public Policy Committee, where I write national policy at both the federal and state level.

But, perhaps most importantly, I am a sister. A sister, whose brother Max, died ten years ago of a self-inflicted gunshot wound resulting from his co-occurring depression and alcohol use disorder.

My advocacy and volunteer service, that which takes me away from my own children, is done in Max's memory—and if by speaking today, I can help steer our state's use of these crucial dollars, in an equitable, thoughtful, and transparent manner, I will honor my brother, his memory, and my children's future.

My story is also not unique within the OAC.

We are a group of community leaders who present with subject matter expertise in areas of health, prevention, treatment, recovery, harm reduction, and the criminal-legal system.

We are also a group of individuals, many of whom, have lived experience, either personally or as a family member of someone, directly impacted—and I am just one, of multiple members, who have lost a loved one to overdose, substance-related death, or suicide.

As you're aware, the OAC was established in 2022 for the purpose of recommending funding and policy, specific to services and supports for substance use disorders (SUD), and co-occurring mental health conditions. It is also



tasked with assessing the use of state-appropriated settlement dollars, and the extent to which those investments have abated Michigan’s opioid crisis¹.

Transparency and collaboration are necessary for the OAC to fulfil its statutory obligations.

The OAC was established as part of a legislative package, heralded by Governor Whitmer as “instrumental in preventing more deaths” and something that “would [will] provide Michigan families impacted by the devastating opioid epidemic, with some semblance of relief”.²

Its charge is broad, and the OAC takes very seriously its role, in service to the Legislature and to those directly impacted, throughout this state.

The OAC first convened in late August of 2022, since then, meeting monthly and completing its inaugural report in March 2023.

While the OAC provided specific recommendations, including the need for state-level reporting on the prevalence of co-occurring disorders, it also identified four (4) overarching needs of the state:

- **Increase public transparency** around planning, use, and management of state opioid settlement funds.
- **Expand community and Tribal inclusion**, in all planning and implementation efforts
- **Enhance collaboration at all levels**, to support impactful and innovative solutions for opioid remediation.
- **Increase legislative oversight**, to improve alignment with national guidance and ensure adherence to state law.³

The OAC was encouraged to see similar priorities emerge from the [Opioid Litigation Settlement Funds Summit⁴](#), held by the National Governors Association Center for Best Practices (NGA Center)—those priorities included state-local coordination, oversight, asset mapping, financial transparency, and ensuring that programs and practices related to use of settlement dollars, be designed to address equity concerns—including the means by which communities have awareness of and access to, funding opportunities.

The OAC recently released its first quarterly bulletin, with an emphasis on increasing public access to information; it also convened the Community Engagement and Planning Collaborative, an advisory workgroup, developed to address matters of community engagement and health equity.

The OAC will be kicking off its “Community Voices” initiative, including a community impact survey (presently available on the OAC website), weekly listening sessions, and strategic engagement with various community organizations and key groups.

The OAC also recognizes the necessity of Tribal inclusion and representation, not only in the state opioid settlement space, but also in broader legislative advisory spaces. The OAC has drafted a provisional plan, outlining proposed outreach efforts to both federally recognized and state historic Tribes, and we hope to connect further with Tribal leaders, to solicit input and learn about Tribal recommendations for use of state settlement dollars and process improvements.

The opioid settlements and the existence of advisory groups such as the OAC and Opioids Task Force, offer a unique, if not unprecedented, opportunity for collaboration and strategic alignment at all levels.

¹ <https://www.legislature.mi.gov/documents/2021-2022/publicact/pdf/2022-PA-0084.pdf>

² <https://www.michigan.gov/whitmer/news/press-releases/2022/05/19/governor-whitmer-signs-bills-fighting-opioid-crisis>

³ <https://www.legislature.mi.gov/documents/2021-2022/publicact/pdf/2022-PA-0083.pdf>

⁴ <https://www.nga.org/publications/opioid-litigation-settlement-funds-summit/>

The presence of lateral advisory groups, as well as experts, strategically embedded in local representative agencies, as seen with the Michigan Association of Counties (MAC), exists as a strength for this state.

These groups are positioned to help do the work—they're comprised of leaders who are eager to apply their expertise to real solutions—helping not only develop and align state and local response efforts, but working together to innovate and optimize all products, policies, and recommendations, for impact, equity, and sustainability.

Michigan continues to do meaningful work—and there is the potential for enhanced coordination and alignment, at all levels—but there are also ways we could improve.

Presently, Opioid Settlement Tracker lists Michigan as [one of only 16 states](#)⁵ that has not committed to publicly reporting any of its settlement spending.

It's important to understand that each state is unique in the national opioid settlement space—there are differences in the structure and language of each state's settlement agreements and their unique response frameworks.

However, we find shared trends among states that are demonstrating “best practices”, including adoption of the [Bloomberg-Hopkins Principles](#)⁶, collaboration and information sharing, authentic community inclusion, commitment to public transparency, and the development of fair, transparent, and equitable processes, for determining how funds will be directed.

To use one of our Great Lakes states for comparison, in Wisconsin we see...

- Accountability, demonstrated in annual settlement spend plans that must be approved by its Joint Commission on Finance.
- Public transparency, demonstrated in detailed quarterly reports on expenditures and status updates for each investment area—these reports are easily and publicly accessible through the [Wisconsin Department of Health Services website](#)⁷—the most recent report, posted September 29, 2023.
- [We see] Community inclusion, demonstrated in [listening sessions](#)⁸ held throughout the state—from which emerged actionable information for investment of settlement dollars.
- And finally, [we see] Tribal inclusion, collaboration, and prioritization, in the direction of funds to each of the eleven (11) federally recognized Tribes in Wisconsin... in total, \$6 million dedicated to support Tribal Nation needs, with over half a million dollars (\$500,000 million) allocated to each Tribe.

These are only a few examples of promising practices we see demonstrated throughout the country, and we encourage this Committee to not only consider what other states are doing, but how those practices reflect a larger commitment to principles of equity, transparency, collaboration, inclusion, and justice.

The OAC commends Chair Morse and all committee members, for helping support the health and wellness of Michigan's communities—and if there's one thing you take away, please take away the understanding **that these dollars are different.**

To all the communities of this state, especially those made vulnerable to adverse substance use outcomes⁹ — **these dollars are different.**

⁵ <https://www.opioidsettlementtracker.com/>

⁶ <https://opioidprinciples.jhsph.edu/wp-content/uploads/2022/02/Opioid-Principles-Doc.pdf>

⁷ <https://www.dhs.wisconsin.gov/opioids/settlement-funds.htm>

⁸ <https://nashp.org/strategies-to-support-state-local-collaboration-on-opioid-settlement-spending/>

⁹ <https://www.michigan.gov/opioids/category-data>



To all the individuals and families, directly impacted by addiction and mental illness—**these dollars are different.**

To Black residents, who are dying from overdose at over twice the rate of White residents¹⁰— **these dollars are different.**

To rural communities and Indigenous populations, that experience the longest wait times for access to care¹¹—**these dollars are different.**

To the families of the nearly 3000 residents who died in 2022, due to overdose¹²— **these dollars are different.**

And to the families of the nearly 8 individuals who will die today in Michigan, from overdose¹³—**these dollars are different.**

Please take a moment to reflect on the fact that **these dollars are different**—they’re different to the communities you represent...and to the people who elected you to serve as their voice.

The reality is that people are dead...your constituents—are dead...and the impacts of the opioid epidemic continue to reverberate in every community throughout this state because we are still in a crisis—the effects of which will endure for generations.

While no amount of money can change the loss that our communities have experienced, what can be done is to honor, respect, and understand the reason behind these dollars.

There is a responsibility—of the highest order—to be intentional and conscientious of how opioid settlement funds are planned for, used, and managed—that means that every decision, every process, every program, and every practice, should be thoughtfully considered—to be inclusive of the community, representative of communities disproportionately impacted, and informed, by the experiences of individuals and families throughout this state, who have been directly—and deeply—impacted.

I have hope—that with an appreciation of this reality, and the unique expertise that exists in the Opioid Advisory Commission, the Opioids Task Force, the Department of Health and Human Services, our local and Tribal partners, and most importantly, within our communities, collaboration at all levels can occur, and a meaningful path forward can be achieved.

The people of this state deserve as much—and together we can do right. We can do better. And we can do more.

In honor of those who have lost their lives to addiction and mental illness, and those that work to prevent further losses, thank you for allowing me to address the committee today.

Cara Poland, MD, MEd, FACP, DFASAM
Chair, Opioid Advisory Commission

¹⁰ <https://www.michigan.gov/opioids/category-data>

¹¹ <https://www.michigan.gov/opioids/category-data>

¹² <https://www.michigan.gov/opioids/category-data>

¹³ An estimated daily average for state overdose fatalities was determined from 2022 provisional (annual) data, available via <https://www.michigan.gov/opioids/category-data>