OPIOID ADVISORY COMMISSION
P.O. Box 30036
Lansing, Michigan 48909-7536
Phone: (517)373-1893
FAX: (517)373-7668
OAC@legislature.mi.gov

Cara Anne Poland, MD, MEd, FACP, DFASAM
Chair, Opioid Advisory Commission
Testimony to the Appropriations Subcommittee on Medicaid and Behavioral Health
April 22, 2025 10:30AM

Testimony Provided By Dr. Poland on Behalf of the Opioid Advisory Commission:

Good morning, Chair VanWoerkom, Majority Vice Chair Green, Minority Vice Chair Rogers, members of the Committee, and members of the public. Thank you for inviting me to speak at the House Appropriations Subcommittee on Medicaid and Behavioral Health. I want to begin by thanking you for the opportunity to speak today and for your continued commitment to improving the health, safety, and well-being of Michiganders.

My name is Dr. Cara Poland. I am a board-certified and fellowship-trained addiction medicine expert with a focus on workforce development. I am the fellowship director for the Trinity Health Grand Rapids' Addiction Medicine Fellowship, where I practice clinically in an outpatient-based recovery medicine clinic. I am the Vice President of the American Society of Addiction Medicine and serve as the Advocacy and Public Policy Committee Co-Chair for the national association. I am also an Associate Professor at Michigan State University. I am speaking here today in my role as the Chair of Michigan's Opioid Advisory Commission, which I will refer to as the OAC.

The OAC is a non-partisan group of experts appointed by a combination of the Legislative and Executive Branches. The Commission first convened just over two and a half years ago as a non-partisan body housed in the Legislative Council with responsibility for advising the legislature on the appropriation of the State's share of the Opioid Settlement. We are now in the third year of receiving opioid settlement funds. These funds are anticipated to total nearly $800 million over 18 years in the State's share of the total $1.65 billion that Attorney General Nessel and her team litigated for Michigan and represent an extraordinary opportunity. More importantly, they also represent a **responsibility**. These dollars are different. These dollars are not part of our general fund. These dollars are not federal appropriations. These dollars are not state tax revenues. They were awarded to Michigan to remediate the harms of the opioid epidemic and address the broader addiction and mental health crisis, which has claimed the lives of thousands of Michiganders each year in recent memory.

And so today, I am here to talk about how we transition from opportunity to action and how we do so with **accountability, transparency, and effectiveness.**

Let's begin by discussing our roles. The Opioid Advisory Commission, as you may know, was established by Public Act 84 of 2022 and is responsible for recommending to the Governor, Legislature, and Attorney General the best ways to allocate opioid settlement funds. While we do

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not handle the funds directly, we evaluate their usage and offer guidance through our recommendations to both the legislative and executive branches to maximize their impact.

Our most recent report outlined three core appropriation recommendations I want to highlight today.

The **first**, and most urgent, is a statewide needs assessment.

This is a statutory requirement, not a suggestion. The law requires the OAC to report annually an assessment of statewide and regional needs before making recommendations. However, that needs assessment has not yet been funded or implemented.

We cannot close service gaps if we don't know where they are. We cannot measure impact if we don't have baselines. We need this information to utilize these dollars effectively.

Our recommendation is to appropriate funding to conduct a comprehensive, data-informed needs assessment that includes:

- Individualized county reports and to offer individualized reports to Michigan's Three Fires, including federally recognized Tribal Nations and Indigenous Urban Organizations.
- To reduce duplication and cost, draw from existing data and assessments where available, including shared data from MDHHS.
- Focus on community engagement, particularly involving individuals with lived and living experience.

This assessment is a foundational step toward equitable, evidence-based investment in alignment with the settlement terms and the OAC's statutory requirement to perform a detailed annual needs assessment.

Secondly, current annual programmatic appropriations must tie performance metrics to every dollar.

The relationship between the OAC and MDHHS is nascent, but promising. Over the last three weeks, we have established new conduits of early communication. The OAC also thinks it's promising that MDHHS has committed to building systems that connect spending with outcomes. That's encouraging, and we are aligned in that goal.

But right now, there is no publicly accessible information on where settlement dollars have gone over the past three years that includes outcomes-based measurement of what those investments have produced and what success looks like in measurable terms.

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We propose a joint commitment to transparency, including performance dashboards, regular updates, and clear metrics tied to program funding.

The OAC feels strongly that we cannot improve what we cannot see. And given that these dollars are different, we must hold ourselves accountable to a higher standard in alignment with the Bloomberg-Hopkins Principles, the national standard for addressing the use of the opioid settlement funds, with a focus on supporting the spirit of the opioid settlement funding, including respecting that these dollars are different.

To be clear, the OAC is not endorsing the Governor's proposed budget or the current budget plans presented by MDHHS. The OAC cannot support the proposed budget without detailed information on these appropriations. We urge this committee to request additional details on spending plans to ensure they align with statewide priorities and maximize the impact of these funds.

Third, Michigan should explore a long-term endowment. The settlement dollars will run out. The needs will not. Gaps will remain.

Therefore, we advocate for an effort to determine the potential benefits of the establishment of a sustainable endowment, to be managed by the Michigan Department of Treasury. The Attorney General's Office has verified that this allocation of funds is permissible. The House Fiscal Agency recommends the introduction of legislation to safeguard the intended purpose of this fund.

With an allocation of $282 million dollars deposited in the Opioid Healing and Recovery Fund and over $200 million currently available within the fund, there is a timely opportunity to explore the possibility of a long-term endowment. This endowment would serve multiple functions. The OAC encourages the legislature to consider putting aside money that is currently in the Opioid Healing and Recovery Fund into an endowment while we are waiting for the needs assessment and other assessments that will strategically guide future investments. Doing so would protect against future funding gaps to support services beyond the life of the settlement.

Additionally, an endowment would ensure that Michigan remains responsive and resilient in addressing addiction and behavioral health in the long term. To be clear, we are not proposing this instead of immediate investments. We are proposing it alongside them. We must invest today, but plan for tomorrow.

Since our advent, the OAC has strived for meaningful collaboration with MDHHS. At times, this has been challenging. I want to express my gratitude for MDHHS' recent positive engagement over the past few weeks.

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During this time, the Department has indicated its intent to utilize or has utilized funds to invest in transportation and housing infrastructure, build technical assistance for local governments, and support systematic change rather than one-time programs.

The OAC welcomes that direction. And is committed to working in partnership. However, collaboration must also include **clear communication, public reporting and engagement, and shared goals**.

Additionally, the OAC would greatly appreciate further clarity regarding the utilization of current and past funds. A detailed overview of the budget requests for this year and the three-year plan would be invaluable, particularly how the recommendations were developed, the anticipated impact of the proposed appropriations, and their alignment with MDHHS' broader strategy.

The OAC reiterates that it does not endorse the Governor's proposed budget or the current budget plans presented by MDHHS. Unless and until we have the opportunity to review detailed information regarding these appropriations and engage in meaningful dialogue around the specifics of the appropriations within each pillar, the OAC has not been furnished with sufficient information to provide the informed opinion necessary to fulfill its statutory obligations to the public and the legislature.

In conclusion, the state of Michigan has been entrusted with a once-in-a-generation opportunity to implement transformative investments aimed at addressing the opioid epidemic as well as the broader addiction and mental health crisis. However, in the absence of a clear and data-driven strategy, there exists a significant risk of failing to achieve our full potential.

The OAC's job is to ensure this doesn't happen.

Let's work together to honor the lives lost, invest in the lives that remain at risk, and establish systems that are deserving of Michigan's future. It is imperative that we recognize that these dollars are different and ensure they are utilized appropriately to support the health, safety, and well-being of Michiganders. By maintaining this focus at the forefront of decision-making – while also recognizing the unique nature of these funds – through meticulous planning, community engagement, transparency, and accountability, we can collectively guarantee that these funds are allocated in a safe and equitable manner.

Together we are stronger. Let's keep the focus on the health, safety, and well-being of Michiganders.

Thank you for your time, and I welcome your questions.

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