

Iowa's Opioid Settlements

The United States is in the **midst of a crisis** on its streets and in its communities as **overdoses, homelessness, and disorder reach record levels**. Yet settlement proceeds secured by the State of Iowa present an **unprecedented opportunity for generational investment** in treatment capacity for chronic substance abuse (CSA) and severe mental illness (SMI).

Iowa is set to receive **more than \$350 million** (\$361,606,769.44) in opioid settlement funds—equal to over 20 percent of the state's share of the monumental Tobacco Master Settlement Agreement.¹ With twenty separate settlements and with payments spread out over decades, the funds are **at risk of being squandered** through ad-hoc allocations to **diffuse and disorganized efforts**.

The state must ensure that this opportunity for treatment investment is not underutilized. **Iowa can make targeted investments in treatment capacity** that will **honor those who suffered** in the opioid crisis and **ensure accessible care** for decades to come.

Iowa wisely put the state legislature in charge of allocating the state's 50-percent share (\$188,727,264.63) of total settlement funds.² ⁱ This means the state can immediately start prioritizing investment in priorities that will have the largest impact. However, the state agreed with its subdivisions to allocate 75 percent of each party's share to the "Core Strategies" in the national settlements' "Exhibit E," which is a restrictive list of priorities.^{3,4} **The state should amend its Memorandum of Understanding to allow it to fund the priority investments below**. Further, final use of funds is unknown, as the state does not maintain a dashboard nor publish reports on allocations. **This lack of transparency must be remedied**.

The state must rein in the potential misallocation of these funds and prioritize investments in comprehensive treatment networks. **Three priorities** (Certified Community Behavioral Health Clinics, secure psychiatric beds, and community SMI/CSA response) **will ensure these funds have the largest impact** on Iowa.

ⁱ With the exception of the McKinsey and Publicis settlements, in which the state controls 100 percent of funds.

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs, designed to ensure access to coordinated comprehensive behavioral health care, have stable funding and are supported by all recent presidential administrations. CCBHCs are a key response to the opioid crisis and can augment other services such as police crisis response teams, homelessness outreach and services, and outpatient psychiatric commitment services.

- **Solution: Fund the development and expansion of CCBHCs.**
 - o Expand the CCBHC footprint with an emphasis on a team-based approach to co-occurring disorders.
 - o Create a stepped approach to SMI/CSA treatment with services provided by the CCBHCs.
 - o Require CCBHCs to offer specific care pathways to meet the needs of individuals with co-occurring disorders.

State Psychiatric Hospitals

Inpatient beds in secure facilities are critical for serving the highest-acuity psychiatric patients. Iowa currently has only **two state psychiatric beds** per 100,000 people for patients, with an unknown number serving forensic (i.e., criminal) populations instead of civil (i.e., non-criminal) populations.⁵ Treatment Advocacy Center recommends a rate of 30-60 beds per 100,000. Even counting non-public secure psychiatric beds, Iowa still falls short of the minimum.⁶ Secure beds are costly, but a necessary expenditure to protect patients with severe psychiatric disorders and the public at large.

- **Solution: Fund the expansion of civil psychiatric beds.**
 - o Invest in expanding state hospital capacity.
 - o Move forensic (criminal) commitments to a jail-based restoration facility.
 - o Apply for one of several Section 1115(a) waivers to expand Medicaid reimbursement for institutions for mental diseases.

Inpatient Stabilization Centers and Mobile Crisis Teams

Emergency departments (EDs) are supposed to be a last resort for times of true emergencies but are increasingly used for all types of immediate-need medical care. This is especially true for low- to medium-acuity mental health crises. In order for CCBHCs and state psychiatric bed expansions to have the largest impact, there must be an immediate triage of low-acuity patients from higher-need patients, or else investments in these facilities will be drowned out, overburdened, and underutilized by those that need them most, just like emergency departments.

- **Solution: Fund community-based mental health response resources.**
 - Expand community-based recovery centers, including voluntary short-term respite housing, especially for young adults.
 - Leverage CCBHC resources to develop comprehensive mobile crisis response teams in conjunction with police crisis intervention teams (CIT).
 - Support integration of community resources with crisis networks such as the Lifeline to support those in need or provide guidance for concerned loved ones.

IOWA

[Download all Iowa opioid settlement documents](#)

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STATE-CONTROLLED FUNDS	ALL FUNDS	2025 EOY FUNDS RECEIVED - STATE	2025 EOY FUNDS RECEIVED - ALL	Av. Receipt (All Funds) / Yr (*20)
\$188,727,264.63	\$361,606,769.44	\$70,182,215.21	\$124,932,982.62	\$18,080,338.47

2021 National Opioid Settlement

Iowa v. Distributors

- [Final Consent Judgment](#)
 - [Exhibit 1 "Distributor Settlement Agreement"](#)
 - [Exhibit 2 "Iowa Opioid Allocation Memorandum of Understanding"](#)
- State of Iowa, ex rel. Thomas J. Miller, Attorney General of Iowa, v. McKesson Corporation, et al., Iowa District Court for Polk County, Case No. EQCE 087455

Iowa v. Janssen

- [Final Consent Judgment](#)
 - [Exhibit 1 "Janssen Settlement Agreement"](#)
 - [Exhibit 2 "Iowa Opioid Allocation Memorandum of Understanding"](#)
- State of Iowa, ex rel. Thomas J. Miller, Attorney General of Iowa, v. Johnson & Johnson, et al., Iowa District Court for Polk County, Case No. EQCE087621

2022 National Opioid Settlement

Iowa v. CVS

- [Final Consent Judgment](#)
 - [Exhibit A "agreement dated as of December 9 2022"](#)
 - [Exhibit C "Iowa Opioid Allocation Memorandum of Understanding"](#)
- State of Iowa, ex rel. Brenna Bird, Attorney General of Iowa, v. CVS Health Corporation and CVS Pharmacy, Inc., Iowa District Court for Polk County, Case No. EQCE089557

Iowa v. Walgreens

- [Final Consent Judgment](#)
 - [Exhibit A "agreement dated as of December 9 2022"](#)
 - [Exhibit C "Iowa Opioid Allocation Memorandum of Understanding"](#)
- State of Iowa, ex rel. Brenna Bird, Attorney General of Iowa, v. Walgreen Co., Iowa District Court for Polk County, Case No. EQCE089557

Iowa v. Walmart

- [Final Consent Judgment](#)
 - [Exhibit A “agreement dated as November 14 2022”](#)
 - [Exhibit C “Iowa Opioid Allocation Memorandum of Understanding”](#)
- State of Iowa, ex rel. Brenna Bird, Attorney General of Iowa, v. Walmart Inc., Iowa District Court for Polk County, Case No. EQCE089557

Iowa v. Allergan

- [Final Consent Judgment](#)
 - [Exhibit A “Allergan Public Global Opioid Settlement Agreement”](#)
 - [Exhibit C “Iowa Opioid Allocation Memorandum of Understanding”](#)
- State of Iowa, ex rel. Brenna Bird, Attorney General of Iowa, v. Allergan Finance LLC and Allergan Limited, Iowa District Court in and for Polk County, Case No. EQCE089527

Iowa v. Teva

- [Final Consent Judgment](#)
 - [Exhibit A “Teva Global Opioid Settlement Agreement”](#)
 - [Exhibit C “Iowa Opioid Allocation Memorandum of Understanding”](#)
- State of Iowa, ex rel. Brenna Bird, Attorney General of Iowa, v. Teva Pharmaceutical Industries Ltd., et al., Iowa District Court in and for Polk County, Case No. EQCE089527

Other Coalition Opioid Settlements

Iowa v. McKinsey

- [Final Consent Judgment](#)
- [McKinsey Allocation Amounts](#)
- State of Iowa, ex rel. Thomas J. Miller, Attorney General, v. McKinsey & Company, Inc. United States, District Court in and for Polk County, Case No. EQCE 086468

Iowa v. Mallinckrodt

- [NOAT II Agreement](#)
- [Statewide Abatement Agreement](#)
- [Notice of Abatement Distribution](#)

Iowa v. Publicis

- [Final Consent Judgment](#)
- State of Iowa, ex rel. Brenna Bird, Attorney General of Iowa, v. Publicis Health, LLC, Iowa District Court for Polk County, Equity No. 05771 EQCE 089865

Iowa v. Endo

- [Global Public Trust Agreement](#)
- [Notice of Abatement Distribution](#)

2025 National Settlements

Iowa v. Purdue

- [missing documentation]
- State of Iowa, Thomas J. Miller, Attorney General of Iowa v. Purdue Pharma L.P., et al., Polk County District Court, Case No. EQCE 084514 [unconfirmed]

Iowa v. Mylan

- [missing documentation]

Iowa v. Hikma

- [missing documentation]

Iowa v. Amneal

- [missing documentation]

Iowa v. Apotex

- [missing documentation]

Iowa v. Indivior

- [missing documentation]

Iowa v. Sun Pharmaceuticals

- [missing documentation]

Iowa v. Alvogen

- [missing documentation]

Iowa v. Zydus

- [missing documentation]

Independent Settlements

¹ KFF. "Actual Tobacco Settlement Payments Received by the States (in millions)." Accessed 8 September 2025.

<https://www.kff.org/health-costs/state-indicator/tobacco-settlement-payments>.

² Iowa Code 2025, Section 12.51. Accessed 9 September 2025. <https://www.legis.iowa.gov/docs/code/2025/12.51.pdf>.

³ Iowa Opioid Allocation Memorandum of Understanding.

<https://drive.google.com/drive/u/1/folders/1T2jaKFNCO786Pa964InVjG1NS2GbJuLe>.

⁴ Exhibit E – List of Opioid Remediation Uses. https://drive.google.com/drive/u/1/folders/1Jz8--WpDiD_PVSI3Fq-yWfFAFk5JdpoT.

⁵ Treatment Advocacy Center, "Iowa Psychiatric Beds Report." 2023. <https://www.tac.org/wp-content/uploads/2023/10/iowabedsinformation.pdf>.

⁶ Silver, Shanti, "Estimating Psychiatric Bed Need in the United States," p. 2-4. Treatment Advocacy Center Office of Research and Public Affairs. January 2024. https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf.