

Maryland'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 Maryland present an **unprecedented opportunity for generational investment** in treatment capacity for chronic substance abuse (CSA) and severe mental illness (SMI).

Maryland is set to receive **more than \$750 million** (\$786,968,374.95) in opioid settlement funds—equal to nearly one-fourth 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. **Maryland 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.

The state is in control of only 30 percent of funds (\$236,090,512.53), with the remainder going to subdivisions.¹ This is a smaller state-controlled share than in other states and is split between the Secretary of the Department of Health, which must consider grant applications from subdivisions, and the Office of Overdose Response.^{2,3} **The state should amend the Memorandum of Understanding to reserve a greater portion of funds for allocation by the legislature.** This will prevent further misallocation of funds, such as a \$250 thousand grant for LGBTQ+ harm reduction in Baltimore City and \$500,000 for low-barrier health services for sex workers.⁴

The state must rein in the 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 Maryland.

¹ 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/SUD 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. Maryland currently has **0 state psychiatric beds** per 100,000 people available for civil (i.e., non-criminal) patients.^{5,6} Treatment Advocacy Center recommends a rate of 30-60 beds per 100,000. Even counting non-public secure psychiatric beds, Maryland still falls short of the minimum.⁷ Secure beds are a costly but 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 (IMDs).

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.

MARYLAND

[Download all Maryland 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)
\$236,090,512.53	\$786,968,374.95	\$87,257,182.15	\$290,857,273.92	\$39,348,418.75

2021 National Opioid Settlement

Maryland v. Distributors

- [Final Consent Judgment](#)
 - Exhibit A "Distributor Settlement Agreement"
- State of Maryland vs. McKesson Corporation, et al., Frederick Circuit Court, Case No. C-10-CV-22-000513

Maryland v. Janssen

- [Final Consent Judgment](#)
 - [Exhibit A "Janssen Settlement Agreement"](#)
- State of Maryland v. Janssen Pharmaceuticals, Inc., et al., Circuit Court for Frederick County, Maryland, Case No. C-10-CV-22-000512

2022 National Opioid Settlement

Maryland v. Walgreens

- [Final Consent Judgment](#)
 - [Exhibit A "agreement dated as of December 9 2022"](#)
- State of Maryland vs. Walgreen Co., Frederick Circuit Court, Case No. C-10-CV-24-000135

Maryland v. Walmart

- [Final Consent Judgment](#)
 - [Exhibit A "agreement dated as of November 14 2022"](#)
- State of Maryland v. Walmart, Inc., Frederick Circuit Court, Case No. C-10-CV-24-000141

Maryland v. Allergan

- [Final Consent Judgment](#)
 - [Exhibit A "Allergan Public Global Opioid Settlement Agreement"](#)
- State of Maryland v. Allergan Limited, and Allergan Finance, LLC, Circuit Court for Frederick County, Maryland, Case No. C-10-CV-24-000136

Maryland v. Teva

- [Final Consent Judgment](#)
 - [Exhibit A "Teva Global Opioid Settlement Agreement"](#)
- State of Maryland v. Teva Pharmaceuticals USA, Inc., and Teva Pharmaceutical Industries Ltd., Circuit Court for Frederick County, Maryland, Case No. C-10-CV-24-000140

Other Coalition Opioid Settlements

Maryland v. Kroger

- [Final Consent Judgment](#)
- [Exhibit A "agreement dated as of March 22 2024"](#)
- State of Maryland v. The Kroger Co., Frederick Circuit Court, Case No. C-10-CV-25-000420

Maryland v. McKinsey

- [Consent Judgment](#)
- [McKinsey Allocation Amounts](#)
- State of Maryland vs. McKinsey & Company Inc United States, Frederick Circuit Court, Case No. C-10-CV-21-000054

Maryland v. Mallinckrodt

- [NOAT II Agreement](#)
- [GPM Notice](#)
- [Notice of Abatement Distribution](#)
- [Notice of Abatement Distribution \(Ann Arundel County\)](#)
- [Notice of Abatement Distribution \(Baltimore City\)](#)
- [Notice of Abatement Distribution \(Baltimore County\)](#)
- [Notice of Abatement Distribution \(Montgomery County\)](#)
- [Notice of Abatement Distribution \(Prince George's County\)](#)

Maryland v. Publicis

- [Consent Judgment](#)
- State of Maryland v. Publicis Health, LLC, Circuit Court for Frederick County, Maryland, Case No. C-10-CV-24-000075

Maryland v. Endo

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

2025 National Settlements

Maryland v. Purdue

- [missing documentation]
- Consumer Protection Division Office of the Attorney General v. Purdue Pharma L.P., et al., Consumer Protection Division of the Office of the Attorney General (Md.) / Office of Administrative Hearings, CPD Case No.: 311366, OAH Case No. 1923474 [unconfirmed]

Maryland v. Mylan

- [missing documentation]

Maryland v. Hikma

- [missing documentation]

Maryland v. Amneal

- [missing documentation]

Maryland v. Apotex

- [missing documentation]

Maryland v. Sun Pharmaceuticals

- [missing documentation]

Maryland v. Alvogen

- [missing documentation]

Maryland 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 State-Subdivision Agreement between the State of Maryland and Local Governments on Proceeds Relating to the Settlement of Opioids Litigation. <https://drive.google.com/drive/u/1/folders/1HAG1-O-8Uy1dYEK87qjkPKgvFSlyQky2>.

³ Maryland's Office of Overdose Response, "Use of ORF Funds." Accessed 15 September 2025.

<https://stopoverdose.maryland.gov/orf/use-of-funds/>.

⁴ Maryland's Office of Overdose Response, "Fiscal Year 2025 State Discretionary Abatement Fund Award Summary.

<https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2025/03/FY25-ORF-State-Discretionary-Abatement-Awards.pdf>.

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

⁶ United States Census Bureau, "2023 American Community Survey – Total Population."

[https://data.census.gov/table/ACS/SDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US\\$0400000](https://data.census.gov/table/ACS/SDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US$0400000).

⁷ 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.