

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

Nebraska is set to receive **more than \$200 million** (\$207,999,718.82) in opioid settlement funds—equal to over one-fifth of the state's share of the monumental Tobacco Master Settlement Agreement.¹ With twenty-one 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. **Nebraska 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.

Nebraska reserves 85 percent of settlement funds (\$178,614,224.92) for the state's share, held in the Nebraska Opioid Recovery Trust Fund, and the remainder is allocated to subdivisions.¹ Of the state's share, statute requires two priority allocations for first responder training and local overdose fatality review teams.² Following such allocations, statute requires that the Opioid Prevention and Treatment Cash Fund and the Opioid Treatment Infrastructure Fund be funded in a 1:3 ratio, and obligates \$3 million for the Treatment Fund.³ Therefore, it follows that the Infrastructure Fund is obligated to receive \$9 million per year.

The Opioid Treatment Infrastructure Cash Fund is statutorily limited to allocating funds for the purposes of "opioid use prevention and opioid treatment infrastructure projects as determined by the [D]ivision [of Behavioral Health of the Department of Health and Human Services]," including capital construction and renovation.⁴ Accordingly, **the state should amend this statute, expanding approved purposes to include treatment of SMI and co-**

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

occurring disorders. Overall, this requirement and statutory funding obligation strongly positions Nebraska for prioritizing high-impact projects.

If this statute is amended, the legislature can immediately 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 Nebraska.

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. Nebraska currently has only **9.8 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, Nebraska 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.**
 - o Expand community-based recovery centers, including voluntary short-term respite housing, especially for young adults.
 - o Leverage CCBHC resources to develop comprehensive mobile crisis response teams in conjunction with police crisis intervention teams (CIT).
 - o Support integration of community resources with crisis networks such as the Lifeline to support those in need or provide guidance for concerned loved ones.

NEBRASKA

[Download all Nebraska 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)
\$178,614,224.92	\$207,999,718.82	\$62,679,618.32	\$72,648,059.29	\$10,399,985.94

2021 National Opioid Settlement

Nebraska v. Distributors

- [Final Consent Judgment](#)
 - Exhibit A “Distributor Settlement Agreement” [p. 12]
 - Exhibit B “Attorney General of Nebraska’s Release of Opioid-Related Claims Pursuant to the Distributors Settlement Agreement” [p. 582]
- State of Nebraska, ex rel. Douglas J. Peterson, Attorney General, v. McKesson Corporation, et al., District Court of Lancaster County, Case No. 22-1175

Nebraska v. Janssen

- [Final Consent Judgment](#)
 - Exhibit A “Janssen Settlement Agreement” [p. 11]
 - Exhibit B “Attorney General’s Release of Opioid-Related Claims Pursuant to the Janssen Settlement Agreement” [p. 519]
- State of Nebraska, ex rel. Douglas J. Peterson, Attorney General, v. Johnson & Johnson, et al., District Court of Lancaster County, Case No. CI 22-1110

2022 National Opioid Settlement

Nebraska v. CVS

- [Final Consent Judgment](#)
 - Exhibit A “agreement dated as of December 9 2022” [p. 11]
- State of Nebraska, ex rel. Michael T. Hilgers, Attorney General, v. CVS Health Corporation, and CVS Pharmacy, Inc., District Court of Lancaster County, Case No. CI 24-346

Nebraska v. Walgreens

- [Final Consent Judgment](#)
 - Exhibit A “agreement dated as of December 9 2022” [p. 10]
 - Exhibit B “Attorney General’s Release of Opioid-Related Claims Pursuant to the Walgreens Settlement Agreement” [p. 834]
- State of Nebraska, ex rel. Michael T. Hilgers, Attorney General, v. Walgreens Co., District Court of Lancaster County, Case No. CI 24-351

Nebraska v. Walmart

- [Final Consent Judgment](#)
 - [Exhibit A “agreement dated as of November 14 2022”](#)
- State of Nebraska, ex rel. Michael T. Hilgers, Attorney General, v. Walmart, Inc., District Court of Lancaster County, Case No. CI 24-352

Nebraska v. Allergan

- [Final Consent Judgment](#)
 - Exhibit A “Allergan Public Global Opioid Settlement Agreement” [p. 11]
 - Exhibit B “Attorney General’s Release of Opioid-Related Claims Pursuant to the Allergan Public Global Opioid Settlement Agreement” [p. 567]
- State of Nebraska, ex rel. Michael T. Hilgers, Attorney General, v. Allergan Finance, LLC, and Allergan Limited, District Court of Lancaster County, Case No. CI 24-355

Nebraska v. Teva

- [Final Consent Judgment](#)
 - Exhibit A “Teva Global Opioid Settlement Agreement” [p. 11]
 - Exhibit B “Attorney General’s Release of Opioid-Related Claims Pursuant to the Teva Global Opioid Settlement Agreement” [p. 578]
- State of Nebraska, ex rel. Michael T. Hilgers, Attorney General, v. Teva Pharmaceutical Industries LTD., et al., District Court of Lancaster County, Case No. CI 24-356

Other Coalition Opioid Settlements

Nebraska v. Kroger

- [Final Consent Judgment](#)
 - Exhibit A “agreement dated as of March 22 2024” [p. 12]
 - Exhibit B “Attorney General’s Release of Opioid-Related Claims Pursuant to the Kroger Settlement Agreement” [p. 522]
- State of Nebraska, ex rel. Michael T. Hilgers, Attorney General, v. The Kroger Co., District Court of Lancaster County, Case No. 25 CI-324

Nebraska v. McKinsey

- [Final Consent Judgment](#)
- [McKinsey Allocation Amounts](#)
- State of Nebraska, ex rel. Douglas J. Peterson, Attorney General, v. McKinsey & Company, Inc., United States, District Court of Lancaster County, Case No. CI 21-457

Nebraska v. Mallinckrodt

- [GPM Notice](#)
- [NOAT II Agreement](#)
- [Notice of Abatement Distribution \(Douglas County\)](#)

Nebraska v. Publicis

- [Final Consent Judgment](#)
- State of Nebraska, ex rel. Michael T. Hilgers, Attorney General, v. Publicis Health, LLC, District Court of Lancaster County, Case No. CI 24-354

Nebraska v. Endo

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

2025 National Settlements

Nebraska v. Purdue

- [missing documentation]

Nebraska v. Mylan

- [missing documentation]

Nebraska v. Hikma

- [missing documentation]

Nebraska v. Amneal

- [missing documentation]

Nebraska v. Apotex

- [missing documentation]

Nebraska v. Indivior

- [missing documentation]

Nebraska v. Sun Pharmaceuticals

- [missing documentation]

Nebraska v. Alvogen

- [missing documentation]

Nebraska 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 Nebraska Revised Statute § 71-2490. <https://nebraskalegislature.gov/laws/statutes.php?statute=71-2490>.

³ Nebraska Revised Statute § 71-2490. <https://nebraskalegislature.gov/laws/statutes.php?statute=71-2490>.

⁴ Nebraska Revised Statute § 71-2492. <https://nebraskalegislature.gov/laws/statutes.php?statute=71-2492>.

⁵ Treatment Advocacy Center, "Nebraska Psychiatric Beds Report." 2024. https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf.

⁶ United States Census Bureau, "2023 American Community Survey – Total Population." [https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US\\$0400000](https://data.census.gov/table/ACSDT1Y2023.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.