



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

SB3475

Introduced 1/19/2022, by Sen. Sally J. Turner

#### SYNOPSIS AS INTRODUCED:

New Act  
30 ILCS 105/5.970 new

Creates the Opioid Litigation Proceeds Act. Establishes the Opioid Litigation Proceeds Fund as a special fund in the State treasury. Provides for the allocation of moneys to the Fund. Provides requirements for the use and disbursement of moneys in the Fund. Establishes the Opioid Litigation Proceeds Council. Provides for the membership of the Council and related requirements. Provides for the powers and duties of the Council and the Department of Public Health in relation to Council activities. Provides that the Council shall disburse moneys from the Fund in a manner consistent with the limitations on uses of litigation proceeds set forth in any controlling court order, with specified exceptions. Provides reporting requirements. Provides for the adoption of rules. Amends the State Finance Act to provide for the Opioid Litigation Proceeds Fund. Provides findings and purpose provisions. Defines terms.

LRB102 25255 RJF 34528 b

1 AN ACT concerning finance.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the Opioid  
5 Litigation Proceeds Act.

6 Section 5. Legislative findings; purpose.

7 (a) The General Assembly finds the following:

8 (1) Illinois anticipates the receipt of substantial  
9 payments based on legal claims made against manufacturers  
10 and distributors of prescription opioid analgesics,  
11 pharmacies that dispensed prescription opioid analgesics,  
12 and related parties for their alleged roles in  
13 contributing to the high rates of drug overdoses and other  
14 drug-related harms.

15 (2) Experience with the 1990s tobacco settlements  
16 suggests that, without firm commitment and planning, the  
17 opioid litigation proceeds may not be directed toward  
18 preventing and addressing substance use disorders,  
19 overdoses, and drug-related harms. Substance use  
20 disorders, overdoses, and drug-related harms have had a  
21 significant impact on the country and this State.

22 (3) According to the Centers for Disease Control and  
23 Prevention (CDC), over 94,000 drug overdose deaths

1 occurred in the United States in the 12 months ending in  
2 January 2021; the highest number of overdose deaths ever  
3 recorded in a 12-month period.

4 (4) It is estimated that the cost to society of the  
5 opioid misuse and overdose crisis in the United States  
6 from 2015 through 2018 was at least \$631,000,000,000. This  
7 estimate accounts for the use of illicit substances and  
8 includes costs associated with additional health care  
9 services for those impacted by opioid use disorder,  
10 premature mortality, criminal justice activities, child  
11 and family assistance programs, education programs, and  
12 lost productivity.

13 (5) In this State, drug overdoses continue to  
14 devastate our residents and communities and strain  
15 government resources, with a number people dying from  
16 unintentional drug overdoses.

17 (6) According to the Surgeon General, substance use  
18 disorders respond to treatment like other chronic  
19 diseases. Addiction can be managed successfully, and  
20 treatment enables people to counteract addiction's  
21 powerful disruptive effects on the brain and behavior and  
22 regain control of their lives. The chronic nature of the  
23 disease means that returning to substance use is not only  
24 possible but also likely, with symptom recurrence rates  
25 like those for other well-characterized chronic medical  
26 illnesses, such as diabetes, hypertension, and asthma.

1           (7) Addressing substance use disorders, overdoses, and  
2           drug-related harms will require dedicated resources and  
3           many years. Directing opioid litigation proceeds to  
4           establish, sustain, and expand substance use disorder  
5           abatement infrastructure, programs, services, supports,  
6           and resources for prevention, treatment, recovery, and  
7           harm reduction in Illinois will represent critically  
8           important progress towards the work to be done.

9           (b) It is the intent of the General Assembly through this  
10          Act:

11           (1) to maximize funds available to address the  
12           overdose crisis in this State by encouraging all relevant  
13           parties that have made legal claims against manufacturers  
14           and distributors of prescription opioid analgesics,  
15           pharmacies that dispensed prescription opioid analgesics,  
16           and related parties to participate in any final settlement  
17           of legal claims against such defendants into which this  
18           State may enter;

19           (2) to establish a dedicated Fund that is designated  
20           for substance use disorder abatement, including  
21           prevention, treatment, recovery, and harm reduction  
22           infrastructure, programs, services, supports, and  
23           resources. All proceeds received by the State arising out  
24           of legal claims made against manufacturers and  
25           distributors of prescription opioid analgesics, pharmacies  
26           that dispensed prescription opioid analgesics, and related

1 parties shall be deposited into the dedicated Fund;

2 (3) to ensure that proceeds deposited into the Fund:

3 (i) remain separate from the State General Revenue Fund;

4 (ii) do not lapse, do not revert to the General Revenue  
5 Fund, and are not otherwise subject to fiscal year

6 limitations; and (iii) are used only as intended for  
7 substance use disorder abatement, including prevention,  
8 treatment, recovery, and harm reduction infrastructure,  
9 programs, services, supports, and resources;

10 (4) that any distributions from the Fund supplement,  
11 and not supplant or replace, any existing or future local,  
12 State, or federal government funding for such  
13 infrastructure, programs, services, supports, and  
14 resources, including, but not limited to, insurance  
15 benefits, federal grant funding, and Medicaid and Medicare  
16 funds;

17 (5) that a council of geographically, racially, and  
18 ethnically diverse stakeholders be established to ensure  
19 robust and informed public involvement, accountability,  
20 and transparency in allocating and accounting for the  
21 moneys in the Fund;

22 (6) that the council have wide discretion regarding  
23 the types of substance use disorder abatement  
24 infrastructure, programs, services, supports, and  
25 resources that it may recommend and approve for funding,  
26 including, but not limited to, infrastructure,

1 evidence-based programs and services, promising practices  
2 with emerging evidence, and pilot programs reasonably  
3 expected to yield evidence of effectiveness; and

4 (7) that substance use disorder abatement  
5 infrastructure, programs, services, supports, and  
6 resources yield reductions in mortality and improvements  
7 in prevention, treatment, harm reduction, and recovery  
8 outcomes, and that recipients of distributions from the  
9 Fund measure and report outcomes associated with such  
10 distributions.

11 (c) It is also the intent of the General Assembly through  
12 this Act:

13 (1) that the requirements and protections set forth in  
14 this Act as applied to disbursement and allocation of  
15 proceeds of any State settlement of claims against a  
16 manufacturer or distributor of prescription opioid  
17 analgesics, pharmacy that dispensed prescription opioid  
18 analgesics, or related party apply to only those units of  
19 local government that execute an agreement to participate  
20 in such settlement and adhere to the terms of such  
21 agreement; and

22 (2) that moneys be disbursed from the Fund to both  
23 governmental and not-for-profit non-governmental  
24 entities.

25 Section 10. Definitions. As used in this Act:

1 "Conflict of interest" means a financial association  
2 involving a Council member or the member's immediate family  
3 that has the potential to influence a Council member's  
4 actions, recommendations, or decisions related to the  
5 disbursement of opioid litigation proceeds or other Council  
6 activity.

7 "Council" means the Opioid Litigation Proceeds Council  
8 established under Section 20.

9 "Evidence-based" means an activity, practice, program,  
10 service, support, or strategy that meets one of the following  
11 evidentiary criteria: (i) meta-analyses or systematic reviews  
12 have found the strategy to be effective; (ii) evidence from a  
13 scientifically rigorous experimental study, such as a  
14 randomized controlled trial, demonstrates the strategy is  
15 effective; or (iii) multiple observational studies from U.S.  
16 settings indicate the strategy is effective. As used in this  
17 definition, "effective" means an activity, practice, program,  
18 service, support, or strategy that helps individuals avoid the  
19 development and progression of substance use disorders or  
20 drug-related harms; reduces the adverse consequences of  
21 substance use among persons who use substances; or manages,  
22 slows the progression of, or supports recovery from a  
23 substance use disorder or co-occurring mental health disorder.

24 "Fund" means the Opioid Litigation Proceeds Fund  
25 established under Section 15.

26 "Harm reduction" means a program, service, support, or

1 resource that attempts to reduce the adverse consequences of  
2 substance use among persons who continue to use substances.  
3 Harm reduction addresses conditions that give rise to  
4 substance use, as well as the substance use itself, and may  
5 include, but is not limited to, syringe service programs,  
6 naloxone distribution, and education about Good Samaritan  
7 laws.

8 "Infrastructure" means the resources, such as personnel,  
9 buildings, or equipment, required for this State or a region  
10 or unit of local government thereof, or not-for-profit  
11 organizations therein, to provide substance use disorder  
12 prevention, treatment, recovery, and harm reduction programs,  
13 services, supports, and resources;

14 "Prevention" means primary, secondary, and tertiary  
15 efforts to avoid the development and progression of substance  
16 use disorders or drug-related harms. Primary prevention  
17 involves promoting positive youth development and helping  
18 individuals avoid the risk factors for, and development of,  
19 addictive behaviors through both universal and individualized  
20 efforts. Primary prevention incorporates efforts in support of  
21 individualized health care, including the safe prescribing of  
22 opioid and other controlled medications. Primary prevention  
23 also encompasses efforts to avoid adverse childhood  
24 experiences and to avoid or delay the onset of substance use  
25 among persons under 21 years of age. Secondary prevention  
26 consists of uncovering potentially harmful substance use prior



1 to the onset of problems or substance use disorder symptoms.  
2 Tertiary prevention entails treating the medical consequences  
3 of substance use and facilitating entry into substance use  
4 disorder treatment so further disability is minimized.  
5 Prevention strategies include continuing treatment and  
6 avoiding a return to substance use so that patients who have  
7 been treated successfully may remain in remission.

8 "Proceeds" means damages, penalties, attorneys' fees,  
9 costs, disbursements, refunds, rebates, or any other monetary  
10 payment made or paid by any defendant manufacturer or  
11 distributor of prescription opioid analgesics, pharmacy that  
12 dispensed prescription opioid analgesics, or related party to  
13 this State by reason of any judgment, consent decree, or  
14 settlement, after payment of any costs or fees required by  
15 court order.

16 "Recovery" means an active process of continual growth  
17 that addresses the biological, psychological, social, and  
18 spiritual disturbances inherent in addiction and includes the  
19 following factors:

20 (1) the goal of improved quality of life and enhanced  
21 wellness as identified by the individual;

22 (2) an individual's consistent pursuit of abstinence  
23 from the substances or behaviors towards which  
24 pathological pursuit had been previously directed or which  
25 could pose a risk for pathological pursuit in the future;

26 (3) relief of an individual's symptoms, including

1 substance craving;

2 (4) improvement of an individual's own behavioral  
3 control;

4 (5) enrichment of an individual's relationships,  
5 social connectedness, and interpersonal skills; and

6 (6) improvement in an individual's emotional  
7 self-regulation.

8 "Substance use disorder" means a pattern of use of alcohol  
9 or other substances that meets the applicable diagnostic  
10 criteria delineated in the Diagnostic and Statistical Manual  
11 of Mental Disorders (DSM-5) of the American Psychiatric  
12 Association, or in any subsequent editions.

13 "Supplement" means to add funding, consistent with Section  
14 15, for substance use disorder abatement infrastructure or a  
15 substance use disorder abatement program, service, support, or  
16 resource to ensure current year funding exceeds the sum of  
17 federal, State, and local funds allocated in the previous  
18 fiscal year enacted State budget for such substance use  
19 disorder abatement infrastructure, program, service, support,  
20 or resource.

21 "Treatment" means an evidence-based practice or service to  
22 intervene upon, care for, manage, slow progression of, or  
23 support recovery from a substance use disorder or co-occurring  
24 mental health disorder. Treatment is individualized to address  
25 each person's medical needs and includes, but is not limited  
26 to, screening for and diagnosing substance use disorders and

1 co-occurring mental or physical health disorders, as well as  
2 pharmacological and non-pharmacological therapeutic  
3 interventions for substance use disorders and co-occurring  
4 mental health disorders.

5 Section 15. Opioid Litigation Proceeds Fund.

6 (a) The Opioid Litigation Proceeds Fund is hereby  
7 established as a special fund in the State treasury. The Fund  
8 shall operate as a dedicated fund to be administered by the  
9 State Treasurer. Moneys in the Fund shall not revert to the  
10 General Revenue Fund of the State treasury. The State  
11 Treasurer is authorized to create sub-funds or sub-accounts as  
12 may be necessary or appropriate to implement the purposes of  
13 this Act.

14 (b) There shall be credited to the Fund:

15 (1) proceeds received by the State in connection with  
16 legal claims made against manufacturers and distributors  
17 of prescription opioid analgesics, pharmacies that  
18 dispensed prescription opioid analgesics, and related  
19 parties, regardless of whether such proceeds are received  
20 as a lump sum or series of payments to be made over a  
21 period of time;

22 (2) moneys appropriated by, or transferred to, the  
23 Fund by the General Assembly;

24 (3) gifts, donations, grants, bequests, and other  
25 moneys received by the State on the Fund's behalf; and

1 (4) any interest on moneys in the Fund.

2 (c) Moneys in the Fund shall be spent only for the  
3 following substance use disorder abatement purposes, upon the  
4 approval of the Council:

5 (1) statewide or community substance use disorder  
6 needs assessments to identify structural gaps and needs to  
7 inform expenditures from the Fund;

8 (2) infrastructure required for evidence-based  
9 substance use disorder prevention, treatment, recovery, or  
10 harm reduction programs, services, and supports;

11 (3) programs, services, supports, and resources for  
12 evidence-based substance use disorder prevention,  
13 treatment, recovery, or harm reduction;

14 (4) law enforcement agency programs, services,  
15 supports, and resources for substance use disorder  
16 abatement and prevention;

17 (5) evidence-informed substance use disorder  
18 prevention, treatment, recovery, or harm reduction pilot  
19 programs or demonstration studies that are not  
20 evidence-based but are approved by the Council as an  
21 appropriate use of moneys for a limited period of time as  
22 specified by the Council. In considering evidence-informed  
23 pilot programs and demonstration studies, the Council  
24 shall assess whether the emerging evidence supports  
25 distribution of moneys for such uses, or otherwise whether  
26 there is a reasonable basis for funding such uses with the

1 expectation of creating an evidence base for such uses;

2 (6) evaluations of effectiveness and outcomes  
3 reporting for substance use disorder abatement  
4 infrastructure, programs, services, supports, and  
5 resources for which moneys from the Fund were disbursed,  
6 such as impact on access to harm reduction services or  
7 treatment for substance use disorders, or reduction in  
8 drug-related mortality;

9 (7) one or more data interfaces managed by the State,  
10 an agency thereof, or law enforcement agencies, to  
11 aggregate, track, and report, free of charge and available  
12 online to the public, data on substance use disorder,  
13 overdoses, and drug-related harms; spending  
14 recommendations, plans, and reports; and outcomes of  
15 programs, services, supports, and resources for which  
16 moneys from the Fund were disbursed;

17 (8) expenses incurred in administering and staffing  
18 the Fund and the Council; provided that such expenses  
19 shall not exceed 8% of the Fund's balance on an annual  
20 basis; and

21 (9) expenses associated with managing, investing, and  
22 disbursing moneys in the Fund; provided that such expenses  
23 shall not exceed 2% of the Fund's balance on an annual  
24 basis.

25 (d) For purposes of paragraphs (8) and (9) of subsection  
26 (c), the Fund balance shall be determined by December 31 of

1 each year.

2 (e) Unless otherwise required by controlling court order  
3 to refund to the federal government a portion of the proceeds,  
4 moneys in the Fund shall be used for prospective purposes and  
5 shall not be used to reimburse expenditures incurred prior to  
6 the effective date of this Act.

7 (f) Proceeds derived from any State settlement of claims  
8 against a manufacturer or distributor of prescription opioid  
9 analgesics, pharmacy that dispensed prescription opioid  
10 analgesics, or related party shall be allocated and disbursed  
11 only to those units of local government that execute an  
12 agreement to participate in such settlement and adhere to the  
13 terms of such agreement. This restriction shall not preclude  
14 nor limit the allocation and disbursement of such settlement  
15 proceeds for the benefit of persons within units of local  
16 government that do not execute an agreement to participate in  
17 such settlement or do not adhere to the terms of such  
18 agreement.

19 (g) Moneys in the Fund shall be disbursed to both  
20 governmental and not-for-profit non-governmental entities.

21 (h) Fund disbursements shall be made by the State  
22 Treasurer upon the approval of the Council. The State  
23 Treasurer shall not make or refuse to make any disbursement  
24 allowable under this subsection (h) without the approval of  
25 the Council. The State Treasurer shall adhere to the Council's  
26 decisions regarding disbursement of moneys from the Fund so

1 long as such disbursement is a permissible expenditure under  
2 subsection (c). The State Treasurer's role in the distribution  
3 of moneys as approved by the Council shall be ministerial and  
4 not discretionary.

5 (i) Moneys expended from the Fund for the purposes set  
6 forth in subsection (c) shall be supplemental to, and shall  
7 not supplant or take the place of, any other funds, including  
8 insurance benefits or local, State, or federal funding, that  
9 would otherwise have been expended for such purposes. The  
10 State Treasurer shall not disburse moneys from the Fund during  
11 any State fiscal year unless the Governor and the leaders of  
12 each house of the General Assembly transmit to the Council a  
13 letter verifying that funds appropriated and allocated in such  
14 fiscal year's State budget for substance use disorder  
15 abatement infrastructure, programs, services, supports, and  
16 resources for prevention, treatment, recovery, and harm  
17 reduction are no less than the sum of the funds for such  
18 purposes appropriated and allocated in the previous fiscal  
19 year's State budget. All funds appropriated for substance use  
20 disorder abatement infrastructure, programs, services,  
21 supports, and resources for prevention, treatment, recovery,  
22 and harm reduction shall be made available for disbursement  
23 during the fiscal year for which they are appropriated and if  
24 not fully expended, shall be made available in each subsequent  
25 fiscal year until fully expended.

26 (j) The State Treasurer shall have the responsibility for

1 the investment and reinvestment of moneys in the Fund. On or  
2 before December 31 each year, the State Treasurer shall issue  
3 a public report, free of charge and available online,  
4 specifying:

5 (1) an inventory of Fund investments as of the  
6 issuance of the report;

7 (2) the net income the Fund earned for the prior  
8 fiscal year;

9 (3) the dollar amount and the percentage of the Fund  
10 balance incurred for expenses of administering and  
11 staffing the Fund and the Council during the prior fiscal  
12 year; and

13 (4) the dollar amount and the percentage of the Fund  
14 balance incurred for expenses associated with managing,  
15 investing, and disbursing moneys in the Fund during the  
16 prior fiscal year.

17 Section 20. Opioid Litigation Proceeds Council.

18 (a) There is established the Opioid Litigation Proceeds  
19 Council.

20 (b) The purpose of the Council is to ensure that proceeds  
21 received by this State pursuant to Section 15 are allocated  
22 and spent on State substance use disorder abatement  
23 infrastructure, programs, services, supports, and resources  
24 for prevention, treatment, recovery, and harm reduction, and  
25 to ensure robust public involvement, accountability, and



1 transparency in allocating and accounting for the moneys in  
2 the Fund.

3 (c) Members of the Council shall be appointed as follows:

4 (1) The Council shall be composed of 14 voting members  
5 and one non-voting ex officio member. The Director of  
6 Public Health shall serve as the non-voting ex officio  
7 member.

8 (2) Voting members must be residents of this State.

9 (3) A Council Chair, who shall be a member of the  
10 Council in addition to those appointed under paragraphs  
11 (4) and (5), shall be appointed by the Governor.

12 (4) The Council shall be further appointed as follows:

13 (A) one member appointed by the Attorney General;

14 (B) two members of an association representing  
15 Illinois counties appointed by the Governor;

16 (C) one member who is a medical professional with  
17 experience working with the U.S. Department of  
18 Veterans Affairs appointed by the Director of  
19 Veterans' Affairs; and

20 (D) five members appointed by the Director of  
21 Public Health, upon application to and approval by the  
22 Director of Public Health.

23 (5) The Council shall also consist of 4 members of the  
24 General Assembly appointed one each by the Speaker of the  
25 House of Representatives, the Minority Leader of the House  
26 of Representatives, the President of the Senate, and the

1 Minority Leader of the Senate. The requirements of  
2 subsections (d), (e), and (g) shall not apply to members  
3 of the General Assembly appointed under this paragraph  
4 (5).

5 (d) The appointment of members to the Council shall  
6 account for the following requirements:

7 (1) Council membership shall include persons who have  
8 experience in providing substance use disorder prevention,  
9 treatment, recovery, and harm reduction services;

10 (2) Council membership shall include persons, to the  
11 extent practicable, who have expertise, experience, or  
12 education in public health policy or research; medicine;  
13 mental health services; or public budgeting;

14 (3) Council membership shall also include individuals  
15 with lived experience with substance use disorder  
16 recovery; family members of persons who have, or decedents  
17 who had, a substance use disorder; and representatives of  
18 communities that have been disproportionately impacted by  
19 substance use and disparities in access to care or health  
20 outcomes; and

21 (4) Council membership shall represent the geographic  
22 regions of the State and shall include persons who reflect  
23 the racial and ethnic diversity of the State.

24 (e) Council membership terms of office shall be as  
25 follows:

26 (1) Upon creation of the Council, the members

1 appointed under subsections (c) (4) (C) and (c) (4) (D) shall  
2 serve an initial 2-year term, and the members appointed  
3 under subsections (c) (3), (c) (4) (A), and (c) (4) (B) shall  
4 serve an initial one-year term to enable the staggering of  
5 terms.

6 (2) With the exception of the initial terms  
7 established in paragraph (1) of this subsection (e), each  
8 appointed member of the Council shall serve a 3-year term.  
9 The beginning of an initial term shall be deemed to be  
10 January 1 of the calendar year in which the appointment  
11 occurs, regardless of whether the actual appointment date  
12 occurs before or after January 1 of that year.

13 (f) If there is a vacancy in the Council membership, the  
14 vacancy shall be filled in the manner of the original  
15 appointment for the remainder of the term. For the purposes of  
16 reappointment, any partial term filled after a vacancy shall  
17 be considered a full term.

18 (g) A Council member shall serve no more than 2 terms.

19 (h) Any member who is appointed may be removed by the  
20 appointing authority for failure to attend at least one-half  
21 of the scheduled meetings in any one-year period, or for  
22 unethical, dishonest, or bad faith conduct.

23 (i) Council duties and powers.

24 (1) The Council shall have the following powers and  
25 duties:

26 (A) recommend and approve policies and procedures

1 for administration of the Council and for the  
2 application, awarding, and disbursement of moneys from  
3 the Fund, to be used for the purposes set forth in  
4 subsection (c) of Section 15;

5 (B) recommend and approve goals, objectives and  
6 their rationales, sustainability plans, and  
7 performance indicators relating to: (i) substance use  
8 disorder prevention, treatment, recovery, and harm  
9 reduction efforts; (ii) reducing disparities in access  
10 to prevention, treatment, recovery, and harm reduction  
11 programs, services, supports, and resources; and (iii)  
12 improving health outcomes in traditionally underserved  
13 populations, including, but not limited to, those who  
14 live in rural or tribal communities, persons of color,  
15 and formerly incarcerated individuals;

16 (C) approve awards of moneys from the Fund  
17 exclusively for permissible expenditures set forth in  
18 subsection (c) of Section 15; and

19 (D) approve suspensions of allocations of moneys  
20 from the Fund to recipients found by the Council or the  
21 Department of Public Health to be substantially out of  
22 compliance with: (i) Council policies or procedures;  
23 (ii) the policies, procedures, or rules of the  
24 Department of Public Health; or (iii) the approved  
25 purpose or use of such monetary awards. The Council  
26 may resume approval of such allocations once the

1 Council or the Department of Public Health has  
2 determined the recipient has adequately remedied the  
3 cause of such suspension.

4 (2) The Council shall approve allocations of moneys  
5 from the Fund across the State, considering the following  
6 criteria, among others:

7 (A) the number of people per capita with a  
8 substance use disorder in a county or region of the  
9 State;

10 (B) disparities in access to care in a county or  
11 region of the State that may preclude persons with a  
12 substance use disorder from obtaining a diagnosis or  
13 receiving evidence-based treatment;

14 (C) the number of overdose deaths per capita in a  
15 county or region of the State;

16 (D) the infrastructure, programs, services,  
17 supports, or other resources currently available to  
18 individuals with substance use disorders in a county  
19 or region of the State; and

20 (E) disparities in access to care and health  
21 outcomes in a county or region of the State.

22 (j) The Department of Public Health shall have the  
23 following powers and duties with respect to the Council:

24 (1) employ a full-time executive director of the  
25 Council to plan and support the meetings and functions of  
26 the Council and direct the day-to-day activities required

1 to ensure that proceeds received by this State under  
2 subsection (b) of Section 15 are allocated and spent on  
3 State substance use disorder abatement infrastructure,  
4 programs, services, supports, and resources for  
5 prevention, treatment, recovery, and harm reduction, and  
6 to ensure robust public involvement, accountability, and  
7 transparency in allocating and accounting for the moneys  
8 in the Fund;

9 (2) provide public health research and policy  
10 expertise, support staff, facilities, technical  
11 assistance, and other resources to assist the executive  
12 director of the Council with the meetings and functions of  
13 the Council and the day-to-day activities required to  
14 ensure that proceeds received by this State under  
15 subsection (b) of Section 15 are allocated and spent on  
16 State substance use disorder abatement infrastructure,  
17 programs, services, supports, and resources for  
18 prevention, treatment, recovery, and harm reduction; and  
19 to ensure robust public involvement, accountability, and  
20 transparency in allocating and accounting for the monies  
21 in the Fund;

22 (3) utilize, where feasible, appropriations from the  
23 General Revenue Fund and existing infrastructure,  
24 programs, services, supports, or other resources to  
25 address substance use disorders, overdoses, and  
26 drug-related harms in the State;

1           (4) prepare for review and approval by the Council  
2 goals, objectives and their rationales, sustainability  
3 plans, and performance indicators relating to substance  
4 use disorder prevention, treatment, recovery, and harm  
5 reduction efforts and reducing disparities in access to  
6 prevention, treatment, recovery, and harm reduction  
7 programs, services, supports, and resources;

8           (5) evaluate applications and recommend to the Council  
9 awards and disbursements of moneys from the Fund  
10 exclusively for permissible expenditures set forth in  
11 subsection (c) of Section 15;

12           (6) maintain oversight over the expenditure of moneys  
13 from the Fund to ensure moneys are used exclusively for  
14 the purposes set forth in subsection (c) of Section 15;

15           (7) recommend to the Council suspensions of  
16 allocations of moneys from the Fund to recipients found by  
17 the Department of Public Health to be out of compliance  
18 with: (i) Council policies or procedures; (ii) the  
19 policies, procedures, or rules of the Department of Public  
20 Health; or (iii) the approved purpose or use of such  
21 monetary awards;

22           (8) require recipients of moneys from the Fund to  
23 provide an annual report to the Council detailing the  
24 effectiveness of infrastructure, programs, services,  
25 supports, and resources funded, including, at a minimum:  
26 (i) how the recipient used the moneys for their intended

1 purposes; (ii) the number of individuals served by race,  
2 age, gender, or other demographic factor reported in a  
3 de-identified manner; (iii) a specific analysis of whether  
4 the infrastructure, program, service, support, or  
5 resources reduced mortality or improved prevention,  
6 treatment, harm reduction, or recovery outcomes; and (iv)  
7 if a plan to ensure the sustainability of the  
8 infrastructure, program, service, support, or resources  
9 funded exists, a summary of such plan;

10 (9) implement and publish on the Council or Department  
11 of Public Health's website, policies and procedures for  
12 administration of the Council and for the application,  
13 awarding, and disbursement of moneys from the Fund, to be  
14 used for the purposes set forth in subsection (c) of  
15 Section 15; and

16 (10) publish on the Council and Department of Public  
17 Health's website an annual report, free of charge and  
18 available online to the public, of the Council's  
19 activities and effectiveness pursuant to Section 30.

20 (k) The Council shall hold at least 4 public meetings per  
21 year. A meeting may be called by the chair or by a majority of  
22 the Council's members. Members may attend meetings in person,  
23 remotely by audio-visual means, or, upon approval by the  
24 chair, by audio-only means. Meetings shall be publicized and  
25 held in a manner reasonably designed to facilitate in-person  
26 and live-stream attendance by residents throughout the State.



1 The Council shall function in a manner consistent with the  
2 Open Meetings Act and with the federal Americans with  
3 Disabilities Act.

4 (l) For each meeting of the Council, a majority of the  
5 appointed voting members shall constitute a quorum for the  
6 transaction of business. If there is a quorum, then all  
7 actions of the Council shall be taken by an affirmative vote of  
8 a majority of the members present at the meeting. Each voting  
9 member shall have one vote.

10 (m) Members of the Council shall receive no compensation  
11 for serving as members, but may be reimbursed for their actual  
12 and necessary expenses incurred in carrying out their duties  
13 as members of the Council.

14 (n) Members must disclose to the Council, refrain from  
15 participating in discussions, and recuse themselves from  
16 voting on any matter before the Council if members have a  
17 conflict of interest.

18 (o) The Council will terminate when all moneys received  
19 pursuant to subsection (b) of Section 15 have been received  
20 and disbursed, unless the Attorney General certifies that  
21 additional moneys are anticipated.

22 (p) The Council shall create and maintain a website, free  
23 of charge and available to the public, which shall include, at  
24 a minimum, Council meeting attendance rolls and minutes,  
25 including, but not limited to: (i) records of all votes on  
26 expenditures of moneys from the Fund; (ii) recipient

1 agreements and reports required under paragraph (8) of  
2 subsection (j); (iii) policies and procedures approved by the  
3 Council; (iv) Council-related policies, procedures, and rules,  
4 adopted by Council; and the Council's annual reports.

5 Section 25. Court order.

6 (a) Except as provided in subsection (b), the Council  
7 shall disburse moneys from the Fund in a manner consistent  
8 with the limitations on uses of litigation proceeds set forth  
9 in any controlling court order.

10 (b) If a controlling court order permits expenditures  
11 other than or in excess of expenditures authorized under  
12 subsection (c) of Section 15, the Council shall adhere to the  
13 limitations on use of moneys set forth in subsection (c) of  
14 Section 15. If subsection (c) of Section 15 permits  
15 expenditures other than or in excess of those authorized in a  
16 controlling court order, the Council shall adhere to the  
17 limitations on use of moneys set forth in the court order. If a  
18 controlling court order allocates litigation proceeds among  
19 counties or regions of this State, paragraph (2) of subsection  
20 (i) of Section 20 shall not apply, and the Council shall  
21 disburse moneys from the Fund according to the allocations set  
22 forth in the court order.

23 Section 30. Reporting.

24 (a) Not later than December 31 of each year, beginning one

1 year after the initial deposit of proceeds into the Fund, the  
2 Department of Public Health, in consultation with the Council,  
3 shall provide a written report to the Governor and the General  
4 Assembly detailing the Council's activities during the prior  
5 calendar year. The report shall be published on the website of  
6 the Council and the Department of Public Health.

7 (b) The written annual report on the Council's activities  
8 shall include, at a minimum:

9 (1) the opening and closing balance of the Fund for  
10 the calendar year;

11 (2) an accounting of all credits to, and expenditures  
12 from, the Fund;

13 (3) the name and a description of each recipient of  
14 moneys from the Fund, and the amount awarded to such  
15 recipient;

16 (4) a description of each award's intended use,  
17 including the specific program, service, or resource  
18 funded, the population served, and the measures that the  
19 recipient will use to assess the impact of the award;

20 (5) the primary criteria used to determine each  
21 recipient and its respective award amount;

22 (6) a summary of information included in the recipient  
23 report required under paragraph (8) of subsection (j) of  
24 Section 20;

25 (7) all applications for an award of moneys from the  
26 Fund received during the calendar year;

1           (8) a description of any finding or concern as to  
2 whether all moneys disbursed from the Fund, other than  
3 expenses authorized under paragraphs (8) and (9) of  
4 subsection (c) of Section 15, supplemented, and did not  
5 supplant or replace, any existing or future local, State,  
6 or federal government funding; and

7           (9) the performance indicators and progress toward  
8 achieving the goals and objectives developed under  
9 subparagraph (B) of paragraph (1) of subsection (i) of  
10 Section 20, including metrics on improving outcomes and  
11 reducing mortality and other harms related to substance  
12 use disorders.

13           Section 35. Rules. The Department of Public Health shall  
14 adopt rules for the implementation of this Act, including, but  
15 not limited to, guidelines and requirements related to  
16 providing staff, facilities, technical assistance, and other  
17 resources to assist with the meetings and functions of the  
18 Council.

19           Section 100. The State Finance Act is amended by adding  
20 Section 5.970 as follows:

21           (30 ILCS 105/5.970 new)

22           Sec. 5.970. The Opioid Litigation Proceeds Fund.