On page 1 of the printed bill, line 2, after the semicolon insert “creating new provisions; and”.

On page 4, after line 16, insert:

“SECTION 4. As used in sections 4 to 6 of this 2022 Act:

“(1) ‘Distributor Settlement Agreement’ means the settlement agreement between the State of Oregon and participating subdivisions and McKesson, Cardinal and AmerisourceBergen dated as of July 21, 2021, and any revision thereto.


“(3) ‘Participating subdivisions’ means cities and counties in this state with populations of at least 10,000 residents.

“SECTION 5. (1) The Opioid Settlement Prevention, Treatment and Recovery Fund is established in the State Treasury, separate and distinct from the General Fund, consisting of moneys, other than attorney fees and costs, paid to the state pursuant to:

“(a) The Distributor Settlement Agreement;

“(b) The Janssen Settlement Agreement; and

“(c) Judgments or settlements identified by the Attorney General as arising from the liability of distributors of opioids, manufacturers of opioids, pharmacies for the selling of opioids or the consultants, agents or associates of distributors, manufacturers or pharmacies.

“(2) Moneys in the fund are continuously appropriated to the Oregon Health Authority for the purpose of administering the Opioid Settlement Prevention, Treatment and Recovery Board and for the allocation of moneys as directed by the board in accordance with section 6 of this 2022 Act.

“SECTION 6. (1) The Opioid Settlement Prevention, Treatment and Recovery Board is created in the Oregon Health Authority for the purpose of determining the allocation of funding from the Opioid Settlement Prevention, Treatment and Recovery Fund established in section 5 of this 2022 Act. The board consists of:

“(a) The following members appointed by the Governor:

“(A) A policy advisor to the Governor;

“(B) A representative of the Department of Justice;

“(C) A representative of the Oregon Health Authority; and

“(D) A representative of the Department of Human Services;

“(b) The Director of the Alcohol and Drug Policy Commission or the director’s designee;
“(c) The chairperson of the Oversight and Accountability Council established in ORS 430.388 or the chairperson’s designee;

“(d) The following members appointed by the Governor from a list of candidates provided by the Association of Oregon Counties and the League of Oregon Cities or the successor organizations to the Association of Oregon Counties and the League of Oregon Cities:

“(A) An individual representing Clackamas, Washington or Multnomah County;

“(B) An individual representing Clatsop, Columbia, Coos, Curry, Jackson, Josephine, Lane or Yamhill County;

“(C) An individual representing the City of Portland;

“(D) An individual representing a city with a population above 10,000 residents as of July 21, 2021;

“(E) An individual representing a city with a population at or below 10,000 residents as of July 21, 2021; and

“(F) A representative of the Oregon Coalition of Local Health Officials or its successor organization;

“(e) The following members appointed by the Governor from a list of candidates provided by the members described in paragraphs (a) to (d) of this subsection:

“(A) A representative of a community mental health program;

“(B) An individual who has experienced a substance use disorder or a representative of an organization that advocates on behalf of individuals with substance use disorders;

“(C) An individual representing law enforcement, first responders or jail commanders or wardens;

“(f) A member of the House of Representatives appointed by the Speaker of the House of Representatives, who shall be a nonvoting member of the board;

“(g) A member of the Senate appointed by the President of the Senate, who shall be a nonvoting member of the board; and

“(h) The State Court Administrator or the administrator's designee, who shall be a nonvoting member of the board.

“(2) The Governor shall select from the members described in subsections (1)(a), (b) and (c) of this section one cochairperson to represent state entities, and the members described in subsection (1)(d) of this section shall select from one of their members a cochairperson to represent cities or counties.

“(3) The term of each member of the board who is not an ex officio member is four years, but a member serves at the pleasure of the appointing authority. Before the expiration of a member's term, the appointing authority shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term.

“(4) Decision-making by the board shall be based on consensus and supported by at least a majority of the members. The board shall document all objections to board decisions.

“(5) The board shall conduct at least four public meetings in accordance with ORS 192.610 to 192.690, which shall be publicized to facilitate attendance at the meetings and during which the board shall receive testimony and input from the community. The board shall also establish a process for the public to provide written comments and proposals at each meeting of the board.
“(6) In determining the allocation of moneys from the Opioid Settlement Prevention, Treatment and Recovery Fund:

“(a) No more than five percent of the moneys may be spent on administering the board and the fund.

“(b) A portion of the moneys shall be allocated toward a unified and evidence-based state system for collecting, analyzing and publishing data about the availability and efficacy of substance use prevention, treatment and recovery services statewide.

“(c) Moneys remaining after allocations in accordance with paragraphs (a) and (b) of this subsection shall be allocated for funding statewide and regional programs identified in the Distributor Settlement Agreement, the Janssen Settlement Agreement and any other judgment or settlement described in section 5 (1)(c) of this 2022 Act, including but not limited to:

“(A) Programs that use evidence-based or evidence-informed strategies to treat opioid use disorders and any co-occurring substance use disorders or mental health conditions;

“(B) Programs that use evidence-based or evidence-informed strategies to support individuals in recovery from opioid use disorders and any co-occurring substance use disorders or mental health conditions;

“(C) Programs that use evidence-based or evidence-informed strategies to provide connections to care for individuals who have or are at risk of developing opioid use disorders and any co-occurring substance use disorders or mental health conditions;

“(D) Programs that use evidence-based or evidence-informed strategies to address the needs of individuals with opioid use disorders and any co-occurring substance use disorders or mental health conditions and who are involved in, at risk of becoming involved in, or in transition from, the criminal justice system;

“(E) Programs that use evidence-based or evidence-informed strategies to address the needs of pregnant or parenting women with opioid use disorders and any co-occurring substance use disorders or mental health conditions, and the needs of their families, including babies with neonatal abstinence syndrome;

“(F) Programs that use evidence-based or evidence-informed strategies to support efforts to prevent over-prescribing of opioids and ensure appropriate prescribing and dispensing of opioids;

“(G) Programs that use evidence-based or evidence-informed strategies to support efforts to discourage or prevent misuse of opioids;

“(H) Programs that use evidence-based or evidence-informed strategies to support efforts to prevent or reduce overdose deaths or other opioid-related harms;

“(I) Programs to educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with users of fentanyl or other opioids;

“(J) Programs to provide wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events;

“(K) Programs to support efforts to provide leadership, planning, coordination, facilitation, training and technical assistance to abate the opioid epidemic through activities, programs or strategies; or

“(L) Funding to support opioid abatement research.

“(d) The board shall be guided and informed by:

“(A) The comprehensive addiction, prevention, treatment and recovery plan developed by the Alcohol and Drug Policy Commission in accordance with ORS 430.223;
“(B) The board’s ongoing evaluation of the efficacy of the funding allocations;
“(C) Evidence-based and evidence-informed strategies and best practices;
“(D) Input the board receives from the public;
“(E) Equity considerations for underserved populations; and
“(F) The terms of the settlement agreements.
“(7) The Oregon Health Authority shall provide staff support to the board.

SECTION 7. Notwithstanding the term of office specified by section 6 of this 2022 Act, of the members first appointed by the Governor to the Opioid Settlement Prevention, Treatment and Recovery Board:
“(1) Four shall serve for terms ending January 2, 2024;
“(2) Four shall serve for terms ending January 2, 2025; and
“(3) Five shall serve for terms ending January 2, 2026.

SECTION 8. Sections 4 to 7 of this 2022 Act are repealed on January 2, 2040.”.