April 9, 2021: State Advocacy Update

Kentucky and Virginia enact opioid litigation abatement laws

Funds from opioid-related litigation will be earmarked to public health uses in Kentucky and Virginia thanks to efforts by the state medical societies in those states. The bills, Kentucky Assembly Bill 427 and Virginia Senate Bill 2322 (PDF), direct the state to establish separate accounts for any monies received from opioid-related litigation.

Both laws create a separate state authority to direct funds for specific uses. In Virginia, efforts must “be designed to treat, prevent or reduce opioid use disorder (OUD) or the misuse of opioids or otherwise abate or remediate the opioid epidemic.” The Virginia law identifies 10 broad categories for funding, including those that:

- Support treatment of opioid use disorder and any co-occurring substance use disorder or mental health conditions through evidence-based or evidence-informed methods, programs or strategies.
- Support drug treatment and recovery courts that provide evidence-based or evidence-informed options for people with opioid use disorder and any co-occurring substance use disorder or mental health conditions.
- Support efforts to address the needs of pregnant or parenting women with opioid use disorder and any co-occurring substance use disorder or mental health conditions and the needs of their families, including infants with neonatal abstinence syndrome, through evidence-based or evidence-informed methods, programs or strategies.

The Kentucky law enumerates 29 separate areas for potential funding, including those that:

- Support intervention, treatment, and recovery services provided to persons: a. With OUD or co-occurring SUD/MH issues; or b. Who have experienced an opioid overdose.
- Provide or supports transportation to treatment or recovery programs or services; employment training or educational services for persons in treatment or recovery.
- Provide training on medication-assisted treatment for health care providers, students, or other supporting professionals.
Provide evidence-informed treatment, recovery support, harm reduction or other appropriate services to individuals with opioid use disorder and any co-occurring SUD/MH issues who are incarcerated, leaving jail or prison, have recently left jail or prison, are on probation or parole, are under community corrections supervision or are in re-entry programs or facilities.

Both laws specifically prevent the monies in the funds from reverting to or being appropriated by the state general fund.

The AMA is tracking and working with state medical societies in several other states on similar legislation. Earlier this year, the AMA joined the Johns Hopkins School of Public Health and several dozen other leading academic, medical and patient advocacy organizations in support of principles to help states ensure opioid litigation funds are directed for public health uses.

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