


SUBJECT: AN ORDINANCE OF THE MATANUSKA-SUSITNA BOROUGH ASSEMBLY ENACTING MSB 1.10.180 LIMITED HEALTH POWERS FROM THE CITIES.

AGENDA OF: August 5, 2025

ASSEMBLY ACTION:

AGENDA ACTION REQUESTED: Introduce and set for public hearing.

Route To	Signatures
Originator	<div>7 / 1 1 / 2 0 2 5</div> <div><input checked="" type="checkbox"/> N S for Borough Manager</div> <div>Signed by: Nicholas Spiropoulos</div>
Finance Director	<div> Recoverable Signature</div> <div><input checked="" type="checkbox"/> Cheyenne Heindel</div> <div>Signed by: Cheyenne Heindel</div>
Borough Attorney	<div>7 / 1 1 / 2 0 2 5</div> <div><input checked="" type="checkbox"/> Nicholas Spiropoulos</div> <div>Signed by: Nicholas Spiropoulos</div>
Borough Manager	<div>7 / 1 1 / 2 0 2 5</div> <div><input checked="" type="checkbox"/> Michael Brown</div> <div>Signed by: Mike Brown</div>
Borough Clerk	<div>7 / 2 1 / 2 0 2 5</div> <div><input checked="" type="checkbox"/> Lonnie McKechnie</div> <div>Signed by: Lonnie McKechnie</div>

ATTACHMENT (S) : Ordinance Serial No. 25-086 (2 pp)
Houston Ordinance 25-01 (4 pp)
Wasilla Ordinance 25-06 (6 pp)
Palmer Ordinance 25-003 (3 pp)
Exhibit E to Opioid Settlement Agreement (15 pp)

SUMMARY STATEMENT: This ordinance is sponsored by the Borough Manager for the Matanuska-Susitna Borough to accept the transfer of limited health powers from the cities of Houston, Wasilla, and Palmer for the use of funds paid to the Borough under the National Opioid Settlement Agreements.

OPIOID SETTLEMENTS

Over the past several years, there has been nationwide litigation regarding the manufacturers and distributors of opioids and the impact those drugs had on communities. These lawsuits are essentially like class action lawsuits with thousands of state and

local governments participating in them. There have been multiple settlements and there is a high probability there will be more settlements in the future.

Under the settlement agreements, money from the opioid manufacturers and distributors is allocated to states and municipalities according to mathematical formulas in the settlements. In addition, under the settlement agreements, there are restrictions on how the settlement proceeds may be spent. Generally speaking, the proceeds may be spent on prevention, treatment, harm reduction, and recovery of opioid use and abuse. Copies of all settlements and other information may be found at <https://nationalopioidsettlement.com/>. Restrictions on how the settlement proceeds may be spent is found in Exhibit E to the settlements.

The Matanuska-Susitna Borough is a signatory to the settlement agreements and has received approximately \$780,000 in proceeds from the National Opioid Settlement Agreements. In addition to the restrictions imposed by the National Opioid Settlement Agreements, the Matanuska-Susitna Borough may only spend money on powers and functions it is legally authorized to provide.

BOROUGH POWERS

As a second-class borough in Alaska, the Matanuska-Susitna Borough has limited powers and is not an expansive and broad local borough government. Matanuska-Susitna Borough has: 1) general powers under AS 29.35.010-149 and MSB 1.10; 2) areawide powers under AS 29.35.150-180, AS 29.35.210(b), and MSB 1.10; and 3) non-areawide powers under AS 29.35.210(a) and MSB 1.10.

The Matanuska-Susitna Borough does not have powers to provide the following as related to opioid prevention, treatment, and recovery: general health and social services, direct medical care, legal aid, housing, childcare, case management, technology costs, clinic costs, neonatal treatment, prescription drug monitoring, law enforcement, opioid related research and data collection. The lack of powers held by the Matanuska-Susitna Borough means that it will be very difficult for the Borough to expend funds which are in accordance with the National Opioid Settlement Agreements and also within the Borough's powers.

To address this issue, the Borough approached the cities of Houston, Wasilla, and Palmer to partner in a solution. The cities were asked to transfer limited health powers to the Borough. The proposal was to transfer very limited powers in scope and only transfers the power to allow the Borough to expend funds from the National Opioid Settlement Agreements. In addition, the transfer of power may be revoked by any city or the Borough for any reason

or no reason.

By state law, AS 29.35.300(b), Borough may acquire an areawide power by transfer of the power to it by a city. Likewise, the cities of Houston, Wasilla, and Palmer may transfer to the Borough any of their powers or functions under AS 29.35.310(a). A transfer of a power from a city to a borough must be done by ordinance under AS 29.25.010(a)(7), and the transfer of a power can be broad or limited.

On February 13, 2025, the City of Houston unanimously passed Houston Ordinance 25-01. On March 10, 2025, the City of Wasilla unanimously passed Wasilla Ordinance 25-06. On July 8, 2025, the City of Palmer passed Palmer Ordinance 25-003 by a vote of 5 to 1. These ordinances all transfer the power to expend funds in accordance with the allowed uses of the National Opioid Settlement Agreements to the Borough. These ordinances all specify that the transfer or power does not take effect until the Borough passes an ordinance to accept the power.

THE PROPOSAL HERE

The ordinance here is the final step for the Matanuska-Susitna Borough to accept the limited transfer of powers and then begin to use the settlement proceeds for the maximum benefit of the entire community. The exact mechanisms of grants, a committee, the process, and exact expenditures are administrative matters which are not addressed in this ordinance. Rather, this ordinance is the final step to legally expend funds as allowed under Exhibit E to the settlements.

In summary:

- 1) this transfer of power is limited in that it only grants the Borough the power to:
 - a) spend funds from the settlement agreements, and
 - b) under the allowed uses of the opioid settlements.
- 2) this transfer of power may be revoked by any of the cities or the Borough for any reason or no reason.

RECOMMENDATION OF ADMINISTRATION: Adopt ordinance.

EXHIBIT E

List of Opioid Remediation Uses

Schedule A Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“*Core Strategies*”).¹⁴

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO
REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT (“MAT”)
DISTRIBUTION AND OTHER OPIOID-RELATED
TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

¹⁴ As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment (“*SBIRT*”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“*OUD*”) and other Substance Use Disorder (“*SUD*”) / Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (“*NAS*”)**

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B

Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“*OUD*”) and any co-occurring Substance Use Disorder or Mental Health (“*SUD/MH*”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:¹⁵

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“*MAT*”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“*ASAM*”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including *MAT*, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“*OTPs*”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

¹⁵ As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“*DATA 2000*”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARP*”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (“CTI”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;
2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

ORDINANCE 25-01

**AN ORDINANCE OF THE HOUSTON CITY COUNCIL AMENDING HOUSTON MUNICIPAL CODE
TITLE 1 GENERAL PROVISIONS TO ENACT CHAPTER 1.18 TRANSFER OF POWER TO PERMIT THE
MATANUSKA-SUSITNA BOROUGH TO EXPEND NATIONAL OPIOID SETTLEMENT AGREEMENTS
FUNDS**

BE IT ORDAINED AND ENACTED BY THE CITY OF HOUSTON, ALASKA:

WHEREAS, the Matanuska-Susitna Borough is a participant in the National Opioids Settlement Agreements; and

WHEREAS, information about the National Opioid Settlement Agreements may be found at <https://nationalopioidsettlem.com/>; and

WHEREAS, as of October 2024, the Matanuska-Susitna Borough received approximately \$780,000 in proceeds from the National Opioid Settlement Agreements; and

WHEREAS, the Matanuska-Susitna Borough expects to receive more funds from the settlements over the next several years; and

WHEREAS, the National Opioid Settlement Agreements contain restrictions on how the settlement proceeds may be spent in Exhibit E to the settlements; and

WHEREAS, in addition to the restrictions imposed by the National Opioid Settlement Agreements, the Matanuska-Susitna Borough may only spend money on powers and functions it is legally authorized to provide; and

WHEREAS, as a second-class borough in Alaska under AS 29.04.030(2), the Matanuska-Susitna Borough is not an expansive and broad local borough government; and

WHEREAS, the Matanuska-Susitna Borough only has those powers conferred by law; and

WHEREAS, the Matanuska-Susitna Borough has general powers under AS 29.35.010-.149 and MSB 1.10; and

WHEREAS, the Matanuska-Susitna Borough has areawide powers under AS 29.35.150-.180, and areawide powers under 29.35.210(b) and MSB 1.10; and

WHEREAS, the Matanuska-Susitna Borough does not have powers to provide the following as related to opioid prevention, treatment, and recovery: general health and social services, direct

medical care, legal aid, housing, childcare, case management, technology costs, clinic costs, neonatal treatment, prescription drug monitoring, law enforcement, opioid related research and data collection; and

WHEREAS, the lack of powers held by the Matanuska-Susitna Borough means that it will be very difficult for the Borough to expend funds which are in accordance with the National Opioid Settlement Agreements and also within the Borough's powers; and

WHEREAS, if the Matanuska-Susitna Borough had expanded powers to spend funds from the National Opioid Settlement Agreements as allowed under the agreements, there would be a much greater public benefit in combatting opioid misuse and helping people recover from opioid misuse; and

WHEREAS, the City of Houston is a second class city under AS 29.04.030(5) within the Matanuska-Susitna Borough; and

WHEREAS, under AS 29.35.250(a), the City of Houston may exercise any power not otherwise prohibited by law; and

WHEREAS, the Matanuska-Susitna Borough has non-areawide powers under AS 29.35.210(a) and MSB 1.10; and

WHEREAS, the Matanuska-Susitna Borough may acquire an areawide power by transfer of the power to it by a city under AS 29.35.300(b); and

WHEREAS, the City of Houston may transfer to the Borough any of its powers or functions under AS 29.35.310(a); and

WHEREAS, a transfer of power from a city to a borough must be done by ordinance under AS 29.25.010(a)(7); and

WHEREAS, a transfer of a power can be broad or limited; and

WHEREAS, the Matanuska-Susitna Borough needs the power to expend funds from the National Opioid Settlement Agreements as allowed by the terms and conditions of those agreements; and

WHEREAS, the cities of Palmer and Wasilla are considering ordinances similar to this one regarding a transfer of power to the Matanuska-Susitna Borough to allow it to expend funds from the National Opioid Settlement Agreements; and

WHEREAS, it is the intent of this ordinance to transfer the power to expend funds from the National Opioid Settlement Agreements as allowed by those agreements from the City of Houston to the Matanuska-Susitna Borough; and

WHEREAS, when the national Opioid Settlement funds are exhausted, the transferred powers will automatically revert back to the City of Houston; and

WHEREAS, this transfer of power may be terminated by either the City of Houston or the Matanuska-Susitna Borough at any time and for any reason or no reason through an ordinance repealing the transfer of power; and

WHEREAS, Strikethrough font indicates existing language to be deleted, and bold font indicates new language to be added.

NOW, THEREFORE, be it ordained by the City Council of the City of Houston, Alaska, as follows:

SECTION 1: ENACTMENT OF CHAPTER 1.18 TRANSFER OF POWER

Code Chapter 1.18 is enacted to read:

1.18 Transfer of power.

1.18.010 Transfer of power to expend National Opioid Settlement Agreements funds.

The City hereby transfers the power to expend funds in accordance with the allowed uses of the National Opioid Settlement Agreements to the Matanuska-Susitna Borough.

1.18.020 Ordinance required.

This transfer of power is subject to the passage of an ordinance by the Matanuska-Susitna Borough Assembly to accept the power and will remain in effect until either:

(A) the national Opioid Settlement funds are exhausted, at which time the transferred power will automatically revert back to the City of Houston

(B) the Borough ordinance is no longer in effect

1.18.030 Revoking transfer.

Either the City of Houston or the Matanuska-Susitna Borough may revoke the transfer of the grant of power under this section at its sole and absolute discretion for any reason or no reason by passage of an ordinance repealing this section. Upon passage of such an ordinance by the City, the Borough must pass an ordinance reverting the transferred power back to the City.


SECTION 2: CLASSIFICATION: This ordinance is of a permanent nature and shall become part of the Houston Municipal code.

SECTION 3: SEVERABILITY: If the provisions of this ordinance, or any application thereof to any person or circumstances is held invalid, the remainder of this ordinance and the application to another person or circumstances shall not be affected hereby.

SECTION 4: EFFECTIVE DATE: This ordinance shall take effect immediately upon the adoption of the Houston City Council.

ADOPTED by the Houston City Council on 13 Feb 25.

THE CITY OF HOUSTON, ALASKA


Carter Cole, Mayor

ATTEST:


Tani Schoneman CMC, City Clerk



LEGISLATIVE HISTORY

Introduced by: City Council
Date: June 24, 2025
Public Hearing: July 8, 2025
Action: Approved
Vote: 5/1

Yes:

No:

Mayor Carrington
Alcantra
Cooper
Erbey
Graver

Hudson

CITY OF PALMER, ALASKA

Ordinance No. 25-003

An Ordinance of the Palmer City Council Amending Palmer Municipal Code 2.04 "City Council" to Add Section 2.04.016 "Limited Health Powers to Borough" Transferring Limited Health Powers to the Matanuska-Susitna Borough for use of Funds Paid to the Borough Under the National Opioid Settlement Agreements

WHEREAS, the Matanuska-Susitna Borough is a participant in the National Opioids Settlement Agreements; and

WHEREAS, information about the National Opioid Settlement Agreements may be found at <https://nationalopioidsettlement.com/>; and

WHEREAS, as of October 2024, the Matanuska-Susitna Borough has received approximately \$780,000 in proceeds from the National Opioid Settlement Agreements; and

WHEREAS, the Matanuska-Susitna Borough expects to receive more funds from the settlements over the next several years; and

WHEREAS, the National Opioid Settlement Agreements contain restrictions on how the settlement proceeds may be spent in Exhibit E to the settlements; and

WHEREAS, in addition to the restrictions imposed by the National Opioid Settlement Agreements, the Matanuska-Susitna Borough may only spend money on powers and functions it is legally authorized to provide; and

WHEREAS, as a second-class borough in Alaska, the Matanuska-Susitna Borough is not an expansive and broad local borough government; and

WHEREAS, the Matanuska-Susitna Borough does not have powers to provide the following as related to opioid prevention, treatment, and recovery: general health and social services, direct medical care, legal aid, housing, childcare, case management, technology costs, clinic costs, neonatal treatment, prescription drug monitoring, law enforcement, opioid related research and data collection; and

Bold & Underline, added, ~~Strikethrough~~, deleted

WHEREAS, the lack of powers held by the Matanuska-Susitna Borough means that it will be very difficult for the Borough to expend funds which are in accordance with the National Opioid Settlement Agreements and also within the Borough's powers; and

WHEREAS, if the Matanuska-Susitna Borough had expanded powers to spend funds from the National Opioid Settlement Agreements as allowed under the agreements, there would be a much greater public benefit in combating opioid misuse and helping people recover from opioid misuse; and

WHEREAS, the City of Palmer is a Home Rule City under AS 29.04.010 within the Matanuska-Susitna Borough; and

WHEREAS, under AS 29.04.010 and AS 29.35.250(a), the City of Palmer may exercise any power not otherwise prohibited by law or charter; and

WHEREAS, the Matanuska-Susitna Borough is a Second Class Borough under AS 29.04.030(2); and

WHEREAS, the Matanuska-Susitna Borough only has those powers conferred by law; and

WHEREAS, the Matanuska-Susitna Borough has general powers under AS 29.35.010-149 and MSB 1.10; and

WHEREAS, the Matanuska-Susitna Borough has areawide powers under AS 29.35.150-180, and areawide powers under AS 29.35.210(b) and MSB 1.10; and

WHEREAS, the Matanuska-Susitna Borough has non-areawide powers under AS 29.35.210(a) and MSB 1.10; and

WHEREAS, the Matanuska-Susitna Borough may acquire an areawide power by transfer of the power to it by a city under AS 29.35.300(b); and

WHEREAS, the city of Palmer, may transfer to the Borough any of its powers or functions under AS 29.35.310(a); and

WHEREAS, a transfer of a power from a city to a borough must be done by ordinance under AS 29.25.010(a)(7); and

WHEREAS, a transfer of a power can be broad or limited; and

WHEREAS, the Matanuska-Susitna Borough needs the power to expend funds from the National Opioid Settlement Agreements as allowed by the terms and conditions of those agreements; and

WHEREAS, it is the intent of this ordinance to transfer the power to expend funds from the National Opioid Settlement Agreements as allowed by those agreements from the City to the Borough; and

Bold & Underline, added, ~~Strikethrough~~, deleted

WHEREAS, this transfer of power may be terminated by either the City or the Matanuska-Susitna Borough for any reason or no reason through an ordinance repealing the transfer of power.

THE CITY OF PALMER, ALASKA, ORDAINS:

Section 1. Classification. This ordinance shall be permanent in nature and shall be incorporated into Palmer Municipal Code.

Section 2. Severability. If any provisions of this ordinance or application thereof to any person or circumstances are held invalid, the remainder of this ordinance and the application to the other persons or circumstances shall not be affected thereby.

Section 3. Enactment of Section. Code Section 2.04.016 is enacted to read:

2.04.016 LIMITED HEALTH POWERS TO THE BOROUGH

A. The City hereby transfers the power to expend funds in accordance with the allowed uses of the National Opioid Settlement Agreements to the Borough to the extent the Borough receives settlement funds.


B. The City retains the power to expend funds in accordance with the allowed uses of the National Opioid Settlement Agreements to the extent that the City receives settlement funds.

C. This transfer of power is subject to the passage of an ordinance by the Matanuska-Susitna Borough Assembly to accept the power and will remain in effect so long as the Borough ordinance remains in effect.

D. The City may revoke the transfer of the grant of power under this section at its sole and absolute discretion for any reason or no reason by passage of an ordinance repealing this section.

Section 4. Effective Date. Ordinance No. 25-003 shall take effect upon adoption by the Palmer City Council.

Passed and approved this 8th day of July 2025.



Benji Johnson, CMC, Acting City Clerk


Steve Carrington, Mayor

Bold & Underline, added, ~~Strikethrough~~, deleted

Code Ordinance

By: Mayor Glenda D. Ledford

Introduced: February 24, 2025

Public Hearing: March 10, 2025

Adopted: March 10, 2025

Yes: Cottle, Crafton, Graham, Johnson, Rubeo, Velock

No: None

Absent: Mayor Ledford

**City of Wasilla
Ordinance Serial No. 25-06**

An Ordinance Of The Wasilla City Council Amending Wasilla Municipal Code Chapter 1.08 "Form Of Government And General Powers" To Add Section 1.08.025 "Limited Health Powers To Borough" Transferring Limited Health Powers To The Matanuska-Susitna Borough For Use Of Funds Paid To The Borough Under The National Opioid Settlement Agreements.

WHEREAS, the Matanuska-Susitna Borough ("Borough") is a participant in the National Opioids Settlement Agreements; and

WHEREAS, as of October 2024, the Borough has received approximately \$780,000 in proceeds from the National Opioid Settlement Agreements; and

WHEREAS, the Borough expects to receive more funds from the settlements over the next several years; and

WHEREAS, the National Opioid Settlement Agreements contain restrictions on how the settlement proceeds may be spent in Exhibit E to the settlements; and

WHEREAS, in addition to the restrictions imposed by the National Opioid Settlement Agreements, the Borough may only spend money on powers and functions it is legally authorized to provide; and

WHEREAS, it is the position of the Borough that it does not have powers to provide the following as related to opioid prevention, treatment, and recovery: general health and social services, direct medical care, legal aid, housing, childcare, case management, technology costs, clinic costs, neonatal treatment, prescription drug monitoring, law enforcement, opioid related research and data collection; and

Bold & Underline, added. ~~Strikethrough~~, deleted.

WHEREAS, the lack of such powers means that it will be very difficult for the Borough to expend funds which are in accordance with the National Opioid Settlement Agreements and also within the Borough's powers; and

WHEREAS, if the Borough had expanded powers to spend funds from the National Opioid Settlement Agreements as allowed under the agreements, there would be a much greater public benefit in combating opioid misuse and helping people recover from opioid misuse; and

WHEREAS, the Borough may acquire an areawide power by transfer of the power to it by a city under AS 29.35.300(b); and

WHEREAS, the City may transfer to the Borough any of its powers or functions under AS 29.35.310(a); and

WHEREAS, a transfer of a power from a City to a Borough must be done by ordinance under AS 29.25.010(a)(7); and

WHEREAS, a transfer of a power can be broad or limited; and

WHEREAS, the Borough needs the power to expend funds from the National Opioid Settlement Agreements as allowed by the terms and conditions of those agreements; and

WHEREAS, it is the intent of this ordinance to transfer the power to expend funds from the National Opioid Settlement Agreements as allowed by those agreements from the City to the Borough; and

WHEREAS, this transfer of power may be terminated by either the City or the Borough for any reason or no reason through an ordinance repealing the transfer of power by the entity seeking termination.

THEREFORE, BE IT ENACTED:

Section 1. Classification. Section 2 of this ordinance is of a general and permanent nature and shall become a part of the Wasilla Municipal Code, all other sections of this Ordinance shall not be codified.

Bold & Underline, added. ~~Strikethrough~~, deleted.

Section 2. Amendment of Section. WMC Title 1 Chapter 8 "Form of Government and General Powers" is amended to add the following section to read as follows:

Section 1.08.025 Limited Health Powers to Borough

A. The City hereby transfers the power to expend funds in accordance with the allowed uses of the National Opioid Settlement Agreements to the Borough to the extent that the Borough receives settlement funds.

B. The City retains the power to expend funds in accordance with the allowed uses of the National Opioid Settlement Agreements to the extent that the City receives settlement funds.

C. This transfer of power is subject to the passage of an ordinance by the Matanuska-Susitna Borough Assembly to accept the power and, except as otherwise provided in this chapter, will remain in effect so long as the Borough ordinance remains in effect.

D. The City may revoke the transfer of the grant of power under this section at its sole and absolute discretion for any reason or no reason by passage of an ordinance by the city repealing this section.

Section 3. Effective Date. This ordinance takes effect upon adoption and the Borough's acceptance of the transfer by Borough ordinance.

ADOPTED by the Wasilla City Council on March 10, 2025.


Police Chief for Glenda D. Ledford, Mayor
Clerk's Note: See RS 24-16

ATTEST:

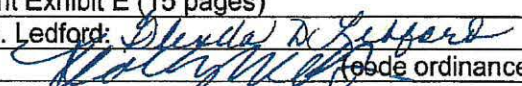
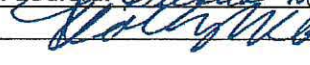
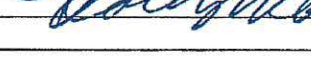

Jamie Newman, MMC, City Clerk



[SEAL]

Bold & Underline, added. Strikethrough, deleted.

City of Wasilla
Staff Report

Number & Title:	Ordinance Serial No. 25-06: Amending Chapter 1.08 "Form Of Government And General Powers" To Add Section 1.08.025 "Limited Health Powers To Borough" Transferring Limited Health Powers To The Matanuska-Susitna Borough For Use Of Funds Paid To The Borough Under The National Opioid Settlement Agreements.
To:	City Council
From:	Mayor Glenda D. Ledford
Agenda of:	February 24, 2025
Recommendation:	<input checked="" type="checkbox"/> Introduce, Public Hearing, Adoption (Ordinance) <input type="checkbox"/> Adoption (Resolution)
Fiscal Impact:	<input type="checkbox"/> Yes (See Attached Fiscal Note) <input checked="" type="checkbox"/> No
Attachments:	Ordinance Serial No. 25-06 (3 pages) Opioid Settlement Exhibit E (15 pages)
	Mayor Glenda D. Ledford: 
Legal Review:	City Attorney:  (code ordinance only)
Approved as to form:	City Clerk:  (code ordinance only)

1. PURPOSE

This ordinance transfers limited power from the City of Wasilla to the Matanuska-Susitna Borough ("Borough"). This power enables the Borough to disburse funds received from the National Opioid Settlement Agreement consistent with the settlement's allowed uses. By transferring this authority, the Borough can address opioid misuse more effectively within its legal framework while ensuring compliance with the restrictions imposed by the settlement agreements.

2. BACKGROUND

- **Settlement Participation:**
The Borough is a participant in the National Opioid Settlement Agreement. It has received approximately \$780,000, with additional funds expected over the coming years.
- **Funding Restrictions and Statutory Limitations:**
The National Opioid Settlement Agreement, through Exhibit E, specifies restrictions on how the funds may be expended. In addition, the Borough's current statutory authority does not encompass many health and social services.
- **Need for Transfer of Power:**
Due to the mismatch between the settlement requirements and the Borough's existing powers, it is challenging Borough to expend its opioid settlement funds in a way that complies both with the agreements and with its legally authorized functions. This ordinance seeks to resolve that issue by transferring limited power from the City, thereby granting the Borough the authority it needs to better utilize these funds for public health benefits.

3. SUMMARY

- **Transfer of Authority:**

- Section 1.08.025(A): The City transfers the power to expend funds, as allowed under the National Opioid Settlement Agreements, to the Borough for any settlement funds the Borough receives.
 - Section 1.08.025(B): The City retains its authority to expend funds for any settlement monies it receives.
- Conditions of the Transfer:
 - The transfer is contingent on the Borough Assembly passing an ordinance to formally accept the power.
 - The authority transferred is limited exclusively to the expenditure of National Opioid Settlement Agreement funds and does not grant the Borough any broader health or social service powers.
 - The City reserves the right to revoke this transferred authority at any time, for any reason or no reason, by adopting a subsequent ordinance.
- Effective Date:
The ordinance takes effect upon its adoption by the City Council and subsequent acceptance by the Borough through its own ordinance.

4. DISCUSSION

- Enhancing Public Benefit:
This measure is designed to enable the Borough to maximize the intended public health benefits of the National Opioid Settlement Agreements. By having the necessary legal authority, the Borough can better direct settlement funds toward combating opioid misuse and assisting individuals in recovery.
- Compliance with Settlement and Legal Requirements:
The transfer ensures that expenditure of funds complies with both the restrictions specified in the settlement agreements and the Borough's legal limits. The temporary and revocable nature of this transfer provides additional oversight and flexibility, ensuring that the power can be adjusted or rescinded if circumstances change.
- Operational and Fiscal Impact:
There are no anticipated additional operational or fiscal costs associated with this transfer. Instead, the measure provides a legal mechanism to optimize the use of already allocated funds, ensuring that monies received can be expended efficiently and effectively in line with settlement requirements.
- Intergovernmental Coordination:
By clarifying the respective spending authorities of the City and Borough, the ordinance fosters improved coordination between municipal entities. This is critical to addressing the opioid crisis through targeted and legally compliant public health interventions.

5. RECOMMENDATION

Based on the above considerations, it is recommended that the City Council:

1. Adopt the Ordinance:
Approve the proposed amendment to Chapter 1.08 by adding Section 1.08.025 "Limited Health Powers to Borough" to transfer the specific power to expend National Opioid Settlement Agreement funds to the Borough, subject to the Borough's acceptance via ordinance.
2. Monitor Implementation:
Work collaboratively with the Matanuska-Susitna Borough to ensure that the transferred power is exercised in a manner consistent with both the settlement agreements and public health objectives, while retaining oversight through the provision allowing revocation.

3. **Maintain Flexibility:**

Recognize that the City retains the authority to revoke this transfer, ensuring that the power can be withdrawn if it is determined that circumstances warrant a change in strategy or if any issues arise regarding compliance.

6. CONCLUSION

This ordinance represents a proactive step in ensuring that funds from the National Opioid Settlement Agreements are used in the most effective manner possible to combat opioid misuse and support recovery initiatives. Transferring the necessary limited health power to the Borough will bridge the gap between the settlement's spending requirements and the Borough's current legal authority, thereby enhancing the overall public health response to the opioid crisis in our community.