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June 12, 2026

### **Re: MiSAM's Concerns Regarding HB 6020 – Proposed Use of Opioid Settlement Funds for Ibogaine Research**

Dear Honorable Members of the Michigan House,

On behalf of the Michigan Society of Addiction Medicine (MiSAM), we write to express our concerns regarding House Bill 6020, which proposes allocating \$50 million from the Michigan Opioid Healing and Recovery Fund to support ibogaine clinical research.

MiSAM represents physicians and healthcare professionals across Michigan dedicated to evidence-based prevention, treatment, and recovery for substance use disorders. We strongly support thoughtful, science-driven innovation. However, we urge careful reconsideration of this bill given both the current stage of ibogaine research and the intended purpose of opioid settlement funds.

#### **Summary of HB 6020**

HB 6020 would establish an “ibogaine grant program” within the Department of Health and Human Services to support Federal Drug Administration (FDA)-regulated clinical trials and potentially facilitate multi-state research consortia. The bill appropriates \$50 million from opioid settlement funds to a newly created ibogaine research fund and permits eventual medical use if FDA approval is obtained.

While the legislation includes safeguards such as FDA oversight and hospital-based administration, its central policy decision is the diversion of a large share of opioid settlement dollars toward a single, experimental therapeutic pathway.

[The Johns Hopkins Bloomberg School of Public Health Principles for the Use of Funds from the Opioid Litigation](#) provide nationally recognized guidance for the allocation of settlement funds. These principles emphasize that such funds represent “an unprecedented opportunity...to invest in solutions to the opioid crisis” and should be used to maximize public health impact.

## **Primary Concerns**

### **1. Divergence from Evidence-Based Spending**

ibogaine remains an investigational therapy without FDA approval and lacks a robust body of large-scale, randomized controlled trial evidence demonstrating safety and efficacy. While early-stage innovation is important, allocating \$50 million in settlement funding to such research risks conflicting with the principle that jurisdictions should “use evidence to guide spending.”

By contrast, there are well-established, evidence-based interventions such as current FDA-approved medications for opioid use disorder (MOUD) and naloxone distribution already proven to reduce overdose deaths and improve outcomes.

### **2. Opportunity Cost in the Context of an Ongoing Crisis**

Michigan continues to experience significant morbidity and mortality due to opioid overdose. The Johns Hopkins framework emphasizes that funds should be directed toward strategies that immediately “save lives.”

Allocating a substantial portion of funds to long-term research limits the state’s ability to:

- Expand access to buprenorphine and methadone
- Increase naloxone availability
- Strengthen treatment infrastructure and workforce capacity
- Support recovery and community-based services

The opportunity cost of this allocation is considerable given the urgent and ongoing nature of the overdose crisis.

### **3. Limited Immediate Public Health Impact**

The Johns Hopkins Principles further emphasize the importance of investing in interventions that can be implemented at scale and produce measurable impact.

A highly specialized research initiative that will be restricted to institutions with advanced clinical and research capacity may not yield broadly accessible treatment options in the near term. As such, the proposed allocation may have limited immediate benefit for the populations most affected by opioid use disorder.

### **4. Equity and Stewardship of Public Funds**

The Johns Hopkins framework also calls for equitable and transparent allocation of funds, informed by community need and public health priorities.

Directing a large, concentrated investment toward a single investigational therapy has the following risks:

- Limiting equitable distribution of resources across communities
- Reducing funding available for community-based organizations
- Creating disparities in who benefits from settlement investments

Settlement funds were awarded to address widespread harm, and their use should reflect broad population benefit.

## **5. Policy Precedent**

HB 6020 establishes a significant precedent for the use of opioid settlement dollars to fund early-stage biomedical research. The Johns Hopkins Principles explicitly caution jurisdictions to ensure these funds are used strategically and effectively to abate the crisis and avoid misallocation.

Expanding their use into areas with uncertain outcomes may undermine both the intent of the litigation and public trust in how these resources are managed.

## **Recommendations**

In light of these considerations, MiSAM respectfully recommends:

- 1. Prioritizing Evidence-Based Interventions**  
Direct the majority of opioid settlement funds toward interventions with demonstrated effectiveness in reducing overdose deaths.
- 2. Identifying Alternative Funding Mechanisms for Research**  
Encourage support for ibogaine and other innovative therapies through federal research grants, academic funding, or private investment.
- 3. Reconsidering the Scale of Proposed Investment**  
If the Legislature elects to proceed, consider a smaller, pilot-level appropriation with rigorous evaluation and clear outcome measures.
- 4. Ensuring Transparency and Accountability**  
Establish clear reporting requirements and performance metrics consistent with best practices for settlement fund stewardship.

## **Conclusion**

MiSAM fully supports ongoing research into novel treatments for substance use disorders, including ibogaine. However, opioid settlement funds were secured to address an urgent and ongoing public health emergency. Consistent with the Johns Hopkins Principles, these funds

should be used in a manner that prioritizes saving lives, relies on established evidence, and delivers equitable, measurable benefit to the people of Michigan.

We respectfully urge the Legislature to reconsider the proposed allocation in HB 6020 and to prioritize investments that align with these principles and address the immediate needs of our communities.

Thank you for your consideration and for your continued leadership in addressing the opioid crisis.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Ismael D. Yanga MD". The signature is fluid and cursive, with a stylized "Y" and "D".

Ismael D. Yanga, MD, FASAM  
President, Michigan Society of Addiction Medicine

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#### References

1. Alsbrook S, Pro G, Koturbash I. From kratom to 7 hydroxymitragynine: evolution of a natural remedy into a public health threat. *Pharmaceutical Biology*. 2025;63(1):896-911.
2. Zuarth Gonzalez JD, Ragsdale AK, Mukhopadhyay S, et al. Mitragynine and 7 hydroxymitragynine: Bidirectional effects on breathing in rats. *Journal of Pharmacology and Experimental Therapeutics*. 2025;392(11):103720.
3. Volkow ND. Addiction should be treated, not penalized. *Health Affairs Forefront*. 2021. DOI: 10.1377/forefront.20210421.168499.