



RESOLUTION TITLE: TO AUTHORIZE PARTICIPATION IN THE REMNANT DEFENDANT OPIOID SETTLEMENT AGREEMENT

WHEREAS, the opioid overdose epidemic has taken the lives of more than 37,000 North Carolinians since 2000; and,

WHEREAS, certain counties and municipalities in North Carolina joined with thousands of local governments across the country to file lawsuits against opioid manufacturers, pharmaceutical distribution companies, and chain drug stores to hold those companies accountable for their misconduct; and,

WHEREAS, a proposed nationwide settlement agreement (the "Agreement") has been negotiated to resolve claims against six additional opioid distributor/dispense defendants under the Remnant Defendants' Settlement Agreement (RDSA): Associated Pharmacies, Inc. (and American Associated Pharmacies), JM Smith Co., Morris and Dickson, Louisiana Wholesale Drug Company, Inc., North Carolina Wholesale Drug Company, Inc., and UNFI/SuperValu; and,

WHEREAS, the Agreement provides for monetary payments and other relief to participating political subdivisions, with allocations determined pursuant to the Plan of Allocation set forth in Exhibit E of the Agreement; and,

WHEREAS, the Agreement contemplates participation by political subdivisions through execution of required participation documents and releases, and provides for the administration and distribution of settlement funds by a Notice and Claims Administrator; and,

WHEREAS, participation in the Agreement is intended to secure funding for opioid remediation and related purposes for the benefit of the County and its residents.

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the County of Gaston, North Carolina:

1. Participation in the Remnant Defendant Settlement Agreement is hereby approved, and Gaston County elects to become a Participating Subdivision, subject to the terms and conditions set forth therein.
2. The County Manager and County Attorney are hereby authorized to execute all documents necessary to participate in the Agreement, including the Participation Agreement, Release, and related certifications.

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I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

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3. Gaston County acknowledges that any settlement funds received will be allocated pursuant to Exhibit E and administered in accordance with the Agreement, including any applicable State agreements governing distribution and use of funds.
4. Gaston County agrees to comply with all applicable terms of the Agreement, including requirements related to claims submission, release of claims, and use of funds for approved opioid remediation purposes.
5. This Resolution shall take effect immediately upon adoption.

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ADOPTED AND APPROVED this ____ day of _____, 20__.

* * * * *

I, Donna S. Buff, Clerk to the Board of Commissioners for the County of Gaston, North Carolina, DO HEREBY CERTIFY that the foregoing is a true and complete copy of a Resolution adopted by the Board of Commissioners of the County at a Regular Meeting duly called and held on April 28, 2026.

WITNESS my hand and the official seal of the County this ____ day of _____, 20__.

_____, Clerk
Board of Commissioners
County of Gaston

(SEAL)