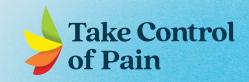
Pain Parity for Michigan

Preventing Opioid Use Disorder Before It Begins



Pain is one of the most common reasons people visit their doctor.

Each year, nearly 80 million Americansⁱ seek treatment to manage acute pain symptoms and opioids are often prescribed as a solution. While they can be effective, they can also pose significant health risks and increase chances of opioid dependency.ⁱⁱ

But breakthroughs in pain medication are enabling patients to have a choice in their pain management. Amidst the ongoing opioid epidemic, it is critical that patients have access to the treatments they want and need to address their pain.



Need for increased access to all pain treatment options

- Within one year of receiving an opioid medication to manage acute pain, approximately 85,000 Americans were diagnosed with an opioid use disorder.
- Prescribing rates have fallen, but opioid use disorders and overdoses remain high. In 2023, Michigan reported:
 - More than 5,400 opioid-overdose related emergency room visitsiv
 - More than 2,300 opioid overdose deaths^v
 - 47.9 opioid prescriptions per 100 people^{vi}
 - 0.7 naloxone doses distributed per 100 people^{vii}
- Furthermore, in Michigan, opioid use disorder cost Medicaid over \$839 million in excess costs in 2022.



Pain parity legislation for equal access to pain treatment options

Across the country, states are introducing legislation to expand access to non-opioid treatments and therapies. These policy efforts, often referred to as "pain parity" legislation, address the health insurance barriers many patients face when trying to access non-opioid treatment options. Pain parity legislation ensures patients are not disadvantaged when accessing non-opioid options by:

- Prohibiting the use of utilization controls such as prior authorization and step therapy
- Equalizing cost-sharing for the non-opioid prescription drug and the opioid prescription drug



Pain parity legislation in Michigan

In Michigan there is important legislation focused on pain parity to help patients and families.

S.B. 552

State Senators Sylvia A. Santana (D-2) and Rosemary Bayer (D-13) introduced S.B. 552, legislation that requires health insurers to cover at least one non-opioid pain treatment option as part of their health insurance plans.

S.B. 551

State Senators Sylvia A. Santana (D-2) and Rosemary Bayer (D-13) also introduced S.B. 551, legislation that increases access to non-opioid treatment options by:

- Prohibiting Michigan Medicaid from disadvantaging or discouraging a non-opioid drug on the state's preferred drug list in comparison to coverage of an opioid drug
- Mandating that the Medicaid program must cover at least one non-opioid drug for pain management on the preferred drug list

Contact your representative to let them know Michigan needs pain parity and help prevent addiction before it begins.

http://www.legislature.mi.gov/

Visit www.families-network.org to learn more about Take Control of Pain and the state of pain parity across the U.S.

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- iv. Centers for Disease Control and Prevention. 2025. Dose-DIS Dashboard: Nonfatal Overdose Emergency Department and Inpatient Hospitalization Discharge Data. https://www.cdc.gov/overdose-prevention/data-research/facts-stats/dose-dashboard-nonfatal-discharge-data.html
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- viii. Health Management Associates. 2025. Opioid Use Disorder in the Medicaid Fee-For-Service Program Economic Analysis. https://www.healthmanagement.com/wp-content/uploads/Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf

