Agreement with State Attorney Generals and three major pharmaceutical wholesalers over control substance distribution to community pharmacies, provide list of state Attorney Generals that signed off on this agreement

Based on the search results provided, a major agreement was reached between state Attorneys General and three major pharmaceutical distributors - Cardinal Health, McKesson, and AmerisourceBergen - as well as manufacturer Johnson & Johnson, over their role in the opioid crisis. Here are the key details:

1. The agreement totals $26 billion and was announced in July 2021[1][3][4].

2. It resolves claims from both states and local governments across the country[1][3][4].

3. The three distributors will collectively pay up to $21 billion over 18 years, while Johnson & Johnson will pay up to $5 billion over 9 years[3][4].

4. The agreement includes significant industry changes to help prevent future crises, such as establishing a centralized clearinghouse for data on opioid distribution[3][4].

5. States had 30 days to sign onto the deal, and local governments in participating states had up to 150 days to join[3][4].

The state Attorneys General who led the negotiations and signed off on this agreement include:

1. Josh Shapiro (Pennsylvania)[3]
2. Josh Stein (North Carolina)[4]
3. Herbert Slatery (Tennessee)[4]
4. Letitia James (New York)[1][2]
5. Attorneys General from California, Colorado, Connecticut, Delaware, Florida, Georgia, Louisiana, Massachusetts, Ohio, Pennsylvania, and Texas[1][4]

It's worth noting that New York secured full subdivision participation, ensuring it would receive the maximum amount of $230 million available under the settlement agreement[1][2]. Pennsylvania stood to receive approximately $1 billion for full participation[3], while North Carolina's share was estimated at around $750 million[4].

Citations:
[1] https://ag.ny.gov/press-release/2022/attorney-general-james-announces-major-progress-26-billion-opioid-agreement
[2] https://ag.ny.gov/nys-opioid-settlement
[3] https://www.attorneygeneral.gov/taking-action/attorney-general-shapiro-announces-26-billion-agreements-with-opioid-distributors-manufacturer/
[4] https://ncdoj.gov/attorney-general-josh-stein-announces-26-billion-agreement-with-opioid-distributors-manufacturer/
[5] https://oag.ca.gov/news/press-releases/attorney-general-bonta-announces-150-million-multistate-agreement-hikma

Which states participated in the $26 billion opioid agreement

Based on the search results provided, the $26 billion opioid agreement had widespread participation from states across the United States. Here are the key details about state participation:

1. A total of 52 states and territories signed on to the agreement[1][3][4].

2. 46 states and the District of Columbia are participating in the settlement[2].

3. All 100 counties in North Carolina, as well as 47 municipalities in the state, have signed on to the agreement[4].

4. Wisconsin and all 87 of its litigating political subdivisions have joined the settlement[3].

5. Some states that have already reached separate settlements with Johnson & Johnson include New York, Texas, Nevada, and New Mexico[2].

6. The states that led the negotiations of this multistate agreement include North Carolina, Tennessee, California, Colorado, Connecticut, Delaware, Florida, Georgia, Louisiana, Massachusetts, New York, Ohio, Pennsylvania, and Texas[1].

7. Four states are noted as holdouts and did not join the settlement: Alabama, Oklahoma, New Hampshire, and Washington[2].

Overall, the vast majority of states participated in this landmark opioid settlement, with only a few exceptions. The widespread participation ensures that significant funds will be distributed across the country to address the opioid crisis through various treatment, prevention, and recovery efforts.

Citations:
[1] https://ag.ny.gov/press-release/2022/attorney-general-james-announces-major-progress-26-billion-opioid-agreement
[2] https://www.fiercepharma.com/pharma/johnson-johnson-drug-distributors-finalize-26b-opioid-settlement-states-join-landmark-deal
[3] https://www.doj.state.wi.us/news-releases/drug-distributors-and-johnson-johnson-commit-26-billion-opioid-agreement
[4] https://ncdoj.gov/attorney-general-josh-stein-national-opioid-settlement-finalized/
[5] https://www.nytimes.com/2022/02/25/health/opioids-settlement-distributors-johnson.html

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How does the settlement plan to address the opioid crisis through treatment and education

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[1] https://ag.ny.gov/press-release/2022/attorney-general-james-announces-major-progress-26-billion-opioid-agreement
[2] https://www.fiercepharma.com/pharma/johnson-johnson-drug-distributors-finalize-26b-opioid-settlement-states-join-landmark-deal
[3] https://www.doj.state.wi.us/news-releases/drug-distributors-and-johnson-johnson-commit-26-billion-opioid-agreement
[4] https://ncdoj.gov/attorney-general-josh-stein-national-opioid-settlement-finalized/
[5] https://www.nytimes.com/2022/02/25/health/opioids-settlement-distributors-johnson.html

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how will the settlement plan affect the treatment to patients that have a medical necessity to be prescribed controlled medication

The settlement plan aims to address the opioid crisis while also considering the needs of patients who require controlled medications for legitimate medical reasons. Here are some key points on how the settlement may affect treatment for these patients:

1. Balanced approach: The settlement recognizes the need to address opioid misuse while also ensuring that patients with genuine pain needs are not neglected[1]. This suggests an effort to maintain access to necessary medications for those who need them.

2. Improved pain management: Some of the settlement funds are likely to be directed towards research and implementation of better pain management strategies, including non-opioid alternatives and non-pharmacological approaches[1]. This could lead to more options for patients with chronic pain.

3. Enhanced education: The settlement funds will support education programs, which may include training for healthcare providers on appropriate prescribing practices and pain management[4]. This could lead to more

informed decision-making when prescribing controlled medications.

4. Addressing unintended consequences: There is recognition of the need to address unintended consequences of previous opioid reduction efforts, such as improper tapering, patient abandonment, and difficulties accessing pain care[1]. This awareness may lead to more nuanced policies that protect patients who require controlled medications.

5. Stigma reduction: By addressing the stigma associated with chronic pain and opioid use, the settlement may help improve the overall treatment experience for patients who require controlled medications[1].

6. Research funding: Some of the settlement money may be directed towards research for better analgesics without addictive potential and non-pharmacologic options for managing acute and chronic pain[1]. This could lead to new treatment options in the future.

7. Maintaining access: While the settlement aims to reduce opioid misuse, it does not explicitly restrict access to controlled medications for patients with legitimate medical needs. The focus appears to be on improving overall pain management and treatment strategies rather than blanket restrictions[1][4].

It's important to note that the specific implementation of programs and policies may vary by state and locality, as the settlement allows for some flexibility in how funds are used[4]. Patients with medical necessity for controlled medications should continue to work closely with their healthcare providers to ensure appropriate treatment while adhering to any new guidelines or practices that may emerge as a result of the settlement.

Citations:
[1] https://jamanetwork.com/journals/jama-health-forum/fullarticle/2783468
[2] https://www.nytimes.com/2022/02/25/health/opioids-settlement-distributors-johnson.html
[3] https://www.rand.org/health-care/centers/optic/tools/fund-allocation.html
[4] https://ag.ny.gov/nys-opioid-settlement
[5]
https://www.fiercepharma.com/pharma/johnson-johnson-drug-distributors-finalize-26b-opioid-settlement-states-join-landmark-deal

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What are the potential unintended consequences of reducing opioid prescribing for chronic pain patients

Based on the search results, there are several potential unintended consequences of reducing opioid prescribing for chronic pain patients:

Undertreatment of pain: Reductions in opioid prescribing raise concerns about the potential undertreatment of pain, including for patients with legitimate chronic pain needs

.
Patient abandonment: Some physicians' offices have limited care or dismissed patients who are seeking or already receiving opioid medications, leaving chronic pain patients without proper care
.
Abrupt discontinuation: Rigid application of prescribing limits or policies requiring abrupt tapering/discontinuation of opioid therapy can be harmful to patients who have been on long-term opioid treatment
.
Limited access for cancer patients: Overly strict implementation of prescribing guidelines has resulted in limited access to opioids for patients with cancer, even though cancer pain was not the intended target of many

guidelines
.
Stigma and mental health impacts: Addressing the stigma associated with chronic pain and opioid use remains a challenge, potentially affecting patients' overall treatment experience and mental health
.
Inadequate pain management alternatives: While reducing opioid prescriptions, there may not always be adequate alternative pain management strategies readily available or covered by insurance
.
Misapplication of guidelines: The CDC's 2016 guideline, for example, has been misapplied in some cases, leading to inflexible policies that don't account for individual patient needs
.
Conversion to illicit drug use: Although not explicitly mentioned in the provided search results, there is a concern that some patients cut off from prescription opioids may turn to illicit drugs to manage their pain.
Disproportionate impact on certain patient groups: The search results suggest that some policies intended to reduce prescribing for acute or postsurgical pain have inadvertently affected chronic pain patients, particularly those with cancer
.
Challenges for "legacy" patients: The guidelines and policies often don't fully address the needs of patients who have been on long-term opioid therapy, sometimes in combination with other medications like benzodiazepines

.

It's important to note that while addressing the opioid crisis is crucial, a balanced approach is necessary to ensure that patients with legitimate chronic pain needs are not neglected or harmed in the process. The search results emphasize the need for clearer, more nuanced policies and guidelines that can effectively reduce opioid misuse while still providing appropriate care for chronic pain patients.