Opioid addiction and overdose plagues states across the Midwest. From injured student athletes with no history of drug abuse, to grandmas and grandpas recovering from joint replacement surgery, no one is safe from the risk of addiction to opioid painkillers.

Opioids are different from other illicit drugs because most users don’t have to venture to dark alleyways or nightclub bathrooms to get their fix — they get their supply legally from their doctor or surgeon.

Don’t be fooled: over-prescription of opioids from health care providers is the root cause of addiction. That’s why I was able to gain the support of my colleagues on both sides of the aisle.

**AN OPTION TO OPT OUT: NON-OPIOID DIRECTIVE FORMS**

Most recently, I introduced a plan that ensures all patients in Michigan are given the opportunity to opt out of being offered, prescribed or administered opioids from health care providers.

Signed into law earlier this year as a four-bill legislative package (HB 5261-5264), the plan has gained a lot of attention nationwide, and I am hopeful other states will follow our lead.

The measure requires health care providers and insurers to make non-opioid directive forms available upon plan enrollment. These forms not only allow patients to make their own medical decisions, but also bring awareness to patients about medical alternatives that prevent initial exposure to opioids.

**The U.S. Department of Health and Human Services estimates that in 2016, 40 percent of opioid overdose deaths involved a prescription opioid.**

The problem began in the late 1990s when pharmaceutical drug companies assured the medical community that patients would not become addicted to opioid pain relievers, which led to an uptick in prescriptions from health care providers.

This increased rate of prescription resulted in widespread misuse of both prescription and non-prescription opioids, creating greater opioid dependence with each passing year over the next two decades. By 2017, the federal government declared the opioid crisis a public health emergency.

A total of 2,684 residents in my home state of Michigan died due to opioid overdoses in 2020. As a registered nurse, I’m passionate about this issue, and sought to use my platform as a state representative to ignite change.

**Three Waves of the Rise in Opioid Overdose Deaths**

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**The U.S. Department of Veterans Affairs and America’s Health Insurance Plans recognize licensed acupuncturists as non-opioid pain management professionals, but policy holders had been unable to get these services covered since the state had not yet licensed the profession.**

By simply creating a licensing structure for acupuncturists (HB 4710), we opened new, alternative pain-management options for patients.

In 2020, another law was signed (SB 254) to mitigate instances of fraudulent opioid prescriptions. Under the law, doctors must send all prescriptions through a secure computer system, reducing prescription error causes by illegible handwriting and detecting inappropriate prescribing of opioids and other medical errors. Studies show that e-prescribing also reduces “doctor shopping” — the practice of getting prescriptions from multiple doctors.

We’ve made great strides in Michigan, but there’s more we can do to combat the staggering instances of opioid abuse and overdose. Together, Midwestern states must commit to adopting new laws that curtail the over-prescription of these highly addictive drugs, hold doctors accountable, and raise public awareness for alternative methods for pain management.

Rep. Mary Whiteford was first elected to the Michigan House in 2016. A registered nurse, she serves as chair of the House Appropriations Subcommittee on Health and Human Services as well as a member of the House Health Policy Committee. Rep. Whiteford is a 2016 graduate of CSG Midwest’s Bowhay Institute for Legislative Leadership Development (BILLD).

**The U.S. Department of Health and Human Services estimates that in 2016, 40 percent of opioid overdose deaths involved a prescription opioid.**

It is imperative that patients be given the opportunity to opt out of opioid use and are informed of alternative options for pain management — of which there are several.

This isn’t a partisan issue. It’s a simple solution to an undeniable problem. That’s why I was able to gain the support of my colleagues on both sides of the aisle.

Three Republicans and three Democrats sponsored this plan, and the measure was passed unanimously by the full House. A few months later our package of bills was signed into law as Michigan Public Act 42 of 2022.

We can all agree that protecting patients from the risk of lifelong addiction to opioid painkillers is good policy. I am urging other Midwestern states to introduce their own opioid opt-out measures because this is an approach that will save lives.

**STEPS IN MICHIGAN TO ADDRESS A PUBLIC HEALTH CRISIS**

In recent years, our state has taken several other steps to combat the opioid crisis.

In 2017, we passed a law that expanded access to addiction treatment, while also requiring doctors to educate patients about the potential harm caused by opioids prior to writing a prescription. We also implemented a school curriculum regarding the risks of prescription drug abuse.

(These provisions were part of a 10-bill legislative package.)

Two years later, we ensured that acupuncture, a safe opioid alternative, is available to people suffering from chronic pain.

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**Three Waves of the Rise in Opioid Overdose Deaths**

By Michigan Rep. Mary Whiteford
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