

CDC Clinical Practice Guideline for Prescribing Opioids for Pain, 2022: Health Equity Considerations for Opioid Therapy

The [CDC Clinical Practice Guideline for Prescribing Opioids for Pain, 2022](#) (2022 Clinical Practice Guideline) is a clinical tool intended to help clinicians and patients make shared, informed, patient-centered decisions about pain care. The 2022 Clinical Practice Guideline emphasizes the importance of addressing disparities in pain care, pointing to the guiding principle that “clinicians, practices, health systems, and payers should vigilantly attend to health inequities; provide culturally and linguistically appropriate communication, including communication that is accessible to persons with disabilities; and ensure access to an appropriate, affordable, diversified, coordinated, and effective nonpharmacologic and pharmacologic pain management regimen for all persons.”¹ Decision-makers may consider the health equity issues outlined below, along with potential opportunities for addressing these needs.

Health Equity Consideration	Potential Opportunities
<p>Noninvasive nonpharmacologic treatments, such as exercise, physical therapy, acupuncture, and massage, may not be covered by health insurance, creating disparities in an individual’s ability to access such services.¹</p>	<ul style="list-style-type: none"> • Consider ways to address reimbursement and payer coverage of nonpharmacologic treatments to reduce or eliminate access and cost barriers.¹ • Expand the definition of licensed providers who can participate in state Medicaid programs and render covered services within their scope of practice under state law. This grants eligibility to a broader group of providers, such as acupuncturists, for Medicaid reimbursement.
<p>Residents of rural, underserved, and racial/ethnic minority communities may have limited access to health systems and healthcare providers, particularly for the treatment of pain and/or opioid use disorder (OUD).¹</p>	<ul style="list-style-type: none"> • Consider avenues for integrating OUD treatment and pain management into primary care settings. • Support clinician education on safe pain care and opioid use disorder treatment.¹ • Incentivize clinicians to work in rural and/or underserved communities to build the healthcare workforce. • Work to develop ways to provide healthcare providers with training to deliver culturally and linguistically appropriate care.¹ • Engage community-based organizations, academic institutions, and/or other partner organizations to advance equity in pain management.
<p>Patients with pain might face challenges in successfully navigating the healthcare system (e.g., mobility, transportation, language) and obtaining necessary medications, leading to potential disparities in treatment and health outcomes.¹</p>	<ul style="list-style-type: none"> • Assess communities’ pain management needs. • Develop and/or enhance accessible transportation services for patients with transportation challenges. • Expand, sustain, and reimburse telehealth services.

State Examples

States have flexibility to define the types of licensed providers who participate in their Medicaid programs and render covered services within their scope of practice under state law. **Ohio**, **Massachusetts**, and **Connecticut** have used this flexibility to cover acupuncture services in their respective programs.^{2,3,4}

Oklahoma and **Missouri** received Centers for Medicare and Medicaid Services (CMS) approval to offer nonpharmacologic pain management services, such as physical therapy and chiropractic services for adults enrolled in their Medicaid programs. Each state has established its own specific program requirements, acknowledging the goal of reduced reliance on opioids.^{5,6}

References

1. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC clinical practice guideline for prescribing opioids for pain—United States, 2022. *MMWR Recommendations and Reports*. 2022. 71(3), 1-95. doi: 10.15585/mmwr.rr7103a1.
2. Williamson K, Alikhan S, Greene K, Becker M, & Tewarson H. Expanding access to non-opioid management of chronic pain: Considerations for governors. Washington, DC: National Governors Association Center for Best Practices, 2020.
3. Centers for Medicare and Medicaid Services. Connecticut state plan amendment (SPA) #: 21-0036. <https://www.medicaid.gov/medicaid/spa/downloads/CT-21-0036.pdf>. Accessed June 16, 2023.
4. Centers for Medicare and Medicaid Services. Massachusetts state plan amendment (SPA) #: 22-0004. <https://www.medicaid.gov/medicaid/spa/downloads/MA-22-0004.pdf>. Accessed June 15, 2023.
5. Centers for Medicare and Medicaid Services. Oklahoma state plan amendment (SPA) #: 22-0001. <https://www.medicaid.gov/medicaid/spa/downloads/OK-22-0001.pdf>. Accessed June 16, 2023.
6. Centers for Medicare and Medicaid Services. Missouri state plan amendment (SPA) #: 18-0007. <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MO/MO-18-0007.pdf>. Accessed June 16, 2023.

Key Definitions

- **Nonpharmacologic**: Treatment or intervention not based on medication.
- **Pharmacologic**: Treatment or intervention involving medication to treat pain.
- **Opioid Therapy**: Treatment or intervention that involves the prescription of opioids.