Texas Opioid Settlement: $720 Million Deal and What It Means for Chronic Pain Patients

On **August 29, 2025**, Texas Attorney General **Ken Paxton announced** a landmark $720 million settlement with eight generic opioid manufacturers. The settlement adds to the state's growing list of opioid-related recoveries, bringing Texas's total to **about $3.34 billion**. This article explains: 1. Where the money will be distributed in Texas 2. What restrictions manufacturers now face 3. How those restrictions may harm chronic pain patients 4. How the Texas settlement connects to national trends across the U.S.

1. Where the Money Goes in Texas

Texas uses a **formula-based split** for opioid settlement funds:

- **15% to the State**
Managed through the Opioid Abatement Account in the General Revenue Fund. Allocated by the legislature to state agencies for opioid prevention and treatment.

- **70% to the Opioid Abatement Trust Fund**
Overseen by the Opioid Abatement Fund Council (OAFC) and held separately in the Treasury Safekeeping Trust.
  - 15% of this share goes directly to **hospital districts.**
  - A fixed **$5 million** supports the **Texas Access to Justice Foundation**
  - 1% covers administrative costs.
  - The rest funds **regional and targeted interventions**

- **15% Direct to Local Governments** Cities and counties that sign on to the agreement get funding to support local programs, including outreach, treatment, and prevention.

Example of Local Distribution – Fort Worth:
- $310,339 → SaferCare Texas (training and education)
- $197,100 → My Health My Resources (treatment, counseling, peer support)
- $157,505 → FWFD HOPE Team (homeless outreach, counseling, rehab referrals)

2. Restrictions on Drug Manufactors

Manufacturer	Settlement Amount	Restriction Highlights
Mylan (Viatris)	$284.4M	No marketing; no pills >40mg oxycodone; suspicious-order reporting
Hikma	$95.8M	Same restrictions
Amneal	$71.7M	Same restrictions
Apotex	$63.6M	Same restrictions
Indivior	$38M	Barred from opioids 10 yrs; may sell addiction-treatment drugs
Sun	$30.9M	Same restrictions
Alvogen	$18.6M	Same restrictions
Zydus	$14.8M	Same restrictions

3. Texas in the National Context

Texas is not alone—this settlement was part of a **multi-state agreement**, and other states are also receiving shares:

National Distributor Settlement: $26 billion nationwide (McKesson, Amerisource Bergen, Cardinal Health, J&J;)

- **Michigan**: ~$800M over 18 years
- **Connecticut**: ~$300M, some for direct victim support
- **Common Theme**: Most states prioritize addiction prevention and recovery. Chronic pain patients rarely see direct compensation or protection.

4. Why This Hurts Chronic Pain Patients

While these measures are intended to reduce abuse and over-prescribing, they carry **grave consequences for patients with legitimate medical needs**:

- **Reduced Access to Stronger Medications**: Limiting oxycodone to 40mg per pill means patients with high-dose needs may be forced to take more pills, increasing cost, side effects, and logistical burdens.
- **Pharmacy Hesitancy**: Stricter monitoring may result in pharmacies refusing to fill even legitimate prescriptions.
- **No Support for Pain Management**: Settlement funds are earmarked for addiction treatment and prevention, not pain care.

Increased Stigma: Patients already facing suspicion may see their struggles compounded

5. Chronic Pain Patients vs. the "Supposed Addiction" Narrative

Chronic pain patients are not the same as addicts. The overwhelming majority — up to 99% when properly monitored — are fully compliant with their treatment plans.

Most overdose deaths involve illicit fentanyl and street drugs, not prescriptions for pain patients under medical care.

Settlement money overwhelmingly supports addiction programs, while offering nothing to protect pain patients.

By lumping everything together, policymakers punish the compliant while chasing a false narrative.

6. Summary Table

Area	Texas Allocation	Chronic Pain Impact	National Trends
Settlement Funds	15% state, 70% trust, 15% local	No funding for pain care	Most states follow similar mode
Manufacturer Restrictions	No marketing, 40mg limit, reporting requirements	Patients may need more pills, face pharmacy refusals	Similar restrictions nationwide
Patient Access	Addiction/recovery focused	Pain patients sidelined	Same concerns nationwide
Victim Support	Indirect via programs	No direct compensation	Few states offer victim aid

My Opinion

While settlements like this may hold manufacturers accountable and fund addiction treatment, they **fail to address the needs of chronic pain patients**. In fact, they may **worsen** barriers to care by reducing supply, increasing stigma, and discouraging pharmacies from filling prescriptions.

If balance is the goal, Texas (and other states) should dedicate part of these funds to:

- **Chronic pain research**
- **Patient protection programs** (to prevent abandonment or undertreatment)
- **Training for prescribers and pharmacists** on distinguishing *addiction* from **legitimate need**

Without this, the chronic pain community risks being treated as collateral damage in the fight against supposed addiction.

A Critical Imbalance

- **Addiction programs are already widely funded** — Texas alone has poured millions from earlier settlements into recovery, overdose reversal, and education programs.
- **Chronic pain patients, meanwhile, have almost no protections.** Despite being overwhelmingly compliant with treatment plans — studies show that **well over 95–99% of chronic pain patients take their medications responsibly under supervision** — yet they are punished by policies written as if they are "potential addicts."
- **The real imbalance** is that policymakers keep expanding addiction resources, while failing to address the equal and urgent need for **safeguards that prevent undertreatment and patient abandonment.**

Why This Matters

1. **Most overdoses aren't chronic pain patients.** The majority involve illicit fentanyl, not compliant patients on prescribed opioids.
2. **Chronic pain patients are uniquely vulnerable.** When prescriptions are cut off, patients face suffering, disability, and even suicide risks.
3. **The solution isn't one-size-fits-all.** True help means addressing both addiction and pain — but not confusing them or blaming one group for the other's crisis.

7. Conclusion & Call to Action

No one is denying that addiction exists — but the narrative of an "opioid crisis" has been over-exaggerated for decades. Even though the CDC corrected its stance in 2020, most policies and procedures have not reflected this change. Instead, they have doubled down, making conditions even worse for chronic pain patients.

Why did states and the federal government move so quickly in 2016 when the CDC first declared a crisis, but ignore the reversal in 2020? One can only conclude that it serves political and financial interests to keep the "opioid epidemic" narrative alive, even at the expense of suffering patients. That is not compassion, that is control.

This is dangerous and un-American. Our founding fathers fought to secure freedoms, yet today, medical freedom — the right to receive appropriate care without government interference — is being stripped away. When our most personal needs, our health and our pain relief, are subjected to politics and fear, we are sliding down a slippery slope with no clear stop in sight.

It is time for the American people, including Texans, to take back their rightful power. To demand that policies reflect reality. To insist that compassion and science guide care instead of politics and fear. Only then can we restore dignity, fairness, and true freedom to those who suffer in silence.

For more information on how you can help change laws or seek resources in Texas please visit our website: