



May 13, 2025

The Honorable Craig J. Coughlin
Assembly Speaker
New Jersey General Assembly
569 Rahway Avenue
Woodbridge, NJ 07095

Dear Assembly Speaker Coughlin,

On behalf of the National Center for Advocacy and Recovery (NCAAR), I write in strong support of Assembly Bill No. 4682, which would expand access to safe, effective, non-opioid pain management options in New Jersey. We are grateful to Assemblymembers Anthony Verrelli, Margie Donlon, and Carol Murphy for championing this critical legislation and urge its swift passage.

The issue of the opioid addiction crisis is deeply personal to me. In 2021, I lost my son Rory to an opioid overdose. He was just 29 years old. Like so many others, Rory's path—marked by untreated mental health challenges—intersected too early with addictive substances, ultimately resulting in exposure to opioids that were easier to access than the help he truly needed. Despite his resilience and courage, the care system failed him—prioritizing punishment over treatment, and opioids over safer alternatives.

At NCAAR, we work every day to promote recovery and wellness through advocacy, education, and policy initiatives that treat substance use as the public health issue it is. We know that prevention is critical. For too long, our national response has focused on reversing overdoses instead of preventing them in the first place. Assembly Bill No. 4682 changes that trajectory.

In 2023, there were **2,454 opioid-related drug overdose deaths**, accounting for **88.3% of all drug overdose fatalities** in our state.ⁱ In the same year, **26.3 opioid prescriptions were written for every 100 New Jersey residents**.ⁱⁱ These numbers represent thousands of families, like mine, who live with loss or fear for a loved one's future.

Too many people with short-term pain—after a surgery, accident, or sports injury—are given highly addictive opioids as a first-line treatment, simply because opioids are significantly cheaper or more readily covered by insurance. In fact, as many as **90 percent of all surgical patients** in the United States receive a prescription for opioids to manage postsurgical pain.ⁱⁱⁱ

A4682 has the power to change this.

A4682 does not restrict access to opioids for those who truly need them. Rather, it ensures that patients and providers have access to a full range of pain treatment options, including FDA-approved non-addictive alternatives like nerve blocks, NSAIDs, and other physician-administered products. Removing insurance barriers to these treatments will help prevent unnecessary exposure to opioids and, ultimately, save lives.

I know firsthand that no one wakes up choosing addiction. But we can choose policies that protect patients and give them better options from the start.

A4682 is not just good policy—it's prevention in action.

Rory wanted to live. He wanted to work. He wanted to feel better. But at every turn, his path to healing was blocked by outdated policies, stigma, and systemic gaps in care. A4682 is a step toward ensuring that others have the opportunity for a different outcome.

This bill is an essential safeguard and a compassionate, commonsense step toward preventing addiction before it begins. It aligns with a federal bill, the Alternatives to Prevent Addiction in the Nation (Alternatives to PAIN) Act (H.R. 1227/S.475), and sends a clear signal that New Jersey values innovation, safety, and patient-centered care.

The federal and state government must work together to solve the opioid crisis currently taking place in New Jersey and throughout the country. For too long, prescription opioids have been the default method for managing pain – and insurance company practices have reinforced this reality. This puts patients at unnecessary risk for misuse and addiction.

A4682 would enable more patients to have access to non-addictive products and would improve care for the tens of thousands of New Jerseyans who experience an acute pain incident every year.

Thank you for recognizing the importance of this moment. NCAAR stands ready to work with you to advance A4682 and help create a health care system that treats pain without putting lives at risk.

With Gratitude,

Tonia Ahern
National Center for Advocacy and Recovery (NCAAR)

ⁱ Centers for Disease Control and Prevention (2024). SUDORS Dashboard: Fatal Drug Overdose Data. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

ⁱⁱ Center for Disease Control and Prevention (2024). Opioid Dispensing Rate Maps. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>

ⁱⁱⁱ Singh, K., Murali, A., Stevens, H., Vydiswaran, V. G. V., Bohnert, A., Brummett, C. M., & Fernandez, A. C. (2022). Predicting persistent opioid use after surgery using electronic health record and patient-reported data. *Surgery*, 172(1), 241–248. <https://doi.org/10.1016/j.surg.2022.01.008>