



March 10, 2025

Testimony Of
Voices for Non-Opioid Choices
Before The
Connecticut Human Services Committee
On Senate Bill No. 1474

Dear Co-Chairs Jillian Gilchrest and Matthew Lesser, Ranking Members Jay Case and Stephen Harding, Vice Chairs Robin Comey and Ceci Maher, and Esteemed Members of the Committee,

I am Chris Fox, Executive Director of Voices for Non-Opioid Choices. I appreciate the opportunity to submit this testimony to the committee.

Thank you for holding this hearing on critical legislation that will benefit individuals across Connecticut. I am writing in strong support of **Connecticut Senate Bill No. 1474** and urge its swift passage to help prevent opioid addiction in the state.

Voices for Non-Opioid Choices (“Voices”) applauds the Human Services Committee for introducing this important legislation and fully supports its passage.

For too long, our response to the opioid addiction crisis focused solely on opioid overdose death prevention. Such a focus misses the opportunity to prevent addiction where we can, including by reducing and minimizing unnecessary exposure to opioids. One opportunity to do this is to increase the availability of non-opioid pain management approaches. In doing so, SB 1474 will prevent opioid addiction for many Connecticuters and save lives.

Voices for Non-Opioid Choices (www.nonopioidchoices.org) is a national, non-partisan, and nonprofit organization based in Washington, DC dedicated to preventing opioid addiction. Our coalition boasts over 20,000 advocates and 200 member organizations from across the country representing the leading patient, provider, and public health advocacy organizations. All told, Voices’ members represent millions of Americans affected by the U.S. opioid epidemic.

Despite years of attention to combatting the opioid epidemic, the crisis persists. Last year, we lost 81,000 Americans to an opioid-related drug overdose.ⁱ This means that, on average, **we lose more than 220 Americans every day to an opioid-related drug overdose.**

Connecticut is not immune from this national epidemic. In 2023, there were **1,219 opioid-related overdose deaths** accounting for **91% of all drug overdose fatalities** in the state.ⁱⁱ For

many, the path towards addiction begins after being prescribed opioids to manage an acute pain incident, such as for postsurgical pain, an accident, or sports injury. In Connecticut, there were **32.4 opioid prescriptions written for every 100 persons** in 2023.ⁱⁱⁱ

Fortunately, this is a path to addiction that can be prevented by ensuring access to non-opioid approaches.

Prescription opioids are frequently used to treat acute pain. In fact, as many as **90 percent of all surgical patients** in the United States receive a prescription for opioids to manage postsurgical pain.^{iv} It is easy to understand why prescription opioids are frequently used – medical professionals are trained to treat pain with opioids, they are seen as effective ways to treat pain, and, perhaps most importantly, generic prescription opioids are incredibly cheap. As such, health insurers frequently make generic opioids available to patients at little – or no – charge to the patient.

This inadvertently incentivizes patients – and their healthcare providers – to treat pain with prescription opioids. We must change this care paradigm.

SB 1474 requires opioid prescribers receiving Medicaid reimbursement to complete training in non-opioid pain management alternatives and advantages.

SB 1474 would not put prescription opioids out-of-reach for those patients who want – or require – those treatments. Rather, the legislation would ensure that more Connecticuters would have the resources necessary to understand the full suite of safe, effective, and FDA-approved pain management approaches, including both opioid and non-opioid options.

There are currently some FDA-approved, safe, and effective non-opioid pain management products on the market with more in the pipeline. These include nerve blocks which provide regionally-specific pain relief and are commonly used during oral and soft tissue surgeries. There are also brand name non-steroidal anti-inflammatory drugs (NSAIDs) that are used in a variety of other acute pain incidents, such as sports injuries, migraines and other short-term pain incidents. Finally, there are other physician-administered products that are used instead of fentanyl for cataract surgeries. All of these products greatly diminish reliance on prescription opioids, provide effective analgesic support for patients, and reduce quantities of opioids prescribed and consumed in the United States. These are products that would be made more accessible through SB 1474.

On top of these currently available products, SB 1474 sends a strong market signal to innovators developing novel therapies. There has been a good deal of innovation in the non-opioid market that is starting to bear promise, and several non-addictive approaches may be approaching the market over the next year or so. This signal is clear: if you are successful in bringing new, innovative products to market that can treat pain without relying on opioids, patients will be able to access them.

There are several of such products on the market and there are more on the way.^v

However, all of this work, innovation, and advocacy will be for naught if we do not ensure that patients and providers can easily understand and access these products.

SB 1474 serves as a critical safeguard, ensuring that non-opioid alternatives remain accessible and removing barriers that could limit their use. By ensuring providers are equipped with the knowledge to offer these options, this legislation offers a commonsense approach to addressing an opioid crisis that worsens each year.

The legislation being considered today mirrors a federal bill, the Alternatives to Prevent Addiction in the Nation (Alternatives to PAIN) Act, which was recently reintroduced in the 119th U.S. Congress. **Simply put, we must ensure that all patients can easily access non-opioid pain approaches across all care settings.**

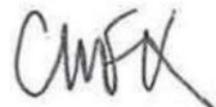
Voices for Non-Opioid Choices urges the federal and state government to continue to work hand-in-hand to solve the opioid crisis currently taking place in Connecticut, and throughout the country. For too long, prescription opioids have been the default method for managing pain – and insurance company practices have reinforced this reality. This puts patients at unnecessary risk for misuse and addiction.

Voices applauds the advancements proposed in SB 1474 and would like to see these efforts come to fruition. This legislation would enable more patients to have access to non-addictive products and would improve care for the thousands of Connecticuters who experience an acute pain incident every year.

Once again, thank you for making the time today to recognize and examine the importance of expanding access to non-addictive opioid alternatives throughout Connecticut. I urge the committee to take action to prevent opioid addiction before it starts and pass SB 1474.

Thank you for your consideration of these comments. I stand ready to work with your committee and the full delegation to prevent opioid addiction and enact this important legislation. Should you have any questions, please feel free to contact me at chris@nonopioidchoices.org.

Sincerely,



Chris Fox
Executive Director
Voices for Non-Opioid Choices

ⁱ Centers for Disease Control and Prevention (2024). US Overdose Deaths Decrease in 2023, First Time Since 2018. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm

ⁱⁱ 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>

ⁱⁱⁱ 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>

^{iv} 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>

^v Kingwell, K. (2022, October 14). *New non-opioid pain drug pushes through to pivotal trials*. *Nature*. <https://www.nature.com/articles/d41573-022-00175-2>