



February 4, 2025

**Majority Floor Leader Josh West**

Oklahoma House of Representatives  
2300 N. Lincoln Blvd., Room 205  
Oklahoma City, OK 73105

**The Honorable Paul Rosino**

Oklahoma Senate  
2300 N. Lincoln Blvd., Room 232  
Oklahoma City, OK 73105

Dear Majority Floor Leader Josh West and Chairman Paul Rosino,

Voices for Non-Opioid Choices ("Voices") and Shatterproof applaud Representative Josh West for introducing legislation to prevent opioid addiction in Oklahoma and thanks Senator Rosino for his continued leadership in advancing non-opioid parity protections through Senate Bill 1344, enacted last year. Voices and Shatterproof would like to extend our full support for Oklahoma House Bill 1416, which builds on this progress by extending those same protections to the Oklahoma state employee health program.

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, HB 1416 will prevent opioid addiction for many Oklahomans and save lives.

Voices for Non-Opioid Choices ([www.nonopioidchoices.org](http://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.

Shatterproof ([shatterproof.org](http://shatterproof.org)) is a national nonprofit dedicated to ending the addiction crisis around the country by engaging those affected by substance use disorder, ending addiction stigma, and ensuring access to evidence-based treatment. We also support federal and state policy solutions to prevent and treat addiction and support those in recovery.

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.<sup>i</sup> This means that, on average, **we lose more than 200 Americans every day to an opioid-related drug overdose.**

Oklahoma is not immune from this national epidemic. In 2023, there were **855 opioid-related drug overdose deaths.**<sup>ii</sup> 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 Oklahoma, there were **52.9 opioid prescriptions written for every 100 persons** in 2023.<sup>iii</sup>

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.<sup>iv</sup> 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.**

HB 1416 would do just this. The bill would expand upon legislation enacted in 2024, SB 1344 by Senator Rosino. SB 1344 established non-opioid parity protections within Oklahoma’s Medicaid program, SoonerCare. HB 1416 expands those same parity provisions to the Oklahoma state employee health program, administered through the Office of Management & Enterprise Services (OMES).

HB 1416 would not put prescription opioids out-of-reach for those patients who want – or require – those treatments. Rather, the legislation would ensure more Oklahomans would have full access to 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 HB 1416.

On top of these currently available products, HB 1416 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 that may soon come to market from several manufacturers.<sup>v</sup>

There are solutions on the market and there are more on the way. However, all of this work, innovation, and advocacy will be for naught if we do not ensure that patients and providers can easily access these products. HB 1416 is an important patient safeguard and a commonsense solution to an opioid addiction crisis that gets worse every year.

In short, this legislation would go a long way towards preventing opioid addiction by ensuring robust access to non-opioid pain management approaches. HB 1416 accomplishes this by making sure that health insurers are not putting up barriers that inhibit patient access to these products.

The legislation being considered today mirrors a federal bill, the Alternatives to Prevent Addiction in the Nation (Alternatives to PAIN) Act, which was introduced last year in the U.S. House of Representatives and Senate and will soon be reintroduced in the 119<sup>th</sup> 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 and Shatterproof urge the federal and state government to continue to work hand-in-hand to solve the opioid crisis currently taking place in Oklahoma, 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.

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

Voices and Shatterproof applaud the advancements proposed in HB 1416 and would like to see these efforts come to fruition.

Once again, thank you for making the time today to recognize and examine the importance of expanding access to non-addictive opioid alternatives throughout Oklahoma.

With appreciation,



Chris Fox  
Executive Director  
Voices for Non-Opioid Choice



Kristen Pendergrass  
Vice President, State Policy  
Shatterproof

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<sup>i</sup> 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](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm)

<sup>ii</sup> 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>

<sup>iii</sup> 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>

<sup>iv</sup> 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>

<sup>v</sup> 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>