



May 13, 2025

The Honorable Craig J. Coughlin

Assembly Speaker
New Jersey General Assembly
569 Rahway Avenue
Woodbridge, NJ 07095

Dear Assembly Speaker Coughlin,

Voices for Non-Opioid Choices (“Voices”) appreciates your attention to legislation aimed at preventing opioid addiction in New Jersey. We would like to extend our full support for Assembly Bill No. 4682 and urge its swift advancement to expand access to non-opioid pain management options across the state.

Voices applauds Assemblymembers Anthony Verrelli, Carol Murphy, and Margie Donlon for introducing this critical legislation, which takes a meaningful step toward reducing the risk of opioid addiction by expanding the availability of safe and effective non-opioid alternatives for treating acute pain.

For too long, our response to the opioid addiction crisis has 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, A4682 will prevent opioid addiction for many New Jerseyans 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. In 2023, the last year for which we have full-year overdose data, 81,000 Americans died from an opioid-related drug overdose.ⁱ This means that, on average, **we lose more than 200 Americans every day to an opioid-related drug overdose.**

New Jersey is not immune to this national epidemic. In 2023, there were **2,454 opioid-related drug overdose deaths,** accounting for **88.3% 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 a sports injury. In New Jersey, there were **26.3 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.

Assembly Bill No. 4682 would prevent health insurance carriers from denying coverage of non-opioid prescription drugs for acute pain in favor of opioids and prohibit them from requiring patients to try opioids before approving non-opioid alternatives.

A4682 would not put prescription opioids out-of-reach for those patients who want – or require – those treatments. Rather, the legislation would ensure that more New Jerseyans 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 A4682.

On top of these currently available products, A4682 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, with several non-addictive approaches already available and more expected to enter the market in the next year or so.^v

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.

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.

A4682 serves as a critical safeguard that removes barriers to non-opioid pain treatments, helping ensure these safer alternatives remain accessible to patients. By preventing unnecessary restrictions from health insurers, 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 Congress (H.R.1227/S.475). **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 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.

Voices applauds the advancements proposed in this bill and would like to see these efforts come to fruition.

Once again, thank you for recognizing the importance of expanding access to non-addictive alternatives to opioids. We urge you to take action to prevent opioid addiction before it starts and advance Assembly Bill No. 4682.

Thank you for your consideration of these comments. Voices stands ready to work with the full delegation to advance this critical legislation and help ensure safe, effective, and non-addictive pain management for individuals in New Jersey.

With appreciation,

A handwritten signature in dark ink, appearing to read "Chris Fox", is positioned above the typed name and title.

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>