



January 31, 2025

Chair Luke Torian (D-24)

House Appropriations Committee
Virginia House of Delegates
201 North 9th Street
Richmond, VA 23219

Vice Chair Mark Sickles (D-17)

House Appropriations Committee
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The Honorable David Bulova (D-11)

House Appropriations Committee
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The Honorable Betsy Carr (D-78)

House Appropriations Committee
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The Honorable Delores McQuinn (D-81)

House Appropriations Committee
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The Honorable Paul Krizek (D-16)

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The Honorable C. E. "Cliff" Hayes, Jr. (D-91)

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The Honorable David Reid (D-28)

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The Honorable Sam Rasoul (D-38)

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The Honorable Rodney Willett (D-58)

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The Honorable Briana Sewell (D-25)

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The Honorable Terry Austin (R-37)

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The Honorable Robert Bloxom, Jr. (R-100)

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The Honorable M. Keith Hodges (R-68)

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The Honorable Scott A. Wyatt (R-60)

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The Honorable Ellen H. Campbell (R-36)

House Appropriations Committee
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The Honorable Alex Askew (D-95)

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The Honorable James "Will" Morefield (R-43)

House Appropriations Committee
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The Honorable Daniel Marshall III (R-49)

House Appropriations Committee
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The Honorable Carrie E. Coyner (R-75)

House Appropriations Committee
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The Honorable William D. Wiley (R-32)

House Appropriations Committee
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The Honorable Anne Ferrell Tata (R-99)

House Appropriations Committee
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Dear Members of the Virginia House Appropriations Committee,

On behalf of the patients, providers, families, and health professionals our organizations represent, we urge you to adopt House Amendment 288 #38h, introduced by Delegate Michelle Maldonado (D-20), and House Amendment 288 #51h, introduced by Delegate Mark Sickles (D-17). House Amendments 288 #38h and 288 #51h, *Medicaid Parity in Treatment of Non Opioid and Opioid Drugs*, have the critical ability to prevent unnecessary exposure to opioids and ensure access to the wide array of FDA-approved, safe, and effective non-opioid pain management approaches for Virginians.

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.

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, House Amendments 288 #38h and 288 #51h will prevent opioid addiction for many Virginians and save lives.

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.**

Virginia is not immune from this national epidemic. In Virginia, there were **2,020 opioid-related drug overdose deaths** in 2023.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 Virginia, there were **32.5 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.

House Amendments 288 #38h and 288 #51h would do just this. These budget amendments ensure that FDA-approved non-opioid pain treatments are not disadvantaged or discouraged in coverage compared to opioids. This includes preventing the use of prior authorization or step therapy requirements that are more restrictive than those applied to opioid medications.

House Amendments 288 #38h and 288 #51h would not put prescription opioids out-of-reach for those patients who want – or require – those treatments. Rather, the budget amendments would ensure that Virginians would have full access to the full suite of safe, effective, and FDA-approved pain management approaches, including both opioid and non-opioid options.

In short, House Amendments 288 #38h and 288 #51h would go a long way towards preventing opioid addiction by ensuring robust access to non-opioid pain management approaches. *Medicaid Parity in Treatment of Non Opioid and Opioid Drugs* accomplishes this by making sure that health insurers are not putting up barriers that inhibit patient access to these products.

The budget amendments being considered today mirror 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 119th 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 Virginia, 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.

We applaud the advancements proposed in House Amendments 288 #38h and 288 #51h and would like to see these efforts come to fruition. These budget amendments would enable more patients to have access to non-addictive products and would improve care for the tens of thousands of Virginians who experience an acute pain incident every year.

Virginia must remain vigilant in fighting this crisis. Patients deserve choices when managing their pain or recovering from surgery. In order to prevent addiction and save lives, we urge you to adopt House Amendments 288 #38h and 288 #51h.

Together, we can prevent opioid addiction before it starts and, in the process, save lives. We look forward to working with you to advance these important budget amendments.

Sincerely,



Chris Fox
Executive Director
Voices for Non-Opioid Choices



Beth O'Connor, M.Ed.
Executive Director
Virginia Rural Health Associatio

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>