



January 21, 2024

Chair Michelle Lopes Maldonado (D-20)

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

The Honorable Richard Sullivan Jr. (D-06)

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

The Honorable Irene Shin (D-08)

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201 North 9th Street
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The Honorable Destiny LeVere Bolling (D-80)

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The Honorable Terry Kilgore (R-45)

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The Honorable Tony Wilt (R-34)

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The Honorable Joseph McNamara (R-40)

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Richmond, VA 23219

The Honorable Jeion Ward (D-87)

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

Dear Members of the Virginia House Labor and Commerce Subcommittee #1,

On behalf of the patients, providers, families, and health professionals our organizations represent, we urge you to pass Virginia House Bill 1765 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, HB 1765 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.

HB 1765 would do just this. This legislation prohibits health insurance carriers from imposing cost-sharing, prior authorization, step therapy, or other restrictions on FDA-approved non-opioid drugs that are more burdensome than those applied to covered opioid medications.

HB 1765 would not put prescription opioids out-of-reach for those patients who want – or require – those treatments. Rather, the legislation 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, HB 1765 would go a long way towards preventing opioid addiction by ensuring robust access to non-opioid pain management approaches. The legislation 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 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 HB 1765 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 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 pass HB 1765.

Together, we can prevent opioid addiction before it starts and, in the process, save lives. We look forward to working with you to enact this important legislation.

Sincerely,

Voices for Non-Opioid Choices
H.A.R.P. Program Chesterfield County Jail
Journey House Foundation
National Association of Social Workers of Virginia
Operation First Response
REAL LIFE
Virginia Rural Health Association
Warren County Community Health Coalition

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>