

VOICES FOR NON-OPIOID CHOICES

October 7, 2025

The Honorable Jesse James

Chair
Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families
Wisconsin State Legislature
P.O. Box 7882
Madison, WI 53707

The Honorable Rachael Cabral-Guevara

Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families
Wisconsin State Legislature
P.O. Box 7882
Madison, WI 53707

The Honorable LaTonya Johnson

Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families
Wisconsin State Legislature
P.O. Box 7882
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The Honorable Jesse Van Wanggaard

Vice-Chair
Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families
Wisconsin State Legislature
P.O. Box 7882
Madison, WI 53707

The Honorable Sarah Keyeski

Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families
Wisconsin State Legislature
P.O. Box 7882
Madison, WI 53707

Dear Chair James and Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families,

On behalf of Voices for Non-Opioid Choices (“Voices”), we applaud Chair James for introducing Senate Bill 492 and urge the committee to advance this critical legislation. Too often, patients are steered toward prescription opioids to manage pain, not because that is what’s best for them or what they would choose, but because insurance practices make non-addictive approaches inaccessible. This legislation changes that status quo and puts patients and caregivers in charge of pain management decisions and can prevent opioid addiction before it starts – protecting families across Wisconsin.

We support SB 492 because it empowers patients and providers to choose the treatment decisions that make the most sense for them. By leveling the playing field between opioids and non-opioid therapies, the legislation removes the incentives that exist and lead to an unnecessary overreliance on prescription opioids, which carry with it some addiction and long-term abuse risks.

The opioid crisis has taken a heavy toll on communities across the state. In Wisconsin last year, there were **766 opioid-related drug overdose deaths**, accounting for **67.3% of all drug overdose fatalities** in the state.ⁱ For many, the path towards addiction may begin after being prescribed opioids to manage an acute pain incident, such as for postsurgical pain, an accident, or a sports injury. In Wisconsin, there were **32.8 opioid prescriptions written for every 100 persons in 2023.**ⁱⁱ

Every opportunity to prevent unnecessary exposure represents lives spared from addiction, families kept whole, and long-term costs to the health care system reduced. Legislation like this is critical because it does not wait for someone to develop a dependency before intervening; it prevents that first exposure from becoming a gateway to harm.

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.ⁱⁱⁱ 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 492 requires health insurance plans and self-insured government plans to establish a pain management access plan that ensures coverage of at least two FDA-approved non-opioid prescription medications and at least three non-pharmacological pain management treatments. The bill also prohibits more restrictive utilization controls for non-opioids than for opioids, mandates that the Department of Health Services not disadvantage non-opioid drugs on the preferred drug list, and requires plans to provide enrollees and providers with information about available pain management alternatives.

SB 492 would not put prescription opioids out-of-reach for those patients who want – or require – those treatments. Rather, the legislation would ensure that more Wisconsinites 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 SB 492.

On top of these currently available products, SB 492 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.^{iv}

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.

SB 492 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.

Voices for Non-Opioid Choices urges the federal and state governments to continue to work hand-in-hand to solve the opioid crisis currently taking place in Wisconsin 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.

SB 492 would enable more patients to have access to non-addictive products and would improve care for the tens of thousands of Wisconsinites who experience an acute pain incident every year.

We look forward to working with you to advance this vital legislation.

With appreciation,



Chris Fox
Executive Director
Voices for Non-Opioid Choices

ⁱ Centers for Disease Control and Prevention (2025). Provisional Drug Overdose Death Counts.

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

ⁱⁱ 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>

ⁱⁱⁱ 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>

^{iv} 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>