



January 28, 2026

The Honorable Selina Bliss

Chairman
Health and Human Services Committee
Arizona House of Representatives
1700 W Washington St
Phoenix, AZ 85007

Dear Chair Bliss,

On behalf of Voices for Non-Opioid Choices (“Voices”), thank you for introducing Arizona House Bill 2725, legislation that would ensure Medicaid beneficiaries in Arizona can access non-opioid pain management options without being disadvantaged by more restrictive utilization management practices. Voices strongly urges the Committee to advance HB 2725.

Voices is a national, nonpartisan, nonprofit organization dedicated to preventing opioid addiction. Our coalition includes over 20,000 advocates and more than 250 member organizations representing leading patient, provider, and public health groups. Together, our members represent millions of Americans affected by the U.S. opioid addiction epidemic.

For too long, efforts to address the opioid crisis have focused almost exclusively on overdose response, treatment, and harm reduction. While these efforts are essential, they overlook a critical opportunity to prevent addiction before it starts—by reducing unnecessary exposure to prescription opioids and ensuring patients can meaningfully access non-opioid pain approaches.

The urgency of prevention is clear. Between April 2024 and April 2025, more than 48,000 Americans—**an average of 133 people every day**—died from opioid-related overdoses, accounting for roughly **two-thirds of all overdose deaths**.ⁱ Arizona is not immune to this crisis. During this same time frame, there were **2,011 opioid-related overdose deaths** in Arizona, accounting for **72% of all overdose fatalities** statewide.ⁱⁱ

This harm is not inevitable—it is driven by policy choices that shape how pain is treated.

For many individuals, opioid exposure begins not through misuse, but as a routine part of medical care.ⁱⁱⁱ **Up to 90% of surgical patients receive an opioid prescription for postoperative pain**,^{iv} making surgery one of the most common gateways to first-time opioid use. In Arizona alone, **35 opioid prescriptions were written for every 100 residents** in 2023,^v creating an avoidable pathway to dependence or long-term use.

This also places a heavy strain on state Medicaid resources. A recent analysis found that beneficiaries with opioid use disorder (OUD) cost state Medicaid programs an average of \$14,002 more per person annually, resulting in an estimated \$25.4 billion in additional spending nationwide. **In Arizona, this excess cost was found to be \$960.2 million**.^{vi}

Because the pathway to addiction, dependence, misuse, or abuse often starts with a prescription opioid, we should do more to prioritize protocols that increase access to non-opioid approaches. Utilization management tools such as prior authorization, step therapy, and fail-first requirements

create unnecessary hurdles to accessing non-opioid treatments, too often steering patients toward lower-cost care approaches, frequently resulting in opioid prescriptions.

HB 2725 corrects this imbalance by prohibiting more restrictive utilization controls on non-opioid therapies than on opioids. In doing so, the bill supports patient choice and access to non-opioid approaches while helping to prevent opioid addiction before it starts.

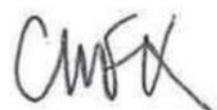
HB 2725 does not restrict access to opioids for patients who need them; rather, it ensures that non-opioid options are accessible, affordable, and viable choices for patients and providers.

The evidence supporting this approach is strong. A 2025 study found that replacing just 10 percent of new opioid prescriptions with non-opioid pain treatments could **prevent more than 320,000 cases of OUD, avert 11,000 overdose deaths, and save \$88 billion.**^{vii} Real-world evidence reinforces these findings, showing that multimodal, non-opioid pain approaches reduce emergency room visits, shorten hospital stays, and lower overall health care costs.^{viii,ix,x}

HB 2725 represents a common-sense, prevention-focused approach to pain management, one that treats pain effectively while reducing the risk of addiction and long-term harms. **We urge the Committee to advance this legislation and help prevent opioid addiction before it starts.**

Thank you for your leadership and consideration. We look forward to working with you to ensure Arizonans can better access safe, effective, and non-addictive options for managing pain.

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

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

ⁱⁱⁱ Bicket MC, Lin LA, Waljee J. (2021). New persistent opioid use after surgery: A risk factor for opioid use disorder? Annals of Surgery. 2021;275(2):e288-e289. doi:10.1097/sla.0000000000005297

^{iv} Singh K, Murali A, Stevens H, et al. (2022). Predicting persistent opioid use after surgery using electronic health record and patient-reported data. Surgery. 2022;172(1):241-248. doi:10.1016/j.surg.2022.01.008

^v Centers for Disease Control and Prevention. (2025). Opioid Dispensing Rate Maps. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>

^{vi} Health Management Associates. (2025). Opioid Use Disorder in the Medicaid Fee-For-Service Program. [Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf](https://www.healthmanagement.org/-/media/assets/advocacy/advocacy-reports/opioid-use-disorder-economic-impact-on-medicaid-program-073125.pdf).

^{vii} Ballreich, J. M., Jeyakumar, S., Garrison, K., Lopez, A., Cohen, B. G., Paffrath, A., Steel, P., & Rubin, J. L. (2025). Societal burden of the US opioid epidemic over the next 15 years and the potential impact of effective non-opioid treatments for pain. *Journal of Medical Economics*, 28(1), 2247-2257. <https://doi.org/10.1080/13696998.2025.2602385>

^{viii} Health Management Associates. (2025). Opioid Use Disorder in the Medicaid Fee-For-Service Program. [Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf](https://www.healthmanagement.org/-/media/assets/advocacy/advocacy-reports/opioid-use-disorder-economic-impact-on-medicaid-program-073125.pdf).

^{ix} Hosseinzadeh F, Nourazarian A. (2025). Biochemical strategies for opioid-sparing pain management in the operating room. *Biochemistry and Biophysics Reports*. 2025;41:101927. doi:<https://doi.org/10.1016/j.bbrep.2025.101927>

^x Health Management Associates. (2024). Opioid Use Disorder in the Medicare Fee-for-Service Program.

<https://www.healthmanagement.com/wp-content/uploads/Opioid-Use-Disorder-Economic-Impact-on-Medicare-Program-062724-final.pdf>.