

# VOICES FOR NON-OPIOID CHOICES

December 10, 2025

Minnesota Department of Commerce  
85 7th Place East  
St. Paul, MN 55101

## **Re: RFI on Mandated Health Benefit Proposal Evaluations**

Dear Minnesota Department of Commerce,

On behalf of Voices for Non-Opioid Choices (“Voices”), thank you for the opportunity to provide comments on **SF1946 – Coverage for Prescription Opioid Alternatives** as part of the Department’s Request for Information. Voices applauds Minnesota for its leadership in preventing addiction before it begins and offers our full support for SF1946.

For too long, efforts to address the opioid crisis have focused almost exclusively on overdose response, increasing access to treatment for substance use disorders (SUD), and overdose death prevention. While essential, these efforts overlook a critical opportunity to prevent addiction before it starts by reducing our overreliance on prescription opioids and minimizing unnecessary exposure to opioids.

Ensuring that safe, evidence-based non-opioid pain management options are available and not disadvantaged by insurance design is one of the most effective ways to accomplish this. SF1946 does exactly that, creating the opportunity to treat pain without the aid of narcotic-based protocols, reduce unnecessary exposure to opioids, prevent opioid addiction for many Minnesotans, and save lives.

Voices is a national, nonpartisan, nonprofit organization dedicated to preventing opioid addiction. Our coalition includes over 20,000 advocates and more than 200 member organizations representing leading patient, provider, and public health groups. Together, our members represent millions of Americans affected by the U.S. opioid epidemic.

Despite substantial efforts to combat the crisis, Minnesota continues to experience devastating consequences. In the 12 months ending April 2025, **688 Minnesotans died from an opioid-involved overdose**, accounting for **68.2% of all overdose deaths** statewide.<sup>i</sup> For many individuals—especially those recovering from surgery, injuries, or acute pain incidents—opioid exposure begins not through misuse, but as a routine part of medical care.<sup>ii</sup> Nationally, **up to 90% of surgical patients receive an opioid prescription for postoperative pain**,<sup>iii</sup> making surgery one of the most common gateways to first-time opioid use. In Minnesota alone, **26.5 opioid prescriptions were written for every 100 residents** in 2023,<sup>iv</sup> creating an avoidable pathway to dependence or long-term use.

Ensuring non-opioid therapies are readily accessible is essential to reversing this trend.

**SF1946 takes meaningful steps to achieve this parity** by requiring coverage for FDA-approved non-opioid medications and multiple nonpharmacologic modalities. By prohibiting insurers from

imposing more restrictive utilization controls on non-opioid options than on opioids, SF1946 removes long-standing barriers that have made opioids the default pain treatment for many Minnesotans.

These reforms directly address a long-standing imbalance in pain management: opioids are often easier, cheaper, and more convenient for patients to obtain than non-opioid alternatives.<sup>v</sup> **This inadvertently incentivizes patients – and their healthcare providers – to treat pain with prescription opioids.** We must change this care paradigm.

SF1946 does so without restricting access to opioids for patients who need them. Instead, it ensures that all Minnesotans—regardless of income, geography, or insurance plan—can meaningfully choose the pain treatment plan that best works for them. This is particularly vital for high-risk populations, including older adults, postoperative patients, and individuals in rural communities where specialty pain resources may be limited. By removing administrative and financial barriers, SF1946 will help reduce preventable opioid exposure and the risk of long-term addiction.

The long-term benefits of expanding access to non-opioid pain management are substantial: fewer cases of opioid use disorder, fewer overdoses, shorter post-surgical hospital stays, and reduced reliance on costly treatment and emergency services.<sup>vi,vii,viii</sup> With the societal cost of OUD in Minnesota reaching **\$32.9 billion in 2024**,<sup>ix</sup> prevention-focused policies like SF1946 are not only clinically sound—they are fiscally responsible.

**Minnesota's own experience reinforces these findings.** The Minnesota Department of Health's evaluation of the state's Non-Narcotic Pain Management Demonstration Projects concluded that expanding insurance coverage for non-pharmacologic modalities, together with increased provider education, enhances patient self-management and reduces overall health care spending.<sup>x</sup> SF1946 advances these same evidence-based strategies by ensuring that non-opioid approaches are accessible, covered, and understood by both patients and providers.

Voices strongly supports SF1946. We believe its passage will enhance patient safety, improve pain management, and meaningfully reduce opioid-related harms across Minnesota.

Thank you for your consideration of these comments. Voices stands ready to work with you to prevent opioid addiction before it begins and advance this important legislation.

With appreciation,



Chris Fox  
Executive Director  
Voices for Non-Opioid Choices

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<sup>i</sup> Centers for Disease Control and Prevention. (2025). Provisional Drug Overdose Death Counts. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>ii</sup> 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

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<sup>iii</sup> 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.

<sup>iv</sup> 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>

<sup>v</sup> Baxter A. (2023). The preference for insurance coverage of opioids over non-pharmaceutical options explained. KevinMD.com. <https://kevinmd.com/2023/08/the-preference-for-insurance-coverage-of-opioids-over-non-pharmaceutical-options-explained.html>

<sup>vi</sup> 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>

<sup>vii</sup> 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>

<sup>viii</sup> Health Management Associates. (2025). Opioid Use Disorder in the Medicaid Fee-For-Service Program. <https://www.healthmanagement.com/wp-content/uploads/2025/05/Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf>

<sup>ix</sup> Avalere Health (2025). The cost of addiction: Opioid use disorder in the United States.  
[https://advisory.avalerehealth.com/wp-content/uploads/2025/05/Avalere-Health-White-Paper\\_The-cost-of-opioid-addiction\\_OUD-in-the-United-States.pdf](https://advisory.avalerehealth.com/wp-content/uploads/2025/05/Avalere-Health-White-Paper_The-cost-of-opioid-addiction_OUD-in-the-United-States.pdf)

<sup>x</sup> Minnesota Department of Health. (2022). Non-Narcotic Pain Management Demonstrations Projects: An Evaluation Report. Injury & Violence Prevention Section, Drug Overdose Prevention Unit.  
<https://www.health.state.mn.us/communities/opioids/documents/nnpmevaluationreport2022.pdf>