

**NOPAIN Impact ATU Survey
Topline Summary
KRC Research
December 3, 2025**

Background

Document Overview

This memo summarizes complete data results of the Voices for Non-Opioid Choices NOPAIN Impact ATU survey. This document contains an overview of findings from **complete data** responses of n=744 healthcare professionals.

Research Methodology

KRC Research conducted an online survey among a U.S. sample of healthcare professionals. This document shows the responses from complete data of n=744 healthcare professionals, including Directors of Pharmacy (DOPs), Medical Directors (MDs), Surgeons, and Anesthesiologists (Details in the table below). The responses below reflect data collected from October 31, 2025 – December 1, 2025.

Survey completes:

Audience	Survey Completes
Total	744
Directors of Pharmacy	150
Medical Directors	92
Surgeons	253
Anesthesiologists	249

Topline Data Findings

Target audiences acknowledge that opioids in outpatient surgeries have decreased over the past decade. Since the start of 2025, 35% of healthcare providers report that opioid prescribing for post-surgical pain management in outpatient surgeries has decreased. Contextually, this trend aligns with reductions reported over the past 10 years (75% NET decrease) and the past 3 years (62% NET decrease). [Q1, Q2](#)

Healthcare providers are aware of state legislation and healthcare facility guidelines related to opioid prescribing. 51% say their state has limitations on prescribers' ability to prescribe opioids for outpatient procedures, and 74% report their healthcare facility adheres to opioid stewardship guidelines to ensure the appropriate, safe, and effective use of opioids. These guidelines commonly promote non-opioid alternatives (86%) and include ongoing clinician education (71%). [Q3, Q4, Q5](#)

Familiarity, awareness, and implementation of the NOPAIN Act vary among healthcare providers. While 17% report being very familiar with the Act, a total of 85% are familiar to some degree, leaving 15% who have never heard of it. Additionally, 4 in 10 providers are aware of the Act's associated reimbursement policies. [Q7, Q8](#)

About half (52%) have taken some action to implement NOPAIN in their facility, 48% have not taken action. Among those who have taken action to implement NOPAIN in their facility...

- Changes have been made regarding updates to post-surgical pain management order sets (51%), adding qualifying non-opioids to formulary (49%), changes to perioperative protocols (52%), efforts to educate patients on non-opioid pain management protocols (44%), and changes to opioid prescribing at discharge (44%) since the implementation of NOPAIN. [Q10](#)
- The primary motivations for implementing NOPAIN include better patient outcomes (61%), increased awareness of the clinical benefits of non-opioid pain management (57%), and prioritization of opioid reduction efforts (56%). [Q17](#)
- Stakeholders most influential in driving the implementation of the NOPAIN Act include clinical leadership (56%), pharmacy leadership (56%), and medical leadership (52%). [Q18](#)
- Since the implementation of the NOPAIN Act, opioid prescribing for each stage of outpatient surgical procedures has decreased at their facility. [Q27](#)

Base: Facilities taken action to implement NOPAIN, n=389	Before surgery	During surgery	Immediately following surgery	At discharge
Significant decrease in opioid prescribing	19%	9%	16%	28%
Moderate decrease in opioid prescribing	30%	31%	37%	37%
Slight decrease in opioid prescribing	29%	31%	31%	23%
NET: Decrease	78%	71%	84%	88%
No noticeable decrease in opioid prescribing	19%	27%	15%	8%

Unsure	4%	2%	2%	4%
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- Among those that have taken action on NOPAIN but have only seen a small, moderate, or no decrease in opioid prescribing (about 8-in-10), they say this was due to already utilizing opioid-minimizing protocols (51%) or difficulty in compelling clinicians to change current prescribing habits (44%). Another third (34%) say it just hasn't been long enough to see effects. [Q28](#)
- At discharge, 57% have reduced the number of days covered or pills dispensed by initial opioid prescriptions, and 52% have reduced the total MMEs per prescription. [Q29](#)
- 48% of respondents note that Enhanced Recovery After Surgery (ERAS) protocols for post-surgical pain management have changed as a direct result of the NOPAIN Act. [Q30](#)
- Implementation of NOPAIN has also led to stronger enforcement or improved adherence to standardized pain management protocols in 58% of facilities. [Q32](#)
- Following NOPAIN adoption, healthcare providers report reduced side effects from opioids (64%), improved patient safety (58%), and greater adherence to non-opioid treatment protocols (53%). These benefits are expected to persist over the next 2-3 years. [Q34](#), [Q35](#)

Healthcare providers view the NOPAIN Act as an **important policy for advancing non-opioid stewardship** (82%) and believe it contributes to reducing opioid prescribing in the U.S. (68%), underscoring its perceived role in promoting safer pain management practices. About a quarter of healthcare providers deemphasize the role NOPAIN plays in reduction of opioid prescribing, likely attributing the reduction to other factors. [Q39](#), [Q40](#)

Partial Topline Data

While reading this document, please note that percentages may not sum to 100 due to rounding.

Survey Results

1. Within your facility, has the prescribing of opioids for post-surgical pain management in outpatient surgical procedures increased, decreased, or remained the same [**GROUP A:** “over the past 10 years?” or **GROUP B:** “over the past 3 years?”]

	Group A	Group B
Base: All respondents	372	372
Significantly increased	3%	4%
Moderately increased	8%	4%
Slightly increased	6%	9%
Stayed the same	8%	21%
Slightly decreased	30%	34%
Moderately decreased	27%	22%
Significantly decreased	18%	5%
Unsure	-	1%

2. Within your facility, has the prescribing of opioids for post-surgical pain management in outpatient surgical procedures increased, decreased, or remained the same since the start of 2025?

	Total
Base: All respondents	744
Significantly increased	2%
Moderately increased	4%
Slightly increased	7%
Stayed the same	51%
Slightly decreased	23%
Moderately decreased	9%
Significantly decreased	3%
Unsure	1%

3. Does your state apply limitations on prescribers' ability to prescribe opioids for outpatient surgical procedures, either in terms of quantity or days allowed?

	Total
Base: All respondents	744
Yes	51%
No	30%
Unsure	19%

4. Does your healthcare facility adhere to any overarching prescribing principles or guidelines related to opioid stewardship to ensure the appropriate, safe, and effective use of opioids?

	Total
Base: All respondents	744
Yes	74%
No	19%
Unsure	7%

5. Which of the following principles or guidelines does your facility adhere to? Select all that apply.

	Total
Base: Adheres to principles or guidelines for opioid stewardship Q4=1	547
Promoting the use of non-opioid alternatives when appropriate	86%
Providing ongoing clinician education or training on opioid stewardship	71%
Increasing access to non-opioid alternatives	63%
Monitoring and tracking opioid prescribing habits among staff	64%
Limiting the quantity or days of opioid prescriptions	63%
Co-prescribing naloxone with opioids in specific situations	51%
Requiring additional documentation or approval for opioid prescriptions	35%
Other (please specify)	-

6. To the best of your knowledge, how important were each of the following factors driving changes to opioid prescribing practices for post-surgical pain management in outpatient surgical procedures?

Summary Table: Very Important

	Total
Base: In your facility prescribing opioids has decreased Q1= 5,6,7	506
Clinical benefits of non-opioid pain management solutions	60%
Patient education on pain management alternatives	50%
Advances in non-opioid medications or therapies	48%
Ensuring patients have choices regarding their pain management	39%
State regulations	37%
Changes in patient expectations or preferences for pain management	36%
Institutional opioid stewardship programs or policies	36%
Financial benefits of non-opioid pain management solutions	14%
Changes to health insurance coverage plans	12%

7. To what extent are you familiar with the NOPAIN Act?

	Total
Base: All respondents	744
Very familiar	17%
Somewhat familiar	36%
Not too familiar	32%
Not at all familiar	15%

8. Have you read, seen, or heard anything recently about the fact that qualifying non-opioid medications or devices utilized during all outpatient surgeries (e.g., ambulatory surgery centers and hospital outpatient departments) are reimbursed separately at ASP+6% (for qualifying drugs) or with a separate add-on payment (for qualifying devices) for Medicare patients as of Jan 1, 2025?

	Total
Base: All respondents	744
Yes	44%
No	56%

9. The Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act was signed into law to mandate that Medicare separately reimburse for qualifying non-opioid drugs and devices utilized during all outpatient surgeries (in ambulatory surgery centers and hospital outpatient department settings) beginning Jan 1, 2025. The goal is to provide broader access to these treatments and potentially reduce reliance on opioids for pain management in eligible healthcare settings.

Some of the qualifying products include:

- EXPAREL (Bupivacaine Liposome Injectable Suspension)
- Ketorolac (Tromethamine Injectable)
- ZYNRELEF (Bupivacaine and Meloxicam Extended-Release Solution)
- ambIT Disposable Electronic Infusion Pump
- cryoSPHERE Cryo Nerve Block
- iovera° Cryoneurolysis System
- ON-Q Elastomeric Infusion Pump
- SPRINT Peripheral Nerve Stimulator System

To the best of your knowledge, which of the following best describes the status of the implementation of the NOPAIN Act and its associated reimbursement within your facility?

	Total
Base: All respondents	744
NET: Action taken	52%
NET: No action taken	48%
My facility is not aware of the NOPAIN Act or the associated reimbursement	10%
My facility is aware of the NOPAIN Act, but no discussions or actions have taken place	22%
My facility is engaged in early-stage conversations, which happen informally	18%
My facility is actively reviewing qualifying products or relevant protocols	16%
My facility has made decisions regarding the formulary status of qualifying products or relevant protocols	8%
My facility has implemented changes to the formulary status of qualifying products or updated relevant protocols	6%
Qualifying products or updated protocols are currently in use, and reimbursement processes are fully established	4%
Unsure	15%

10. **[ACTION TAKEN]** In what ways has your facility implemented the NOPAIN Act and its associated reimbursement?

	Total
Base: Facilities taken action to implement NOPAIN	389
Updated post-surgical pain management order sets	51%
Added additional qualifying non-opioid products to the formulary	49%
Made changes to perioperative protocols (e.g., employed Enhanced Recovery After Surgery [ERAS] or other opioid-minimizing protocols)	52%
Made changes to opioid prescribing at discharge	44%
Implemented efforts to educate patients about expanded access to non-opioid pain management options	44%
Provided education or training for staff on the NOPAIN Act and its associated reimbursement policies	39%
Adjusted or removed formulary status restrictions for qualifying products	33%
Developed or updated workflow processes for reimbursement claims	29%
Other	2%

11. **[ACTION TAKEN]** To the best of your knowledge, will there be continued efforts to implement or expand efforts around the NOPAIN Act and its associated reimbursement within your facility?

	Total
Base: Facilities taken action to implement NOPAIN	389
Yes, efforts are actively underway to expand	32%
Yes, but there is no clear timeline for additional implementation efforts	53%
No, the current level of implementation is likely to remain the same	8%
No, there are no plans to implement or expand efforts	1%
Unsure	5%

12. **[DOP/MD; ACTION TAKEN]** Which of the following best describes your involvement in promoting the use of qualifying non-opioid products for postsurgical pain management to clinicians within your facility, given the reimbursement offered via the NOPAIN Act?

	Total
Base: Directors of Pharmacy and Medical Directors in facilities that have taken action	158
I actively promote increased use	47%
I occasionally promote increased use	42%
I am minimally involved in promoting increased use	9%
I am not involved in promoting increased use	1%

13. **[DOP/MD; NO ACTION TAKEN]** To the best of your knowledge, what are the main reasons your facility has not taken action on implementing the NOPAIN Act?

	Total
Base: Directors of Pharmacy and Medical Directors in facilities that have not taken action	84
We were not aware of the NOPAIN Act	32%
We don't find the reimbursement compelling enough to justify changes	15%
We already used select qualifying products prior to the Act, and this policy wouldn't change usage rates or inclusion of additional qualifying products	37%
We are concerned that usage in the outpatient setting will spill over to the inpatient setting, which could create operational challenges	23%
We don't want to have different protocols or treatment approaches based on a patient's insurer	14%
Other	1%
Unsure	13%

14. **[NO ACTION TAKEN]** Thinking about protocol changes, approximately how often are surgical or perioperative protocols reviewed or updated at your facility?

	Total
Base: Facilities have not taken action to implement NOPAIN	355
Quarterly or more frequently	20%
Every 6 months	19%
Annually	35%
Less than once per year	14%
Unsure	12%

15. **[NO ACTION TAKEN]** On average, how long does it take for a proposed protocol change to be formally implemented?

	Total
Base: Facilities have not taken action to implement NOPAIN	355
3 months or less	18%
4-6 months	44%
7-12 months	23%
1-2 years	8%
More than 2 years	-
Unsure	7%

16. **[NO ACTION TAKEN]** What typically prompts a change in protocol at your facility?

	Total
Base: Facilities have not taken action to implement NOPAIN	355
Safety or adverse event reviews	68%
Physician or staff feedback	67%
Hospital administration or quality improvement initiatives	65%
Cost or formulary conditions	61%
New clinical evidence or published guide	51%
Regulatory or reimbursement changes	50%
Availability of new therapies or devices	47%
Patient preference or feedback	20%
Other	-

17. **[ACTION TAKEN]** What was the primary motivation for your facility to begin considering implementation of the NOPAIN Act?

	Total
Base: Facilities taken action to implement NOPAIN	389
Better patient outcomes	61%
Increased awareness of the potential clinical benefits of non-opioid pain management options	57%
Prioritization of opioid reduction efforts	56%
Ongoing opioid addiction epidemic	52%
Institutional goals aligned with opioid stewardship programs	47%
Financial incentives tied to improved reimbursement for qualifying products	42%
Pressure to align with evidence-based pain management practices	38%
Influence from external stakeholders (e.g., CMS, insurers, patient advocacy groups)	28%
Other	1%
Unsure	-

18. **[ACTION TAKEN]** Which stakeholders or decision-makers were most influential in driving the implementation of the NOPAIN Act within your facility?

	Total
Base: Facilities taken action to implement NOPAIN	389
Clinical leadership (e.g., Department Heads, Senior Physicians, or Surgeons)	56%
Pharmacy leadership (e.g., Director of Pharmacy, Pharmacy Managers)	56%
Medical leadership (e.g., Chief Medical Officer, Medical Directors)	52%
P&T Committees (Pharmacy and Therapeutics Committees)	45%
Pain management specialists or teams	42%
Regulatory or compliance teams	30%
Individual clinician advocates	29%
Finance or reimbursement teams	23%
Executive leadership (e.g., CEO, CFO)	23%
Patients	14%
Other	-

19. **[ACTION TAKEN]** To the best of your knowledge, how formalized was the decision-making process for implementing the NOPAIN Act at your facility?

	Total
Base: Facilities taken action to implement NOPAIN	389
Limited discussions with some exploratory analysis or evaluation	32%
Formal committee review and deliberation of costs, benefits, and protocols	32%
Informal discussions without structured decision-making processes	15%
A structured process with cross-functional input from multiple departments	12%
Unsure	9%

20. **[ACTION TAKEN]** How has information about the NOPAIN Act been communicated across your facility? Select all that apply.

	Total
Base: Facilities taken action to implement NOPAIN	389
Informal word-of-mouth communication	41%
Email updates or newsletters	41%
Regular meetings or presentations	33%
Internal training sessions or workshops	32%
Distribution of official CMS guidelines and resources	31%
Other	1%

No communication has taken place	7%
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21. **[ACTION TAKEN]** What were the key challenges your facility encountered when considering or implementing the NOPAIN Act and its associated reimbursement? Select all that apply.

	Total
Base: Facilities taken action to implement NOPAIN	389
Lack of awareness or understanding of the policy among staff	47%
Complexity of adjusting formulary availability, workflows, or protocols	45%
Resistance to change from clinicians or staff	42%
Communication challenges related to required involvement by multiple stakeholders (e.g., P+T Committee, pharmacy, medical directors, clinician advocates, billers and coders, etc.) to operationalize reimbursement	42%
Financial concerns around implementation costs or upfront investment	32%
Delays or barriers in reimbursement processes	23%
Difficulty identifying qualifying non-opioid products	21%
Limited data on the clinical efficacy of non-opioid alternatives	20%
None of the above	5%

22. Have the formulary status or restrictions for any of the following been affected in outpatient settings at your facility **[ACTION TAKEN]**: “due to the implementation of the NOPAIN Act and its associated reimbursement” **[NO ACTION TAKEN]**: “over the past 10 months”? **Will break out action taken/no action taken in full analysis.*

Summary Table: Added for formulary

	Total
Base: All respondents	744
Ketorolac (Tromethamine Injectable)	29%
EXPAREL (Bupivacaine Liposome Injectable Suspension)	28%
ZYNRELEF (Bupivacaine and Meloxicam Extended-Release Solution)	15%
ON-Q Elastomeric Infusion Pump	15%
cryoSPHERE Cryo Nerve Block	6%
iovera° Cryoneurolysis System	5%
ambIT Disposable Electronic Infusion Pump	5%
SPRINT Peripheral Nerve Stimulator System	5%

Summary Table: Restrictions changed or reduced

	Total
Base: All respondents	744

EXPAREL (Bupivacaine Liposome Injectable Suspension)	22%
ON-Q Elastomeric Infusion Pump	13%
ZYNRELEF (Bupivacaine and Meloxicam Extended-Release Solution)	12%
Ketorolac (Tromethamine Injectable)	12%
SPRINT Peripheral Nerve Stimulator System	11%
cryoSPHERE Cryo Nerve Block	8%
iovera° Cryoneurolysis System	8%
ambIT Disposable Electronic Infusion Pump	7%

23. **[ONLY WHERE Q22=2]** What specific changes in restrictions have occurred **[ACTION TAKEN]**: “due to the implementation of the NOPAIN Act and its associated reimbursement” **[NO ACTION TAKEN]**: “over the past 10 months”? Select all that apply. *Will break out action taken/no action taken in full analysis.*

	EXPAREL (Bupivacaine Liposome Injectable Suspension)	Ketorolac (Tromethamine Injectable)	ZYNRELEF (Bupivacaine and Meloxicam Extended-Release Solution)	ambIT Disposable Electronic Infusion Pump	cryoSPHERE Cryo Nerve Block	iovera° Cryoneurolysis System	ON-Q Elastomeric Infusion Pump	SPRINT Peripheral Nerve Stimulator System
Base: Facilities taken action to implement NOPAIN and restrictions changed, n-varies	N=165	N=86	N=87	N=53	N=62	N=61	N=100	N=79
Prior authorization requirements were eliminated	15%	23%	22%	32%	19%	20%	17%	19%
Available for use across additional service lines	52%	52%	49%	47%	40%	44%	49%	47%
Available for use across additional surgery types within the same service line	46%	34%	40%	32%	29%	33%	37%	33%
Available to a larger population of clinicians	22%	30%	24%	11%	35%	18%	18%	22%

24. **[ACTION TAKEN; IF Q22.1-8=3 OR 4]** Do you anticipate that the formulary status or restrictions for any of the following will be impacted to increase access in outpatient settings at your facility due to the implementation of the NOPAIN Act and its associated reimbursement?

Summary Table: Yes

	n-sizes	Total
Base: Facilities taken action to implement NOPAIN and no change or not on formulary		
EXPAREL (Bupivacaine Liposome Injectable Suspension)	n=132	39%
Ketorolac (Tromethamine Injectable)	n=194	39%
ZYNRELEF (Bupivacaine and Meloxicam Extended-Release Solution)	n=211	34%
ON-Q Elastomeric Infusion Pump	n=206	40%

ambIT Disposable Electronic Infusion Pump	n=270	21%
cryoSPHERE Cryo Nerve Block	n=230	20%
SPRINT Peripheral Nerve Stimulator System	n=230	20%
iovera° Cryoneurolysis System	n=242	17%

25. How has the use of each of the following **[ACTION TAKEN]** “been impacted at your facility due to the implementation of the NOPAIN Act and its associated reimbursement?” **[NO ACTION TAKEN]** “changed over the past 10 months”? *Will break out action taken/no action taken in full analysis.*

Summary Table: Significant Increase

	Total
Base: All respondents	744
Ketorolac (Tromethamine Injectable)	21%
EXPAREL (Bupivacaine Liposome Injectable Suspension)	19%
ZYNRELEF (Bupivacaine and Meloxicam Extended-Release Solution)	6%
ON-Q Elastomeric Infusion Pump	6%
ambIT Disposable Electronic Infusion Pump	2%
cryoSPHERE Cryo Nerve Block	2%
iovera° Cryoneurolysis System	2%
SPRINT Peripheral Nerve Stimulator System	2%

26. In your view, would it be beneficial for your facility to have increased access to the following products to enhance patient care and pain management?

Summary Table: Increased access would be beneficial

	Total
Base: All respondents	744
EXPAREL (Bupivacaine Liposome Injectable Suspension)	68%
ZYNRELEF (Bupivacaine and Meloxicam Extended-Release Solution)	60%
Ketorolac (Tromethamine Injectable)	56%
ON-Q Elastomeric Infusion Pump	51%
cryoSPHERE Cryo Nerve Block	41%
ambIT Disposable Electronic Infusion Pump	39%

iovera° Cryoneurolysis System	37%
SPRINT Peripheral Nerve Stimulator System	36%

27. **[ACTION TAKEN]** To what extent has the implementation of the NOPAIN Act influenced changes in opioid prescribing for each stage of outpatient surgical procedures at your facility?

Base: Facilities taken action to implement NOPAIN, n=389	Before surgery	During surgery	Immediately following surgery	At discharge
Significant decrease in opioid prescribing	19%	9%	16%	28%
Moderate decrease in opioid prescribing	30%	31%	37%	37%
Slight decrease in opioid prescribing	29%	31%	31%	23%
No noticeable decrease in opioid prescribing	19%	27%	15%	8%
Unsure	4%	2%	2%	4%

28. **[IF Q27.1-3=2-4]** For what reasons has the NOPAIN Act not resulted in a significant reduction in opioid prescribing at your facility? Select all that apply.

Base: Anywhere opioid prescribing did NOT significantly decrease	Total
Already utilizing opioid-minimizing protocols	51%
Difficulty compelling clinicians to change current prescribing habits	44%
It hasn't been long enough to see the effect	34%
Challenges with integrating non-opioid therapies into current order sets/standing orders, workflows, or protocols	32%
Limited resources (e.g., staffing, time, or equipment) to support non-opioid pain management approaches	22%
Insufficient training or education for staff on implementing non-opioid pain management strategies	25%
Already strict protocols in place around discharge opioid prescribing	30%
Non-opioid treatments have not been effective in reducing the need for opioids among patients	18%
Other	1%
Unsure	1%

29. **[ACTION TAKEN]** Has the NOPAIN Act had an impact on any of the following regarding discharge opioid prescriptions for post-surgical pain management? Select all that apply.

Base: Facilities taken action to implement NOPAIN	Total
Reduced the number of days covered or pills dispensed by initial opioid prescriptions	57%
Reduced the total number of MMEs per prescription (i.e., shifted to a lower potency opioid product)	52%

Reduced refill requests from patients following initial prescription	37%
Affected which outpatient surgical procedures get opioids	32%
Other	1%
Unsure	11%

30. **[ACTION TAKEN]** Have opioid-minimizing or Enhanced Recovery After Surgery (ERAS) protocols for post-surgical pain management for outpatient surgical procedures at your facility changed as a direct result of the NOPAIN Act?

	Total
Base: Facilities taken action to implement NOPAIN	389
Yes	48%
No	33%
Unsure	19%

31. **[IF Q30=1]** At what level have changes to opioid-minimizing or ERAS protocols occurred at your facility as a result of the NOPAIN Act? Select all that apply.

	Total
Base: Facilities taken action to implement NOPAIN and protocols have changed due to NOPAIN	187
Department/Unit Level (e.g., changes within anesthesia, PACU, or other specific departments)	68%
Procedure Level (e.g., changes implemented for specific types of surgeries)	60%
Service Level (e.g., changes targeting specific surgical specialties)	54%
Institutional Level (e.g., hospital-wide or clinic-wide changes)	45%
Regional Level (e.g., changes implemented across healthcare systems or networks)	12%
Unsure	1%

32. **[ACTION TAKEN]** Has the implementation of the NOPAIN Act led to stronger enforcement or improved adherence to standardized pain-management protocols by procedure type for post-surgical pain management in outpatient surgical procedures at your facility?

	Total
Base: Facilities taken action to implement NOPAIN	389
Yes	58%
No	26%
Unsure	16%

33. When prescribing opioids as part of patient discharge instructions to manage post-surgical pain, how often do you do the following?

	Prescribe the maximum allowable quantity	Prescribe more than most patients will likely need	Prescribe less than most patients will likely need
Base: All respondents, n=744			
Always	3%	2%	3%
Often	14%	7%	16%
Sometimes	27%	21%	43%
Rarely	34%	40%	26%
Never	21%	31%	12%

34. **[ACTION TAKEN]** What positive impacts have you observed at your facility regarding pain management for outpatient surgical procedures as a result of the changes implemented under the NOPAIN Act? Select all that apply.

	Total
Base: Facilities taken action to implement NOPAIN	
	389
Reduced negative side effects from opioids	64%
Improved overall patient safety	58%
Greater adherence to non-opioid treatment protocols	53%
Enhanced patient recovery experiences	45%
Decreased patient requests for opioid refills	43%
Accelerated patient recovery times	33%
Increased patient satisfaction with pain management	33%
Reduced inpatient admissions, ER visits, or readmissions	21%
Other	1%
Unsure	2%

35. **[ACTION TAKEN]** Which of the following positive effects do you expect to observe at your facility regarding pain management for outpatient surgical procedures over the next 2-3 years, as a result of the NOPAIN Act? Select all that apply.

	Total
Base: Facilities taken action to implement NOPAIN	389
Decreased opioid prescription at discharge	63%
Reduced negative side effects from opioids	63%
Improved overall patient safety	60%
Greater adherence to non-opioid treatment protocols	60%
Changes to opioid prescription protocols	50%
Enhanced patient recovery experiences	47%
Decreased patient requests for opioid refills	47%
Accelerated patient recovery times	36%
Increased patient satisfaction with pain management	41%
Reduced inpatient admissions, ER visits, or readmissions	31%
Other	-
I do not anticipate any positive changes	1%
Unsure	-

36. To the best of your knowledge, are you aware that the NOPAIN Act is currently set to expire on December 31, 2027?

	Total
Base: All respondents	744
Yes, I am aware of the sunset date	12%
I am somewhat aware but unfamiliar with the exact timeline	22%
No, I was not aware of the sunset date	66%

37. **[ACTION TAKEN]** To what extent do you believe the potential expiration of the NOPAIN Act will affect your facility's ability to utilize qualifying non-opioid products for postsurgical pain management?

	Total
Base: Facilities taken action to implement NOPAIN	389
Significant negative impact	13%
Moderate negative impact	30%
Slight negative impact	31%
No impact	17%
Unsure	10%

38. **[ACTION TAKEN]** How do you anticipate the expiration of the NOPAIN Act will impact the availability or prioritization of qualifying non-opioid pain management options for outpatient surgical procedures at your facility?

	Total
Base: Facilities taken action to implement NOPAIN	389
These qualifying non-opioid options would become less accessible to patients	44%
Patient outcomes or satisfaction may decline due to reduced access to these qualifying non-opioid options	36%
There would be increased reliance on opioids for pain management	32%
Our facility would absorb the cost to continue offering these qualifying non-opioid options	26%
Our facility would discontinue prioritizing these qualifying non-opioid options	22%
There would be no change in our prioritization or access to these qualifying non-opioid options	15%
Unsure	4%

39. How important do you believe the NOPAIN Act is in advancing non-opioid stewardship efforts in the United States?

	Total
Base: All respondents	744
Very important	38%
Somewhat important	44%
Not too important	11%
Not important at all	3%
Unsure	4%

40. To what extent do you believe the NOPAIN Act contributes to the reduction of opioid prescribing in the United States?

	Total
Base: All respondents	744
It plays a critical role	26%
It plays a moderate role	42%
It plays a minor role	23%
It does not play a meaningful role	4%
Unsure	4%