



February 20, 2026

Elizabeth M. Whitehorn

Director

Illinois Department of Healthcare and Family Services

Prescott Bloom Building

201 South Grand Avenue, East

Springfield, Illinois 62763

Dear Director Whitehorn:

We write to respectfully urge the Illinois Department of Healthcare and Family Services (HFS) to fully and promptly implement Public Act 104-0369, enacted through Senate Bill 1238, to ensure equitable access to non-opioid pain treatments for acute pain and prevent unnecessary opioid exposure.

Our organizations represent tens of thousands of individuals impacted by the opioid addiction crisis, including a number of leading patient, provider, and public health groups. Together, our members represent millions of Americans at the forefront of the U.S. opioid addiction epidemic.

SB1238 was passed by the Illinois General Assembly and signed into law last year. The legislation ensures patient access to non-opioid acute pain medications and prohibits the practice of steering patients toward opioid medications. This directive applies explicitly to the Illinois Medicaid program as well as other health plans regulated by the state of Illinois.

The intent of the law is clear: patients deserve access to non-addictive pain management approaches. This means that Illinois Medicaid must ensure access to the full range of FDA-approved, safe, and effective non-opioid pain management approaches, without imposing more restrictive coverage or utilization controls than those applied to opioid medications. This statutory framework reflects Illinois' commitment to preventing opioid addiction before it starts by removing insurance-driven incentives that too often make opioids the default for acute pain.

Each delay in implementation perpetuates a system that continues to expose Medicaid beneficiaries to unnecessary risks associated with opioid exposure. Opioid-related overdoses remain a leading cause of preventable death in Illinois, with **more than 1,600 opioid-related deaths** in the past year alone—**accounting for approximately 71 percent of all overdose deaths statewide.**ⁱ

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.ⁱⁱ In fact, **up to 90% of surgical patients receive an opioid prescription for postoperative pain,**ⁱⁱⁱ making surgery one of the most common gateways to first-time opioid use. In Illinois alone, **35 opioid prescriptions were written for every 100 residents** in 2023,^{iv} creating an avoidable pathway to dependence or long-term use.

This also places a significant strain on state resources. Individuals who develop opioid use disorder incur substantially higher Medicaid costs year over year. A recent analysis found that beneficiaries with opioid use disorder cost state Medicaid programs an average of **\$14,002 more per person annually**, resulting in an estimated \$25.4 billion in excess spending nationwide. **In Illinois, this excess cost was found to be \$679.6 million.**^v

Ensuring access to FDA-approved, non-opioid pain therapies is not only consistent with PA 104-0369—it is a fiscally responsible and lifesaving prevention strategy.

We are pleased to see that other state-regulated health plans in Illinois have taken the law’s directive seriously. Those plans have taken swift action to ensure easy access to non-addictive acute pain management medications. So far, we are disappointed to see the delay in Illinois’ Medicaid program.

We urge HFS to immediately come into compliance with this law. This means:

- Ensure that Illinois Medicaid does not disadvantage or discourage non-opioid prescription drugs relative to opioids;
- Provide coverage for all FDA-approved, safe, and effective non-opioid pain therapies consistent with PA 104-0369; and
- Align Medicaid coverage policies and formulary decisions with the General Assembly’s explicit direction to expand access to non-opioid pain management options.

We stand ready to work collaboratively with HFS to support implementation efforts and help ensure that Illinois continues to lead in advancing patient-centered, evidence-based pain care.

Thank you for your attention to this important matter and for your continued commitment to the health and safety of Illinois residents.

With appreciation,



Chris Fox
Executive Director
Voices for Non-Opioid Choices



Kristen Pendergrass
Vice President, State Policy
Shatterproof

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 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

ⁱⁱⁱ 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.

^{iv} 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>

^v 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.hma.com/~/media/Files/2025/01/Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf).