

# VOICES FOR NON-OPIOID CHOICES

February 9, 2026

**The Honorable Sandy Crawford**  
Chair  
Senate Insurance and Banking Committee  
Missouri Senate  
201 W. Capitol Ave., Rm. 319  
Jefferson City, Missouri 65101

**The Honorable David Gregory**  
Vice-Chair  
Senate Insurance and Banking Committee  
Missouri Senate  
201 W. Capitol Ave., Rm. 331  
Jefferson City, Missouri 65101

Dear Chair Crawford and Vice-Chair Gregory,

On behalf of Voices for Non-Opioid Choices (“Voices”), we write to express our strong support for **Missouri Senate Bill 902/House Bill 1680**, legislation that would prohibit state health plans from denying coverage of FDA-approved non-opioid prescription drugs in favor of opioids. Voices applauds Senator Mike Henderson and Representative Brian Seitz for introducing S.B.902/H.B.1680 and strongly urges the Committee to advance this legislation and help prevent opioid addiction before it begins.

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**.<sup>i</sup> Missouri is not immune to this crisis. During this same time frame, there were **over 800 opioid-related drug overdose deaths**, accounting for **61.2% of all drug overdose fatalities** statewide.<sup>i</sup>

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

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> In fact, **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 Missouri alone, **47 opioid prescriptions were written for every 100 Missourians** in 2023,<sup>iv</sup> creating an avoidable pathway to dependence or long-term use.

This also places a heavy strain on state resources. **In Missouri, the total societal cost of opioid use disorder (OUD) was estimated at \$72.6 billion in 2024.**<sup>v</sup>

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.

S.B.902/H.B.1680 corrects this imbalance by prohibiting more restrictive utilization controls on non-opioid therapies than on opioids. This legislation would prevent insurers from denying coverage for non-opioid medications in favor of opioids, requiring patients to try an opioid before accessing non-opioid treatment, or imposing higher cost-sharing for non-opioid options.

S.B.902/H.B.1680 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.**<sup>vi</sup> 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.<sup>v,vii,viii</sup>

S.B.902/H.B.1680 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 Missourians can better access safe, effective, and non-addictive options for managing pain.

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

<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> 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>vi</sup> 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>

<sup>vii</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>viii</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>.