



February 26, 2026

Oregon Health Authority  
Drug Use Research & Management Program  
Oregon State University College of Pharmacy  
500 Summer Street NE, E35  
Salem, OR 97301

**RE: Comments on Draft Pain Management Class Update**

Dear Members of the Oregon Health Authority and Drug Use Research & Management Team:

On behalf of Voices for Non-Opioid Choices (“Voices”), we appreciate the opportunity to provide comments on the draft pain management class update posted for the April 2026 Pharmacy & Therapeutics Committee meeting.

Voices is a national, nonpartisan, nonprofit coalition 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.

We write to express our strong concern that the current draft pain management update omits coverage of FDA-approved, non-opioid medications indicated for moderate to severe acute pain. Given that this document serves as the basis for statewide clinical guidance and informs coverage policy, the absence of these treatment options risks limiting patient access and undermining Oregon’s statutory framework under SB 598.

In 2025, Oregon enacted SB 598 to ensure that at least one non-opioid treatment for moderate to severe pain is available for every opioid without more restrictive coverage criteria. **The intent of that law is clear: patients should not be steered toward opioid therapies due to formulary design, utilization management barriers, or outdated clinical guidance. This practice unnecessarily limits patient and clinician choice in pain management and fails to reflect the full range of available, safe, effective, and FDA-approved treatments for acute pain.**

When clinical class updates do not acknowledge non-opioid therapies, it creates a policy environment where older, lower-cost treatments may be treated as sufficient substitutes—regardless of clinical indication—while newer evidence-based options are effectively excluded from consideration. This risks perpetuating opioid-first pathways in acute pain care.

The urgency of prevention remains clear. Between April 2024 and April 2025, **939 Oregonians died from an opioid-related overdose, accounting for 72% of all overdose deaths in the state.**<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> 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 Oregon alone, **40 opioid prescriptions were written for every 100 residents** in 2023,<sup>iv</sup> creating an avoidable pathway to dependence or long-term use.

This also places a heavy strain on state 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 Oregon, this excess cost was found to be \$528.6 million.**<sup>v</sup> Beyond Medicaid, **the total societal cost of OUD across all Oregonians was estimated at \$46.3 billion in 2024.**<sup>vi</sup>

Oregon has taken important legislative steps toward prevention. The state's clinical guidance should reinforce—not inadvertently weaken—that progress. **As such, we urge the Oregon Health Authority to revise the draft pain management class update to:**

- Explicitly acknowledge and evaluate all FDA-approved non-opioid medications indicated for moderate to severe acute pain;
- Ensure that clinical guidance reflects the full range of available non-opioid treatment options; and
- Align recommendations with the intent and requirements of SB 598 to prevent insurance-driven preference for opioid therapy.

These revisions are not only consistent with SB 598—they are a fiscally responsible and lifesaving prevention strategy.

We are pleased to see that other CCOs in Oregon have taken the law's directive seriously. Those plans have taken swift action to ensure easy access to non-addictive acute pain management medications. However, the continued omission of newly approved non-opioid therapies from statewide clinical guidance risks creating inconsistency across the Medicaid program and weakening the Legislature's clear intent.

Each delay in implementation perpetuates a system that continues to expose Medicaid beneficiaries to unnecessary risks associated with opioid exposure. Aligning this class update with current FDA approvals and statutory requirements would provide clarity to providers, consistency across plans, and reassurance to patients that Oregon remains committed to prevention-focused pain care.

We appreciate your consideration of these comments and stand ready to work collaboratively to support patient-centered, prevention-focused pain management policies in Oregon.

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>

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<sup>v</sup> Health Management Associates. (2025). Opioid Use Disorder in the Medicaid Fee-For-Service Program. [Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf](#).

<sup>vi</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)