



**VOICES**  
FOR NON-OPIOID  
**CHOICES**

*March 2, 2026*

**The Honorable Susan R. Donovan**

Chair  
House Committee on Health and Human  
Services  
State of Rhode Island General Assembly  
82 Smith Street  
Providence, RI 02903

**The Honorable Brandon C. Potter**

Second Vice Chair  
House Committee on Health and Human  
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State of Rhode Island General Assembly  
82 Smith Street  
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**The Honorable David A. Bennett**

House Committee on Health and Human  
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**The Honorable Megan L. Cotter**

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**The Honorable Arthur Handy**

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**The Honorable Rebecca M. Kislak**

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**The Honorable Joshua J. Giraldo**

First Vice Chair  
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**The Honorable Mia A. Ackerman**

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**The Honorable Jennifer Boylan**

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**The Honorable Kathleen A. Fogarty**

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**The Honorable Marie A. Hopkins**

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**The Honorable Michelle E. McGaw**

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**The Honorable David J. Place**  
House Committee on Health and Human  
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**The Honorable June Speakman**  
House Committee on Health and Human  
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**The Honorable Jennifer A. Stewart**  
House Committee on Health and Human Services  
State of Rhode Island General Assembly  
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Chair Donovan and Honorable Members of the House Health and Human Services Committee:

On behalf of Voices for Non-Opioid Choices (“Voices”), we write to express our strong support for Rhode Island House Bill 7628, legislation that would require health insurers to develop and submit a plan ensuring adequate access and coverage of a broad spectrum of pain management services, including non-opioid medications as alternatives to opioids. Voices strongly urges the House Health and Human Services Committee to advance H 7628.

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, overdose death prevention, 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>

Rhode Island is not immune to this crisis. During this same time frame, there were **207 opioid-related overdose deaths** in the state, accounting for **72% of all overdose fatalities**.<sup>i</sup>

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

For many individuals, opioid exposure begins not through misuse, but as a routine part of medical care.<sup>ii</sup> **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 Rhode Island alone, **31 opioid prescriptions were written for every 100 residents** in 2023,<sup>iv</sup> creating an avoidable pathway to dependence or long-term use.

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.

H 7628 corrects this imbalance. By requiring insurers to develop a comprehensive pain management access plan, the legislation helps ensure that coverage policies do not preference prescribed opioids without consideration of other pain management services. In doing so, the bill supports patient choice, promotes equitable access to non-opioid approaches, and advances prevention efforts aimed at reducing unnecessary opioid exposure.

To further strengthen the legislation and ensure its intent is fully realized, we respectfully request clarification that FDA-approved medicines for the treatment of acute pain are not more difficult for patients to access than opioids. Specifically, non-opioid pain treatments should not be subject to prior authorization, step therapy, or other utilization management requirements that are not equally applied to opioid medications. Clear statutory language on this point would help prevent unintended disparities in coverage design and ensure that non-opioid options are truly viable first-line choices for patients and providers.

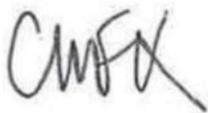
In addition, as other states consider and enact similar policies, many are applying this same non-preferential access requirement within their state Medicaid programs, particularly for the treatment of acute pain. Voices encourages Rhode Island to strongly consider incorporating this requirement into Medicaid as well, given the significantly elevated risk of opioid use disorder (OUD) within this population. In 2022 alone, **more than 13,800 Rhode Island Medicaid beneficiaries had OUD, costing the state Medicaid program an excess \$194.3 million.**<sup>v</sup>

Ensuring equitable access to non-opioid options is both clinically sound and fiscally responsible. 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>

H 7628 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 Rhode Islanders 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> Health Management Associates. (2025). Opioid Use Disorder in the Medicaid Fee-for-Service Program. <https://www.healthmanagement.com/wp-content/uploads/Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.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>.