

VOICES FOR NON-OPIOID CHOICES

January 30, 2026

The Honorable Esther Helton-Haynes

Chair
House Insurance Subcommittee
Tennessee General Assembly
425 Rep. John Lewis Way N.
Suite 502 Cordell Hull Bldg.
Nashville, TN 37243

The Honorable Yusuf Hakeem

House Insurance Subcommittee
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425 Rep. John Lewis Way N.
Suite 524 Cordell Hull Bldg.
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The Honorable Sabi ‘Doc’ Kumar

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The Honorable Rick Scarbrough

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The Honorable Bob Freeman

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The Honorable Renea Jones

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The Honorable Kevin Raper

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Dear Chair Helton-Haynes and Members of the House Insurance Subcommittee,

On behalf of Voices for Non-Opioid Choices (“Voices”), thank you for the opportunity to comment on House Bill 1741/Senate Bill 1790, legislation that would ensure individuals within the Tennessee Department of Corrections can access FDA-approved, non-opioid pain approaches without being disadvantaged by restrictive coverage or utilization practices. Voices applauds Representative Elaine Davis and Senator Shane Reeves for introducing this legislation and strongly urges the Committee to advance it to 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.

Tennessee has emerged as a national leader in this prevention-focused approach. In 2024, the General Assembly enacted SB 2011, establishing non-opioid parity protections within TennCare. In 2025, HB 37 extended those same protections to state employees. **HB 1741 / SB 1790 builds directly on this strong foundation** – expanding non-opioid parity protections to individuals receiving care within the Department of Corrections and ensuring that incarcerated individuals have access to FDA-approved, non-opioid treatments on equal footing with opioid therapies.

The urgency of prevention is well understood in Tennessee. Between April 2024 and April 2025, **more than 1,600 Tennesseans—an average of nearly 5 people every day**—died from an opioid-related overdose, accounting for **71% of all overdose fatalities** statewide.ⁱ

For many individuals, opioid exposure begins not through misuse, but as a routine part of medical care.ⁱⁱ **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 Tennessee alone, **59 opioid prescriptions were written for every 100 residents** in 2023,^{iv} 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 in every setting. Utilization management tools such as prior authorization, step therapy, and fail-first requirements create unnecessary hurdles to accessing non-opioid therapies, too often steering patients toward lower-cost care approaches that frequently result in opioid prescriptions.

HB 1741/SB 1790 corrects this imbalance by ensuring that non-opioid treatments are not subject to more restrictive controls than opioids for incarcerated individuals. This legislation 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.**^v 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.^{vi,vii,viii}

HB 1741/SB 1790 represents a logical and necessary next step in Tennessee’s ongoing leadership on opioid prevention. By extending proven non-opioid parity protections to the Department of Corrections, Tennessee can further strengthen patient-centered care while reducing addiction risk statewide.

Thank you for your consideration and continued commitment. We look forward to working with you to ensure Tennesseans can better access safe, effective, and non-addictive pain management.

With appreciation,



Chris Fox
Executive Director
Voices for Non-Opioid Choices

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- 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 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>
- ^{vi} Health Management Associates. (2025). Opioid Use Disorder in the Medicaid Fee-For-Service Program. [Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf](#).
- ^{vii} 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
- ^{viii} 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>.