



February 2, 2026

The Honorable Todd Weiler
Utah State Senate
350 North State, Suite 320
Salt Lake City, UT 84114

Dear Senator Weiler,

On behalf of Voices for Non-Opioid Choices (“Voices”), thank you for introducing SCR 005, the concurrent resolution directing the Public Employees’ Benefit and Insurance Program (PEHP) to ensure fair and full access to non-opioid pain medications for Utah’s public employees, retirees, and their families. **Voices strongly supports SCR 005 and urges the Senate Health and Human Services Committee to advance this measure.**

Voices is a national, nonpartisan, nonprofit organization dedicated to preventing opioid addiction where we can. 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 at the forefront of the U.S. opioid addiction epidemic.

For too long, efforts to address the opioid addiction crisis have focused almost exclusively on overdose death prevention, addiction 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.

For many individuals, opioid exposure begins not through misuse, but as a routine part of medical care.ⁱ Today, **up to 90 percent of patients receive an opioid prescription for postoperative pain,**ⁱⁱ making surgery one of the most common gateways to first-time opioid use. In Utah alone, **44 opioid prescriptions were written for every 100 residents** in 2023,ⁱⁱⁱ meaning that many Utahns are being unnecessarily treated solely with prescription opioids.

Utah has been a national leader in recognizing the value of pain parity and patient choice. Utah Medicaid’s proactive approach to ensuring access to non-opioid pain treatments has demonstrated that reducing insurance-driven barriers can support safe pain care without compromising access or quality. SCR 005 thoughtfully extends this same philosophy to the PEHP serving teachers, public safety personnel, government workers, and retirees.

Because the pathway to addiction, dependence, misuse, or abuse can start 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.

SCR 005 corrects this imbalance by prohibiting more restrictive utilization controls on non-opioid therapies than on opioids for public employees. In doing so, the bill supports patient choice and access to non-opioid approaches while helping to prevent opioid addiction before it starts.

This population is uniquely important. Public employees are often on the front lines of the opioid epidemic—as first responders, educators, and community leaders—and many are deeply motivated to avoid opioid exposure whenever clinically appropriate.

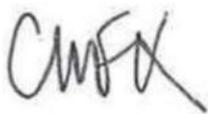
SCR 005 does not mandate treatment decisions or expand coverage indiscriminately. Instead, it simply ensures that when clinically appropriate non-opioid alternatives exist, they are not placed at a disadvantage through higher cost sharing or utilization barriers than opioid medications. This is a balanced, prevention-focused approach that aligns with Utah’s demonstrated commitment to addressing the opioid epidemic before addiction starts.

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.**^{iv} 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.^{v,v,i}

SCR 005 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 Utah public employees can better access safe, effective, and non-addictive options for managing pain.

With appreciation,



Chris Fox
Executive Director
Voices for Non-Opioid Choices

ⁱ 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

ⁱⁱ 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

ⁱⁱⁱ 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>

^{iv} 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>

^v 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

^{vi} 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>