

VOICES FOR NON-OPIOID CHOICES

March 17, 2026

Senator Carine Werner

Chair, Senate Health & Human Services Committee
Arizona State Capitol
1700 W Washington St, Room 306
Phoenix, AZ 85007

Chair Werner and Honorable Members of the Senate Health & Human Services Committee:

On behalf of Voices for Non-Opioid Choices (“Voices”), we write to express our strong support for Arizona HB 2048, as amended, legislation that would help ensure equitable access to non-opioid pain treatments by preventing more restrictive utilization management requirements than those applied to opioids. Voices respectfully urges the Committee to advance this important legislation.

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 addiction crisis have focused almost exclusively on overdose death prevention. 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**.ⁱ Arizona is not immune to this crisis. During this same time frame, there were **2,011 opioid-related overdose deaths** in the state, accounting for **72% of all overdose fatalities**.ⁱ

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.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 Arizona alone, **35 opioid prescriptions were written for every 100 residents** in 2023,^{iv} creating an avoidable pathway to dependence or long-term use.

This also places a heavy strain on state resources. **In Arizona, the total societal cost of opioid use disorder (OUD) was estimated at \$84.5 billion in 2024**.^v

Because the pathway to addiction, dependence, misuse, or abuse can start with a prescription for opioids, 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, which are generic prescription opioids.

HB 2048 directly addresses this imbalance. As amended, the bill clarifies that the Administration may not impose more restrictive or extensive utilization controls, including prior authorization or step therapy, on clinically appropriate, FDA-approved non-opioid prescription drugs than those applied to opioid medications. This establishes a clear and fair standard: non-opioid treatments should not be harder to access than opioids.

HB 2048 does not restrict access to opioids for patients who need them. Rather, it ensures that non-opioid options are accessible, affordable, and viable choices. In doing so, the legislation supports patient choice, promotes equitable access to non-opioid approaches, and advances prevention efforts aimed at reducing unnecessary opioid exposure.

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.**^{vi} 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,vii,viii}

HB 2048 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 Arizonans can better access safe, effective, and non-addictive options for managing pain.

With appreciation,



Chris Fox
Executive Director
Voices for Non-Opioid Choices

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 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.

^{vi} 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>.

^{vii} Hosseinzadeh F, Nourazarian A. (2025). Biochemical strategies for opioid-sparing pain management in the operating room. *Biochemistry and Biophysics Reports*. 2025;41:101927. <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>.