

VOICES FOR NON-OPIOID CHOICES

March 18, 2026

The Honorable Roy Freiman

Chair
Financial Institutions & Insurance Committee
New Jersey Assembly
125 West State Street
Trenton, NJ 08625

The Honorable Robert Auth

Financial Institutions & Insurance Committee
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The Honorable Robert D. Clifton

Financial Institutions & Insurance Committee
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The Honorable Dan Hutchison

Financial Institutions & Insurance Committee
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The Honorable Luanna M. Peterpaul

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The Honorable Alexander "Avi" Schnall

Financial Institutions & Insurance Committee
New Jersey Assembly
125 West State Street
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The Honorable Balvir Singh

Financial Institutions & Insurance Committee
New Jersey Assembly
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The Honorable Michael Venezia

Vice-Chair
Financial Institutions & Insurance Committee
New Jersey Assembly
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The Honorable Rosaura Bagolie

Financial Institutions & Insurance Committee
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The Honorable Victoria A. Flynn

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The Honorable Gregory E. Myhre

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The Honorable Ed Rodriguez

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The Honorable Heather Simmons

Financial Institutions & Insurance Committee
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The Honorable Sterley S. Stanley

Financial Institutions & Insurance Committee
New Jersey Assembly
125 West State Street
Trenton, NJ 08625



Dear Chair Freiman, Vice-Chair Venezia, and Honorable Members of the Assembly Financial Institutions and Insurance Committee:

On behalf of Voices for Non-Opioid Choices (“Voices”), we write to express our strong support for Assembly Bill 1821, legislation that would ensure meaningful access to non-opioid pain treatments across commercial insurance, Medicaid, and state health benefits plans. Voices applauds Deputy Majority Leader Anthony Verrelli, Deputy Speaker Carol Murphy, and Dr. Margie Donlon for introducing A1821, and 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 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**.ⁱ New Jersey is not immune to this crisis. During this same time frame, there were **1,347 opioid-related overdose deaths** in the state, accounting for **79% 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 New Jersey alone, **26 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. Statewide, the total societal cost of opioid use disorder (OUD) was estimated at **\$142.5 billion in 2024**.^v Within Medicaid alone, **more than 47,500 New Jersey beneficiaries** had OUD in 2022, **resulting in an excess \$665.4 million in costs for the state Medicaid program**.^{vi}

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.

A1821 directly corrects this imbalance by ensuring that non-opioid treatments are not subject to more restrictive utilization management or higher cost-sharing requirements than opioid medications, prohibiting insurers from denying coverage of a non-opioid treatment in favor of an opioid. Importantly, A1821 applies these protections across commercial insurance, Medicaid, and state health benefits programs, helping to ensure consistent and meaningful access for patients throughout New Jersey.

A1821 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. 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.

This 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.**^{vii} 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,viii,ix}

A1821 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 New Jersey patients 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-OD-in-the-United-States.pdf>.

^{vi} 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>.

^{vii} 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>

^{viii} 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

^{ix} 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>.