March 4, 2026

The Honorable Matt Klein, Chair Commerce and Consumer Protection Committee
The Honorable Judy Seeberger, Vice Chair, Commerce and Consumer Protection Committee
Minnesota Senate Commerce and Consumer Protection Committee Members
Minnesota Senate
Room G-15 Capitol
St. Paul, MN 55155

Re: **SF 1946 – Requiring health plans to provide coverage for nonopioid and nonpharmacologic pain management**

Dear Chair Klein, Vice Chair Seeberger and Members of the Commerce and Consumer Protection Committee:

The Pharmaceutical Care Management Association (PCMA) is the national association of America's pharmacy benefit managers (PBMs). We appreciate the opportunity to comment on SF 1946.

About PBMs

PBMs are hired by employers, unions, government programs and others to drive down prescription drug costs and administer prescription drug plans for more than 289 million Americans. Before getting into specifics on SF 1946, there are five things to know about PBMs:

- PBMs are the only part of the drug supply chain whose primary role is to lower prescription drug costs. On average, they save patients and families about $1,154 per person each year.
- PBMs are extremely effective at reducing prescription drug costs for employers and patients, which is why some industries that profit from high drug prices oppose them.
- PBMs work for employers, unions, and government programs who have the ultimate say on what a drug benefit looks like. PBMs carry out the chosen plan by negotiating lower drug prices, processing claims, performing safety checks, and handling related services.
- For the enormous savings and value that PBMs provide, they operate on thin profit margins.
- Hiring a PBM is optional. Employers, unions, government programs, and others choose to use PBMs because they help lower drug costs and manage prescription benefits more efficiently.

About SF 1946

PCMA appreciates the opportunity to comment on SF 1946. We understand the goal of the Committee to improve access to safe and effective pain treatment. Unfortunately, we believe that

standardizing coverage of opioid and non-opioid medications will undermine clinical decision-making, increase healthcare costs, and weaken patient safety protections.

Health plans and pharmacy benefit managers use utilization management tools — including prior authorization and step therapy —which ensure each patient receives the right medicine at the right time by making coverage determinations based on evolving clinical evidence. These programs rely on guidelines developed by pharmacy and therapeutics (P&T) committees comprised of independent medical experts.

Importantly, non-opioid medications are not uniformly safer in all circumstances. Certain non-opioid pain treatments carry well-documented risks related to duration of use, dosage, and patient comorbidities. Requiring similar coverage requirements for opioid and non-opioid medications assume clinical equivalence applies across drug classes, and limits plan flexibility to tailor coverage determinations based on drug-specific risks. Plans use utilization management tools to make coverage decisions that consider these variances to ensure a patient is receiving the best drug for them. All coverage determinations rely on clinical guidelines and adjust coverage based on evolving evidence, rather than relying on one-size-fits-all statutory requirement. In fact, utilization management tools played a critical role during the opioid crisis by minimizing inappropriate prescribing, reducing early exposure, and supporting patients with substance use disorder. Weakening these tools risks eroding progress made through evidence-based oversight.

Utilization management also serves an important role in controlling prescription drug costs. Many new non-opioid pain treatments enter the market at high prices and may lack near-term competition. Limiting the ability to manage these drugs would increase spending for employers, health plans, and public programs, ultimately resulting in higher premiums and reduced affordability for patients. Restricting utilization management would amplify the market share of high-cost manufacturers while shifting costs across the broader healthcare system .

Effective pain management requires individualized treatment decisions based on patient history, risk factors, and current medical evidence. Policies that constrain evidence-based oversight may unintentionally reduce, rather than enhance, patient safety and access.

We respectfully urge policymakers to preserve evidence-based utilization management tools that support safe prescribing, protect patients, and help maintain affordable coverage. We welcome continued dialogue on approaches that expand access to effective pain treatment while retaining the flexibility necessary for clinically sound decision-making.

Please feel free to contact me should you have any questions.

Sincerely,



Michelle Mack
Senior Director, State Affairs
Phone: (202) 579-3190
Email: mmack@pcmanet.org