March 3, 2026

Senate Committee on Commerce and Consumer Protection
U.S. Pain Foundation Testimony

Dear Chairman Klein, Vice Chair Seeberger, Ranking Member Dahms and Honorable Members of the Committee:

**The U.S. Pain Foundation is pleased to provide testimony in strong support of Minnesota Senate Bill 1946,** An Act Relating to Health Insurance; Requiring Health Plans to Provide Coverage for Non-opioid and Non-Pharmacologic Pain Management.

The U.S. Pain Foundation is a nationwide 501(c)(3) patient organization with approximately 35,000 members in all 50 states. We connect, support, educate, and advocate for individuals with chronic pain resulting from a myriad of diseases, conditions, and serious injuries, as well as for their families and care partners.

Pain is the most common reason Americans access the health care system resulting in 115 million emergency department visits per year for acute pain.[1] Chronic pain, defined as pain lasting longer than three months, is the most common, costly, and disabling chronic disease in the U.S. According to the CDC, 24.3% of American adults live with chronic pain and 8.5% live with high-impact chronic pain defined as pain that interferes with ones' ability to function on a daily basis.[2] This translates to approximately 1 million Minnesota residents with chronic pain and 370,000 with high-impact chronic pain. High-impact chronic pain devastates a person's quality of life, negatively affecting all aspects of daily functioning including sleep, work, social activities and relationships.

Despite the enormous burden and ubiquity of acute and chronic pain in the U.S., the reality is that we have a paucity of effective treatment options. Up until last year, there were no novel medications for pain introduced in more than two decades with the single exception of migraine. The reason opioid medications were widely prescribed is because they are the most effective pain treatment we have, particularly for severe pain. Although the substance use disorder crisis has moved almost entirely to illicit opioids and combinations of other illicit drugs rather than manufactured pills, most physicians have stopped prescribing opioid medications due to concerns about diversion, misuse and addiction and to fear of scrutiny for prescribing. This has left many people with debilitating pain who had not found adequate relief from off-label medications, or injections but were safely managed on opioids, without adequate relief.

In light of the enormous problem of pain and the opioid crisis, Congress directed the U.S. HHS Secretary to appoint a panel of pain experts to advise the nation on the best way to manage pain. The widely respected HHS Pain Management Best Practices Report issued in 2019 recommended that the best way to manage, particularly chronic pain, is through an individualized, multidisciplinary treatment plan combining both pharmacological and non-pharmacological treatments. Combining treatments allows reductions in pain that can enable chronic pain sufferers to regain function and can make the difference between being able to work or not, or having some quality of life or not. The particular combination of treatments is different for each

[1] https://www.pharmacytimes.com/view/acute-pain-management-in-the-general-population
[2] https://www.cdc.gov/nchs/data/databriefs/db518.pdf

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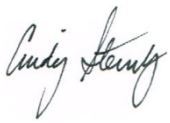
Senate Bill 1946 would require health carriers in MN to to provide coverage of at least two prescription medications approved by the FDA to treat pain that are not Schedule I, II or III controlled substances and at last three non-pharmacological, non-surgical modalities for pain. Health carriers would be prohibited from establishing utilization management controls on non-opioid prescription pain medications that are more restrictive than the least restrictive controls applied to any opioid medication. In addition, carriers would be required to provide healthcare practitioners in their networks and members with educational materials on how to access covered treatment options and must make their educational materials publicly available on their websites.

If Minnesota adopts Senate Bill 1946, it would join Massachusetts, Maine and Illinois who have already passed similar bills that will greatly improve the treatment of thousands of its residents living with debilitating chronic pain who are now struggling to find treatment options covered by their insurance plans. Massachusetts passed these provisions in 2018 and fully implemented them in January of 2020. Maine passed these provisions in 2024 and Illinois in 2025.

In 2024, the Massachusetts legislature made improvements to this law for pain patients by requiring carriers to remove prior authorization from the non-medication, non-surgical pain treatments offered by carriers to comply with the law. We encourage the Committee to consider adding this improvement to the bill.

We applaud the legislative sponsors of Senate Bill 1946 for this important effort to aid Minnesota residents affected by pain. Please feel free to contact me if you have questions. I worked with lawmakers to draft the original legislation in MA which this bill is based upon as well as advised subsequent efforts in other states. We thank the Committee for considering our views on this matter and respectfully request that you report this bill favorably out of Committee.

Sincerely,



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CC: Committee members and bill sponsors