March 4, 2026

The Honorable Matt D. Klein
Chair
Senate Commerce & Consumer Protection Committee
G-15 Capitol
Saint Paul, MN 55155

The Honorable Judy Seeberger
Vice-Chair
Senate Commerce & Consumer Protection Committee
G-15 Capitol
Saint Paul, MN 55155

Chair Klein, Vice-Chair Seeberger, and Honorable Members of the Senate Commerce & Consumer Protection Committee:

On behalf of Voices for Non-Opioid Choices ("Voices"), we write to express our support for Minnesota SF 1946, legislation that would require health plans to provide meaningful coverage for non-opioid options to treat and manage pain. Voices strongly urges the Senate Commerce & Consumer Protection Committee to advance this bill.

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] Minnesota is not immune to this crisis. During this same time frame, there were **688 opioid-related overdose deaths** in the state, accounting for **68% 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 Minnesota alone, **27 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 Minnesota**, **the total societal cost of opioid use disorder (OUD) was estimated at $32.9 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.

SF 1946 corrects this imbalance by requiring coverage of non-opioid prescription drugs, prohibiting health plans from providing preferential coverage for opioids, and ensuring that clinically appropriate non-opioid treatments are not subject to more restrictive utilization controls than opioid medications.

SF 1946 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 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]

SF 1946 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 Minnesotans can better access safe, effective, and non-addictive options for managing pain.

With appreciation,



Chris Fox
Executive Director
Voices for Non-Opioid Choices

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