

VOICES FOR NON-OPIOID CHOICES

February 26, 2025

Chair Deb Patterson

Senate Committee on Health Care
Oregon State Legislature
900 Court St., NE
Salem Oregon 97301

Vice-Chair Cedric Hayden

Senate Committee on Health Care
Oregon State Legislature
900 Court St., NE
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The Honorable Wlnsvey Campos

Senate Committee on Health Care
Oregon State Legislature
900 Court St., NE
Salem Oregon 97301

The Honorable Diane Linthicum

Senate Committee on Health Care
Oregon State Legislature
900 Court St., NE
Salem Oregon 97301

The Honorable Lisa Reynolds

Senate Committee on Health Care
Oregon State Legislature
900 Court St., NE
Salem Oregon 97301

Dear Chair Patterson and Members of the Oregon Senate Committee on Health Care,

Thank you for holding this hearing on critical legislation that will benefit individuals across Oregon. I am writing in strong support of Oregon Senate Bill 598 and urge its swift passage to help prevent opioid addiction in the state.

My name is Chris Fox, and I am the Executive Director of Voices for Non-Opioid Choices (“Voices”). Voices applauds Senator Wlnsvey Campos and Representatives Dacia Grayber, Travis Nelson, and Rob Nosse for introducing SB 598, which takes important steps to reduce opioid addiction by expanding access to non-opioid pain management options. We fully support this legislation and its efforts to ensure Oregonians have safer alternatives for pain treatment.

For too long, our response to the opioid addiction crisis focused solely on opioid overdose death prevention. Such a focus misses the opportunity to prevent addiction where we can, including by reducing and minimizing unnecessary exposure to opioids. One opportunity to do this is to increase the availability of non-opioid pain management approaches. In doing so, SB 598 will prevent opioid addiction for many Oregonians and save lives.

Voices for Non-Opioid Choices (www.nonopioidchoices.org) is a national, non-partisan, and nonprofit organization based in Washington, DC dedicated to preventing opioid addiction. Our coalition boasts over 20,000 advocates and 200 member organizations from across the country representing the leading patient, provider, and public health advocacy organizations. All told, Voices' members represent millions of Americans affected by the U.S. opioid epidemic.

Despite years of attention to combatting the opioid epidemic, the crisis persists. Last year, we lost 81,000 Americans to an opioid-related drug overdose.ⁱ This means that, on average, **we lose more than 200 Americans every day to an opioid-related drug overdose.**

Oregon is not immune from this national epidemic. In 2023, there were **1,422 opioid-related overdose deaths**, accounting for **80.7% of all drug overdose fatalities** in the state.ⁱⁱ For many, the path towards addiction begins after being prescribed opioids to manage an acute pain incident, such as for postsurgical pain, an accident, or sports injury. In Oregon, there were **40 opioid prescriptions written for every 100 persons** in 2023.ⁱⁱⁱ

Fortunately, this is a path to addiction that can be prevented by ensuring access to non-opioid approaches.

Prescription opioids are frequently used to treat acute pain. In fact, as many as **90 percent of all surgical patients** in the United States receive a prescription for opioids to manage postsurgical pain.^{iv} It is easy to understand why prescription opioids are frequently used – medical professionals are trained to treat pain with opioids, they are seen as effective ways to treat pain, and, perhaps most importantly, generic prescription opioids are incredibly cheap. As such, health insurers frequently make generic opioids available to patients at little – or no – charge to the patient.

This inadvertently incentivizes patients – and their healthcare providers – to treat pain with prescription opioids. We must change this care paradigm.

SB 598 requires state Medicaid and commercial insurance plans to use the same utilization review for opioid and non-opioid drugs when they are prescribed for the same treatment.

SB 598 would not put prescription opioids out-of-reach for those patients who want – or require – those treatments. Rather, the legislation would ensure that Oregonians would have full access to the full suite of safe, effective, and FDA-approved pain management approaches, including both opioid and non-opioid options.

The legislation being considered today mirrors a federal bill, the Alternatives to Prevent Addiction in the Nation (Alternatives to PAIN) Act, which was recently reintroduced in the 119th Congress (H.R.1227/S.575). **Simply put, we must ensure that all patients can easily access non-opioid pain approaches across all care settings.**

Voices for Non-Opioid Choices urges the federal and state government to continue to work hand-in-hand to solve the opioid crisis currently taking place in Oregon, and throughout the

country. For too long, prescription opioids have been the default method for managing pain – and insurance company practices have reinforced this reality. This puts patients at unnecessary risk for misuse and addiction.

Voices applauds the advancements proposed in SB 598. This bill would enable more patients to have access to non-addictive products and would improve care for the tens of thousands of Oregonians who experience an acute pain incident every year.

Once again, thank you for making the time today to recognize and examine the importance of expanding access to non-addictive opioid alternatives throughout Oregon. I urge the committee to take action to prevent opioid addiction before it starts and pass SB 598.

Thank you for your consideration of these comments. I stand ready to work with your committee and the full delegation to prevent opioid addiction and enact this important legislation. Should you have any questions, please feel free to contact me at chris@nonopioidchoices.org.

With appreciation,



Chris Fox
Executive Director
Voices for Non-Opioid Choices

ⁱ Centers for Disease Control and Prevention (2024). US Overdose Deaths Decrease in 2023, First Time Since 2018. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm

ⁱⁱ Centers for Disease Control and Prevention (2024). SUDORS Dashboard: Fatal Drug Overdose Data. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

ⁱⁱⁱ Center for Disease Control and Prevention (2024). Opioid Dispensing Rate Maps. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>

^{iv} Singh, K., Murali, A., Stevens, H., Vydiswaran, V. G. V., Bohnert, A., Brummett, C. M., & Fernandez, A. C. (2022). Predicting persistent opioid use after surgery using electronic health record and patient-reported data. *Surgery*, 172(1), 241–248. <https://doi.org/10.1016/j.surg.2022.01.008>