



RDAC
Utah Rare Disease
Advisory Council

February 6, 2026

To: The Honorable Todd Weiler

RE: Support for S.C.R. 5 Concurrent Resolution Directing PEHP Regarding Pain Medication

Dear Representative Todd Weiler,

The Utah Rare Disease Advisory Council (RDAC) writes to express its support for S.C.R. 5, which seeks to advance equitable insurance coverage for non-opioid pain management treatments. For patients with rare and undiagnosed conditions, this concurrent resolution represents a significant step forward in patient care and public health.

In the past, policy has focused largely on overdose prevention, which is critical. However, we believe that offering equitable access to non-opioid pain treatments without undue cost or administrative barriers not only helps to reduce reliance on opioids, but also allows patients and healthcare providers to make pain management decisions based on clinical best practices.

By directing equal treatment for non-opioid alternatives, this resolution promotes a more balanced and patient-centered approach to pain management. Putting the patient first is paramount to those struggling with rare or undiagnosed diseases that are often chronic and debilitating.

Importantly, the resolution does not seek to limit access to opioids for patients who require them, and instead just levels the playing field by removing systemic barriers to non-opioid treatments.

We appreciate your leadership on this issue and thank you for your consideration. For further information, please contact Justine Case at justine.case.ut@gmail.com

Sincerely,

Gina Szajnuik (Zanik)

Gina Szajnuik


RDAC Executive Chair

Co-founder & Executive Director, Rare and Undiagnosed Network (RUN)

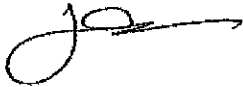
Sylvia Lam

RDAC Executive Vice Chair

United Angels Foundation, Exec. Director



Matt Pearl
RDAC Secretary
PSIA-AASI Adaptive Educator



Justine Case
RDAC Legislative Committee Co-Chair

About the Utah RDAC

The RDAC was formed under Utah Code Annotated Section 26-1-41, enacted during the 2020 legislative session of the Utah Legislature to advise the state legislature and state agencies on improving access to treatment and services provided to individuals with a rare disease; make recommendations to the legislature and state agencies on improving access to treatment and services provided to individuals with a rare disease; and identify best practices to improve the care and treatment of individuals in the state with a rare disease. <https://utahrdac.org/>



Barby Ingle, VP
International Pain Foundation
Barby@InternationalPain.org
480-845-1456

February 9, 2026

Representative Ray Ward

Utah House of Representatives
350 State Capitol Suite 350
Salt Lake City, UT 84114
Via Email: rayward@le.utah.gov

RE: Strong Support for S.C.R. 5 – Directing PEHP to Achieve Pain Medication Parity for Non-Opioid Alternatives

Dear Representative Ward,

I am writing to express my strong support for S.C.R. 5, the concurrent resolution directing the Public Employees' Benefit and Insurance Program (PEHP) to adjust state employee health coverage to promote equitable access to non-opioid pain treatments alongside opioids. As someone who has personally navigated the devastating challenges of chronic pain and advocated for patients nationwide, I believe this resolution is a critical, common-sense step toward better health outcomes, reduced suffering, and smarter use of public resources for Utah's state employees and their families.

My name is Barby Ingle, and I am a chronic pain patient, advocate, author of 10 books, and Vice-President of the International Pain Foundation (iPain). For over two decades, I have lived with Reflex Sympathetic Dystrophy (RSD), a rare and excruciating neurological disorder that has profoundly shaped my life and work.

After years of misdiagnosis and inadequate treatment, I co-founded iPain to empower patients, educate providers, and drive policy changes that prioritize comprehensive, balanced pain care. My personal journey has made me deeply invested in this issue, as I have witnessed firsthand how insurance barriers and coverage disparities can worsen pain, lead to disability, and destroy quality of life.

The International Pain Foundation is a nonprofit dedicated to supporting individuals affected by chronic pain and rare diseases through education, advocacy, and resources. We serve a global community of patients, caregivers, and professionals, focusing on conditions such as neuropathy, fibromyalgia, arachnoiditis, and many others. Our mission aligns closely with S.C.R. 5, as we advocate for evidence-based approaches that treat pain holistically — without arbitrary restrictions or perverse incentives that favor one treatment modality over safer, clinically appropriate alternatives.

Power of Pain Foundation, Inc dba. International Pain Foundation
47-3080556
4980 N Ironwood Dr, Apache Junction, AZ 85120
480-845-1456 InternationalPain.org



Utah has suffered greatly from the opioid epidemic, with thousands addicted and hundreds dying annually from overdoses. As the resolution notes, CDC guidelines rightly recommend non-opioid therapies as first-line options for chronic pain. Yet many plans — including some public ones — impose higher copays, prior authorizations, step therapy, quantity limits, or non-preferred formulary status on non-opioids while applying fewer barriers to opioids. These disparities create incentives that push patients and providers toward riskier options when better, safer alternatives exist.

S.C.R. 5 wisely directs PEHP to:

- Include at least one clinically appropriate non-opioid prescription drug in the formulary as an alternative for each opioid; and
- Ensure no more restrictive cost-sharing, prior authorization, step therapy, or utilization requirements on covered non-opioids than on opioids.

This targeted reform promotes patient-centered care, reduces stigma around pain management, prevents over-reliance on any single approach, and ultimately saves lives by lowering risks of addiction, untreated pain leading to mental health crises, or suicide. It is a fiscally responsible way to manage a state-run health plan—correcting incentives without new spending or broad mandates.

I have seen similar barriers silence patient voices and limit options in other states' systems. Utah has the opportunity to lead by example through PEHP, showing how public employee benefits can prioritize safety, evidence, and individual needs under the guidance of medical providers.

Thank you, Representative Ward, for your leadership as a family physician and dedicated advocate in addressing the opioid epidemic through thoughtful legislation on treatment access, naloxone, and balanced pain care. Your support for S.C.R. 5 is greatly appreciated, and I urge PEHP to fully implement the directives swiftly and effectively once it is adopted. I stand ready to provide testimony, patient stories, additional resources, or collaboration if helpful.

Please feel free to contact me anytime at 480-845-1456 (cell: 480-760-1197) or Barby@InternationalPain.org.

Sincerely,
Barby Ingle,
Vice-President International Pain Foundation



BIOUTAH

January 27, 2026

Senator Todd Weiler
Utah State Senate
350 N. State Street
Salt Lake City, UT

RE: Support for S.C.R 5 – Concurrent Resolution Directing PEHP Regarding Pain Medication

Dear Senator Weiler,

BioUtah applauds your efforts regarding S.C.R 5, which seeks to ensure equitable insurance coverage for non-opioid pain management treatments. By directing PEHP to include non-opioid alternatives and to assure covered non-opioid prescription drugs are not subject to more restrictive requirements than their opioid counterparts is an important step forward in expanding options for patients.

As you know, BioUtah is a nonprofit, membership-driven organization representing the life sciences sector across the state, including pharmaceutical, biotechnology, medical device, and digital health companies. Our members are committed to advancing innovative, evidence-based healthcare solutions that enhance patient outcomes and reduce unnecessary reliance on opioid medications.

While past efforts have focused primarily on overdose prevention, it is equally important to address opioid addiction at its source—by reducing initial exposure whenever clinically appropriate. A key strategy in achieving this is ensuring that patients have equitable access to non-opioid pain treatments without undue cost or administrative barriers. Many of the Utahns served by the PEHP—teachers, public safety workers, government employees, and their families—have been on the frontlines of the opioid epidemic. Some are skeptical of the use of opioids and should have the choice of avoiding opioids without sacrificing effective pain management.

S.C.R 5 ensures that patients and healthcare providers can make pain management decisions based on clinical best practices. Currently, generic opioids are often the lowest-cost option due to insurance reimbursement structures, inadvertently steering both

patients and providers toward opioid use. By requiring equal treatment for FDA-approved non-opioid alternatives, this bill promotes a more balanced and patient centered approach to pain management.

Equally important, S.C.R 5 sends a strong signal to Utah's biotech innovators that investment in non-opioid pain treatments is both valued and supported by the state. We have several member companies offering such non-opioid products. Ensuring market access for these treatments will accelerate the development and adoption of safer pain management options.

This resolution does not seek to limit access to opioids for PEHP members who require them but instead ensures that all PEHP patients have access to a full range of clinically appropriate pain management tools. By removing systemic barriers to non-opioid treatments, S.C.R 5 aligns with national best practices and ongoing efforts to address the opioid crisis through prevention.

For these reasons, BioUtah supports the passage of S.C.R 5. We appreciate your leadership on this important issue and stand ready to work with you to support policies that advance patient-centered, evidence-based care in Utah.

Sincerely,
BIOUTAH

A handwritten signature in black ink, appearing to read "Kelvyn Cullimore". The signature is stylized and cursive.

Kelvyn Cullimore
President & CEO

VOICES FOR NON-OPIOID CHOICES

February 2, 2026

The Honorable Todd Weiler
Utah State Senate
350 North State, Suite 320
Salt Lake City, UT 84114

Dear Senator Weiler,

On behalf of Voices for Non-Opioid Choices (“Voices”), thank you for introducing SCR 005, the concurrent resolution directing the Public Employees’ Benefit and Insurance Program (PEHP) to ensure fair and full access to non-opioid pain medications for Utah’s public employees, retirees, and their families. **Voices strongly supports SCR 005 and urges the Senate Health and Human Services Committee to advance this measure.**

Voices is a national, nonpartisan, nonprofit organization dedicated to preventing opioid addiction where we can. 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 at the forefront of the U.S. opioid addiction epidemic.

For too long, efforts to address the opioid addiction crisis have focused almost exclusively on overdose death prevention, addiction 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.

For many individuals, opioid exposure begins not through misuse, but as a routine part of medical care.ⁱ Today, **up to 90 percent of patients receive an opioid prescription for postoperative pain,**ⁱⁱ making surgery one of the most common gateways to first-time opioid use. In Utah alone, **44 opioid prescriptions were written for every 100 residents** in 2023,ⁱⁱⁱ meaning that many Utahns are being unnecessarily treated solely with prescription opioids.

Utah has been a national leader in recognizing the value of pain parity and patient choice. Utah Medicaid’s proactive approach to ensuring access to non-opioid pain treatments has demonstrated that reducing insurance-driven barriers can support safe pain care without compromising access or quality. SCR 005 thoughtfully extends this same philosophy to the PEHP serving teachers, public safety personnel, government workers, and retirees.

Because the pathway to addiction, dependence, misuse, or abuse can start 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.

SCR 005 corrects this imbalance by prohibiting more restrictive utilization controls on non-opioid therapies than on opioids for public employees. In doing so, the bill supports patient choice and access to non-opioid approaches while helping to prevent opioid addiction before it starts.

This population is uniquely important. Public employees are often on the front lines of the opioid epidemic—as first responders, educators, and community leaders—and many are deeply motivated to avoid opioid exposure whenever clinically appropriate.

SCR 005 does not mandate treatment decisions or expand coverage indiscriminately. Instead, it simply ensures that when clinically appropriate non-opioid alternatives exist, they are not placed at a disadvantage through higher cost sharing or utilization barriers than opioid medications. This is a balanced, prevention-focused approach that aligns with Utah’s demonstrated commitment to addressing the opioid epidemic before addiction starts.

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.**^{iv} 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,v,vi}

SCR 005 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 Utah public employees can better access safe, effective, and non-addictive options for managing pain.

With appreciation,



Chris Fox
Executive Director
Voices for Non-Opioid Choices

ⁱ 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

ⁱⁱ 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

ⁱⁱⁱ 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>

^{iv} 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>

^v 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

^{vi} 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>.